Executive Summary

The Department of Health have placed a requirement upon Acute Trusts to improve their procurement processes through the implementation of information technology solutions. In particular a recommendation has been made that Acute Trusts construct local adoption plans in respect of two key standards GS1 and PEPPOL (Pan European Public Procurement Online). This paper provides a brief description of the work being undertaken to take forward this programme.

Board Assurance Framework (BAF) Risks

1. Quality and Safety
   - Reduce harm, deliver best clinical outcomes and improve patient experience.
   - Address the existing capacity shortfall and process issues to consistently deliver national healthcare standards
   - Develop a clinical strategy that ensures the safety and short term sustainability of our clinical services pending the outcome of the Future Fit Programme
   - To undertake a review of all current services at specialty level to inform future service and business decisions
   - Develop a sustainable long term clinical services strategy for the Trust to deliver our vision of future healthcare services through our Future Fit Programme
   - Through our People Strategy develop, support and engage with our workforce to make our organisation a great place to work

2. People
   - Support service transformation and increased productivity through technology and continuous improvement strategies
   - Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population
   - Embed a customer focused approach and improve relationships through our stakeholder engagement strategies
   - Develop a transition plan that ensures financial sustainability and addresses liquidity issues pending the outcome of the Future Fit Programme

3. Innovation
   - If we do not deliver safe care then patients may suffer avoidable harm and poor clinical outcomes and experience
   - If we do not implement our falls prevention strategy then patients may suffer serious injury
   - If the local health and social care economy does not reduce the Fit To Transfer (FTT) waiting list from its current unacceptable levels then patients may suffer serious harm
   - Risk to sustainability of clinical services due to potential shortages of key clinical staff
   - If we do not achieve safe and efficient patient flow and improve our processes and capacity and demand planning then we will fail the national quality and performance standards
   - If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale and patient outcomes may not improve
   - If we do not have a clear clinical service vision then we may not deliver the best services to patients
   - If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust’s Income & Expenditure position then we will not be

4. Community and Partnership
   - Develop the principle of ‘agency’ in our community to support a prevention agenda and improve the health and well-being of the population
   - Embed a customer focused approach and improve relationships through our stakeholder engagement strategies

5. Financial Strength: Sustainable Future
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    - If we do not have a clear clinical service vision then we may not deliver the best services to patients
    - If we are unable to resolve our (historic) shortfall in liquidity and the structural imbalance in the Trust’s Income & Expenditure position then we will not be
able to fulfil our financial duties and address the modernisation of our ageing estate and equipment

<table>
<thead>
<tr>
<th>Care Quality Commission (CQC) Domains</th>
<th>□ Safe</th>
<th>□ Effective</th>
<th>□ Caring</th>
<th>□ Responsive</th>
<th>□ Well led</th>
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**Recommendation**
The Board is asked to note the action being taken to develop a Strategic Outline Plan in response to the Department of Health's requirement.
1. **Introduction**

The Department of Health have placed a requirement upon the Acute Trusts to improve their procurement processes through the implementation of information technology solutions. In particular a recommendation has been made that Acute Trusts construct local adoption plans in respect of two key standards GS1 and PEPPOL (Pan European Public Procurement On-line). This paper provides a brief description of the work being undertaken to take forward this programme.

2. **What is GS1 and PEPPOL?**

GS1 provides barcoding standards that enable data to be captured by barcode scanners and shared electronically between systems, and are standards used widely within the retail and logistics sectors. In order to comply with the requirements of the NHS eProcurement Strategy and the NHS Standard Contract all Acute Trusts are required to develop and then commence implementation of:

- A board approved GS1 adoption plan; and
- Plans to electronically record usage of medicines and medical devices into the patient record. This requirement will then enable Trusts to quickly identify patients in the event of Medicines and Healthcare product safety alerts.

PEPPOL allows for cost efficient transmissions of data to exist between suppliers and NHS Trusts in respect of procured goods. This system is comparable to Paypal used domestically.

3. **What we are required to do?**

The requirement is for the Trust to have submitted to the Department of Health a Strategic Outline Plan, rather than the full GS1 / PEPPOL adoption plan by the 30th June 2015. The final version of the adoption plan is to be approved by the board and submitted by the end of September.

The recent Carter review has identified a need to have improved granularity over the logistics and management of goods received by NHS Trusts as an aid towards enhancing cost control. Implementation of the GS1 / PEPPOL programme will almost certainly need to feature as part of the Trust’s response to the recommendations appearing within the Carter review.

4. **What we are doing?**

The Trust has commissioned GHX Consulting a framework supplier recognised by the Department of Health to construct a Strategic Outline Case for submission by the end of June 2015, and to construct the adoption plan in collaboration with the Trust by the September 2015 deadline.
The Director of Finance is to assume the role of GS1 lead and the Trust’s Head of Procurement is to act as the GS1 Senior Manager.

Neil Nisbet
Finance Director
The Shrewsbury and Telford Hospital NHS Trust
18th June 2015