3UKXX_MAT_03

02 Apr 20

OP RESCRIPT – WELSH GOVERNMENT PPE DISTRIBUTION MILITARY ASSESSMENT TEAM (MAT) REPORT

References:

A. JDP 02_UK Operations: the Defence Contribution to Resilience and Security.
B. Welsh Government PPE distributiion MAT approval.

Introduction

1. A MAT deployed on 1 – 2 Apr 20 to support the Welsh Government by providing an audit of its PPE distribution capability. It was tasked to provide: Technical operational auditing, procurement and logistical supply advice to Welsh Government projects, to ensure the maximising of PPE resources and PPE sourcing processes are optimised. Welsh Government function and NHS-primacy should be maintained and promoted at all times. With the advice to include:

a. PPE Availability and supply pan Wales from Welsh Government.

b. Ownership of PPE supply responsibility and tracking audit processes from demand to procurement to point of use at UK level to end user.

c. Improvement of Wales demand response capability.

d. Critical individual supply line items in short supply or increased use.

e. Assess likely impact on future demand from two avenues

- Growth from primary and secondary site expansions (field hospital and mortuary implementation).

- Impact from new Chief Medical Officer PPE guidance.

2. The MAT analysed national-level distribution capability and - after being asked to focus on GWENT (as the worst affected region within Wales) – examined the PPE distribution capability within that NHS region as an example of regional distribution capability.

3. In summary, the PPE situation in Wales (and the GWENT region) is as follows: National and regional storage and distribution capacity remains fit for purpose, but there is a perception among 'frontline' staff both within the NHS and social care sector that there are shortages of PPE. In part this is due to a lack of clear guidance on correct PPE usage and a lack of a shared common logistics picture of what stock is in forward locations, what consumption rates are (and how they will evolve) and a lack of common understanding of what a 'day of supply' consists of for all the various stakeholders. This means that NHS Wales Shared Services Partnership (SSP) (responsible for distribution of PPE to the seven

NHS regions – health boards/trusts and the eleven Community Care Stores) do not have a clear understanding of demand. In addition, they do not have a clear understanding of how and when their current stocks (which have somewhere between 2 – 4 weeks of stock, consumption rate dependent), will be either consumed or replenished.

4. It is clear from the MAT's findings that we would not advocate the military replacing the existing PPE supply chain provision, although there are areas which could be supported by the military, and that any changes to 'business as usual' should be evolutionary rather than revolutionary in order that they can be adopted quickly. It is also clear that (as demonstrated by GWENT), the regional infrastructure in place – Health Board/Trust and Local Resilience Forum (LRF) are best placed to manage the distribution of PPE in their region (when they have the accurate data to do so) – although this will be dependent on timely replenishment by NHS Wales SSP. However, the Welsh Government should issue clear guidance on correct PPE usage and ensure a commonality of approach and terminology, to better enable uniformity of understanding and regional decision-making. In addition, the Welsh Government must ensure that NHS Wales SSP are replenished with sufficient levels of PPE in a timely manner to meet demand.

5. The MAT assessment is that there are three areas of potential military contribution (see para 13 for full recommendations), which are as follows:

a. Firstly, is that the military should support each of the seven MLOs at the Health Boards/Trusts with a trained CQMS/SQMS to help the board with its understanding of the PPE supply situation in their region. Ideally, this would sit over a network of All-Arms Storemen at the individual hospitals (approx 30) thereby creating better rigour/discipline in the regional system and ensuring that a common (and accurate) daily picture is available to the Welsh Government.

b. Secondly, there is a burgeoning Welsh Government requirement to create a number of project managers that would work between the Government's PPE supply chain organisation and the (as yet unidentified) newly engaged local manufacturers to drive PPE production of high demand / low availability items that have now been stated as a requirement by new CMO guidelines.

c. Finally, if certain pinchpoint trades within NHS Wales SSP reach critically-low levels due to workforce attrition, and its supporting contracts are unable to be fulfilled, it will be critical for the military to provide trained personnel to deliver these principally Supply functions.

Who

6. The following personnel deployed:

a.

b.

c.

d.

e.

Irrelevant & Sensitive

7. Key personalities:

a.

b.

c.

d.

e.

f.

g.

h.

g.

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.

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.