

Key Messages Regional Advisory Forum – September 2023

Regional Focus – North

- The current savings position stands at £19.4m nationally, £4.6m for the North in the first quarter, this is up on the previous quarter, and is being impacted by price increases. There is, however, a reduction in the number of price request coming through
- Overview of team changes for the region were given, members were thanked for their understanding at this time of change
- A number of trusts in the North have been selected to take part on the Inventory Management Programme, feedback was given on how positive those chosen felt to be part of the initiative
- Positive ongoing work with Cheshire and Merseyside on sutures and the impact this will have
- Due to go live with Northumbria for three-way matching. Gareth would connect anyone else who is interested in this with the team leading this
- Minimally Invasive project at Lancashire Procurement Cluster which has delivered savings
- Resilience report launched has received positive feedback
- Training has been given to the ICS Managers on SCS 2. £2.75m of saving opportunities identified for direct switching to NHS Supply Chain, ICS Managers will pick up at a local level to qualify the opportunities, ask for all members to promote within their ICS
- Real drive for system level working

Key points

- Update on NHS Supply Chain Target Operating Model, key points included:
 - a. The consolidation of colleagues from the Category Towers has now completed, however there is a process of embedding and bringing the entity together
 - b. There has been a communication to all Heads of Procurement regarding the impact for the Customer Team and therefore the impact on NHS Trusts, more detailed discussions on this will continue through individual relationships
 - c. There is now a focus on Hospital Care and Out of Hospital Care
 - d. Overview of patient pathway team and their focus on improving patient care and driving end to end value
 - e. Overview of the ambition of each team was provided
- Update from NHSE, key points included:
 - a. Discussion has been had with David Melbourne on how NHSE can support the Regional Advisory Forums. Suggestion has been made that there will be a written update into the regional meetings and representation in person at the National Board
 - b. CCF is producing a Commercial Strategy on behalf of NHSE, some initial feedback has been sought on this along with support from NHS Supply Chain colleagues. Request was made for this to be shared with the four Regional Chairs
 - c. There is a piece of work on framework accreditation, to ensure there are the right number of frameworks to reduce the level of competition and improve the opportunity for leveraging scale
- Heidi Barnard joined the meeting to provide an overview of the work on labour standards and upstream supply chain management. Key points included:
 - a. How Evergreen is being used and the time frame around compliance, the requirement will be for the Evergreen Assessment to be used going forwards, not Carbon, Waste and Water. All National Framework suppliers will have had to complete the Evergreen assessment by February 2024
 - b. Review of risk for Modern Slavery and why it is an issue. There has always been a requirement through the tendering process to consider modern slavery
 - c. Supply chain mapping work off the back of the Boardman review and the tools which have been used
 - d. NHS Supply Chain has drafted a report, which is going through ministerial sign off on modern slavery
 - e. NHSE is drafting guidance and legislation on how the NHS should manage modern slavery
 - f. Revised PPNs and the impact
 - g. NHS Supply Chain reserves the right to conduct audits, and require 3rd party audits on high risk tenders
 - h. Discussion was had on how to manage incidents of Modern Slavery. NHS Supply Chain is aligned to forthcoming policy
 - i. For a nominal fee to CIPS teams can receive accreditation for Corporate Ethics, suggestion was made that this should be encouraged across the NHS



- ## Actions for the NHS

- Proactively share examples of where things have worked to enable sharing of best practice