

Objective of the document/meeting: To update the SRO on the Make workstream and present initial actions to increase Make speed and capacity

1) Problem to solve / Questions asked:

- What is the size of the problem – what is the order of magnitude that we need to Make in the UK?
- What should the Make workstream do versus what it is currently setup / allowed to do?
- What processes approach should an expanded Make workstream have?
- What should the org structure be for an expanded Make workstream?

3) What we have found:

The Make team has a significant role to play in providing PPE for the next 90 days. However it is probably underpowered in number and capability of people. It is not sufficiently connected to the pillar to give it demand signal and escalate issues. Some manufacturing capacity has been brought online (2 orders in ~3 weeks; 5k units of hand sanitizer, 20k per week gowns). This is not at the pace needed to meet demand.

Need more strategic demand signal: Formal prioritisation limited only to dashboard from 830 meeting, urgency not formally communicated.

Escalation not formal or transparent: Tracking and reporting of blockers is ad hoc

Insufficient number of people: Make has 12 people, and the backlog is expanding. Focus is on responding to offers rather than a pro active UK manufacturing landscape; many small suppliers are 'time wasting', more strategic ones might be missed.

Insufficient capability: Make does not have a technical team to support redesign of products for manufacture (waiting for manufacturer technical review is big bottleneck), or changing manufacturing processes. We risk for example each manufacturer designing an apron for the first time rather than an HMG team helping them.

2) Options / Proposals:

- A. Leave it as is
- B. Outsource the whole function
- C. Change the approach and processes for the Make stream to expand its capacity, restructure by:
 - i. Creating product family team structure
 - ii. Creating silo / functional team structures

4) We recommend putting in place option 'C(i)', a rapid expansion of size, capability and remit of the Make team to increase UK manufacture of PPE by an order of magnitude:

- Expand brief to include technical design of product and introduction of new manufacturing processes; meet this need with the best engineers and product designers in the country:
 - Product design integrated teams (TTL, Loughborough University, BSI, Clinical certification team)
 - Manufacturing re tooling teams (Buyers, Manufacturing integrators, Novel process team)
 - Run integrated teams of the above, on one location, with equipment
- Use a supplier landscape approach to reach big manufacturers and mandate them to produce
- Move to a wartime process for compliance and bureaucracy
- Have a PMO with teeth to escalate and unblock issues, have better data, stabilize processes

We need to change how we think about this

- **We Make because we cannot buy enough in time**; there is a huge shortfall, we have to fill this shortfall with domestically manufactured PPE
- **This is a wartime supply chain**; the government will setup and manage and end to end supply chain, and secure raw materials
- **The country is at our disposal**; we will pro-actively approach suppliers and requisition the people, equipment and premises that we need
- **We will need to re-tool**; any existing healthcare production capacity is maxed out, we will need to re-tool non healthcare capacity
- **Engineering is the answer**; we will need to undertake exceptional manufacturing engineering, product design, and quality engineering to do this