

NHS Supply Chain National Advisory Board - Key Messages December 2022

Key points

- 1.0 Sara Ford provided an overview of the Target Operating Model process. Key points included update on decision not to award Lots one and two (medical consumable categories) and to retain in house; with the intent to provide a more detailed update to next round of regional advisory forums.
- 2.0 A slide deck was shared to help Trusts and ICSs better understand where NHS Supply Chain was going, what they should expect from NHS Supply Chain, what role the operating model programme plays in enabling that, and what would happen in the short term. The deck was shared for feedback. All advisory participants shared their thoughts and were supportive of this being used more widely in the New Year.
- 3.0 Claire Hewitt provided an update from NHSE, key points included:
 - a. Overview of NHSE's role as a shareholder of NHS Supply Chain
 - b. NHSE does not manage NHS Supply Chain, there is a management structure in place for this. NHSE holds NHS Supply Chain to account with a set of KPIs which are reported against in formal accountability meetings
 - c. NHSE has a seat on the NHS Supply Chain board
 - d. Overview of her role, noting that she would be pulling together an action plan for both NHS Supply Chain and NHSE in response to the customer letter, Sir Jim Mackey has been asked to hold this action plan
- 4.0 David Williams attended the meeting, noting his role of Head of Procurement at NHSE. A brief overview of CCF was provided.
- 5.0 The Chair asked for each Regional Chair to provide a summary from their area. Key points included:
 - a. Frustration around the additional workload dealing with supply chain issues, the impact this is having on patient care. Work needs to be done with front line teams to educate them on the challenges, expectations need to be managed particularly with clinicians. Brief discussion was had on channels to this audience, noting Medical Directors, Nursing Directors, CPSN and EPRR leads could be used
 - b. Having an open discussion on the letter was useful, there wasn't a consensus on whether this was a letter was the right approach
 - c. There needs to be a constant narrative around what is being done to address the issues
 - d. The Chairs have a role to play in working through the issues and supporting colleagues at a difficult time, noting that everyone across the system is feeling the pain wherever they sit
 - e. More work is done to communicate with what is a disparate community, ICS leads are not communicating in a consistent way and can't always be relied upon for cascading messages
 - f. Teams have been working in 'threat' mode for two and half years with wide media coverage of the issues, the awareness of the challenge has died down, yet the challenges are just as bad, if not worse
 - g. Recognition of improvements and team working across the system in the last couple of weeks
 - h. There is a desire to have a broader resilience discussion between trade bodies, NHS Supply Chain, NHSE and procurement colleagues together regarding the net issues and what can be done to work better as a system
 - i. Reflection on the need to unify the procurement function as one NHS, aligned to what Julian Kelly is doing for the finance community
 - j. The Chair summarised the need to understand if the right forums are in place with the right people and is the communication as effective as it should be, this should be tested offline
 - k. Feedback was given on the damage to the procurement community the letter has created, reflecting on the NHSE Board Meeting
 - l. Suggestion was made that a short slot in January at NPF to articulate to procurement leaders what is needed of them to support better system working
- 6.0 Sara Ford provided an update on the work that is being done to drive improvements in the ICN process.

