

Unadopted Draft Minutes (Version 1.0)
NHS Midlands Customer Board Meeting
7th December 2017
Hilton Hotel, Walsgrave Triangle, Coventry

Present:		
Chair	David Melbourne	Deputy Chief Executive and Chief Finance Officer , Birmingham Children's Hospital NHS Foundation Trust
Board Members:		
	Cathy Griffiths	Head of Procurement, Birmingham Children's Hospital NHS Foundation Trust/Birmingham Women's Hospital NHS Foundation Trust
	Charlotte Kings	Head of Procurement, Worcestershire Acute Hospitals NHS Trust
	Allan Rivans	Head of Procurement, Northampton General Hospital NHS Trust
	Geoff Roberts	Independent Consultant - Effective Purchasing
	David Streets	Head of Procurement, University Hospitals of Leicester NHS Trust
	Bernadette Weaver	Head of Procurement, Papworth Hospital NHS Foundation Trust
Apologies:		
	Chris Benham	Director of Operational Finance, University Hospitals of Leicester NHS Trust
	David Coley	Director of Procurement, Black Country Alliance
	Stacie Croxton	VP - Customer Engagement Director, NHS Supply Chain
	Ian Hooper	Head of Procurement, Cambridge University Hospitals NHS Foundation Trust
	Nathan Joy- Johnson	Associate Director - Procurement and Commercial Services, University Hospital of North Midlands NHS Trust
	Barry Pogson	Head of Procurement, United Lincolnshire Hospitals NHS Trust
	Mark Roscrow	Assistant Director Shared Services Partnership - Head of Procurement Services, NHS Wales Shared Services Partnership
	Ben Shaw	Director of Efficiency, University Hospitals of Leicester NHS Trust
	Barbara Smedley	Head of Procurement, East Midlands Ambulance Service NHS Trust
	Tony Stanyard	Head of Procurement, Nottingham University Hospitals NHS Trust
	Richard Whiteside	Assistant Director of Procurement, Mid Essex Hospital Services NHS Trust
In attendance		
	Graham Davies	Head of Procurement, NHS Wales Shared Services Partnership
	Sue Green	Clinical Lead – Ambulance & Acute Project, NHS Clinical Evaluation Team
	Andy Harris	Procurement Strategy Lead, NHS Business Services Authority, Regional co-ordinator for the HCSA

	Marc Naughton	Clinical Lead, NHS Clinical Evaluation Team
	Phil Nettleton	Head of Customer Engagement – Central, NHS Supply Chain
	Jane Platts	Business Delivery Manager – Health, Crown Commercial Service
	David Smith	Regional Head of Procurement (Midlands and East), NHSI
	John Warrington	NHS Improvement (GIRFT Team)
Customer Board Exec:		
	Marie Aubin	Stakeholder Manager, NHS Business Services Authority
	Catherine Barker	Stekholder Co-ordinator, NHS Business Services Authority

Part 1

07/12/1 Welcome meeting opens

- 1.0 Welcome, introductions and apologies were made. David Smith, Regional Head of Procurement Midlands and East from NHSI joined the meeting for the first time.
- 1.1 It was noted that Dave Coley was moving from the Black Country to Hertfordshire, but would like to remain on the Board. Andy Harris suggested Neil Simmonds, Head of Procurement at The Royal Wolverhampton NHS Trust as a potential new member, who is now a Trusted Customer.

07/12/2 Receive minutes and public report from meeting 27th September 2017

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

07/12/3 Action report and matters arising

- 3.0 The Chair ran through the outstanding actions as follows:
 - 03/05/17 1.1 The Chair requested for members who had not yet to complete conflict of interest documents do so
 - 27/09/17 5.1 With regards to customer satisfaction surveys it was agreed that all would be interested in the output, but other than University Hospitals of Leicester NHS Trust none were working on it at this stage and this action could be closed.
 - 27/09/17 6.6 Trusted Customer update would be given later in agenda point 9.4
 - 27/09/17 8.3 This action would be discussed later in the meeting agenda point 7.1
 - 27/09/17 8.8 With regards to the 30 focus trusts Marie Aubin is to pick up with Mark Brian as part of the on-going action

07/12/4 Receive Report from National Customer Board – November 2017

- 4.0 The Chair provided highlights from the National Board:
 - The make-up of the National Board has changed significantly over the last two years with less NHS employees now represented
 - An overview of the ICC and how the Customer Board will transition into this in 2018 was given
 - The need to develop local board workplans to deliver the priorities needs to be reviewed
 - Recognition was given to the focus given to the Procurement Profession at the National Board
 - Discussion around the future of the CET and CRB, the Chair asked for an article to be circulated on involving clinicians in procurement.
 - The role and make-up of the local boards was discussed and the effectiveness of the structure which is in place in the Midlands with the three sub-regional Heads of Procurement meetings.
 - It was confirmed that NHSI are looking to make a formal nomination for someone to sit on the Clinical Reference Board and attend each of the meetings to formalise the link. Once the four heads are in place there will be a review to create a standardised approach for them across the four regions. The Chair requested that NHSI need to be bringing problem areas to the Board so that support can be given from the region to drive improvements. A request from the Board was made for clear and strong guidance from NHSI to trusts, an example was given that in order to

deliver savings a trust may need to move away from the central model, which is not supportive of FOM and NHSI would not give clear direction to the trust on which way to move.

- Acknowledgement was given that not all trusts are aware of the FOM and therefore there needs to be better communication.
- Question was raised over a central clinical procurement network – Marc Naughton provided details on the CPSN.

07/12/5 Review National Metrics and Draft Midlands Workplan

5.0 The Chair set the scene as to the importance of refreshing the workplan and assigning ownership in order to drive progress.

Objective 1 – Attendance at Key Meetings

5.1 With regards to the three sub-regional HoP meetings, update was given that there is about a third that don't attend, a third that attend regularly and a third that are periodic attenders. Sometimes if people are not able to attend their region they can attend a more convenient meeting in another sub-region. The Chair asked if there was something further that needed to be done to get consistency of messaging, Geoff Roberts updated that he is reliant on NHS Supply Chain and DH on their on-going participation, this is now starting to happen with CCS and will involve NHSI going forwards. A request was made that attendance at sub-regional HoP meetings should be linked to securing level one Procurement Standard, those who assess in the region were in agreement that they would try and do this. Geoff agreed to include in his update a list of those who do not attend.

It was raised that confusion sometimes arises over which HoP meeting to attend particularly in the East where the hub hosts their own session. Proposal was made that the Board should continue as is until all the Category Towers have been announced. All were in agreement that the Customer Board should be promoted as the formal route. It was agreed that Andy Harris would approach Norfolk and Norwich University Hospitals NHS Foundation Trust to join the Board with a clear conflict of interest document.

The Chair asked for Geoff Roberts to take a lead on this objective.

Objective 2 – Engagement with National Initiatives (FOM)

Engagement with National Initiatives should continue to be measured and led by the DH team.

Objective 3 - Number of CIPS/CAP

Number of CIPS/CAP qualified should be monitored – Cathy Griffiths updated that this should come through the National Workforce Return submitted to NHSI. There is a learning and development strand from HCSA which would provide a link into this. It was agreed that Cathy Griffiths would lead on this.

Objective 4

The Chair questioned whether NHSI had access to this information, it was noted that this will be in Model Hospital as a return has just been provided to NHSI by trusts. It was agreed that David Smith would report on this at each meeting.

Objective 5

HCSA are building a talent management programme to manage succession planning linked to coaching and mentoring, there is a bigger picture around standardisation of roles and banding nationally which needs to be addressed as there is such disparity. All were in agreement that it was not useful to measure vacancies, but mapping talent for potential future heads of procurement would be beneficial. The Chair agreed to set out the methodology which is being used nationally and asked for representation from each of the sub regions. It was agreed that Charlotte Kings and Allan Rivans would lead from their regions and Richard Whiteside would be asked if he could support for the East of England. Geoff Roberts and David Smith asked to be included in the process.

Objective 6

In terms of communications Geoff Roberts is a key link to the three sub-regions. Discussion moved on to NPF and it was agreed that Charlotte Kings, Cathy Griffiths and Bernadette Weaver would email David Smith to obtain an invitation to the meeting as they felt their STPs were not being represented. David Smith went on to note that those who attend the NPF on behalf of their STP have a responsibility to feed back to their STP. A request was made for David Smith to feedback on who attends and why they were selected.

Geoff Roberts agreed to map out attendance at the sub-regional HoP meetings by STP lead and overlay attendance at the NPF. The Chair requested that David Smith feedback to NHSI that there is a cascade of communications structure in the Midlands which works well.

Objective 7

Recommendation was made that this is put on hold as the Carter Metrics are currently under review. Discussion moved on to the plethora of metrics which are currently in circulation leading to confusion, the Chair asked for David Smith to provide a summary of priority metrics for each trust in the region, David Smith responded that this would be done in 2018. All were in agreement that the overall metrics would be used for now for this.

Objective 8

The standards of procurement are measured as part of the overall metrics, with detail being provided by each PSDN lead and from the central PSDN function. Discussion moved on to what intervention and sanctions NHSI will place on trusts for not meeting the Procurement Standards, resolution to this point was not reached. The Chair went on to explain the support that the Board could give to NHSI in peer to peer support to drive improvements. It was agreed that David Smith would take this point back to NHSI and would provide update on future strategy at the next meeting. It was agreed that Charlotte Kings would provide an update at the HoP meeting as to how the meeting her trust has with NHSI goes as a case study.

Objective 9

It was agreed that this is covered as part of the metrics and therefore does not need to form part of the workplan, Marie Aubin to remove.

- 5.2 Discussion moved on to the role of clinicians in delivering savings and the work that has been done to demonstrate the savings achieved by working in this way. Andy Harris and Phil Nettleton are sharing the work done on mapping CPSN's at the sub-regional HoP meetings in the next week to validate and will then bring to the Midlands Customer Board next year. Once validated it is hoped that it will assist in identifying trusts that have no clinical procurement networks on place and buddy them up with more evolved trusts. A case study can then be produced showing the benefits.
- 5.3 Request was made for the wider Acute/Ambulance workplans to be included on the overall workplan. All were in agreement with this.

07/12/6 Review of Metrics

- 6.0 Overview of the National Metrics was given with discussion around specific metrics as follows:
 - 6.1 Metric 8 - All were in agreement that the Board would use the accredited Procurement Standards. Once the region is at 75% level one it should be marked as amber and then 90% for green.
 - 6.2 Metric 10 - In terms of Model Hospital submission there are 22 trusts in the region who are not submitting data, David Smith confirmed they had all been contacted to ensure that they start submitting. Some of the barriers to submission were shared and suggestion was made that NHSI need to understand these to drive improvement. It was agreed that this would be raised at the sub-regional HoP meetings. David Smith agreed to check and feedback who was on the circulation list for the information issued post NPF meeting to ensure all HoPs are receiving it so that they have visibility of the heatmap.

- 6.3 Metric 13 - In terms of NCP the only trust in the region to not sign up with NHSI is University Hospitals Birmingham NHS Foundation Trust. However, it was confirmed that they are transacting these products through NHS Supply Chain.
- 6.4 Metric 12 - Discussion moved on to the trusts who have not submitted PTP plans, NHSI confirmed they would be picking this up with individual trusts.
- 6.5 The Chair moved on to highlight the use of resources framework and the value in ensuring colleagues are aware of this and how it can impact their trusts CQC rating. The Chair agreed to share his board briefing paper with members and asked for Geoff Roberts to cascade into the sub-regions.
- 6.6 Geoff Roberts requested the criteria which marks the metrics as Red, Amber, Green. David Smith agreed to share these from NHSI.

07/12/7 Quality

Getting it Right First Time – John Warrington

- 7.0 An overview of the background to the programme was provided, which originated with Professor Tim Briggs. He started by visiting each trust in the country who provided orthopaedic services and identified huge clinical variation. The findings were presented back to the Health Secretary and the DH. The programme has now moved on to look at other areas with funding for 39 clinical specialities now agreed, there will be 39 clinical leads in the GIRFT programme who will be going into trusts reviewing each speciality.
- 7.1 Key points:
 - Clinical leaders holding fellow clinicians to account
 - Gathering clinical, financial and outcome data, having conversations about why a trust's data may look different to other trusts'
 - All data is brought together to form a national report with recommendations
 - Each trust will receive their own recommendations on what to improve, which could be local or more regional across their STP so time frames may also vary
 - There have been two national reports to date; Orthopaedics and General Surgery
 - Many trusts are progressing with the recommendations, with validation of the improvements being made by Professor Tim Briggs
 - There has been debate about where the GIRFT programme sits, it does report into NHSI, however, it remains as a separate programme with its own implementation architecture made up of clinicians and programme members
 - Ian Donnelly and Karen Hansed are the two leads for the Midlands – John has suggested that they should attend the Board going forwards
 - Royal Colleges have been heavily involved in the work as well as NHS England
 - A communications plan is in train with the South West being a pilot region.
- 7.2 GIRFT and NHS Procurement
 - Each trust will receive their own report for each speciality
 - Overview of what Gloucestershire Hospitals NHS Foundation Trust has been doing over the last few years to rationalise was given which includes a lot of work with NHS Supply Chain for which a case study has been produced
 - Data can be drilled down to surgeon level to understand patterns of behaviour
 - Comparisons can be done within the trust, but also against the national average
 - The programme is getting very close to being able to predict costs and future outcomes, which leads to a very different discussion with clinicians
 - Work is now being done at an STP level, with a West Yorkshire example being shared
 - Data is now starting to be broken down by age group
 - Challenge was raised over managing the supplier market based on the data being shared
 - The anticipated saving for hips across the NHS is c£15m

- Acknowledgement was given to aligning this work with that of the service providers sitting within the category towers
- The programme is engaging with the South West as a whole region, the learning's from this pilot will then be taken to other regions
- Challenge was raised over procurement involvement in trust level meetings to date
- The opportunity around changes in clinical practice such as reduced re-admissions, flow of patients through the hospital are not built into the calculated savings

7.3 The Chair asked for key practical points which can be done within the region

- Ensure all colleagues in the region are aware of GIRFT
- Ensuring that trusts have the right people to work at that level, not the usual transactional level
- Each trusts should have nominated a GIRFT lead, all members need to acquaint themselves with who this is

7.4 Discussion moved on to communications, with it being agreed that a briefing document needed to be prepared and shared. Procurement teams also need to be made aware of the outputs from the meetings if they were not part of them to start with. Allan Rivans agreed to provide a short summary of the key learnings from his trust.

Scan4Safety

7.5 The Chair asked for a quick round table on this topic, Charlotte Kings raised that Worcester was still struggling for a lead. Geoff Roberts provided update of the HoP event which was held in Derby. The Chair agreed to get the business case from Derby to share amongst members and that he would also speak with Mark Mansfield to raise this at the next NHSI Directors of Finance meeting.

Clinical Reference Board and Clinical Evaluation Team Update

7.6 Context to the presentation from the National Customer Board was provided, key points included:

- FOM now has a clinical directorate
- Overview of the five step process for the CET team
- Update on the Clinical Conversation events
- Wider healthcare conversations within the landscape
- Update on the clinical evaluation criteria; packaging, ease of use, ease of disposal, safety and the use of the star ratings along with the rationale of why there is no overall star rating due to the setting in which a product may be used
- Value for clinical teams; defines what is needed, informs best practice, establishes intended use, supports change
- Future recommendations are made as part of the evaluation for suppliers which is helping them develop better products
- Six reports are now available, with a further five in the pipeline
- Challenges; recruitment and retention for the group, CET future and governance and CRB future

7.7 The Chair challenged heads of procurement if they are using any products with zero starts, explanation was given that some questions within products will receive zero start, but there may be valid reason for this. Discussion moved on to how the evaluations should be used by procurement teams, it was agreed that Geoff would share the update at the sub-regional HoP events.

Ambulance/Acute Programme Update – Sue Green

7.8 Update was provided that this is a much broader programme than Electrodes. Sue Green has been seconded into the Clinical Evaluation Team from her post as Deputy Director of Nursing at West Midlands Ambulance Service NHS Foundation Trust to focus on areas which overlap between Ambulance and Acute and to where improvements can be made. All acute trusts in the

region need to sign up to the MOU to support this programme. The next area to look at will be laundry, where currently patients who are brought in by ambulance have their laundry changed upon arrival at the hospital incurring time and money wastage. In terms of savings this has been calculated across the NHS at c. £1m for the electrodes project alone, the savings figure has not taken into account the additional costs of clinical time and waste disposal.

- 7.9 Request was made for members to support in getting the MOU signed by every trust in the region by either the Director of Finance or the Director of Nursing. The appendices may then be signed off by the Head of Procurement and the A&E lead for example. There is a communication and education programme taking place to get clinicians on board. The Chief Nurse in every ambulance trust is writing out to each Chief Nurse in every acute hospital to obtain support. It was agreed that Sue Green would attend the sub-regional HoP groups to obtain support.

07/12/8 Performance

- 8.0 Update was provided on the NHS Supply Chain financials with savings at £262m to end of October 2017, which is well on the way to achieving the £300m by the end of the contract. Some of the challenges with engagement in the region were discussed in particular with University Hospitals Birmingham NHS Foundation Trust and Norfolk and Norwich University Hospitals NHS Foundation Trust, but there is now a plan to re-engage to ensure they are on track to deliver the savings.
- 8.1 In terms of Nationally Contracted Products Couch Rolls and Blunt Fill Devices are now well embedded, Vinyl and Latex Exam Gloves have also now launched, Temporary Shoes, Toilet Roll and 6N Nitrile Exam Gloves will be launched early 2018, impact statements are being shared with trusts through account managers. There are a number of sole award product areas which were going to be rolled into the NCP programme; however, the decision has been made to not go forwards with this. Suggestion was made that trusts still look at these product areas as there may still be opportunities. It was agreed that due to time more detail would be covered at the sub-regional HoP meetings.
- 8.2 David Smith provided a brief update on what NHSI would be focusing on, it was agreed that David Smith and Marie Aubin will discuss how NHSI want to provide updates going forwards.

07/12/9 People and Leadership

9.0 PSDN Update

Cathy Griffiths provided overview that despite some of the challenges, there are successes to celebrate; University Hospitals of Leicester NHS Trust and University Hospitals of North Midlands NHS Trust have both been accredited to level two and Burton Hospitals NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust have been accredited level one. The West Midlands have more accredited trusts therefore have more assessors, the East Midlands has a permanent seconded assessor but the East of England has stalled due to limited number of assessors.

- 9.1 Central funding for PSDN has been secured for 17/18 which will cover things such as taskforce training, website maintenance, administration. Challenge was raised over CIPs and how they are not supportive of the Public Sector and the training does not cover this.
- 9.2 The Chair provided brief overview of the Excellence in Supply Awards which were raised at the National Customer Board with a view to rolling out from the North into the other three regions. Discussion was had on if the board would be supportive of this. The board recognised that success needed to be celebrated and would be open to suggestion, but would like more information.
- 9.3 Members were shown an example of a new report that is being developed. The report will be more visual having a single page with key facts including; credits remaining, colleagues attending training events, hours of CPD spent on developing staff. Members were in favour of

the new style report which gives at a glance information. A copy will be circulated for members unable to attend the meeting.

Trusted Customer

- 9.4 Andy Harris provided update on the programme, explaining that Community and Mental Health are now represented across the four regions; the Ambulance sector will be represented by Mike Fairbotham.

07/12/10 AOB

- 10.0 The Chair advised that he would review the structure and format of the Board to limit the number of papers in the pack and ensure a strategic element such as GIRFT is included on each agenda.

07/12/11 Future Operating Model discussion

- 11.0 Andy Harris provided update on behalf of the DH who were unable to attend. He gave an overview on the Future Operating Model Programme and the Category Tower awards. Brief overview of the NHSI/DH led workshop which was held on 31st October 2017 to work on what the future procurement department may look like was provided.

Update was given that the feedback from the last meeting around the logistics award has been fed back into the FOM team and is being worked on, with David Streets at University Hospitals of Leicester NHS Trust engaged in this.

Meeting close

The Chair thanked the Board and brought the meeting to a close. The next meeting is on 1st February 2018.