



## Department of Health & Social Care

17 June 2021

**To all: Chief Executives, Medical Directors & Directors of Nursing of all NHS trusts and foundation trusts**

### **FFP3 Resilience in the Acute setting**

#### **Where we were and where we are now**

Over the past 12 months the supply and usage of FFP3s within the acute setting has come a very long way. We have a highly reliable supply profile with 10 core suppliers, 14 excellent masks available with proven fit quality and an established UK Make market. Fit test capacity has been significantly increased via the DHSC national fit test team who have fitted 53,000 staff to a new mask. And following highly structured engagement with all 7 regions we have significantly reduced the dependency on one mask.

The National Fit Testing Team resource has now been extended to the end September 2021 and in addition Public Health England (PHE) have a service in place with RPA Ltd to provide fit test training for NHS staff.

To ensure that this strong position continues whilst the system tackles the current pandemic, responds to new demands due to changing guidance and prepares for any future uncertainties, it is important that the focus on FFP3 resiliency continues and develops further. A resilient FFP3 landscape ensures trusts and users are not solely dependent on one FFP3 mask, putting the user at the forefront, protecting staff and their well-being and at a trust level ensuring local inventory levels encourage users to diversify their mask type. Supported by a strong supply of FFP3 mask types and good data on fit testing and usage across the NHS this position would safeguard service continuity and sustainability across the system.

In response to this, DHSC has developed the following set of resilience principles and performance measures that acute trusts are asked to consider and implement:

#### **Resilience Principles**

1. **All FFP3 users should be fit tested and using at least two different masks (ideally three)**
  - UK Make masks will be used for all new Fit Tests (high supply resiliency and excellent fit test performance) when appropriate for the individual
  - Fit testing will be repeated at least every two years

Trusts are encouraged to access the various fit testing resources and develop a long term, sustainable fit testing programme that will not only ensure current staff are fit tested to at least two masks but also ensure repeat tests and tests for new staff are managed on a rolling programme.

In addition further support and advice on fit testing can be found [here](#).

**2. FFP3 users should interchangeably wear the masks they are fit tested to**

- Mask rotation reduces the risk of skin damage and other conditions linked to extended PPE use and allows users to build familiarity with several FFP3

It is important that an individual is fit tested and wearing the most appropriate mask to enable the most protection. Alternating between masks that have been successfully fit tested reduces the risk of pressure sores and other conditions linked with using the same specific PPE item and allows the individual to be familiar and confident in using the portfolio of FFP3 masks specific to them.

Should there ever be an instance where a particular masks was not available this level of resilience would ensure that there is no disruption to staff capabilities, duties and impact on patient care as all staff will be able to revert to an alternative FFP3 mask.

**3. Trusts should ensure that a range of FFP3 masks are available to users on the frontline and overall should not exceed 25% usage on any one type of FFP3**

- This supports user ability to rotate masks and wear the mask that is right for them

As Trusts begin to implement and embed these principles, we would expect to see the percentage usage of FFP3s shift across a range of different masks. Nationally, this principle will be monitored by reviewing the FFP3s requested by Trusts noting the % change over time, overlaid by the data held on the number of individuals fit tested to each mask type within a Trust to identify where fit testing is also changing practice in usage.

**4. Frontline stocks will be managed at no more than 7-10 days per SKU**

- This ensures that stock rooms have enough space to hold a wide range of FFP3 and more UK Make is available
- High local stockpiles of FFP3 that have been stored due to previous ordering/delivery arrangements will be considered for uplift or redistribution

This principle ensures that there is the right stock available to an individual to access the masks that they are successfully fit tested to and enables Trusts to stock a wide range of masks whilst having the space to do so.

We recognise that this principle requires staff to be fit tested to at least 2 different masks and the data to be recorded so that a Trust can identify and plan what the appropriate level of stock required for each mask used. Therefore, we acknowledge this will be a 'work in progress' and as such we will monitor stock level days, by mask, via NHS Foundry to see this change over time before the current 21-day cap on NHS Foundry is reduced.

In the meantime, we will however be identifying where Trusts have significant levels of stock of a particular mask and will work with regions to understand the reasons for this and whether redistribution or uplift is appropriate.

**5. Trusts will register FFP3 users and fit test results in ESR and review individual usage every quarter**

- This ensures all users and their fit testing evidence is freely available and action is taken to support individual resilience

In order to achieve and embed the outlined principles above it is essential that Trusts ensure they have a data source of all existing FFP3 users detailing their fit testing outcomes and usage data. Where used, the NHS Electronic Staff Record (ESR) now allows this data to be captured. Where a Trust does not use ESR it is advised an FFP3 register is developed. This information should be shared and available to all staff and a central record stored by the Trust.

### **Next Steps**

We are now asking Trusts to consider these principles, alongside the amendments to the [UK Infection Prevention and Control Guidance](#) (published 1 June 2021), and work with clinical and information teams to adopt and embed the following actions:

1. Identify an FFP3 resilience lead/champion within the trust and develop an implementation plan
2. If not already doing so, start using ESR to record all fit testing outcome and usage data at an individual level. This should include all historical data and be updated with any new changes.
3. Increase the number of masks an individual is fit tested too and ensure the different masks are available to the user to wear interchangeably
4. Implement and support a fit testing solution to enable the above principles to be achieved for all existing staff and new staff who will be users of FFP3s.
5. Monitor progress against the above principles

Nationally, we are reviewing all available data to produce a performance dashboard at Trust and Regional level to give an indication on where Trusts currently sit against these principles and where focus may be required. We will work with Regional PPE Leads to understand and agree the most appropriate route to support and work with Trusts, where needed, and will monitor progress on a fortnightly basis.

We recognise that the Ambulance Trusts may require a slightly different solution to these principles due to their mobile nature. This is being considered by the PPE Ambulance Customer Panel and will be shared with Ambulance Trusts for review shortly.

If a Trust requires further support on fit testing:

Access to the National fit test team is via [Anton.Miedziolka@gstt.nhs.uk](mailto:Anton.Miedziolka@gstt.nhs.uk)

Access to PHE funded training is via RPA <https://www.face-fit.co.uk>

Where a Trust would like to support from the national team to consider and implement these principles please make arrangements via your Regional PPE Lead.