RCoA Welsh Board meeting
20 March 2024
10am-1pm
Meeting held via Microsoft Teams

MINUTES

Members

Dr Simon Ford, Chair	Dr Kath Eggers, Cwm Morgannwg HBR
Dr Abrie Theron, Vice Chair	Dr Kathryn Lloyd-Thomas, Cwm Taf Morgannwg HBR
Dr Jane Tanaka, Aneurin Bevan Health Board Representative (HBR)	Dr Matt Williams, Cwm Taf Morgannwg HBR
Dr Piotr Kurchasrki, Betsi Cadwaladr HBR	Dr Alun Thomas, Hywel Dda HBR
Dr Anna Williams, Betsi Cadwaladr HBR	Dr Lewys Richmond, Swansea Bay HBR
Dr Stephan Clements, Betsi Cadwaladr HBR (apologies)	Dr Gianluca Longobardi, AiT Representative
Dr Mark Sandby-Thomas, Cardiff & Vale University HBR	Dr Murthy Varanasi, SAS Representative

Ex-Officio Members:

Dr Fiona Donald, RcoA President	Jason Williams, PatientVoices@RcoA Representative (apologies)
Dr Libby Duff, HoSS	Dr Teresa Evans, Regional Adviser Intensive Care Medicine
Dr Sonia Pierce, Regional Adviser Pain Medicine (apologies)	Dr Haitem Maghur, Regional Adviser (Anaesthesia) for Wales
Prof Cristina Diaz-Navarro, Academic Representative	Dr Sunil Desari, Welsh Pain Society
Dr Danielle Huckle, Academic Representative	Dr Tei Sheraton, Association of Anaesthetists (apologies)
Dr Peter Richardson, Clinical Director	

Corresponding Members:

Dr Omar Pemberton, Society of Anaesthetists of Wales	Dr Iwan Roberts, Chair of the All Wales Airway Group (apologies)

Staff:

Mr Mark Blaney, RCOA Director of Finance and Resources
Ms Amy Wallwork, RCoA Policy and Public Affairs Assistant
Mrs Natalie Walker, RCoA Governance Manager
(minutes compiled by Ms Rose Murphy, RCoA Head of Governance)

Action Tracker 2024 Welsh Board Action Tracker

1. **Welcome**
   Chair Dr Simon Ford welcomed everyone to the board meeting, including Dr Haitem Maghur, the new Regional Advisor Anaesthesia for Wales and Dr Murthy Varanasi, the new SAS representative for the board.

   The College representatives at the meeting were Dr Fiona Donald, RCoA President, and Mr Mark Blaney, RCoA Director of Finance and Resources.

2. **Apologies**
   Apologies were noted from Dr Tei Sheraton, Dr Stephan Clements, Mr Jason Williams and Dr Sonja Pierce.

3. **Conflicts of Interest**
   Attendees at the meeting were invited to raise any conflicts of interest. None were raised.

4. **Re-appointment of Chair**
   Dr Ford noted that the board's terms of reference provide for a three-year term of office for the chair, with the option to re-appoint annually. Members supported Dr Ford in extending his term of office as Chair.

4. **Minutes of the Previous meeting held on 17 October 2023**
   The minutes of the previous meeting held on 17 October 2023 were approved as a true and accurate record.

5. **Matters Arising**
   Dr Ford noted the matters arising since the last meeting. The following updates were provided:

   Letter to Cwm Taf Morgannwg and Swansea Bay Health Boards
   Dr Ford advised that a letter had been sent to Cwm Taf Morgannwg and Swansea Bay Health Boards in January 2024, seeking reassurance about their outsourcing processes and outlining concerns regarding the accompanying governance.

   At the time of this meeting a response had not been received. It was anticipated that the position would change between March and April in terms of funding issues and new annual spending plans for the health boards.

   Dr Eggers provided an update on Cwm Taf. Its insourcing team had been given notice and sessions would be covered from within the department.

   CPOC update
   Guidance on non-clinical perioperative local care coordinators was sought from the College, and it was noted that this role provided significant benefit in some areas, such as Somerset. Information on how to access and embed the process in Wales was contained

within the Chair's report tabled at this meeting.

North Wales transfer training and cover of on-call
Dr Ford noted that in North Wales. transfer training and cover of transfer on-call rotas was still being done as in lieu only rather than job planned for predictable process. He is working with the new clinical lead, Dr Lisa Hancock, to support a change in process.

6. Welsh Board Chair's Report

Dr Ford presented the Chair's report, including:

Academy of Medical Royal Colleges of Wales
The Misogyny in Medicine report authored by Dr Hilary Williams, Dr Maria Atkins, Dr Rowena Christmas, Dr Meinir Jones, Dr Hibba Kurdi, Dr Holly Morgan, Dr Claire Williams, Professor Olwen Williams and Dr Fidan Yousuf was to be released shortly. It highlights the new Worker Protection Bill coming into force and demands action in changing cultures and behaviour in medicine. This encompasses all staff within the NHS environment.

Dr Ford updated that the Welsh CMO had not been able to attend the recent Meeting of the Academy. There was news, however, on Welsh government funding for HEIW budgets; they have largely been held at last year's rates despite requests for more funding.

Medical Associate Professions
Dr Ford noted that MAPS continued to be on the agenda, referencing the Extraordinary General Meeting called at the Royal College of Physicians and the RCoA's own EGM.

He noted the recent publication by the BMA of scope of practice guidance for MAPS, including Anesthesia Associates.

Dr Donald clarified that as the standard setting body for anaesthesia, the College had commented on this guidance, noting there is already a scope of practice for AAs upon qualification which is applicable across the UK. This is set out in the College's 2016 guidance: Planning the introduction and training for anaesthesia associates. This scope of practice is the one used to guide current practice, with some exceptions for maintenance of patient services, as outlined in the RCoA letter to Clinical Leads.

Industrial Action
The Welsh Consultant industrial action vote had returned with intent to strike with initial dates of 16 and 17 of April for 48 hours. This follows the ongoing junior doctors dispute of continuing industrial action with an initial four-day strike March.

Co-authorship, Partnership, Endorsement and Support (COPES) process
The College is often requested to provide endorsement or support for documents from the wider medical community. Further to an RCoA Council review of this process, Dr Ford communicated that members of the Welsh Board will be asked to review requests pertaining to Wales (and the same for members of the boards for Scotland and Northern Ireland).

He outlined a process which board members agreed as follows. Dr Ford as chair would receive the COPES request from the College, and, depending on its subject matter,

arrange for an elected board member to review. It was noted that consultations specifically involving Wales were likely to be only occasional, but also that consultations typically came with short deadlines.

NHS Wales Clinical Implementation Network Leads for Anaesthesia
Anaesthetic leads have been put in place, with Dr Claire Dunstan appointed as the lead, with two further appointments as regional leads in North(Dr Linda Warnock) and South Wales (Dr Cat Cromey)

NHS Wales Decarbonisation Strategic Delivery Plan
Dr Ford provided an update on this plan, which looks at all aspects of healthcare decarbonisation. Anaesthetics has a significant role in supporting this plan and Dr Lisa Hancock was appointed as the Welsh Government Clinical Lead for decarbonisation of medical gases. She is working closely with the Welsh Anaesthesia Green Network which should be highlighted and supported within each of the HBs, to support change of practice. Desflurane has already been removed and further focus on nitrous oxide use will need local champions to change culture and practice.

7. RCoA College Report

Dr Fiona Donald and Mr Mark Blaney presented the College report, highlighting the following:

Election to Council
Dr Donald noted the new members of RCoA Council who were beginning their terms of office in March. Dr Sarah Ramsay and Dr Matt Tuck were re-elected as consultant and anaesthetist in training (AiT) members respectively. Dr Paul Southall and Dr Jon Chambers were elected as consultant members and Sophie Jackman as an AiT member. The College has also co-opted Dr David Urwin, the third placed AiT member applicant, to cover maternity leave.

Anaesthesia Associates
Dr Donald updated on College work underway to deliver the outcomes of the EGM resolutions, including a letter to the Clinical Leaders in Anaesthesia Network (CLAN). The letter requests a pause in recruitment for new student AAS and to pause development of enhanced roles for AAs until regulation is in place and a scope of practice beyond qualification has been developed.

Regarding the supervision of AAs, Dr Alun Thomas raised concerns about the differences between the BMA's recent guidance and the local governance in his health board.

Dr Donald referred to the College's letter to CLAN, which is copied below for reference and includes guidance for trusts and health boards which have developed enhanced roles for AAs.

Dear Colleagues,

As you know, the Royal College of Anaesthetists held an Extraordinary General Meeting (EGM) in October 2023. Six resolutions proposed by members were carried with support from a significant proportion of our membership, including two that advise the College Council to act in relation to the recruitment and supervision of anaesthesia associates (AAs).

In recognition of the concerns about patient safety expressed by members, the College is committed to implementing these resolutions. In considering how best to do so, we have sought to prioritise patient services and safety, aligned to our charitable duty to act for the public benefit. We have consulted with stakeholders and undertaken a rapid assessment of the potential impact on patient care, including surveying clinical leaders. Following that process, we are writing to request that you:

1. ***Pause recruitment of new, student AAs while the College undertakes further research regarding the impact of the AA role.***
2. ***Pause development of enhanced roles for AAs until regulation is in place and a scope of practice beyond qualification has been developed.***

These requests are set out in more detail below.

We would also like to reiterate our support for current student and qualified AAs who provide a valuable contribution to the anaesthetic team and to patient care. It is important to recognise the impact the ongoing debate has had on them, both personally and professionally. We ask that you continue to show your support for all members of your department, including AAs, and to facilitate positive professional relationships between all members of the team.

1. ***Pause recruitment of new student AAs***

We request that your hospital pauses all further recruitment of new student AAs while the College undertakes further research regarding the impact of the AA role. This will consist of analysis of the results of our member survey, an independent academic literature review and evidence gathering and consultation leading up to our Annual General Meeting in November 2024.

This pause applies to the recruitment of new, student AAs who have not yet been appointed. It does not apply to student AAs who are enrolled on courses or already training, or to qualified AAs. Hospitals can still recruit to vacant posts for qualified AAs, continue to train existing student AAs and recruit student AAs into substantive posts once they qualify.

The duration of the pause will be at least until the start of regulation for AAs, which is expected to be December 2024. Regulation will provide statutory safeguards for patients by applying rules around training, registration, governance and fitness to practise for all AAs in the UK.

2. ***Pause development of enhanced roles for AAs***

We define enhanced roles as those that extend beyond the scope of practice for an AA on qualification, as set out in the 2016 guidance: Planning the introduction and training for anaesthesia associates. Ahead of the EGM, the College shared a draft of an updated version of this guidance, but we want to make clear that for the purpose of the requests made in this letter, enhanced roles are defined as those that extend beyond the 2016 scope of practice, rather than the 'Role of the AA on qualification' in the 2023 draft version of the guidance.

We recognise that some trusts have developed enhanced roles for AAs and local governance as a means of providing services to patients in response to the increasing demand for anaesthetic services. However, the College has not supported enhanced roles for AAs while they remain an unregulated workforce. In recognition of the concerns about patient safety expressed by members through the EGM process, we will shortly amend the Guidelines for the Provision of Anaesthetic Services (GPAS), the Anaesthesia Clinical Services Accreditation (ACSA) and other College documents to make clear that local opt-outs from the College's position on the supervision of AAs are not approved by the College.

We therefore request that your hospital pauses all development of enhanced roles for AAs until regulation is in place and a scope of practice beyond qualification has been written. The College is currently developing a comprehensive scope of practice for enhanced roles – in consultation with stakeholders – to take effect when statutory regulation of AAs is in place.

In making this request, we are mindful that we would be in breach of our duty as a charity if preventing AAs currently undertaking enhanced roles from doing so caused detriment to patient care. For existing roles where this applies, AAs can continue in their role provided that supervision does not exceed 1:2 and the supervising consultant[1] is available within two minutes when undertaking general, neuraxial or regional anaesthesia or giving sedation. For such exemptions, we strongly recommend that you review your local governance processes and arrangements, including professional liability, and ensure they are supported by your Executive Board.

My colleagues on Council and I recognise that the requests made here are significant and may disrupt your planning and increase your workload. We also understand that there are uncertainties about the future and unresolved questions as the wider public debate about medical associate professions evolves.

We are committed to being open and responsive as we work with our members and other stakeholders to consider what best serves the speciality, our members, the wider NHS and of course patients. Please do not hesitate to get in touch if you have any questions or would like to discuss ways in which the College might provide assistance.

Dr Thomas asked for the definition of an enhanced role. Dr Donald responded that it was anything outside the 2016 scope of practice, such as regional anaesthesia and spinal anaesthesia.

The College is setting up a representative group to advise on development of a comprehensive and clearly defined scope of practice beyond qualification ahead of the GMC starting to regulate AAs from December 2024. There will be consultation with stakeholders, including Clinical Directors, Anaesthetists in training and other members, representatives from the Association of Anaesthetists, Anaesthesia Associates and patient representatives.

It was noted that Dr Gordon Milne from Hywel Dda Health Board is a representative on College's Anaesthesia Associates Founding Board.

Anaesthesia 2024

The President was looking forward to the *Anaesthesia* conference, to be held in May in Glasgow. It was noted that Wales was in consideration to host the conference in 2026.

ACTION: Board members were asked to think about potential Welsh venues for the Anaesthesia and feed back to Dr Ford. A capacity for 500 attendees and good access/transport links were important.

Dr Ford and Dr Huckle also to connect outside of the meeting regarding her experiences with venues.

Education

Special Interest areas in the non-clinical domains of learning in 'Safety & Quality Improvement' and 'Research & Managing Data' have been approved by the GMC. Under consideration were Education & Training' and 'Management & Professional Regulatory Requirements', with a decision due at the end of March.

Research

The topic of the RCoA's 8th National Audit Project (NAP8) had been recently announced. It will be complications of regional anaesthesia (peripheral blocks and central neuraxial blockade) and other neurological complications of anaesthesia.

The NAP 7 report had been published on 17 November 2023 at a launch event held at the College. The report is the most comprehensive assessment of perioperative cardiac arrest to date. It also provides a snapshot of anaesthetic activity in the UK and data on anaesthetists' personal experiences of perioperative cardiac arrest. NAP7 has huge potential to help drive further improvements. The report also provides practical recommendations that will help us improve the prevention and treatment of perioperative cardiac arrest. It is also a valuable resource for patients themselves.
https://www.rcoa.ac.uk/research/research-projects/national-audit-projects-naps/nap7-report

Membership survey re. Anaesthesia Associates

This membership survey, on perceptions and experiences of working with AAs, will be published in April. The members' survey was designed by the RCoA policy team but conducted by Research by Design, an independent market research company.

Regional Recruitment

Dr Ford raised the recent EGM's resolution on regional recruitment, noting that Welsh recruitment is currently provided by Anaesthestics National Recruitment Office (ANRO) and asking if there were any updates or opportunities to be involved in discussions.

Dr Donald responded that work was underway but was at an early stage. The current focus was improving processes, and ANRO had promised extra posts and greater management oversight. The recent recruitment round had been affected by industrial action in England but Scottish anaesthetists stepped in to cover interviewer gaps.

Policy and Public Affairs update

Amy Wallwork, RCoA Policy and Public Affairs Assistant, provided the following update.

With Vaughan Gething taking up his role as First Minister on the day of this board meeting, the policy team planned to write to the Cabinet Secretary for Health and Social Care as soon as roles had been confirmed.

In February 2024 the policy team wrote to Robin Swann, the Minister for Health in Northern Ireland, and Neil Gray, the Health Secretary in Scotland, welcoming them to their new roles and requesting to meet. Robin Swann has responded, and efforts are underway to arrange a meeting.

RCoA Manifesto

The policy team was producing an RCoA manifesto, outlining calls for the political parties to include in their manifestos ahead of the next UK general election.

The key call is a plan for specialty training, including more training places for anaesthetists.

For CPOC, the call is to establish a £100 million NHS efficiencies transformation fund that trusts in England can access to fund the implementation of perioperative programmes. The fund should be proportionately matched with funding for health systems in Scotland, Wales, and Northern Ireland.

Covid 19 Inquiry

RCoA is a joint 'core participant' in Module 3 of the UK Covid-19 Inquiry, along with FICM and the Association of Anaesthetists.

The College submitted its response on 11 September 2023 and received feedback from the Inquiry with requests for updates and information on our drafts. We submitted our finalised response on 20 December 2024 and are currently waiting to hear back from the inquiry.

The third preliminary hearing on Module 3 will take place on 10 April 2024. Formal, in-person hearings for Module 3 will take place between early September and late November 2024.

8. Regional Advisors – Joint RA and HOSS report

Dr Elizabeth Duff and Dr Haitem Maghur spoke to the tabled Joint RA and HoSS report, highlighting the following:

Workforce

Training Numbers were consistent despite national discussions about concerns of a reduction in core numbers.

There was a 100% fill rate in the anaesthetic and ACCS posts and the number of less than full time trainees continued to grow.

There had been no bids for new funded posts from August 2024. Further to comments earlier in the meeting about funding from Welsh government to HEIW, it was suspected that this will be the state of play going forwards. New posts in August 2025 were unlikely, and training capacity across Wales would need to be looked at before bids were made for any new posts.

The less than full time pilot is due to begin in February 2025 and is a potential new approach to recruitment. A meeting with MDRS has been held to discuss the programme with intent to advertise some dedicated less- than full-time posts in anaesthesia.

Curriculum

Regional anaesthesia capability increase has been addressed by novel Stage 1/2 RA courses in regions. Access to some specialist regional training in the Agnes Hunt hospital for North based trainees. All programmes to include certain higher acuity centres to ensure curriculum requirements achieved

HEIW has agreed a small amount of funding for face-to-face transfer training as part of its list of priority courses. Next steps were to liaise with regional based courses to see how it can be rolled out.

Pre hospital fellowships and generic professional domains and non-clinical courses were going well. Supportive school visits had taken place to meet trainees face to face and see how things are progressing with the curriculum and other areas of training.

The impact of industrial action on training opportunities and achieving curriculum requirements was causing some concern to trainees. The Welsh School are working to try to minimize impact and provide solutions.

Roles

Dr Duff thanked Dr Ford for his many years of work as Regional Advisor and welcomed Dr Maghur to the role.

Dr Maghur highlighted the following areas of his tabled report:

Examination Validity Evaluation

The RCoA is currently evaluating examination validity in line with recommendations from the independent review of its assessment processes, published last year.
The Exams department is conducting a service evaluation for the May sitting of the

Primary SOE examination. This will involve sending questionnaires to College Tutors and Educational Supervisors to evaluate the candidate's current ability in their stage of training (Stage 1). This is to review if the clinical training and the RCoA examinations are concordant measures for assessing the standards required for stage 1 training.

Flexibility in Stage 2 and 3 RCoA draft guidance
The College presented a draft guidance document creating flexibility between Stage 2 and 3. Consideration may be given to deferring Stage 2 competencies to Stage 3 in certain agreed circumstances. This is intended as a prospective planning tool and cannot be applied retrospectively to unfavourable ARCP outcomes.

CESR rotation
Three doctors started their CESR rotation in January '24 – two in Swansea and one in Cardiff. It is anticipated that some will complete the process in less than the planned three years and posts will be available to be advertised before the 3 years. There is a CESR page on the college website which has gone live with registration for CESR applications and recognition.

Consultant recruitment
Five consultant posts had been approved since February 2024. There is still a shortage of College representatives for ACC panels. If anyone is interested, please contact the College to attend a training day currently scheduled for May 29th & October 31st.

Industrial Action
There was a big thank you to consultants for supporting trainees throughout the industrial action; many stepped down to cover trainees on calls.
Future IA planned: Junior doctors 25th-28th March, Consultants 16th-18th April.

Dr Ford added the following:

Anaesthesia Associates funding in Wales
He clarified the funding model for Anaesthesia Associates in Wales, as follows.
HEIW fund the UCL course fees only, with the rest supported by the health board.

College guidance has been followed to not recruit further AAs to those already in the programme. Wales currently has seven trained AAs in Hywel Dda and two trainee AAs in Swansea.

9. Regional Adviser Intensive Care Medicine report

Dr Teresa Evans provided an update on Intensive Care Medicine, highlighting the following:

Workforce:

- FICM posts – significant number of doctors approaching CCT date
- Potential disparity between consultant job availability and desired location
- Portfolio (CESR) Lead for ICM appointed in Wales. Dr Nia Davies Swansea Bay University Health Board (SBUHB).

- Survey feedback - reported differences between dual non – anaesthetic/single CCT trainees and the feeling of undermining/ derogatory comments about career pathways.

(For the purpose of the minutes, a link follows to a report published in March 2024 by FICM, called Best practice for management of Dual/Triple/Single CCT ICM trainees)

Training/Recruitment

- HEIW training and peer review ongoing. All ICM training hospitals reviewed once every three years. Further reviews depending on outcomes/ GMC/FICM survey results. Princess of Wales Hospital, Bridgend review planned 22nd March 2024. This is a 6/12 review after significant positive progress from previous reviews.
- Recruitment process ongoing, eight posts advertised.
- North Wales/South Wales rotation agreed. Aspiring for first trainee 2024.
- Transfer training – Network support of online resources and videos (near completion)

There was a general discussion about recruitment processes, including the situation for those who'd been shortlisted and appointed to the FICM programme but lost their post at a later stage. It was noted that last year this was an issue at a national level as well as within Wales. Mitigation measures included increased guidance on the website, tightening of the longlisting and shortlisting process and tightening of the appropriate signoff of the equivalence form.

Tertiary services:

- Burns ·SBUHB – Expected finish – Oct. 2024. Exploration of PACU options to ensure bed capacity maintained as relocation has led to overall decrease in ICU bed numbers.

WICIS /Network/Faculty

- The Welsh Clinical Informatics service (WICIS): Under re-review and development prior to its roll out. It is anticipated to enhance collaborative working in the longer term.
- The Critical care, Emergency medicine and trauma strategic network: Strategic aims agreed with HB leads:
    - Sustainability
    - ECMO
    - Repatriations/DToC
    - Out of hospital cardiac arrest pathways
    - NELA and peri-op admission to critical care/ enhanced care areas.

10. Regional Adviser Pain Medicine report

Dr Sonia Pierce provided an update on Pain Medicine. The following points were highlighted:

FPM roles update

Dr Pierce has been appointed as an examiner for the FFPMRCA examination and is now the Vice Chair of the newly formed FPM Education Subcommittee. Dr Sunil Dasari has been appointed as Deputy Lead for FPMLearning.

Advanced Training / SIA in Pain Medicine

One trainee currently undertaking Advanced Training in Pain Medicine in Cardiff and one has just successfully completed an Advanced Pain Fellowship as an OOPT in North Wales. Two trainees have applied for SIAs in Pain Medicine, commencing over the next two years.

Education Updates

The Welsh School of Anaesthesia website is currently being updated with a page of relevant educational material in pain medicine. Details of FPM upcoming events can be found here: https://fpm.ac.uk/news-events-events-calendar/recent-advances-and-study-days

The FPM Learning platform continues to host up to date educational material including case reports, 'Radiology Corner' and podcasts, relevant to all doctors interested in pain medicine, available here: https://fpm.ac.uk/fpmlearning. If anyone is interested in getting involved, please get in touch via contact@fpm.ac.uk

e-PAIN modules continue to be developed, made up of interactive sessions to meet the needs of a multidisciplinary audience. Registration is free to all NHS staff members and those with OpenAthens accounts: https://fpm.ac.uk/e-pain

Credentialing Update

The FPM are working on plans to open applications for the retrospective award of the Credential for the Specialist in Pain Medicine. They will welcome applications from eligible doctors who may or may not be currently not affiliated with the Faculty. All applications will be assessed by a national panel set up by the NHS Statutory bodies.

Going forwards, doctors who complete training in Pain Medicine including successfully sitting for the FFPMRCA examination, will be recommended for the Credential as part of their completion of training by their Annual Review of Competence Progression (ARCP) Panel. The FPM will also be liaising with other Colleges to advise on training for the Credential by doctors from a non-anaesthetic background.

Workforce

The five yearly FPM Census has recently been conducted and provides a rich source of workforce data, highlighting some of the challenges in pain services across the UK. A summary of the key themes include can be found here: https://fpm.ac.uk/sites/fpm/files/documents/2023-11/TRANSMITTER%20Autumn%202023_3.pd

11. Anaesthetists in Training - Dr Gianluca Trisolini Longobardi

Dr Longobardi's report focused on the ongoing industrial action.

Regarding the interface between industrial action and training, Dr Ford noted that his health board had halved the number of clinical governance days in order to prioritize elective work. It was noted that it was important for trainees to still achieve the non-clinical requirements of their roles.

Dr Longobardi had recently spoken at an ST4 induction day and emphasised planning EDT along with study leave.

12. SAS report - Dr Murthy Varanasi

Dr Varanasi was welcomed to his first board meeting as the SAS representative.

As SAS doctors are a particularly diverse cohort, geographically and otherwise, Dr Varanasi planned to ask board members to help with contact details to build a framework to gather opinions and feedback.

Dr Ford raised the issue of the remuneration of SAS doctors during the AiT industrial action, and whether there was also a discrepancy in the level of support SAS doctors receive compared to Consultants also working to keep the service running.

13. Matters from Health Board Representatives

a) Swansea Bay University Health Board - Dr Lewys Richmond

- SBUHB anaesthetic department has appointed a new Clinical Director, Dr Simon Ford. Congratulations were extended to Simon.
- Paediatric anaesthesia on call rota has gone below the agreed 1/8. Currently there are 7 Consultants on the rota and one vacant slot that is being covered with internal locums. There is a plan to advertise one permanent post and one locum paediatric anaesthesia post. The creation of consultant posts specialising in paediatric anaesthesia is currently challenging due to a shortage of available elective lists. Paediatric lists remain at 80% of pre-covid capacity.
- Work has commenced on the new burns theatre and Intensive care burns specific infrastructure. There is an aspiration to complete this in the last quarter of 2024/first quarter 2025. The burns on call anaesthetic service continues to be supported by the general on call group and intensive care until this time.
- SBUHB has requested funding from Welsh government for 3 additional theatres on the Singleton site. This will require further expansion of the anaesthetic department above its current footprint if successful.
- In response to industrial action, the health board had reduced governance days from every month to every other month and subsequent scheduling of the Consultant strike had meant a further gap, with no audit or governance days until June. Dr Richmond asked if representatives from other health boards were experiencing similar issues.
- Dr Theron responded that in his board the Medical Director had been approached regarding this issue, and there was an agreement to ring fence Q&S sessions.
- Dr Duff asked about paediatric training capacity in SBUHB and the likelihood it would return to pre-Covid levels, particularly for stage two and stage 3

ACTION: Dr Richmond to look into capacity for paediatric training opportunities and come back to Dr Duff

b) Cardiff & Vale University Health Board - Dr Mark Sandby-Thomas

Cardiothoracic services remain at the UHL site. Planned date for move back to UHW was meant to be Easter, pushed back to September but realistically probably next year. Knock on effects remain on orthopaedic services and patient safety at UHW without cardiothoracic support on site for cath lab or MTC. When the move does take place, there will be anaesthetic job plans and theatre space allocations.

Car parking a perennial issue, especially if arriving to hospital after around 8.15am. Safety issues for trainees when parking off-site

Staff shortages/retention still an issue

Issue with study leave and professional leave allocation, with the health board enforcing a combined total of 10 days for both study leave and professional leave, with a maximum over three years of 30 days. While this didn't affect many Consultants, it did affect those who held examiners roles within the College or were active in various other societies or other roles. SPA days were still counted as days.

Dr Donald noted that in England, 10 days combined study and professional leave had been the case for quite some time, with leave based on clinical sessions. The College does write to trusts to try to persuade them to allow people extra time for their various roles.

In Dr Egger's HB, the department had pooled the professional leave allocation, which had worked well. However, Dr Donald noted that her trust had not allowed leave to be combined, as contractually the leave is allocated to each person within their contract.

ACTION: RCoA Welsh Board to write to give support, if appropriate, regarding the President of the European Society of the Anesthetists role

Dr Diaz-Navarro shared that her job plan does not accommodate her role as chair of the Scientific Committee for the European Society for Simulation. As a European role, NHS Wales NHS Wales does not consider it as being valid for SPA use. Her Clinical Director was health board was exploring whether sabbatical leave could be granted over a period of time to support her work in that role.

Dr Theron referenced a letter from Chief Medical Officers in the last two years regarding activity for the wider NHS, including College work (though it didn't include European work). He added that sabbatical leave can be paid or unpaid, depending on Medical Director sign off.

c) Aneurin Bevan Health Board – Dr Jane Takaka

Dr Jane Tanaka spoke to her tabled report, highlighting the following:

- Cross-site working, and general discontent have been themes in a recent survey of wellbeing in the department. Many of the complaints are beyond the scope of our department to rectify, eg the extra pressures our new hub and spoke model are causing with more remote sites and lone anaesthetists than ever before. This has been made worse by fewer lists happening in the "spoke "theatres due to staff shortages and financial constraints. The results of the survey have only been revealed recently and are under discussion now as to what to do next. It was still a relatively brief time since the move and reconfiguration of the health board during Covid, the results were not really a surprise.
- Occasionally no beds in the higher acuity centre, so pressure to higher acuity work within other areas.
- There had been new appointments of consultant colleagues.
- So far the cover during the strikes has been good and worked well. Some lessons in efficiency may be learnt from the increased consultant presence at the front line, although time will tell.

d) Betsi Cadwaladr HBR – Dr Anna Williams

Dr Anna Williams was welcomed to her first meeting, highlighting the following:

- Health Board still in special measures and not reappointing to any posts, both clinical or non-clinical
- Currently fully staffed in Wrexham although establishment review noted – 19 sessions short per week for funded review and 15 sessions short for utilised sessions.
- No money currently to increase workforce.
- Ongoing dependency on locums to cover.
- Differing rates of payment to anaesthetic staff across Health Board – likely imminent introduction of a rate card for standardisation.
- No arthroplasty for a month due to lack of inpatient beds – restarted w/c 4th March
- Arrangement with RJAH Orthopaedic Hospital in Oswestry for trainees to spend 2 weeks there for additional regional experience.

Glan Clwyd Hospital - Dr Piotr Kurchasrki

- Since the last report, extra contractual cover for regular lists has not changed. On average service needs require 5-6 Waiting List Initiative (WLI) sessions per week. There is one NHS Locum Consultant with special interest in Orthopaedics being employed, hopefully it will reduce requirement for extra spending for understaffed regular elective lists.

- There are difficulties covering on-call rotas due to lots of fellows being of junior level, this has been escalated to the Hospital Management Team for further discussion and change of target experience and competencies level for new posts.

- Current junior doctor strikes affect the service significantly. On the worst days up to 9 elective lists were cancelled, Emergency and Trauma were doubled in capacity and anaesthetists provided ward cover supporting medical teams. On-call rota gaps were

covered by SAS doctors and Anaesthetic Consultants for premium hourly rates. More strikes are expected at the end of March. There are planned SAS and Consultant strikes in April. The impact of that is yet to be established. Some cancer cases were cancelled because of strikes.

- Current development of Llandudno Orthopaedic Services is in progress, with a planned opening date of 2025. It is not known yet if that project warrants Abergele Orthopaedic Hospital to be fully decommissioned and who will provide cover for the services.

- Previous business case for electronic POAC was refused. The use of ePOAC is now back at the discussion phase with elective surgery project management groups.

Critical Care

- Ongoing issues with the number of ICU Consultants covering on call rota. Current rota covers weeks on 1:8 basis and weekends on 1:4 basis. We are down to 7 ICU Consultants currently due to sickness, urgently need 3 more to cover the service. Two posts advertised recently, one consultant starting from August 2024, another one may start in March 2025.

- New Advance Critical Care Practitioners (ACCP) posts are being created. We have one currently, there will be two more in August after training is completed. There is a plan to train and employ 1-2 more post, totaling 4-5 ACCP nurses being able to cover 4th on-call ICU rota, thus relieving the pressure on doctors' employment numbers and creating opportunity to have more financial resources available to employ or promote staff within the department. That may include an offer of new SAS Specialist jobs.

- UK national standard of bed occupancy is 80-85%. ICU occupancy at YGC is 90% and above. We have funding provided for 13 ICU beds, target to meet service demands is 14. Over the last few years (Pre-Covid) number of ICU admissions increased from 600 annually to 850-900. The increase is contributed to by the development of Vascular Service as well as Interventional Cardiology/PCI.
  90% bed occupancy is very high despite some admissions being avoided by the development of Postoperative Acute Care Unit (PACU) in the area of Recovery. PACU allows for up to 3 daily admissions for high-risk patients, Enhanced Recovery After Surgery (ERAS) for major colorectal and other surgical cases. PACU is available in regular week days only.

- According to ICNARC data, YGC has the highest number of home discharges from ICU in the UK. Average expected home discharge from ICU in UK is 7.5%, it is 20% in YGC. The main contributing factors are Delayed Transfers of Care (DEToCs) and high occupancy of ICU beds.

- Acute Critical Care Transfer Service (ACCTS) previously based in Bangor is not available 24/7, currently all the night transfers from YGC are provided by local ambulance service and ICU staff on-call. The ACCTS service provides round the clock in the South, whilst the North suffers from shortage of service, this is partially off-set by the development of a Local Transfer Course planned in August. Bangor and

Wrexham may struggle even more than us. We are looking to set up the base for ACCTS in YGC and move it from Bangor to our location.

There was a discussion on bed occupancy and flow, and the challenges of meeting targets.

Dr Evans described a pull-model initiative at Aneurin Bevan UHB, where colleagues from rehabilitation come into critical care and identify patients that they can appropriately take, knowing what resources they have in the community.

e) Hywel Dda HBR – Dr Alun Thomas

In a verbal update, Dr Alun Thomas queried what other health boards do in terms of recruitment to specialist roles.

Dr Ford noted that in his role as RAA he had seen specialist roles advertised and recruited to.
Also, Newport had appointed specialists, one a as a peer specialist focusing on clinical lists and weekend trauma work, and a hybrid role where there's some elements of junior on-calls or middle grade on-calls as well as senior or independent lists.

As a role likely to increase, board members were invited to contact Dr Richardson or Dr Tanaka from Aneurin Bevan Health Board for guidance on recruiting to specialist contracts.

f) Cwm Taf Morgannwg HB

Dr Matt Williams, Dr Lloyd-Thomas and Dr Kath Eggers presented their health board reports for the Cwm Taf Morgannwg Health Board. The following points were raised:

Princess of Wales Hospital, Bridgend: Dr Kath Eggers
Dr Eggers reported on the following:

- Fire work to theatres on hold for now, so no changes to elective throughput.

- SLA between NPTH and POWH, Bridgend still ongoing, so we are working in 2 health boards with different systems e.g. AAs, EPS, different machines and kit. Increasing concerns that it is becoming a CG issue, as expansion of service is outside of our control or involvement. E.g. HDU, Preop assessment.
  ACTION: Dr Ford to contact Dr Eggers to further discuss these points

- Still awaiting to hear the plans for the CTM reconfiguration which will include the new elective unit (Concorde). Should be soon, and then public consultation after Easter into the Summer.

- ITU staffing of consultant and middle grades is now sustainable. New 3rd tier for ITU has depressurised the rota. HIEW due for a return visit regarding

this issue.

- This was Dr Eggers' last meeting. Dr Ford thanked Dr Eggers for her work on the Wesh Advisory board and for the Welsh School.

Royal Glamorgan Hospital: Dr Kathryn Lloyd-Thomas

- ITU would like to have ACCS Trainees, if possible, for training posts in ITU. Plenty of training opportunities in The Royal Glamorgan

  In response, Dr Duff said that the opportunities in both anaesthetics and anesthesia in the Royal Glamorgan were noted and would be looked at in more detail when the capacity of training across Wales is looked at. Responses received from surveys sent to Clinical Directors and College Tutors will inform this work.

- Issues with lack of job plans continue, Consultants in the department still not job planned (since 2019). Latest undertaking from new management is planed within three months process.

Prince Charles Hospital: Dr Matt Williams

- Outsourcing theatre team work in PCH has now stopped.
- Restructuring of services (including ICM) planning continues across CTMs 3 sites, still with no final decisions having been made.

14. Welsh Pain Society

Dr Sunil Desari attended the Board on behalf of the Welsh Pain Society and gave the following update:

Cardiff is organising this year's Welsh Pain Society annual scientific meeting, to be held on 4 October. Consultants on the board were asked to encourage trainees to submit posters on any pain medicine related activity to the conference.

The South Wales Acute Pain Network will hold its annual scientific meeting on 22 May, which also has opportunities for trainees.

15. Matters from Academic Representatives

Professor Cristina Diaz-Navarro provided the following update:

RCoA Simulation recommendations
These have been drafted, working with Dr Steffan Glaze, Dinwoodie Simulation Fellow at the Royal College of Anaesthetists. They build on the RCoA simulation strategy and CCT curriculum requirements and are yet to be approved.

General principles include:

- The format of SBE should be appropriate to the learning objectives.
- Low complexity methods can often achieve the learning objectives using less resources and in a more sustainable manner.
- Simulation learning may take place ad hoc in clinical environments.
- The provision of specific training days with a focus in simulation learning ensures

protected teaching time for participants and faculty.

- Those delivering simulation-based education should have appropriate training for the format being used and engage in continuing professional development, with a particular emphasis on psychological safety and debriefing.
- Anaesthetists in training should have the opportunity to attend courses, and participate as faculty, to enable their development in clinical education and simulation.

Research

The obs-uk study, led by Sarah Bell, explores ways to improve the management of postpartum haemorrhage. Having received £3.5 million funding from the National Institute for Health and Care Research, it has achieved its first milestone by opening 30 simultaneous research sites across the UK on 1st February.

Simulation

The ASPiH Standards 2023 were launched in November. The RCoA simulation page refers to them in recommended materials.

Dr Danielle Huckle provided the following update:

Dr Danielle Huckle was welcomed to her first meeting.

There were 27 actively recruiting clinical trials in Wales and in the 2023-2024 period just closed 1844 patients recruited into clinical trials, all to improve the clinical care of patients in perioperative medicine.

She flagged the Associate Principal Investigator Scheme, which is associated with many of the trials and aims to develop health and care professionals to become the Principal Investigators (PIs) of the future.

CLAN, Clinical Leaders Anaesthesia Network

Dr Abrie Theron was thanked for his role in the Clinical Leaders Anaesthesia Network (CLAN). He is stepping down and highlighted he would be happy to speak to anyone thinking of interviewing for a role and representing Wales on the network.

16. Matters from corresponding members of the Board

a) The All-Wales Airway Group (AWAG)

Dr Ford summarised the report tabled by the All Wales Airways Group.

AWAG have carried out an All-Wales survey regarding emergency front of neck technique preference, with the majority favouring the approach described by DAS. AWAG have redesigned their 'emergency front of neck' algorithm to reflect this and will implement it via training events to be held throughout the year.

An AWAG backed Advanced Airway course is planned for April this year, to be hosted by ABUHB.

The AWAG website will soon be relaunched with a view to becoming an important educational tool for trainees and senior colleagues across Wales.

b) Society of Anaesthetists of Wales – Dr Omar Pemberton

Dr Pemberton was welcomed to his first RCoA Welsh Board meeting, representing the Society of Anaesthetists of Wales as its President. The society's autumn Scientific Meeting will be held on 10 and 11 October 2024.

Dr Pemberton flagged that that there are bursary opportunities available through the society's website, www.anaesthetistswales.ac.uk/bursaries.

17. Association of Anaesthetists Report

Dr Tei Sheraton sent apologies. The Association of Anaesthetists will source a new representative from the October 2024 meeting onwards.

18. Clinical Director Report

Dr Peter Richardson provided an update, including the following.
The primary concern amongst Welsh CDs/managers remains managing significant service pressures in the face of funding shortfall at national and local levels. In addition, industrial action continues for both junior and senior doctor cohorts; we continue to urge Welsh and national governments as well as the unions to agree terms for the benefit of patients and staff. Obviously, these issues pose challenges to the overarching wish to improve patient experiences, reduce waiting times and support recruitment/retention of staff. The national debates around AA/PA roles and responsibilities continues to provide uncertainty for this group, as well as for Health Boards seeking to utilise their skills appropriately.

19. Any Other Business

Newsletter

Dr Ford flagged that it was time to compile an e-newsletter for the RCoA Welsh Board and he would be contacting members for content.

RCoA President

This was Dr Fiona Donald's final attendance at a Welsh Board meeting as President; she demits office in September. She communicated her thanks for being welcomed at the many board meetings she has attended and Dr Ford in turn communicated the board's thanks for her support.

20. Date of next meeting

Tuesday 22 October 2024, 10.00 to approximately 13:00, virtual-only meeting via Microsoft Teams