

Key Messages Regional Advisory Forum – September 2023

Regional Focus – Midlands and East

- The regional boundaries for the Advisory Forums would be changing with the East of England being aligned to London. Pros and cons were briefly discussed. A further discussion should be facilitated with the Chair of the London Advisory Forum
- Overview of team changes for the region was provided, members were thanked for their understanding at this time of change
- Savings stand at £19.4m nationally, excluding capital and £6.9m for the region. There is £15m of opportunities in the pipeline. Examples of savings opportunities were given; Staffs ICS wound care project is on track to deliver £0.5m savings, Hips and Knees at Notts – again £0.5m savings
- Update on value-based procurement activity at Worcester and the pathway savings this brings
- Overview of the Value Based Procurement Opportunity Process and the data which is used to support this was given
- Tom updated that he would be moving to another role within NHS Supply Chain, this may be his last meeting. Tom will be heading up the Care Pathway Team, as part of this he will be engaging with organisations such as NICE, AHSNs, GIRFT and the MedTec Directorate. The Clinical Nurse Advisors will be part of this team, there will also be several Care Pathway Specialist

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
- Melanie Hall joined the meeting to provide an update on the supply chain drive and pilot. Key points included:



- a. In the process of concluding the outcomes, therefore these can't be shared
- b. There are two core pieces of work, the supply chain drive and the supply chain pilot
- c. There was also a third piece of work specific to ambulance trusts. There are some areas when they have leading expertise, such as transport, maintenance. Leasing. They have also implemented IM. These learnings could be shared with the wider ICS
- d. 15 of the original 32 ICSs completed the programme to workshop three and therefore will receive the full report
- e. The conclusions and recommendations are being considered, further feedback will be shared
- f. There is a need for a central forum for sharing supply chain opportunities and challenges
- g. The pilot with North Central London focused on IM, with eight core processes
- h. Work is being done to align to the IM work being led by Mark Vallentine at NHS Supply Chain
- i. Concern was raised over the lack of resource in the ICS to support programmes such as this and all the other national and regional programmes with tight resources and financial constraints. The importance of swift return on investment was raised

Actions for the NHS

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

