

## THE FUTURE OF NHS PROCUREMENT?

### LOOK INTO YOUR PROCUREMENT STRATEGY, NOT A CRYSTAL BALL.

*The HCSA invited Rob Knott, former National Director, NHS Procurement, to provide his perspective on emerging developments affecting the NHS procurement landscape. He believes that it is time for NHS Procurement leaders to dust off their Procurement Strategies and keep themselves at the forefront of the supply chain modernisation agenda. Rob is a senior procurement and supply chain practitioner with over 25 years experience in leading procurement transformation at the highest level in both the public and private sectors. He is now Director of Health and Public Sector at leading digital technology company, Virtualstock.*

We all know the script. The role of NHS Procurement has never been more important. In recent communications from the Department of Health, non-pay spend across NHS providers is now over £27 billion per annum. The Carter review gave NHS Procurement a savings target of £1 billion to deliver, of which more than £600 million will be secured by the NHS Supply Chain Future Operating Model programme (FOM). NHS Procurement must deliver this target while assuring the supply of many complex, mission-critical products which enable hospitals to deliver effective outcomes to their patients.

There is little doubt that NHS Procurement is going to change. All mid-to-back office functions are going to change. Trusts will be embracing any one of a number of emerging delivery models defined by initiatives such as STPs, hospital chains, GIRFT, and mergers. A number of leading trust CEOs have openly acknowledged that many hospitals simply cannot afford to deliver their own support functions to the standards required (taking aside the limited success any trust would have in recruiting the

(Continues on Page 2)

## Inside this issue

EMERGING DEVELOPMENTS	1-7
FOREWORD	2
LEGAL UPDATES	8/9
CONGRATULATIONS, WELCOME, AND FAREWELLS	10/11
NEC: CAUGHT IN ACTION	12
40 YRS SERVICE CELEBRATION	12
FAB CHANGE DAY 2017	13
ACUTE NEW APPROVAL PROCESS	13
HEE KEY PARTNER CONTRACT	14
SCT—GO THAT EXTRA MILE	14

## FUTURE LEADERS

<http://bit.ly/2vzxGgf>



## REGISTER AND REAP THE BENEFITS

Become a member of the HCSA to gain access to a variety of support tools and services.



## FOREWORD

*“Welcome to the summer edition of our newsletter. .*

*I pen this foreword days before jetting off on holidays telling myself to leave my iPad **at home but that voice inside says don’t do it, how will you check the football scores!***

*We once again have some great stories starting with a reflection on the system which I am clear will lead to more collaborative working and something Hampshire will need to embrace this year.*

*We say hello to some great new additions to the team as we continue to grow and focus on delivery for our clients as well as to say goodbye to Vanessa who is leaving to become a teacher. I am sure her time with the NHS has prepared her well.*

*As chair of the HCSA I would encourage anyone reading this that is not a member to join this great organisation and become part of the future.*

*Our Supply Chain team took part in the Walk for Wards—great work and well done.*

*We have some bedtime reading with our legal update and finally we celebrate Kevin Green who has man and boy completed 40 years NHS service—Well done Kevin, and still looking so young!.*

*Have a great summer and I look forward to catching up with you soon*

## Alan Hoskins

Director of Procurement & Commercial Services

Please email your thoughts, comments, ideas or contributions [info@soeprourement.nhs.uk](mailto:info@soeprourement.nhs.uk)



talent needed to lead and run them effectively).

The role of NHS Procurement will also be influenced, to some extent, by the outcome of the FOM and the emerging **category towers. One of the FOM’s key outcomes is to eradicate “a complex, fragmented landscape with internal competition for the range of products, a widespread duplication of effort with procurement expertise spread across the system, and the disaggregation of demand”.** Change is unavoidable though, notably, it will only influence circa £5 billion of non-pay spend, leaving £22 billion still on the table.

Over the last twelve months, numerous leaders in NHS Procurement have been engaged in discussion on an all-too-

“..a complex, fragmented landscape with internal competition for the range of products..”

familiar topic – what will NHS Procurement look like over the coming years and what must they do to keep on the front foot.

The emerging blue-print for the FOM was influenced, to some extent, by what was observed in a number of US hospitals in 2014 (while politely ignoring the remarkably high prices that they paid). It was noted that one of the largest Group Purchasing Organisations (GPOs) had been

transformed into a significant operation, supporting the needs of some 1,600 facilities while managing circa \$27 billion spend per annum. The GPO guaranteed 80% contract compliance across key spend categories and they had successfully **reduced their 'core list' of everyday healthcare consumables (EHC)** from 7,000 to 1,400 products. Clinical Councils were the forums through which leading, influential clinicians were engaged in agreeing product specifications and the related supply management strategies.

The 80/20 rule – promoting the notion of

“..Will the emerging Intelligent Client Coordinator (ICC) move to NHSI, as is rumoured?

optimum purchasing leverage – will soon be fully tested by the performance of the category tower providers, specifically, the proposed strategies and their subsequent execution in a devolved market. In 2006, the Supply Chain Excellence Programme (SCEP) declared that it would save £500m **through the new 'NHS Supply Chain'** service. The FOM recently declared that a much higher figure will be saved by addressing the same spend categories. Will this be a true reduction in spend, or simply returning the spend back to its original 2006 baseline? No-one can really be sure in absence of the comparative data but, as every senior practitioner in NHS Procurement knows, taking back control of key spend categories was always the right answer.

For the first time ever, crystal balls should be featured in the NHS Supply Chain catalogue – so many procurement people have been asking for one to see what the future holds for their profession. Will the emerging Intelligent Client Coordinator (ICC) move to NHSI, as is rumoured? Will NHSI merge with NHS England to establish

**a single 'intelligent client' across the whole NHS procurement landscape**, incorporating the original CMU team, thereby recreating NHS PASA?. There is a hope that, someone, somewhere is the custodian of a master plan and detailed blueprint for NHS Procurement.

For NHS trusts, it is time to dust off the Procurement Strategy once again, while considering some of the key developments one expects to see over the coming years. If you have any doubts, take a look at that 80/20 rule again: 80% of non-pay spend will not be addressed by the current FOM programme. Trust boards still need a senior, trusted adviser to shape and lead the future direction of the strategic procurement and supply management function. Trusts need to deliver significant



savings across all non-pay spend and investing in a high performing procurement and supply chain team can deliver ROI of 10:1 or more.

If you are revising, or writing from scratch, **your trust's Procurement Strategy**, you should take into consideration some of the emerging, key developments which are likely to influence the future direction of the procurement and supply chain management function.

### HEALTHCARE DATA SUPPLY CHAIN

Data is going to play a pivotal role in transforming the procurement and supply chain landscape across the NHS. Delivering **excellence in the 'data supply chain'**, to retail or



manufacturing standards, has been unresolved for decades in many healthcare economies. In the last 12 months, the Purchase Price Index and Benchmarking (PIIB) tool has illustrated the importance of exploiting data to **deliver 'price parity' (often one of the first and most fundamental procurement transformation catalysts) across NHS trusts.** Over the coming years, initiatives **and interventions across the NHS' supply chain** will surface key data that will expose a range of process efficiencies, value levers, and cost-down/cost-out opportunities, for both trusts and key suppliers. (This is the prime reason why one major retailer employs over 60 staff in its supply chain analytics team alone.) New integrated data streams, such as Clinical Value Analytics, will expose cost driver and efficiency opportunities across key, clinical service lines. Delivering **real-time interoperability and 'data supply**

**chain optimisation' across many disparate legacy systems across the NHS will be critical.** Every trust will be required to publish and execute an effective GS1 adoption strategy and plan.

“..Can anyone recall the last time an effective, national category strategy was created..”

### NATIONAL CATEGORY STRATEGIES

Can anyone recall the last time an effective, national category strategy was created, promoted and adopted by all NHS hospitals? Over the coming years, national strategies developed through formal category management methodologies exploiting accurate and complete demand data, will determine that a number of everyday healthcare consumables (EHC) should be sourced and supplied, once, across the NHS. To stress the point, the GIRFT programme recently published that they had identified price variation of between £1,467 to £2,336 for a basket of surgical supplies exposing a potential 59% efficiency opportunity. Initially, there will be a shift towards greater standardisation and commoditisation, before the pursuit



## QUEEN ALEXANDRA HOSPITAL OPEN DAY SAT 14 OCTOBER

South of England Procurement Services is gearing up to welcome visitors to its annual Open Day. **This year we will show you how we're putting our services include end-to-end procurement and supply chain into practice,** while discussing how we have been responsible for making a significant long term contribution to the welfare of patients.

**This is set to be a day we simply won't forget as some staff members will shine a light on the ground-breaking work taking place and how proud they are to support direct clinical staff.**

You can also see how we are at the forefront of the sector via our Inventory Management System which helps to rationalise the theatre supply chain using GS1 standards delivering a huge return on investment while freeing up finances for re-investment in other areas.

If you are thinking about a career within NHS Procurement, then please visit us.

of any product innovation and value differentiation.

## NATIONAL SOURCING GROUPS

The category towers will be sponsored and funded to deliver the sourcing of specific spend categories. Wherever possible, trusts will be encouraged to adopt the strategies and projected outcomes of the towers to deliver the prime objective of capturing more than 80% of in-scope demand. For some commodities, the strategy may be sole-source, while for others, complex multi-lot frameworks may persist, through which regional or local procurement teams must call-off (or run mini-competitions) to extract the final, desired outcome. On EHC products (examination gloves, for example) it may be determined that one national team will source this standard commodity on behalf of all trusts. They will eventually reach a level of maturity where they can understand and expose the total cost dynamics from factory gate to point-of-use. Clinical evaluation will be conducted by a handful of relevant clinicians on behalf of many of their colleagues. Over time, one can imagine that the notion of product or price variation across specific product ranges will become obsolete in the English NHS.

## RE-EMERGENCE OF NHS LOGISTICS

The existing NHS Supply Chain infrastructure will continue to be exploited

in supplying many everyday healthcare consumables to NHS hospitals. The potential for the existing logistics capacity to be optimised will be realised through range reduction and re-channeling in the medium term (potentially triggered by the move of office products to the Crown Commercial Service).

## EMBRACING 'DROP-SHIPPING'

In many of the most advanced supply chain models in healthcare, many key categories and commodities are still supplied through wholesalers and distributors, direct from the manufacturer to hospitals, outside of any EHC delivery infrastructure. In the absence of significant investment in the existing NHS logistics infrastructure, trusts will need to identify and embrace the strategies, advanced analytics, tools and techniques to make informed decisions on the value of all relevant supply channels. Agile supply chain management will be very dominant in the future when greater numbers of products and services are pushed out to communities along integrated care pathways.

## IF YOU CANNOT BEAT THEM, JOIN THEM.

If a major hospital owns an existing, significant, high performing, procurement and supply chain team, they may be **expected to form a 'cluster' from which**



they will deliver a shared service to other trusts. It may be aligned to a hospital chain, an STP or merger, or to an initiative similar to the influential Yorkshire Working Together programme where seven like-minded trusts have formed a value-chain network. The emerging Lancashire Procurement Cluster will be worth examining in greater detail in coming months. A number of major trusts have also created wholly-owned operating companies (subsidiaries) and it is conceivable that they will absorb many mid-to-back office functions (including procurement) to become sub-GPOs.

## **FROM SUPPLIES TO SUPPLY CHAIN MANAGEMENT**

In one major US hospital, the Supply Chain Director was responsible for managing the supply of all critical products to the hospital, including blood and drugs, many of which were specified and sourced, nationally. There is little doubt that, across acute hospitals, this area requires the most significant investment in skills, processes, and technology. To achieve the standards **seen in retail and manufacturing, trusts'** supplies teams must be transformed into supply chain management functions and additional capacity recruited and developed at pace and scale.

## **ACCELERATING MODERN TECHNOLOGY ADOPTION.**

In the last five years alone, there have been numerous, notable advancements in procurement and supply chain technology, but the NHS is still too far behind the curve in its effective adoption. NHS trusts must develop radical adoption plans to embrace relevant modern procurement technology at a faster pace. Many leading companies have introduced advanced automation across every aspect of their entire procurement life-cycle. While leading firms are fully exploiting advanced analytics and are now proactively measuring the impact and potential of AI and machine-learning,

for example, the NHS has only just deployed a national price benchmarking tool. While reasonable progress has been made in areas such as e-tendering, significant gaps still exist and trusts need to proactively develop an advanced technology strategy and roadmap for their procurement and supply management function. It is recognised that major performance gaps exist in key areas such as catalogue management and purchase-to-pay (P2P) because of the dominance of legacy systems. Over the coming years, there will be a dramatic shift away from the existing legacy finance systems towards modern, agile, consumer-style platforms for the delivery of product data management and purchase-to-pay. Digital marketplaces will also emerge which will connect buyers and suppliers in real-time.

**The CCS' Crown Marketplace is a relevant** example of Central Government's direction of travel, while Amazon are building a product catalogue and fulfilment capability in healthcare. Similarly, the technology adoption strategy needs to pursue rapid investment in an advanced, modern, inventory management platform.

## **WORLD CLASS WORKFORCE.**

Professional skills are essential in every key discipline and procurement is no exception. At the heart of every high performing team are high calibre people demonstrating exceptional processes, skills, and competencies. The future focus for the procurement profession in the NHS must be on delivering excellence in category management and supply chain management. Advanced professional procurement skills will also be required in key areas such as commercial management, cost management, supplier relationship management (SRM), risk management, contract management and negotiation. There also needs to be continual investment in a range of core skills including change management (especially facilitation and influencing

skills), programme and project management, and financial management. In 2013, the NHS Academy of Procurement **Excellence was conceived. The Academy's** purpose and key functions were shaped by CIPS, the HCSA, and by many senior procurement leaders who had every intention of exploiting its capabilities to develop their teams to a world class standard in category management. The Academy was pulled, along with the

“..Beyond doubt, modern digital technology is going to radically reform the procurement function

agreed central funding, and this critical, centre-led intervention never happened. Advanced, online academies (such as the NHS Procurement Academy provided by Positive Purchasing) are proactively attempting to fill this gap. In stark contrast, NHS Digital know that modern leadership skills are critical to the success of delivering a world class IT function in every NHS trust and are creating and funding an **academy to develop 300 'digital leaders'**. Beyond doubt, modern digital technology is going to radically reform the procurement function. There needs to be a **new breed of 'digital procurement leaders'** within the NHS, acting as exemplars across all hospitals in promoting and delivering a modern NHS Procurement. The Department of Health has taken a positive step towards reinforcing the need for effective professional leadership in NHS Procurement by recruiting Melinda Johnson (a seasoned, senior procurement practitioner) to succeed Pat Mills.

## MEASURES THAT MATTER.

Key metrics and performance measures in procurement will increase in both complexity and frequency. Currently, they are basic (e.g. contract coverage, PO, catalogue compliance) but they will become more sophisticated as NHSI deploys

relevant expertise and experience. Metrics aimed at improving productivity in procurement should be anticipated and these may bite in a way which encourages trust teams to collaborate on key initiatives.

NHS Procurement is a vital, strategic function. It is one of very few strategic functions that can have a positive impact upon every product, every service, every supplier and every member of staff, and is critical to the success of running safe, effective, productive and efficient hospitals. In the NHS, a high performing procurement team can have a significant impact on both the top and bottom lines **(income and cost) in improving a hospital's** financial performance. A modern, model hospital can only be delivered – like **today's modern retailers and** manufacturers – when there is a modern, model supply chain. It is still the role and responsibility of NHS Procurement to deliver this, and in line with world class best practice, it starts with a Procurement Strategy.



## ABOUT ROB

One of the most forward-thinking people in the health area, whilst National Director, NHS Procurement, Department of Health Rob was co-author of *Better Procurement, Better Value, Better Care (August 2013)*, the strategy and programme for transforming NHS Procurement. Rob is currently poised to deliver ground breaking solutions in conjunction with NHS SBS as a pilot in Hampshire.





### BIO

Charlotte Cross—Paralegal Charlotte is legally trained (GDL and LPC) and has legal experience in the private sector (personal injury).

Struggling to find some good summer reading? **You need look no further, here's the latest legal news...**

1. The Supreme Court in the appeal case of Nuclear Decommissioning Authority (NDA) and Energy Solutions EU Ltd has made it **more difficult for unsuccessful bidders to claim damages**. The Court concluded that damages will only be available where a breach of the **procurement rules is "sufficiently serious"**.

The landmark judgement is positive news for contracting authorities as not all breaches of procurement rules will give rise to a claim for damages.

There is likely to be some uncertainty and subjectivity when determining whether a **breach is "sufficiently serious", but factors** which the court may consider include:

- The clarity and precision of the procurement rule breached.
- Whether the breach was intentional.
- Whether the error of law was excusable.

To read the full judgement, please follow the link: <http://bit.ly/2eNN810>

2. The **Department of Health's Procurement Transparency Guidance** has been updated. The guidance applies to all NHS Provider organisations and encourages independent sector Providers to adopt the measures.

Some of the updated measures include:

- A requirement to provide monthly purchase order information to NHS Improvement.
- A requirement to advertise all opportunities over £25,000 on Contracts Finder;
- A requirement to publish Contract

Award notices for contracts over £25,000 on Contracts Finder (regardless of whether the contract was initially advertised);

- A requirement for Provider organisations to publish their total spend with each supplier and details of any supplier rebates on a monthly basis.
- A reminder of the requirement to submit procurement performance data into the NHS Procurement Dashboard.

To view the full guidance please follow the link: <http://bit.ly/PIULto>

3. According to the conclusions of a Scottish Court in the case of Dem-Master Demolition Limited v Renfrewshire Council a contracting authority has **no obligation to allow a bidder to correct an obvious error in its bid** after the bid deadline has passed. Contracting authorities have a right to clarify ambiguities, but not seek late submission of information which was not supplied by the bidder, as this would likely breach the principle of equal treatment.

The lesson for bidders is not to leave submissions to the last minute and ensure all information requested is submitted.

To view the full judgement, please follow the link: <http://bit.ly/2vZKAAb>

4. An **alternative exemption to "Teckal" and "Hamburg"** has been proposed by the case of **Hannover called "transfer of powers"**.

In the case, the Region of Hannover and the City of Hannover created an SPV (special purpose vehicle) company to perform their waste management duties by transferring their waste management operations into the SPV.

In order for the transfer of powers exemption to be applicable, the court said the following features need to be present:

- As well as activities and duties, associated powers need to be transferred to the receiving entity for example powers to organise the performance of tasks, powers to draw up regulatory frameworks and powers of financial



- autonomy.
- The transferring entity must not have any involvement in the performance of transferred duties.
- Transferred powers don't have to be irreversible.**

To see the full judgement, please follow the link: <http://bit.ly/2uWT7XC>

5. The timing of applications for specific disclosure of documents compared to an application to lift an automatic suspension in public procurement disputes was recently considered in the case of *Alstom Transport UK Ltd v London Underground Ltd*.

The court concluded that cases should be considered individually, there is no general rule that either an application to lift an automatic suspension or an application for specific disclosure should be heard in advance of each of other.

Facts which the court will take into account when determining whether an application for specific disclosure should be heard first include:

- Nature and scope of requested documents;
- Parties approach to the disclosure of documents to date;
- Whether the documents are relevant to the issues to be considered in the application to lift the automatic suspension;
- Whether the contracting authority will potentially gain an unfair advantage.

A more detailed briefing note about this case is due to be drafted shortly.

To read the full case, please click: <http://bit.ly/2v7Q2o6>

6. A **new personalised health and care framework** has been published by NHS England. The aim of the framework is to provide best practice advice and practical **guides to "support progress with Integrated Personal Commissioning (IPC) and personal health budgets (PHB)".** The framework also aims to help CCGs move powers and decision-making away from the institution and towards

the recipient of care in accordance with the *Five Year Forward View*.

For more information on the framework, please follow the link: <http://bit.ly/2eNqmWZ>

7. The Government has published its **plans to protect patient sensitive data and strengthen cyber security in its response to the CQC's review** entitled *Safe Data, Safe Care* and the National **Data Guardian's review of Data Security, Consent and Opt-outs**.

Some of the plans include:

- Adopting and promoting the National Data **Guardian's ten data security standards and the CQC's data security recommendations.**
- Redesigning the Information Governance Toolkit
- Giving patients and the public more access to and control over their personal data.
- NHS Digital will broadcast alerts about cyber threats, provide a hotline for dealing with incidents, carry out on-site assessments to mitigate against cyber threats and share best practice across the health sector.

The May 2017 WannaCry cyber attack in particular has underlined the need for NHS organisations to implement robust data security standards. The Chief Information Office of health and social care has started a lessons learned review following the attack, which is due to be reported in October 2017.

In light of these events please ensure all your agreements with supplier which involve the sharing of data or access to the Client's network are reviewed by our legal department and the information governance manager on your organisation.

For more information, please follow the link: <http://bit.ly/2tTwosD>

**Monday 25<sup>th</sup> September 2017**  
**The Lecture Theatre,**  
**Education Centre,**  
**QAH, 10am – 3pm**



## WELCOME TO SIMON

Simon Farr will be joining SoEPS from his current role as a Senior Procurement Manger (Surgical and Anaesthetics) with the Bradford Teaching Hospitals NHS Foundation Trust on the 18th September 2017.

He is MCIPS qualified and has a wealth of experience in NHS procurement having been in the NHS since March 2008 prior to this time he worked in procurement in the Private Sector.

Simon will be joining the Procurement team supporting Health Education England (HEE) and will be based in Leeds, supporting HEE clients predominantly in the North and Midlands.



**Kevin Green Head of Procurement commented " I am looking forward to Simon joining the team, he has a vast knowledge of procurement and will be a significant addition to the team.**



## BEN PAGE

Ben Page has joined SoEPS in a brand new role in the team as a Strategic Buyer in July 2017. This is one of two positions created to ensure a category approach is adapted within the strategic team to ensure the procurement path is managed from beginning to end.

Ben has worked at Portsmouth Hospitals NHS Trust for the past 6 years as a Clerical Officer within the Head & Neck department in Queen Alexandra Hospital and brings with him a variety of customer service **skills and a strong knowledge of the Trust's policies & procedures.**

Ben will be will focussing on facilitating and supporting strategic sourcing ensuring that the portfolios of catalogues are within contract and managed to ensure minimal operational issues.

## ARON AHLUWALIA

Aron Ahluwalia has joined SoEPS in a Procurement Specialist role with the Strategic Team. Aron will be focusing on the professional services category with specific attention to reducing temporary staffing expenditure.

Aron brings with him a wealth of agency and professional services experience from his previous role at NHS Professionals and will therefore be specialising in this area to bring some clear category changes.



## ALAN BALL

Alan Ball has joined SoEPS as a Supply Chain Coordinator on the Isle of Wight. Alan had previously worked as a teaching assistant providing cover for absent teaching staff. He has also worked with Red Funnel ferries as a logistics coordinator.

In his spare time Alan is a keen sportsman playing hockey for Portsmouth city hockey club as well as coaching two Isle of Wight teams



## AND FINALLY... VANESSA LEAVES US TO BE A TEACHER

I have enjoyed my time working for South of England Procurement Services, however after nearly 8 months I have decided to make a career change and leave the company.

I am leaving my role as an Operational Buyer to return to University to complete a years training course to become a teacher. It is a career I have always thought about going into and have decided that now is the time to pursue it. I will miss all the people I have worked with and want to thank everyone for their support and encouragement both at work and in going back to University.

## 2017 HCSA AWARDS

*Who are you going  
to recognise?*

### NOMINATE YOUR TEAMS / COLLEAGUES NOW...

The HCSA awards are all available now on the HCSA website with an overview of the criteria associated to each of the awards and a electronic nomination form to complete. The nominations this year will **close on the 31st August 2017**

Read all about the new awards categories and meet the new judging panel at <https://nhsprocurement.org.uk/articles/awards-judging-panel>

- HCSA Improving Value through Innovation
- HCSA Best Process / Procurement Initiative or Improvement
- HCSA Procurement Leader of the Year
- HCSA Procurement Professional of the Year
- HCSA Young Procurement Professional of the Year
- HCSA Excellence in Health and Social Care Commissioning
- HCSA Chairman's Award for Lifetime Achievement
- HCSA Outstanding Service to the HCSA
- HCSA Team of the Year

## CAUGHT IN ACTION AT P4H AT THE NEC

Alan Hoskins (SoEPS), Mark Gronow (PPSA) and Andy Coley (SoEPS) were caught at the NEC recently manning the HCSA exhibition stand.

Some 140 enquiries later and everyone's feet were hammered from standing all day. Alan said " We had a fabulous number of enquiries from both existing members and also new interested potential partners.

HCSA also announced their Suppliers Event in April 2018 which is already looking to be packed with interested SMEs to large partner organisations.



Details will be available at <http://www.nhsprocurement.org.uk>

---

## 40 years service working within the NHS

At NHS South of England Procurement Services, June 2017 marks a major milestone for one staff member. Kevin Green (Head of Procurement Surrey & Sussex) he was treated to a surprise presentation after dedicating his professional career to the NHS.



Kevin has 40 years service working within the NHS, the first part of his career was on the dark side in a Finance Function prior to moving into the light within the Procurement environment some 6 years ago, a move that he wishes he had made several years before.

The celebration was an opportunity for colleagues, including Director of Procurement and Commercial Services Alan Hoskins, to say "thank you for all his hard work and commitment, Kevin is a great ambassador for procurement and brings a new dimension to the team providing great balance and insight as part of the senior team".

After receiving the well deserved appreciation from the team, Kevin said: "that he does not

know where the years have gone, and that it has been a pleasure to be and remain part of the South of England Procurement Team".

We hope that his continued commitment to delivering fantastic procurement services does not delay any future holiday or travel plans he may have!



# Fab Change Day 2017



Monday 25<sup>th</sup> September 2017  
The Lecture Theatre, Education Centre, QAH  
10am – 3pm

## SHOW CASE STANDS:

- \*Research and Innovation\*
- \*Trust Innovators\*
- \*Quality Improvement\*
- \*Patient Improvement\*
- \*IdeasPort\*
- \*Staff Led Change\*
- \*Safety Learning events\*
- \*PHT/University of Portsmouth Partnership Programme\*
- \*Health and Wellbeing\*

**Applications are invited for the prestigious 'Innovators Cup' and Innovation Poster Abstracts.**

Winners and highly commended will receive an Innovation Cup, a mentor, Trust-wide recognition and support with national award applications.

Applications open on Friday 14<sup>th</sup> July 2017.



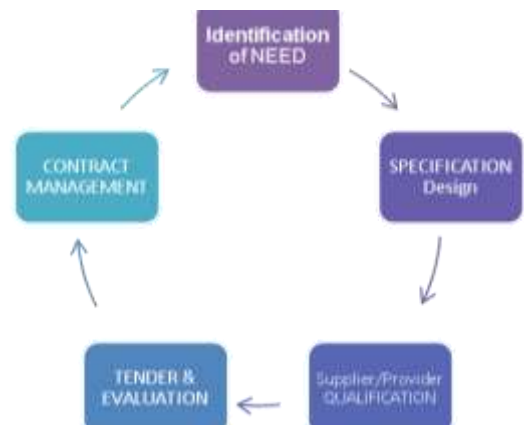
## NEW APPROVAL PROCESS

A new approval process for expenditure of Goods & Services has been rolled out over the past few weeks for Portsmouth Hospitals NHS Trust.

This change of documentation for expenditure that does not follow a full OJEU process seeks to provide clearer accountability and roles for the stakeholders involved and enhances existing processes to ensure that all the right questions and thought processes are clarified in one document.

A thorough review has also been undertaken of the Single Tender Waivers/Single Tender Actions. With the overhaul of these documents coupled with CSC by CSC training it is hoped that the enhanced and re-educated process will lead to a more robust and efficient process.

We are already seeking a reduction of STWs and STAs and overall breaches to SFIs. For more information and clarity on the process please email [neil.routledge@soeprocurement.nhs.uk](mailto:neil.routledge@soeprocurement.nhs.uk).





## HEALTH EDUCATION ENGLAND KEY PARTNER CONTRACT

Following a robust procurement process undertaken by Health Education England (HEE) to appoint a key Partner to deliver a procurement service that will ensure HEE complies with its internal policies and procedures, Government procurement policy and EU procurement regulations.

South of England Procurement Services were successful in becoming the Key Partner to provide both an operational and strategic procurement service covering both transactional procurement in the form of managing the procure to pay process and strategic procurement covering an end to end process of establishing legally compliant contracts.

The contract is to provide a country-wide service covering the four geographical area's London and South, Midlands and East, North and South West.

Kevin Green Head of Procurement said "we are delighted to have secured the contract and look forward to working with HEE colleagues in providing a first class procurement service".



## WALK FOR WARDS

On Sunday 21st May, members of the Supply Chain Team based at Queen Alexandra Hospital supported the Portsmouth Hospitals Charity event – Walk for Wards. The team raised £600 for the Rheumatology Department. Great Job !

*This newsletter is intended to provide information only, this document is not a substitute for procurement or legal advice. All reasonable measures have been taken to ensure the quality and accuracy of the information. This newsletter has been prepared carefully and in good faith, the South of England Procurement services is not liable for any errors, costs or losses arising from use of this newsletter or the information contained herein.*