

# **NATIONAL DELIVERY GROUP**

**21 January 2010**

**11am – 1pm**

**Conference Room 2, Cathays Park, Cardiff**

## **Present:**

Paul Williams – Chair  
Tony Jewell  
John Palmer  
Sheelagh Lloyd-Jones  
Chris Hurst  
Gwyn Thomas  
Richard Bowen  
Owen Crawley

Stephen Hunter  
Peter Max  
Zoe Harcombe  
John Collins  
Sian-Marie James  
Sue Leake – part meeting  
Tesneem Tufail - Secretariat

## **1. APOLOGIES FOR ABSENCE**

- 1.1 Apologies were received from Simon Dean and Rosemary Kennedy.

## **2. MINUTES OF PREVIOUS MEETING – 17 DECEMBER 2009**

- 2.1 The minutes were agreed to be an accurate record, with the exception of the following amendment:
- Para 4.3 – typing error – should read ‘PW presented RB’s paper...’
- 2.2 Action point updates as follows:
- Para 2.2 – 10.2 - SLJ confirmed that appointments to LHB Tier 3 is almost complete and structures should be in place by end of April.
  - Para 4.8 – SLJ and RB agreed to incorporate violence and aggression data in future reports.
  - Para 6 – PM requested comparative data on mortality rates between LHBs on an annual basis.

## **Actions:**

- ***NHS Performance Reports to include violence and aggression data - RB***
- ***Report providing comparative data on mortality rates to be produced annually - RB***

## **3. FUTURE WORK PROGRAMME**

3.1 The paper put forward future agenda items. Wales Audit Office reports will be brought to NDG as appropriate.

3.2 Agenda items from NDG included:

- JC referred to the NDG Terms of Reference and the need to avoid duplication of work by the LHBs or at the Chief Executives meeting.
- TJ put forward public health prevention – Our Healthy Future Strategic Framework.
- RB suggested that the key work stream updates linked to the national programmes.
- GT put forward the various streams of informatics. PM commented that perhaps themes could be discussed and the informatics contained within that theme, such as medicines management. JC commented that a regimented agenda should be avoided and that thematic items would be useful.
- PW suggested revisiting the agenda design again to allow Directors to provide updates.
- SH put forward 1000 Lives campaign for May or June.

***Actions:***

- ***Annual Work Programme Paper to future meeting – JP***

#### **4. DEVELOPING A 5-YEAR SERVICE, WORKFORCE AND FINANCIAL STRATEGIC FRAMEWORK**

4.1 Presentation by PW. PM referred to the importance of the patient experience, in particular that the language used to communicate the Strategic Framework needed to be explicit on the benefits to patients from the improved service. JP responded that patient coproduction was the definition of an integrated care system. The national programmes are constructs to help deliver the 7 local delivery plans. PW anticipated that a paper on the Strategic Framework will be completed in the next few weeks. PW reiterated that it is a living document and would not remain static. PM requested to see a draft of the Strategic Framework even though it would not be for discussion.

***Action:***

- ***Draft of the Strategic Framework Paper to be sent to NDG Members when available - JP***

4.2 PW agreed for a copy of the presentation to be sent to the independent members.

***Action:***

- ***Copy of PW's Strategic Framework presentation to be sent to Independent Members - SMJ***

- 4.3 JC endorsed the comments regarding a shared version and asked whether the DG is providing LHBs with direction. PW explained that the 5-Year Strategic Framework would be presented to the NHS at every opportunity. CH commented that the Strategic Framework is a national vision which requires a local response. It has been developed jointly with Chief Executives. There has been a large amount of clinical engagement in the McKinsey work.
- 4.4 PM requested a briefing paper on how performance against the Strategic Framework's deliverables would be monitored, stressing the importance of the LHBs and centre (NDG) having key benchmark data. This would allow the LHBs to identify best practice in other areas to replicate.

**Action:**

▪ ***Paper to NDG on monitoring key benchmark data - RB***

- 4.5 GT highlighted the importance of ensuring the enablers are in place to allow the National Programmes to be phased in. The key task will be managing the dependencies, which must allow for flexible implementation
- 4.6 ZH remarked that from an organisational design perspective, there is a need for as much consistency and harmonisation as possible. SLJ explained that work has been done around public service values in the NHS. LHBs then interpret how to enact these values to gain staff buy-in.
- 4.7 PM asked how the NDG would define what is 'world class' health services. PW advised that the Bevan Commission has already been tasked with looking at what a world class health service will feel like from a patient's perspective.

**5. NHS FINANCIAL POSITION**

**5.1 INFORMATION REDACTED**

**6. PERFORMANCE DASHBOARD**

- 6.1 Sue Leake provided an update of the IDEAS programme and the key performance indicators for HSS DG. Benchmarking against other countries is underway, although more work will be done in the future. Data regarding the percentage of rotas compliant with WTD is not currently available.
- 6.2 PM suggested a number of metrics which could be included – mental health, GP primary care data and positive patient experiences, rather than complaints. PW suggested drilling down further into one of the KPIs to look at it in more detail.

**Action:**

- **Revisit one KPI in detail - JP / Sue Leake**

- 6.3 JC queried when up to date comparative benchmarking data will be available and suggested that for the next update NDG looks at KPIs which are not making significant improvements, such as C.Difficile. PW mentioned the Celtic Forum for comparisons.
- 6.4 ZH welcomed the report and requested clarity on the ownership of each KPI. She asked for further information to explain increases / decreases. NDG requested an area each month for discussion.

**Action:**

- **Performance Data to focus on one specific area for future discussions - JP / Sue Leake**

## **7. AOF 2010/11**

- 7.1 RB provided a summary of the paper which outlined the direction of travel.

## **8. NHS PERFORMANCE UPDATE**

- 8.1 An update on current NHS Performance against a number of key target areas was provided, based on the November 2009 validated position.
- 8.2 Comments from NDG as follows:

**INFORMATION REDACTED**

- SH pointed out that aggregating the cancer types was affecting the figures / interpretation.
- PM queried whether LHBs are communicating with each other as benchmarking is undertaken locally and those LHBs with best practice should be sharing information.
- PM asked at what point does an area become flagged as red and who would lead in following it up.
- ZH commented that the statistics on page 9 would be more meaningful if expressed as percentages.
- RB informed colleagues that work had been done with the LHBs regarding the recent severe weather and the resulting cancellations.

## **9. WORKFORCE AND OD UPDATE**

- 9.1 SLJ outlined the range of key workforce indicators provided in the report. JC commented that there are risks of potential prosecution or adverse publicity if CRB checks are not being carried out. PM asked whether the agency and locum spend target could be developed in a similar manner to the LHB-specific intelligent sickness targets.

## **10. UNSCHEDULED CARE REPORT**

10.1 The WAO report was attached for information and described the scale and scope of challenge around unscheduled care.

10.2 NDG raised the following points:

- ZH suggested a card or leaflet for the public informing them when they should dial 999. SH explained that significant testing of a similar project was underway in North Wales and the outcome is awaited. The pilot was a huge citizen engagement task.
- PM raised point 6 on page 2 of the cover paper, asking whether the AOF automatically covered the recommendations of the Audit report. RB explained that it did not. Due to it being locally owned and locally delivered, LHBs will be accountable to their Boards regarding the audit recommendations.
- PM asked a general point about what central follow-up occurs to ensure each LHB Board is effective in developing and monitoring progress against action plans arising from local or national WAO reports. PW stated that an action plan is required from LHBs, a first cut over the next month. PW requested to revisit this item at the March NDG.

### **Action:**

- ***Paper on WAO Reports to March meeting - RB***

## **11. AOB**

11.1 JC requested that the remaining dates for NDG to be arranged as soon as possible.

### **Action:**

- ***NDG Dates for 2010 to be circulated as soon as possible - Secretariat***

Paragraph	Action	Lead	Completed
2.2	<b><i>NHS Performance Reports to include violence and aggression data</i></b>	<b><i>RB</i></b>	<b><i>Outstanding</i></b>
2.2	<b><i>Report providing comparative data on mortality rates to be produced annually</i></b>	<b><i>RB</i></b>	<b><i>Outstanding</i></b>
3.2	<b><i>Annual Work Programme Paper to future meeting</i></b>	<b><i>JP</i></b>	<b><i>Outstanding</i></b>
4.1	<b><i>Draft of the Strategic Framework Paper to be sent to NDG Members when available</i></b>	<b><i>JP</i></b>	<b><i>Outstanding</i></b>
4.2	<b><i>Copy of PW's Strategic Framework</i></b>	<b><i>SMJ</i></b>	<b><i>Completed</i></b>

	<i>presentation to be sent to Independent Members</i>		
<b>4.4</b>	<b><i>Paper to NDG on monitoring key benchmark data</i></b>	<b><i>RB</i></b>	<b><i>Outstanding</i></b>
<b>6.2</b>	<b><i>Revisit one KPI in detail</i></b>	<b><i>JP/ Sue Leake</i></b>	<b><i>Outstanding</i></b>
<b>6.4</b>	<b><i>Performance Data to focus on one specific area for future discussions</i></b>	<b><i>JP/ Sue Leake</i></b>	<b><i>Outstanding</i></b>
<b>10.2</b>	<b><i>Paper on WAO Reports to March meeting</i></b>	<b><i>RB</i></b>	<b><i>Outstanding</i></b>
<b>11.1</b>	<b><i>NDG Dates for 2010 to be circulated as soon as possible</i></b>	<b><i>Sect</i></b>	<b><i>Completed</i></b>