



London Procurement Partnership

Commercial advantage for the NHS by the NHS



Version Control

Contributor(s)	Date	Version	Comments
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Approval

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Foreword from LPP's Chair

Lorraine Bewes – *LPP Chair and Chief Financial Officer, Chelsea & Westminster NHS FT*

Joining the LPP steering board in 2012 and then becoming Chair in February 2013 was a matter of 'putting my money where my mouth was'. Frankly, I had been a big critic – as a Finance Director, the savings being reported didn't resonate with me, I could see little value in LPP. I was, and still am, concerned by the increasing presence of commercial entities in NHS procurement – the NHS, in my opinion, should be able to 'do it' for the NHS.

Standing on the sidelines and criticising, however, is easy - what isn't easy is doing something about it. Consequently, I readily accepted the invitation to join the steering board, and am excited by the way LPP is developing and the ability I now have, as part of the steering board and as an active member, to influence that development. I have a vision of how procurement can run on a collaborative basis. It isn't rocket science. In a massively fragmented healthcare market, we can't leverage our full buying power without procurement at scale. The collaborative procurement which LPP has orchestrated in its first eight years is one step on that journey.

Our next step is to relook at the LPP model, and support the NHS to raise the capability of its procurement, enabling activity at scale. Dr Dan Poulter wrote in [Better Procurement, Better Value, Better Care](#) "Our strategy should be to build a modern, effective and efficient procurement capability that is among the best in the world – one that truly delivers taxpayer value, supports innovation, stimulates growth, and most importantly, delivers the highest quality patient care." LPP needs to support members to move beyond procurement departments which are purely transactional. Members need to show the supply chain, through our active participation, that there is real commitment behind LPP's – our - frameworks, and give ourselves real, sharp negotiating teeth. I am particularly excited by our participation in the Demand Aggregation Pilot, which began in autumn 2013 in conjunction with the NHS Trust Development Authority and the DH, and which you will more about within this annual review.

Procurement and the work we have to do needs to be on the agenda of every Chief Executive and Finance Director. How engaged is your board with this agenda? Are you doing what you can to influence that? I ask you to consider your trust's response to [Better Procurement, Better Value, Better Care](#). Identify what it is that your trust needs from LPP and what your trust can do to further our collaborative progress. If you participate in everything LPP develops on your behalf, you benefit – above all, when everyone participates, everyone benefits.



Lorraine Bewes, LPP Chair and Chief Financial Officer, Chelsea & Westminster NHS FT

1 Introduction: Mario Varela, Managing Director

Each year since our formation in 2006, the range of frameworks and added value benefits available to LPP members has increased, and savings achieved with and for members have grown. 2013-14 has been no exception – having been set the target of achieving £300m savings for members in the three years from April 2013, I am very happy to report that we are well on target – working together, LPP and members have saved £107.5m in the first year.

One of the areas the steering board asked us to focus on when setting that £300m target was medical and surgical – and in response we strengthened our Medical, Surgical and Supply Chain team under the leadership of Senior Workstream Lead, Marc Osborne. At all stages, our members have been encouraged to take an active part in deciding which categories we should target, and our annual workplan is a result of that joint member-LPP staff work.

Details of every initiative and development from 2013-14 can be found in the pages which follow, but I want to summarise some of the year's highlights.

NHS procurement: collaborating to improve services and cut duplication

2013-14 has seen a step change in NHS procurement collaboration. At the January 2013 conference, then NHS Chief Executive Sir David Nicholson described the collaboration between LPP members as the **'benchmark for NHS procurement'**. We have built on that by working more closely with the other NHS hubs to find ways of removing duplication and adding benefit to all hub members without adding to fees. The new national **Agency Nursing framework**, led by LPP's experienced agency and temporary staffing team but featuring regional lots supported by NHS CPC in the north, NHS EoE CPH in the Midlands, and NHS Commercial Solutions in the South, was the culmination of many months of hard work during the year, and is the first of what we anticipate will be an ongoing programme of joint hub working.

Putting Demand Aggregation to the test

In conjunction with the NHS Trust Development Authority and the DH, we began a pilot scheme in August to demonstrate what difference aggregating demand and committing to contracts as a group of trusts could make to the bottom line of the NHS. Described as **'herding cats'** by one prominent (and supportive) commentator, some 33 trusts are involved and have been successfully herded into groups committed to contract to buy a carefully constructed shortlist of categories. Some think that commitment contracting is the way forward for NHS procurement – we will report back in autumn 2014.

eSourcing suite

Following the launch of our members' **Benchmarking and Analytics** service in 2013, we introduced the LPP eSourcing suite in January 2014. This very valuable platform enables members to mix and match three components— eRFx, eAuction and Contract Management according to their needs, and each element can be integrated with existing systems. Most members have taken the opportunity to sign up to the platform.

Award winning staff and services

We have award-winning staff on our team, too - it was a pleasure to be able to announce earlier in 2013 that Trish Hardy had come top in the HCSA exams, following hot on the heels of Nicco Varela in 2012. At the HSJ Efficiency Awards our Consultancy team and the team from Camden and Islington NHS Foundation Trust were presented with a Highly Commended award for their work setting up the Clinical Administrative and Information Systems procurement on behalf of 30 mental health trusts. CAIS and our Payroll, HR and Recruitment Services framework were both shortlisted in the Procurement Leaders, HSJ and GO Awards during the year.

Enabling procurement to support improvements at the frontline

At our heart is the desire to provide NHS procurement expertise for the NHS, and it was pleasing to note some of the positive comments made by members in our annual customer survey carried out last October – but we are facing the reality of an increasingly fragmented market targeted by increasing numbers of commercial procurement providers. We are determined to maintain a professional team and service which supports our NHS members with what they need and does not siphon off profit for a non-NHS third party – savings for our members are for one purpose, and one purpose only: to enable our member trusts to spend as much of their budget as possible at the frontline, providing the best value care for patients.



Mario Varela, LPP Managing Director

2 Summary by individual work stream:

2.1 Agency and Temporary Staffing

- 2013 saw a nine-month procurement of a **new national framework agreement for nursing and nursing-related staff** which went live exactly on schedule in May 2014. This framework was the first to be developed with partner procurement hubs across the country and in consultation with a wide number of NHS stakeholders. It has an anticipated spend of more than £1bn over four years and for the first time, at the request of our stakeholders includes permanent and international recruitment options.
- We provided implementation support to two trusts to rationalise their agency supplier base from more than 90 suppliers and at the same time reduced significant non-framework spend and risks to patient safety. The project **delivered savings of more than £1m**.
- We introduced a new **staff bank managers' forum** to communicate directly with the people in trusts who are responsible for managing the use of agencies. These quarterly meetings provide an opportunity to share good ideas as well as to deal with any temporary staffing issues on a pan-member basis and in a consistent manner.
- We continue to support trusts to implement and make best use of agency Frameworks, with the result that we have extremely good uptake with more than **80 per cent of medical agency spend** (in London) coming through our frameworks.
- For 2014-15 we are looking to change focus. As well as supporting trusts to get best value from our framework agreements, we are planning to develop and implement a programme of work for **demand management to reduce agency spend**. We believe this is the right focus for making real savings for the NHS as well as helping to support improvements in patient care.
- We have continued to raise the profile of the good work that we do regarding agency staffing. This has included support to the London Deanery on the use of frameworks to ensure compliance with NHS pre-employment checks, a presentation to the **Recruitment and Employment Confederation** on our approach to establishing a new nursing framework, and a presentation at a national event on reducing the use of agency workers.

2.2 Consultancy

Clinical Administrative and Information Systems (CAIS) framework for Mental Health and Community Service Providers

Contracts let by the National Programme of IT and used by trusts expire in October 2015. During 2011 a consortium of 30 trusts, led by Camden and Islington NHS Foundation Trust, was created to work collaboratively towards the establishment of alternative commercial arrangements.

LPP was initially engaged to develop the procurement strategy and then retained by the consortium to create the framework which was let in April 2013. Recognising the limited capacity within trusts and the complexity of running further competitions against the framework, LPP established a consultancy service aimed specifically at helping trusts through the process. To date 17 trusts have taken this service and discussions are currently underway with a further 4.

The consortium has commissioned LPP to provide ongoing framework management and provide an extra 3 – 5 days of support to each member during the contract award phase of each further competition.

A Patient Administration and Electronic Patient Record (PAS/EPR) framework for Acute Trusts

Contracts let by the National Programme of IT and used by acute trusts expire in October 2015. During 2011 a consortium of seven trusts, led by St Georges Healthcare NHS Trust, was created to work collaboratively towards the establishment of alternative commercial arrangements. LPP was initially engaged to develop a procurement strategy and recommended that a framework be established. The framework containing three lots was let in early 2013.

In addition to providing ongoing framework management LPP is working with two acute trusts, Surrey and Sussex Healthcare and Oxford University Hospitals, who are both in the process of undertaking further competitions against the framework.

Value Added Assignments

LPP's consultancy team has also undertaken a number of bespoke assignments for trusts which have included undertaking Business Process Benchmarking and the procurement of Managed Print and Pathology Services. See Technology (below) for information on our work with the new CIO Council.

2.3 Demand Aggregation Pilot

Thirty-three Chief Executives have signed up to participate in this DH, NHS TDA and LPP-sponsored proof of concept, including some very large acute non-LPP member trusts – this has added greater volume leverage.

Launched in August 2013 and running for one year, the pilot aims to show that combining committed demand across multiple trusts for the same category of product or service results in lower prices than if trusts act independently. Collective commitment and agreement by trusts to accept a rationalised number of suppliers is the key to driving competition between suppliers and ultimately savings.

The pilot will be successful if:

- A new operating model can be agreed that enables aggregation opportunities to be identified and implemented at pace across a wide groups of trusts.
- A much enhanced process is established to generate an accurate demand pool from which combined demand forecasts can be produced.
- The supporting roles of trust procurement teams and stakeholders/budget holders can be agreed.
- We can be satisfied that savings are considerably more than if trusts had acted independently. We are targeting savings of 20 per cent for the pilot categories.

Since the launch event last autumn we have identified six categories of spend for the pilot. These are anti-embolism stockings, drapes & gowns, sutures, mobile telephony, London couriers and external print services. Stakeholder engagement and pre-tender activities are now well underway with the first collective contracts planned to be signed in August. We utilise eSourcing tools where this is feasible.

We are using existing framework agreements across NHS Supply Chain (for the clinical categories), CCS and LPP for mini-competitions (for the non-clinical categories) to drive competition. Using existing frameworks gives us a faster compliant route to market than conducting a full OJEU tender.

2.4 Estates & Facilities

Building & Engineering Maintenance

By working with Crown Commercial Service on the promotion of their framework we increased the number of contracts awarded through the framework to 11, with average savings of 15 per cent on contracts ranging between £10,000 and £2.3m - total savings delivered in the year were £895,000.

Soft FM

Within 12 months of the introduction of this new framework open to all public sector organisations across the UK, 12 contracts had been awarded (including one for a fully managed contract of £4.5m) saving an average of 13 per cent - total savings in the year were £804,000. The framework has been shortlisted for a number of awards in recognition of LPP's ability to support trusts to deliver complex contracts.

Waste Management

The waste management framework has been very popular with 13 contracts awarded during the year. The average savings have passed expectations at 30 per cent, but equally as important has been the work in reducing the carbon impact of waste. Contracts include a zero to landfill methodology and impose targets on suppliers to increase recycling and obsolete waste. In London, waste is now also travelling along the Thames taking vehicles off the roads. Outside of London the framework has proved popular with ambulance services - East Midlands Ambulance, East of England Ambulance and South East Coast Ambulance have all awarded contracts through the framework.

Transport

Eleven contracts have been awarded through the transport services framework in the past 12 months providing average savings of 21 per cent, providing total savings for the year of £1.4m. The introduction of The New Fair Deal during the year has been implemented quickly into the framework allowing members to achieve further financial benefit through the reduction in the Contractor's pension contribution.

Energy

In collaboration with Crown Commercial Service a new Energy Managers Forum has been launched. This brings energy managers together to meet with CCS and the suppliers on their Energy frameworks to discuss best practice, feed back improvements to the framework and challenge CCS and LPP to provide further support to reduce demand and costs.

Our objectives for 2014/15

- Promote the benefits of the existing frameworks and support members in delivering contracts.
- Work closely with Crown Commercial Service and UKSBS to ensure that national frameworks are fit for purpose for our members.
- Implement a new framework for Professional Services within Estates & Facilities.

2.5 Medical and Surgical

The NHS LPP conference in 2013 heralded the significant strengthening of the Medical and Surgical workstream with the appointment of a senior workstream lead and a merger with the Supply Chain workstream.

Over the course of the last financial year the team has expanded, recruiting a permanent team of professionals who bring with them a breadth and depth of experience of the NHS in general, and various medical and surgical categories in particular. This has enabled the team to develop a category management approach that sees a focus on delivery of procurement solutions rather than merely putting framework agreements together.

Whilst tendering for framework agreements remains a very important aspect of the team’s work, the focus has broadened to include active implementation of framework agreements at customer level as well as exploring opportunities from other hubs to roll out to LPP members. The team has also given strong and active support on the clinical categories in the Demand Aggregation Pilot.

New frameworks introduced over the last year include the following:

Contract Ref	Contract
T11-SLHT-0095	Negative Pressure Wound Therapy 2013 - 2015
LPP/2012/00003	Heart Valves
Floor Stock	Floor Stock Wholesaler
LPP/2012/00005	Trauma Orthopaedics
LPP/2013/00004	Cardiac Stents, TAVI Products and Transcatheter
LPP/2013/00013	Pulmonary Devices
CLI00155/NHSCPC/FG	Spinal Implants 2014 - 2016
LPP/2013/00010	Procedure Packs (NOE CPC Framework Agreement
	Continence products (home delivery) (Essentia
	Framework Agreement

The significant event of 2013-14 for Supply Chain was the award and roll out of the Floorstock framework agreement. This was established to explore the opportunities of moving business from

NHS Supply Chain and shows a saving of circa 9 per cent on matched items. Early adopters are Barking Havering and Redbridge, Imperial College Healthcare and (from June 2014) Barts Health.

Customer Engagement

Spurred on by the adoption of active implementation of framework agreements the team spends a considerable amount of time visiting and liaising with stakeholders in member trusts. In addition, the team has established or supports a number of stakeholder groups:

- NHS LPP Acute Stakeholder Board (to aid the formulation of the Medical and Surgical workplan)
- Interventional Radiology Stakeholder Group
- Audiology Stakeholder Group
- Demand Aggregation Pilot Delivery Board
- Spinal Implants Stakeholder Group
- DH QIPP Orthopaedic Procurement Group
- Cardiology Strategy Group

Looking forward to 2014 -15

2014-15 will see collaboration with the other NHS hubs with a view to providing more solutions and quicker delivery by adopting existing framework agreements that can benefit members.

Key projects from the team's perspective are:

- Total Orthopaedic Solutions Framework Agreement – in collaboration with NHS hubs
- ICDs and Pacemakers Framework Agreement renewal
- Further implementation of Floor Stock
- Completion of market testing of Interventional Radiology Products
- Procedure Packs mini competitions in collaboration with members.

These will be supported by a greater amount of time spent on stakeholder engagement including developing relationships with appropriate clinical networks, and better and more frequent engagement with our procurement colleagues in member trusts.

2.6 Medicines Optimisation and Pharmacy Procurement

Throughout 2013/14, we have continued our work to support integrated, pan-London collaboration, and maintained the principle of sharing and disseminating best practice across London. Highlights have included:

- The provision of Dashboards for QIPP reporting in primary and secondary care - we are showing average savings of £20m per year over the last five years.
- We have specialist pharmacists leading pan-London work programmes for Cancer, Mental Health and Dietetics.
- In response to a wave of queries about Primary Care Rebate Schemes (PCRS), we published principles designed to help primary care organisations maximise benefits and avoid potential pitfalls. These were very well received and featured in a number of publications.

Focus areas for 14/15

- Partnership working and collaboration with key external stakeholders: the pharmaceutical industry and the AHSNs in London.
- Focus on Medicines Optimisation to help patients get the best out of their medicines and reduce medicines waste.

2.7 Professional Services

Transactional Finance, Accountancy and Transactional Procurement “P2P” Services

2013 saw a ten-month procurement of this business process outsourcing framework which went live in April 2014. This framework agreement provides LPP members with a pre-approved list of suppliers for certain transactional back office functions including all administrative and transactional finance services, administrative and transactional accountancy services and the delivery of transactional procurement.

The breadth of services and the flexibility built into the framework enables NHS organisations to think more proactively about how they might outsource some of their back office. Imperial College Healthcare NHS Trust has already embarked on a project to outsource its transactional finance services through the framework.

Payroll, HR Administration and Transactional Recruitment Services

Within 15 months of the introduction of this framework open to all NHS organisations across the UK, nine Payroll, two HR Administration and one Transactional Recruitment contracts had been awarded, saving participating trusts an average of 35 per cent. The framework has proved popular

outside of London too— Cumbria Partnership NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Burton Hospitals NHS Foundation Trust and Maidstone and Tunbridge Wells NHS Trust have all awarded contracts through the framework.

The framework has been shortlisted as a finalist in a number of awards.

Legal Services

The framework agreement continues to offer an extensive range of legal services that meet all of the most common areas of legal provision required by NHS bodies. We have extremely good uptake and the framework has delivered **in-year savings of £1.4million** –an average saving of 15 per cent.

Our objectives for 2014/15

- Promote the benefits of the existing frameworks and support members in delivering contracts.
- Retender the Legal Services framework.

2.8 Technology

Benchmarking and Analytics

This area has developed significantly over the year with around £5bn worth of spend data now available. The team works closely with our supplier Pi to continually develop the capabilities of the tool. The tool is used to run reports which highlight the amount spent across products and services on a member by member basis. It identifies potential areas for savings by benchmarking prices paid per trust against all other member trusts. Our analysts then work with trusts to hone in on the real, practical deliverable savings.

eSourcing

LPP awarded a contract for an eSourcing solution to Due North, which has been made available to all members. A significant number of call-off contracts have now been awarded. LPP supports the implementation of the suite for members and the drive to collaborative working and standardising processes.

Category Management

There was considerable collaboration with members in a number of areas. One of the main projects was Managed Document Services. This comprises three lots: Managed Print, Hybrid email and Electronic Document Records Management System. We engaged with a number of trusts and

supported them by arranging audits, providing documentation for further competitions and assisted with the whole procurement process. Other projects which kicked off in 2013/14 include Hardware (in partnership with the Essex Online Partnership) and Encrypted Memory Sticks.

Web Development

The Technology team maintains and develops the 'my.lpp' tool, but has also during the year begun the process of redeveloping the LPP public website www.lpp.nhs. Some of the areas covered in 2013/14 include updating the contracts section of my.lpp to enable staff to maintain information themselves. The process for updating project risks, issues and tasks with the dashboard functionality in my.lpp has been streamlined. New reports have been created to assist LPP teams to work more efficiently, including amended versions of file drop history and project progress reports.

CIO Council support

LPP supported the creation of and now administers the new CIO Council, open to NHS Chief Information Officers and representatives from the Chief Clinical Information Officer network, HSCIC and NHS England. The CIO Council aims to support CIOs in their mission to provide clinicians and patients with accurate and timely information which will lead to the delivery of better healthcare.

3 Corporate Support for Members

Mario represents LPP on a wide range of organisations. These include:

- Department of Health Procurement Strategy Programme and procurement update meetings
- NHS Supply Chain Customer Board
- Health Care Supply Association Council
- Department of Health QIPP Orthopaedic Group.

In addition, Mario has been heavily involved in DH planning discussions following the publication of Better Procurement, Better Value, Better Care.

LPP reintroduced regular joint meetings with the three other NHS collaborative hubs which have resulted in joint procurement activities designed to minimise duplication and maximise benefits for all hub members. The new Nursing framework (see s3.1 above) is the first to come to fruition but a series of initiatives are following close on its heels.

Mario spoke at a number of conferences and roundtables during the year including

- Hospital Directions Conference
- Healthcare Purchasing Victoria (Australia) round table

- Healthcare Procurement Europe
- HSJ Procurement Roundtable (July 2013)
- Conventus Event.

4 Marketing, Communications, Stakeholder Engagement

4.1 Awards

Two LPP teams were shortlisted for three national awards during the year: Medical & Surgical's ICDs and Pacemakers framework, and the Consultancy team's work on Clinical Administrative and Information Systems (CAIS) - a major collaboration on behalf of 30 NHS trusts to replace the national RiO programme due to expire in 2015 (see s3.2 above).

Both were finalists in the GO Procurement Awards, the Procurement Leaders Public Sector Award and the HSJ Efficiency in Procurement Award. CAIS was 'Highly Commended' by HSJ in November 2013. Subsequently, the Payroll, HR Administration and Transactional Recruitment Services framework has been shortlisted for the GO Awards, and is a finalist for the 2014 HSJ Value awards.

4.2 Media coverage

LPP's work on behalf of its members has achieved significant press interest during the year, including two features on the need for clinical involvement in procurement, a feature by Mario Varela in HSJ on the achievements of the Clinical Procurement Group at Barts, interest in the Demand Aggregation Pilot and the announcement that LPP was leading the development of a new national agency framework in conjunction with the three other main NHS procurement collaborative (subsequently launched in May 2014).

4.3 Customer surveys, engagement planning

LPP introduced a survey of members and ran the first 'full' survey in October 2013. More than 200 responses were received and are being fed into the 2014 strategy day for the steering board to be held summer/autumn 2014. The survey will be run annually.

Member involvement in the LPP workplanning process has been promoted heavily during the year, with invitations to all members to feed into category pipeline meetings and surveys, attend the acute and mental health/community provider stakeholder boards held every two months, to attend category boards, provide individual trust workplans to enable us to identify areas of joint interest among trusts, and to attend the annual LPP member event at which the results of the year's planning are presented.

4.4 New channels

LPP introduced new communications channels. In addition to boosting information and news via the website and refining its e-alert programme to make information sent out more relevant to particular audiences, LPP also introduced a [LinkedIn Group](#) to accompany its LinkedIn Company Page (with more than 800 followers) and has also started [Tweeting](#). These are no-cost extra channels for informing members, suppliers and other stakeholders of LPP’s member-led activities and initiatives.

5 Governance

5.1 Member sign up 2013/14 and financials – total savings

See Appendix A for full list of membership.

All London acute, mental health and community providers signed up to LPP in 13/14. In addition new membership was established for 7 provider trusts outside London.

CCGs within London are also members of LPP and specifically work with its Medicines Optimisation and Pharmacy Procurement workstream.

The total spend coverage for 13/14 was £ 1.6b and contract savings of £107.5m were reported.

Workstream	Actual Savings 13/14			Contracted Spend
	Cash Releasing	In Year Savings	Cost Avoidance	
Agency	£ 30,144,839	£ 1,252,585	£ -	£ 233,038,901
Estates & Facilities	£ 4,811,418	£ 1,324,481	£ 44,743	£ 45,484,652
Medical & Surgical	£ 4,987,589	£ 1,981,918	£ -	£ 109,230,495
Pharmacy	£ 34,448,871	£ 34,448,871	£ -	£ 945,000,000
Technology	£ 2,122,568	£ 362,346	£ 43,750	£ 4,371,530
Provider Total	£ 76,515,286	£ 39,370,201	£ 88,493	£ 1,337,125,578
Commissioning Total	£ 30,877,837	£ 30,803,653	£ -	£ 279,150,846
CSU Total	£ 5,486	£ -	£ -	£ 38,226
Provider and Commissioning Total	£ 107,398,609	£ 70,173,854	£ 88,493	£ 1,616,276,424

5.2 Steering board:

The Steering Board is made up of senior representatives from LPP member trusts, including Chief Executives, Directors of Finance and Heads of Procurement. Representatives serve a three-year term. We are led and directed by our steering board, and are very grateful for the time and expertise they bring to meetings.

Steering Board Members in 2013/14:

- Lorraine Bewes, Chief Financial Officer, Chelsea and Westminster Hospital NHS Foundation Trust Chair
- Gus Heafield, Director of Finance, South London and Maudsley NHS Foundation Trust Deputy Chairman
- Steve McGuire, Executive Director, Guy's and St Thomas' NHS Foundation Trust, Host Trust
- Mario Varela, LPP Managing Director
- Mick Corti, LPP Commercial & Business Development Director

Acute Sector representatives:

- Alan Farnsworth, Director, UCL Partners Procurement Shared Service
- John Goulston, Chief Executive, Croydon Health Services NHS Trust
- Bill Shields, Chief Financial Officer, Imperial College Healthcare NHS Trust
- David Sloman, Chief Executive, Royal Free London NHS Foundation Trust

Mental Health Sector representative:

- Gus Heafield, Director of Finance, South London and Maudsley NHS Foundation Trust

Community representative:

- Ian Millar, Director of Finance, Central London Community Healthcare NHS Trust

CCGs representative:

- Henry Black, Director of Finance, Tower Hamlets CCG

NHS Leads of LPP workstreams:

- John Watts, Director of Procurement and e-Commerce, Barts Health NHS Trust (Medical & Surgical)

- Linda Kruse, Director of Managed Services and Procurement, Barking, Havering and Redbridge University Hospitals NHS Trust (Data & e-Enablement)
- Grace Bishop, Group Director, Essentia (Estates & Facilities)
- Pia Larsen, Director of Procurement & Supply Chain, University College London Hospitals NHS Foundation Trust (Agency & Professional Services)
- Tim Root, Specialist Pharmacist, Clinical Governance & Technical Services, East & South East England Specialist Pharmacy Services (Pharmacy & Medicines Management)
- James Thomas, Director of ICT, University College London Hospitals NHS Foundation Trust (IT and Telecoms)

Non Executive Directors:

- Keith Mahoney, Barking, Havering & Redbridge University Hospitals NHS Trust
- Hari Sundaresan, Chief Procurement Officer, BT

5.2.1 Steering board meetings 2013/14:

26th June 2013

20th August 2013

24th October 2013

18th December 2013

13th February 2014

Minutes from the meetings are available to members in a secure section of the LPP website.

5.3 Executive Management Board meetings

The Executive Management Board (EMB) is made up of the LPP NHS leads, Mario Varela and Mick Corti. The board meets six times a year, usually a week before the steering board. The EMB is responsible for agreeing the workplan, co-ordinating the work of the workstreams and providing the link between LPP and the rest of the NHS.

The NHS leads are also members of the steering board – see s5.2 above for details of the 2013/14 NHS Leads.

5.4 Acute, Community and Mental Health stakeholder meetings

Meetings of both an Acute and a Community & Mental Health Stakeholder board have taken place every other month, attended by a majority of member trusts' Heads of Procurement and several procurement department staff members. These are chaired by **Croydon Health Services NHS Trust** and **Camden & Islington NHS Foundation Trust** respectively. Standing items update LPP members on the Steering Board and Demand Aggregation Pilot. For most of the year, the main focus is on workplanning to ensure that all members have had every opportunity to feed in their needs. The two boards now network together over lunch between their meetings and there is a presentation on an area of shared interest, (recent examples are presentations from the DH on Performance Dashboard development and the e-Procurement Strategy release, and the Business Services Authority (BSA) which manages the NHS Supply Chain contract).

5.4.1 Meetings were held as follows:

Acute:	Mental Health & Community:
8 th July 2013	11 th July 2013
2 nd September 2013	16 th September 2013
4 th November 2013	18 th November 2013
13 th January 2014	27 th January 2014
17 th March 2014	17 th March 2014

Minutes are available to members in a secure area of the LPP website. If you would like to attend, please contact trish.hardy@lpp.nhs.uk.

5.5 Category board/pipeline meetings

- **Agency & Temporary Staffing:**

Our category board continues to help shape our workplan to make sure it meets the needs of our member trusts. It also reviews the performance of each of our framework agreements to ensure that they are delivering for member trusts. For 2014-15 we are looking at the possibility of renewing the membership of the category board to provide a new focus on demand management. Contact Richard.humble@lpp.nhs.uk if you would like to attend.

- **Estates & Facilities:**

The category board has been relaunched – Estates & Facilities Directors are invited to come and shape the work of our workstream. In 2013/14 we introduced a series of annual review meetings with our members' Estates & Facilities directorates to ensure we were providing the service and support they needed, and receive their input into our planning process. During 2013/14 we met with more than 90 per cent of members - during the early part of 2014/15 we will be completing the visit programme to ensure 100 per cent of members feed into and influence our work to the benefit of all. To attend our category board, please contact edward.james@lpp.nhs.uk.

- **Medical, Surgical and Supply Chain:**

The Acute stakeholder board acts as the category board for the workstream. All members are welcome to attend the Acute stakeholder board – see s5.4 above for more information. In addition, we have meetings with subject matter experts for product-specific meetings – please see s2.5 for information on our current stakeholder groups, and contact marc.osborne@lpp.nhs.uk if you would like to attend any of our meetings.

- **Medicines Optimisation and Pharmacy Procurement:**

We have a series of stakeholder boards informing our work:

- Strategic Stakeholder Board – London Chief Pharmacists, CCG and CSU Leads – meets every two months (represents all London NHS organisations).
- Operational Stakeholder Boards – Primary and Secondary Care QIPP Groups – meets monthly and two monthly.

Please contact jasbinder.khambh@lpp.nhs.uk for information on attending.

- **Technology**

We have two category boards influencing our work. The well established **Data and eEnablement Category Board** and the **IT & Telecoms Category Board** comprise Heads of Procurement, Systems Managers and ICT Directors from a variety of member trusts who meet to review new solutions, standards and systems and assess how best they might meet NHS requirements. All decisions for new and existing initiatives are made within the group, whose aim is to drive up data quality and

procurement efficiency and best practice. Contact david.byrne@lpp.nhs.uk if you would like to attend.

APPENDIX A

Membership list

London Trusts

Barking, Havering and Redbridge University Hospitals NHS Trust
Barnet and Chase Farm Hospitals NHS Trust
Barnet, Enfield and Haringey Mental Health NHS Trust
Barts Health NHS Trust
Bromley Healthcare
Camden and Islington NHS Foundation Trust
Central and North West London NHS Foundation Trust
Central London Community Healthcare NHS Trust
Chelsea and Westminster Hospital NHS Foundation Trust
Croydon Health Services NHS Trust
Ealing Hospital NHS Trust
East London NHS Foundation Trust
Epsom and St Helier University Hospitals NHS Trust
Great Ormond Street Hospital For Children NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
Hounslow and Richmond Community Healthcare
Imperial College Healthcare NHS Trust
King's College Hospital NHS Foundation Trust
Kingston Hospital NHS Foundation Trust
Lewisham and Greenwich NHS Trust
London Ambulance Service NHS Trust
Moorfields Eye Hospital NHS Foundation Trust
North East London NHS Foundation Trust
North Middlesex University Hospital NHS Trust
North West London Hospitals NHS Trust
Oxleas NHS Foundation Trust
Royal Brompton and Harefield NHS Foundation Trust
Royal Free London NHS Foundation Trust
Royal National Orthopaedic Hospital NHS Trust
South London and Maudsley NHS Foundation Trust

South West London and St George's Mental Health NHS Trust
St George's Healthcare NHS Trust
Tavistock and Portman NHS Foundation Trust
The Hillingdon Hospitals NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Whittington Hospital NHS Trust
University College London Hospitals NHS Foundation Trust
West London Mental Health NHS Trust
West Middlesex University Hospital NHS Trust
Your Healthcare

Non-London Members

Oxford University Hospitals NHS Foundation Trust
Surrey and Sussex Healthcare NHS Trust
Sussex Partnership NHS Foundation Trust
Dartford and Gravesham NHS Trust
Buckinghamshire Healthcare NHS Trust
Medway NHS Foundation Trust Notts Healthcare
Nottinghamshire Healthcare NHS Trust

CCGs

NHS Barking and Dagenham CCG
NHS Barnet CCG
NHS Bexley CCG
NHS Brent CCG
NHS Bromley CCG
NHS Camden CCG
NHS Central London (Westminster) CCG
NHS City and Hackney CCG
NHS Croydon CCG
NHS Ealing CCG
NHS Enfield CCG
NHS Greenwich CCG
NHS Hammersmith and Fulham CCG
NHS Haringey CCG
NHS Harrow CCG
NHS Havering CCG

NHS Hillingdon CCG
NHS Hounslow CCG
NHS Islington CCG
NHS Kingston CCG
NHS Lambeth CCG
NHS Lewisham CCG
NHS Merton CCG
NHS Newham CCG
NHS Redbridge CCG
NHS Richmond CCG
NHS Southwark CCG
NHS Sutton CCG
NHS Tower Hamlets CCG
NHS Waltham Forest CCG
NHS Wandsworth CCG
NHS West London (K and C and QPP) CCG