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Subject:	RE: Critical Care Network meeting/COVID-19

Importance: High

Message

Please find below some feedback and information from the Wales Critical Care and Trauma Network meeting held this morning (which I have discussed with Chris Jones and he is supportive of the points raised below):

- Clinicians in each health board confirmed there were broad plans in place to double level 3 equivalent critical care beds (BCU and potentially CTM are not quite planning to double numbers), Cardiff have indicated they could go above double capacity depending on the availability of redeployed staff.
- Clearly huge preparation is underway in all units, PHW Wales outlined the expected number of cases with them this morning so clearly they will take this away and undertake further planning where possible.
- We should have clarity on the number of ventilators by the end of this week
- There was also a positive discussion which is continuing this afternoon on training competencies and what support universities can provide to upskill staff, HEIW will be taking this forward, this week, with training likely to start almost immediately
- There are a number of practical issues they are encountering the release of PPE stock/masks for training etc which appear to be internal communication issues on this within health boards
- Also the changing manufacturers which are being supplied meaning there is a constant need to retrain (they do appreciate the supply problems) but they asked if there was any way stock could be better managed between health board to they and provide a more consistent manufacturer to reduce the training requirement
- They are asking for elective surgery to be stopped immediately to start to address bed issues and also release staff for training and upskilling such as anaesthetists, theatre/recovery staff and also allow capacity to address the emergency surgery backlog ahead of the peak
- Not all health boards seem to have plans to move the delayed transfers from critical care out of the units now to free capacity immediately, we understand some health boards have already started activating to do this but it is not being done universally across Wales
- There was also a strong clinical view based on evidence from other countries that non-invasive ventilation could have little benefit and potentially be harmful/spread the virus so we should not be planning expanding this service.
- The issue of mutual aid in relation to staffing was raised and it was suggested arrangements needed to be in place to move critical care consultants between health boards if necessary at short notice
- In relation to the national roll out of video consultations it was asked it critical care could have access to this system so clinical in tertiary units with better cover could support other units particularly out of hours, or if not whether there is an alternative service they could access.