NHS Wales
Annual Operating Framework
2010/2011
## Contents

1. **Foreword by Chief Executive NHS Wales**  
   Page 4

2. **Vision of Excellence**  
   Page 5

3. **Making it Happen**  
   Page 6

4. **Quality and service Improvement in 2010/2011**  
   Page 7
   
   **National Requirements**
   
   a) **Upstream prevention and well-being**  
      - Public Health  
      Page 9
   
   b) **Improving patient care in the community**  
      - ‘Setting the Direction’  
      - Chronic conditions management  
      - Rural health plan  
      - Primary care services  
      Page 19
   
   c) **Reducing waste, harm and variation**  
      - Healthcare Standards  
      - Research and Development  
      - 1000 Lives Campaign  
      - Intelligent Targets  
      Page 30
   
   d) **Efficiency and productivity**  
      Page 36
   
   e) **Operating within available financial resources**  
      Page 39
   
   f) **Delivering through an effective and flexible workforce**  
      Page 40
   
   g) **Improving patient care and safety through the use of ICT**  
      Page 42
   
   h) **Improving the quality of core services and delivering the national standards**
      - Access / waiting times  
      - Unscheduled Care  
      - Mental Health Services  
      - CAMHS  
      - Healthcare Associated Infections  
      - Cancer Services  
      - Cardiac Services  
      - Stroke Services  
      - Renal Services  
      - Sexual Health Services  
      - Critical Care  
      - Maternity services  
      - Lymphoedema services  
      - Civil Contingencies  
      - Substance misuse  
      Page 43
Annexes

The following annexes referred to in the Annual Operating Framework 2010/2011 are available electronically on:

- Annex A and Annex A(i) – National targets

- Annex B – Intelligent Targets

- Annex C and Annex C(i) – Efficiency and productivity measures

- Annex D – AOF Response Outline

- Annex E – Data definitions and supporting guidance
1. **Foreword**

In October, we implemented the most radical reform of the NHS in a generation. The creation of the new integrated health boards simply marked the start of the process to transform the way we provide healthcare.

This AOF will therefore begin to build the momentum towards the medium term transformation that will be set out in the Five-Year Service, Workforce and Financial Strategic Framework.

The most challenging stage – improving the quality of healthcare services we provide, increasing efficiency and reducing waste, empowering the workforce and providing more integrated, citizen-centred care, all within the context of a tighter financial settlement – is only just beginning.

The jointly-owned Five-Year Strategic Framework that we are developing in partnership with each other and our stakeholders will provide the overarching direction for delivery of health and social care services over the medium term.

2010/2011 will therefore be a year of transition and this Annual Operating Framework (AOF) provides the bridge to us on the start of our five year journey.

Improving the quality of care we provide will be at the heart of the Five-Year Strategic Framework. Quality of care has already improved significantly and, as a result, patients expect more from the NHS. We therefore need to ensure that quality becomes embedded in service delivery and that it becomes the norm, or standard level of service that patients expect, rather than hope for.

Over the next year, existing national requirements – such as time spent in A&E and referral to treatment waiting times – need to be achieved and maintained and become standards, rather than targets. If all outstanding national requirements are met during 2010/2011 it will represent a real improvement in services and provide a firm foundation for the next five years.

To that end, local NHS organisations will be required to produce a response to the AOF and submit their local plans which set out in detail how they will deliver service improvements, going beyond merely the achievement of national requirements.

The process of putting quality at the heart of everything we do starts now.

*Mr Paul Williams OBE OStJ*  
**Director General, Health & Social Services**  
**Chief Executive, NHS Wales**
2. A Vision of Excellence

2.1 In 2005, Designed for Life set out strong, ambitious and compelling vision of healthcare for Wales; ‘By 2015, through the efforts of the Welsh Assembly Government, the NHS, Local Authorities and partners .... Wales will have minimised avoidable death, pain, delays, helplessness and waste’.

2.2 This vision requires us to ensure our services are fit for purpose across Wales and are comparable with the best. Its achievement however requires a number of fundamental changes which:

<table>
<thead>
<tr>
<th>Strategic Outcomes</th>
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<tbody>
<tr>
<td>Capture the opportunity of integrated care</td>
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<tr>
<td>Improve quality &amp; financial stability by reducing harm, waste and variation</td>
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<tr>
<td>Empower frontline staff</td>
</tr>
<tr>
<td>Enable services to be delivered through good governance</td>
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</tbody>
</table>

2.3 We will focus on the mainstreaming of public health to optimise its benefit to local communities and will strengthen primary and community care services as the place where the majority of patients are advised and treated. We must also look to improve the individual patient experience of healthcare services across Wales.

2.4 Quality can be encapsulated as reducing variation, reducing waste and reducing harm. This translates into pathways of care which are evidence based, founded on reliable systems and processes which enable professionals to do the right thing all the time. Clinicians and healthcare professionals will be at the forefront of everything we do in the drive for higher quality, working with patients and partners to plan and deliver services which transcend boundaries, using high quality data and information.

2.5 The Healthcare Standards for Wales is the framework that places patients at the centre of the way in which services are delivered and are key to driving continuous improvement. We will ensure closer alignment of the Healthcare Standard Improvement Plans (HCSIPs), the AOF standards and efficiency measures and introduce intelligent ‘targets’ to give a considered assessment of the NHS organisation as a whole.

2.6 The challenge set in 2005 has not changed however this is a transitional year and the challenge ahead will need the NHS to focus on:

a) Upstream prevention and well-being;
b) Improving patient care in the community;
c) Reducing waste, harm and variation;
d) Efficiency and productivity;
e) Operating within available financial resources;
f) Delivering through an effective workforce;
g) Improving patient care and safety through the use of ICT; and
h) Improving the quality of core services and delivering the national targets.
3. Making it Happen

3.1 The Welsh Assembly Government will work in partnership with the NHS to embed sustainable service improvement but variations in productivity and efficiency must be identified quickly and eliminated where possible. Clinicians will be supported in collecting robust data which enables variation to be identified, analysed and understood and the introduction of intelligent targets is the first step in this journey and builds on the progress already achieved from the 1000 Lives Campaign. To support the Vision, we have identified 14 high value opportunities to improve services. These are identified below:

<table>
<thead>
<tr>
<th>14 High Value Opportunities</th>
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<tbody>
<tr>
<td>• Develop new settings of care and improve long-term care pathways.</td>
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<tr>
<td>• Improve quality of continuing care through health and social care integration.</td>
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<tr>
<td>• Implement cross-system patient information and informatics.</td>
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<tr>
<td>• Develop improved unscheduled care pathways.</td>
</tr>
<tr>
<td>• Stop wasteful clinical interventions.</td>
</tr>
<tr>
<td>• Improve acute care performance and decrease length of stay.</td>
</tr>
<tr>
<td>• Improve primary and community care performance.</td>
</tr>
<tr>
<td>• Improve mental health service provision.</td>
</tr>
<tr>
<td>• Manage medicines more effectively.</td>
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<tr>
<td>• Improve procurement and supply chain.</td>
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<tr>
<td>• Drive highest-value prevention campaigns.</td>
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<tr>
<td>• Streamline and refocus the centre.</td>
</tr>
<tr>
<td>• Establish service line management and patient level costing.</td>
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<tr>
<td>• Modernise the workforce.</td>
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</table>

3.2 We will shortly be developing a number of national programmes that will help us deliver these opportunities because these are the key activities that will help us deliver improved and more efficient services.

3.3 The Welsh Assembly Government, NHS Wales and its partners, will develop a national five-year service and delivery plan. A recent review sets out a clear direction for service delivery and resource utilisation between 2009/2010 and 2013/2014. This will enable NHS organisations to develop coherent and systematic plans for the future.

3.4 The five-year plan will be available early in 2010. It will strengthen arrangements for securing financial balance within the NHS. It will require a more ambitious and collective approach which identifies planned surpluses, delivered by improved quality and the sharing of innovation and learning across Wales.

3.5 The AOF will continue as an annual planning process, setting out incremental improvements that will deliver the aims/objectives of the five year plan. The AOF for 2010/2011 consolidates the national requirements that must be achieved and sustained and will be supplemented by additional requirements in the early part of 2010 by national programmes such as the Community and Primary Care delivery strategy.

National Requirements

4.1 The Annual Operating Framework (AOF) 2010/2011 is the first step in bridging the gap between the old and new NHS in Wales, and represents the first year of delivery of the five-year framework. It sets out what is required of the NHS over the next financial year and how the Government will support it in achieving success. In 2010/2011, the NHS must focus attention, and make significant progress, in eight key areas of change:

(a) Upstream prevention and well-being

The NHS will be expected to accelerate work on public health and health prevention. It must actively demonstrate a renewed commitment to prevention and early intervention with health as a shared goal for all partners. Working with Public Health Wales, LHBs will be expected to tackle much more forcefully the health improvement agenda, and the emerging primary and community health services strategy and the rural health plan. This must be driven with equal vigour to all other parts of the framework.

(b) Improving patient care in the community

The NHS will need to work closely with its partners in the statutory, independent and third sectors as well as with patients, carers and the public to redesign community services to ensure that they are more accessible and reliable and meet the needs of local people whether in rural or urban settings. These should be designed to predict and prevent ill health and its deterioration, enabling people to improve their lives, maintain independence for as long as possible and support them as they become frail and vulnerable to remain safely in their own homes. This is both urgent and essential if we are to meet current and future demands and impacts on the service in a sustainable way.

(c) Reducing waste, harm and variation

The NHS will be expected to focus on the reduction of waste, variation and patient harm through:

- the embedding of the Healthcare Standards for Wales;
- strengthening Research and Development;
- 1000 Lives programme methodology; and
- implementation of the intelligent targets programme.

Organisations must also concentrate on ensuring that they meet their statutory duties with regard to Safeguarding Children and Protection of Vulnerable Adults. This must be an immediate priority which cuts across all services.

(d) Efficiency and productivity

Recent review work has highlighted the need for greater efficiency and productivity from all healthcare services. Efficiency and productivity measures have always formed a solid part of the AOF and this year is no exception. The measures have been reworked and there is renewed emphasis on short stay
surgery, prescribing rates, cancelled operations and sickness and absence rates, in addition new areas include better medicines management, critical care delayed transfers of care, case mix indicators on Average Length of Stay (ALOS) and a development measure on theatre utilisation. NHS organisations need to focus on delivery of these measures to release resources for further investment.

(e) Operating within available financial resources

NHS organisations must operate within their available resources. Within their AOF response, NHS organisations must take a balanced view of the risks and the opportunities facing them. There must be an explicit attribution of risk so that the NHS organisation can prepare a balanced financial plan for its Board.

(f) Delivering through an effective and flexible workforce

NHS Wales has to work to modernise, redevelop and re-balance its workforce to support changes in front line hospital, community and primary care services. This workforce and service transformation will depend on cultural and behavioural change, partnership working, effective professional and managerial leadership and staff who are appropriately trained, developed, supported and empowered to deliver new models of care. There is a need to ensure that the NHS Wales workforce is working as efficiently as possible by operating in a flexible way, delivering on efficiency targets and providing care utilising primary and community based services whenever appropriate.

g) Improving patient care and safety through the use of Information and Communication Technology (ICT)

The Welsh Assembly Governments’ vision is to create a set of information and infrastructure services that enable the provision of integrated, person-based information to be used to join up and improve patient care across the NHS and social care in Wales. These obligations will be reflected in the 5 Year Service, Workforce and Financial Framework for the NHS and will require the developing of ICT delivery plans (road maps) within local plans – ICT is a critical driver for service transformation, which cannot be achieved without it.

h) Improving the quality of core services and delivering the national standards

The quality of core services must be improved and all national targets achieved in line with the requirements set out within this document. Organisations are required to secure holistic service improvement and not simply focus on achieving the national targets, as these will be delivered as a result of high-quality service delivery.
(a) Upstream prevention and well-being

High Level Aim

4.2 ‘Our Healthy Future’ (OHF) the strategic framework for Public Health in Wales, published in November 2009, renews the Welsh Assembly Government’s commitment to improve the quality and length of life and to ensure that everyone in Wales has a fair chance to lead a healthy life. The technical working paper ‘Our Healthy Future’, its visions and aims are available online at: http://wales.gov.uk/topics/health/ocmo/healthy/?lang=en

Themes and Priorities

4.3 ‘Our Healthy Future’ incorporates a thematic structure, ten priority areas for action and next steps for strengthening collaboration with partners including local health boards, Public Health Wales, local government and the third sector. The themes are shown in the diagram below:

4.4 Within this strategic framework, ten priorities have been set for national action:

- Reducing smoking prevalence
- Increasing participation rates in physical activity
- Reducing unhealthy eating
- Stopping the growth in harm from alcohol and drugs
- Reducing teenage pregnancy rates
- Reducing accident and injury rates
- Improving mental wellbeing
- Improving health at work
- Increasing vaccination rates to recommended levels
- Stopping the growth in health inequities
4.5 This chapter identifies some of the actions required against the ten priority areas identified in ‘Our Healthy Future’. Some are set as AOF targets, others are included as directional statements [highlighted in bold italics] for local implementation. When planning activity for 2010/11 NHS organisations should indicate activity taken against the ten priorities, the directional statements and the AOF targets. This approach has been designed to accommodate organisational flexibility to address local need and to undertake action against strategic priorities. The directional statements, priorities and AOF targets have been selected to support the re-balancing of the system to improving health and wellbeing and early prevention. It does not however reflect the totality of public health activity that NHS organisations have to undertake, either in isolation or supported by Public Health Wales, or in partnership with other bodies.

Requirements for 2010/2011

4.6 2010/2011 will be a transitional year and the integration of public health into the NHS planning process is an important step in this process. The ‘Our Healthy Future’ theme of Health as a Shared Goal is clear that multi-sector working is vital and that the planning system will support this. Two of the actions identified in ‘Our Healthy Future’ are to:

- Establish a reconstituted Public Health Planning Group and
- Provide guidance on developing local area public health strategic frameworks

4.7 There is also a commitment for Directors of Public Health to produce annual reports. The development of each of these commitments is underway, including how they will integrate into the overall planning brief and guidance for the NHS.

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AOF 1 New</strong></td>
<td></td>
</tr>
<tr>
<td>LHBs to implement the key actions identified within ‘Our Healthy Future’. As part of this approach, there will be an expectation that Directors of Public Health will produce an annual report that clearly demonstrates the health needs of their local population and progress made against each of the top 10 priorities within OHF.</td>
<td>3,4</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

Data definitions and supporting guidance

The data definitions and supporting guidance are provided in Annex E.


Performance Management

i) Local planning
A local Public Health Plan will be required, further guidance on this is contained within Annex D.

ii) Assessment criteria

In this transitional year, the assessment criteria will be further considered to determine the most appropriate and effective assessment process.

<table>
<thead>
<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 1</td>
<td>Progress against deliverables in the Public Health Local Plan for 2010/2011 (quarterly)</td>
<td>Progress report against the Public Health Local Plan (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target</th>
<th>End-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 1</td>
<td>Progress made against the 10 priorities and the directional statements in the OHF strategy demonstrated by evidence.</td>
<td>Final progress report against the Public Health Local Plan (quarter 4) Supported by the Directors of Public Health Annual Report 2010/2011.</td>
</tr>
</tbody>
</table>

**THEME 1 - HEALTH THROUGH THE LIFE COURSE**

**Children and Young People**

Children and Young People will be given a good start in life that supports their long-term health and wellbeing.

4.8 Health and well-being in the early years is the foundation for good health and well-being in later life. Significant benefits can be achieved in driving down longer term health costs by investing in health improvement in children and young people. The benefits of good health at an early stage are well evidenced. Action to improve health for pregnant women and pre-school children is vital.

4.9 To support this continued drive all LHBs should undertake a review of health improvement for pre-school children and pregnant women (including pre-conception health). This should focus on, but not be limited to, nutrition and physical activity, smoking, alcohol and substance misuse.

4.10 A particular priority for 2010-11 is optimising nutrition from birth. The Baby Friendly Initiative (BFI) is a worldwide programme of the World Health Organisation and UNICEF. BFI works with the health-care system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies within maternity hospitals and in community health-care services. NICE (CG37) identifies the Baby Friendly Initiative as a minimum standard for an externally evaluated, structured programme that encourages breastfeeding.

4.11 All maternity services should actively participate in the UNICEF UK Baby Friendly Initiative by April 2011, with a view to achieving full accreditation within 5 years from Registration of Intent and to maintain this status.
All community healthcare facilities to make significant progress towards participation in the UNICEF UK Baby Friendly Initiative by April 2011, with a view to full participation by all Community Health Services by April 2012, to achieve full accreditation within 5 years from Registration of Intent and to maintain this status.

Working age Population

Everyone will aspire to, and is supported to achieve, a healthy and fulfilling working life.

The Welsh Assembly Government outlined its approach to improving the health and well-being of the working age population in its response to Dame Carol Black’s review, *Working for a Healthier Tomorrow*. The approach aims to engage employers, health professionals and individuals to raise awareness of the health benefits of work and to provide advice and support on health and work issues. One way in which the NHS contributes to this agenda is in its role as the largest employer in Wales, and it is expected that by March 2011 all LHBs will have engaged with the Corporate Health Standard programme, with a view to achieving Platinum by 2013. Public Health Wales will provide quarterly Corporate Health Standard updates so that progress can be evaluated.

To drive forward the health and work agenda, the engagement of health professionals, and particularly GPs, is key. Local health boards are expected to encourage GPs to engage with the support and training provided through the Healthy Working Wales programme.

In particular local health boards should work with Public Health Wales to enable GPs to complete the Welsh Medicines Resource Centre bulletin on health and work and to attend the Health and Work CPD sessions.

Public Health Wales will provide the Welsh Assembly Government with six monthly progress reports on this activity.

Older People

Older People will have the knowledge, skills or support to make informed choices about living independent and fulfilled lives.

The health and well-being of older people is often complex and the result of a combination of factors. Many of the health care requirements for older people are covered within other chapters of the AOF; particularly key elements are contained within the AOF targets associated with Stroke Services, Chronic Conditions Management and Adult Mental Health Services.

The focus for the NHS in 2010/2011 will be to work closely with local government, other statutory bodies and third sector bodies to deliver programmes that promote the health and wellbeing of older people as outlined in the Strategy for Older People and the NSF for Older People. As identified in
‘Our Healthy Future’, there is a commitment to update the Healthy Ageing Action Plan in 2010/2011.

THEME 2 - REDUCING INEQUITIES IN HEALTH

The health of individuals experiencing greatest disadvantage will improve to the levels found among the more advantaged.

4.19 Inequalities in Health and Wellbeing continue across Wales. ‘Our Healthy Future’ focuses on the requirement to take action against health inequities; i.e. those inequalities in health which are avoidable, unjust and unfair. This will require sustained activity by the NHS in Wales working in concert with partner organisations such as local authorities and the voluntary sector. Smoking remains a major cause of ill health and the most important single factor in producing health inequities. In 2010-2011 and successive years, NHS organisations across Wales are required to undertake further efforts to reduce the levels of smoking.

4.20 This should include, but not be limited to;

- Maintaining and building on the Stop Smoking Wales Service delivered by Public Health Wales in community settings across Wales. This should take into account agreed priority areas (e.g. maternity services, mental health, young people and clients from socially disadvantaged groups) in order to reduce smoking levels.

- Maintaining and building on the current level of delivery of smoking cessation brief intervention training by Public Health Wales to health care professionals and community workers in all local authorities across Wales.

4.21 Increasing the numbers of smokers undergoing elective surgery who are referred into the Smoking Cessation Service by 30%.

THEME 3 - HEALTHY SUSTAINABLE COMMUNITIES

Healthy sustainable communities – places where people want to live, play and flourish – will be sought for all.

4.22 The role of the school nurse is pivotal in developing healthy sustainable communities.

4.23 To meet the One Wales commitment of one school nurse per secondary school local health boards are expected to provide a named school nurse who is unique to each secondary school and has a base in the school as a minimum by March 2011.

4.25 **The long term aim is that all school nurses will hold a specialist qualification and be registered with the NMC as Specialist Community Public Health [School] Nurses (SCPHN) and be employed by the NHS in Wales. It is recognised that this will not be possible by March 2011. In the interim the school nursing workforce will comprise both SCPHNs and Registered Nurses (RNs) with the expectation that the service will be further developed in line with paragraphs 4.31-4.33**

4.26 It is expected that in order to meet the current shortfall in the number of school nurses in Wales that LHBs will recruit in the first instance those nurses with the SCPHN qualification but not currently employed within the school nursing service.

4.27 LHBs will be required to meet any remaining shortfall through the recruitment of RNs. Implicit within the recruitment procedure will be the commitment of the LHB to support prospective candidates to attain the SCPHN qualification, and a requirement on the part of the applicants to undertake this training. As such, this should form a part of the career development plan.

4.28 LHBs will support existing RNs within the service to attain the SCPHN qualification.

4.29 All newly employed school nurses will be employed by the NHS in Wales working in partnership with local education authorities as recommended in the Carlisle Review in 2002. LHBs will be required to make arrangements to professionally support those school nurses employed in other sectors.

4.30 Existing workforce planning procedures should be used to identify the number of RNs who will need to attain the SCPHN qualification in order to fulfil the expectations within *A Framework for a School Nursing Service for Wales* and *One Wales*. RNs that are sponsored to undertake the SCPHN course should normally subsequently be employed within the school nursing service unless there are extenuating circumstances.

**Future direction**

4.31 It is expected that LHBs will work towards providing secondary schools and their feeder primary schools with a year round school nursing service that extends beyond the school day and will include the provision of services to those children and young people of school age who are not attending school.

4.32 Each cluster of secondary and feeder primary schools will be served by a school nursing team led by a SCPHN school nurse and will contain an appropriate mix of skills and expertise to undertake the different elements of the service as outlined in *A Framework for a School Nursing Service for Wales*.

4.33 The school nursing service will include public health, health surveillance, health promotion, health protection, safeguarding and supporting children and young people with medical, special and complex health needs.
THEME 4 - PREVENTION AND EARLY INTERVENTION

Health and Social Services will place greater emphasis on prevention and early intervention.

4.34 Placing greater emphasis and resources on prevention and early intervention will reduce the overall burden on NHS and Social Services in the longer term.

4.35 One of the prevention and early intervention priorities within ‘Our Healthy Future’ is to reduce accident and injury rates throughout the life course, with a particular focus on children and older people.

4.36 As part of refocusing the NHS towards prevention and early intervention an Obesity Pathway Development Group was established to develop a national obesity pathway for Wales. In early December 2009 a template pathway was approved by the Minister for Health and Social Services for consultation. The obesity pathway will be used to map local provision, identify gaps and enable health boards to ensure planned activity across the full range of determinants which cause obesity and overweight.

Increasing vaccination rates to recommended levels

4.37 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.

4.38 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.

<table>
<thead>
<tr>
<th>National targets:</th>
<th>LHBs to achieve and maintain:</th>
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<tbody>
<tr>
<td>AOF 2&lt;sup&gt;NEW&lt;/sup&gt;</td>
<td>• uptake rates of 95% for all routine childhood vaccinations (including MMR) in each Unitary Authority area;</td>
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<td></td>
<td>• an uptake rate of 90% for the routine HPV vaccination of girls aged 12 to 13 years old in each Unitary Authority area;</td>
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<tr>
<td></td>
<td>• an uptake rate of 75% for seasonal flu vaccinations in people aged 65 and over and for those younger people in at risk groups in each Unitary Authority area.</td>
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</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.
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Performance management

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<tr>
<th>Target No</th>
<th>In-year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 2</td>
<td>Childhood vaccinations: Validated published Public Health Wales NHS Trust COVER report – compliance every quarter from April 2010 – March 2011</td>
<td>Quarterly Published COVER Report</td>
</tr>
<tr>
<td></td>
<td>HPV: Validated published Public Health Wales NHS Trust COVER report - compliance and every quarter from April 2010 – March 2011</td>
<td>Quarterly Published COVER Report</td>
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<tr>
<td></td>
<td>Seasonal Flu: Validated position only available at year end.</td>
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<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
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<tbody>
<tr>
<td></td>
<td>Seasonal Flu: Validated published Public Health Wales annual seasonal influenza vaccine uptake in Wales report</td>
<td>Public Health Wales annual seasonal influenza vaccine uptake in Wales report</td>
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THEME 5 - HEALTH AS A SHARED GOAL

Health and Wellbeing will be a shared goal for all.

4.39 “It has been recognised for some time that while the NHS makes an essential contribution, it cannot on its own deliver sustained high levels of health and wellbeing across all groups of society. To achieve the necessary improvements, the social, economic and environmental determinants of health need to be addressed through commitment from a broad range of policy areas and from across public, private and third sector organisations ”


4.40 Under this theme, during 2010/11, LHBs are expected to focus on addressing alcohol misuse issues.

4.41 Alcohol misuse is a growing problem within Welsh communities, taking action to reduce the harm caused by alcohol needs to be a priority for the
NHS in 2010-2011 and successive years. Action to reduce the harm caused by alcohol requires true cross-sectoral and partnership working across the NHS.

4.42 One indicator that will be used to measure the efficacy of the action taken will be through a demonstrable and ongoing reduction in the European age standardised rate per 100,000 of men and women admitted to hospital for alcohol related conditions as defined by the Office of National Statistics (from a baseline of 2006).

THEME 6 - STRENGTHENING THE EVIDENCE AND MONITORING PROGRESS.

Our Public Health policies and interventions will be based on good evidence and monitored.

4.43 In moving towards the health and wellbeing challenges of the 21st Century we need to continue to strengthen the evidence base with good quality and timely research, intelligence and evaluation. These resources can help us design and utilise the most effective public health interventions, and can enhance our understanding of getting best value for our Welsh pound. Our two main avenues for progressing this work are the Institute of Public Health and the Welsh Public Health Observatory. Over the coming, and successive years, it is desirable to see ongoing active development in strengthening these organisations within Public Health Wales to reap the benefits for the sustained improvement and protection of the health of the people of Wales.

Directors of Public Health Annual Reports.

4.44 Directors of Public Health will provide an annual report on the health of the population within their LHB area by June 2011 and each year thereafter. In 2010-2011 it is expected that the Directors of Public Health will provide an interim report by 30th November 2010.

4.45 It is intended that the Director of Public Health Reports will be a key tool for local health boards and partner organisations to evaluate the state of health locally and plan future activity. The annual reports should indicate progress and activity against the priorities for Public Health as set out in ‘Our Healthy Future’. In addition they will

- provide a clear indication of the health of the population within the year and may include outcome measures as appropriate;
- specifically indicate how progress has been made in improving the quality and length of life of the population and what active efforts have been made to reduce inequities in health outcomes.

Public Health Wales

4.46 This chapter of the AOF does not capture the entire range of functions, services and activities of Public Health Wales, and is to be seen as a transitional approach whilst partnerships with Public Health Wales, LHBs and stakeholders
are being developed. In addition to the AOF, there will be an agreement in place between the Welsh Assembly Government and Public Health Wales that supports the development of financial and performance management arrangements from 2010 onwards. There will also be programme/activity specific agreements between the organisation and their stakeholders that set out expectations for delivery and performance monitoring.

4.47 As well as working at a national level to contribute to and support the directions set out in this chapter, Public Health Wales will be required to demonstrate how it is supporting the local work within the AOF through its local teams and close working arrangements with key partners such as health boards and local authorities. The commitment to partnership working has been set out in a tripartite agreement between Public Health Wales, health boards and local authorities. The agreement forms a firm foundation, with clear expectations and responsibilities, for all organisations to work together in a mutually supportive way to tackle the public health challenges facing Wales.
(b) Improving patient care in the community

4.48 The Welsh Assembly Government is committed to improving primary and community care services which will manage patient care including those with chronic conditions.

4.49 The health system has, historically, gravitated services and patients towards hospital; thus restricting the sustainability and effectiveness of community based services. Too many people are in the wrong place in the system and in locations where their health is unlikely to improve and, in some cases, potentially deteriorate.

4.50 This aim is to deliver community-based services across Wales that are reliable and accessible irrespective of where people live. Services must be specifically designed to enable individuals to improve their lives; to enable them to maintain their independence as long as possible, and to support them as they become frail and vulnerable to remain safely in their home. At the same time, carers need to have confidence in the services that are required.

4.51 The current position highlights major weaknesses:
- No coherent planning, management and governance model across the health and social care system;
- Capacity across the system is not well developed;
- Systems operate independently of each other and often focused on crisis management rather than prevention;
- An imbalanced system focusing on hospital care.

“Setting the direction”

4.52 The NHS, together with all other public service providers, will need to improve efficiency and redesign services to meet the demographic demands of the future in a financially challenging environment. It is clear to everyone that the status quo is not an option. The vision for primary and community services set out in Setting the Direction has at its heart improved outcomes for the citizen, more effective and efficient ways of working within the NHS and with partners including the voluntary sector, carers, and most importantly the patient.

4.53 Building on services already evidenced in Wales, key elements of the vision identify the need for:
- citizens to develop confidence in their ability to manage their own health through improved information, knowledge and self care;
- close alignment of health and social care in a system that delivers preventative, pre-emptive, reactive and rehabilitative care focused around the needs of the individual;
- the principles of public health to be firmly embedded in service planning and design;
- the development of services that are characterised by excellence in communication, information, integration and organisation, and available 24 hours a day;
• systems and processes that guide people through services, where individual elements of care are joined-up and easily navigated;
• sharing high quality information appropriately to inform decision-making;
• effectively managed interface between in-hours and out-of-hours services so that governance and accountability for care is clearly defined and understood. This must include 24 hour access to scheduling services;
• strong clinical leadership at locality level supporting local engagement and understanding;
• flexible working across professions and organisations to ensure that skills are utilised to maximum effect and that services meet the need of the citizen.

4.54 The aim is to achieve consistently high-quality primary and community services in Wales and reduce variations within and across Local Health Boards through better understanding of current practice and performance. This will be achieved by:
• Setting out the Welsh Assembly Government’s requirements and expectations of LHBs in supporting continuous service improvement;
• Increasing coordination of service improvement activities and maximising the impact from available resources and expertise; and
• The Welsh Assembly Government holding Local Health Boards to account.

4.55 Fulfilling the commitment to deliver ‘world class’ health services in Wales requires a step change in our approach to developing both policy and service delivery models and aligning key levers to realise benefits for patients, professionals and carers. A Primary and Community Services strategic delivery programme has been developed to start to help address this. This aims to improve primary care and community based services which are reliable, accessible and meets the needs of all in the community, particularly the frail, vulnerable, those with complex care needs and those living with chronic conditions. The programme will help provide a framework within which outcomes, models of care and best practice can be developed and shared across Wales.

4.56 This key national programme has Ministerial endorsement and approval by the National Advisory Board and will be guided by a steering group chaired by Dr Chris Jones. Programme management arrangements are currently being established to ensure that clear outcomes are identified and delivered in the short, medium and longer term. This will need to bring together existing elements of work already underway in order to identify any additional elements needed.

4.57 Over the next twelve months the above work will provide the opportunity to streamline and integrate these, and other elements of work, more effectively. More detail on the programme and timescales will be provided in the New Year but, as a minimum, LHBs will be expected to continue their focus on the requirements 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) and on improving access to GPs and ensuring both the dental and pharmacy contracts are well managed. In addition, further work will be required to address the actions in the Rural Health Plan in due course.
(i) Chronic Conditions management

1. High level aim

4.58 The overall aim of the CCM work programme is to improve prevention, detection and management of chronic conditions locally, through an integrated, holistic approach, based on targeted, proactive population management, supported by care pathways, self-management and community support.

2. The current position

4.59 The current provision of services for people with chronic conditions is characterised by reactive and fragmented services, with insufficient use of information to support effective service planning within and across organisations. This results in inefficient use of skills and resources, as well as significant variation in the quality of services delivered across Wales. It also has a negative impact on secondary care, consuming resources through unnecessary admissions and readmissions. More effective planning and integration between organisations based upon early intervention, proactive care is needed to ensure that people can live independently in their own homes.

4.60 The CCM Service Improvement Plan (2008) required Local Health Boards to work with partners to address a range of actions across 5 domains and develop, agree and submit CCM Local Action Plans to take forward service change and improvement locally. The CCM Maturity matrix provides the basis from which these actions can be monitored across Wales. Transitional funding has been identified and ring fenced to support better planning and integration of services, consistent with the model and supporting the shift of services from the acute sector into the community, closer to people’s homes.

4.61 CCM Transitional Funding in 2008/09 supported all LHBs to improve their future planning and infrastructures through community service reviews identifying gaps or duplications in service provision and through the development of better data use and analysis and local information. This will enable them to introduce the CCM model more effectively and be underpinned by core community CCM teams, integrated services across sectors and locality care co-ordination.

4.62 During 2009-2011 organisations and partnerships must utilise the ring fenced CCM transitional funding allocation to ensure that they have:

- Established CCM Locality Care Co-ordination;
- Established Core Community CCM teams and infrastructures to support them;
- Introduced Service Improvement including moving appropriate services from secondary to primary / community care settings;
- Monitored and evaluated service developments;
- Implemented 2009-2010 actions in their CCM local plans.
3. **Requirements 2010/2011**

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 3</td>
<td>LHBS to implement the actions in the Chronic Conditions Management (CCM) Local Plans and CCM Action Plans for 2010/2011.</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. **Data definitions and supporting guidance**


5. **Performance management**

i) **Local planning**

LHBs are required to submit a local plan, which incorporates the deliverables from the CCM Local Action Plan and which demonstrates how the programme/targets will be delivered in 2010/2011.

ii) **Assessment criteria**

<table>
<thead>
<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 3</td>
<td>Progress against deliverables in the CCM local plan (incorporating deliverables from CCM Local Action Plan) for 2010/2011 (quarterly)</td>
<td>Progress report against the CCM Local Action Plan (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 3</td>
<td>Positive shift in all 5 domains and reduced variation within LHBs from March 2010 position as demonstrated by the Maturity Matrix.</td>
<td>NLIAH will extract data from the maturity matrix in May 2011, and produce outturn report by September 2011</td>
</tr>
</tbody>
</table>
(ii) Rural Health

Rural Health Plan – improving integrated service delivery across Wales

1. High level aim

4.63 The One Wales Agreement contains a commitment to “develop and publish a Rural Health Plan, ensuring that the future health needs of rural communities are met in ways which reflect the particular conditions and characteristics of rural Wales”.

4.64 The Rural Health Plan was launched by the Minister for Health and Social Services on 2 December 2009. A copy of the final document can be found at: http://wales.gov.uk/topics/health/nhswales/healthstrategy/ruralhealth/publications/ruralhealthplan/?lang=en

2. The current position

4.65 The Plan was developed by a Ministerial Steering Group, chaired by Lord Elystan Morgan, with co-vice chairs of Jane Jeffs and Professor Marc Clements. The Group undertook a year long evidence gathering process including the public and key stakeholders to inform the report and its findings. This included work commissioned to help identify from local people their perceptions and experiences of health issues in rural Wales and a literature and research review of the published information on health and health service models in rural areas.

4.66 The resultant document is therefore firmly grounded in a strong evidence base of both world-wide best practice and community views of current and future need. This work identified the need to rethink the way in which services are provided in rural areas covering primary and community services in ways outside traditional models of care. Three key fundamental themes emerge; access to services; closer service integration and community cohesion and engagement. An implementation group will be set up in early 2010 supported by a wider reference group of key stakeholders to drive forward an implementation plan.

3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 4</td>
<td>3,4,6,7,11, 13,14,25,27</td>
</tr>
</tbody>
</table>

LHBs to implement the actions identified in the Rural Health Implementation Plan, to be finalised in early 2010.

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance

The data definitions and supporting guidance are provided in Annex E. http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=31793
5. Performance Management

i) Local planning
A local Rural Health Plan will be required in due course but not as part of the AOF response in February 2010.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
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<table>
<thead>
<tr>
<th>Target</th>
<th>End-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
</table>
(iii) Primary Care Services

1. High level aim

4.67 For Dental, General Medical Services (GMS) and Community Pharmacy, the Welsh Assembly Government expects Local Health Boards to:

- Adopt a systematic approach to the identification and management of primary and community care development needs;
- Generate and utilise high quality information on the provision and quality of primary and community care to inform service improvements.
- Ensure effective governance arrangements are in place with primary and community care performance reports being scrutinised by the Board; and
- Ensure that issues are followed through and monitored effectively ensuring service improvement.

(i) Local planning:

4.68 Organisations are expected to submit their local plan demonstrating how they will deliver effective primary and community services. The local plan will need to clearly demonstrate how the organisation expects to deliver the AOF requirements and targets within both the timescale and financial resources.

Dental Services

2. The current position

4.69 Local Health Boards will need to ensure that following organisational reconfiguration in 2009/10, contracting arrangements across their new boundaries are consolidated to ensure service continuity and consistency whilst setting strategic direction for dental service and oral health delivery over the coming years. This will require effective planning of 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.

3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 5</td>
<td>LHBs to ensure that at least 95% of contracted dental activity is delivered for each LHB area*</td>
</tr>
</tbody>
</table>

* from July 2010 the Vital Sign reporting will report against the new LHB organisations established on 1st October 2009.

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.
4. **Data definitions and supporting guidance**

5. **Performance management**

ii) **Assessment criteria**

<table>
<thead>
<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 5</td>
<td>Percentage rates compliance of dental activity per LHB area</td>
<td>Quarterly Vital Signs Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 5</td>
<td>95% compliance rate against dental activity contractual requirements each and every quarter</td>
<td>Quarter 1-4 (cumulative 2010-2011) Vital Signs Report, validated 2010-2011 report in Sept 2011</td>
</tr>
</tbody>
</table>

**General Medical Services**

2. **The Current Position**

4.70 A consistent and systematic approach to service improvement is required throughout Wales and LHBs will need to have a development programme in place in order to support General Medical Service improvement. To this end, LHBs will be expected to address the following service improvement requirements for 2010-2011:

- LHBs must have a system in place to ensure the GMS contract is delivered;
- LHBs must have a system in place to engage with practices (e.g. Clinical Governance Self-Assessment Tool);
- LHBs will produce a service improvement and performance report for GMS to be scrutinised by the Board;
- LHBs are expected to demonstrate how they will meet the above requirements in their local plan.

**GP surgery opening hours**

4.71 The Welsh Assembly Government guidance on enhanced services was published in August 2008 and is still extant. 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.

4.72 By March 2010 Local Health Boards must have reviewed all its practices and ensured that those practices are delivering their contractual requirements to meet patient’s reasonable needs. During 2010/2011 the focus of the practice review should continue to be on opening hours but also include scrutiny of the practice’s telephone access / appointment booking which continues to be a key area of concern for patients.
3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 6</td>
<td>LHBs to ensure that: (i) 100% of GP practices’ are reviewed; and (ii) 100% of practices are meeting the opening times contractual requirements; and (iii) 100% of practices are administering telephone access/ appointment booking that address patients reasonable needs.</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance

The data definitions and supporting guidance are provided in Annex E. 

5. Performance management

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 6</td>
<td>Progress to date against deliverables</td>
<td>GP proforma 2010/2011 (Quarterly)</td>
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</table>

<table>
<thead>
<tr>
<th>Target</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 6</td>
<td>100% of GP reviewed 100% of GP practices meeting the opening hours contractual requirements 100% of practices are administering telephone access/ appointment booking that addresses patients reasonable needs.</td>
<td>Quarter 4 Cumulative for 2010/2011 GP Proforma submitted April 2011</td>
</tr>
</tbody>
</table>

Community Pharmacy Contractual Framework AOF

2. The current position

4.73 The Welsh Assembly Government guidance on the Community Pharmacy Contractual Framework sets out the role of the Local Health Board in ensuring the Pharmacy contractual framework is implemented in accordance with the National Health Service (Pharmaceutical Services) Regulations and Directions.

4.74 LHBs can choose to monitor the framework in a way that meets their local approach to such matters. They are advised to discuss and agree the approach to be taken with the Local Pharmaceutical Committee (CPW), in order to ensure that maximum contractor ‘buy in’ can be achieved. Arrangements for monitoring of Enhanced services may be set out in local contracts or Service Level
Agreements, and might be carried out at the same time as monitoring the Essential services.

4.75 Annual monitoring of the implementation of the essential and advanced service levels in the contractual framework is recommended to be preceded by self assessment questionnaires\(^1\). The self assessment questionnaires can be a helpful tool for contractors to assess their readiness and to highlight areas of service provision which may require additional attention. Submission of the self assessment questionnaires to the LHB should lead to a number of visits with a representative sample of contractors to ensure the monitoring process is robust but not overly burdensome to either party.

4.76 Local Health Boards are responsible for the delivery of the Community Pharmacy Contractual Framework and must demonstrate their effective performance management of this contract in their interactions with individual community pharmacists. Robust performance management must be demonstrated to ensure that the Welsh population is ensured value for money in respect of the essential pharmacy services it receives. Pharmacy contractors failing to deliver essential services\(^2\) (with the exception of Repeat Dispensing if this is not available locally) are not able to provide Advanced or Enhanced services, although LHBs may wish to use their discretion in enforcing this. Attempts should be made to resolve non-compliance by negotiation and supportive measures in the first instance.

4.77 During 2010/2011 the focus of the performance management of the community pharmacy contract should be on a number of key elements within the Clinical Governance section of the Contractual Framework. Descriptions of the service elements are available from the PSNC website. LHBs should aim to complete monitoring of the above contract elements by February 2011 to allow the data to be collated.

3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare standards</th>
</tr>
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</table>
| **AOF 7**\(^{New}\) LHBs must manage the Community Pharmacy Contract to achieve, as a minimum:  
  - 100% of self assessment pharmacy questionnaires which are sent out by LHBs are robustly completed and returned to locally agreed deadlines;  
  - a multidisciplinary audit is undertaken by each pharmacy within the year and the results returned;  
  - confirmation that an internal audit is undertaken by each pharmacy within the year;  
  - receipt of a summary of the patient satisfaction survey results from each pharmacy, confirming the specified number of surveys have been returned and showing where the survey identified the | 7, 9, 14, 16 |

\(^1\) (proformas are available from Primary Care Contracting or PSNC websites however LHBs are free to develop their own)

\(^2\) NB: The two audits should together take no more than 5 working days (40 hours).
greatest potential for improvement and the action being taken to improve performance, along with the areas in which the pharmacy is performing strongly; and

- Pharmacies not complying with their essential service requirements can not provide advanced and enhanced services except at the discretion of the LHB. LHBs should discuss non compliance with the contractor in the first instance.

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance
The data definitions and supporting guidance are provided in Annex E. http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=31793

5. Performance management

   ii) Assessment criteria

<table>
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<tr>
<th>Target</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 7</td>
<td>Progress to date against deliverables</td>
<td>Pharmacy proforma (quarterly) - details to be developed</td>
</tr>
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<table>
<thead>
<tr>
<th>Target</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
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</thead>
</table>
| AOF 7  | Each LHB must manage the Community Pharmacy Contract to achieve, as a minimum:  

- 100% of self assessment pharmacy questionnaires which are sent out by LHBs are robustly completed and returned to the prescribed deadlines;  
- a multidisciplinary audit is undertaken by each pharmacy within the year and the results returned;  
- confirmation that an internal audit is undertaken by each pharmacy within the year;  
- receipt of a summary of the patient satisfaction survey results from each pharmacy, confirming the specified number of surveys have been returned and showing where the survey identified the greatest potential for improvement and the action being taken to improve performance, along with the areas in which the pharmacy is performing strongly; and  
- Pharmacies not complying with their essential service requirements can not provide advanced and enhanced services except at the discretion of the LHB. LHBs should discuss non compliance with the contractor in the first instance.  

| Quarter 4 (cumulative position for 2010/2011), Quarterly Pharmacy proforma available April 2011 |
(c) Reducing waste, harm and variation

1. High level aim

4.78 There is a clear desire within Wales to move to an integrated system of health care which has quality at the centre of every action it takes and every service it provides. This will require a new approach which is far more clinically driven, is focused on improvement across pathways of care, and driven within and across organisations through collaboration, knowledge sharing and peer challenge as these are the engines of sustainable quality improvement.

Healthcare Standards for Wales

4.79 The Healthcare Standards for Wales have been revised and are currently out to consultation.

4.80 Healthcare Standards for Wales will be integral to the development of the Five-Year Service, Workforce and Financial Strategic Framework and key to driving continuous improvement in the standard and experience of care that citizens of Wales have a reasonable right to expect. The Healthcare Standards for Wales are a key tool, alongside the learning from the 1000 Lives Campaign and other initiatives in helping us drive up clinical quality and patient experience - by making changes and improvements at the front line of care to improve our performance and by reducing variations in practice and eliminating harm and waste. They are also key to underpinning the new NHS governance and accountability framework supporting the NHS Reforms and integration of the citizen centred governance principles and values for public service organisations in Wales.

4.81 The standards are designed to support healthcare organisations to identify and work towards providing consistently higher standards of care. This process has enabled local improvements to be progressed as well as identifying areas that need to be addressed on an all Wales basis and is key to providing assurance to the citizens of Wales how seriously the NHS takes the quality and safety of the services it provides.

4.82 When the standards were first introduced the focus was on getting ownership and engagement with the standards at Board and corporate levels within organisations. Since then we have seen more and more embedding of the standards within healthcare teams and services. We are increasingly seeing how teams and professional groups are using the standards as a useful tool for determining if they are doing the right thing, at the right time, for the right patient in the right place and with the right staff.

4.83 It is intended that the revision to the standards will be better aligned with clinical and other professional standards and quality requirements which in turn will further facilitate their use by all healthcare teams, practices and departments - ensuring that the standards are met by all services consistently, wherever or whatever they may be.
4.84 Self assessment against the standards will continue to be a key source of assurance to Boards, clinical leaders and managers to enable them to determine what areas are doing well and those that may need to do better.

4.85 The revised Healthcare Standards for Wales will be published on 1 April 2010 and subject to their first assessment in April 2011 onwards. The consultation information and documentation can be found at the weblink below:
http://www.nhswalesgovernance.com/display/Home.aspx?a=324&s=2&m=130&d=0&p=0

Research and Development (R&D)

4.86 There is a need to drive culture change to make research and development (R&D) a core activity in the NHS and this can be achieved through the opportunities provided through the new health boards. Innovation is key if we are to improve quality of care and to achieve this, the NHS must play its full part in supporting health research. NHS organisations will need to increase their participation in research. The national ambition is to double the number of patients taking part in clinical trials and other well designed studies within 5 years. Local Health Boards and Trusts are expected to work with the National Institute of Social Care and Health Research (NISCHR) to contribute to this progressive increase.

4.87 LHBs and Trusts must collect baseline data on accrual to clinical trials and other well designed studies by April 2011. This information will be collated systematically through NHS R&D Annual Reports.

1000 Lives Programme

4.88 The 1000 Lives campaign will be succeeded by a 5 year programme to reduce avoidable harm in Welsh healthcare. LHBs and Trusts will be required to set appropriate local targets for the reduction of harm and hospital mortality. Harm will be assessed using the established Trigger Tool for hospitals (requiring 20 closed cases per major acute hospital per month and using the method defined by the campaign team) and the Primary Care Trigger Tool. They will also be required to demonstrate participation through the appointment of executive leads, coding of clinical data, process data entry and sign up to individual mini-collaboratives. Local targets will be summed as an all Wales Target for harm reduction. Participation will be supported by the Campaign core team managed by NLIAH and Public Health Wales in partnership with the NPSA and CGSDU. LHBs and Trusts will be supported in developing targets for the efficient use of resources and for population health, which will be introduced in April 2011.

Intelligent Targets Programme

4.89 At the heart of the programme is the desire for clinicians and healthcare professionals to become central in the design, implementation and delivery of national improvement programmes. This approach has proved to be highly effective and successful within the 1000 Lives Programme and the stroke collaborative has demonstrated the potential for clinically led change and service transformation across Wales.
4.90 In order to gain clinical engagement, the Minister for Health and Social Services established the ‘Intelligent Targets’ Programme in 2009 which was set to address four distinct challenges:

- to develop a range of quality improvement measures with supporting evidence and spanning a care pathway;
- to identify a set of clinical outcome measures for specific conditions;
- to identify an effective and sustainable methodology for developing national performance measures and targets; and
- for it to be led and owned by clinicians and healthcare professionals, in partnership with the Welsh Assembly Government.

4.91 The programme of work commenced with the establishment of a national steering group and four core groups to develop the work in stroke, cardiac, mental health and unscheduled care services. In some instances, these areas were further disaggregated to address specific issues, as follows:

- **Cardiac**: acute chest pain; non acute chest pain and atrial fibrillation; congestive cardiac failure work has been developed as part of the 1000 lives programme;
- **Stroke**: TIA, acute Stroke Services in the first 7 days following a stroke and early rehabilitation, from day 7 to week 8;
- **Mental health**: dementia, depression and first episode psychosis; and eating disorders;
- **Unscheduled care**: was not disaggregated.

4.92 The programme utilised the so-called Model for Improvement methodology, through the development of uncomplicated driver diagrams and measures which identify three distinct elements of achieving improvement:

- **Structure** – organisational preconditions that are vital foundations for success e.g. identified management / clinical lead, data collected and submitted, trained teams etc.

- **Process** – these are the care processes which, if done reliably, according to evidence from experimental conditions, support the delivery of high-quality care and deliver improved outcomes e.g. compliance with bundles of care.

- **Outcomes** – the desired clinical outcome e.g. reduced morbidity, reduced mortality, reduced hospital stay.

4.93 While development work was undertaken on all the areas identified in paragraph 4.91 it is accepted that some of the specific issues are not yet ready for implementation. These include: Cardiac: non acute chest pain, atrial fibrillation, Mental health: first episode psychosis and eating disorders. It is intended that further work will continue in the next phase to produce service improvement standards in these areas. With regard to First Episode Psychosis it is recognised that work to produce baseline data and assessment measures will need to be
implemented in 2010/2011 in preparation for the development and introduction of the service improvement standards in future years.

4.94 The service improvement standards programme therefore produced a series of driver diagrams on the following pathways:

- **Stroke:**
  - TIA/ Mini stroke
  - Acute Stroke Care
  - Early Recovery / Rehabilitation

- **Cardiac:**
  - Acute Coronary Syndrome
  - Heart Failure

- **Mental Health**
  - Depression
  - Dementia


**Expectations for 2010/2011**

4.95 The Welsh Assembly Government wishes to see improvement across each of the intelligent target areas. The Model for Improvement approach used within the 1000 Lives programme and stroke collaborative will be used to support this improvement.

4.96 Organisations will be expected to focus on:

- **Structural arrangements:** ensuring that all structural arrangements are in place.
- **Process indicators:** collecting data, self-managing process changes and working towards 100% compliance with the driver diagrams.
- **Outcome measures:** collecting and analysing data on clinical outcomes.

in the following workstream areas:

- **Stroke**
  - TIA/ Mini Stroke,
  - Acute stroke and
  - Early recovery & rehabilitation

- **Cardiac**
  - Acute Coronary Syndromes
  - Heart Failure

- **Mental health**
  - Depression
  - Dementia

and demonstrate full compliance with the structural arrangements and continuous improvement towards achieving reliable processes.
The Service Improvement Standards cross reference to the following Healthcare Standards: 7, 13, 14, 27

Supporting Improvement

4.97 Organisations will be supported in securing improvement in a number of ways:

(i) a national data collection template will be provided to enable collection of data against each of the processes to be undertaken in an efficient and consolidated way.

(ii) NLIAH will work with organisations to up-skill staff, support process improvement, share good practice and manage the national learning collaboratives.

(iii) Public Health Wales Trust, in particular through the Faculty for Healthcare Improvement, will supply the evidence base for change and ensure professional consensus by working with statutory professional advisory committees.

How will performance improvement be assessed?

4.98 The assessment of performance improvement will adhere to the principles of the Model for Improvement. Therefore, the Welsh Assembly Government will performance manage organisations against the structural arrangements of service delivery as these are considered to be core elements which must be in place without exception.

4.99 Organisations will not be subject to the formal performance management arrangements with regard to improving the reliability of processes, compliance with the driver diagrams or outcome measures. They will be supported to secure sustainable improvement and spread good practice.

Supporting Guidance


Performance Criteria

(i) Local planning

4.100 Organisations are expected to support the introduction of the intelligent targets and work to full compliance with measuring requirements during 2010/2011 and to demonstrate improvement in reliability in the latter half of the year.

4.101 Organisations are required to plan to have a clear approach to implement and improve process reliability. This should be included within the relevant local plans for cardiac, stroke, and mental health.

4.103 The reduction of waste, variation and harm will drive the efficient use of resources by improving quality, reducing costs and assist to develop a ‘right first time culture’. This is essential in delivering world class services and financial stability, especially in a time of scarce resources.
(d) Efficiency and productivity programme

4.104 While the NHS has made progress in delivering improved levels of efficiency there still remains significant room for further gains to be achieved. The NHS must refocus its efforts to deliver the requirements of the national efficiency and productivity programme during 2010/2011. The importance of this cannot be overstated, as process improvement and transformation is central to sustaining the achievement of the Access 2009 programme, the national priorities for 2010/2011, and the delivery of high-quality services. The challenging financial position for 2010/2011 and beyond also necessitates the need for a focused and concerted drive on securing sustainable efficiency improvement, as it is unlikely to improve in the next few years.

4.105 Achieving the efficiency and productivity measures must be the one of the top priorities and achieved through sustainable quality improvement which is clinically led. While this is challenging, it also represents one of the most significant opportunities for NHS organisations to improve the care that patients receive and the outcomes that are delivered to the people of Wales.

4.106 There are two key issues to tackle. First, realising the full value of the significant levels of investment that have gone into NHS services over the past few years. Second, achieving more for less and making the Welsh pound go further. While this presents a challenge for the NHS, it also represents one of the greatest strategic opportunities as it will be achieved through service / process transformation; strong and bold leadership and effective system design; the fundamental building blocks of world class services.

4.107 The approach taken to produce the efficiency and productivity measures 2010/2011 has been to adopt ‘best in class’ in Wales target setting principles. This approach will promote equity of patient delivery across all organisations. Where ‘best in class’ level is already being met the principle of continuous improvement should be adopted and this will be followed up through the performance management arrangements.

Core and Supporting Measures

4.108 The 2010/2011 efficiency and productivity programme is based upon the categorisation of the measures under the headings of:

- **Core** – high level measure; and
- **Supporting** – measures that underpins the high level measures or main theme.

The efficiency and productivity programme categorisation is shown in Figure 1 overleaf.
Figure 1: 2010/2011 Efficiency & Productivity Measures

Content Structure

Elective Care
- Short Stay Surgery
  - Basket Surgery Rates
    - 75% Same Day
- Inpatients
  - Average LOS
    - Ops on same day
    - No procedure admits
    - Focus on Pathways

Emergency Care
- Average LOS
- Long Stay Reductions
- A&E Follow Ups
- Focus on Pathways

Critical Care
- Delayed Transfers

Theatres
- Cancelled ops
- Late Start / Early Finish
- Theatre Turnaround

Outpatients
- DNA ratios
- Follow up rates
- Cancelled Clinics

Demand Management
- GP Referrals
- Admission Avoidance

Prescribing
- 10 AWMSG Indicators
- 28 Day Prescribing

Workforce
- Sickness Absence
- Agency Spend

Key
- Core Measure
- Supporting Measure
- Development Area
4.109 Organisations must see the efficiency targets within the national programmes as the start of focus on delivery of this programme. Organisations are required to provide a separate local plan to address efficiencies.

<table>
<thead>
<tr>
<th>National Targets:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 8</td>
<td>To deliver the core efficiency and productivity measures around the following:</td>
</tr>
<tr>
<td></td>
<td>• Workforce - Sickness and Absence rates;</td>
</tr>
<tr>
<td></td>
<td>• Average Length of Stay – Elective Care;</td>
</tr>
<tr>
<td></td>
<td>• Average Length of Stay – Emergency Care;</td>
</tr>
<tr>
<td></td>
<td>• Short Stay Surgery ‘Basket’ Procedure Rates;</td>
</tr>
<tr>
<td></td>
<td>• Critical Care DTOC;</td>
</tr>
<tr>
<td></td>
<td>• Theatre Utilisation;</td>
</tr>
<tr>
<td></td>
<td>• Cancelled Operations;</td>
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<tr>
<td></td>
<td>• Outpatient Follow Up Ratios;</td>
</tr>
<tr>
<td></td>
<td>• Outpatients DNA Rates;</td>
</tr>
<tr>
<td></td>
<td>• Prescribing National Indicators.</td>
</tr>
<tr>
<td></td>
<td>7, 13, 14, 19, 25, 27</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

The efficiency and productivity measures are set out in Annex C and C1 http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=31791

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 8</td>
<td>Progress against deliverables in the E&amp;P local plan and monitoring of the core E&amp;P measures</td>
<td>Progress report against local plans (quarterly), and Core E&amp;P measures on webindicators: <a href="http://eproducts.wales.nhs.uk/webindicators/">http://eproducts.wales.nhs.uk/webindicators/</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>End-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 8</td>
<td>Achievement of the Core E&amp;P measures</td>
<td>Core E&amp;P measures on webindicators – July 2011 <a href="http://eproducts.wales.nhs.uk/webindicators/">http://eproducts.wales.nhs.uk/webindicators/</a></td>
</tr>
</tbody>
</table>
(e) Operating within available financial resources

4.110 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.

4.111 The revenue allocation will set out the funding available in 2010/2011 and how that funding will be allocated between the NHS organisations from April 2010 onwards.

4.112 All organisations will be required to achieve efficiency savings consistent with the Welsh Assembly Government’s commitments to improving efficiency and productivity of public services in line with “Making the Connections”.

4.113 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 C & C1 are of particular relevance and need to feature in all of the plans provided.

4.114 The costs of delivering local plans 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.

4.115 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 and is still extant. The importance of achieving financial balance cannot be overstated as it provides a stable environment for the delivery of high quality services.

4.116 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.

<table>
<thead>
<tr>
<th>National Targets:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 9</td>
<td>To operate within their available resources and maintain financial balance.</td>
</tr>
</tbody>
</table>

Further information can be found at:
http://howis.wales.nhs.uk/page.cfm?pid=136
(f) Delivering through an effective and flexible workforce

4.117 NHS Wales has to work to modernise, redevelop and re-balance its workforce to support changes in front line hospital, community and primary care services. This workforce and service transformation will depend on cultural and behavioural change, partnership working, effective professional and managerial leadership and staff who are appropriately trained, developed, supported and empowered to deliver new models of care. These changes in health care delivery will require a flexible workforce. Improved workforce planning processes are key to ensure that staff have the skills necessary to keep up to date with ever changing needs.

4.118 All organisations need to create an engaged and empowered workforce and must ensure that employees and their representatives have a ‘voice’, and are listened to. Engaged employees are both leaders and followers. Leadership and followership development is core. Employees and those with whom the health service work must be adequately prepared for their role and enabled to develop via appropriate training and education opportunities, ensuring compliance with regulatory frameworks. As the largest employer in Wales the NHS has the potential to provide life long careers for a wide variety of professions and skills. Effective use of the Key Skills Framework (KSF) is central to career progression and personal development. An engaged and empowered workforce will support innovation and provide dynamic care that meets the changing needs of service users.

4.119 A core challenge will be to develop a workforce that is appropriate and affordable in the short, medium and long term in the context of the current public sector financial challenges. Workforce costs account for approximately 75% of NHS Wales’ budget. It is essential that NHS Wales ensures best value for public funds to enable NHS Wales to be an efficient provider of services within a UK and global context. There is a need to ensure that the NHS Wales workforce is working as efficiently as possible by operating in a flexible way, delivering on efficiency targets and providing care utilising primary and community based services whenever appropriate.

4.120 The significant investment in new pay and terms and conditions of service over the last 5 years to facilitate new ways of working must now show a real return. The development of new roles and ways of working should contribute to the creation of the most productive workforce configuration for the organisation and enable staff to work differently to deliver improvements to patient/client care and improving productivity in return for better pay. Changing the balance of staff across Agenda for Change (A4C) Bands 1 to 9 should be a priority in the achievement of best value together with a remodelling of the working hours of staff to encompass the extended working day and as appropriate, weekend working.

4.121 All organisations are expected to work towards achievement of a 3% reduction in staff in Agenda For Change Bands 5 and above, with a reflected increase in staff in Bands 1 to 4, per annum, between 2010 to
2013 and a 10% increase in the proportion of staff providing services in a community setting, to be achieved between 2010 to 2013.

4.122 Building a workforce that is sustainable for both the immediate challenges facing the NHS in Wales and in the longer term should be a key strategic aim of all organisations. Since 2000, the NHS has focused on increasing the size of the health care workforce. However, as financial investment in the NHS slows down, expanding capacity by simply increasing workforce numbers is no longer viable. This converges with a number of other factors including the demographic changes and the current age profile of the workforce. This requires alternative approaches in the development of a sustainable workforce that is flexible enough in its work practices to manage the complex changes facing the NHS in Wales. Specific attention must be given to addressing and resolving current junior doctor recruitment difficulties to ensure European Working Times Directive (EWTD) compliance is achieved.

4.123 The management of sickness absence has featured in the AOF for several years and in 2004 a 4.2% sickness absence target was set for NHS Wales; however, this has not been achieved by the majority of organisations. The WAO report “The Management of Sickness Absence by NHS Trusts in Wales – Follow up Report 2009”, http://www.wao.gov.uk/reportsandpublications/2396.asp recommended a review and that a smarter approach to target setting be adopted. As a result each organisation has been set an individual percentage improvement rate for sickness absence. The required improvement must be achieved with a 12 month period from the date of implementation of the new target. As soon as the target is achieved the organisation will automatically move to the next % improvement threshold.

**LHBs to reduce its sickness absence rates** *by December 2010.*

4.124 The targets proposed are those which will be assessed and performance managed nationally by WAG and do not preclude any organisation setting a more challenging local improvement target if they so chose.

4.125 There is a continuing urgent need to reduce reliance and expenditure on agency and locum staffing, which are both costly and can adversely affect continuity of patient care. Organisations will be expected to understand and quantify the issues that create the demand for agency and locum usage and put in place actions to mitigate these and deliver a consequent reduction in use.

(g) Delivering and improving patient care and safety through the use of ICT

4.126 All NHS organisations across Wales must focus on creating a set of information and infrastructure services that enable the provision of integrated, person-based information to be used to join up and improve patient care and safety across the NHS and social care in Wales.

4.127 Historically, NHS Wales has in comparison with other health economies under invested in ICT. We need to sustain our investment in ICT and work collectively in the use of financial and staff resources to do things ‘Once Only for Wales’.

4.128 These services provided by the Health Boards should support clinical staff in their day-to-day tasks; help maintain accurate electronic patient records; analyse and measure progress through clinical audit; ensure efficient communication between healthcare partners; and allow clinicians to keep their knowledge up to date.

4.129 NHS organisations are required to base the Information and Communication Technology components of their local plans on robust road maps formulated in conjunction with Informing Healthcare for implementing NHS-wide information systems and technologies.

4.130 NHS organisations are required to develop plans that illustrate a five year planning horizon as migration of NHS-wide information systems and technologies will not necessarily be completed in 2010/11. The costs of delivering local plans represent a risk to be managed by each NHS organisation and across NHS Wales as a whole and in accordance with other AOF targets.

4.131 All NHS organisations are expected to actively comply with best practice initiatives:

- NHS reorganisation Audit Guide
- National ICT strategy developed by Informing Healthcare
- National Architecture and associated technical standards – common standards for our technology and our people
- ITIL Best Practice Service Management
- Best Practice Standards for Safety testing of ICT systems
- Extent of Clinical involvement and leadership in ICT systems implementation and benefits realisation
- Compliance with timescales for national data delivery and data quality.

4.132 All organisations must implement the agreed organisational ICT local plan for 2010/2011 – consistent with the national ICT strategies and plan. These will be assessed and performance managed by the Welsh Assembly Government in line with the established arrangements.
(h) Improving the quality of core services and delivering the national standards

Access / Waiting Times

1. High level aim

The Welsh Assembly Government is committed to ensuring that patients are seen as quickly as possible, in accordance with their clinical need.

The key objectives are to ensure that:

- all patients referred by primary care will receive their treatment within 26 weeks or less for the majority of patients;
- all patients whose care is too complex to be undertaken within 26 weeks or those who choose to wait longer receive their definitive treatment within maximum of 36 weeks;
- patients who are not on a referral to treatment pathway but require specified diagnostic and therapy services are seen in accordance with the operational standards.

2. The current position

The 26 week RTT waiting times will have been achieved by 31 December 2009 and waiting times in Wales are at their lowest recorded levels. However, the singular and most significant challenge for 2010 and beyond, is sustaining the progress made and ensuring that supply and demand are balanced in an efficient, effective and economical manner. In order to achieve this, a number of challenges must be addressed with the same level of commitment that was required to achieve the December 31 position. These include:

- further improvement of demand management systems and processes;
- continued development of information technology systems and supporting infrastructure;
- a more comprehensive approach to the redesign and transformation of clinical pathways;
- improved levels of efficiency and productivity;
- the removal of the remaining backlog within the system; and
- greater engagement with the public to assist them in better understanding their rights, roles and responsibilities within elective care.

NHS Organisations are reminded of their obligation to ensure that they comply with the arrangements set out in WHC (2008) 051 Priority Treatment for Healthcare for Veterans, which is still extant; and which seeks to ensure that veterans receive priority treatment to which they are entitled. In addition, there will be a new requirement for each LHB to specifically consider the health needs of veterans/ service personnel when planning services.

Similarly the Welsh Assembly Government has given its commitment in a Department of Health/Ministry of Defence Command Paper to ensuring that
service personnel retain their place on waiting lists regardless of where they are posted.

3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 10</td>
<td></td>
</tr>
<tr>
<td>• To maintain a maximum referral to treatment time of 26 weeks. At least 98% of patients waiting on an open pathway will have waited less than 26 weeks from Quarter 1 onwards.</td>
<td>7</td>
</tr>
<tr>
<td>• To ensure that 100% of patients not treated within 26 weeks, for clinical reasons and/or patient choice, are treated within a maximum of 32 weeks (on an open pathway).</td>
<td></td>
</tr>
<tr>
<td>• To achieve 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 throughout 2010/2011.</td>
<td></td>
</tr>
<tr>
<td>AOF 11&lt;sup&gt;New&lt;/sup&gt;</td>
<td>LHBs to specifically consider the health needs of veterans/service personnel when planning services.</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance


5. Performance management

i) Local planning

Organisations are expected to submit their local plan demonstrating how they will maintain the RTT requirements throughout 2010/2011 and beyond. The plan will be expected to demonstrate clearly how the organisation expects to deliver the AOF requirement by the deadline and within financial resources.

Within their local plan organisations should specifically address how they will deliver the requirements of (2008) 051 Priority Treatment for Healthcare for Veterans and address the health needs of veterans when planning services, and ensure service personnel retain their waiting list place wherever they may be posted.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Progress against deliverables in the Access local plan (monthly)</td>
<td>Progress report against the local plan (monthly)</td>
</tr>
<tr>
<td>AOF 10</td>
<td>RTT/ 32 weeks: Achievement against standard each and every month</td>
<td>Monthly RTT data reported by Health Statistics &amp; Analysis Unit Open pathway – monthly extracts</td>
</tr>
<tr>
<td>Target No</td>
<td>In-Year Assessment</td>
<td>Data Used</td>
</tr>
<tr>
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<td>-----------</td>
</tr>
<tr>
<td>DATS:</td>
<td>Achievement against standard each and every month</td>
<td>Monthly Diagnostic and Therapy Waiting Times Publication from Health Statistics &amp; Analysis Unit</td>
</tr>
<tr>
<td>AOF 11</td>
<td>Progress against deliverables in the Access local plan (monthly)</td>
<td>Progress report against the local plan (monthly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 10</td>
<td>RTT: Achievement of at least 98% of patients waiting on an open pathway will have waited 26 weeks or less each and every month</td>
<td>Monthly RTT data reported by Health Statistics &amp; Analysis Unit - Open pathway – monthly extracts</td>
</tr>
<tr>
<td></td>
<td>32 weeks: Achievement of 100% of patients wait 32 weeks or less for elective treatment. No patient will be waiting. This will be measured using the monthly ‘Closed by Admission’ and ‘Closed by Other’ RTT reporting.</td>
<td>Monthly RTT data reported by Health Statistics &amp; Analysis Unit - Open pathway – monthly extracts</td>
</tr>
<tr>
<td>AOF 11</td>
<td>Delivery against Access Local Plan</td>
<td>Final report on Access Local Plan</td>
</tr>
</tbody>
</table>
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.

The unscheduled care system needs to be a safe, efficient, and integrated service, which provides effective points of access to appropriate NHS, primary, secondary, community, or social services.

2. The current position

The introduction of Local Delivery Plans in 2009/2010 has seen some progress made and improvement secured within the unscheduled care system, with performance in A&E access and patient handover improving across Wales. However, the recent work undertaken by the Wales Audit Office on unscheduled care reached a number of significant conclusions. First, that the system is generally disjointed and fragmented between services, within organisations, across sectors such as health and social care, and between professional groups. This can result in inefficient use of resources and has a detrimental impact on the services that patients receive. Second, the complexity of the system, and the wide range and availability of access points at different times of the day and week, results in people being uncertain about how and where to seek help. Third, there are no comprehensive local visions for how the model should look within each health and social care community, with the current approach too focused on hospital services without fully considering the role of social services and primary care. Fourthly, partner organisations have a poor understanding of demand and costs, with information focused on individual services rather than at a population or system level. Fifthly, there are poor linkages between the information systems of different services. This makes it extremely difficult to track a person’s journey through the system and to assess whether their eventual outcome was positive.

Finally, there has been a lack of progress in developing community-based unscheduled care services, which reduces the genuine options that people have to seek help other than acute services like emergency departments and ambulance services. This is partially driven by the lack of progress made in developing staff with extended, specialist roles that are able to work autonomously and take definitive decisions to address people’s care needs without unnecessarily referring them to other services or professionals.
As a result of these system deficiencies the suite of national targets has not been consistently delivered and existing service models appear not to be sustainable:

- A & E 4 and 8 hour access;
- Ambulance response times;
- Patient handover from ambulance to A & E within 15 minutes;
- Delayed transfers of care targets (excluding mental health);
- Emergency Length of Stay (LOS).

3. Requirements for 2010/2011

<table>
<thead>
<tr>
<th>National Targets:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 12</td>
<td>To ensure that:</td>
</tr>
<tr>
<td></td>
<td>• 95% of new patients (including paediatrics) spend no longer than 4 hours in a major A&amp;E department from arrival* until admission, transfer or discharge; and</td>
</tr>
<tr>
<td></td>
<td>• 99%** of patients spend no longer than 8 hours for admission, transfer or discharge</td>
</tr>
<tr>
<td></td>
<td>• handover of all patients from an emergency ambulance to major accident and emergency departments within 15 minutes.</td>
</tr>
</tbody>
</table>

| AOF 13            | To achieve:         |
|                   | • 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 LHB 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. |

| AOF 14            | To achieve the Year 3 reduction of the DToC programme (See Ministerial letter EH/ML/019/08). |

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance
The data definitions and supporting guidance are provided in Annex E.  
5. Performance management

i) Local planning

Local Health Boards are required to submit their local delivery plans which demonstrate a clear vision for unscheduled care together with a set of clear actions for its delivery. The local plan should use the information provided by the Improving Unscheduled Care Checklist (DSU) and the NLIAH facilitated baseline assessment.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 12</td>
<td>A&amp;E: Achievement against target each and every month</td>
<td>A&amp;E data from Health Statistics &amp; Analysis Unit (monthly)</td>
</tr>
<tr>
<td></td>
<td>Handover: Achievement against target each and every month</td>
<td>Data from the Handover Arrival Screen (HAS) system</td>
</tr>
<tr>
<td>AOF 13</td>
<td>Achievement against target each and every month</td>
<td>Ambulance data from Health Statistics &amp; Analysis Unit (monthly)</td>
</tr>
<tr>
<td>AOF 14</td>
<td>Progress against target</td>
<td>DTOC data from Health Statistics &amp; Analysis Unit – calculation based on</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12 monthly rolling average</td>
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</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 12</td>
<td>A&amp;E: Achievement against target for all 12 months (April 2010 – March 2011)</td>
<td>A&amp;E Data from Health Statistics &amp; Analysis Unit, extract taken July 2011</td>
</tr>
<tr>
<td></td>
<td>Handover: Achievement against target for all 12 months (April 2010 – March 2011)</td>
<td>Data from the Handover Arrival Screen (HAS) system</td>
</tr>
<tr>
<td>AOF 13</td>
<td>Achievement against target for all 12 months (April 2010 – March 2011)</td>
<td>Ambulance Data from Health Statistics &amp; Analysis Unit (monthly); extract taken July 2011</td>
</tr>
<tr>
<td>AOF 14</td>
<td>Achievement against target using 12 months rolling average April 2010-March 2011</td>
<td>Calculated rates in accordance with Ministerial letter EH/ML/019/08, extract taken in July 2011</td>
</tr>
</tbody>
</table>
1. **High level aim**

The Welsh Assembly Government is committed to improving the mental health and well-being of all the people of Wales and delivering improved mental health services. We aim to continue developing a thriving and successful Wales that gives all citizens the opportunity to achieve their full potential.

Our mental health strategy has two main dimensions: (1) to ensure that we promote mental health and wellbeing for everyone, ensuring that effective promotion and prevention programmes are in place that reduce the risk of people developing mental health problems, and (2) equally as important ensuring actions are taken to improve the quality of life for those people who experience mental distress and to develop a wide range of services to meet people’s needs.

Every person has varying levels of mental health need at different times in their life, with some people needing a more specialist intervention that provides the necessary care, support and treatment to help regain control over their own life. A modern mental health whole system involves a range of health and social care services delivered within a range of different settings, and provided by a range of different organisations and agencies. No single group or organisation can provide the comprehensive care or the range of services needed for a modern mental health service that may also need to address needs around housing, employment, training and leisure services.

Resources for delivering mental health services should be targeted at those in the greatest need and should not be determined by diagnosis alone, but be based on a person’s identified and assessed needs. There must be access to a range of effective interventions, treatments, care and support for people with mental health problems that are identified and treated early, and delivered through an integrated health and social care system. A further essential component involves the management of the discharge pathway and proactive approaches to addressing likely delayed transfers of care.

2. **The current position**

The NSF published in 2005 included an implementation Action Plan, and set out 45 key actions within 8 standards that health and social care services are required to deliver. The vast majority of key actions are due to have been implemented in full by 2010.

Several pieces of policy implementation guidance on a range of mental health issues have been published by the Welsh Assembly Government, including guidance on care planning and co-ordination through the Care Programme Approach (CPA) which requires services to be more accessible and more responsive to provide help and support quickly. Other policy guidance issued includes advice on mental health services provided within primary care, additional standards relating to older people’s mental health and for all people with dementia through the National Service Framework for Older People in Wales (2006,) and a new Eating Disorders Framework for Wales issued in June 2009.
Interim CPA guidance will be developed in early 2010, which will lead to statutory requirements coming into force during the early part of 2011 which will provide further direction on the role and function of Community Mental Health Teams in Wales. It is expected that the mental health local plan will need to be refreshed once this guidance is available.

A summary of the standards and the principles of the 2005 NSF can be consolidated into four overarching aims for mental health as we move into the second decade of the 21st century. These are:

• To promote mental health and wellbeing for the whole population of Wales, and to ensure that effective intervention programmes are in place to reduce the risk of people developing mental health problems.
• To ensure the genuine and meaningful involvement and engagement of people who use mental health services.
• To ensure early identification and intervention takes place for people and families needing support.
• To improve the quality of life for people who experience mental health problems through delivering effective, efficient and equitable services across Wales that best meet their needs.

By March 2010 health bodies working with social care partners must at the least have:

• fully implemented the Care Programme Approach (CPA) with 100% of people on enhanced CPA having an agreed care plan in accordance with current guidance 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, and assessment of risk and a record of how that risk is being managed, a crisis and contingency plan and the name and contact details of an allocated care co-ordinator;
• developed Crisis Resolution and Home Treatment services in accordance with policy guidance and ensuring that the majority of people admitted to a psychiatric hospital between 0900 and 2100 have received an assessment by the CRHT service prior to admission in order to ensure that all those who could be managed in their home environments safely will be able to do so;
• 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;
• established services to 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. All LHBs must have agreed referral pathways in place for people suspected to be experiencing dementia, that are audited annually to ensure the pathway is being followed; and
• established specialist community eating disorder services that cover the whole of Wales.
LHBs must ensure they continue to give a priority focus and continue to report progress against each one of these aspects of mental health services throughout 2010 and 2011 which are of equal importance to the further additional requirements set out below.

For 2010-2011 three of the AOF targets have been continued with the emphasis on continuous improvement. In addition, under the Adult Mental Health National Service Framework, all LHBs were required to develop Mental Health Race Equality Action Plans. The first progress reports were recently reviewed by an external group. Although there were a small number of areas evidencing good practice and progress in implementation, it was primarily evident that the implementation of the plans was not being given satisfactory focus. All LHBs, in partnership with Local Authorities and the Third sector, must give higher priority to these plans and their implementation and future progress reports will be expected to demonstrate real improvement to services delivered to patients.

3. Requirements for 2010/2011

A major focus for 2010/2011 will be to implement the intelligent targets programme around depression and dementia. Further information on this programme is available at section (c) reducing waste, harm and variation and in Annex B.

<table>
<thead>
<tr>
<th>National Targets</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 15</td>
<td>7, 10, 13, 23</td>
</tr>
</tbody>
</table>

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:

- 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 contact details of an allocated care-co-ordinator;

- 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.
National Targets

| AOF 16 | To achieve a Crisis Resolution Home Treatment (CRHT) service and other community services that ensures:
|        | • 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, 10, 13, 23 |

| AOF 17 | To achieve the Year 3 reduction of the DTOC programme for mental health services (See Ministerial letter EH/ML/019/08). |
|        | 7, 10, 13 |

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance
All organisations should adhere to national data standards and definitions when reporting performance.

5. Performance Management

i) Local planning
Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective adult mental health services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 15</td>
<td>Reported % CPA compliance via the CPA audit template</td>
<td>Quarterly CPA audit tool (Annex E).</td>
</tr>
<tr>
<td>AOF 16</td>
<td>Reported % CRHT compliance via the CRHT template</td>
<td>Monthly CRHT audit tool (Annex E)</td>
</tr>
<tr>
<td>AOF 17</td>
<td>Progress against standard</td>
<td>DTOC data from Health Statistic &amp; Analysis Unit (monthly)</td>
</tr>
<tr>
<td>Target No</td>
<td>Year-end Assessment</td>
<td>Data Used</td>
</tr>
<tr>
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<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>AOF 15</td>
<td>Reported % CPA compliance via the CPA audit template</td>
<td>Cumulative data for all 4 quarters from CPA audit tool available April 2011, with service inspection to validate compliance</td>
</tr>
<tr>
<td>AOF 16</td>
<td>Reported % CRHT compliance via the CRHT template</td>
<td>Cumulative data for all 12 months from CRHT audit tool - 4th quarter April 2011</td>
</tr>
<tr>
<td>AOF 17</td>
<td>Achievement against standard using 12 months rolling average April 2010-March 2011.</td>
<td>Calculated rates in accordance with Ministerial letter EH/ML/019/08.</td>
</tr>
</tbody>
</table>
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 2010 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 2010/2011**

In response to the recent Wales Audit Office report on CAMHs services all LHBs are to ensure that their specialist CAMHs services are available for all children and young people who are aged up to and including 17 years (i.e. up to the eve of their 18th birthday) by March 2012.

In order to ensure that the service improvement is deliverable by 2012 LHBs are required to produce a plan by autumn 2010 on how they will achieve this.

<table>
<thead>
<tr>
<th>National Target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 18 LHBs to achieve a service which:</td>
<td>7, 10, 13, 23, 25, 27</td>
</tr>
<tr>
<td>• has 2 WTE Primary Mental Health Workers per 100,000 population;</td>
<td></td>
</tr>
<tr>
<td>• offers consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request;</td>
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<tr>
<td>• offers at least one training course in each Unitary 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</td>
<td></td>
</tr>
</tbody>
</table>
National Target:  

| Young people who have depressive disorders or eating disorders and managing deliberate self harm;  
| Ensures that all children & young people referred to Specialist CAMHS are assessed and any intervention plans required are initiated within 16 weeks;  
| Ensures that all children & young people referred to Specialist CAMHS who have sustained low mood of 6 weeks or more duration and suicidal ideation are assessed and any intervention plans required are initiated within 4 weeks;  
| 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 children and young people 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 children and young people 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.  

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance


5. Performance management

i) Local planning

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective children and adolescent mental health services.
The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 18</td>
<td>Progress against deliverables in the CAMHS local plan (quarterly)</td>
<td>Progress report against the local plan (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 18</td>
<td>Achievement against the target each and every quarter from April 2010.</td>
<td>CAMHS proforma (quarterly) (See Annex E)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 18</td>
<td>Achievement against the target each and every quarter April 2010-March 2011.</td>
<td>CAMHS proformas April 2010-March 2011, available April 2011</td>
</tr>
</tbody>
</table>
Healthcare Associated Infections (HCAIs)

1. **High level aim**

The Welsh Assembly Government is committed to reducing Healthcare Associated Infections across all healthcare environments through effective infection prevention and control programmes.

The Welsh Assembly Government published its first national strategy for reducing HCAIs in hospital settings in 2004; this was followed by a strategy for reducing infection in community settings in 2007.

The strategic approach in Wales has been and remains one of aiming to reduce all HCAIs without blanket targets aimed at individual organisms. Over the last 5 years, NHS Trusts have been charged with developing annual local disease reduction targets registering them with the WAG Regional NHS Offices. It is against these targets that their performance has been measured. In addition, a number of all-Wales mandatory surveillance schemes, the first of which was introduced in 2001, are on-going. Trusts have been asked to aim for 95% compliance with these schemes. Whilst compliance has increased over the last year, there is still room for improvement in both the quantity and quality of data submitted to the Welsh Healthcare Associated Infection Programme Team (WHAIP). Participation in mandatory schemes is essential to enabling LHBs to identify local issues and to target their programmes effectively.

Last year, the vast majority of LHBs reported *C. difficile* reductions as key components of the locally derived targets for 2009/10.

2. **The current position**

*Clostridium difficile* still presents the NHS with a great challenge. Across Wales the rate fell from 17.86 per 1000 admissions (3095 cases) in 2007-2008 to 15.46 (2744 cases) for 2008-2009 for inpatients aged over 65. There was however a vast disparity in rates between NHS Trusts ranging from 8.41 to 25.07. The all-Wales rate was also above the upper control limit for January 2009.

Although the target below focuses on achieving reductions in *C. difficile* infection, that must not deflect from the fight against all HCAIs. Continued vigilance and robust implementation of good practice in respect of all aspects of infection prevention is essential to ensure patient safety and quality care. The measures listed below should continue to be central to local arrangements aimed at driving down all HCAIs.

By March 2010 organisations must have:

- Local infection reduction targets in place across the Local Health Board in acute and community settings;
- embedded evidence based practices across the LHB to reduce HCAIs using quality improvement methodologies as used within the 1000 Lives campaign;
- 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 2010-2011

Local Health Boards will monitor their HCAI rates through the national mandatory HCAI surveillance programme and local HCAI surveillance; using the data to focus on the most appropriate interventions required to reduce the incidence of HCAI. The interventions and improvement methodologies contained in the HCAI content area of the 1000 Lives campaign are recommended.

Local Health Boards will demonstrate on a quarterly basis ongoing reductions in infection rates against all of the mandatory surveillance schemes.

<table>
<thead>
<tr>
<th>National Target</th>
<th>Healthcare Standards</th>
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<tbody>
<tr>
<td>AOF 19</td>
<td>LHBs will demonstrate a minimum of 20% reduction over the next 12 months in the number of cases of <em>Clostridium difficile</em> in patients over the age of 65, (based on figures published in the All-Wales <em>Clostridium difficile</em> report for 1/7/08-30/6/09). LHBs are required to achieve over 95% compliance with mandatory HCAI surveillance schemes.</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

HCAI measures/ targets will be reviewed over the next year and an opportunity will be taken to engage with the intelligent target initiative, encompassing a range of process and outcome measures that will be developed.

Some organisations have already made significant reductions in their rates of *C. difficile* over the past twelve months and they should discuss with the regional NHS office any difficulties they foresee in meeting the 20% reduction.

4. Data definitions and supporting guidance


5. Performance management

i) Local planning

Organisations are expected to have a local plan which demonstrates how they will tackle healthcare associated infections. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.
### ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Progress against deliverables in HCAIs local plan (quarterly)</td>
<td>Progress Report against the local plan (quarterly)</td>
</tr>
<tr>
<td>AOF 19</td>
<td>WHAIP Surveillance Data Report</td>
<td>WHAIP Surveillance Data Report (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
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</thead>
</table>
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 2010 organisations must have achieved:
- the cancer waiting times of both 31 and 62 day targets, routinely;
- rolling out of the National Screening Programme for bowel cancer;
- a smoking ban in all public places;
- a planned approach to the updating and installation of diagnostic and radiotherapy treatment equipment;
- the 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
- the 2009-2010 requirements contained within the 2008-2011 Cancer Strategic Framework; and
- addressed the recommendations / actions arising from the CSCG Cancer Standard Report 2009, used this information to develop their local plan with the aim of achieving full compliance.


<table>
<thead>
<tr>
<th>National Targets</th>
<th>Healthcare Standards</th>
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</thead>
<tbody>
<tr>
<td>AOF 20</td>
<td>To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Cancer Strategic Framework.</td>
</tr>
</tbody>
</table>

To ensure:
- 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.
Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. **Data definitions and supporting guidance**
The data definitions and supporting guidance are provided in Annex E.  

5. **Performance management**

i) **Local planning**

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective cancer services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

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).

ii) **Assessment criteria**

<table>
<thead>
<tr>
<th>Target</th>
<th>In-year Assessment</th>
<th>Data Used</th>
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<tbody>
<tr>
<td>AOF 20</td>
<td>Progress against deliverables in the local plan (quarterly)</td>
<td>Progress Report against the local plan (quarterly)</td>
</tr>
<tr>
<td></td>
<td>Achievement against target each and every quarter</td>
<td>Cancer Waiting Times Data from Health Statistics &amp; Analysis Unit</td>
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<tr>
<th>Target</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
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</thead>
<tbody>
<tr>
<td>AOF 20</td>
<td>Achievement against target</td>
<td>Final report against local plan</td>
</tr>
<tr>
<td></td>
<td>Achievement against target every quarter April 2010 – March 2011</td>
<td>Cancer Waiting Times Data from Health Statistics &amp; Analysis Unit</td>
</tr>
</tbody>
</table>
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, published in July 2009. The framework includes a separate standard on arrhythmias, sudden cardiac death and care of adults with congenital heart disease.

2. The current position

By March 2010 the NHS must have achieved:
• NHS waiting times for angiography, cardiac revascularisation, and cardiac surgery;
• 26 week maximum wait for all patients requiring cardiac revascularisation;
• the 2009-2010 requirements of the Cardiac Disease Strategic Framework; and
• a baseline self assessment of current services against the updated Cardiac Disease National Service Framework, using the Quality requirements produced by the Cardiac Network Co-ordinating Group and use this information to develop their local plans.

3. Requirements for 2010-2011

A major focus for 2010/2011 will be to implement the intelligent targets programme around STEMI/NSTEMI/ACS and Heart Failure. Further information on this programme is available at section (c) reducing waste, harm and variation and in Annex B.

<table>
<thead>
<tr>
<th>National Targets:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 21</td>
<td>To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Cardiac Disease Strategic Framework. 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.</td>
</tr>
</tbody>
</table>
Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. Data definitions and supporting guidance
The data definitions and supporting guidance are provided in Annex E. 

5. Performance management

i) Local planning

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective cardiac services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
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<tbody>
<tr>
<td>AOF 21</td>
<td>Progress against deliverables in the local plan (quarterly)</td>
<td>Progress report against the local plan (quarterly)</td>
</tr>
<tr>
<td></td>
<td>Achievement against standard each and every month</td>
<td>Monthly Diagnostic and Therapy Waiting Times Publication from Health Statistics &amp; Analysis Unit</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 21</td>
<td>Achievement against target</td>
<td>Final report against local plan</td>
</tr>
<tr>
<td></td>
<td>Achievement of at least 98% of patients waiting on an open pathway will have waited 26 weeks or less each and every month</td>
<td>Monthly RTT data reported by Health Statistics &amp; Analysis Unit - Open pathway – monthly extracts</td>
</tr>
</tbody>
</table>
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 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 2010 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 to have demonstrated this by securing a positive outturn report from the Stroke Audit Tool assessment; and
- the 2009-2010 requirements contained within the Improving Stroke Services – A Programme of Work.
- The establishment of local plans on a new LHB basis to map activity across the whole patient pathway, to ensure full compliance with the standards in the Older People’s NSF and other national guidelines, by March 2015

3. Requirement for 2010-2011

A major focus for 2010/2011 will be to implement the intelligent targets programme around TIA/mini stroke, acute stroke and early recovery and rehabilitation. Further information on this programme is available at section (c) reducing waste, harm and variation and in Annex B.

<table>
<thead>
<tr>
<th>National target:</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 22</td>
<td>To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Stroke Programme.</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.
4. **Data definitions and supporting guidance**


5. **Performance management**

   **i) Local planning**

   Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective stroke services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

   **ii) Assessment criteria**

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
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<tbody>
<tr>
<td>AOF 22</td>
<td>Progress against deliverables in the local plan (quarterly)</td>
<td>Progress report against the local plan (quarterly)</td>
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<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
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</thead>
</table>
   | AOF 22    | Achievement against target | Final report against local plan  
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 and considering the impact of conditions such as diabetes on the development of renal disease;
- ensure that where renal disease does occur that it is identified at an early stage;
- take proactive action to delay its progression (consider the impact of diabetes on the progression of renal disease); and
- achieve and sustain the best quality of life and survival rates for all people receiving renal replacement therapy in Wales, to include good management of diabetes if they have the condition.

2. The current position

By March 2010 organisations must have achieved:
- Progress on the implementation of Designed to Tackle Renal Disease (2007);
- received input from the Renal Networks;
- developed and piloted an early detection and management pathway for chronic kidney disease;
- supported the implementation of the strategic investment plan for the expansion of dialysis capacity in Wales;
- supported an increase in organ donors and monitoring potential organ donation and renal transplantation rates in Wales; and
- the 2009-2010 requirements contained within the Renal Strategic Framework.

During 2010-2011 a Renal Assessment Audit Tool will be developed and this will be used to assess organisational performance against the Renal Strategic Framework.

3. Requirement 2010-2011

<table>
<thead>
<tr>
<th>National target:</th>
<th>Healthcare Standards</th>
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</thead>
<tbody>
<tr>
<td>AOF 23 To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Renal Strategic Framework.</td>
<td>7,13</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.
4. **Data definitions and supporting guidance**


5. **Performance management**

i) **Local planning**

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective renal services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

The plan should consider the existing Renal Network plans and the contribution provided by other NHS organisations, e.g. Public Health Wales NHS Trust.

ii) **Assessment criteria**

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 23</td>
<td>Progress against deliverables in the local plan (quarterly)</td>
<td>Progress report against the local plan (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 23</td>
<td>Achievement against target</td>
<td>Final report against local plan Satisfactory completion of the Renal Assessment Tool leading to a positive outcome in the All Wales Advisory Group outturn report available July 2011.</td>
</tr>
</tbody>
</table>
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 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 2010-2011**

<table>
<thead>
<tr>
<th>National Target</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 24</td>
<td>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.</td>
</tr>
</tbody>
</table>

Ensure that programmes to delivery the AOF meet the requirements of the Healthcare Standards for Wales.

4. **Data definitions and supporting guidance**


5. **Performance management**

i) **Local planning**

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective sexual health services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources. For performance management purposes a 98% standard will be deemed to represent amber status.
ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Progress against deliverables in the local plan (quarterly), Progress report against local plan (quarterly)</td>
<td></td>
</tr>
<tr>
<td>AOF 24</td>
<td>Achievement against target each and every month from April 2010</td>
<td>Sexual health services data (monthly) (See Annex E)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 24</td>
<td>Achievement against target</td>
<td>Public Health Wales NHS Trust Sexual Health report available June 2011</td>
</tr>
</tbody>
</table>
Critical Care Services

1. **High level aim**
The Welsh Assembly Government is committed to improving critical care services in Wales to ensure that patients with the most need have ready access to critical care and that they are transferred on at the most appropriate time in their care to maximise effectiveness of their treatment.

The key aims are to:
- provide high quality critical care
- ensure patients with the most need have ready access to critical care services
- improved efficiency and effectiveness of adult critical care services by modernising and standardising practice
- reduce the delayed transfers of care from critical care units in order to improve patient flow and patient safety thus ensuring patients would be cared for in the most appropriate clinical environment
- reinvest any saving into the development of critical care services

2. **The current position**
By March 2010 organisations must have:
- implemented the core quality requirements and commenced the implementation of the priority developmental quality requirements in Designed for Life: Quality Requirements for Adult Critical Care in Wales (2006)
- implemented the Critical Strategic Framework organisational delivery plans for 2009/2010 and have demonstrated this through a positive outturn report from the Critical Care Self Assessment Audit Tool.
- embedded evidence based practices across the LHB using quality improvement methodologies as used within the 1000 Lives campaign
- undertaken a review of critical care capacity
- supported the implementation of the network level plans for critical capacity;
- supported an increase in organ donors in Wales.

3. **Requirement for 2010-2011**

<table>
<thead>
<tr>
<th>National Target</th>
<th>Healthcare Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 25 &lt;sup&gt;new&lt;/sup&gt;</td>
<td>To implement the organisational delivery plans for 2010/2011 in support of the delivery of the Critical Care Strategic Framework.</td>
</tr>
<tr>
<td></td>
<td>7,13</td>
</tr>
</tbody>
</table>

Ensure that programmes to deliver the AOF meet the requirements of the Healthcare Standards for Wales.

4. **Data definitions and supporting guidance**
5. Performance management

i) Local planning

Organisations are expected to have a local plan which demonstrates how they will develop and deliver effective critical care services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.

ii) Assessment criteria

<table>
<thead>
<tr>
<th>Target No</th>
<th>In-Year Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 25</td>
<td>Progress against deliverables in local plan (quarterly),</td>
<td>Progress report against local plan (quarterly)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target No</th>
<th>Year-end Assessment</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOF 25</td>
<td>Achievement against target</td>
<td>End of Year performance against local plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Satisfactory Completion of Critical Care Self Assessment Audit Tool leading to a positive outcome in the Critical Care Assessment Report available August 2011</td>
</tr>
</tbody>
</table>
Maternity Services

1. **High level aim**

   The Welsh Assembly Government is committed to providing a high quality, accessible maternity service, delivered in partnership with women and their families that strive to ensure safe and positive outcomes for women and babies.

   The key aims are to provide:
   - Evidence based quality services that are woman-centred and family focused;
   - Safe, compassionate care in an appropriate environment;
   - Targeted services to those who are most vulnerable.

2. **The current position**

   The National Service Framework (NSF) published in 2004, set key actions to improve the delivery of care. A self-assessment audit tool was also developed to enable local measurement of progress in achieving the key actions and for informing local service planning.

   In 2009 the Wales Audit Office report on Maternity Services stated that whilst most women are satisfied with their maternity care, there are specific problems including:
   - Lack of an overall strategy for maternity services in Wales;
   - More could be done to prevent unnecessary Caesarean sections;
   - Some women felt that they were not treated with dignity, respect, kindness and understanding;
   - Significant deficiencies in the way that maternity services monitor performance and collect information.

3. **Expectations for 2010/2011**

   The Maternity Services report makes a number of recommendations for improvement that will be taken forward during 2010/11. By way of response to these recommendations the Welsh Assembly Government will develop a comprehensive strategy for maternity services, highlighting good practice and offering guidance on local service planning. The Welsh Assembly Government, in partnership with the NHS in Wales and other key stakeholders, will also work to agree a standard set of data that is routinely collected, monitored and used to support service improvement.

   The Welsh Assembly Government expects all LHBs to:
   - assess staffing requirements for delivering safe and high quality services;
   - ensure that all maternity staff receive the necessary clinical training;
   - review staff training programmes to ensure that there is sufficient focus on the principles of respect, well being, choice and dignity.
Supporting guidance
Wales Audit Office report on Maternity Services 2009:

http://www.wao.gov.uk/reportsandpublications/reportsandpublications.asp

4. Local Planning
Organisations are expected to have a local plan demonstrating how they will develop and deliver effective maternity services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.
Lymphoedema Services

1. High level aim

To ensure timely and appropriate assessment and diagnosis for all lymphoedema patients in Wales to minimise the physical, psychological and economic impact and to lead to equity of access to high quality services across Wales.

2. The current position

Lymphoedema is a chronic swelling due to lymphatic system failure. Currently there is wide variation in the organisation and delivery of lymphoedema services across Wales. Some Local Health Boards provide full lymphoedema services. Others offer services that can only be accessed by cancer patients, while certain areas do not provide any services at all. Clinics range from lone practitioners to small teams. Waiting and treatment times vary as well as treatment options. Most people with lymphoedema go undiagnosed and untreated for long periods of time.


Achievement of the 2010/11 Key Actions within LHB delivery plans.

Supporting guidance
A Strategy for Lymphoedema in Wales 2009:

4. Local planning

Working collaboratively LHBs to have established an all Wales Project Manager to lead and champion the implementation of the Lymphoedema Strategy, by end of March 2010.

LHBs to develop delivery plans, by the end of March 2010, to map the necessary activity and milestones to achieve the Strategy’s key Actions.
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 2004 (CCA) and identified in national and local risk assessments.

The key aim is 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 October 2009 organisations were expected to have in place a contingency strategy and supporting plans for the new organisation so as to be prepared to deal effectively with localised incidents through to catastrophic emergencies.

3. Requirements for 2010/2011

To ensure that civil contingency arrangements are fit for purpose to deliver a robust response in the event of any incident/emergency.

4. Data definitions and supporting guidance

The data definitions and supporting guidance are provided in Annex E. http://howis.wales.nhs.uk/sites3/page.cfm?orgid=407&pid=31793

5. Performance management

i) Local planning

Organisations are expected to have a local plan which demonstrates that they have fit for purpose civil contingency arrangements details of this can be found in Annex E.
Substance Misuse Services

1. High level aim

The Welsh Assembly Government’s ten year strategy for tackling substance misuse “Working Together to Reduce Harm” sets out the priorities for improving the planning and delivery of substance misuse services in Wales.

A key priority is to improve access to services through reducing waiting times and improving the planning and performance management of services.

Since 2003, Community Safety Partnerships (CSPs) have had statutory responsibility for the planning of substance misuse services to meet the needs of their local population. Local Health Boards have been a Responsible Authority within CSPs and under the new NHS reconfiguration; LHBs are a responsible authority within CSPs and share the statutory responsibilities for tackling substance misuse in their area.

2. The current position

By March 2010 the NHS must have nominated senior personnel with specific responsibility and accountability for ensuring the LHB contribute appropriately as a “Responsible Authority” to the delivery of the Core Standards for Substance Misuse in Wales.

3. Expectations for 2010-2011

The Welsh Assembly Government expects that the:

• Key Performance Indicators and targets on waiting times for substance misuse treatment services to be met.
• Core Standards for substance misuse services in Wales are implemented with clear plans for monitoring and review.

Local Health Boards are required to plan to ensure that the programme improvements will be delivered.

Supporting Guidance

4. Local planning

Organisations are expected to have a local plan demonstrating how they will develop and deliver effective substance misuse services. The local plan will also need to clearly demonstrate how the organisation expects to deliver the necessary improvements both within the timescale and available financial resources.
5. Assessing Organisational Performance

5.1 Organisations must produce an AOF response which is supported by separate local service plans for each of the national programme areas and associated national targets set out in the AOF. These should be the plans that are already being used to provide direction for the organisation and emphasise the work being done on pathway redesign, productivity and improved quality of care. Local plans 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.

5.2 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 in line with the high level aims of each, and not simply focus only on the achievement of the national target.

5.3 For the purposes of clarity organisations must submit their updated local plans for the following national programmes:

- Upstream prevention and well-being/Public Health;
- Chronic Conditions Management;
- Primary and Community services;
- Delivery of the national efficiency and productivity targets;
- Improving patient care and safety through the use of ICT;
- Access;
- Unscheduled Care;
- Mental Health Services (including intelligent targets implementation);
- CAMHS;
- Healthcare Associated Infections;
- Cancer Services;
- Cardiac Services (including intelligent targets implementation);
- Stroke Services (including intelligent targets implementation);
- Renal Services;
- Sexual Health Services;
- Critical Care;
- Maternity services;
- Civil Contingencies; and
- Substance Misuse

5.4 The 2010/2011 revenue allocation will be issued alongside the AOF and provides details of the funding available. Each local plan should identify the additional costs over and above the baseline funding for the service required to deliver the planned actions. Local plans should highlight on an exemption basis where gaps between funding and expenditure occur. Any risks identified through this process must be reflected in the overall balanced AOF plan.

5.5 In addition, each organisation is expected to produce a Healthcare Standards improvement Plan as part of this response. Further guidance on this will be issued in the New Year on the HCSIPs 2010/2011.
**AOF Response**

5.6 Overall AOF responses, supported by local service plans and Healthcare Standards Improvement Plans (HCSIPs) are required from:

- All LHBs;
- Welsh Ambulance Service NHS Trust (WAST);
- Public Health Wales; and
- Velindre NHS Trust


**Timetable for 2010/2011**

5.8 An organisation’s final AOF response, including their local plans and financial plans must be submitted to the Director of Operations, Welsh Assembly Government by Friday 26 February 2010.

5.9 While there is no requirement to provide draft version of the AOF response to the Welsh Assembly Government, colleagues within your regional offices will be available to provide advice and guidance on your response as it develops and it may be helpful to share drafts with them. The final AOF, including all local plans and financial plans, will be assessed by the Welsh Assembly Government to ensure fitness for purpose, at which point they will be jointly agreed.

5.10 Each AOF target has been mapped to the proposed new Healthcare Standards for Wales. Please note that the draft standards are currently out to consultation and may be subject to change.

**Striving for continuous improvement**

5.11 While the structure of the NHS has changed fundamentally in 2009/2010 the underpinning philosophy and approach to performance assessment and improvement established in the Annual Operating Framework in 2009/2010 remains extant, based upon the principles set out in Fig. 1.

**Fig. 1  Key Principles**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Governance</td>
<td>Boards have the main responsibility for ensuring organisations are fit for purpose and commission / deliver high quality services across the whole patient care pathway.</td>
</tr>
</tbody>
</table>
| 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. Where appropriate the principle of “earned autonomy” will be applied to performance management practices.

<table>
<thead>
<tr>
<th>Transparency</th>
<th>WAG will use a clear method for assessing performance and applying improvement tools within the framework.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness</td>
<td>The performance improvement approach will be based upon a philosophy of ‘no surprises’ and open communication.</td>
</tr>
<tr>
<td>Minimal duplication</td>
<td>WAG 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.</td>
</tr>
<tr>
<td>Minimal information requirements</td>
<td>The WAG will keep information requirements on organisations to a minimum, and will actively work with all other agencies to remove duplicative requirements. WAG only expects to be asking for a part of the information that a well governed Board should be routinely be producing as part of its effective day to day operations.</td>
</tr>
</tbody>
</table>

5.12 The holistic method of performance assessment used in 2009/2010, will be continued in 2010/2011 with the Welsh Assembly Government 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.

5.13 The assessment will take account of performance against:

- specific national targets and programmes set out in this AOF;
- the levels of improvement that have been achieved locally against the Healthcare Standards, 1000 Lives Campaign, clinical pathway redesign and other quality based initiatives.

5.14 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 within their local health communities. For this reason we cannot be explicit how organisation such as the Delivery and Support Unit and NLIAH will be utilised but it will be based on the key principle of proportionality as noted above.
The approach to performance assessment for 2010/2011

5.15 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.

5.16 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 that will provide additional information, evidence and intelligence to assist the assessment process.

5.17 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 using validated data against the agreed criteria set out below.

ii. The quality of services will be assessed through organisations Annual Healthcare Standards Improvement Plans and the annual Healthcare Inspectorate Wales validation of organisations’ self assessment (currently under development for 2010/2011) together with progress against the 1000 Lives Campaign and initiatives such as Focus On.

5.18 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/ QSSID in due course. HCSIPs will need to be integrated and developed on the basis of the merged organisations as configured from 1 October 2009 and based on their local plans for 2010/2011.

5.19 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 2010/2011 targets as the Welsh Assembly Government will be looking to simplify the reporting requirements. Any updates will be communicated by March 2010.

5.20 The Welsh Assembly Government will arrive at an overall performance assessment for each of the three dimensions at year-end (green, amber, red) which will be based on the composite score of key ministerial targets and organisational standards.

5.21 There will be no one overall rating of an organisation’s performance as this would serve to oversimplify a complex judgement.
The performance assessment criteria and methodology for each dimension of the National Performance Framework for 2010/2011

5.22 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 2010/2011

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;
   • all of the core efficiency and productivity requirements set out in Annex C;
   • all local improvement actions set out within the HCSIP and a positive assessment by HIW;
   • progress in the 1000 Lives Campaign and clinical pathway redesign e.g. Focus On and Intelligent Targets

Assessment Methodology

National targets and efficiency and productivity measures:

iii. The national targets and the core efficiency and productivity requirements will be assessed through information provided by organisations.

End of year performance assessment:

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

| Green                      | • Achievement of all 25 national AOF targets  
|                           | • Achievement of all national requirements and local improvement actions within organisation’s HCSIP  
|                           | • Achievement of all 10 core efficiency and productivity targets  
|                           | • Improvement against 1000 Lives campaign and clinical pathway redesign  
| Amber                     | • 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 or more of the core efficiency and productivity targets  
|                           | • Moderate improvement against 1000 Lives campaign and clinical pathway redesign  

| Red                          | • 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  
|                             | • No Improvement against 1000 Lives campaign or clinical pathway redesign |
Dimension: Financial Performance

5.23 Performance Requirement 2010/2011

i. The core financial requirement for Local Health Boards is to meet their statutory financial duties to ensure that net operating costs do not exceed revenue resource limits (or break-even duty for NHS Trusts) 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 Local Health Boards:

- Net operating costs do not exceed Revenue Resource Limit (RRL) less any repayable revenue brokerage required.
- Capital expenditure does not exceed Capital resource limit (CRL); and
- achievement of an unqualified opinion on the statutory annual accounts.

For NHS Trusts: WAST, Velindre and Public Health Wales

- The break-even duty is met;
- Capital expenditure does not exceed Capital Resource limit (CRL); and
- achievement of an unqualified audit 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. Any repayable revenue brokerage provided to LHBs by the WAG to enable RRLs to be achieved will be deducted from the RRL in measuring final performance.

v. Performance is assessed as follows

<table>
<thead>
<tr>
<th>Local Health Boards</th>
<th>Green</th>
<th>Amber</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Met RRL without repayable revenue brokerage</td>
<td>Met RRL without repayable revenue brokerage</td>
<td>Failed to meet RRL or repayable revenue brokerage required</td>
</tr>
<tr>
<td></td>
<td>Met CRL</td>
<td>Failed to meet CRL</td>
<td>Failed to meet CRL</td>
</tr>
<tr>
<td></td>
<td>Unqualified annual accounts</td>
<td>Unqualified annual accounts</td>
<td>And/or qualified annual accounts</td>
</tr>
</tbody>
</table>
### NHS Trusts

<table>
<thead>
<tr>
<th>Colour</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| **Green** | • Achievement of break-even duty parts 1 and 2* without brokerage  
              • Unqualified annual accounts  
              • Met CRL |
| **Amber** | • Achievement of break-even duty part 1  
              • Unqualified annual accounts  
              • Failure to achieve break-even duty part 2  
              • Met or failed to meet CRL |
| **Red**   | • Failure to achieve break-even duty part 1  
              • And/or qualified annual accounts  
              • Met or failed to meet CRL |

*As per WHC (2007) 49*
5.24 Performance Requirements for 2010/2011

(i) Organisations are required to meet the standards of good governance set for the NHS and the wider public sector in Wales. They must be focused on providing strong, effective leadership and embedding the culture, behaviours and ways of working necessary to deliver sustainable performance improvement. The standards of good governance are embodied within Healthcare Standards for Wales and the Assembly Government’s Citizen Centred Governance Principles. Organisations will need to actively demonstrate the extent to which their governance arrangements are aligned to the 7 citizen centred governance principles, which are:

- Putting the citizen first;
- Knowing who does what and why;
- Engaging with others;
- Living public sector values;
- Fostering innovative delivery;
- Being a learning organisation; and
- Achieving value for money.

The Healthcare Standards are being updated and the revised standards will come into force in April 2010. Organisations will continue to self assess themselves and develop improvement plans to demonstrate compliance with the standards. The first assessment of the Healthcare Standards will be against the standards of good governance as underpinned by the citizen centred governance principles, the results of which will continue to be a key element of the organisation’s statement of internal control.

For more information about the citizen centred governance principles see www.nhswhalesgovernance.com

Assessment Methodology

ii. Healthcare Inspectorate Wales (HIW) will continue to use the Healthcare Standards to underpin their assessments of the quality of healthcare services. HIW are revising their assessment process in parallel to the revision of the standards to meet the needs of the new NHS arrangements. They will continue to validate organisations assessments against the Healthcare Standards. Further information about the assessment process will follow in 2010.

Organisations self assessment will be subject to independent validation.

<table>
<thead>
<tr>
<th>Green</th>
<th>A rating of ‘Practising’ or above against the Governance and Accountability Module.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>A rating of ‘Developing’ against the Governance and Accountability Module.</td>
</tr>
<tr>
<td>Red</td>
<td>Any significant failure in statutory or legal compliance A rating of ‘Aware’ or ‘Responding’ against the Governance and Accountability Module.</td>
</tr>
</tbody>
</table>
6. Queries and Correspondence

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

<table>
<thead>
<tr>
<th>Policy</th>
<th>Performance management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Delivery &amp; Performance Management</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Carl James</strong></td>
<td></td>
</tr>
<tr>
<td>Head of NHS Performance Management,</td>
<td></td>
</tr>
<tr>
<td>Waiting Times and Unscheduled Care Welsh</td>
<td></td>
</tr>
<tr>
<td>Assembly Government</td>
<td></td>
</tr>
<tr>
<td>Cathays Park Cardiff CF10 3NQ</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:carl.james@wales.gsi.gov.uk">carl.james@wales.gsi.gov.uk</a></td>
<td>029 2082 5630</td>
</tr>
<tr>
<td><strong>Roger Perks</strong></td>
<td></td>
</tr>
<tr>
<td>Head of Corporate Management</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:roger.perks@wales.gsi.gov.uk">roger.perks@wales.gsi.gov.uk</a></td>
<td>029 2082 6736</td>
</tr>
<tr>
<td><strong>Tony Hurrell</strong></td>
<td></td>
</tr>
<tr>
<td>Regional Director Mid and West Wales Regional</td>
<td></td>
</tr>
<tr>
<td>Office</td>
<td></td>
</tr>
<tr>
<td>Hill House Picton Terrace Carmarthen SA31 3BS</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:tony.hurrell@wales.gsi.gov.uk">tony.hurrell@wales.gsi.gov.uk</a></td>
<td>01267 245070</td>
</tr>
<tr>
<td><strong>Samantha Thomas</strong></td>
<td></td>
</tr>
<tr>
<td>Head of Performance Management</td>
<td></td>
</tr>
<tr>
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Yours sincerely

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