

**NHS Customer Board for Procurement and Supply
Midlands Customer Board Meeting 15 May 2019**

Category	Key updates
Strategic issues	<ul style="list-style-type: none"> • With regards to Demand Capture 53% national versus 65% of Midlands trusts completed the forms, a big thank you from NHS Supply Chain to Midlands trusts for their support. Account Managers have worked with trusts for validation and provided feedback • In terms of demand transitioning over 1 April 2019, only c.20% of the forecasted spend has transitioned over to NHS Supply Chain (c.26% volume). Members were asked to engage with their account managers to work through why demand is not moving so things can be re forecast and where possible demand transition be expedited. Shelley asked members to act as leading lights in the transition of demand to ensure immediate savings currently on the table are not missed/optimised • Rachel Repper joined the meeting to give an update on NHS Supply Chain's critical projects • An overview of timeline for provision of information from the Category Towers was provided, rationale for what information will be shared when and through which channels, it was noted that 8-12 weeks from a trust perspective may not be long enough for implementing the necessary changes • Specific feedback on Tower 4 was requested by the Chair in advance of the National meeting on the 11 June 2019
Meeting the financial challenge	<ul style="list-style-type: none"> • David Smith was unable to attend the meeting however, submitted a written update, key points included; the latest Q3 league table has been published, well done to UHNM and Northampton for being in the top five. Some work may be considered to verify positions of those at the higher levels and develop knowledge sharing. Reminder that data for model hospital and metrics must be submitted monthly via the template. NHSI will not follow up non submissions. Procurement Target Operating Model Design (PTOM) blueprint has been reviewed with trust Reference Group and a series of roadshows have been organised to convey the PTOM Design. Invite letters have been sent to CEO, DoF and HoP. CIP workplan collaboration opportunities have been fed back to trusts if they submitted the data as requested. Disappointing that some trusts including those in higher League Table quartile did not respond. • The board had a broad discussion on collaboration and the challenges of bringing multiple workplans together. The question was raised over whether a more tailored approach could be brought to the Midlands • Performance update from NHS Supply Chain was provided, the target business case was £68m, with a stretch target of £120m, £195m was delivered. £120.2m was revenue savings, £74.4 was capital savings. The target figure for next year is £150m from the business plan, however the forecast from the Towers is £187m which is what the business is aiming to achieve. Concern was raised that most trusts feel they are likely to under achieve against the trust impact statements and therefore NHS Supply Chain may under deliver. All agreed to share their statement and their estimated delivery number to assess the overall gap. • Overview of the work being done by NHS Supply Chain on trust savings was provided noting that the aim is to be able to reconcile the trust and category Tower view, a manual work around is being done, information should be ready for trusts within the next few weeks. It is likely to be Autumn before the automated system is in place • Explanation of NHS Supply Chain's funding model was given and the importance of additional income, the challenges around this for PFIs was covered as well as ensuring that goods purchased under buy=sell are only used for goods commissioned for NHS work not private work
Developing the procurement function	<ul style="list-style-type: none"> • With regards to procurement standards Nottingham University Hospitals NHS Trusts is looking to achieve level two this year, Worcestershire Acute NHS Trust has now achieved level one therefore can now assess other trusts. Sharing of best practice is starting to take place which should help boost confidence in trusts putting themselves forwards for accreditation. It was noted that trusts with very small teams find this a heavy drain on resource, this should be recognised.

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<p>Meeting the quality challenge</p>	<ul style="list-style-type: none"> • Clarity around what the Towers are doing in between re-tendering is needed. There is a view that the Towers are going to trusts asking for their strategies rather than the Towers providing leadership. This was raised on the back of the new NHS Supply Chain Opportunities Scoping Tool, it was noted this is a big step in the right direction to drive efficiencies in time and resource used across all teams when scoping opportunities • Justine Squitieri joined the meeting to give an update on the Customer Satisfaction process, it was agreed that more information on this would be shared going forwards • Clare Forsythe joined the meeting to give the CaPA update, key points included; overview of the team structure, summary of the strategy approval process, assurance guidelines have been reviewed and simplified to make it easier for the Towers, overview of the work being done on complaints and exceptions process, the CaPA team is going to assess themselves against the NHS Wed Led Framework. A request was made for the CaPA team to attend the sub regional HoP meetings as well as engaging with the CPSN • The Chair facilitated a discussion on GIRFT, in summary there are some great opportunities, however there isn't a lot of progress at this stage
<p>Development topics</p>	<ul style="list-style-type: none"> • Members provided update on what discussion and work had taken place with their mapped trusts since the last meeting, key points included; savings on Milk have been made through collaboration with NHS Supply Chain Food who received positive feedback around the room. Synergies between products used across community and acute were discussed as good opportunity for collaboration. Discussion has been around the workplans with trusts and the uncertainty of savings numbers. Feedback was given that sometimes it is easier for the clinical procurement specialists to engage across trusts with clinical colleagues than it is for buyers.
<p>Communications</p>	<ul style="list-style-type: none"> • Update of key points from the National Customer board were discussed • Feedback from the three sub regional meetings was given, points to note; continued good attendance from trusts, a follow up Q&A document is being prepared, NHS Supply Chain Food attended the last meeting, they encouraged trusts to share their data to drive improved performance. A combined meeting is taking place on the 17 May 2019 • Point was raised that some trusts still believe they need to go through their account manager for everything, which is causing a bottleneck. It was reconfirmed as a rule the ask remains that trusts utilise their Account Managers as the key conduit into CTSPs. New opportunities utilising the new scoping document was illustrated as an example of this. However, should trusts engage with CTSPs directly (historical relations, minor queries) it was acknowledged they should ensure Account Managers are included on correspondence. It was acknowledged by the board this is critical to avoid a repeat of multiple recent trust experiences where the Account Managers were not included in engagements with CTSPs, leading to inefficient outcomes • The Category Tower providers will be attending key events such as HCSA and Procure4Health, they are also being encouraged to engage directly with trusts • The Chair summarised the key points to be shared with the National Customer Board

