

Business Services Authority

Meeting Report NHS Clinical Reference Board meeting Novotel, 21 Dickinson Street, Manchester, M1 4LX Friday 15th September 2017

Present:		
Chair	Mandie Sunderland	Chief Nurse, Nottingham University Hospitals NHS Trust Chair, NHS Clinical Reference Board
Board Members:		
	Sandy Brown	Director of Nursing and Clinical Quality & Deputy Chief Executive, East of England Ambulance Service NHS Trust
	Dr Naomi Chapman	Clinical Programme Lead, NHS Clinical Evaluation Team
		Trust
	Rose Gallagher	Head of Standards, Knowledge and Innovation, Royal College of Nursing (by phone)
	Professor Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive, Leeds Teaching Hospitals NHS Trust
	Clare Linley	Director of Nursing, Leeds North CCG
Apologies:		
	Suzanne Banks	Chief Nurse, Sherwood Forest Hospitals NHS Foundation Trust
	Geraldine Cunningham	Associate Director of Cultural Change, Barts Health NHS Trust
	Professor Greg Dix	Director of Nursing, Plymouth Hospitals NHS Trust
	Siobhan Heafield	Regional Nurse Director, Midlands and East, NHS Improvement
	Michelle Norton	Director of Nursing, George Eliot Hospital NHS Trust
	Dee Roach	Executive Director of Nursing and Quality, Lancashire Care NHS Foundation Trust
In attendance		
	Justine Henson	Communications and Engagement Lead, Department of Health (Part 5 only)
	Sue Green	Clinical Lead – Ambulance & Acute Project, NHS Clinical Evaluation Team
	Colin Iversen	Clinical Lead, NHS Clinical Evaluation Team
	Roger Kirkham	Cinical Lead, NHS Clinical Evaluation Team
	Dan Lewin	Clinical Lead, NHS Clinical Evaluation Team
	Stephanie McCarthy	Clinical Lead, NHS Clinical Evaluation Team
	Marc Naughton	Clinical Lead, NHS Clinical Evaluation Team
	Liz Wright	Acting Clinical Products Lead, Department of Health
	Lisa Edwards	PA to Mandie Sunderland
Customer Board Exec:		
	Sindie Clark	Stakeholder Manager, NHS Business Services Authority
	Debbie Pacey	Stakeholder Coordinator, NHS Business Services Authority

15/09/1 Welcome and introductions

- 1.1 Members were welcomed to the meeting. Apologies were made for those unable to attend.
- 1.2 Particular welcome was given to Dan Lewin and Colin Iversen who are new members of the NHS Clinical Evaluation Team (CET).

15/09/2 Receive minutes from Clinical Reference Board meeting 21st July 2017

2.1 The minutes were reviewed and agreed as a true record.

15/09/3 Action Report

3.1 Action 13/1/17/3.10 – Philip Dunne has taken over the role previously carried out by Lord O'Shaughnessey and Liz Wright agreed to liaise with Howard Blackith at the DH regarding setting up a meeting. It was also agreed that a meeting between the Chair, Naomi and Gerry McGeary, the new Head of Supplier Management at the NHS Business Services Authority, would also be helpful and Sindie agreed to arrange that.

Action 13/1/17/3.7 – The Chair and Naomi met with Ruth May and the CET presented to Ruth to give her and understanding of how the reports are produced, disseminated and used. Action closed.

Action 24/3/17/7.8 – Sian has returned to her Trust on a part-time basis and therefore now only works for the CET 2.5 days a week. Given the time pressures, it was agreed that Sian won't have time to visit Suzanne's Trust. The action was, therefore, closed.

Action 21/7/17/7.2 - Closed.

Action 21/7/17/7.6 – Rose Gallagher agreed to review 'Small Changes' booklet and re-disseminate it. This will be picked up during November's CRB meeting.

Action 21/7/17/7.11 – It was agreed that the reports and accompanying matrices will be circulated between meetings and therefore this action needs re-opening. Naomi Chapman agreed to draft a transparency statement outlining the process, for sharing with CRB for comment (via NHS Customer Board mailbox.)

Action 21/7/17/7.12 – Naomi reported that she had met with Einav from NHSI to link up Action closed. .

Action 21/7/17/8.5.2 – Simon has visited various sites, including the Mansfield offices of the NHSBSA. The report is scheduled to be finalised in December 2017. Action closed

Action 21/7/17/.5.2 – The Chair's deputy at the Trust, Daljit Athwal, is now the deputy Chair at AUKUH. This action is therefore closed.

3.2 All other outstanding actions were picked up later on the agenda. The Chair asked that the actions be reviewed, and aggregated to avoid duplication

15/09/4 Future Operating Model (FOM)

- 4.1 Justine Henson attended to give the Board an update on the implementation plan of the Future Operating Model.
- 4.2 Justine thanked Rose Gallagher for her previous recommendation that clinical evaluators should be used for the category towers and confirmed that this had worked well.
- 4.3 Justine agreed to check if clinical evaluators are needed for the next tranche of evaluations and report back to the Board.
- 4.4 A FOM survey was issued to 194 Heads of Procurement to assess the general understanding of the model. So far, 54 responses have been received. The DH will use the comments received to produce a briefing pack/executive summary which will assist anyone explaining the FOM to colleagues.
- 4.5 The DH will request a clinical lead from each Acute Trust to work with them on the implementation of the FOM.

- 4.6 Justine requested that the slides should be circulated with the minutes.
- 4.7 The Chair thanked Justine for her attendance but as she had travelled a long distance for a short slot at the meeting, the Chair suggested that for future meetings, Justine should attend in person for London based meetings and by conference call for any other venues. All were in agreement. Justine explained that she was happy to travel.

15/09/5 Priorities 2017/18 and CRB project plan

- 5.1 The 2017/18 priorities and workplan have been drafted and approval from the Board was sought. The Chair commended Naomi on the document commenting that it was really useful for anyone who doesn't understand the work of the CRB/CET.
- 5.2 Suzanne Hinchliffe commented that the PDF workplan mentioned in the document should be regularly updated. All were in agreement.
- All members were asked to provide feedback on the document. Some suggested changes to wording in the document were made in order to give a clearer view of the make-up of the Clinical Reference Board. A couple of other small changes were suggested and once made, the Board gave approval for this to be shared with the CRB for records, and to facilitate discussions with external stakeholders. The Chair agreed to gain authorisation of the workplan from Sir Ian Carruthers.
- 5.4 It has been agreed that to widen the understanding of the work of the CET, a member of the team will attend each of the regional Customer Board meetings to provide and update. Sindle to coordinate with CET.
- 5.5 Sandy Brown spoke about the Ambulance Improvement Group, which reviews procurement and savings in Ambulance Trusts. Sindie Clark requested a named person to contact
- 5.6 The Chair commented that since a NHSI representative stopped attending the meetings, there has been lack of communication between the two groups. Sindie explained that NHSI are currently short staffed but do intend attending in the future. The Chair asked that it was reiterated to NHSI how important it is for them to attend, and Liz agreed to pick up with them following discussion with Paul West and Jin Sahota.
- 5.7 To further enhance communication, the Chair agreed to contact Ruth May to ask for a speaking slot at NHSI regional meetings to promote the work of the CRB.

15/09/6 NHS Clinical Evaluation Team (NHSCET)

- 6.1 With regard to the ICC, Naomi updated the Board that the Medical Towers have been awarded but contracts have not yet been signed. The team has been allocated a Phase Manager and a partner from Ernst & Young to set up appropriate project and programme management processes, *e.g.*Strategy Document, Funding approval. It is anticipated that go-live will be April 2018.
- Naomi explained that she sits on the SHIEM (Shadow ICC Executive Management) Board, and plans to present the Product Assurance Strategy to SHIEM. The group reviewed the Strategy document and it was agreed that the document would be circulated to all CRB members for comment (with a specified deadline).
- 6.3 The Chair commented that it was key to understand the future of the CRB particularly in terms of governance, and agreed to further discuss with the Chair of the National Customer Board. Naomi explained that there were three main functions of the Product Assurance Team
 - i) Governance of product assurance
 - ii) Representation of the clinical and NHS/patient voice within the ICC and nationally
 - iii) Clinically informed innovation and policy development
- Naomi questioned the level to which the CRB want to be involved in the new Product Assurance

Team and the Chair commented that the governance arrangements may change in the future and therefore she would need to meet with Sir Ian Carruthers, Chair of the NHS National Customer Board, to seek clarity. It was agreed that a meeting should be arranged as soon as possible. Following this meeting, the Terms of Reference of the CRB may need to be created/altered to ensure a shared understanding of CRB's remit moving forward. Sindle agreed to take this back to Marie Aubin (Stakeholder Manager for National Customer Board) for arranging.

- 6.5 Naomi advised that three new members have been recruited to the team since the last meeting, namely Maya Guerrero. Dan Lewin and Colette Longstaffe.
- The CET team requested review and sign off of the latest batch of clinical evaluation reports; IV film dressings, ECG electrodes and Single Use Tourniquet. To ensure robust governance, the Chair requested that all members of the CRB should return their comments to the CET, even if the response was "no comment". The Chair also requested that the CET team only submit the reports for review once they are in their final state and not in draft (including supporting documentation such as the matrices). Once all comments have been received and considered, the Chair will then have final sign off of the reports.
- 6.7 It was reported that a number of legal challenges have been received for the clinical evaluation reports which have been published so far. It was agreed that a standard response should be drafted to clarify the process and governance of the reports. This may impact on the original timescales for the publication of future reports.

15/09/7 Progress with the Clinical Reference Board priorities

7.1 Ambulance Service – Acute Sector Standardisation project

- 7.1.1 Sandy Brown reported that Sue Green had joined the project from West Midlands Ambulance Service to assist Sandy, e.g. *in establishing robust project management to support the delivery of the project.*
- 7.1.2 MOUs are almost agreed with Leeds Teaching Hospitals NHS Trust and East Midlands Ambulance Service. He highlighted that it had been key to gain support from Directors of Nursing within Trusts in order to secure the sign-up/commitment formally.
- 7.1.3 Dunstable and Addenbrookes Hospitals will be approached to test the products before rolling out to other Trusts.
- 7.1.4 Sandy reiterated the importance of all groups working together on the project to avoid any duplication.
- 7.1.5 Planned next steps:
 - (a) Standardising products across Ambulance Trusts
 - (b) Consider roll-out across Ambulance & Acute Trusts
 - (c) Move the pilot to Yorkshire, and other pilot areas
 - (d) Consider other procurement & savings opportunities, e.g. focusing on fuel with Community Trusts.
- 7.1.6 Sandy and Sue attended the last NHS Northern Customer Board meeting and were well received. They will attend the NHS London Customer Board meeting in December.
- 7.1.7 Sandy was pleased to report that the CET and Electrodes project have been put forward for an HCSA Award.
- 7.1.8 To further promote the project and the wider work of the CRB/CET, the Chair will make contact with Ruth May to request a speaking slot at the DoF's annual conference; named contact is Bob Alexander, supported NHSI

7.2 Summary of recent engagement with the nursing community and active networks

7.2.1 Rose Gallagher gave an update and reported that the RCN is continuing to look at the comms plan and activity for 2018.

- 7.2.2 Rose met with Liam Horkan, previous member of the CET who has now returned to his Trust, to follow up on outstanding actions.
- 7.2.3 With regard to the celebratory event agreed at the previous CRB meeting, Rose reported that a provisional date has been agreed (8th February) and she will check with Janet Davies that she will be available to attend. It was agreed that a CRB meeting will be held the following day at the same venue. Rose will liaise with Debbie over venue arrangements, and the Chair will contact Ruth May to see if she is available to attend. Invitations will be issued as soon as possible to ensure maximum attendance; it was felt that invitations should be sent from Janet's Office
- 7.2.4 Case studies: Rose reported that more case studies have been received evidencing good practice and these will be uploaded on to the RCN website shortly. She is in discussions with Sam Baker (NHS Supply Chain) to discuss a Traffic Lights system/methodology to monitor usage.
- 7.2.5 Rose is continuing to work with Louise Hillcoat on producing a document giving headline summary of current procurement programmes, for the clinical audience.
- 7.2.6 It was agreed that the network meeting in November should not take place, and it was agreed that the agenda for the meeting on 8th February will facilitate networking.
- 7.2.7 The agenda for 21st September meeting has been agreed.
- 7.2.9 Training & Development for CPSNs: Stephanie McCarthy to forward job descriptions to Rose
- 7.2.10 CET reports: Rose agreed to provide feedback on reports received

15/09/8 Update on Nationally Contracted Products and CET

- 8.1 Liz Wright reported that there is a currently an issue over resource funding for the NCP programme. Despite previous authority to recruit 14 additional members to the CET, following the recruitment of three new members, there is now debate over where the funding will come from for the remainder. Liz has requested clarification from the NHSBSA over funding and the Chair agreed to contact Jin Sahota at the DH. The Chair was keen to support discussions with whomever it required, in order to secure funding/resource
- 8.2 Electrodes: Marc Naughton informed the group that the final report with accompanying matrices has been sent to suppliers, and he is resolving queries. Follow this he reported that it would be sent to the Comms team for publishing.
- 8.3 It was reported that NHS Business Services Authority had sought advice from CET in relation to a clinical evaluation process to support the Trusted Customer Programme. Liz advised that the Trusted Customer Programme bring the rationale and evidence to Naomi & Steph for consideration. The Chair agreed to pick this up with Gerry McGeary when they met (ref: Action 13/1/17/3.10)
- 8.4 The Chair was keen to set-out and follow governance arrangements for the production of CET reports, and not be held to non-negotiated timescales from other bodies. Naomi Chapman agreed to draft a response clarifying the process & governance and cc the National Customer Board. The Chair wanted the process to document electronic sign-off with a two-week deadline for members to provide comment. Members must indicate nil responses also. Steph McCarthy agreed to take this back to Chris Holmes at NHS Business Services Authority, in relation to the NCP Programme.

15/09/9 AOB

- 9.1 Further to the payments offered to nurses to take part in an evaluation of the practice of the CET, a letter of apology has been received from Adept Field Solutions and was shared in the pre-read pack. Rose advised that a reminder of the Code of Conduct has also been issued to all nurses.
- 9.2 All members were asked to consider the frequency and location of meetings for 2018. All were in agreement that the frequency and variations of locations had worked in 2017 and

should be replicated next year. Sindie will liaise with the Chair over dates, following National Customer Board on $22^{\rm nd}$ September.

The Chair brought the meeting to a close and thanked everyone for their attendance. The next meeting will be held on Friday 24th November at Novotel Birmingham Centre, 70 Broad Street, Birmingham, B1 2HT.