

## NHS Supply Chain National Advisory Board - Key Messages October 2023

### Key points

#### NHS Supply Chain Risk Management

Chris Walker joined the meeting to provide an update regarding how NHS Supply Chain manages risk and compliance, key points included:

- a. Three lines of defence, functional responsibility, the risk team, who set the risk frameworks, and internal auditors who assess the effectiveness of the framework
- b. Principle risks (strategic cross functional) and functional risk registers which have less cross functional implications. Each one will have a risk owner, lead and champion
- c. There is a risk steering group which meets monthly and brings together a range of risk leads to support and challenge one another in managing the principal risk primarily
- d. The process commences with a risk appetite discussion which sets the plan for the year
- e. Practical example of supply chain disruption was briefly discussed, there are a range of mitigating actions in flight on this at the moment, including increasing network capacity, supply chain mapping, building resilience into category strategies and issues response ensuring the right areas are focused on to minimise the impact
- f. Overview of Key Risk Indicators which give an indication of what is happening today to monitor performance, examples of these were provided in the pre read papers, these are ever evolving
- g. Thresholds are also reviewed to ensure escalations happen at the right time

#### NHS Supply Chain Service Proposition

Sara Ford provided an update on the work being done to develop NHS Supply Chain's service proposition, key points included:

- a. Document what the service proposition looks like and what it needs to look like in the future
- b. How does NHS Supply Chain work with the system and how it all comes together
- c. The focus is on improving the services, driving greater efficiency, recognising that more care in the community means NHS Supply Chain needs to adapt
- d. The recommendations need to be sense checked with NHSE and agreement on how it will be financed, it was noted this is aligned to the agreed strategy
- e. Feedback to date has been collated as a starting point for conversations
- f. Request has gone out for customer engagement in the work as a half day workshop, there are four nominations for this already, it is essential that there is ICB representation across all segments
- g. Feedback was given that from a customer perspective the work is really positive

#### NHS Supply Chain Clinical Advisory Forum

Overview of the group was given, key points included:

- a. Bringing together experienced clinicians with a focus on continuous improvement
- b. Includes members from NHS Supply Chain, NHSE and trusts
- c. Focus on areas which are having biggest impact on clinicians and patients
- d. Considering alignment with other groups such as the National and Regional advisory groups
- e. Ongoing work with the Academic Health Science Networks
- f. The group going forwards will focus on ensuring the clinical voice is embedded into category strategies
- g. The forum will be linked into the resilience work on critical products
- h. Ensuring the group has a voice in NHS Impact
- i. The group meets every six weeks with a view that any escalations will be taken into the National Advisory Board
- j. Brief discussion was had on the potential requirement for speciality working groups

#### Update from NHSE

David Williams provided an update on behalf of NHSE, key points included:

- a. Discussion had taken place with David Melbourne regarding NHSE involvement into the Advisory Forums, regionally there will be a written update with physical representation at the National meeting



- b. The Strategic Framework for NHS Commercial will give a sense of direction for the next five years, this has been a collaborative process and will be launched at the HCSA Annual Conference in November 23. It contains a vision, problem statements and strategic interventions
- c. Overview of the Framework Accreditation Programme was given along with associated timelines. Point was raised that trusts felt their feedback had not been considered in developing the process, this has been heard and further discussion are now planned with ICS leaders. There is frustration around the level of savings being quoted against this by NHSE which may not be realistic, but is causing mixed messages with senior NHS leaders

## Escalations from the regions

Key points included:

- a. Inconsistency of reporting and actual inflation figures across the regions
- b. Challenges around substitutions and reporting
- c. Impact of vacancies from NHS Supply Chain, members were asked to provide any specific examples to Jodi to allow NHS Supply Chain to flex resources appropriately
- d. In some regions they are introducing the need for staff and visitors to start wearing masks – this was flagged to ensure provisions were in place
- e. Welcome progress on the performance dashboard to ensure all opportunities are being maximised
- f. Strategic work in some ICSs is being stood down in favour of smaller pieces of work to unlock savings
- g. Positive feedback on the modern slavery and sustainability update provided with a request for this information to be disseminated further
- h. The London forum will become the East of England and London Forum going forwards

