Annual Operating Framework 2010/2011

1 Introduction

The purpose of this paper is to provide the Board with an overview of the recently released Annual Operating Framework 2010/2011, the work underway across the Health Board to prepare a response and the required timescales. The Board is asked to note the report.

2 Background


The AOF 2010/2011 is the first step in bridging the gap between the ‘old’ and ‘new’ NHS in Wales, and represents a year of transition. The AOF is described as a ‘bridge’ to embarking on a five year journey. It sets out what is required of the Health Board over the next financial year and how the Government will support it in achieving success.

‘Designed for Life’ set out a strategic direction for the NHS in 2005 which has not changed. The AOF sits within this context and recognises this, setting out the challenge ahead which the NHS must focus attention on and make significant progress. Eight key areas of change are specifically highlighted:

- Upstream Prevention and Well-Being
- Improving patient care in the community
- Reducing waste, harm and variation
- Efficiency and Productivity
- Operating within available financial resources
- Delivering through an effective workforce
- Improving patient care and safety through the use of Information and Communication Technology (ICT)
- Improving the quality of core services and delivering the national standards
Fourteen high value opportunities to improve services are also identified as highlighted below:

### 14 High Value Opportunities

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

The Welsh Assembly Government will shortly be developing a number of national programmes that will help the Health Board deliver these opportunities, which are key activities that will help deliver improved and more efficient services.

The Welsh Assembly Government, NHS Wales and its partners are also developing a national Five-Year Strategic Framework. A recent review sets out a clear direction for service delivery and resource utilisation between 2009/2010 and 2013/2014. This will enable the Health Board to develop coherent and systematic plans for the future.

The AOF is the annual planning process, setting out incremental improvements that will deliver the aims /objectives of the Five-Year Strategic Framework. 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.

### 4. Requirement

ABHB is required to produce a response to the AOF and submit its local plans which set out in detail how the Health Board will deliver service improvements, going beyond merely the achievement of national requirements. The organisation 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 guidance. The national programme areas are as follows:

- 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
- CAMHS
- Healthcare Associated Infections
- Cancer Services
- Cardiac Services
- Stroke Services
- Renal Services
- Sexual Health Services
- Critical Care
- Maternity services
- Civil Contingencies
- Substance Misuse.

These should be the plans that are already being used to provide direction for the Health Board and emphasise the work being done on pathway redesign, productivity and improved quality of care. Local plans must set out in detail how the Health Board 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. It is important to note that these plans are primarily to support delivery locally, within the Health Board, rather than for the Welsh Assembly Government.

The 2010/2011 revenue allocation will provide details of the funding available. Plans should identify the additional costs over and above the baseline funding for the service required to deliver the planned actions. Plans should also 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.

The Health Board is also expected to produce a Healthcare Standards Improvement Plan as part of this response. Further guidance on this is anticipated from the Welsh Assembly Government shortly.
5. Timetable

The Health Board’s final AOF response, including local plans and financial plans must be submitted to the Welsh Assembly Government by Friday 26 February 2010. While there is no requirement to provide a draft version of the AOF response to the Welsh Assembly Government, colleagues within Regional Office are available to provide advice and guidance on the Health Board’s 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.

6. Local Response

As set out in the December 2009 Board paper ‘Annual Plan 2010/2011’, the Health Board has a process well underway to develop the Annual Plan led by the Director of Planning and supported by a working group. A reference group is also being established, now the tier three appointments have been confirmed.

7. Conclusion

The Health Board must prepare its response to the AOF 2010/2011 ready for submission to the Welsh Assembly Government by 26 February 2010. Work is already well in hand to prepare the response which will be in the form of an Annual Plan incorporating the AOF response and also the operational plan for the Health Board in 2010/2011. The Board will receive a copy of the Annual Plan at its next meeting in February 2010.

7. Recommendation

The Board is asked to note the report.

Report Prepared by:

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Report Sponsored by:

Judith Paget
Director of Planning & Operations
14th January 2010
### Annex A  Summary of National Standards for the Annual Operating Framework 2010 /2011

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<thead>
<tr>
<th>AOF Target</th>
<th>New</th>
<th>Programme Area</th>
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<tbody>
<tr>
<td><strong>Public Health</strong></td>
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<tr>
<td>AOF 1</td>
<td>✓</td>
<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>
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| AOF 2 | ✓ | LHBs to achieve and maintain:  
- uptake rates of 95% for all routine childhood vaccinations (including MMR) in each Unitary Authority area;  
- an uptake rate of 90% for the routine HPV vaccination of girls aged 12 to 13 years old in each Unitary Authority area;  
- 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. |
| **Improving Patient Care in the Community** | | |
| AOF 3 | | LHBs to implement the actions in the Chronic Conditions Management (CCM) Local Plans and CCM Action Plans for 2010/2011. |
| AOF 4 | ✓ | LHBs to implement the actions identified in the Rural Health Implementation Plan, to be finalised in early 2010. |
| AOF 5 | | LHBs to ensure that at least 95% of contracted dental activity is delivered for each LHB area* |
| AOF 6 | | LHBs to ensure that:  
- 100% of GP practices’ are reviewed; and  
- 100% of practices are meeting the opening times contractual requirements. With an additional element of:  
- 100% of practices are administering telephone access/ appointment booking that address patients reasonable needs. |
| AOF 7 | ✓ | 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 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. |
Aneurin Bevan Health Board  
27 January 2010  
Agenda Item 3.5

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<td>except at the discretion of the LHB. LHBs should discuss non compliance with the contractor in the first instance.</td>
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### Efficiency and Productivity – revised for 2010/2011

- **AOF 8**
  - To deliver the core efficiency and productivity measures around the following:
    - Workforce - Sickness and Absence rates;
    - Average Length of Stay - Elective Care;
    - Average Length of Stay - Emergency Care; (incorporate development work on admission avoidance, multiple admission and short stay);
    - Short Stay Surgery ‘Basket’ Procedure Rates;
    - **Critical Care DTOC;**
    - **Theatre Utilisation;**
    - **Cancelled Operations;**
    - **Outpatient Follow Up Ratios;**
    - **Outpatients DNA Rates;**
    - Prescribing National Indicators.

### Finance

- **AOF 9**
  - To operate within their available resources and maintain financial balance.

### Access - revised for 2010/2011

- **AOF 10**
  - To maintain a maximum referral to treatment times of 26 weeks.  
    - *At least 98% of patients waiting on an open pathway will have waited less than 26 weeks from Quarter 1 onwards.*
  - 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).
  - 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.

- **AOF 11**
  - LHBs to specifically consider the health needs of veterans /service personnel when planning services.

### Unscheduled Care

- **AOF 12**
  - To ensure that:
    - 95% of new patients (including paediatrics) spend no longer than 4 hours in a major A&E department from arrival* until admission, transfer or discharge; and
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|            | • 99% of patients spend no longer than 8 hours for admission, transfer or discharge.  
|            | • handover of all patients from an emergency ambulance to major accident and emergency departments within 15 minutes. |
| 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 Local Health Board area;  
|            | • a monthly all-Wales average performance of 70% of first responses to Category A calls (immediately life threatening calls) arriving within 9 minutes; and  
|            | • a monthly all-Wales average performance of 75% of first responses to Category A calls (immediately life threatening calls) arriving within 10 minutes. |
| AOF 14     | To achieve the Year 3 reduction of the DToC programme. (See Ministerial letter EH/ML/019/08). |
| AOF 15     | 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. |
| AOF 16     | To achieve a Crisis Resolution Home Treatment 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  
<p>|            | • 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. |
| AOF 17     | To achieve the Year 3 reduction of the DToC programme for mental health services. (See Ministerial letter EH/ML/019/08). |</p>
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<td>CAMHS</td>
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| AOF 18     | LHBs to achieve a service which:  
- Has 2 WTE Primary Mental Health Workers per 100,000 population;  
- Offers consultation and advice to professionals who deliver the functions of Tier 1 within 2 weeks of request;  
- Offers at least one training course in each Unitary Local Authority area to professionals who deliver the functions of Tier 1 and the staff of hospital emergency departments on recognising and responding to children and young people who have depressive disorders or eating disorders and managing deliberate self harm;  
- Ensures that all 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 hrs 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 hrs. If non-immediate admission is agreed, it occurs within a further 2 wks |
| AOF 19     | LHBs will demonstrate a minimum of 20% reduction over the next 12 months in the number of cases of *Clostridium difficile* in patients over the age of 65, (based on figures published in the All-Wales *Clostridium difficile* report for 1/7/08-30/6/09).  
LHBs are required to achieve over 95% compliance with mandatory HCAI surveillance schemes. |
| Cancer Services |                                      |
| AOF 20     | To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Cancer Strategic Framework  
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. |
| Cardiac Services |                                |
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## AOF New Target Programme Area

**AOF 21**
- 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.

### Stroke Services

**AOF 22**
To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Stroke Programme.

### Renal Services

**AOF 23**
To implement the organisational delivery plans for 2010-2011 in support of the delivery of the Renal Strategic Framework.

### Sexual Health Services

**AOF 24**
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.

### Critical Care

**AOF 25**
- To implement the organisational delivery plans for 2010/2011 in support of the delivery of the Critical Care Strategic Framework.