NHS
Business Services Authority

Meeting Report
NHS National Customer Board Meeting
Hilton London Green Park, Mayfair
Wednesday 8th November 2017

Present:		
Chair	Sir Ian Carruthers OBE	Independent Chair of the NHS Customer Board for Procurement and Supply
Board Members:		
	Nick Gerrard	Chair of the Southern Customer Board
	Mick Guymer	Chair of the Northern Customer Board Director North West Procurement Development
	Alan Hoskins	Chair, HCSA Director of Procurement and Commercial Services, NHS South of England Procurement Services
	Gerard McGeary	Head of Supplier Management, NHS Business Services Authority
	David Melbourne	Chair of the Midlands Customer Board Deputy Chief Executive & Chief Finance Officer, Birmingham Women's and Children's NHS Foundation Trust
	Mandie Sunderland	Chair of the Clinical Reference Board Chief Nurse, Nottingham University Hospitals NHS Trust
	Einav Ben-Yehuda	NHS Improvement
Apologies		
	Colin Gentile	Chair of the London Customer Board Chief Financial Officer, Kings College Hospital NHS Foundation Trust
	Will Laing	Senior Relationship Manager, Crown Commercial Service
	Peter Lawson	Commercial Director, Crown Commercial Service
	Jin Sahota	Director of Supply Chain, Commercial Division, DH
	Tim Slater	CEO, NHS Supply Chain
In attendance		
	Alan Birks	AXREM
	Howard Blackith	Programme Director, DH
	Naomi Chapman	CET
	Emma Graham	Business Delivery Manager – Health, Crown Commercial Service
	Simon Hall	CET
	Juliet Hubert	Director of Customer Development & Engagement, DH
	David Pierpoint	Chief Operating Officer, NHS Supply Chain
	John Warrington	NHS Improvement (GIRFT Team)
	Paul Webster	Commercial Division, DH
Customer Board Exec:		
	Marie Aubin	Stakeholder Manager, NHS Business Services Authority
	Catherine Barker	Stakeholder Coordinator, NHS Business Services Authority

Part 1

08/11/01 Welcome, Member/Attendance Update

1.0 The Chair welcomed everyone to the meeting and asked for introductions round the table. He welcomed Juliet Hubert to her first meeting as newly appointed Director of Customer Development & Engagement at the DH. The Chair went on to explain that Colin Gentile, Chair of the London

Customer Board has stepped down from his role of Finance Director at Kings College Hospital NHS Foundation Trust. Apologies were noted from Tim Slater, Jin Sahota, Peter Lawson and Will Laing.

08/11/02 Receiving Minutes

2.0 All were in agreement that the minutes and public report from the meeting on 22nd September 2017 were a true and accurate record and could be formally adopted by the Board.

08/11/03 Action update

3.0 The Chair noted that good progress had been made and drew members' attention to a number of outstanding points, which would be covered here or later in the agenda.

3.1 6.3.8 – A meeting took place on 31st October 2017, all trusts were asked to participate. All types of trust were represented by the 40 in attendance with the day spent working through an impact on assessment on what the FOM would mean to procurement teams. Feedback from the day was good, with trusts completing individual assessments by mid-November, the DH will then pull together a consolidated view to build into the Model Hospital.

3.2 6.6 – NHSI requested for the action to be closed. The Chair summarised that all STPs are working differently but that the Local Customer Boards are linked in. The Board agreed that this should remain as an outstanding action, but be moved to amber as work was being done on a local level to ensure that procurement is being raised on the STP boards.

3.3 Question was raise over the structure of the Board and how best practice is accessed across the landscape. All were in agreement that alignment was needed Nationally, Regionally and Locally and that Customer Engagement is vital in the success of the Future Operating Model. The Chair summarised that each trust should have a PTP which will then, in a well-defined STP, aggregate up to a regional plan.

08/11/04 Review of Draft Metrics

4.0 The Chair asked Marie Aubin to run through the proposed way of working on the metrics. The following was discussed and agreed:

- Metric three, Capital Planning should be removed and picked up at the Local Board as part of the Capital dashboard
- Metrics four and five would come out of the PSD survey with five to be named as Rate of Return on Investment in Procurement Teams
- Metric eight should read % transactions
- Narrative should be provided around metrics nine and ten to explain the difference between self-accreditation and peer review
- Metric 18 should be removed as the Board didn't feel it necessary to measure HCTED
- NHSI would provide procurement CIP as a % of non-pay spend but it should not be RAG rated

4.1 With regards to the narrative around the procurement standards it was agreed that Mick and Einav would discuss this further.

4.2 Further discussion took place on the CIP as a % of non-pay and a request was made that NHSI provide the distribution curve by region to show the variation. It was confirmed that trust level data could not be shared, but that an aggregated position could be included within the boundaries of information governance.

4.3 David Melbourne drew members' attention to the procurement measures which would form part of the CQC 'Use of Resource' assessment framework. It was agreed that these should be factored in to the discussion agreed above.

08/11/05 People and Leadership

5.0 **Update on the FOM – Howard Blackith**

Howard Blackith gave a programme update summarising that good progress is being made, with procurement outcomes to date meeting business case projections. The savings have been validated by the contractual commitments of bidders, which is very positive. Another customer survey will be done towards the back end of 2017/early 2018 to assess the impact of CCS coming on board for

Tower nine. From a supplier perspective, engagement has been strong with support and understanding for the model being shown. A supplier survey is going out today via the trade association to ascertain the depth of understanding.

5.1 The Medical Tower contracts have been signed, with the formal announcement being made today. Howard gave the Board a summary of the outcomes for the six towers and that the transition period would now commence with go live in May2018. The Chair questioned what the contingency would be if some of those awarded contracts are not able to manage the transition, reassurance was given that this is not new to any of the providers and that the transition plan has adequate time built in to ensure the category strategies are developed and that things have been tried and tested.

5.2 A brief summary of the on-going procurement work for the remaining towers was then provided to the Board. The Chair summarised that there is a sense of coming together, but the rigor around the structure may need some clarity and questioned how the Customer Board could help support the implementation of the FOM. The Chair congratulated the DH FOM team on the work to date.

5.3 Question was raised over the impact the FOM would have at trust level; the meeting on 31st October 2017 was the start to this process. It was agreed that the output from this piece of work would be brought back to the National Board. Mick Guymer shared his view that there is a lot of support and confidence in the model now, but that there shouldn't be complacency.

5.4 **PSDN Update – Mick Guymer**

Attention was drawn to the standard metrics and the regional breakdown in the pack. Largely there is a North/South divide in terms of performance, with the North performing stronger. It was noted that this may be due to engagement with accreditation process. Brief summary of the accreditation roll out was given and how the cascade to grow the number of accreditors is being developed. Overall progress is going well, with most trusts scheduled to get to level one within the next month and five trusts at level two. It was raised that the size of procurement departments has an impact, with smaller departments struggling to release colleagues to support the process and that a degree of consolidation is needed to aid optimisation.

5.5 **Excellence in Supply Awards – Mick Guymer**

Mick Guymer outlined the key principals of the programme, which started back in 2011 at Wrightington, Wigan and Leigh NHS Foundation Trust with 60 attendees and has grown to 306 attendees in 2017. Sponsorship is through the Academic Health Science Network and the Innovation Agency. There are eight supplier awards, four NHS awards and the procurement standards accreditation awards are also celebrated at this event. The event recognises procurement teams at a local level, rewards suppliers and builds better relationships. The question of the Board was should this programme be rolled out nationally aligned to the four Local Customer Boards. Discussion was had on the benefits of the programme for both suppliers and the NHS and funding for the programme. Consideration needs to be given to how this programme works with the FOM. It was agreed that this would be raised at the forthcoming Local Boards once discussion has taken place with HCSA and the FOM team and that it would be brought back to the National Board in February 2018.

08/11/06 Process and Quality

6.1 **CRB and CET Update – Mandie Sunderland, Naomi Chapman, Simon Hall**

The context for the presentation was set being a success story of clinicians taking forwards a challenge with a positive outcome. Initially Mandie was invited to be the RCN representative on the National Customer Board. To test some of what Mandie was hearing at the Board she went to her trust and tried some initiatives. In the first year a £700k saving in procurement towards her nursing budget CIP. From this came the inception of the 'small changes, big difference campaign' which has been massively successful in translating procurement into a language that nurses can access. Since then Sir Ian Carruthers joined as Chair of the National Customer Board and implemented the Clinical Reference Board (CRB) as part of the National Programme alongside the four Local Boards. The CRB is made up of a number of high profile nurses from across the NHS. Since then the Clinical Evaluation Team (CET) has been developed, with a remit to select products by the NHS for the NHS. The focus of the CET is on collaboration and the criteria for evaluation were developed in a collaborative way with the NHS.

6.2 An evidence based research approach has been developed with a clear evaluation pathway made up of five steps:

- Product range assessment
- Intelligence gathering

- Stakeholder engagement
- Clinical criteria development
- Product evaluation and clinical review report

6.3 An overview of the clinical engagement which has taken place nationally was given showing the breadth of coverage and level of engagement.

6.4 A more detailed explanation of the evaluation process was provided focusing on the clinical conversations which helped to shape the evaluation criteria. A three star scoring system has been implemented, however, it was noted that the CET is not there to set the outcome of what the product is used for as each setting may have different requirements. For example, a children's hospital would have varied requirements to a care home. What the report does is provide transparency. There are currently five reports out and live on the website, with the next phase due out soon.

6.5 The challenge at the moment is the future of the team and managing the resource at a time of uncertainty. In terms of the FOM reassurance is needed around the evaluation criteria which will be used in the towers and the governance for the process. It was noted that the CET has been a game changer in the way that trusts and suppliers have been able to unlock procurement savings with clinical credibility as well as raising the profile of clinical procurement specialists within trusts. The success of the CET has been in no small part due to it being independently and professionally led. The Chair asked for the Board to identify the things that needed to be worked through to reach a solution to make it work coherently going forwards:

- Recruitment, retention, funding
- Design issue – are the towers the best place for evaluation
- Who will oversee the complete evaluation

6.6 A summary from the DH was provided that clinical evaluation, as a process, will be part of the Category Towers and is contracted as part of the service provision with a vision to build on the work of the CET so far and industrialise the process. There will then be a Clinical and Product Assurance (CAPA) team that will sit within the ICC, which provides the oversight and assurance. The Chair requested visibility of the scope of Clinical Evaluation in the ICC to provide reassurance that it will work for the NHS.

6.7 It was clarified that CAPA will take a view of the 11 Towers. There will be different levels of evaluations based on the type of products.
Level 1 – Technical evaluation
Level 2 – Targeted report involving clinicians but not star rated
Level 3 – Star rated report like the current CET reports
Level 4 – National evaluation such as GIRFT recommendations will be used

6.8 The Chair posed the question on the future of the CRB and the consensus of opinion was that the CRB still has a governance role to play in its independent position and that it carries weight and credibility to the process and delivers outcomes in the system. Question was raised regarding how it relates and supports the ICC to deliver the changes necessary in the NHS, which can't be done without the right people who have system credibility.

6.9 It was agreed that Gerry McGeary would draft a Clinical Governance Process in collaboration with DH, CRB and CET for discussion and agreement at the next National Customer Board meeting in February 2018. Consideration needs to be given to geography of the function, as this will have an impact on resource and retention.

6.10 **GIRFT – John Warrington**
An overview of the programme was given covering the regional architecture to support the programme which sits separately to the regional architecture of NHSI. Explanation was given of the coming together of clinical and costing data and the recommendations which can then be given. There are currently 24 workstreams increasing to 40 in the near future. Two reports have been published to date with three more in the pipeline. Examples of what has been done in specific types of surgery, such as hip surgery, was given and how the evidence can be used to make significant improvements and educate clinicians around the cost and patient outcome implications based on the decisions they make. The National Joint Registry has been using the PPIB data to make a powerful case for recommendations for improvements allowing changes to be tracked and outcomes to be predicted. The GIRFT team is being expanded to include regional implementation teams and is working on providing STPs with potential procurement savings which could also improve clinical outcomes. The challenge now is implementation and how this can be embedded in the future procurement landscape. Feedback was given that following GIRFT reviews in trusts they have then

had to develop their own implementation plan. Discussion then moved on to service rationalisation and how this would drive improved outcomes with question raised on whether the evidence around large scale healthcare change has been considered such as the system changes on stroke pathway in London and Manchester and why one worked and one didn't. It was agreed that David Melbourne was to share the evidence he referred to.

6.11 **NHSI Update**

An overview of the NHSI heatmap was given drawing members' attention to PPIB funding which historically was centrally funded. Year two is a mixed funding model with NHS funding half of the cost and trusts being asked to purchase a licence. 150 trusts have now signed up.

08/11/07 Performance

7.0 **NHS Supply Chain/NHSBSA Dashboard**

It was confirmed that at the end of October 2017 NHS Supply Chain savings figure was at £262m against the £300m target. One of the challenges still remains around the speed of the implementation of the NCP programme. However, work has been done with the CET to improve this. A number of website enhancements have been made including a search facility which brings up NCP products first. With regards to Capital the £158m target for the end of the contract has already been met. Multi-Trust Aggregation now has 130 trusts signed up with around £3m incremental savings achieved. £0.75bn of capital equipment has now been purchased through the DH Fund. In summary, NHS Supply Chain is on track to deliver against its contractual objectives.

7.1 **Crown Commercial Service Update**

Attention was drawn to the new pack from CCS, wanting to understand regionally where trusts are seeing value and where CCS can make improvements specifically around where frameworks are not being utilised and the reasons behind this. Members were asked to review and feedback via the Customer Board team. Challenge was raised as to why CCS can't demonstrate savings and it was confirmed that this can be done where they have worked with a number of trusts and aggregated spend delivering savings. Example was given of the work being done with Helen Lisle in the North East following the last Northern Customer Board.

08/11/08 Reports, progress and feedback from regions

8.0 The information in the pack was received for information from the regions. The Chair asked for views on a solution for London given the attendance challenges. It was agreed that if Colin is unable to chair the meeting on 13th December 2017 that Nick Gerrard would step in and cover.

08/11/09 Credentialing – Alan Birks

9.0 An overview of the history and requirement for credentialing was given and what is being proposed for the NHS going forwards. A public register would be created along with identification badges which can be scanned within a trust to confirm that the person is who they say they are along with the tier they are registered to and therefore the level of access they are allowed.
Tier 1 – no direct patient interaction
Tier 2 – access to clinical areas
Tier 3 – access to areas where invasive treatment may occur, e.g.: theatres, ICU

The submission has now been proposed to PSA which is almost ready for sign off. The register will be not for profit unlike similar ones currently available and will have a full governance structure. Guidance will also be provided on training with the intention to build a pool of training materials as well as a training support process for smaller companies. Post launch there will be engagement with trusts. NHS England and NHS Improvement will also encourage use of the register. Alan offered to attend the Local Customer Boards to brief members if required. Members requested Alan's contact details to be circulated.

08/11/10 Recap on Messaging for Regions

10.0 It was agreed that Marie Aubin would work with David Melbourne to draft the key messages for the Board.

08/11/11 AOB and Meeting Close

11.0 The Chair asked that the future of the Customer Board in the landscape be considered, particularly around its role in supporting the implementation of some of the key central initiatives. It was agreed

that NHSBSA and DH would work together to define what the Customer Board can do going forwards.

Action: DH/NHSBSA