124. A position paper of the group is found in Annex K.
125. The legacy strategy in summary involves
    a. Equipment to double ICU capacity retained by Boards
    b. Further stockpile stored and maintained within a central facility – to be detailed by a subsequent working group
    c. Financial implication also to be discussed
    d. Strategy for the replacement of equipment detailed within Legacy framework
126. NHS Scotland Chief Executive approval gained, Cabinet secretary also approved.

Reflections and Learning Points

127. A huge amount of learning and knowledge has been gained from the partnership approach to take forward the ICU expansion work. Consideration should be given to capturing this with the many staff involved in the ICU expansion work through the use of a 360 degree tool (possibly Turas Appraisal).

128. Through working with the critical care leads, Medical Physics leads and National Procurement the expansion work was able to be delivered rapidly, first by exceeding doubling capacity, then trebling with the capacity to extend that to quadrupling. In delivering this alongside the global demand for ICU medical devices and equipment the community were able to draw expertise and knowledge to come together at pace to focus on immediate issues with supply issues and develop contingency plans and alternative supplies were needed, thus supporting this across NHS Scotland.

129. A key learning point is the need for a national medical equipment database to ensure we are able to assess when needed the medical devices being used in NHS Boards. This is particularly important in terms of enabling National Procurement to move quickly with suppliers. Numerous manual surveys were undertaken by the Medical Physics leads at Board level to confirm the numbers, makes and models of essential ICU medical devices and consumables. This included: ventilators, anaesthetic machines, oxylogs, haemofiltration and haemodialysis machines, infusion pumps. The critical work that Boards undertook to repurpose their anaesthetic machines and change the driving gas in order to reduce O2 consumption, commended by the First Minister and Cabinet Secretary, was a key part of our strategy to bridge the gap in ventilators. However, while Boards implemented this within a few days it took days to gather the data and intel needed to do this. The ventilators is also a good example, where if there had been a national database, we would have had all the information required to place the national order on Day 1 of expansion – this would have resulted in orders being secured and delivered 3 weeks earlier. In