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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 April 2020	Agenda Item	2.1 (iii)
Report Title	Provision of Personal Protective Equipment (PPE)		
Report Author	Irfon Rees, Chief of Staff		
Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience		
Presented by	Gareth Howells, Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	To outline how the Health Board is overseeing the provision of PPE during the COVID-19 Pandemic.		
Key Issues	The report covers: <ul style="list-style-type: none"> • Oversight arrangements • Demand for PPE • Supply and Distribution • Risks and contingencies • COmmunications 		
Specific Action Required (please choose one only)	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • NOTE the arrangements in place to oversee the provision of PPE during the COVID-19 pandemic. 		

1. INTRODUCTION

This report outlines the Health Board arrangements for overseeing the provision of PPE (Personal Protective Equipment) during the COVID-19 pandemic.

2. BACKGROUND

PPE is a crucial component of keeping our staff safe during the COVID-19 pandemic. The procurement and provision of PPE, in line with guidance, is a critical component of the Health Board's response.

Regular supply routes of PPE in Wales have been supplemented by the release of national stockpiles and the establishment of new regional, national and international supply routes. However, the exceptional global demand for PPE at present places the supply chain under significant pressure. While current supplies are adequate, with frequent and significant supplies of additional stock, there is little scope for building up a contingency supply. Given this fragility, it has been crucial that the Health Board developed and implemented robust arrangements for the effective ordering, storage, distribution, auditing, and communication on the issue of PPE.

3. OVERSIGHT ARRANGEMENTS

A dedicated silver PPE cell meets on a daily basis to oversee arrangements, and supply issues are included on the Health Board's COVID-19 dashboard. Daily reports are received at the COVID-19 Gold meeting, at which and any issues of concern are escalated.

The external ordering of PPE has been centralised in a logistics cell, and storage facilities established at the Health Board's headquarters for receipt of all orders and for onward distribution. Each Unit has identified PPE leads and deputies, and focal points agreed for local storage and distribution.

Clear processes for internal ordering have been established and implemented. These are supported by flowcharts communicated to all Units. External orders are made each day, based on up to date information on requirements.

Current usage levels are monitored and tracked by assessing orders. A modelling tool is being refined to support the ongoing monitoring of PPE usage at each Unit, taking into account the detailed requirements and implications to the revised national guidance.

4. DEMAND FOR PPE

The Health Board is following revised guidance on PPE which was agreed and issued across all UK nations. The revised guidance was developed both in response to the changing phase of response to the pandemic, as the UK moved from efforts to contain a 'high consequence infection' to the need to delay the community transmission of the pandemic, and as a result of there being guidance from multiple sources in existence (for example guidance specific to individual specialties issued by Royal Colleges) which had the potential to create confusion and inequity in the system.

Current usage of PPE varies significantly across units depending on patient profiles. At a Health Board level, the current usage is broadly as follows:

PPE	Items per day
Disposable Gloves	14,000
Gowns	2000
Eye Protection (Goggles/Visors)	500
FFP3 Masks	3,500
FRSM (Type IIR (Surgical masks)	12,000

These figures are based primarily on quantities ordered over the past 10 days and therefore cover usage following implementation of the updated national guidance. We do not anticipate the levels of usage to change significantly (with the exception of Health Board community services where the full impact of the updated guidance has yet to be realised). A modelling tool has been developed and is being further refined to more accurately predict demand using ratios of equipment to the categories of care outlined in the revised PPE guidance. This tool will be in use before the end of the month.

The Health Board Infection and Prevention Control teams routinely visit areas to offer advice and support on correct usage of PPE and address non-compliance as it arises.

Hotspots of COVID-19 can develop quickly across the Health Board, with resultant pressures on demand for PPE. Depending on their scale, these are often managed through well established Incident/Outbreak Management Team response arrangements, with dedicated PPE input provided as part of the wrap-around support.

5. SUPPLY AND DISTRIBUTION

As noted above, we currently have adequate levels of equipment. The supply chain to the front line has largely been maintained. Units report average stock levels of between 24 – 48 hours, recognising that the PPE logistical cell may need to facilitate movement of stock between sites to address hotspot areas.

The Health Board anticipates maintaining stock levels of at least 24 hours in the short term, with the forecast over the coming weeks improving to allow for some contingency supply. The Health Board aim is to reach levels of 24 hour supply at each Ward level, an additional 48 hours supply in local stores at Unit level, and an additional 48 hours supply held in central stores at headquarters.

These assessments are based on the most recent information available on NHS supply chain and external sources. There are also a number of local manufacturers and suppliers identified as potential sources of PPE, including thumb loop disposable gowns, visors, aprons, and sanitisers. Any offer or contact made is followed up.

Following Chairs' action enabling the Health Board to procure, or accept donations, of suitably accredited equipment outside of the established national supply chain, a number of sources have been established or are in train. These include:

- Visors from the *Royal Mint*: these are now listed through procurement/supply chain
- FFP2 masks through various sources. An initial order of 200,000 is due 1st week in May and will be followed by 300,000 in late May/June.
- Visors through a local consortium are currently going through BSI accreditation. There is a commitment for 10,000 to be donated in the first instance.
- Porta cabins have been hired at a hugely discounted rate for PPE storage.

A number of other offers are being pursued.

The Health Board continues to support individual units with local stock control and distribution arrangements. Units report on stock levels on a daily basis to the PPE logistics cell.

Independent contractors in primary care have, to date, sourced their own PPE supplies direct via NHS Wales Shared Services. Discussions are underway over the potential for such supplies to be directed via Health Boards.

Social care services have their own supply and distribution arrangements in place. The Health Board works closely with local authorities in relation to PPE, to including sharing of guidance and communication; monitoring supply and demand levels; and horizon scanning.

6. RISKS AND CONTINGENCIES

The primary contingencies for addressing shortages of PPE supply continue to be:

- Continually exploring opportunities to expand the supply chain
- Ensuring demand does not exceed guidance through effective communication, training and support, strong local clinical leadership, and monitoring and compliance
- Where appropriate, putting in place arrangements to enable the safe re-use of equipment.

On the latter point, decontamination and re-use guidelines and arrangements are being worked through for all PPE. Visor and goggle decontamination is now place, and guidance on hood decontamination has been developed and recently issues (23

April). Further guidance on other equipment will be prepared before the end of the month.

7. COMMUNICATION

Alongside all the actions to reduce the risk of shortages of PPE supply, it has also been important to communicate consistently and transparently on the issues. Staff and stakeholder anxiety can understandably be heightened by the consistent media coverage highlighting concerns over supply.

PPE issues are very visible within the broader COVID-19 oversight arrangements. CEO and wider internal staff briefings, issued regularly, often provide updates on the status of PPE supply. Efforts have been made to ensure the national guidance is communicated across the Health Board in ways sensitive to local needs.

The executive team regularly brief Trade Union partners on PPE issues, and Trade Union representatives have taken up invitations to visit both Headquarters stores and local stores of equipment. A union representative has also taken up an invitation to join the PPE logistics cell.

There has been a continuing low level of enquiries from staff groups about the PPE guidance: questions about which aspects of the guidance apply to specific groups now predominate. The COVID co-ordinating cell and infection control teams always seek to address this quickly, and any recurring themes inform wider communications.

External partners are also regularly engaged and briefed on PPE issues, including local Assembly Members via letters and a weekly briefing, Local Authority partners through multi agency fora, and Welsh Government through regular reporting mechanisms.

8. RECOMMENDATION

The Board is asked to **NOTE** the arrangements in place to oversee the provision of PPE during the COVID-19 pandemic.