

NHS Customer Board for Procurement and Supply National Customer Board Meeting 8th November 2017

Category	Key updates
Strategic issues	<ul style="list-style-type: none"> The metrics for the Board were discussed and agreed, these will now be used by the four local Boards and the National Board. Update on the FOM was provided by the DH with confirmation of the Medical Category Tower awards made.
Meeting the financial challenge	<ul style="list-style-type: none"> It was confirmed that at the end of October 2017 NHS Supply Chain's savings figure was £262m against the £300m target. One of the challenges still remains around the speed of the implementation of the NCP programme. With regards to Capital the £158m target for the end of the contract has already been met. Multi-Trust Aggregation now has 130 trusts signed up with around £3m incremental savings achieved. £0.75bn of capital equipment has now been purchased through the DH Fund.
Developing the procurement function	<ul style="list-style-type: none"> Feedback was given by the DH on the event held 31st October 2017 to look at what a future trust procurement department may look like. Trusts are now working on their own evaluations. It was agreed that the output from this piece of work would be brought back to the National Board. Views were shared that there is a lot of support and confidence in the model now, but that there shouldn't be complacency PSDN update was provided noting there is a North/South divide in terms of performance, with the North performing stronger, this may be due to engagement in the accreditation process. Most trusts scheduled to get to level one within the next month and five trusts at level two. It was raised that the size of the procurement department has an impact with smaller departments struggling to release colleagues and that a degree of consolidation is needed to aid optimisation. Update was provided from the Excellence in Supply Awards, with agreement that once discussion should take place with HCSA and the FOM team about broader role out and that it would be brought back to the National Board in February 2018.
Meeting the quality challenge	<ul style="list-style-type: none"> Update on the work of the CRB and CET over the last few months and years was provided by Mandie Sunderland, Naomi Chapman and Simon Hall. The context for the presentation was set being a success story of clinicians taking forwards a challenge with a positive outcome. Discussion moved on to the future of the CRB, CET and CAPA, it was agreed that further debate between the relevant stakeholders was needed. An overview of the GIRFT programme was given covering the regional architecture to support it sits separately to the regional architecture of NHSI. Explanation was given of the coming together of clinical and costing data and the recommendations which can then be given. There are currently 24 workstreams increasing to 40 in the near future. It was agreed that it would be beneficial to invite the GIRFT team to present at the sub boards.
Development topics	<ul style="list-style-type: none"> The Board agreed that they would continue to evaluate the work being done on a local level to ensure that procurement is being raised on the STP boards. Alan Birks joined the meeting to give an overview of the history and requirement for credentialing and what is being proposed for the NHS going forwards. A public register would be created along with identification badges which can be scanned within a trust to confirm that the person is who they say they are along with the tier they are registered to and therefore the level of access they are allowed within the trust: <ul style="list-style-type: none"> Tier 1 – no direct patient interaction Tier 2 – access to clinical areas Tier 3 – access to areas where invasive treatment may occur, eg: theatres, ICU Alan offered to attend the Local Customer Boards to brief members if required.
Communications	<ul style="list-style-type: none"> The Chair asked that the future of the Customer Board in the landscape be considered, particularly around its role in supporting the implementation of some of the key central initiatives, communicating effectively with their local health economies.