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# WELSH HEALTH CIRCULAR



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**Title: ANNUAL PRIORITIES AND PLANNING GUIDANCE FOR THE SERVICE AND FINANCIAL FRAMEWORK AND HEALTH IMPROVEMENT PROGRAMMES 2003-04**

**For Action by:** Health Authority, NHS Trust and shadow Local Health Board Chief Executives

**Action required** *See paragraph(s) :*  
Summarised at Section 9 of this circular.

**For Information to:** See attached list.

**Sender:** Mrs Ann Lloyd, Director NHS Wales

**National Assembly contact(s) :** See Section 10 of this circular.

**Enclosure(s):** A Welsh translation of this circular will follow.

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# ANNUAL PRIORITIES AND PLANNING GUIDANCE

FOR THE  
SERVICE AND FINANCIAL FRAMEWORK  
AND HEALTH IMPROVEMENT PROGRAMMES  
2003-04

## 1. SUMMARY

- 1.1 This circular sets out the Welsh Assembly Government's expectations for the preparation of Service and Financial Frameworks (SaFFs) for 2003-04. It also sets out the requirements and the format of the Health Improvement Planning Statement (HIPs) for 2003-04.
- 1.2 Health Authorities will lead the preparation of SaFFs and HIPs which set out how the Welsh Assembly Government's priorities and requirements will be met for 2003-04 alongside local priorities, within the resources available. Health Authorities will need to take account of the imminent restructuring of the NHS in Wales and ensure that shadow Local Health Boards (LHBs) as well as other key stakeholders are fully involved in the process.
- 1.3 The Welsh Assembly Government's priorities and requirements are listed at Annex A. The information needed and associated proformas are set out at Annex B. The HIP requirements are at Annex C. *(Copies of the proformas with linked tables will be forwarded electronically to Health Authorities, shadow LHBs and Trusts).* These should be completed and agreed by all parties and returned to the Welsh Assembly Government by 28<sup>th</sup> February 2003.
- 1.4 Actions for Health Authorities, Trusts and shadow Local Health Boards (LHBs) are summarised in Section 8.

## 2. TIMETABLE

- 2.1 The impending new structure of the health service in Wales will be effective from 1<sup>st</sup> April 2003. It is therefore of vital importance that SaFFs are finalised and signed off by all relevant parties by 31<sup>st</sup> March 2003. The following dates are key milestones to the delivery of the SaFF and must be met.

First draft of SaFF and HIP Statement submitted by  
28/02/03

Final SaFF and HIP Statement submitted by

21/03/03

Approved SaFF signed off by NHSWD

31/03/03

Performance Agreements signed off  
30/04/03

### **3. CONTEXT**

- 3.1 This is the second year that SaFFs have been adopted in Wales. Many valuable lessons have been learned from the previous year, which have been incorporated into this planning guidance and which will inform the SaFF discussions. The HIP planning statement must be an integral part of the SaFF process and hence will form part of the health communities' SaFF submission.
- 3.2 Preparation of the SaFF is the joint responsibility of the Local Health Community. The process will be led by the Health Authority for all the Trusts and shadow LHBs in its area. From 1<sup>st</sup> April 2003 the LHBs with the Trusts will bear responsibility for delivering agreed targets and objectives as described in the resulting performance agreements.
- 3.3 In carrying out their role, Health Authorities will need to take account of the capacity of the shadow LHBs within their area to take a leading role wherever possible. The Health Authority may need to lead in some cases and facilitate and support in others.

### **4. PRIORITIES AND REQUIREMENTS**

- 4.1 The priorities and requirements of the Welsh Assembly Government for the NHS in Wales are listed in Annex A. These targets are different in format from those set in the first SaFF round in Wales in 2002/03. Some are minimum targets that must be achieved by all health organisations and are absolute standards. Others contain an expectation that substantial and demonstrable progress will be made towards them – continuous improvement targets. These targets have been set in order that health organisations achieve demonstrable i.e. quantifiable and substantial improvement over the financial year in these areas.
- 4.2 It will not be acceptable for SaFF returns to indicate that priorities can not be met. Health communities or individual organisations that believe that they have a significant problem in meeting targets, should bring this to the attention of their Regional Director as far in advance of the deadline for the first draft of the SaFF as possible. It is the requirement of the Welsh Assembly Government that minimum standards will be met across Wales. Long term agreements (LTAs) should be consistent with the finally agreed SaFF to ensure that the SaFF is fully implemented.
- 4.3 In this SaFF round it is expected that the emphasis will be on service change, efficiency, re-engineering and innovation as a means of achieving targets as well as using new and existing resources appropriately. All SaFF submissions will be required to demonstrate

that service change, efficiency, re-engineering, changes in practice and changes in the management of demand and capacity have been fully explored. This in many instances will require close working with Local Authorities and the Voluntary Sector. A number of the indicators reflect this need.

- 4.4 In some cases the requirements set minimum standards to be achieved across Wales. This does not preclude organisations from exceeding minimum standards. A scheme is currently under consideration (which will be consulted upon in due course) proposing a system of rewards and incentives for organisations which exceed minimum targets.
- 4.5 The final SaFF document will contain all targets which Trusts and LHBs are required to perform against – even though some will not have any financial implications. Similarly, Performance Agreements will be comprehensive and contain all targets subject to performance management.

## 5. PROCESS

- 5.1 **Development of the SaFF:** Annex B specifies the information required in the SaFF return. Each Health Authority should develop a SaFF for its health community taking into account all national priorities set out in Annex A alongside local priorities.
- 5.2 Account must also be taken of the resource assumptions notified in the allocation letter. SaFF's must match activity and other requirements to resources available. Health Communities must therefore meet the requirements of both the National Financial Agreement and the SaFF minimum targets. Plans to achieve this must be developed at each local level, with the emphasis on efficiency, service change and changes in clinical practice. The expectation is that the solution will be developed at the local level facilitated where necessary by the relevant Regional Director. It is expected that each SaFF will demonstrate clearly that these issues have been rigorously explored by the time sign-off takes place.

**5.3 Involvement:** It is the responsibility of the Health Authority to ensure that a balanced SaFF is produced according to the timetable set out in Section 2. In doing this, it must fully involve all key stakeholders in discussions.

5.4 Health Authorities will need to take into account the fact that from 1st April 2003 LHBs will assume responsibility for commissioning and, with Trusts, for delivering the SaFF. It is therefore vital that for the period during which LHBs are in shadow form, the shadow organisations have the fullest possible participation in SaFF discussions. In some cases LHBs will be sufficiently developed to lead discussions whilst in others they will require a greater level of support from the Health Authority. It is for the Health Authority to decide, after local discussion, how the SaFF discussions will be arranged and structured.

5.5 Health Commission Wales (Specialist Services) will need to be involved in any consideration of the provision of specialist services it commissions.

**5.6 The Health Improvement Plan:** The HIP will remain the overarching statement of a health community's health needs and plans for the future. It will, however, be fully replaced by the Health and Well Being Strategies developed by LHBs and Local Authorities in 2005. There will be a transitional period during 2003-04. The SaFF will need to remain consistent with these overarching strategies. Details on the requirements and format for the HIP Progress and Planning Statement are at Annex C. This follows similar format to previous years but will incorporate the statement as an integral part of the SaFF documentation.

**5.7 Long Term Agreements:** long term agreements (LTAs) will need to take account of the SaFF and should be signed off by 30<sup>th</sup> April 2003.

**5.8 Sign off:** Final SaFF submissions which have been agreed by all stakeholders, must be made by 21<sup>st</sup> March 2003. These will be made to the Welsh Assembly Government via the Regional Directors who will examine how targets will be met and ensure that any conflicts of interest or adverse impacts between organisations are managed and resolved.

5.9 SaFFs, which fail to demonstrate how targets will be met, will not be accepted.

5.10 It is a requirement that the timetable in paragraph 2 is adhered to and all SaFFs are signed off by 31<sup>st</sup> March 2003.

**5.11 Accountability:** The Health Authority Chief Executive has overall accountability for the production of the SaFF and the quality of its content. This responsibility will cease on 31<sup>st</sup> March 2003 when LHBs and Trusts will be accountable for delivering their agreed parts of the SaFF.

**5.12 Performance Management:** The NHSWD will ensure that Performance Agreements based on the SaFF will be compiled for each individual LHB and Trust. These will be the basis of the performance improvement process.

## **6.SUPPORT ARRANGEMENTS**

6.1 A small support team will be established within the Welsh Assembly led by the Director of Performance, Quality and Regulation and including financial colleagues, to which any problems can be addressed in the first instance. Contact details are given in Section 9. In addition, the Innovations in Care Programme with the emphasis on national good practice and the implementation of regional service improvement teams will be available to work with communities in relation to changes in practice.

## **7.FINANCIAL FRAMEWORK**

### *Financial Principles*

7.1 In agreeing the SaFF, the following financial principles should be followed:

- All NHS organisations are expected to plan and achieve financial balance in cash and resource terms each and every year;
- Local Health Boards will need to remain within their resource and cash limit;
- NHS Trusts should achieve I&E balance each year and be within their External Financing Limit;
- Financial deficits will only be allowed where recovery plans have been agreed setting out the long term service and financial strategy;
- No transfers should be assumed between capital and revenue resources without explicit approval from the Assembly;
- Brokerage between LHBs is allowable within an agreed framework;
- All organisations must achieve a 95% creditor payment performance;
- Commissioners will fund NHS Trusts on a sustainable basis prior to the implementation of new developments in line with the National Financial Agreement;
- No specific efficiency target is set, but it is expected that efficiency improvements are made in order to secure the SaFF targets within the available resource envelope.
- Health Communities must meet the requirements of both the National Financial Agreement and the SaFF minimum targets. Plans to achieve this must be developed at each local level, with the emphasis on efficiency, service change and changes in clinical practice. The expectation is that the solution will be developed at the local level facilitated where necessary by the relevant Regional Director. It is expected that each SaFF will demonstrate clearly that these issues have been rigorously explored by the time sign-off takes place.

### *Resource Allocations*

7.2 In line with Minister's requirements, the draft allocation tables issued on 23 December provides allocations to the 22 LHBs which, in due course, will be subject to a deduction to establish the budget for Health Commission Wales. The Minister has decided that LHBs and HCW will all receive the full 9.4% cash uplift for HCHS in 2003-2004. For SaFF purposes the LHB allocations should be aggregated to Health Authority level.

### *National Financial Agreement*

7.3 The Welsh Assembly Government, Health Authorities, Health Commission Wales and NHS Trusts have all signed up to the principles of a National Financial Agreement for 2003-04.

7.4 This sets out the agreements for inflation, unavoidable cost pressures, efficiency savings and the sharing of risk and in-year financial variations between the various parties. This agreement will ensure ongoing financial sustainability and must be the first call on any funding increases (subject to the guidance stated at 7.1 above).

7.5 The National Financial Agreement will be formally issued once there is a clear indication of pay and price impacts for 2003-04.

7.6 The National Financial Agreement does not include service development pressures such as clinical governance, implementation of NICE guidelines or achievement of other SaFF priorities.

7.7 The draft SaFF will need to be based on best assumptions with the final SaFF based on the outcome of the National Financial Agreement.

#### *Resource mapping*

7.8 Given that the statutory basis of agreeing the SaFF for 2003-04 still lies with Health Authorities and NHS Trusts, but that Local Health Boards and NHS Trusts will be accountable for their delivery, it is essential that throughout the process a full audit trail is maintained between the 2002-03 and 2003-04 SaFF's. This is essential in order to maintain integrity of the resource mapping exercise. Local health Boards, come into being statutory on 10<sup>th</sup> February 2003 and become statutorily responsible for their full range of functions from 1<sup>st</sup> April 2003.

7.9 Because of expected improvements in costing and mapping methodologies during 2003-04, which will be actioned on a cost neutral basis to LHBs, it is essential that **planned** resource movements between LHBs are identified and therefore excluded from any rebasing exercises that will subsequently be undertaken.

#### *Financial Returns*

7.10 The financial returns required to support the SAFF are detailed in Annex B.

The purpose of the financial returns is:

- To set out the source and applications of funds statement demonstrating achievement of financial objectives;
- To set out the impact of the National Financial Agreement on financial sustainability;
- To set out changes in investment against national and local priorities
- To map the totality of resources against specialty and programme.

## **8. CAPITAL**

8.1 Capital will continue to be provided via two routes. Central capital will be allocated against business cases submitted by Trusts. In future, these business cases will need to be signed off by LHBs and will be prioritised by the Capital Prioritisation Board established under the National Estates Strategic Framework.

8.2 Trusts will continue to receive discretionary (block) capital. Trusts and LHBs will be required to demonstrate that all capital expenditure is made in pursuit of approved service plans which have been discussed and contained within the SaFF. [The minister is considering Welsh Assembly Government control over an element of the Trust discretionary capital to ensure an adequate all-Wales level of resource for essential capital equipment renewal/investment from 2003-2004. Further guidance will be issued in due course.]

## **9. ACTION REQUIRED**

9.1 The following summarises, by organisation, the key actions required.

9.2 **Health Authorities** should:

- Take responsibility for the SaFF and HIP process and ensure the involvement of all key stakeholders
- Where possible, facilitate LHB leadership of the process. Where this is not possible, support and enable LHBs to take the fullest possible role in the process
- Forward a contact name or names for the Health Authority and LHBs to Mandy Arthur at the Assembly (to assist communication)
- Ensure, via the Regional Director, that the Assembly is made aware at an early stage of any likely problems or conflicts
- Work with the Health Commission Wales to reflect specialised service objectives, spending plans and commissioning arrangements
- Ensure that Trusts and LHBs agree the actions each will take to meet priorities and requirements and the contribution each will make towards achieving targets
- Ensure that the SaFF is agreed by LHBs and Trusts and signed off by them
- Ensure that the timetable detailed in paragraph 2 is adhered to and that all returns are completed appropriately and on time
- Ensure that all further work on the SaFF required by the Assembly is completed expeditiously.

9.3 **Local Health Boards** should:

- Take a full part in the development of the SaFF and HIP Statement and, whenever possible, in agreement with the Health Authority, take a leading role
- Take appropriate action to involve all stakeholders in the process.

- Agree and sign the final draft
- Identify their contribution to the delivery of the SaFF and plan how this will be achieved
- Establish mechanisms to manage their own performance in delivering the SaFF
- Establish mechanisms to monitor the performance of Trusts with whom they have a commissioning relationship in delivering the SaFF
- Ensure that they are organised to meet the requirements of their performance agreement.

#### 9.4 **Trusts** should:

- Take a full part in the development of the SaFF and HIP Planning Statement
- Forward a contact name to Mandy Arthur at the Assembly and to the Health Authority and relevant LHBs to aid communications
- Involve stakeholders in discussions (including clinicians)
- Where appropriate work with the Health Commission Wales, the Cancer Services Co-ordinating Group and clinical networks to ensure effective service delivery
- Identify their contribution to the delivery of the SaFF and plan how it will be achieved
- Agree and sign the final draft
- Ensure that delivery of the SaFF is incorporated into the Trust Business Plan
- Ensure that they have effective internal performance management systems and can meet the requirements of their Performance Agreements.

#### 9.5 **The Welsh Assembly Government**, including the Regional Offices, will:

- Provide support for the process as described in section 6
- Keep the network of contacts informed promptly of any developments or new information
- Feed back comments on submissions in a timely fashion
- Sign off the SaFFs
- Incorporate the agreed SaFF into performance agreements
- Give support in delivering the SaFF.

NB These functions will increasingly be discharged through the Regional Offices as they become established.

## 10. **QUERIES AND CORRESPONDENCE**

Queries about the SaFF or the contents of this guidance should be sent to:

### **General Enquiries:**

**Mandy Arthur**  
NHS Performance, Quality and Regulation Division  
Welsh Assembly Government  
Cathays Park  
Cardiff CF10 3HQ  
[Mandy.arthur@wales.gsi.gov.uk](mailto:Mandy.arthur@wales.gsi.gov.uk)

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**HIP Process:**

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**ANNEX A**

**NATIONAL PRIORITIES AND REQUIREMENTS 2003-04**

This annex sets out the Welsh Assembly Government's priorities and requirements for NHS Wales during 2003-04.

The emphasis in this years SaFF round will be on re-engineering and innovation, incorporating changes in clinical practice, which will streamline pathways of care and create more efficient, high quality and cost effective services. There will also be a focus on the management of demand and capacity right across the health system.

The targets set out in the following table are categorised as with a '**minimum standard**' or as standards for '**continuous improvement**'. Minimum targets must be achieved by all health organisations and are absolute standards. Whilst for others there is an expectation that substantial and demonstrable progress will be made towards them – continuous improvement targets. These targets have been set in order that health organisations achieve demonstrable and substantial improvement over the financial year in these areas.

Where possible targets set around minimum standards should be exceeded. Financial incentives will be provided for over-achievement against targets, details of which will be provided separately.

Targets for continuous improvement will be given high importance. These will be measured on an individual organisation basis and will form a key part of the performance assessment process.

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>Results and Outcomes</b>				
<b>Objective 1: To provide faster and fairer access to hospital and primary care</b>				
<b>Inpatients:</b>				
<b>1.1</b> No patients in any speciality to wait > than 18 months for elective procedure	Minimum Standard	March 2004	LHBs Trusts	<i>The Welsh Assembly Government will be providing specific advice and assistance in relation to the Orthopaedic speciality.</i>
<b>1.2</b> For specialities where the 18 month target has already been met at least a 10% reduction in maximum waiting time is required.	Continuous Improvement	March 2004	LHBs Trusts	
<b>1.3</b> Reduction by 50% of patients waiting 15-18 months as at 30 September 2002	Continuous Improvement	March 2004	LHBs Trusts	
<b>1.4</b> Numbers of patients waiting up to 6,9,12 , 15 months by speciality do not exceed those at 30 September 2002	Minimum Standard	On-going	LHBs Trusts	
<b>1.5</b> No patient to wait >10 months for cardiac surgery.	Minimum Standard	March 2004	LHBs Trusts HCW	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>1.6</b> No patient to wait >6 months for angiography	Minimum Standard	March 2004	LHBs Trusts HCW	
<b>1.7</b> No patient to wait >4 months for cataracts.	Minimum Standard	On-going	LHBs Trusts	
<b>1.8</b> To continue to achieve the 10 working day waiting times standard for all primary urgent referrals with suspected cancer for 7 cancer sites.	Minimum Standard	On-going	LHBs Trusts	
<b>Outpatients:</b>				
<b>1.9</b> No patient in any speciality to wait >18 months for first consultant outpatient appointment	Minimum Standard	March 2004	LHBs Trusts	
<b>1.10</b> For specialities where the 18 month target has already been met at least a 10% reduction in maximum waiting time is required.	Continuous Improvement	March 2004	LHBs Trusts	
<b>1.11</b> No patient in any speciality to wait >15 months for 1 <sup>st</sup> consultant outpatient appointment	Continuous Improvement	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
<b>1.12</b> Reduction by 50% of outpatients waiting 15-18 months as at 30 September 2002.	Continuous Improvement	March 2004	LHBs Trusts	
<b>1.13</b> Numbers of patients waiting up to 6,9,12, 15 months by speciality do not exceed those of 30 Sept 2002	Minimum Standard	March 2004	LHBs Trusts	
<b>Primary Care:</b>				
<b>1.14</b> To ensure access to a member of the primary care team within 24 hours.	Minimum Standard	March 2004	LHBs Trusts	
<b>Diagnostic and Therapy:</b>				
<b>1.15</b> To have in place effective systems capable of capturing waiting time data for diagnostic services and therapy professions.	Continuous Improvement	March 2004	Trusts	<i>Welsh health Circular to be issued in Spring 2003.</i>
<b>Objective 2 : To ensure that patients requiring emergency care are seen and treated in an appropriate and timely manner.</b>				
<b>2.1</b> No trolley waits > 12 hours	Minimum Standard	March 2004	LHBs Trusts	
<b>2.2</b> 8 hours and 4 hour waits in A&E–no deterioration from 2002/2003 profile	Minimum Standard	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>2.3</b> 95% of all patients to spend less than 4 hours in A&E from arrival until admission, transfer or discharge	Minimum Standard	March 2004	LHBs Trusts	<i>SITREPS definition to be in place by 1<sup>st</sup> April 2003.</i>
<b>2.4</b> No greater than 15 minute waits in handover of patients from ambulance staff to trust staff	Continuous Improvement	March 2004	Trusts Ambulance Trust	<i>SITREPS definition to be in place by 1<sup>st</sup> April 2003.</i>
<b>2.5</b> To achieve a monthly level of at least 60% across Wales in responding to category A calls within 8 minutes, as a milestone towards achieving 75%.	Minimum Standard	March 2004	Ambulance Trust	

**Objective 3: To ensure appropriate access to screening, immunisation and vaccination programmes**

<b>3.1</b> All pregnant women to be offered antenatal HIV screening as an integral part of their antenatal care.	Minimum Standard	March 2004	LHBs Trusts	
<b>3.2</b> Every person aged 65 and over and everyone under 65 years in the specified 'at risk' groups to be offered a flu vaccination.	Minimum Standard	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>3.3</b> To work towards achievement of more than 95% response for all childhood immunisations throughout Wales.	Continuous Improvement	March 2004	LHBs Trusts	
<b>3.4</b> To complete the implementation of new-born hearing screening.	Minimum Standard	March 2004	LHBs Trusts (Velindre)	
<b>Objective 4: To ensure that the financial viability of the NHS is maintained</b>				
<b>4.1</b> To achieve financial balance	Minimum Standard	March 2004	LHBs Trusts	<i>The exception will be where recovery plans have been agreed.</i>
<b>4.2</b> To remain within resource cash limit	Minimum Standard	March 2004	LHBs Trusts	
<b>4.3</b> To achieve I&E balance and to be within EFL	Minimum Standard	March 2004	LHBs Trusts	
<b>4.4</b> To achieve 95% creditor payment performance	Minimum Standard	On-going	LHBs Trusts	
<b>4.5</b> To demonstrate an efficiency achievement through the management of cost pressures and the delivery of minimum standards.	Minimum Standard	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
4.6 To ensure management costs do not exceed 4.3% of the organisations budget.	Minimum Standard	On-going	LHBs Trusts	
4.7 No capital to revenue transfer	Minimum Standard	March 2004	LHBs Trusts	<i>Unless specifically approved.</i>
<b>Objective 5: To reduce the incidence of substance misuse.</b>				
5.1 To increase the number of substance mis-users participating in substance misuse treatment programmes by 70% by 2005	Continuous Improvement	March 2005	LHBs Trusts	<i>These targets are still being reviewed with the Policy branch in respect of the funding that would be needed.</i>
5.2 To reduce the proportion of 11 to 16 year olds who report the use of illegal drugs and other substances by 4%	Continuous Improvement	March 2005	LHBs	
<b>Processes</b>				
<b>Objective 6: To ensure appropriate demand and waiting list management processes (including referral protocols) are in place and operating effectively</b>				
6.1 To demonstrate the success of 2 agreed demand management initiatives.	Minimum Standard	March 2004	LHBs	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
<b>6.2</b> To comply with expected waiting list management standards and quarterly monitoring arrangements agreed with Regional Offices.	Minimum Standard	March 2004	LHBs Trusts	
<b>6.3</b> No more than 5% of waiting lists to be suspended.	Continuous Improvement	March 2004	LHBs Trusts	
<b>6.4</b> To demonstrate a 50% reduction in DNAs as a result of partial booking (outpatient)	Continuous Improvement	March 2004	LHBs Trusts	<i>The 50% reduction should be based on the average rate for the previous 12 months.</i>
<b>Objective 7; To ensure that care provided by NHS organisations meets minimum standards and that the quality of the patients experience is improved.</b>				
<b>7.1</b> To work towards full compliance with the standards set out in 'Fundamentals of Care'.	Continuous Improvement	March 2004	LHBs Trusts	
<b>7.2</b> All Trusts will have achieved or have firm plans to achieve minimum standards for the non-clinical aspects of the patients environment.	Continuous Improvement	March 2004	Trusts	<i>This standard will only apply to DGHs in the first instance</i>

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>7.3</b> To ensure at least 75% compliance with the 5 core Welsh Risk Management Standards.	Minimum Standard	On-going	Trusts	
<b>7.4</b> To achieve the Corporate Health Standard ( <b>occupational health and safety</b> )	Minimum Standard	March 2003 March 2004	Trusts LHBs	
<b>7.5</b> To ensure the organisation and infrastructure of infection control.	Minimum Standard	March 2004	Trusts LHBs	
<b>7.6</b> The adoption and implementation of infection control surveillance systems.	Minimum Standard	March 2004	Trusts LHBs	<i>Guidance will be issued via a Welsh health Circular by April 2003.</i>
<b>7.7</b> To continue to work towards the full implementation of the recommendations arising from the Kennedy Report.	Minimum Standard	March 2004	Trusts	
<b>7.8</b> To ensure that relevant safeguards as proposed in the Carlile Report are in place to ensure that children and young people are adequately protected from harm while in the care of the NHS	Continuous Improvement	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<p><b>7.9</b> To put in systems and procedures to support the delivery of sound clinical governance, these will include:</p> <ul style="list-style-type: none"> <li>• The adoption of a strategic approach to clinical governance with direction from the Chief executive and Board.</li> <li>• The need for clear overall direction ( leadership ) which focuses on patients and the need for clinical governance to be integrated throughout the organisation</li> <li>• The need for systematic monitoring and reporting on clinical governance issues to the Chief Executive and the Board .</li> </ul>	Minimum Standard	March 2004	LHBs Trusts	<i>Guiding principles to a strategic approach include ( a ) planning to ensure successful implementation through a systematic and whole system approach ( b ) developing a Clinical Governance plan for the organisation through both a top down and bottom up approach and ( c ) ensuring clinicians and managers ( including non - clinical ) work in partnership with each other across the organisation and with other parties.</i>
<b>7.10</b> To reduce all-cause delayed transfers of care by 15% compared to April 2002, in accordance with an agreed monthly profile.	Minimum Standard	March 2004	Trusts LHBS Local Authorities	
<b>7.11</b> To further the effective use of blood and blood products in Wales by the establishment of Hospital Transfusion Teams.	Minimum Standard	September 2003	Trusts	
<b>7.12</b> To ensure 90% of standard wheelchairs are delivered within 21 days	Minimum Standard	March 2004	Trusts LHBs	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
of receipt of referral date.				
<b>7.13</b> To ensure that 100% of wheelchair users with 'complex needs' receive their wheelchairs within 12 months of referral date.	Minimum Standard	March 2004	Trusts LHBs	
<b>7.14</b> To create a unified and fair system for assessing and merging care	Minimum Standard	March 2004	LHBs in partnership with Local Authorities	Guidance to be put in place in accordance with a specifies implementation plan.
<b>Objective 8: To ensure convenient access and patient choice in relation to elective care.</b>				
<b>8.1</b> All new outpatients to be partially booked.	Minimum Standard	March 2003	Trusts	
<b>8.2</b> All follow up outpatients and daycases to be partially booked	Continuous Improvement	March 2004	Trusts	
<b>Objective 9: To improve the quality of and access to Coronary Heart Disease services</b>				
<b>9.1</b> To achieve the milestones set out in the CHD NSF Implementation Plan for Wales through the implementation of the 3 Network Service development Plans.	Minimum Standard	March 2004	LHBs Trusts HCW	<i>Milestones to be achieved by March 2004 are set out at Appendix A.</i>
<b>9.2</b> All trusts to participate in the MINAP audit of coronary care.	Minimum Standard	April 2003	Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>Objective 10: To improve the quality of and access to Cancer services</b>				
<b>10.1</b> To implement the 2003-04 actions set out in the 3 cancer Network Service Development Plans.	Minimum Standard	March 2004	LHBs Trusts HCW	<i>Prior to the signing off of 5 year Network Service development Plans the actions specified by the Cancer Networks should be implemented.</i>
<b>10.2</b> To agree at least one redesign project to address a bottleneck in service provision.	Minimum Standard	March 2004	Cancer networks	<i>The project will be supported by the regional Improvement team.</i>
<b>10.3</b> In collaboration with the Networks and the CSCG, each health community must establish arrangements for monitoring compliance with the CSCG Standards of Cancer Care. In particular, Trusts should work towards achieving the waiting times standard from decision to admit to date of admission for definitive treatment for diagnosed cancers.	Continuous improvement	March 2004	LHBs Trusts HCW	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
10.4 Radiotherapy centres should work towards monitoring waiting times for radiotherapy and achieving compliance with waiting times as detailed by the Royal College.	Continuous improvement	March 2004	Radiotherapy centres	
<b>Objective 11: To ensure the quality of critical care and the safety of patients requiring such care.</b>				
<b><u>Adult:</u></b>				
11.1 To ensure that by September 2003 protocols of care are in place to ensure the safe transfer of patients between critical care units.	Minimum Standard	September 2003	LHBs Trusts	
11.2 To work with the networks in organising services to ensure that there is a month on month reduction in unplanned or inappropriate transfer taking place.	Continuous Improvement	March 2004	LHBs Trusts	
<b><u>Paediatric:</u></b>				
11.3 To establish arrangements for monitoring compliance with the Welsh Assembly Governments Standards for the Care of Critically ill Children.	Minimum Standard	March 2004	Health Communities in Collaboration with the Health Commission Wales (Specialist Services)	To be published shortly.

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>Objective 12: To improve the quality of and access to Mental Health services</b>				
<b>12.1</b> To implement the key actions within the Adult Mental Health Services NSF.	Continuous Improvement	March 2004	LHBs Trusts	<i>See list at Appendix B. Implementation of the Mental Health Services NSF will be subject to discussion at a Regional level and targets based around the key actions incorporated into individual performance agreements.</i>
<b>Objective 13: To improve the quality of and access to Diabetes services</b>				
<b>13.1</b> To work towards implementing the key action points in the diabetes NSF	Continuous Improvement	March 2004	LHBs Trusts	<i>To be published Spring 2003.</i>
<b>Objective 14: To ensure patients are treated in the most appropriate manner and setting</b>				
<b>14.1</b> Produce plans for GP out of hours services as per guidance.	Minimum Standard	March 2004	LHBs	
<b>14.2</b> Set in place plans for monitoring the performance of all out of hours providers and waiting times for access to GP services.	Minimum Standard	March 2004	LHBs	
<b>14.3</b> To put in place procedures for monitoring and benchmarking GP	Minimum Standard	March 2004	LHBs	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
referral patterns.				
<b>14.4</b> To put in place: <ul style="list-style-type: none"> <li>• Processes to monitor access to NHS dentistry; and</li> <li>• set up systems to take action in areas of shortage.</li> </ul>	Minimum Standard  Continuous Improvement	March 2004  March 2004	LHBs  LHBs	
<b>14.5</b> 75% of all procedures set out in the Audit Commission ‘basket’ of procedures to be undertaken as day surgery.	Minimum Standard	March 2004	Trusts	
<b>14.6</b> To develop integrated care pathways for strokes and falls – prevention and treatment.	Minimum Standard	March 2004	LHBs Trusts	<i>Innovations in Care will develop guidance and support for this target.</i>
<b>14.7</b> To make funding available to ensure NICE technology appraisal guidance is implemented.	Minimum Standard	March 2004	LHBs Trusts	<i>As outlined in WHC(02)24</i>

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
<b>14.8</b> To make funding available to ensure that interim guidance issued by the All Wales Medicines Group on the use of new drugs is implemented.	Minimum Standard	March 2004	LHBS Trusts	
<b>14.9</b> To establish mechanisms to enable the implementation of original pack dispensing for outpatients, A&E patients and as part of modernised processes of medication supply to inpatients/discharge.	Minimum Standard	March 2004	LHBS	<i>Steady progress should be made on the implementation of redesigned inpatient /discharge supply arrangements.(in line with WHC (2002)71)</i>
<b>14.10</b> To implement the recommendations of the Optometry Strategy	Continuous Improvement	March 2004	LHBs	
<b>Objective 15: To ensure theatres and day surgery environments are properly and efficiently managed</b>				
<b>15.1</b> There should be a reduction in cancellations of operations on the day. <ul style="list-style-type: none"> <li>• 20% reduction in hospital cancellations</li> <li>• 15% reduction of patient cancellations</li> </ul>	Minimum Standard	March 2004	Trusts	<i>These targets will be based on the SITREPS figures for June to Sept 2002 annualised)</i> To support the delivery of this target innovations in Care will run a theatre improvement project.
<b>Objective 16: To ensure that HR systems are operating effectively and ensure compliance with required standards and employment law.</b>				

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
<b>16.1</b> Set in place systems to implement the new GP contract.	Minimum Standard	March 2004	LHBs	
<b>16.2</b> To ensure compliance with recruitment protocols: registration checks, police checks, references.	Minimum Standard	March 2004	LHBs Trusts	
<b>16.3</b> To provide baseline figures as at March 31st 2002 baseline and to agree %age increases in the numbers employed from ethnic minority groups (this will be based on local population figures)	Continuous Improvement	March 2004	LHBs Trusts	
<b>16.4</b> Junior Doctors Hours: <ul style="list-style-type: none"> <li>• HO posts: 100% new deal compliant by April 2003</li> <li>• SHO posts: 100% new deal compliant by August 2003</li> <li>• SpR posts: 100% New Deal compliant by August 2003</li> </ul>	Minimum Standard	August 2003	Trusts	
<b>16.5</b> To ensure compliance with the European Working Times Directive.	Minimum Standard	On-going	LHBs Trusts	
<b>16.6</b> Violence and aggression to reduce the number of incidents by 10% from the Sept 2002 baseline recently established.	Minimum Standard	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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## Capacity

### Objective 17: To ensure adequate emergency and acute capacity

<b>17.1</b> To ensure adequate A&E cover is maintained within regions	Minimum Standard	March 2004	LHBs Trusts	
<b>17.2</b> No increase in emergency admissions above 2002-2003 profile	Minimum Standard	March 2004	LHBs Trusts	
<b>17.3</b> Every acute trust must have an emergency assessment unit or equivalent	Minimum Standard	March 2004	LHBs Trusts	
<b>17.4</b> To demonstrate that it has increased effective acute bed equivalents by its share of the 400 referred to in a ' <i>Question of Balance</i> ' without impairing performance in other areas.	Minimum Standard	March 2004	LHBs Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>Objective 18: To ensure adequate critical care capacity</b>				
<b><u>Adult:</u></b>				
<b>18.1</b> To establish 3 managed clinical networks for mid and south west, south east, and north Wales, co-ordinated at an all Wales level.	Minimum Standard	September 2003	LHBs Trusts	
<b>18.2</b> To ensure a month on month reduction in major operations re-scheduled for lack of a critical care facility leading to zero cancellations by March 2004	Continuous Improvement	March 2004	LHBs Trusts	
<b><u>Paediatric:</u></b>				
<b>18.3</b> To put plans in place to ensure that district general hospitals can care for critically ill children at times of peak demand and to ensure that there are no inappropriate level 1 transfers	Minimum Standard	March 2004	LHBs Trusts	<i>Which will be monitored through the all Wales clinical audit process.</i>
<b>Objective 19: To ensure that HR capacity is maximised and is sufficient to meet the organisations needs.</b>				
<b>19.1</b> To demonstrate turnover rates that are no greater than the 2002-01 rates.	Minimum Standard	March 2004	LHBs Trusts	
<b>19.2</b> To demonstrate that the levels of	Minimum	March 2004	LHBs	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
posts vacant for more than 3 months for 2003/04 are no greater than 2000/01 baseline.	Standard		Trusts	
<b>19.3</b> To reduce the cost of agency staff by 10% over 2002-2003 levels.	Minimum Standard	March 2004	LHBs Trusts	
<b>19.4</b> Trusts are required to demonstrate an increase in staff numbers in line with meeting published staffing targets.	Continuous Improvement	March 2004	Trusts	
<b>19.5</b> Health organisations should demonstrate: <ul style="list-style-type: none"> <li>• A 30% reduction from the 2000/01 sickness absence rate for 2003/04,</li> <li>• A 3% reduction in the incidence of work-related ill health</li> </ul>	Continuous Improvement	March 2004	LHBs Trusts	
<b>19.6</b> To develop local primary care workforce plans.	Continuous Improvement	March 2004	LHBs	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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<b>Objective 20: To ensure that information systems and services are being developed towards <i>Informing Healthcare</i> strategic requirements, namely: Care Process improvement; Workforce development; Patient and public empowerment; Single, integrated electronic health record; Better use of health information</b>				
<b>20.1</b> Agree with Welsh Assembly Phase 1 Readiness Plan for implementing <i>Informing Healthcare</i>	Minimum Standard	September 2003	All organisations	<i>This is critical preparation to enable local organisations to participate in the Strategy Implementation Programme for Informing Healthcare</i>
<b>20.2</b> Complete Phase 1 Readiness Plan	Minimum Standard	March 2004		
<b>Engagement</b>				
<b>Objective 21: To ensure effective engagement with public, patients, staff and partnership organisations.</b>				
<b>21.1</b> In consultation with key stakeholders each Trust and LHB must publish an annual public and patient involvement plan.	Minimum Standard	June 2003	LHBs Trusts	<i>This will set out the impact of the previous years public and patient activity; views received from patients and the public, and the action taken as a result; and key activities and initiatives planned.</i>
<b>21.2</b> Publish a directory providing information on local services available	Minimum Standard	September 2003	LHBs Trusts	<i>Guidance to assist will be produced by the Assembly</i>

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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through primary and secondary care.				<i>in March 2003.</i>
<b>21.3</b> To ensure the efficient and fair implementation of the new Electronic Staff Record (ESR) scheme.	Continuous Improvement	March 2004	LHBs Trusts	
<b>21.4</b> To make preparations for the introduction of the new pay system for the NHS in Wales using the principles of partnership working to ensure is smooth implementation across Wales.	Continuous Improvement	April 2004	LHBs Trusts	
<b>Objective 22: To ensure adequate and safe estate capacity</b>				
<b>22.1</b> To benchmark performance.	Continuous Improvement	On-going	LHBs Trusts	
<b>22.2</b> To undertake post-project evaluations.	Minimum Standard	On-going	Trusts	

Target	Target Status	To be achieved by	Target to be delivered by	Additional Comments
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22.3 To meet national targets as per the Estatecode five facets survey.	Minimum Standard	On-going	Trusts	
22.4 To develop primary care estates strategies.	Continuous Improvement	March 2004	LHBs	