

**Meeting Report**  
**NHS Midlands Customer Board Meeting**  
**27<sup>th</sup> September 2017**  
**Hilton Hotel, Walsgrave Triangle, Coventry**

<b>Present:</b>		
<b>Chair</b>	Ben Shaw	Director of Transformation, University Hospitals of Leicester NHS Trust
<b>Board Members:</b>		
	David Coley	Director of Procurement, Black Country Alliance
	Stacie Croxton	Customer Engagement Director - NHS Supply Chain
	Cathy Griffiths	Head of Procurement, Birmingham Woman and Children's Hospital NHS Foundation Trust
	Colin Iverson	Clinical Specialist Lead – NHS Clinical Evaluation Team
	Nathan Joy-Johnson	Associate Director - Procurement and Commercial Services University Hospital of North Midlands NHS Trust
	Stephanie McCarthy	Clinical Specialist Lead – NHS Clinical Evaluation Team
	Barry Pogson	Head of Procurement, United Lincolnshire Hospitals NHS Trust
	Allan Rivans	Head of Procurement, Northampton General Hospital NHS Trust
	Mark Roscrow	Head of Procurement Services, NHS Wales Shared Services Partnership
	Barbara Smedley	Head of Procurement, East Midlands Ambulance Service NHS Trust
	Tony Stanyard	Head of Procurement, Nottingham University Hospitals NHS Trust
	David Streets	Head of Procurement, University Hospitals of Leicester NHS Trust
<b>Apologies:</b>		
	Chris Benham	Director of Operational Finance, University Hospitals of Leicester NHS Trust
	Ian Hooper	Head of Procurement, Cambridge University Hospitals NHS Foundation Trust
	Geoff Roberts	Independent Consultant - Effective Purchasing
	Charlotte Kings	Head of Procurement, Worcestershire Acute Hospitals NHS Trust
	David Melbourne	Deputy Chief Executive and Chief Finance Officer Birmingham Women's and Children's NHS Foundation Trust
	Bernadette Weaver	Head of Procurement, Papworth Hospital NHS Foundation Trust
<b>In attendance</b>		
	Andy Harris	Procurement Strategy Lead, NHS Business Services Authority, Regional co-ordinator for the HCSA
	Phil Nettleton	Head of Customer Engagement – Central, NHS Supply Chain (Part 1 only)
	Jane Platts	Business Delivery Manager – Health, Crown Commercial Service (Part 1 only)
	Wayne Rabin	Lead for Stakeholder Engagement and Communications, Department of Health (Part 2 only)
<b>Customer Board Exec:</b>		
	Marie Aubin	Stakeholder Manager, NHS Business Services Authority
	Debbie Pacey	Stekholder Co-ordinator, NHS Business Services Authority

## **Part 1**

### **27/09/1 Welcome meeting opens**

- 1.1 Ben Shaw chaired the meeting in the absence of David Melbourne who was unable to attend. Welcome and introductions were made, with special note to Barry Pogson, Head of Procurement at United Lincolnshire NHS Trust who joined for his first meeting. Stephanie McCarthy and Colin Iverson from the Clinical Evaluation Team were also welcomed to the meeting.

### **27/09/2 Receive minutes and public report from meeting 3<sup>rd</sup> May 2017**

- 2.1 No matters of accuracy were raised and the minutes were agreed as a true record.

### **27/09/3 Action report and matters arising**

- 3.1 The Chair asked Marie Aubin to run through any outstanding actions, which were as follows:
- 10.1.4 – This action is around adding Compare and Save data into PPIB and is sitting with the NHSBSA, no further update at this stage.
  - 6.8 – Andy Harris and Phil Nettleton provided update that there is an on-going piece of work to identify clinical groups within trusts to improve engagement and comms.
  - 1.1 – It was noted that those in attendance had all completed conflict of interest documents and that Marie Aubin would continue to follow up with those who hadn't.

### **27/09/4 Receive Report from National Customer Board – July and September 2017**

- 4.1 The Chair asked Marie Aubin to provide highlights from the National Board:
- Focus remains on PSD Networks and Procurement Standards at a national level
  - Discussion on NCP and savings
  - NHSI is attending the National Customer Board now, and Local Customer Board meetings will be covered by the new regional NHSI HOPs
  - Carter Metrics were shared in the preread pack
  - NHSI has their own dashboard of Metrics; the Customer Board team is working with NHSI to pull together the two sets

### **27/09/5 Review National Metrics and Draft Midlands Workplan**

- 5.1 The Customer Board and NHSI have been asked to work to align their metrics by the National Customer Board, 37 Trusts out of 157 are supplying data to the Carter Metrics, with 35% submitting data to the Model Hospital. Mark Roscrow raised that there is no reflection of Customer Satisfaction in the metrics, from an NHS Supply Chain perspective this is included in their data. It was agreed that members would supply what they currently use for customer satisfaction within their trusts and that Stacie Croxton would discuss with NHS Supply Chain's research provider the feasibility of putting a National survey together which could be used by NHSI and all trusts.
- 5.2 Discussion moved on to CIP and bottom line savings, there was concern that trusts are not being asked for total savings data. Update from September's NPF was given that trusts are being asked for information through their finance teams. However, in some trusts finance are not tracking procurement savings due to its complexities. It was agreed that this should be fed back to NHSI.
- 5.3 With regards to the workplan, members were asked to provide thoughts and feedback. Question was raised around the Ambulance and Acute joint working, it was agreed that Sandy Brown would be invited to the next meeting to give an update to the Electrodes project he is working on with a view to building on this for the workplan.

- 5.4 With regards to using CCS, members felt it should be where they offer the best value; the objective should be around supporting CCS to become best value. This should also apply to the FOM and NHS Supply Chain.
- 5.5 It was acknowledged that there is a lot of work going across STPs; the measures should be more open as they are often informal groups rather than at STP level.
- 5.6 Broad discussion on measuring the cost of a procurement team was had with consensus that on its own doesn't measure anything; return on the cost of the procurement team is the true measure. It was agreed that the work Dave Coley did should be shared with NHSI. Conversation moved on to the need to benchmark against the right trusts. Nathan Joy-Johnson also agreed to share the work his trust has done around benchmarking.

## **27/09/6 People and Leadership**

- 6.1 Brief discussion was had around the information submitted by NHSI and the future role the regional NHSI procurement head will play on the boards.

### **PSDN**

- 6.2 The national PSD applied to the Department of Health for central funding for the programme which has now been agreed. In terms of standards and accreditation for the region, three more trusts have achieved level one in the region since the last meeting and there are a number of other trusts ready to go for level one by the end of the year. Unfortunately there are some trusts who are not engaging in the standards process, a decision has been taken to focus attention on those trusts who are engaged and who are ready for assessment. There have been some local success stories from the accreditation process, with trusts securing additional investment and also recognition for the great work they do. University Hospitals of North Staffs are being assessed for level two on 6th October 2017.

### **CCS Update**

- 6.3 Jane Platts explained that there is a new style data pack in the pre-read with example data. A request for feedback was made with general response that this is a much better style. In terms of meetings to understand common focus areas with trusts, these are now being pulled together and a more detailed update will be given at the next meeting. Once these examples have been worked through then CCS should be able to demonstrate their benefit better. CCS has a vision for 2020 that all common goods and services will be procured through the Crown Market Place. CCS is looking to pull together a working group to understand what digital platforms trusts are currently using and help inform their future strategy. David Streets agreed to work with CCS on this.
- 6.4 Update was then given on the progress with the CCS workforce strategy with meetings now in place with University Hospitals of North Midlands NHS Trusts and University Hospitals Leicester NHS Foundation Trust; further update will be given at the next meeting.

### **Trusted Customer**

- 6.5 Andy Harris provided an update on the programme in support of the information provided in the pre-read. A gap analysis is currently underway to ensure that there are Trusted Customers for each of category towers as well as ensuring that Ambulance, Mental Health and Community are also covered off. No further Trusted Customer events will be held now until confirmation of award of the Category Towers has been made and they take forwards their own category strategies under the FOM.
- 6.6 From a customer perspective, Nathan Joy-Johnson gave update that the process had gone well and that the trusts were pleased that the work and that model would be carried forwards into the FOM. Nottingham University Hospitals NHS Trust has been working on Electrodes and is now picking up Enteral Feeds along with the Community Trust in Nottingham; this is seen as a complex area which will benefit from central management. It was agreed that the current issues around Enteral Feeds should be escalated to the National Customer Board.

## **27/09/7 Quality**

### **NHS Clinical Evaluation Team (CET)Update**

- 7.1 A restructure has now taken place due to additional resource being brought into the team which is now at a headcount of 12. Colin Iverson introduced himself to the Board as a new member of the CET. There are ten projects on the go, with a further six on the horizon. There have been a few challenges from suppliers in terms of CET reports, some of which are linked to NCP.
- 7.2 Work is being done to align the process of Clinical Evaluation in the FOM which will take the structure of clinical governance within each category tower. The DH is about to go out for advert on the Product Assurance Team, with aspiration that the team will be in place by March/April 2018.
- 7.3 The process of updating the reports as suppliers re-engineer their products or carry out product innovation was discussed; there was a view that this would be considered by the Product Assurance team going forwards as they will be part of the category.
- 7.4 Conversation moved on to how the outcomes of the CET evaluation influence the contract award, going forwards the product evaluation needs to take place before award to avoid any legal challenge. The FOM will facilitate this.

### **GS1 – Scan4Safety**

- 7.5 Juliette New joined the room to give a brief update on GS1 adoption and the Scan4Safety programme. The objective of the session was to understand members' positions on their GS1 journeys. Members provided update that activity in their trusts currently included:
- Allocating GTINS to catalogue
  - GLNs to inventory management
- Members who are allocating GLNs were asked to submit a sample of their bar codes to ensure they are GS1 compliant as well as samples of patient wristbands in readiness for scanning.
- 7.6 Members were advised to carry out a current state of readiness and a strategic business plan in preparation for the potential second wave of funding from the DH, the expectation is that the second phase will be April 2018 with then a roll out of 50 trusts per year. Any notification of updates will be issued to GS1 leads and Chief Execs within a trust, therefore members were asked to check that the DH has the correct name and contact details for their trust.
- 7.7 The Derby case study is with the DH for sign off, when released this will demonstrate the savings achieved by the trust. There is a GS1 healthcare conference in November, which members were encouraged to attend. There will be trusts sharing their experience of the Scan4Safety journey, these will not all be demonstrator sites. Discussion moved on to how acutes and ambulance trusts work together so that the patient can be scanned at the start of a journey. Due to the software complexities this may not be feasible. Juliette can be contacted on [juliette.new@gs1uk.org](mailto:juliette.new@gs1uk.org)

## **27/09/8 Performance**

### **NHS Supply Chain Update**

- 8.1 At the end of August the NHS Supply Chain savings figure was at £250m which means that contractually NHS Supply Chain has hit their targets. From a cost increase perspective Gloves has been the main challenge; however there has been a recent request for Clinical Waste Containers which through discussion with the DH, NHSI and the supplier a price increase of 8% has been accepted. A request was made for intelligence from trusts if they had seen the same increase if they purchase direct. Exam Gloves caused a £9m price pressure into the market which is having an impact on trusts spend numbers and savings, a request was made for this level of detail to be included in account manager discussions with trusts.
- 8.2 Update was given on informed ordering, which provides messages on whether products are in/out of stock. A new feature on this is 'email me' where products come back in stock they receive an email notifying them of stock ins.

- 8.3 In terms of the Rugby DC, all trusts in the region have been moved back into the DC. A regional customer session was held recently with customers confirming that service has been restored back to expected levels. It was agreed that Stacie Croxton would provide Dave Coley with more detail around the online ordering systems and the service improvement programme.
- 8.4 From a Midlands perspective, the percentage of total savings has fallen back from the last meeting, however this could be a timing issue with only four months of data being used. The forecast is £10.6m of savings by the end of the financial year, this is based on the workplans in the regions coming to fruition so request was made that members engage well to identify and help un-block any issues.
- 8.5 In terms of NCP in the region, there has been very little push back which is positive, with all acutes converting and the majority of other trusts being engaged in the programme. Recognition was made that the structure in the region and connectivity between the Customer Board and the Heads of Procurement meetings work well. The Heads of Procurement meetings are seeing increased attendance, which shows good engagement.
- 8.6 Discussion moved on to audiology rebates and that going forwards these would be removed with the rebate being put into the purchase price. Request was made that clear communications to the trusts be made on this.

### **Capital**

- 8.7 The £158m savings target has been met 12 months ahead of plan. The savings will continue to be driven hard using the existing strategies in place such as Multi Trust Aggregation (MTA). The most effective ways to buy are through MTA and bulk deals, NHS Supply Chain will support trusts to access these by using their Capital plans.
- 8.8 An overview of the Capital heatmap was given with challenge around the number of capital plans received as it was perceived to be quite low. The objective is to move each trust from BAU into the aggregation programmes, five trusts in each region are being targeted. Where there is engagement but no plan, to work more closely and improve the way Capital is purchased for the trusts. It was agreed that NHS Supply Chain would share the list of 30 trusts that will be targeted nationally. Going forwards information around maintenance and service contracts will also be included.
- 8.9 There was brief discussion around the work being done with suppliers to ensure the best outcome for the NHS. All were in agreement that trusts should be submitting their Capital plan, in whatever format, through to NHS Supply Chain. This point would also be raised at the Heads of Procurement meeting.
- 8.10 It was agreed that Barry Pogson would speak directly with Mark Brian around MES and Finance options.

### **Nationally Contract Products (NCP)**

- 8.11 Couch Rolls and Blunt Fill are operational. There have been some challenging areas in the process around supplier behaviour which has held up the delivery of number of other product areas. NHS Supply Chain has to go back out to the market and repeat the procurement process which means that there will be a number of categories go live in January.
- 8.12 The programme has unearthed a lot of complexity, suppliers have responded to this making things very challenging, however it is preparing suppliers for what the future will look like under the FOM. It was clarified that NHS Supply Chain run the process, however ownership for the programme is with NHSI. NCP will become part of the FOM which will close down some of the back door routes suppliers are using.
- 8.13 The DH met with every supplier on the exam gloves contract to understand what was driving behaviour, they have made a request to trust through the National Board that any trust who is seeing poor supplier behaviour should raise this with the DH so that they can have the right conversations with the suppliers.

- 8.14 NHS Supply Chain is trying to secure a workshop at HCSA to discuss NCP with Andy McMinn. NHS Supply Chain has identified a number of product areas they currently have sole award for, which could sit within the NCP programme. The data has been supplied to NHSI with the data to run through PPIB to identify where they sit in terms of pricing. Update was given that members have prior notice that NHSI may communicate out around these products. Challenge was raised as to whether these products had evaluated through CET, Stephanie confirmed that they are not products that would meet the criteria of being reviewed by the CET.

#### **27/09/9 AOB**

- 9.1 No AOB was noted for the meeting.

#### **Part 2 – Closed session for members only**

Wayne Rabin from the DH to give an update on the Future Operating Model Programme and asked for any concerns to be fed back directly to the DH. A brief overview of the research was then provided.

#### **Meeting close**

The Chair thanked the Board and brought the meeting to a close. The next meeting is on Thursday 7<sup>th</sup> December 2017.