

7. Key personalities:

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Irrelevant & Sensitive

Where

8. The MAT conducted its analysis at the Welsh Government ECC(W) in Cardiff; the NHS Wales Shared Services depots at St Athan and Newport; the Aneurin Bevan University Health Board (ABUHB) in GWENT, as well as the GWENT Community Care Stores. The MAT also linked-in with the Military Liaison Officers (MLOs) for NHS Wales (as well as the ECC(W)); and within GWENT; those at the ABUHB and at the GWENT Local Resilience Forum (LRF).

When

9. 1-2 Apr 20.

What

10. The 'business as usual' PPE procurement and distribution model normally sees the department of health and the department of social care having different systems for the provision of PPE to the four main user groups: NHS hospitals, social care providers, GPs and pharmacists. However, following the national pandemic business continuity plan, NHS Wales SSP (who are routinely responsible for the delivery of PPE for NHS Wales) have stepped up to distribute PPE to all four user groups.

11. The MAT assessment is that the NHS Wales PPE distribution system has sufficient capacity to meet current demand – and (with its existing support contracts) has sufficient resilience – in storage, transport capacity and workforce - to meet the likely increased demand over the period of COVID 19, although there are certain pinchpoints (fork-lift truck drivers, warehouse management staff) where there is less resilience. However, at current usage rates NHS Wales SSP only have four weeks of supply of PPE in storage, with no clear idea of where and how the supply will be replenished.¹ This situation is exacerbated

¹ This could be two- two and a half week's supply with the likely increase in demand.

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by a lack of clear direction on the correct usage of PPE, and is resulting in a perception that there is not sufficient PPE for 'frontline' staff – although in GWENT (the worst affected area so far) there is 1 – 2 days of supply of PPE in each location. This perception is worse within the social care system than within NHS hospital locations. Further exacerbating the situation is that (as a legacy of the federated 'business as usual' clinical stores demand system) there is no clear picture of what PPE stocks are held where across NHS Wales and social care frontline sites, nor what PPE consumption rates are now, or are likely to be going forward. This results in a lack of a common logistics picture to support decision-making.

12. The ABUHB in GWENT has adapted its regional distribution system to better cope with the COVID 19 challenge – having developed seven distribution hubs within the region and increasing the rigour of demand and reporting. However, there remain no clear guidelines on the wearing of PPE (although these are coming and are likely to demand greater levels of usage; and of rarer commodities). Whether as a result of uncertainty over correct PPE usage, the staff manning the seven distribution hubs in GWENT are coming under pressure from clinical staff to provide PPE when those clinical staff (rather than policy) deem it essential. This increases the requirement for the ABUHB to bring more rigour and discipline into the distribution and issue process. On the social care side within GWENT,² there is also a push to increase the rigour and discipline within the distribution system, but they also report a need for clear guidance on correct PPE resourcing and a better (and more detailed) forecasting of their replenishment schedule.

Recommendations

13. Capability and capacity gaps have been identified in the following areas and the recommended solutions are shown against each:

Ser	Facility/Level	Issue/Capability Gap	Recommendation
1	National level/SSP	Uncertainty over where the next large inflow of PPE is coming from following collapse of some 'just in time' contracts	Agreements should be put in place with NHS England to confirm what share of their large contracts will be made available to NHS Wales. This detail should be passed to SSP to allow them to plan in conjunction with their dependencies.
2	All levels	Uncertainty exists over the size of the demand for PPE. The result is that many organisations are unable to plan and they are stuck in tracking the current situation only and dealing with issues in a crisis management rather than a deliberate approach.	A shared common picture needs to be developed against which all stakeholder can develop coherent plans. Modelling should be completed centrally and the same assumptions shared across SSP, Social Care providers, all health boards and regions.
3	National level/SSP	Updated direction from the Chief Medical Officer and a recommendation for use of alternative PPE products has resulted in significant gaps in available, suitable PPE with no existing plan for how this demand will be met.	Mobilising local industry to manufacture PPE to revised standards. Potential MACA task to generate military project officers that can drive urgency and coherence into this process.
4	National & Regional	Whilst there is a strong network of organisations who coordinate activity,	In order to either make these decisions or avoid the situation where they have

² GWICES is the community care store which distributes PPE (and other clinical supplies to the social care sector in GWENT), in 'business as usual' they would order their own stock, but under the pandemic Business Continuity Plan currently being executed, their supply is met by the NHS Wales Shared Services who distribute to the NHS.

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