

**Meeting Report**  
**NHS Clinical Reference Board meeting**  
**Novotel Birmingham Centre, 70 Broad Street, Birmingham, B1 2HT**  
**Friday 24<sup>th</sup> November 2017**

<b>Present:</b>		
<b>Chair</b>	Mandie Sunderland	Chief Nurse, Nottingham University Hospitals NHS Trust Chair, NHS Clinical Reference Board
<b>Board Members:</b>		
	Rose Gallagher	Professional Lead Infection Prevention and Control, Procurement Lead, Royal College of Nursing
	Siobhan Heafield	Regional Nurse Director, Midlands and East, NHS Improvement
	Professor Suzanne Hinchliffe	Chief Nurse/Deputy Chief Executive, Leeds Teaching Hospitals NHS Trust
<b>Apologies:</b>		
	Suzanne Banks	Chief Nurse, Sherwood Forest Hospitals NHS Foundation Trust
	Sandy Brown	Director of Nursing and Clinical Quality & Deputy Chief Executive, East of England Ambulance Service NHS Trust
	Geraldine Cunningham	Associate Director of Cultural Change, Barts Health NHS Trust
	Dr Naomi Chapman	Clinical Programme Lead, NHS Clinical Evaluation Team
	Professor Greg Dix	Director of Nursing, Plymouth Hospitals NHS Trust
	Clare Linley	Director of Nursing, Leeds North CCG
	Michelle Norton	Director of Nursing, George Eliot Hospital NHS Trust
	Dee Roach	Executive Director of Nursing and Quality, Lancashire Care NHS Foundation Trust
<b>In attendance</b>		
	Lisa Edwards	Operational Programme Manager, NHS Clinical Evaluation Team
	Sue Green	Clinical Lead – Ambulance & Acute Project, NHS Clinical Evaluation Team
	Maya Guerrero	Clinical Lead, NHS Clinical Evaluation Team
	Simon Hall	Clinical Lead, NHS Clinical Evaluation Team
	Justine Henson	Communications and Engagement Lead, Department of Health (By telephone, Part 4 only)
	Collette Longstaffe	Clinical Lead, NHS Clinical Evaluation Team
	Marc Naughton	Clinical Lead, NHS Clinical Evaluation Team
	David Smith	Regional Head of Procurement (Midlands and East), NHSI
	John Warrington	NHSI GIRFT Team (Part 6 only)
	Liz Wright	Department of Health Programme Lead for CET
<b>Customer Board Exec:</b>		
	Sindie Clark	Stakeholder Manager, NHS Business Services Authority
	Debbie Pacey	Stakeholder Coordinator, NHS Business Services Authority

### **24/11/1 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 Collette Longstaffe and Maya Guerrero who are new members of the NHS Clinical Evaluation Team (CET), and David Smith (NHSI) to their first meeting.

### **24/11/2 Receive minutes from Clinical Reference Board meeting 15th September 2017**

2.1 Subject to a couple of amendments to the attendee list, the minutes were reviewed and agreed as a true record and can now be published on the NHSBSA website.

### **24/11/3 Action Report**

3.1 Action 24/03/1 2.7 – Rose Gallagher is developing case studies with Colchester Hospital University NHS Foundation Trust and Torquay and South Devon NHS Foundation Trust demonstrating the value of clinical engagement in relation to procurement, and other areas. This is in support of ‘Small Changes, Big Difference’.

Action 24/03/17 5.1.2 – Sue Green confirmed that she has contacted Suzanne Banks’ Trust and this action can now be closed.

Action 19/05/17 1.2 – There are still some members who have not returned their conflict of interest declaration. The Chair asked for a list of names and she will chase directly.

Action 19/05/17 5.2 – Rose Gallagher and Simon Hall confirmed this is now in progress and the action can be closed.

Action 19/05/17 6.2b – The Board agreed this action could now be closed.

Action 21/07/17 5.5 – Justine Henson has been, and will continue to feed this into the development of messaging. This action can now be closed.

Action 21/07/17 7.11 – This was included in Simon Hall’s update, this action can now be closed.

Action 21/07/17 7.6 – The Board agreed this action could now be closed.

Action 21/07/17 8.1.1 – The Board agreed this action could now be closed, and was mentioned in Simon Hall’s update.

Action 21/07/17 8.4.6 – The development of case studies and other comms materials was picked up by Rose Gallagher during her update. The CRB agreed this would be ongoing, and could not be closed.

Action 21/07/17 8.4.7 – Details yet to be received from Geraldine Cunningham.

Action 21/07/17 8.6.5 – Debbie Pacey confirmed that due to uncertainty around who will be responsible for funding for the Clinical Reference Board post the implementation of the ICC this action could not be progressed at the moment. The Chair agreed to close the action.

Action 15/09/17 5.5 – Regional Heads of Procurement have now been appointed by NHSI and David Smith (Midlands and East) hopes to be able to attend each Clinical Reference Board meeting (depending on internal discussions around resource allocation).

Action 15/09/17 5.6 & 7.1.7 – These actions can be fed back to NHSI, via David Smith. Update to Chair on whether Ruth May has been invited to the Directors of Finance annual conference e.g. HFMA on 6-7 December 2017.

Action 15/09/17 6.3 – The Product Assurance Strategy document was shared and members have provided their feedback. The action is now closed.

Action 15/09/17 6.5 – The Chair provided an update later in the meeting.

Action 15/09/17 6.7 – An update was provided and this action can now be closed.

Action 15/09/17 6.8 – Simon Hall provided an update later in the meeting. This action can now be closed.

Action 15/09/17 7.2.3 – Rose Gallagher confirmed that Ruth May is able to attend the celebratory event on 8<sup>th</sup> February 2018 and provided contact details to Debbie Pacey for venue arrangements. This action can now be closed.

Action 15/09/17 8.1 – An update was provided by Marc Naughton and Liz Wright. This action can now be closed.

#### **24/11/4 Future Operating Model (FOM)**

- 4.1 Justine Henson joined the meeting by telephone to give the Board an update on the implementation plan of the Future Operating Model.
- 4.2 The ICC is due to be implemented on 1<sup>st</sup> April 2018 and the Medical Towers have now been awarded and will start on 1<sup>st</sup> May 2018.
- 4.3 Justine reported that although the Office Supplies Tower went live on 1<sup>st</sup> October, only a small number of Trusts are using CSS so far and the DH is therefore busy working with the NHSBSA to improve engagement.
- 4.4 Question was raised over how collaborations will work in the FOM and Justine agreed to circulate some information to increase understanding (by 1<sup>st</sup> December 2017).
- 4.5 The Chair questioned whether there had been any clinical evaluation criteria contained within the assessment of bids for the new suppliers. Justine advised that there is no clarity on this at the moment but it will be addressed at the HCSA conference next week.
- 4.6 The Chair expressed concern over the future of the Clinical Evaluation Team (CET) explaining that clarity was getting critical as team members' secondment contracts were coming to an end. A question was raised regarding the clinical evaluations of ward based consumables and how these will be carried out going forward. The Chair commented that there needs to be a robust evaluation process and methodology. Liz Wright reported that the work of CET in the FOM would transfer into the Medical Towers with the new Clinical and Products Assurance (CaPA) team providing governance from within the ICC, timelines are still to be agreed as new ways of working were progressing during the transition period. Additional concerns were discussed about the CRB and the link into the national customer board in the future (see 5.1). Justine agreed to report the concerns of the Board and provide feedback.
- 4.7 Justine reported that a clinical engagement campaign is about to launch and the DH would be looking for nominations for a senior clinical sponsor at each Trust. Justine went on to explain that the DH has produced clinical collateral which will be shared with the Board to ensure they have got the messaging right for the audience. Simon Hall and Naomi Chapman will meet with Justine to review the collateral before it is shared.
- 4.8 Justine informed the Board that a number of Customer Engagement workshops are due to be held in early 2018 aimed at HoPs, FDs and clinical sponsors. The Chair reminded Justine that January and February are extremely busy months in Trusts and therefore it would be difficult for clinicians to attend. It was suggested it might be preferable for Justine to contact NHSI and NHSE to establish what meetings they had planned and ask for a slot on the agenda, rather than ask clinicians to attend an extra meeting.
- 4.9 Justine advised the Board of a Model Procurement workshop held on 31<sup>st</sup> October, the objective of which was to consider what a Trust Procurement Department might look like following the implementation of the FOM. 40 Trusts attended and worked on an impact assessment exercise to establish general levels of readiness. David Newton, in his capacity as Chair of the CPSN, presented on the emerging role that clinical procurement specialists will play in the FOM. Siobhan Heafield suggested using Customer Engagement events as a means of facilitating discussions between customers and Category Tower Service Providers.

#### **24/11/5 Priorities 2017/18 and CRB project plan**

- 5.1 The Chair gave an update following the National Customer Board on 8<sup>th</sup> November where the challenge around the future of the CRB/CET and managing the resource at a time of uncertainty was discussed. 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. The Board agreed that the success of the

CET has in no small part been due to it being independently and professionally led. National Board members were requested 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

- 5.2 It was confirmed that Gerry McGeary (Head of Supplier Management at the NHSBSA) is working with Naomi Chapman on a paper giving visibility on the scope of Clinical Evaluation in the ICC, to provide reassurance that it will work for the NHS.
- 5.3 Update was also provided explaining that Sir Ian Carruthers is supportive of the future of the CRB, and all Regional Chairs have confirmed that they recognise the value it provides.
- 5.4 Further to the Chair's meeting with Jin Sahota and Howard Blackith in August where it was agreed that further members should be recruited to the CET, it was reported that funding for any additional resource to the team is under review with the creation of CaPa and that only three additional secondments had now been funded.
- 5.5 Liz Wright referred to a House of Lords short debate on woundcare with Lord O'Shaughnessy which gave reference to the work of CET and agreed to circulate this to the Board.

#### **24/11/6 GIRFT update**

- 6.1 John Warrington joined the meeting to give an update on the Getting It Right First Time Programme (GIRFT). The clinician-led programme started with Professor Tim Briggs around five years ago when he identified that there was huge clinical variation and that savings could be achieved through standardisation as well as improving outcomes. There are currently 24 clinical workstreams underway with more expected to be launched between November 2017 and March 2018. The changes that are being implemented go from individual clinical practice, through to Trust strategic improvements and recommendations to change National practice.
- 6.2 The methodology was to use clinicians to hold clinicians to account over their practice and this is the ethos preserved throughout the programme. The GIRFT methodology is as follows:
- Data assembly
  - Deep dives
  - Trust response
  - National and regional focus
  - Supporting sustainable improvements
- 6.3 John explained that there is a strong relationship between the Lord Carter programme and GIRFT and seven regional hubs are being established, each with a Hub Director, most of whom are now in post.
- 6.4 The PPIB tool has been used to collate clinical and financial data to analyse the variations across procurements departments. This data has shown huge variations in what is used, bought and the price paid.
- 6.5 A summary of the work done on Orthopaedics was given and it was reported that what became apparent when Tim Briggs visited Trusts doing his research was that often clinicians were not aware of the financial impact of the clinical decisions they made. Reference was made to the huge variation across the West Yorkshire STP area in fixation methods and revision rate. In this STP area alone there are potential savings of £0.5m to be realised.
- 6.6 A number of questions were raised regarding the data used and it was confirmed that although the data currently concentrates on the outcomes of surgery on elderly patients, the outcomes of younger patients is also taken into consideration.
- 6.7 Suzanne Hinchliffe reported that her Trust has been very interested in how clinicians have been approached, and that it has led careful consideration of how data is submitted. The patient experience/procurement aspect has led to questions being raised about who is taking ownership, prompting much debate and discussion.
- 6.8 The Orthopaedic data is available and clinical benchmark and standards are being established so that each Trust can see their opportunity. Some of the opportunities can be delivered through peer

pressure, but the majority through co-ordinated procurement activity. The challenge now is how to deliver these opportunities. The GIRFT team is now assessing other specialities.

- 6.9 Members questioned how the programme can be implemented if there is no mandating and John confirmed that Tim would like to see the programme included as part of a surgeon's appraisal process as the current variations are not acceptable. The Chair suggested that a conversation with the BMA would be useful.
- 6.10 The Chair questioned if the Royal Colleges have been consulted during this process and John confirmed they are very much part of the programme. Rose Gallagher commented that the Royal College of Nursing is not currently engaged in the programme and John agreed to progress this with Rose. It was agreed that there would be more frequent contact between the RCN and the GIRFT team.
- 6.11 Marc Naughton raised the question if there was a link between good procurement practices and those Trusts who have a Clinical Procurement Specialist. Liz Wright agreed to provide a list of those Trusts with a CPS in post in order that John can investigate this further. Significant savings can be made through better procurement engagement with clinicians.

#### **24/11/7 NHS Clinical Evaluation Team (CET)**

- 7.1 Simon Hall confirmed that he is now leading the CET as Naomi Chapman has moved over to the Clinical and Product Assurance (CAPA) Directorate. Simon explained that the team had consisted of eleven members but they were now reduced to eight as three members have moved to CAPA. The DH has now agreed to fund the backfill of these members and three new members have been recruited and, subject to being released from their Trusts will join the team in January 2018. It has been agreed that these contracts will be honoured until their end date.

- 7.2 A number of CET reports have now been published:-

- Blunt Drawing up Devices with and without filter
- Examination Gloves
- Open Suction Catheters and Suction Tubing
- Procedure Underpads
- Syringes – Hypodermic Luer Slip

A further three reports had been submitted to the CRB earlier for review and approval :-

- Skin Barrier Films
- Patient Dry Wipes
- ECG electrodes

Rose questioned whether the Skin Barrier Films had to be single patient use and Simon confirmed that this was correct as they are prescribed. The CET reports on IV Film Dressings, and Single Use Tourniquet have been reviewed by CRB members and signed off subject to a couple of minor amendments, *e.g. photo images*. The CET report on ECG Electrodes requires further amendments and it was agreed that a virtual sign-off would take place (Quorate of Chair plus three CRB members).

- 7.3 To avoid delay in the sign off, the process for review of future reports was discussed. It was agreed that the CET will email CRB members via the NHS Customer Board email to advise them that a report will be arriving during the following week. The CRB will then have two weeks to review and sign off the report, following which the report will be published within one week. It was agreed that the minimum number of members required to review and approve the reports would be the Chair plus three members.

- 7.4 Simon reported that the team has faced a number of challenges with the production of the reports, namely:-

- Legal challenges
- Comms support concerning publication timescales
- Uncertainty of the team
- Changes to team personnel
- Access to samples
- Lab testing (taking 16 weeks in some cases, with only one lab accredited). To mitigate this, it has been agreed that a staggered approach to testing be implemented.

- Changes to the NHSSC Frameworks resulting in changes to the context of what to evaluate
- Other NHS workstreams e.g. NCP, FOM

These challenges have resulted in fewer reports being produced than might have been expected.

- 7.5 The NHSBSA Comms Team no longer have resource available to produce the reports on behalf of the CET and therefore a new resource is being sought. Liz Wright is assisting with this process.
- 7.6 As far as the future of the CET Team is concerned, contracts currently run until the end of April 2018. Assurance is being sought from the DH that contracts can be extended beyond this date. Following implementation of the FOM, clinical evaluation will be dealt with within the Towers and CAPA will ensure that the process is robust.

## **24/11/8 Progress with the Clinical Reference Board priorities**

### **8.1 Ambulance Service – Acute Sector Standardisation project**

- 8.1.1 Sue Green gave an update on how the project is progressing. The report on the trial with Addenbrookes Hospital was shared with Board members. The trial had gone very well with good feedback from staff who were very engaged in the process.
- 8.1.2 Request is going to be made of each Trust to provide nominations for a champion in their A&E Department. Letters will be sent to each Director of Nursing to request nomination.
- 8.1.3 It is hoped that MOUs with all Trusts should be in place by the end of January 2018. In some cases, getting the MOU signed has been difficult and Trusts have been requested to include the MOUs into their Terms of Reference so they are reviewed every six months and not overlooked.
- 8.1.4 Siobhan Heafield asked Sue to provide details of any Trusts where there are problems with engagement. Siobhan also agreed to speak to Ruth May about raising the profile of the project and where best to do it.
- 8.1.5 An article regarding the project should shortly be appearing in the Nursing Times and other publications. Rose Gallagher will enquire at the RCN regarding getting it published in the Nursing Standard.

### **8.2 Summary of recent engagement with the nursing community and active networks**

- 8.2.1 Rose Gallagher gave an update on the 'small changes, big differences' campaign and confirmed that resourcing has been carried over to 2018. They are continuing with networking events and the campaign will be included in the CET celebratory event on 8<sup>th</sup> February. The campaign continues to evolve and some Trusts have set up their own working groups, not just in procurement but in other areas where savings can be made. Colchester Hospital University NHS Foundation Trust and Torquay and South Devon NHS Foundation Trust have agreed to produce a case study showing the benefits of the campaign.
- 8.2.2 Rose presented at the Go Procure conference last week.
- 8.2.3 A Freedom of Information report is currently being written in relation to bagged waste. A report produced in 2011 showed huge variation in the prices Trusts are paying to have their bagged waste disposed of. Current findings show there has been little change since that report and there is still significant variation. The current report highlights where significant savings can be made by classifying the waste correctly. The report should be published in February 2018.
- 8.2.4 Rose advised the Board of 'Glove Awareness Week' which will focus on the work and experiences of individuals and organisations that are focusing on reducing inappropriate use of gloves. The RCN is currently updating its guidance which is due to be produced on 26<sup>th</sup> April 2018 followed by the awareness week commencing 30<sup>th</sup> April. This will be followed by World Hand Hygiene Day on 5<sup>th</sup> May. Rose agreed to share further information with all Board members.

- 8.2.5 Rose is continuing to work with Louise Hillcoat on producing a document giving headline summary of current procurement programmes, for the clinical audience.
- 8.2.6 Rose confirmed that the networking event on 8<sup>th</sup> February 2018 will be used as a celebratory event and to give awareness of the impact of nursing on efficiency via the CET. The morning will consist of high level, key speakers and the afternoon will be used for networking. Board members were asked to provide details of who they think should give the key speeches and Rose will send the invitations. The CET will provide a presentation on the story so far.

#### **24/11/9 NHSI update**

- 9.1 David Smith reported that he was new in post as Regional Head of Procurement for the Midlands and East Region. David explained that a Regional Head had been appointed for each region. Other appointments are also being made and there will be Diagnostic Leads and Estates Managers in each region.
- 9.2 David went on to explain that there are currently procurement workstreams in six areas:-
- NCP – this is currently being led by Andy McMinn and all Trusts are being encouraged to sign up. The latest product launched is Toilet Rolls, realising savings of 16% nationally. There are a further 24 categories to follow.
  - Analytics – Mark Gronow is leading on this. The PPIB tool and Model Hospital show that there is huge variation in prices being paid. The NHSI remit is to drive improvements and checking if Trusts are using the PPIB tool efficiently, and to their best advantage.
  - Procurement Transformation Plans – There are still 13 Trusts nationally who have not yet submitted their plans.
  - Benefits Realisation – To realise savings in CIP and tackle Trusts who are falling behind.
  - Procurement Target Standards – Main focus is to ensure that all Trusts get to level 1.
  - Collaboration and Communication – To set up regional working groups to tie in with NPF meetings which will move from monthly to quarterly going forward. These groups will be supported by regional groups in between.
- 9.3 Liz Wright questioned how the workstreams link into the FOM. David explained that two Category Leads are currently being recruited, one clinical and one non-clinical.
- 9.4 David confirmed he would attend future CRB meetings to provide further update (depending on discussions with NHSI colleagues concerning resource allocation).

#### **24/11/10 AOB**

- 10.1 It was agreed that Alan Birks should be invited to the next meeting to give a presentation on Credentialing.

The Chair brought the meeting to a close and thanked everyone for their attendance. The next meeting will be held on Friday 9<sup>th</sup> February 2018 at the RCN Headquarters in London.