



Bath and North East Somerset,
Swindon and Wiltshire Together

Bath and North East Somerset, Swindon and Wiltshire Acute Hospital Alliance Procurement Strategy

Version 3.0

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Foreword

I'm delighted to introduce Bath and North East Somerset, Swindon and Wiltshire Acute Hospital Alliance Procurement Strategy and the next phase of their journey in delivering procurement excellence across the NHS.

As one of the largest commercial organisations in the country, I have been determined to elevate the role that NHS procurement and supply chain colleagues can play in delivering world class health and care services in their communities and delivering value for money for patients and the taxpayer.

We should be proud that the NHS already spends public money wisely and is one of the most efficient health services in the world, spending 2p in the pound on administration. However, we know we still need to go further and do more to ensure we are using our resources more effectively.

NHS England's Central Commercial Function (CCF) recognises the need to support NHS commercial teams and their activities at a system level through our suite of services, including the provision of better data and insights, helping to attract, retain and develop commercial talent, deliver the necessary tools and templates, address our collective commercial challenges such as supplier resilience and continuity of supply, and leverage NHS commercial buying power from the centre where necessary.

This strategy looks at the component parts of procurement and supply chain across the Integrated Care System (ICS), ensuring the values of the ICS are supported, providing for a joined-up, collaborative service to improve the health of the people who live and work in the area.

Key objectives for the BSW ICS procurement service over the next three years are:

- **Operational:** To ensure standardisation of policies, governance and ways of working across all organisations with sustainability in all tenders working towards Net Zero objectives.
- **Financial Stewardship:** We will leverage our influence and scale to strengthen partnerships, and unlock benefits from supplier innovation to deliver wider social value and economic benefits and develop and deliver a three-year rolling workplan to achieve cash-releasing savings of £12m over the next three years.
- **Technology and Process:** Through extending the use of Atamis, developing our automation capability, systems and data will be used to streamline processes, reduce wastage to <£100k / annum, gain operational efficiencies and to inform decision making.
- **People and Organisation:** To develop and retain a high-performing and motivated workforce.



Foreword

Our collective ambition is for a modern, effective, and efficient procurement function in the NHS that is among the best in the world, one that truly delivers taxpayer value, supports innovation, stimulates growth, and most importantly, delivers the highest quality of patient care.

This procurement strategy builds upon the challenges of COVID-19 and the need to establish single data platforms, provide for consistency of data to allow for insight, resilience and planning but also recognises the need to attract, develop and retain its people, who are at the heart of our function and without whom, none of the activity and work would be delivered.

I am extremely proud of how commercial teams are dealing with the unprecedented pressures faced by the NHS and the challenging environment in which it operates, and their unwavering service to support and maintain healthcare services.

The NHS commercial community means a great deal to me and I look forward to seeing this strategy progress and the collaboration this will bring for all involved.



Jacqui Rock

Chief Commercial Officer, NHS England



Foreword

1.0 Executive Summary

- 1.1 Procurement enables effective planning, sourcing and management of third-party providers across our partner organisations. This strategy sets out how the Bath and North East Somerset, Swindon and Wiltshire Partnership Procurement Service, working as a strategic partner, will support each organisation's objectives, provide value for money, resilience and innovation from our supply partnerships.
- 1.2 Building upon the recommendations in the Carter Report (Feb 2016) to consolidate back office functions, consistency of expenditure and rationalisation of products / services, and the Long Term Plan (April 2021), the BSW Procurement Service was formally created in September 2021 when Royal United Hospitals (RUH) Bath NHS Foundation Trust joined Great Western Hospitals (GWH) NHS Foundation Trust and Salisbury NHS Foundation Trust (SFT). This built upon the informal collaboration working across the organisations which had been in place since April 2021.
- 1.3 This strategy supports the priorities and values of the ICS to "provide an Outstanding experience for every patient", as outlined in the [Service Planning Document \(see Appendix A\)](#) and is built upon a continuous cycle of improvement.
- 1.4 To deliver the ICS vision this strategy has four key strategic objectives:
 - i) **Operational:** Standardised policies, governance and ways of working across all organisations with sustainability in all tenders.
 - ii) This strategy has been ratified by the board and is aligned with the wider ICS strategy and deliverables. The procurement strategy map on [page 8](#) clearly demonstrates how procurement creates and delivers value to the sector
 - iii) **Technology and Process:** Through extending the use of Atamis, developing our automation capability, systems and data will be used to streamline processes, reduce wastage, gain operational efficiencies and to inform decision making.
 - iv) **People and Organisation:** High-performing and motivated workforce.



Background and Context

The NHS is one of the biggest commercial organisations in the country, buying on behalf of the fifth biggest employer in the world. Clinicians rely on NHS commercial teams to buy the goods and services they need, making them critical to the delivery of patient care.

NHS commercial teams consist of commercial and procurement professionals enabling the NHS to deliver value for every pound spent whilst ensuring frontline staff get the right products and services in the right place, at the right time.

Commercial activity covers all supplier-related activity, including procurement of products and services, income generation and supply chain management, and plays a central role in ensuring the financial stability of the NHS.

The Health and Care Act [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk) formally established Integrated Care Systems (ICSs) on a statutory basis, enabling local system partners to plan and deliver, health and care services more effectively.

In December 2023, NHSE (NHS England), launched a new [Strategic Framework for NHS Commercial](#)

This framework, in addition to the revised Salisbury NHS Foundation Trust values further provide the context for this strategy.

The BSW Acute Hospital Alliance Procurement Services was formally established in April 2021 when the procurement teams from Bath and North East Somerset, Swindon and Salisbury NHS Foundation Trusts combined to become one team hosted by Salisbury NHS Foundation Trust. The staff from Bath and Swindon were transferred across to Salisbury NHS Foundation Trust to form one team with responsibility for providing a procurement service across all organisations in the Alliance. Staff are based at their Acute Trust of choice, but work across all sites irrespective of their location travelling as required to different sites, except those who work in the materials management team. These staff are dedicated to the local needs but, should it be required for resilience, do provide the flexibility to work across all organisations. The Alliance builds upon the previous collaborative working across these Trusts and wider networking with neighbouring regions.



Introduction

This strategy has been ratified by the Trusts' Boards and is aligned with the wider ICS strategy and deliverables. The procurement strategy map [\(on page 8\)](#) clearly demonstrates how procurement creates and delivers value to the sector.

The BSW Procurement Alliance provides the core functionality for the ICS for Strategic and Operational Procurement, System Development and Administration, Data Analysis and Benchmarking and Supply Chain Management. Procurement also contributes to the commercial life-cycle of the influential spend across all the organisations through seeking rationalisation and standardisation opportunities, developing efficient supply chains whilst driving out waste and unnecessary cost, releasing money back to patient care.

In addition to these "traditional" procurement activities, this strategy embraces newer initiatives such as sustainable procurement and Net Zero targets working with our key suppliers, so that the public pound provides benefits for the health of the wider community.

There is also a small commercial team within procurement which generates income for Salisbury NHS Foundation Trust, and operates in two distinct areas, providing commercial support for Salisbury NHS Foundation Trust's own activities,

and via the Salisbury Managed Procurement Services brand, providing external specialist services across the public, charitable, and private sectors with expertise in both the Education and Renewable Energy / Net Zero sectors.

This strategy also recognises the benefits to be derived from collaborative procurement partnerships at regional, sub regional and national levels.

The ICS will be committed to working fully with a range of procurement and supply organisations to deliver sustained outcomes on behalf of all member organisations.

Underpinning these aspirations is the development of our staff so that they can achieve their full potential. This strategy highlights how our staff are supported and encouraged to develop their careers across the Alliance.



Introduction

Vision:	To become a procurement regional centre of excellence providing outstanding commercial and supply chain services to our Trusts.		
Mission:	To deliver outstanding strategic commercial procurement and supply chain services putting staff and patients at the heart of everything we do. We are committed to the responsible use of resources, sustainability and diversity, working with innovative suppliers, optimising processes whilst maintaining compliance.		
Strategic Themes:	Cost Improvement Plan (CIP) Delivery.	Technology and Process Development.	High-performance workforce.
Strategic Results:	£12m delivered over the next three years.	90% of orders via supply chain and control tower via Advise Inc fully established.	Continuous learning and motivated empowered workforce in place with clear Personal Development Plans (PDPs) annually updated and refreshed.

Strategic Objectives and Strategy Map	Measures	Targets	Initiatives
<p>Operational plan 2023/24</p> <p>The diagram shows a central 'Operational plan 2023/24' box with arrows pointing to three main areas: 'Financial Stewardship', 'Technology and Process', and 'People and Organisation'. 'Financial Stewardship' includes 'Develop and deliver three year rolling workplan'. 'Technology and Process' includes 'Standardised sourcing and Supply Chain (SC) processes', 'Utilise procedure data to make decisions', 'Stock optimisation', and 'Reduce wastage through the inventory platform'. 'People and Organisation' includes 'Staff Development Plans and Appraisals', 'Training and Development', and 'Recruitment and Retention'. A bottom bar lists values: Integrity, Commitment, Leadership, Accountability, Compassion, Collaboration.</p>	<ul style="list-style-type: none"> CIP delivery at each trust signed off by finance. Standardisation of key policies at each trust. Sustainability in tenders. 	<ul style="list-style-type: none"> £5.5m 2023/24. Procurement Policy Note (PPN) for carbon reduction plan in large tenders. Key policies aligned by October 2023. 	<ul style="list-style-type: none"> Net Zero Objectives. Communication Plans. Analysis of the ICS carbon footprint.
<p>Financial Stewardship</p>	<ul style="list-style-type: none"> CIP Delivery signed off locally against target. 	<ul style="list-style-type: none"> £5.5m – 2023/24 £4m – 2024/25 £3m – 2025/26 	<ul style="list-style-type: none"> Rolling work plan in place. Up to date contracts.
<p>Technology and Process</p>	<ul style="list-style-type: none"> Value of stocked expiring and written off. Deliver stock optimisation numbers. 	<ul style="list-style-type: none"> <£100k of wastage in year. £350k stock optimisation delivered. £200k of CIP delivered from procedure data. 	<ul style="list-style-type: none"> Procurement manual. Advise Inc IM dashboard. Move from owned to consigned. Standard Operating Procedures (SOPs).
<p>People and Organisation</p>	<ul style="list-style-type: none"> PDP in place. Training and development delivered. NHS staff survey results. Turnover rates of staff. Sickness rate. 	<ul style="list-style-type: none"> 100% appraisal in place. 100% of individuals have a PDP signed off. 98% of roles filled. Sickness under 3% Turnover over rolling 12 months below 10%. 	<ul style="list-style-type: none"> Appraisals. Team development work and away days. Skills assessments. Lunch and Learn. Procurement manual. Induction planning. PDP strategy.
<p>Integrity • Commitment • Leadership • Accountability • Compassion • Collaboration</p>			

The following sections of this strategy will explain the delivery approach of the objectives as set out in the strategy map (above).



Vision, Aim and Scope

The ICS Vision, Aim and Scope is driven by a combination of both the wider ICS landscape and that of NHS England, to meet the healthcare needs of the population.

The BSW ICS Procurement Vision is *“to become a procurement regional centre of excellence providing outstanding commercial and supply chain services to our Trusts”.*

We will achieve this using an agreed set of **Values**:

- **Person Centred and Safe**
 - Through teamwork, provide a high-quality service to our Trusts, staff and patients enhancing their experience now and in the future.
 - Focused on proactive, transparent improvement of service and value.
 - Making a difference through innovation and responsiveness to stakeholder requirements.

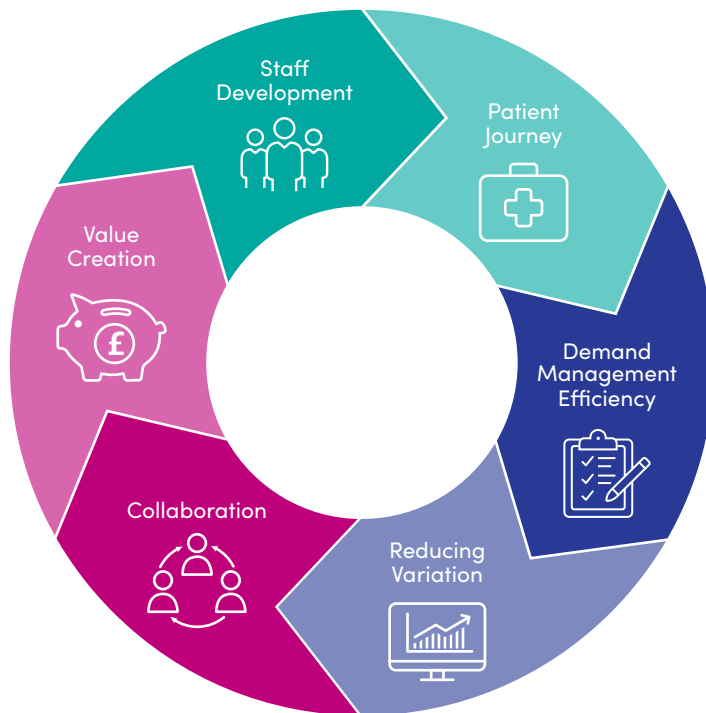
- **Integrity**
 - Working together, we respect, listen and trust one another.
 - We have a friendly honest and open communication ethos and are empowered to ask questions.
 - Our culture is inclusive, respecting diversity – everyone matters.
- **Professional and Forward Thinking**
 - We will make a difference through being responsive, ambitious and accountable for our decisions.
 - Take ownership to solve problems and make decisions.
 - Learn lessons, and develop individually and collectively as one team.



Vision, Aim and Scope

The aim of the procurement function is very simple and is based on a continuous cycle of improvement that is focused on:

- **Patient Journey** – ensuring product is in the right place at the right time.
- **Demand Management / Efficiency** – ensuring we use our resources across the ICS in an efficient way as well as



looking to remove and manage efficient demand through reducing wastage in the supply chain.

- **Reducing Variation** – using our analytics systems to have informed evidence-based discussions to remove variation and standardise.
- **Collaboration** – formalised across the ICS cluster, with NHS Supply Chain and other partners.
- **Value Creation** – ensuring we unlock value for each organisation in the BSW ICS cluster.
- **Staff Development** – building and delivering a capable, professional, high-performing and proactive workforce.

Benefits

- **Benefits for patients:** The healthcare services they need are delivered on time and of the best quality.
- **Benefits for clinicians:** They are equipped with the goods and services they need to deliver world-class care.
- **Benefits for the taxpayer:** The NHS is achieving value for every pound spent and delivering government priorities such as sustainability, Net Zero and eradicating modern slavery.
- **Benefits for suppliers:** The NHS is easier to do business with, with opportunities to develop more innovative solutions to meet NHS and government challenges.



Vision, Aim and Scope

SCOPE

The Procurement Department provides a service for all areas across Bath and North East Somerset, Swindon and Wiltshire Integrated Care System (ICS). Patient care depends upon the guaranteed availability of quality equipment, consumables and services.

The department is responsible for the provision of goods and services for all departments across the ICS. There is also a team who deliver critical goods and consumables to people in the community using their own vehicles.

The team is primarily located across the three acute Trusts (Great Western Hospital, Royal United Hospitals Bath, Salisbury NHS Foundation Trust) and wider community and is dependent upon Teams as a means of communication.

BSW Procurement Service has been working informally collaboratively with the Integrated Care Board (ICB) on a range of projects. During the term of this strategy, the procurement service, following feasibility studies, may be formally extended to include the requirements of the ICB.

The team is split into the following areas:

- Commercial
- Sourcing
- Supply Chain
- Operations and Systems
- Capital and Equipping

The scope of procurement for the BSW ICS covers medical consumables and equipment / devices, IT hardware, software, systems and services, capital projects, builds and equipping schemes, trust tenders for non-clinical services, procurement for corporate, estates and facilities and support for trust subsidiaries as and when required.

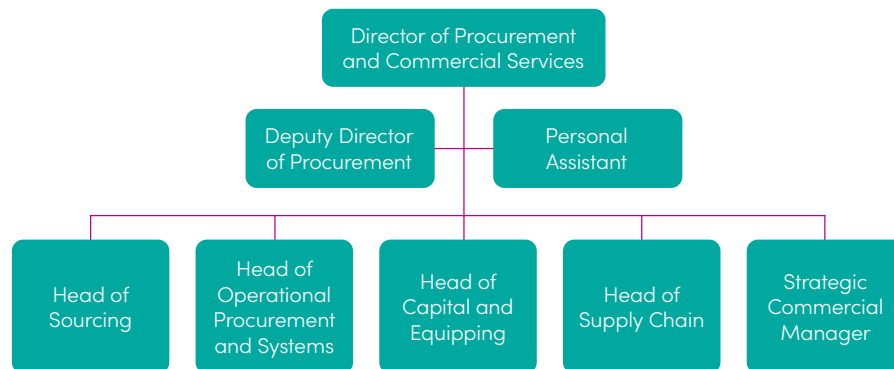
The spend on pharmaceuticals is not in scope and comes under the responsibility of the Chief Pharmacist, however the BSW ICS Procurement function will provide professional input and assistance to pharmacy colleagues as and when required and via collaborative arrangements i.e. with the Peninsula Purchasing Supply Alliance (PPSA) and Bristol and Weston Purchasing Consortium.



Organisational Design

One team – several locations

The procurement team is composed of staff based across the three acute Trusts at Salisbury NHS Foundation Trust (SFT), Royal United Hospitals (RUH), Bath and Great Western Hospitals (GWH), Swindon. The procurement team is split into five teams as outlined below, with responsibilities for all staff covering the breadth of the ICS.



Sourcing

The team is responsible for sourcing, tendering, contracting, managing contracts and suppliers for goods and services (non-pay expenditure) across the ICS.

Supply Chain

This team provides a logistic service that receipts and delivers all goods from external contractors. This service includes:

- The delivery of contracts for the provision of goods and services for all departments.
- A Supply Chain Service that receipts orders and delivers all goods delivered across the ICS.
- A Supply Chain Service that looks after the provision and maintenance of consumables for circa 230 areas across the ICS.

Operations and Systems

- Processing orders for all departments.
- Day-to-day stakeholder and supplier queries and monitoring purchase order (PO) transactions.
- Management and support for the e-systems: GHX, Oracle, Unit 4, Atamis, Genesis, Ingenica.
- Management of catalogues and data submission requests.
- Resolution of invoice price queries and order hold queries.



Organisational Design

Capital Equipping

- Clinical and non-clinical capital equipment sourcing and contracting.
- Turnkey capital projects.

The ICS procurement team is hosted by SFT and have SFT employment contracts. The Director of Procurement and Commercial reports into the Chief Finance Officer at SFT, who is the Executive accountable lead for the performance of BSW Procurement Alliance to the ICS Finance and Performance Committee.

The Director of Procurement and Commercial Services reports bi-monthly to the BSW Procurement Board composed of the Chief Finance Officers at each Acute Trust and an Independent Board Chair from Bath and North East Somerset, Swindon and Wiltshire ICB.

Any future organisation receiving procurement services from the BSW Procurement Alliance would be subject to working in an informal collaborative way with an agreed Memorandum of Understanding ahead of developing a business case to formally joining and being part of the Procurement Board. A future development may be the creation of a Strategic Oversight Board.



Governance

Governance of the Procurement function is driven by statutory and policy obligations.

These include, but are not limited to:

- Public Contracts Regulations 2015 (and the Procurement Bill) [The Procurement Bill - CCF Hub - FutureNHS Collaboration Platform](#)
- Spend controls Cabinet Office [Spend Controls - CCF Hub - FutureNHS Collaboration Platform](#)
- NHS Provider Selection Regime 2023 [NHS commissioning » NHS Provider Selection Regime \(england.nhs.uk\)](#)
- Terms and Conditions of contracts [NHS England » NHS terms and conditions for the procurement of goods and non-clinical services](#)
- Procurement Policy Notes [Procurement policy notes - GOV.UK \(www.gov.uk\)](#)
- Data Protection Legislation [Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](#)

Further to external statutory obligations, the procurement function will operate within the ICB framework governance arrangements as detailed in the scheme of delegation [BSW ICB Scheme of Reservations and Delegations - Bath and North East Somerset, Swindon and Wiltshire ICB](#) standing

financial instructions [Standing Financial Instructions - Bath and North East Somerset, Swindon and Wiltshire ICB](#) and the ICS Procurement Policy approved by the ICB Board on 17th March 2023, and then subsequently approved by each member organisation and posted on local intranets.

In addition to a standardised ICS Procurement Policy, an ICS “Suppliers and Representatives Code of Conduct Policy” has also been approved at each Acute Trust. An on-line procurement manual has also been developed to provide guidance and support for all procurement staff across the ICS, which includes links to current statutory and policy obligations, collaborative networks and standard templates.

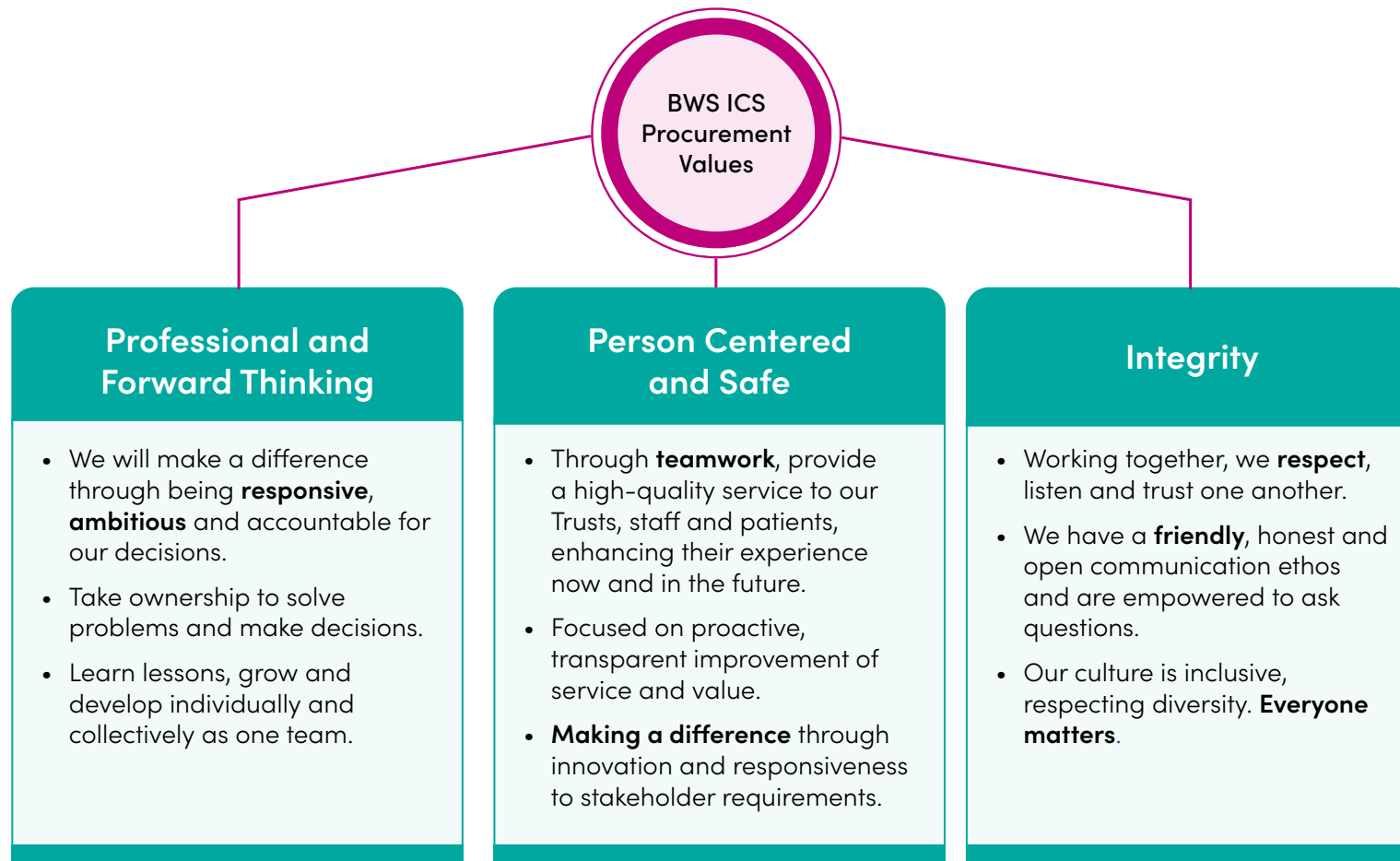
Regular monthly meetings and “lunch and learns” also provide latest guidance on topics such as Data Protection, Freedom of Information, Conflicts of Interest in addition to specific procurement topics and more general themes.

Adherence to governance requirements will be embedded within the procurement function’s standard operating procedures and embedded into business-as-usual activity.



Governance

Vision and Values





Staff working within procurement are intrinsic to the delivery of our wider procurement strategy. Since staff joined the ICS, significant work has been undertaken to standardise job roles and descriptions across the department and to understand staff competencies and individual career aspirations.

The department has a clear vision and values which underpin how we work and further endorses the Salisbury NHS Foundation Trust values: Person Centred & Safe, Professional, Responsive, Friendly, Progressive.

These values build upon Salisbury NHS Foundation Trust policies and procedures which are already in place to support our staff and underpin that Trust's [Strategy for 2022-2026](#).

To achieve this vision, we will build and deliver a capable, professional, high-performing and proactive workforce. The sourcing team will be encouraged to gain professional qualifications in Purchasing and Contract Management, whereas for others the Certificate in Logistics and Transport may be more appropriate.

Key objectives of the ICS People Strategy are to:

- Enhance the health and wellbeing of our staff and create a sense of belonging.

- Ensure recognition and embed inclusivity and diversity.
- Share our learnings to promote continuous improvement.
- Recognise and celebrate our successes.

Key tenets of our fuller ICS Resource Strategy are as follows:





Attraction and Retention

Staff joining the procurement department have the following benefits:

Attraction:

- Flexibility of work location.
- Flexible / hybrid working in line with the needs of the business.
- Flexible working hours.
- Wide advertising of our graduate training schemes.
- Wide range of staff benefits available.
- Training and “career grades” to develop our staff.

Retention:

- Comprehensive induction programme, with “independent” buddy.
- Regular 1:1's.
- Regular section and department meetings / briefings to keep all staff involved.
- Creating a friendly, inclusive and diverse team where people can come to work and be their true self.
- Supporting secondments and work experience opportunities across the ICS, other ICS's, and the wider health family as

part of career development and Continuous Professional Development (CPD).

- Learning and Development opportunities.
- Celebrating success.
- Staff recognition schemes.

Learning and Development

Learning and development takes place in a number of different ways and there are wide-ranging opportunities for staff to develop their careers. Individual staff are encouraged to take responsibility for their own development, highlight their development needs and provide information on how they wish to support their objectives with support from their line manager as appropriate.

Each member of staff has a Personal Development Plan (PDP) which identifies training needs against competencies. This is based on a self-assessment of capability against the competency matrix for the role for discussion with the line manager with all matrices reviewed centrally by a member of the senior team.

Staff are able to apply to undertake apprenticeships to undertake relevant professional qualifications.



Recognition and Wellbeing

Procurement staff have access to a range of wellbeing policies regardless of the site which they work on, including an Employee Assistance Programme (EAP) and staff benefits including an on-site swimming pool at SFT and RUH, a gym at SFT, flexible working, cycle to work schemes and The Blue Light Card.

Other recognition and wellbeing initiatives include:

- Quarterly award schemes (employee and team of the quarter).
- Staff satisfaction survey.
- Embedding of inclusivity and diversity in everything we do.
- Team away days to support a focused approach to innovation.
- Staff Awards: In 2022 the Procurement Team was shortlisted.
- Success in national awards.
- Adoption of the Improving Together approach.
- Monthly team meetings and “spotlight” on a team member.

Performance Management

All staff have job descriptions and annual targets / objectives to achieve. All staff should be clear on how their objectives link to the overall ICS objective of providing quality care and treatment.

The objectives are agreed with their line manager and reviewed as part of regular 1:1 meetings and should be adjusted throughout the year if the priority and ability to achieve them are impacted by external events / requirements. Appropriate support measures will be put in place if required.

As a service we will explore the use of periodic 360 degree feedback to provide a holistic view on performance – the “what” and the “how”.

Each employee has a formal performance review twice a year to check progress against objectives. Annually staff will have their skills reviewed against the competency matrix to monitor development progress and a review of objectives from the previous year ahead of agreeing new objectives for the ensuing year.

The ICS people strategy details how the team will build upon these initiatives and measure progress as outlined in the table on [page 8](#). This includes publishing learning and development opportunities, succession plans and approach to knowledge retention and sharing. This strategy is currently focused on staff from the Acute Trusts but in the future may incorporate the ICB.



Clinical Involvement

Critical to successful delivery is the engagement and collaboration with clinical and other key service delivery stakeholders. All procurement and commercial activity will be undertaken with relevant stakeholders to ensure the most appropriate and effective solutions to ensure the best patient outcomes.

Clinical Purchasing Specialists play an important part in supporting the delivery of high-quality services across the integrated care pathway. Clinical leadership supports the ICS through ensuring safety, sustainability, supply resilience and product approvals in the case of supply disruption where alternative products may be required.

A clinical purchasing specialist from each of the Acute Trusts within the ICS forms part of the Sourcing team. They are the key links between the sourcing leads, clinicians and the local Trust's Medical Devices and Consumables groups when seeking to introduce new products or to rationalise products to ensure that high-quality services are delivered across the integrated care pathway. The clinical strategy will seek to align with the Department of Health & Social Care (DHSC) Medical Technology Strategy.



Data and Technology

Aim: “To have good quality data and integrated systems which provide transparency and aid decision making (through good reporting tools) across both operational and strategic procurement. We will develop and review technology (in conjunction with stakeholder user groups as appropriate) across the procurement life-cycle to ensure that we have effective systems to safeguard patient care and help deliver savings and increase efficiencies”.

Similarly, to People, the ICS has developed a more detailed Data and Technology strategy outlining the model of delivery to the alignment of systems across the ICS. In the next five years, the procurement function aims to have delivered against each of the five themes on [page 21](#) by developing existing systems and improving data quality to provide good management information to better inform decision making.

- Share our learnings to promote continuous improvement.
- Recognise and celebrate our successes.

Catalogue data and catalogue management are fundamental to the success of the technology used by the department, as this core data drives everything. Over the next two years the plan is to align and consolidate contracts and catalogues to get a clean

set of data to feed reporting and analytics.

An early activity will be to undertake a GAP analysis of the data quality, work out priorities and practicalities of co-terminating contracts and masking data by organisation (as appropriate). Once the catalogue data quality is improved, the use of tools such as “inflation indicators” (currently being built by Advise Inc) will be more beneficial.

Over the last few years there has been rapid development in the range and type of data captured across the ICS. Four key objectives for the systems team are:

- Increase efficiencies through automation of repetitive tasks (Thoughtonomy) and from analytical data from Fresh Desk.
- Develop reports, information packs and KPIs to enable data informed decisions.
- Continue to adopt global standards and seek consistency of nomenclature across the ICS. Through improving the master data and catalogue coverage, there will be reduced invoice queries and better spend analytics to help inform clinical decision making.
- Extend the use of Atamis functionality for Contract and Supplier Management including capturing data on Net Zero and Evergreen status.



Data and Technology

Literacy



Knowledge sharing and skills development

- Learning platform in place to support initial induction and onboarding.
- Short video walk through of critical processes supporting self service.
- End users have self service videos and digital forms to support critical Procurement Processes.
- Category knowledge and key areas embedded in technology e.g. pictures of products. Description of overall category.

Context



Wider sphere of information

- Visibility of supplier locations and Supply Chains to support contractual management.
- Linage with Patient through put across the ICS – Move to demand-led planning including a link to inventory.
- Supply chain visibility and comparison across region and Nationally.
- Asset information on service, utilisation and linked and visible. Cost of ownership of assets.

Augmentation



Options review and Critical Decisions Supported by Technology

- Information from Analytics is analysed by agreed algorithms and presented at appropriate points for Procurement decision.
- Scenarios are analysed as part of sourcing and planning to look at impact of category changes and supply issues.
- Decisions can be made and approved digitally. For example, automatic approval and change in stock levels from analytics down.

Technology Supporting Transformation



Ongoing review of Beneficial Technology

- Automation of all tasks that do not add value. Using integration / Radio-frequency identification (RFID) and other appropriate technology.
- Data Synchronised near real time across ICS platforms.
- Visibility of product from supplier to point of use – Advanced notification of supply issues (ASN).
- Integration across all solutions – Contract data to Catalogue through to inventory and Purchase to pay and invoice.

Collaboration

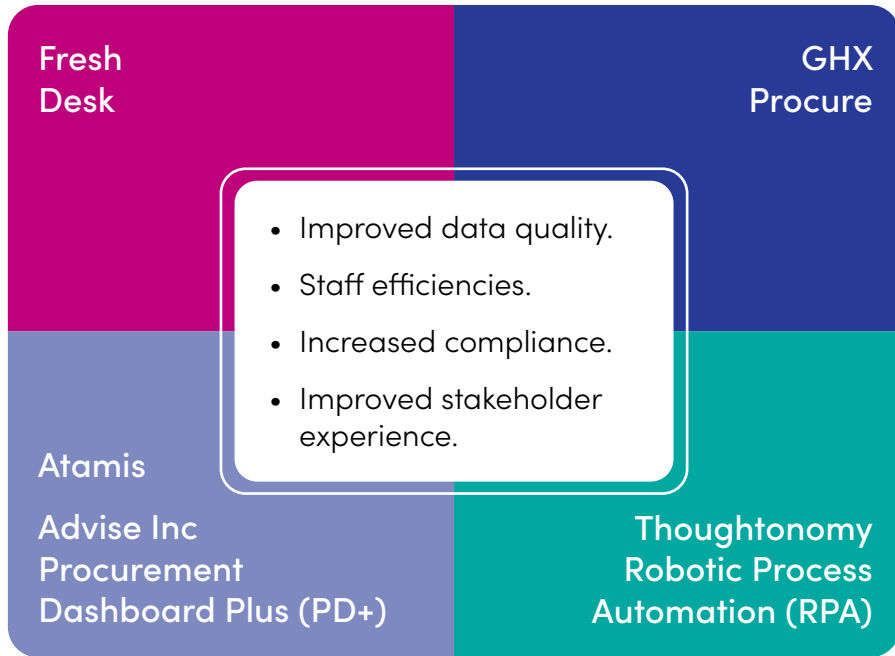


Closer Collaboration through shared Information

- Key Suppliers Platform of shared information to manage critical contracts and consignment.
- Stakeholders have ability to capture feedback on product / service performance digitally which is displayed in overall contact context.
- Process to manage product master data is fully digitised from supplier to point of use.
- Supplier performance visible across region / National. Digital record of current supply issues at product level.



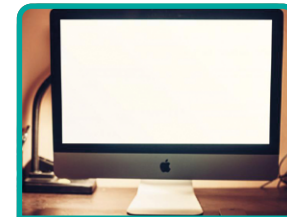
Data and Technology



The Supply Chain Team will seek to use data to eradicate wastage and inefficiency, with five key initiatives as outlined below:



Reduce double entry of goods receipting through RPA.
Target 2023.



Develop business case for single inventory system.



Digitise theatre kitting activity.



Longer term. Loan kit tracking system.



Extend use of inventory Module to track surgeon usage and to support patient level costing.



Sustainability and Social Value

Sustainable Procurement¹ can be defined as “A process whereby organisations meet their needs for goods, services, construction works and utilities in a way that achieves value for money on a whole-life basis in terms of generating benefits not only to the organisation, but to society, the economy, and the environment”.

This approach is fundamental to NHS “Anchor” institutions. Throughout this strategy, the all encompassing definition of sustainability (economic, social and environmental) will be used.

In line with the wider NHS agenda and statutory obligations laid out in the following documents, the ICS procurement function will work to deliver procurement practices that deliver on the NHS Supply Chain Net Zero targets and drive transparency and social value through all our non-pay spend.

- Equality Act 2010
[Equality Act 2010: guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/equality-act-2010)
- Social Value Act 2012
[Public Services \(Social Value\) Act 2012 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2012/12)
- Modern Slavery Act 2015
[Modern Slavery Act 2015 \(legislation.gov.uk\)](https://legislation.gov.uk/ukpga/2015/30)

- PPN06/20 The Social Value Model [Procurement Policy Note 06/20 – taking account of social value in the award of central government contracts - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/ppn0620-the-social-value-model)
- B1030 Applying net zero and social value in the procurement of NHS goods and services March 2022 [B1030-applying-net-zero-and-social-value-in-the-procurement-of-nhs-goods-and-services-march-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/policy-and-operations/b1030-applying-net-zero-and-social-value-in-the-procurement-of-nhs-goods-and-services-march-2022.pdf)

The diagram [page 24](#) summarises our vision and provides a framework for the ICS procurement sustainability strategy which has been developed in conjunction with each Trust’s sustainability team.

¹ [Public Procurement for Sustainable Development – Chatham House – International Affairs Think Tank Nov 19 2020](#)



Sustainability and Social Value

Vision

By 2024, we see an NHS with a Net Zero, fair and transparent supply chain free of modern slavery.

Mission

Our mission is to work in partnership to create world-leading responsible procurement practices that deliver on the NHS Supply Chain Net Zero targets and drive transparency and social value through NHS spend.

Objectives

Net Zero

Achieve the NHS Zero Supplier Roadmap and NHS supply chain Net Zero targets.

Modern Slavery

Eliminate Modern Slavery in the NHS supply chain both domestically and abroad.


Social Value

Ensure NHS procurement is a force for good that helps local economies and improves wider determinants of health.

Strategy

 **Procurement Practice**

Drive sustainable procurement transformation.

 **Supplier Engagement**

Lead supplier engagement for a coordinated voice to the market.

 **Operational Interventions**

Support sustainability transformation across the NHS.



Sustainability and Social Value

As a leading local Anchor Institution we play an important role beyond the boundaries of our Estate, in contributing to a greener, healthier and more prosperous region across the ICS.

We consider partnership-working, particularly with other statutory bodies, as crucial to managing the challenges associated with climate change. With focus intensifying on population health and the development of the systems to meet the needs of local communities, services will be arranged to create a new collaborative model of care for Bath and North East Somerset, Swindon and Wiltshire.

The ICS recognises that in delivering healthcare services it may have adverse impacts on the environment and it is essential that these are minimised and maintained as such through continuous monitoring.

This strategy incorporates the five Social Value Themes:

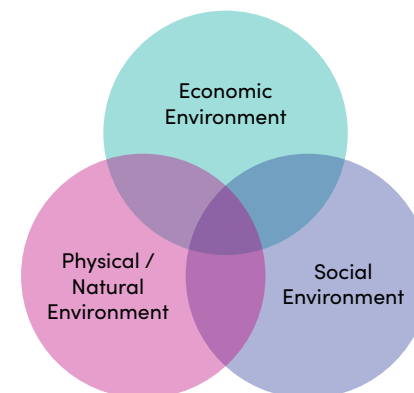
- Fighting Climate Change – compulsory in all contracts.
- Wellbeing.
- Equal Opportunities.
- Economic Inequalities.
- COVID-19 recovery.

The BSW Procurement Alliance is dedicated to ensuring that goods, supplies and services purchased for the NHS are manufactured, delivered, used and disposed of in an environmental, sustainable and socially responsible manner, and delivering long-term value for money for the NHS and the Public Sector as a whole.

There are several examples where good practice is already in place:

- Reducing reliance on office paper through increased digitisation of services.
- Reducing single use products.
- Reducing the amount of plastic.

There are three key environments of sustainability:





Sustainability and Social Value

Economic: Through working with suppliers to ensure that they have comprehensive policies to support their workforce and where appropriate, seek to work with SMEs and VCSEs.

Social: Working with suppliers who also embed Social Value in their commercial activity, for example proactively targeting and providing training for those who need capability to get back into work and positively engaged with social action in their community. [PPN 06/20](#) refers.

Physical / Natural: With climate change clearly the most serious global environmental threat, sustainability and carbon reduction are becoming key corporate responsibilities for all organisations. Suppliers within scope of the [PPN 06/21](#) will be required to set out their commitment to achieving Net Zero by 2040.

The strategy is dependent upon the following three strands of approach:

- **Procurement Practice** – sustainable procurement is to be embedded into all our practice.
- **Supplier Engagement** – Supplier Relationship Management, Contract Management, Supplier Charter and use of the Evergreen Supplier Assessment Tool.
- **Operational Interventions** – Reduce, reuse and recycle.

As a result of this approach the following outcomes are expected:

- Increased efficiency.
- Improved risk management.
- Reduction in carbon footprint thus supporting each organisation's green plan.
- Cost savings.
- Improved supplier diversity.
- Supply Chain resilience.
- Growth in the local economies.
- Reduced waste.
- Progress towards each organisation's sustainability targets.



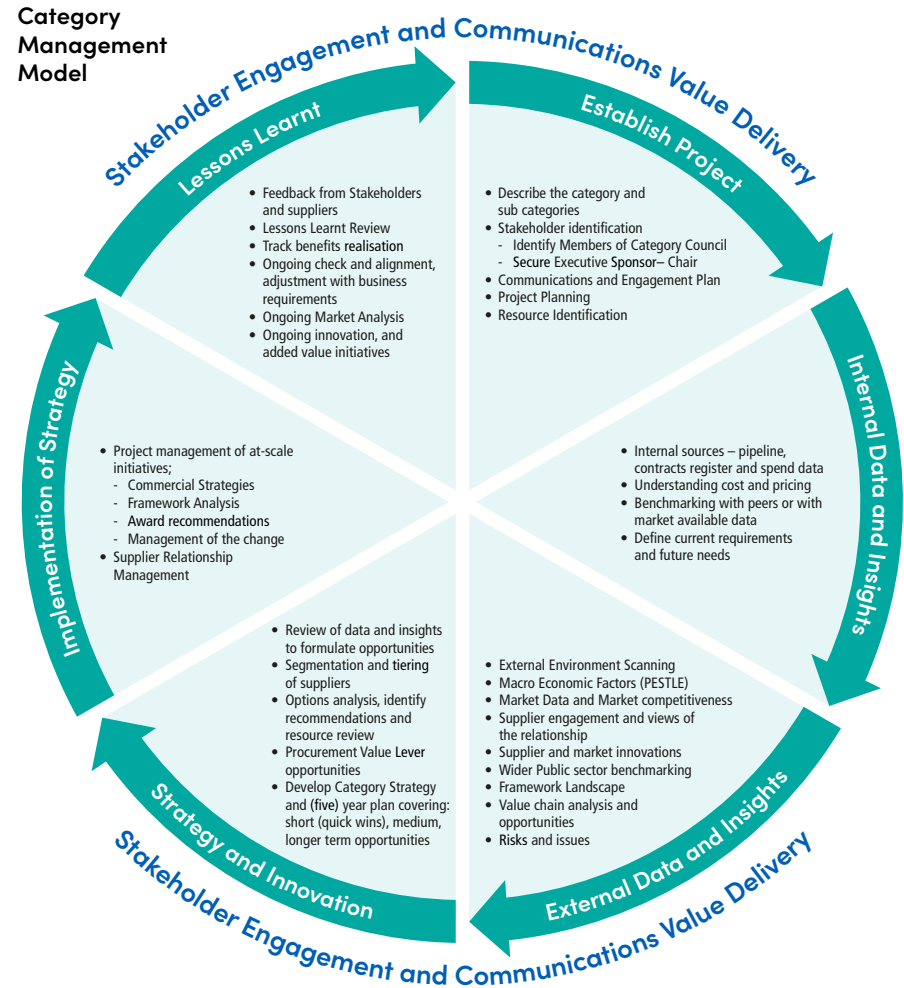
Category Strategies

By applying a category management approach to spend and utilising regional and national opportunities, spend can be leveraged to drive supplier behaviours, maximise opportunity for efficiency and effective category management.

There are three sourcing teams within the ICS: Clinical, Non-Clinical and Capital. Each of these teams will seek to consolidate expenditure across the ICS, and where possible and advantageous, will work with NHS Supply Chain and Partners along with NHS England’s Central Commercial Function (CCF) teams to gain economies of scale and to maximise efficiencies. The team will support the national initiatives in the approach to supplier segmentation and management to increase supply resilience.

Each sourcing lead is responsible for a category of expenditure across the ICS. Using the Category Management Model (opposite) and working with ICS colleagues and wider networks including CCF and NHS Supply Chain (NHSSC), the team will develop ICS category strategies to aggregate and commit demand, to ensure value for money.

Category Management Model





Category Strategies

Across the ICS there is circa £158m of addressable non-pay spend with Third Party Suppliers captured from PO data. This spend is broken down into categories using three levels of e-class.

Over the next five years the team will focus on standardising and streamlining contracts across the ICS, through seeking co-termination of existing contracts and through working with stakeholders to rationalise the contracts database.



Contract Management

Contract and supplier management is currently undertaken for a few major contracts with Third Party Suppliers.

During 2023/24, the team will seek to introduce a formal framework using the three tier classification model Gold, Silver and Bronze.

A contract management scorecard will be used in order to RAG rate performance to highlight where action needs to be taken.

Indicative Contact Segmentation



Each contract is classified by the level of risk to the business, reputation, value, complexity and opportunity.



Supply Chain

The ICS procurement supply chain is vital for the success of an operating hospital and an effective supply chain ensures continuity of patient pathways and care. Inventory has a direct impact on the ICS bottom line and is essential to the resilience of service delivery.

The supply chain team is focused on ensuring that the right product is available at the right time and in the right place. By providing a ward and department stock replenishment service across the ICS and using technology, there is a greater understanding of where products are used and what stock of product is available, providing greater control over inventory which in turn provides greater resilience across the supply chain.

The ICS Supply Chain strategy is based on the tenets demonstrated in the diagram on [page 31](#) – the success of which is dependent upon the implementation of the procurement technology strategy and robotic processing, which in turn will provide efficiencies to allow staff to focus on the “value-adding” activities of inventory management.

Using data, the team will be able to review inventory levels, monitor and reduce wastage, standardise products and reduce unwarranted variation.

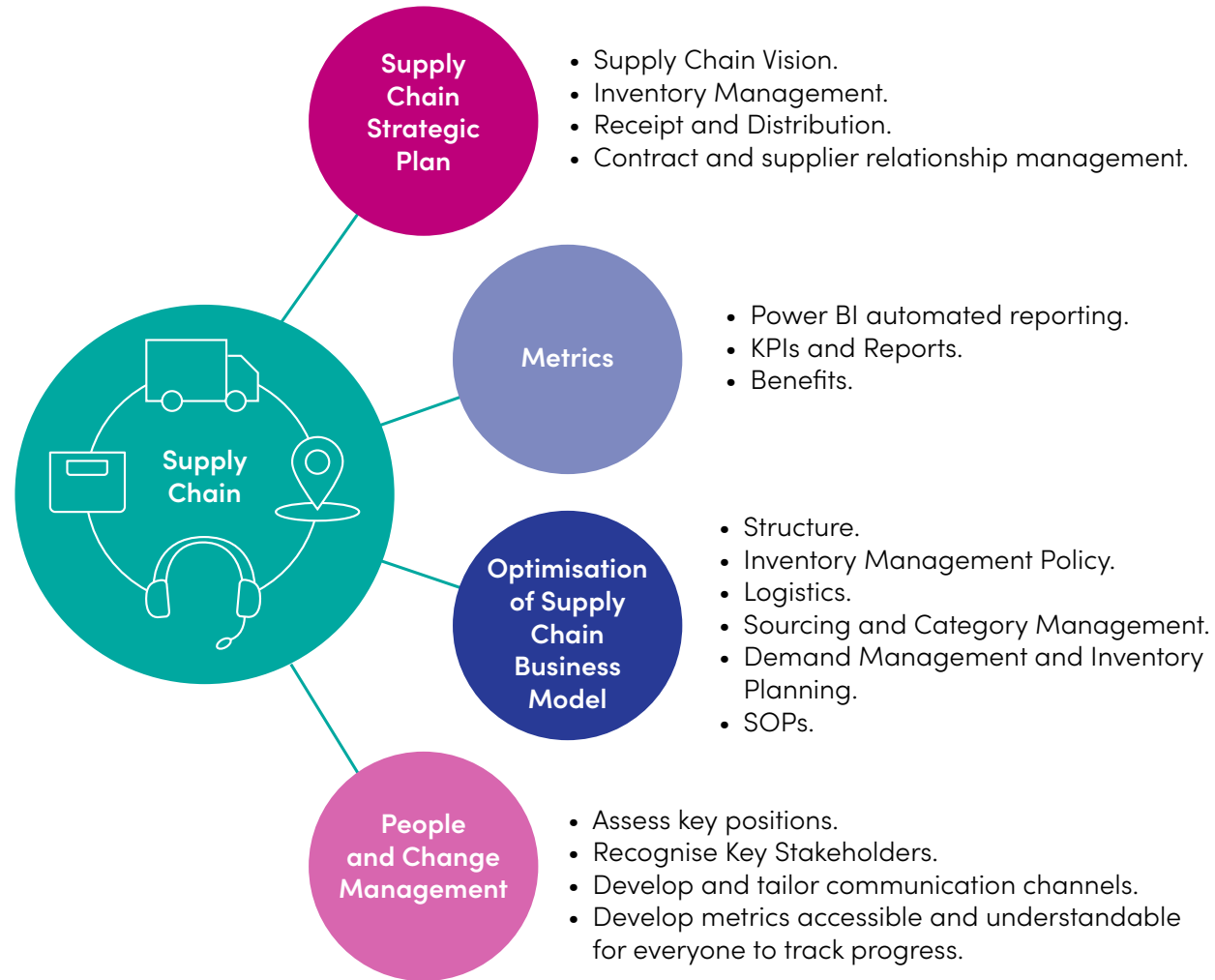
This data, as well as the blended data across the ICS, is reviewed quarterly by each Acute Trust. These reports are shared with stakeholders with a view to corrective actions being taken to drive down wastage and to reduce stock holding. There is a wide range of additional Key Performance Indicators, which feeds into these measures, which are reviewed monthly.

Furthermore, the team will work to standardise how goods are stored and seeks to implement standard processes across all areas where the team manages stock and extend the stock management service across the ICS. This will further enhance resilience across the ICS as staff are flexible on working locations.

Over the next two years, work will be undertaken to develop a specification and tender for a single inventory management system, review the use of loan kits and review stock holding levels.



Supply Chain



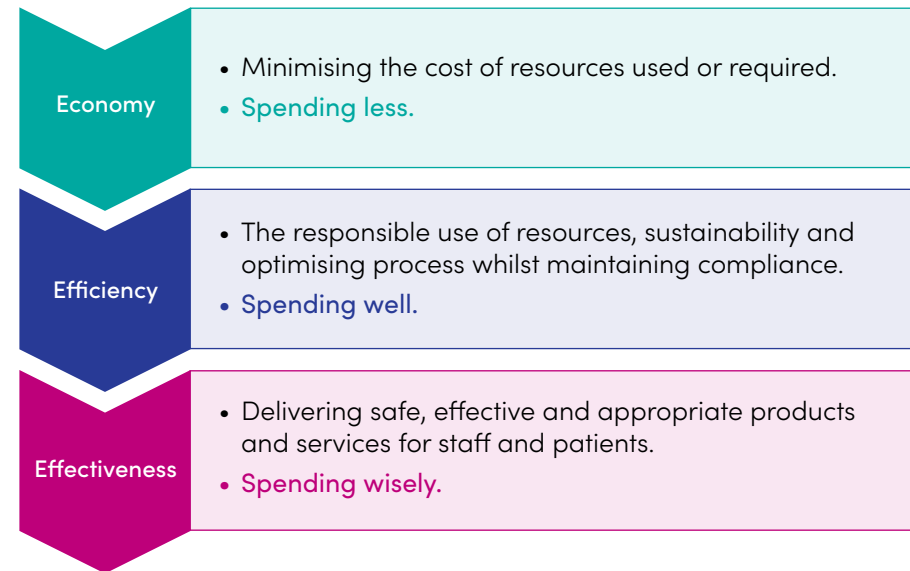


Financial Considerations

Procurement can add significant value to the Public Purse, delivering value for money and providing the best possible services at the lowest possible cost by focusing on Economy, Efficiency and Effectiveness.

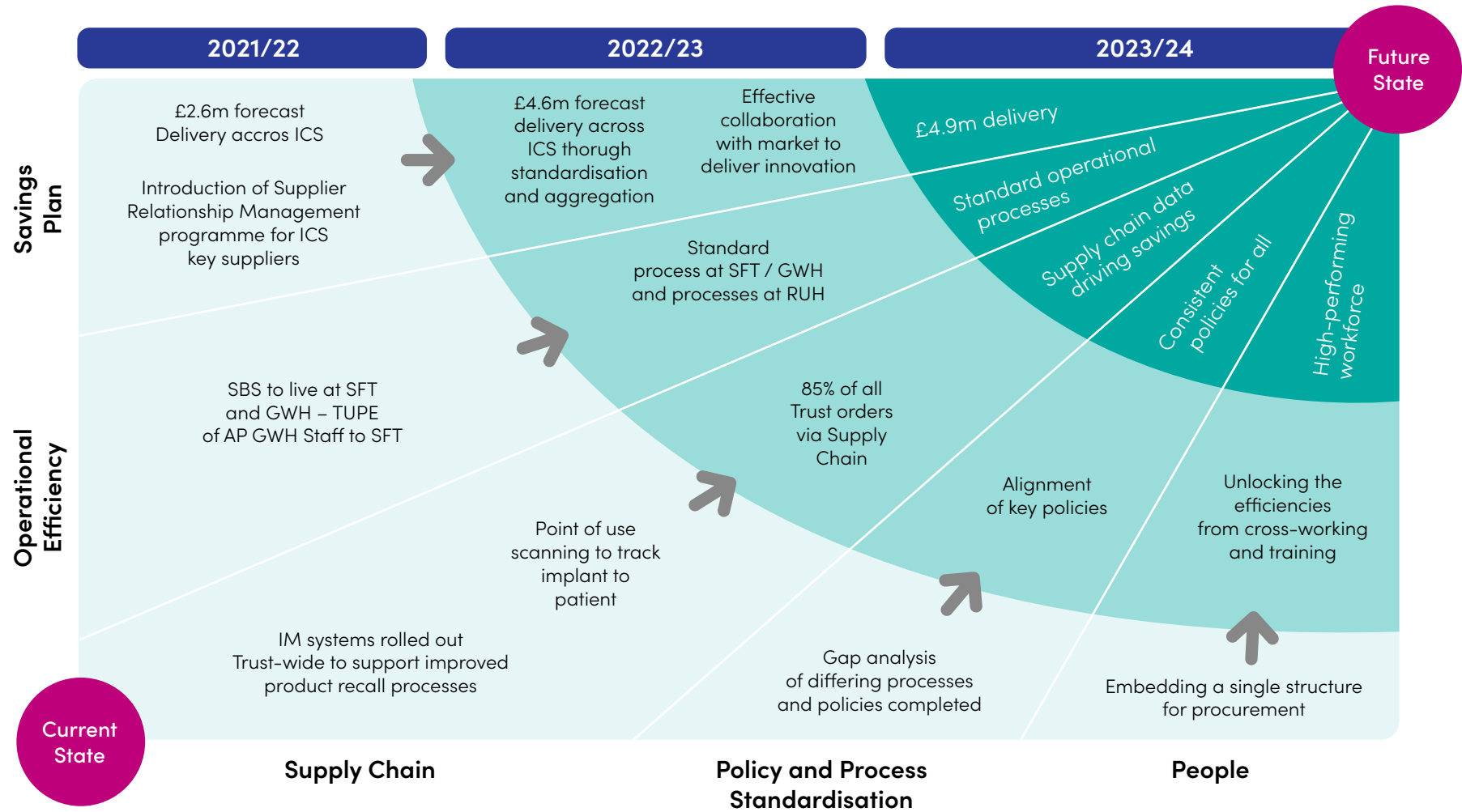
Each year a Cost Improvement Programme (CIP) is agreed with each organisation receiving a service from BSW Procurement Alliance.

The business case for BSW Procurement Alliance, was based on the infographic on [page 33](#).





Financial Considerations





Financial Considerations

Since the ICS was created, the team has generated £7.7m cash, releasing savings for the three Acute Trusts, which is ahead of the forecast back in 2020 of £7.2m.

The creation of BSW ICS Procurement Alliance has allowed the team to maximise efficiencies and economies of scale.

	RUH	SFT	GWH	Total for ICS	Notes
Baseline number for 2019/20	£1,400,000	£1,320,922	£1,176,900	£3,897,822	Excluding carry-over at each Trust from 2018/19.
Savings for 2021/22	£1,000,000	£600,000	£1,000,000	£2,600,000	Block contract and no activity vs baseline year which makes value more challenging and will be a year of transformation.
Savings for 2022/23	£1,680,000	£1,585,106	£1,412,280	£4,677,386	Excludes cost avoidance and any carry-over.
Savings for 2023/24	£1,764,000	£1,664,362	£1,482,894	£4,911,256	Excludes cost avoidance and carry-over.

The combined procurement team at GWH and SFT delivered savings of £3m against the Cost Improvement Programme (CIP) across the two sites in 2018/19 and £2.4m in 2019/20, before COVID-19 hit.

Savings have exceeded target in 2022/23 across the ICS with a total of £5.69m. In addition, just over £600,000 of cost-avoidance savings have been recorded. As a result of formalising the collaborative working, an additional £600,000 has been saved above the original business case. In addition to cash-releasing savings, there have been additional unquantifiable savings for example clinical staff time (theatre kitting projects, inventory management) and increased governance in establishing contracts.

Cash-releasing cost savings target for 2023/24 has increased by 12% to £5.5m against the planned £4.9m, with a further £7m required between 2024/25 and March 2026.

Success Metrics

Key Performance Indicators are reviewed both monthly and quarterly at individual Trust level and they are also blended to provide an ICS score.



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Appendix A

Service Planning Document

An outstanding experience for every patient

Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Choice – To be the hospital of choice, we will provide a comprehensive range of high-quality local services enhanced by our specialist centres			
Extend surgical kitting across the ICS to help productivity in theatres and increase coding accuracy.	A basic surgical kitting process is currently in place at SFT. Write the business case for a distribution centre/warehouse. Cleanse catalogues and review supply routes. Introduce a tracking system within R&D Q3.	Pilot warehouse at SFT. Q4 Start to gain efficiencies in all theatres, linking theatres to patients more effectively.	Risks to ICS of not delivering Theatres will continue to use clinical resources to perform non-clinical tasks, potential savings and operational efficiencies won't be released. No accurate data of patient level costings for theatres. Development of a warehouse. What could stop us from delivering Not being able to resource changes effectively. Business case for warehouse not approved.
Care – We will treat our patients with care, kindness and compassion and keep them safe from avoidable harm.			
Help to ensure we know What Product was used with Which Patient, When .	Scan 4 safety, inventory management and Advise Inc are in place, although different systems used across the ICS – core enablers of positive patient identification, location numbering and catalogue management and data analysis.	Act on data information generated from technology to enable tracking.	Risks to ICS of not delivering Inconsistent use of technology. What could stop us from delivering Supplier's not providing us with consistent data.
Develop procedure level information, enabling visibility in clinical variation (Carter Review).	Two management systems in place across the ICS.	Continued data analysis, interrogation and challenging of variation. Review product usage and variation across the ICS to develop category strategies.	Risks to ICS of not delivering Procurement resource. What could stop us from delivering Consultant engagement, not acting on data provided.
Keep patients safe from avoidable harm by ensuring products are controlled and any product recalls are handled efficiently.	Product Recall Standard Operating Procedure in place. Inventory Management Systems in place, along with Trello to help find alternative products if products not available.	Embedding and streamlining processes with staff and ensuring resilience is in place across the ICS. Implementation of BSW Procurement Strategy.	Risks to ICS of not delivering Resource. What could stop us from delivering Training effectiveness with new staff and resource.



Appendix A

Service Planning Document

Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Our Staff - We will make ICS a place to work where staff feel valued to develop as individuals and as teams			
Review of Supply Chain roles across the ICS, standardise the roles so that staff can work across all sites.	Supply Chain staff work as one team but with local working procedures.	Streamline SOPs and job descriptions with staff working flexibly across the ICS.	<p>Risks to ICS of not delivering Staff turnover.</p> <p>What could stop us from delivering Practical consolidation / logistical issues.</p>
Develop processes and systems to deliver improved value and enable an environment where non-value adding tasks are eliminated and staff satisfaction increase.	<p>Policies, strategies and procedures have started to be standardised across the ICS.</p> <p>Technology has been implemented to reduce non-clinical administrative tasks performed by clinical staff.</p> <p>Standardise coding for stock layout by 2024.</p> <p>Development and implementation of a Procurement Manual.</p> <p>Implementation of Procurement People Strategy.</p>	Continue to embed and refine streamlined policies and procedures across the ICS.	<p>Risks to ICS of not delivering Manual processes continue, clinical staff continues to perform non-clinical administrative duties.</p> <p>What could stop us from delivering Training effectiveness and reliance on system changes.</p>
Develop our staff.	<p>All Procurement team signed up to PSD.</p> <p>Reviewing potential courses and development opportunities.</p> <p>ICS Training Needs Analysis completed.</p> <p>ICS Skills matrix in progress.</p>	<p>All Procurement staff to review courses and development opportunities.</p> <p>Each staff member to have at least one PSD course in their Personal Development Plans.</p> <p>Continue high-level involvement in regional and national PSD.</p> <p>Follow staff development criteria in National Standards of Procurement/CCIAF.</p> <p>Introduction of a procurement people strategy.</p> <p>Utilise free to access courses wherever possible.</p> <p>Regular 1:1's.</p> <p>Team building / Away days.</p>	<p>Risks to ICS of not delivering Trusts, Arm's-length bodies (ALBs) and to private sector.</p> <p>What could stop us from delivering Business as usual and resource levels impact on time for staff development.</p> <p>Lack of formal training budget compromises use of courses.</p>
Maximise benefit from an established ICS.	<p>Cross working over three Scute Trusts has foundations to be built upon.</p> <p>MoU signed with ICB by end Q1 2023/24 to work collaboratively.</p> <p>Q4 2023/24 review working with ICB and develop business case for ICB to join the ICS dependent upon outcome of review.</p>	2024/25 ICB formally join the ICS Procurement service.	<p>What could stop ICS Procurement Service from delivering Resources to deliver additional value from working collaboratively.</p>



Appendix A

Service Planning Document

Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Our Staff (continued) – We will make ICS a place to work where staff feel valued to develop as individuals and as teams			
Develop a people strategy. Attract, develop and retain staff.	Induction process in place. Appraisals in progress. Skills matrix evaluation. Formalise people strategy Q1 2023/24.	Introduce succession planning using 9 box grid. Alignment of job profiles and grades across ICS.	What could stop ICS Procurement Service from delivering Staff turnover. Difficulties in recruitment and salary not competitive for procurement professionals in the NHS.
Value – We will be innovative in the use of our resources to deliver efficient and effective care			
Deliver at least £5m of savings each year towards non-pay CIP target.	On target for 2023/24 savings and value delivery. Planning in progress for 2024/25.	Deliver target savings for each FY moving forwards. From aggregation of demand from three Acutes increased benefits and streamlining of products.	What could stop ICS Procurement Service from delivering Savings targets become harder to meet by not aggregating this value. Inflation and supply shortages.
Work collaboratively with the ICB with a view to them joining the Procurement ICS to gain further benefits from wider aggregation.	ICS Procurement established for three Acute Trusts and delivering incremental savings through aggregation and standardisation. MoU signed with ICB by end Q1 2023/24 to work collaboratively. Q4 2023/24 review working with ICB and develop business case for ICB to join the ICS dependent upon outcome of review.	2024/25 ICB formally join the ICS Procurement service.	Risks to Procurement Service not delivering Shortage of appropriately skilled resource to provide expected additional value from working collaboratively with the ICS.
Provide additional value to the ICS from working with suppliers on sustainable initiatives.	Sustainability strategy and policy in development for the ICS. Inclusion of 10%+ weighting in contract evaluation for sustainability in line with PPN. Development of a formal contract management and supplier relationship framework.	Build upon pilots of contract management framework.	Risks to ICS Procurement Service of not delivering Resource not in place in the team to support and react to priorities of the Trusts.
Work with the wider regional and national networks to deliver savings through collaboration.	Collaborate with local Trusts through the Southern Procurement Partnership, other regional networks to aggregate spend, and standardise where possible.	Show demonstrable improvement in savings delivery through these collaborations year on year.	Risks to ICS of not delivering Savings targets become harder to meet by not aggregating this value. Commitment from organisations outside of BSW ICS.



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Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Value (continued) - We will be innovative in the use of our resources to deliver efficient and effective care			
Reduce stock turn.	Baselining of stock and requirements is in place.	Use the data available to develop strategies.	Risks to ICS of not delivering Resource.
Improve Contracts Database.	Using Atamis to develop the workplan. Develop a feed into Atamis from the workplan to create a pipeline 2023/24.	Introduce contract management classification and use the framework to manage 2024/25.	Risks to ICS of not delivering Without a comprehensive contracts database, it is difficult to co-terminate contracts and aggregate requirements which will result in fewer savings and rationalisation opportunities.
Commercial Value Delivery.	Trust Commercial Manager in Post. Management of commercial activities, e.g. site retailers. Managing Intellectual Property portfolio. Providing commercial advice to the Health, Education & Technology (HEAT) campus. Managing the My Trusty range. Salisbury Managed Procurement Services Brand. Renewable Energy / Net Zero sector.	Continue to develop current expertise and market areas. Respond to new opportunities and areas to support NHS and partners. Generate £750k income for SFT.	What could stop us from delivering Insufficient resource and venture funding to deliver new innovations. Other department priorities divert resource from commercial activities.



Appendix A

Service Planning Document

Collaborative working to generate best value and resilience within the supply chain for continued patient care

How we will support quality standards:

Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Continue to keep patient safe from avoidable harm			
Keep patients safe from avoidable harm by ensuring products are controlled and any product recalls are handled efficiently.	Product recall policy implemented.	Extend use of Scan 4 Safety and implement consistent processes and usage across ICS.	Risks to ICS of not delivering. Engagement of staff in Scan 4 Safety at all Trusts. What could stop us from delivering. Training effectiveness.
Ensure patients have an outstanding experience of care			
Make sure staff have what they need, where they need it when they need it (stock management).	Inventory Management Systems are in place across the ICS.	Increase the areas covered by Inventory Management by 10% particularly at GWH and RUH. Improved inventory visibility enabling standardisation across products, waste reduction, encouraging best practice and improving supply chain management. Explore opportunity for a central warehouse for the ICS.	Risks to ICS of not delivering Operations cancelled due to lack of supplies. What could stop us from delivering Staff training effectiveness. Using system correctly.
Actively work with our community partners and patients to prevent ill health and manage long term conditions			
Work with the wider regional and national networks to deliver savings through collaboration. Formalise arrangements with the ICB.	Collaborate with local Trusts through the Southern Procurement Partnership, Peninsula Alliance and other regional networks to aggregate spend, and standardise where possible.	Show demonstrable improvement in savings delivery through these collaborations year on year.	Risks to ICS of not delivering Savings targets become harder to meet by not aggregating this value. Commitment from organisations outside of BSW ICS.



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Priority	Current position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Provide patients with high-quality care seven days a week			
Ensure all products brought into each Trust are clinically acceptable and deliver a high standard of patient care.	Clinical Procurement Specialist (CPS) are in place to ensure trial products are up to the clinical requirements of each Trust.	To be involved with regional and national groups as appropriate to gain value for money and use of technical specifications.	What could stop us from delivering Resource.
Ensure the right product is at the right place at the right time.	Supply Chain team undertake materials management. Use of Trello to support supply continuity and liaison with CPS.	Extend the materials management top up by 10% focusing on larger departments and clinical areas in GWH and RUH. Standardise stock rooms and coding structures across all sites.	What could stop us from delivering Resource.
Provide co-ordinated care across the whole health community (links to template three below)			
Work collaboratively with the ICB with a view to them joining the Procurement ICS to gain further benefits from wider aggregation.	ICS Procurement established for three Acute Trusts and delivering incremental savings through aggregation and standardisation. MoU signed with ICB by end Q1 2023/24 to work collaboratively. Q4 2023/24 review working with ICB and develop business case for ICB to join the ICS dependent upon outcome of review.	2024/25 ICB formally join the ICS Procurement service.	Risks to Procurement Service not delivering Shortage of appropriately skilled resource to provide expected additional value from working collaboratively with the ICS.



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Efficiencies generated as a result of collaboration and enhanced use of technology

We will build on the creation of the BSW ICS procurement team, work with other partners and develop our technology platforms to generate a range of efficiencies for the benefit of care.

Current Position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
<p>Use of two inventory management systems which will automatically replenish stock and provide better prediction of future demand.</p> <p>All locations allocated Global Location Numbers.</p> <p>Use of Trello or other technology to support sourcing alternative products at time of product shortage.</p>	<p>Increase inventory management areas by 10% especially in RUH and GWH.</p> <p>Improved inventory visibility enabling standardisation across products, waste reduction, encouraging best practice and improving supply chain management-prediction and fulfilment of stock demand.</p> <p>Explore a central warehouse across ICS.</p>	<p>Risks to ICS of not delivering Operations cancelled due to lack of supplies.</p> <p>What could stop us from delivering Staff training effectiveness. Using system correctly.</p>
<p>Working with collaborative partners, Southern Procurement Partnership (SPP), Peninsula Purchasing and Supply Alliance (PPSA) and NHS Supply Chain (NHSSC) to name a few.</p>	<p>Standardise and aggregate. Ensure resource assigned to the later stages of the project is shared throughout the area, enhancing the delivery of savings targets for all. Ongoing.</p> <p>Continue to develop collaborative partners outside of ICS and including them. Ongoing.</p>	<p>What could stop us from delivering NHSSC new model and ways of working may negatively impact prices already achieved by the local collaborative. Trust may be forced to use these contracts rather than potentially more cost effective ones. Inability to co-terminate contracts to gain aggregation.</p>
<p>Draft ICS strategy developed.</p> <p>Submit revised ICS procurement strategy to CCF Q1 2023/24.</p> <p>Implement full detailed strategies for Supply Chain, Sourcing, Sustainability, People, Governance.</p> <p>Review the CCIAF and baseline procurement performance using this framework Q4 2023/24.</p>	<p>Develop and continue to contribute to the procurement Model Hospital Matrix.</p> <p>Develop action plan 2024/25.</p>	<p>Risks to ICS of not delivering Resource.</p> <p>Other risks NHS Supply Chain new model and ways of working may negatively impact prices already achieved by the local collaborative. Trust may be forced to use these contracts rather than potentially more cost effective ones.</p>
<p>Data is becoming available from the inventory management systems.</p>	<p>Data analysis to improve supply chain management for hospital operations, interrogate and challenge variation.</p>	<p>Risks to ICS of not delivering No visibility of true costs, decision-making not as informed as it could be.</p> <p>What could stop us from delivering Consultant engagement, not acting on data provided.</p>



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Current Position – 2023/24	Plans for 2024/25 (incl timescales and targets)	Risks of not achieving objective
Scan 4 Safety has been implemented at SFT, and learning is starting to be shared with other sites.	Fully implement Scan 4 Safety at RUH and GWH.	<p>Risks to ICS of not delivering Do not get the benefit of central coding and procedure costing.</p> <p>What could stop us from delivering Resource, engagement from staff at Acute hospitals.</p>
Procurement are involved in each site capital teams.	Aggregate capital demand and standardise products across the ICS.	<p>Risks to ICS not delivering Resource, Clinical engagement, timescales.</p>
<p>Implemented SBS Oracle at two sites and using technology to merge data with Unit 4.</p> <p>Exploring robotic automation to gain efficiencies.</p> <p>2023/24 – develop and implement robotic processes using Thoughtonomy.</p> <p>Streamline and develop a single catalogue across the ICS.</p>		<p>Risks to ICS not delivering IT availability to build the robot programme.</p>



Bath and North East Somerset, Swindon and Wiltshire Together

December 2023