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Sent: 27/03/2020 10:04:41
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Subject: Official sensitive FOR SOS/ other DAs discussions

Minister

Just in respect of supply issues as we discussed.

1. The approach to testing set a principle of a UK decision that was not shared with Welsh Government but had consequences for the testing regime we had been putting in place (and which had worked well to date to ensure wales was not drawing on a finite England resource). Whilst we pragmatically aligned to the change, it did set concerns running for how other similar supply arrangements would occur in other areas. We do need to ensure that the UK testing numbers are equitably available to Wales.
2. Similar approach applies to PPE – we have our own suppliers as NHS wales but clearly there is a great pressure across NHS to access the right balance of supplies. The UK is making a decision to hold all supplies other than to NHS england – we have been advised this is not meant to be disrupting normal welsh supplies, but suppliers are not engaging with us under a “direction” from NHS england/UK Govt whether intended or not intended which is limiting our PPE supply chain. If the answer is a UK approach then that may be more effective to ensure the NHS has what it need, but we do need to be reassured that Wales will get the access it requires. Some of the behaviour.
3. Speaking to other devolved governments the supply process is feeling that we are excluded from the UK/NHS E arrangements, we are not sighted on the workstreams at any level of detail and therefore is fundamentally affecting our ability to plan.
4. There is an emerging discussion about how supplies – whether ventilators, PPE or others – will start to be distributed to an assessment of need rather than equity. The concern for this is that in planning terms this will create concerns for wales about resilience and business continuity as the wave will be tracked and meaning that if other areas are overwhelmed the supply is used elsewhere eg London, with no ability to access the necessary supplies as the virus develops out across the UK. Whilst we understand the targeting approach, if it means in a number of weeks Wales suffers more because it did not access an equitable level of supplies from the UK-led process, that means more suffering and more lives lost in wales.
5. In the light of 4, we do need to know that we are going to access the level of ventilators we need – we currently have 375 invasive ventilators in place and continuing to look to expand – through orders and reliance of the UK ventilator process we hope to have up to another 1000. Our current assessed need for wales is a minimum of 1500 invasive ventilators based on the modelling work. If we do not get equitable access to UK ventilator numbers, again wales will be disproportionately affected.
6. There are examples of suppliers (including Welsh suppliers) telling us of specific direction to only accept contracts and block contract arrangements from NHS England (not Uk govt) on other medical consumable items and supplies. These will cause potential business continuity issues in our