

NHS Customer Board for Procurement and Supply Midlands Customer Board Meeting 3rd May 2017

Category	Key updates
Strategic issues	<ul style="list-style-type: none"> • As progress is made on the FOM a Conflict of Interest register has been introduced nationally, this was discussed with the Midlands board and responses are being collated. • NCP update was provided, couch rolls is almost universally compliant, blunt fill devices is looking good. • NHS Supply Chain's Cardiology Supertender has not been awarded yet, so no further information could be provided at this stage. • Within the NPF work has been done on the ranking system and PPIB. There has been a move away from trust ranking to publish a colour coded status on my NHS.
Meeting the financial challenge	<ul style="list-style-type: none"> • CCS is to develop an engagement plan for the region, detailing when each trusts has/will be met with and emerging themes from the meeting with a view to creating a regional workplan based on areas of commonality. • The opportunity to create regional banks of staff and the risks of migration of labour across borders if this is not managed collaboratively. • NHS Supply Chain savings by the end of March 2017 were £223m, which gives a line of site to hitting the £300m target by September 2018.
Developing the procurement function	<ul style="list-style-type: none"> • Challenging supplier activity needs to be brought to the attention of NHS procurement professionals in order for them to be able to manage effectively for the greater good of the NHS. • A balanced scorecard would be developed looking at critical activity and engagement of each trust in the region to all peer to peer support. • With regards to regional HoP meetings all were in agreement that where members could not attend, deputies should be sent to ensure alignment and good flow of communication in the region. • With regards to PSDN a joint forum from the three Midlands sub regions has now been created. There is a plan for the Midlands Accreditation Board to shadow the North West to enable them to become level two assessors. There is a Carter target for all trusts to be level one by October 2017.

Meeting the quality challenge	<ul style="list-style-type: none"> • All were in agreement that with a view to workforce IR35 is a challenging situation with a watchful eye needed. • A list of all trusts with clinical evaluation teams, who Chairs them and the representation on the group would be drawn up for the region for comms purposes. • An update was provided on the role of the Clinical Evaluation Team and their value along with the requirements and evaluation pathway. An overview of the engagement which has been done to date in order to bring the clinical community on the journey was given. It was confirmed that the CET reports are used by the NCP programme; the purpose of the CET reports is to inform the end user.
Development topics	<ul style="list-style-type: none"> • GS1 is to be discussed at each meeting in terms of operationalisation and implementation now.
Communications	<ul style="list-style-type: none"> • With regards to NCP it was suggested that all HoPs and Chairs of clinical evaluation groups should receive all comms on products coming through the pipeline so they are aware of changes. • NHS Supply Chain's procurement and savings calendars are published on the website along with the 24 category strategies
How we work as a Board	<ul style="list-style-type: none"> • Agreed that when developing our agenda we needed to be conscious of the other groups and meetings that have been developed and therefore this meeting has to be complementary, help co-ordinate and add value • All Board members have been asked to provide Marie Aubin of one of two areas where we could further improve the meeting