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ACUTE PERSPECTIVE

David Oliver: The cultural problems still affecting PPE provision

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In February I wrote a news story in *The BMJ* about failings in the supply of personal protective equipment (PPE) for frontline NHS hospital staff. It was based on freedom of information (FOI) requests sent to 130 trusts, triangulated against the Doctors' Association UK's database of reports from its members.¹ I went to press with 66 responses, but I've now received a further 21. I asked each trust the same four questions:

- Had they rationed or restricted PPE use?
- Had they warned any staff for using too high a specification of PPE?
- Had they warned or disciplined staff for speaking out about PPE shortages or specification?
- Had they been investigated by the Health and Safety Executive (HSE) for staff deaths from covid?

In my report I found the default mode to be denial, and the same is true of the more recent responses. My initial story also met with denial from NHS England and the Department of Health and Social Care.² The HSE admitted that it had investigated trusts but declined to say which ones.

Yet the Doctors' Association UK had logged hundreds of such problems reported by its members. Other professional membership bodies and unions have detailed similar concerns by clinical staff working with covid patients. Clearly, many trusts have better things to do in a pandemic than reply to FOI requests, and they're justified according to the law in saying no. Furthermore, it may be that the trusts that failed to reply were those with the biggest problems. Still, the whole episode suggests a closed culture more interested in limiting reputational damage than acknowledging problems.

Up the chain from individual trusts, the communications culture at NHS England and the Department of Health was opaque during the pandemic.³ But individual trusts, as employers, have a statutory responsibility for staff safety at work. Last month Furness NHS Trust was found by the HSE to have breached health and safety law over a staff member's death from covid.⁴ I doubt that this will be the only or last hospital where this is a problem.

For me, this goes beyond a culture of secrecy and denial and beyond failings in employers' duty of care to staff. Reports from the National Audit Office⁵ and parliamentary committees⁶ have found major problems in pandemic preparedness, in learning from planning exercises, and in PPE reserve stocks and supply lines during the pandemic, which led to serious shortages. Social and community healthcare staff were even worse affected.

We know from those same reports, from civil court cases, and from investigative journalism that PPE contracts worth hundreds of millions of pounds were doled out with little public scrutiny to companies with minimal track records or with close links to politicians. We know that PPE of the right quality or quantity often failed to materialise. No one in government has been held to account. The previous health secretary, Matt Hancock, was forced to resign over personal conduct rather than a failure to protect frontline staff.⁷

Sadly, some of the UK's most senior clinical leaders stubbornly clung to the advice that higher specification PPE (such as FFP3 masks) should be used only for "aerosol generating procedures," such as ventilation. But even in this setting, mask supplies were patchy in the first wave.⁸ Facing persistent campaigns to acknowledge that covid is an airborne virus, which can easily be transmitted by sharing poorly ventilated enclosed spaces with infected patients, decision makers gradually relented.⁹ And we now know that staff in such wards were far more likely than others to be infected or admitted to hospital (including staff working with aerosol generating procedures, such as those in intensive care units).¹⁰ Hundreds of NHS staff have died from covid since the pandemic began, with their families receiving a paltry £60 000 each in government compensation.¹¹

Right from the outset we should have respected the precautionary principle and given a higher specification of equipment to already frightened staff, who were putting their own health on the line each day to care for others. Instead, employers hid behind official, intransigent national guidelines. At times even low grade PPE supplies were lacking.

It's now crucial that we plan PPE supplies for any future waves or new pandemic viruses and move beyond lip service to an open culture that supports staff.

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