



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	02 June 2020	Agenda Item	2.4
Report Title	Provision of Personal Protective Equipment (PPE)		
Report Author	Irfon Rees, Chief of Staff / Mark Parsons, Interim Assistant Director of Health & Safety		
Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience		
Presented by	Mark Parsons, Interim Assistant Director of Health & Safety		
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	<p>The report covers:</p> <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	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the arrangements in place to oversee the provision of PPE during the COVID-19 pandemic. 		

PROVISION OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

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 Long Cuff Gloves	2,500
Gowns	2,500
Eye Protection (Goggles/Visors)	1,000
FFP3 Masks	2,500
FRSM (Type IIR (Surgical masks)	20,000

These figures are based primarily on quantities ordered over the past couple of weeks 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 and impact of the field hospitals). A modelling tool has been developed and has been tested and 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 assist in providing predicted quantities required to build up sufficient supplies for each unit.

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 personal protective 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 a minimum of 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 middle of May and will be followed by 300,000 in late May/June.
- Visors through a local consortium are currently going through BSI accreditation.
- Porta cabins have been hired at a hugely discounted rate for PPE storage.

A number of other offers are being pursued.

Welsh Government and procurement have sourced additional suppliers and the benefit of new suppliers is already being realised, with increased and consistent supplies received end of April beginning of May.

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
- Risk assessments are being developed to capture all risks in relation to PPE and appropriate control measures identified to mitigate risks identified.

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.

8. RECOMMENDATION

Members are asked to :

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

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
<p>COVID-19 has impacted on the Health Board and the safety of staff, patients, contractors and others either provided or access services on Health Board sites. The Health Board set up a logistics cell to oversee the management of restricted lines of PPE and introduced effective systems, with cooperation and ownership of PPE at all levels within the Health Board. Building confidence in the supply of appropriate PPE to the frontline to maintain and improve health and safety, building a positive, safe and healthy environment.</p>		
Financial Implications		
<p>The financial implications resulting from COVID-19 are to be determined for PPE purchased and required.</p> <p>There is potential of legal proceedings, which in turn could lead to legal expenditure and financial penalties (amounts to be determined).</p>		

Legal Implications (including equality and diversity assessment)	
<p>Swansea Bay University Health Board (SBUHB) is committed to providing and maintaining a safe and healthy work place and to provide suitable resources, information, training and supervision on health and safety to all members of staff, patients Contractors and visitors to comply with the legislative and regulatory framework on health and safety which includes:</p> <ul style="list-style-type: none"> • The Health & Safety at Work Act 1974 • Management of Health and Safety at Work Regulations 1999 • The Personal Protective Equipment Regulations 2002 • Control of Substances Hazardous to Health 2002 (COSHH) 	
Staffing Implications	
<p>Staff will be briefed on the developments through health and safety meetings/forums or other groups as determined necessary ensure that health and safety is discussed, monitored and acted upon.</p>	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>The Act requires the Health Board to think more about the long term, how we work better with people and communities and each other, look to prevent problems and take a more joined up approach with partners. There will be long term risks that will affect both the delivery of services, therefore, it is important that you use these five ways of working (Long Term Thinking, Prevention, Integration, Collaboration and Involvement) and the wellbeing goals identified in the Act in order to frame what risks the Health Board may be subject to in the short, medium and long term. This will enable The Health Board to take the necessary steps to ensure risks are well managed now and in the future.</p>	
Report History	Health & Safety Operational Group May 2020