Royal College of Anaesthetist's Board in Wales/ National Specialty Advisory Group

Committee Meeting

Tuesday 18th October 2022

Virtual Teams Meeting

Any conflicts of interest must be declared at the start of the meeting

AGENDA

Introduction and Welcome
AT and SF welcomed all in attendance to the meeting including representatives from the College, President - Fiona Donald, Russell Ampofo and Darcy Ward.

Present:
Dr Abrie Theron (AT) Chair of the Welsh Advisory Board
Dr Simon Ford (SF) Deputy Chair of Welsh Advisory Board / Regional Adviser Anaesthesia
Dr Fiona Donald (FD) RCoA President
Mr Russell Ampofo (RA) RCoA Director of Education, Training and Exams
Dr Sarah Harries (SH) Head of School
Peter Richardson (PR) CD Lead for Wales
Daniella Huckle (DH) Specialty Research Lead for Anaesthesia, Academic Representative
Dr Teresa Evans (TE) Regional Adviser for ICM
Dr Jane Tanaka (JT)Aneurin Bevan Health Board Representative
Dr Alun Thomas (AT) Hywel Dda Health Board Representative
Dr Kath Eggers (KE) Princess of Wales Hospital Representative
Dr Kevin Draper (KS) SAS Representative
Jason Williams (JW) LAY Representative
Dr Gianluca Longobardi (GL) Trainee Representative
Darcy Ward (DW) RCoA Policy & Public Affairs Assistant
Lisa Roberts (LR) RCoA Committee Secretariat

2. Apologies
Dr Sonia Pierce (SP) Regional Advisor Pain Medicine
Dr Tessa Bailey (TB) Cardiff & Vale Health Board Representative
Tei Sheraton (TS)
Mark Stacey (MS)
Dr Declan Maloney (DM) Betsi Cadwaladr Health Board Representative
Dr Christine Range (CR) Swansea Bay Health Board Representative

3. Previous Minutes
The minutes of the previous meeting held on Tuesday 5th April were circulated in advance of the meeting and were approved as a true and accurate record.

4. Matters arising / Actions from previous meeting
➢ **The board to contact SH / SF if there were any problems related to the MTIs.** The board NOTED that no feedback had been received. Action Discharged

➢ **Dr Fiona Donald to take the discussions on AAs back to the College.** The board NOTED that FD had taken this back and had replied to AT. FD said that the faculty board were still in the process of developing this, but overall, the model would be a maximum of 1-2. FD said

that there would need to be supervision in the hospital but not necessarily side by side in the same theatre to develop their skills Action Discharged

➢ **The board to contact SF if they had problems from their health boards around pension tax liability and pension recycling.** SF confirmed that he had not been contacted regarding this. SF said that he had recently received emails around dual contracts (one pensionable and one non pensionable) being considered as an option within the health boards. SH highlighted that it would not be just a form, it would involve a panel assessing everyone but how people would be assessed had not been publicised. Action Discharged

➢ **The College to write to Swansea Health Board in relation to the use of an external private company to insource staff.** The board NOTED that this had been completed. Action Discharged

➢ **SF / SH to share the policy in place in Cardiff in relation to COVID guidance for pathways.** SF confirmed that this had been shared although it may not be relevant at this time. Action Discharged.

5. Chair Report

AT highlighted the following in the Chair Report

- The newsletter had recently been published and AT thanked all those who had contributed including SF, SH and the College
- Involvement in responding to 2 consultations, these being around Pancreatic/Liver surgery and the NHS Executive.
- The Faculty of Anaesthetic Associates Foundation Board had contacted AT to ask for representation on their board. AT confirmed that the board met 4 times a year with the next meeting being on 15th December. Alun Thomas said that he or Gordon Milne would be happy to sit on the board and AT said that he would put them in contact with Jenny Redmore.

Action: AT to put Dr Alun Thomas and Gordon Milne in touch with the Faculty of Anaesthetic Associates Foundation Board.

6. RCoA President Report

The board NOTED that a report had been circulated and FD highlighted the following:

- FD confirmed that the summer had been busier than usual as the College continued their discussions around proposed governance changes and membership engagement alongside an exercise to prioritise the work of the College.
- The board NOTED that FD was delighted to meet 600 Diplomates and their families at the ceremony at Central Hall Westminster on September 9th. It was a very joyful occasion despite the events of the preceding day.
- FD confirmed that the College had completed their elections for co-option to Council of 2 anaesthetists in training early in September, although later than planned due to a tie for second place. FD congratulated and welcomed Matthew Tuck and Giovanna Kossakowska
- The board NOTED that the venue for Anaesthesia 2023 had been confirmed and would take place in Birmingham
- FD confirmed that the AA curriculum had now been published
- The board NOTED that the trustee board of the College had approved money to look at the Lifelong Learning Platform which would make it work more effectively going forward.
- FD also highlighted the review of the exams and said that the College would be looking at the implications and recommendations of the review and would publish the findings in the New Year.

7. RCoA CEO Report Director of Education, Training and Exams

- The board NOTED that elections for two Consultant and one Trainee (Fellow in Training) positions on Council were now open. The period for self-nomination closes

on Monday 17 October, with a pause in activity before the ballot opens on 16 November. Results are expected to be announced as soon as possible after the close of the ballot on 15 December.

- RA confirmed that elections for the Welsh Board would also be co-ordinated by the College and encouraged members of the board to look at the timetable in place for this and support it.
- The board NOTED that the College building was now open for staff and events. RA said that they were working on a 40% model on a monthly basis which equated to 2-3 days per week
- RA confirmed that the College had continued to release two podcasts per month on a number of platforms and encouraged members in Wales to contact the team if they wanted to host any clinical or non-clinical podcasts.
- RA thanked members for their hospitality the recent College Tutors meeting, the board NOTED that the College was planning the meeting for next year and that it would potentially be held in Southampton.

AT highlighted the closing date for the elections as it appeared to close earlier than anticipated, FD confirmed that it was the usual timetable. SF raised the timings of the elections for the next Welsh Anaesthesia Board due to the results being announced on Thursday 16th February and the next board taking place on Wednesday 29th March. AT said that it was only 1 day under the 6-week period therefore suggested for any prospective candidates to book the day off in advance and then cancel it if they were not appointed.

SF asked what the timeframe was in relation to the research being conducted around Anaesthetic Associates and when it would be available. RA confirmed that the survey work was being carried out at the moment and hoped that the surveys led by the Policy Team would be put prior to Christmas. The board NOTED that the College would make them aware of the timetable once there was further clarity on it. FD confirmed that there were 2 surveys that would be going out to CDs and AAs. FD said that the survey to CDs was likely to go out sooner so that they could have examples of them working with AAs.

SH asked if there was a complete registry of all AAs working in the UK and if any steps were being taken to improve that in terms of who was working in the role. FD confirmed that it was still a voluntary register because until they were regulated and registered with the GMC that they couldn't be forced to register. FD said that they were aware of how many were trained but that they didn't know how many were staying in practice. RA outlined the process ahead of regulation and said that the GMC intended to write to the trusts individually and invite people to register with them. RA said that anyone that did not register after regulation would not be able to practice using that title and would need to contact the GMC. AT said that the GMC would be launching a Workforce Survey. Today, which he would circulate via the Academy.

Action: AT to circulate the Workforce Survey to the board.

8. Policy and Public Affairs Update
The board NOTED the following update from DW:

State of the Nation
The board NOTED that the policy and public affairs team were currently working on updating the State of the Nation
report with new workforce data collected in 2022. DW said that this would be broken down by UK nation, so Welsh figures would be available on numbers of consultants, SAS doctors and Anaesthesia Associates. The board NOTED that the data would also show the scale of workforce gaps, broken down by sub-speciality.

In terms of the recent workforce survey which went out earlier this year in Wales, DW confirmed that there had been a good response rate and that they had started doing deep analysis which would be published prior to Christmas. The board NOTED that the survey had

highlighted that there had been a decline of anaesthetists in Wales with a loss of 35 consultant anaesthetists and a drop in SAS Doctors also. DW said that it had suggested that there were less anaesthetists in Wales and that the survey work had identified a decline of 20% since the publication of the 2020 data. DW said that currently the data also suggested that the gap was shrinking in Wales and asked the board to get in touch with her if they had any thoughts. SH said that there had been a lot of appointments in the past 12-18 months. SF said that the drop may be because we were not back to the volume of work prior to the pandemic. SH, SF and AT said that they would be happy to link in with DW and look at the data.

Action: SH, SF and AT to link in with DW in relation to the Welsh data in the workforce survey.

Upcoming Research: Anaesthesia Associates
DW said that the team was also working on research into Anaesthesia Associates, given forthcoming GMC regulation, the college's moves to set up a faculty for AAs, and plans in England from HEE to dramatically increase AA training places (120 this year, 120 next year) which would more than double AA numbers.
This research would look at a range of things including:
- To better understand how AAs could be used.
- What value AAs brough to anaesthetic departments in terms of efficiency, capacity, and patient safety.
- To see which models of AA use were most effective.
- To understand the impact on Anaesthetists in Training.
- To understand the concerns and perceptions of members.
- To see how AAs themselves view their role.
To delve into this, three surveys were being planned with clinical directors, the wider membership, and AAs themselves.

Political Engagement
The President's Dinner was hosted on the 5th of July with keynote speeches from the now former health minister, Edward Argar MP, and Dr Lisa Cameron MP, chair of the All-Party Health Group. Also in attendance was Baroness Findlay of Llandaff; Dr Philippa Whitford MP; Dr Luke James MP; and Professor Chris Whitty.

The board NOTED that given the new Government in Westminster, the College had written to the new Secretary of State for Health and Social Care, Therese Coffey, and had requested a meeting with her.

The board NOTED that the board had responded to a Welsh government consultation on the setting up of the NHS Executive and were yet to see the outcome or receive a response to their submission.

DW confirmed that they were now also a part of an informal group of Welsh Royal Colleges and Allied Health
Professional Bodies which wrote to HEIW to encourage greater engagement with the clinical voice with longer time frames for consultation. The board NOTED that this was positively received, with them changing the description of the Stakeholder Reference Group. DW said that the group had gone back to request bi-annual workshops/roundtables to agree areas of joint interest and flag upcoming work around shared priorities.

9. RA Anaesthesia Report / School Report
The board NOTED that the RA Anaesthesia Report / School Report had been circulated and SH and SF provided key updates on the following:

College Tutors Meeting: The board NOTED that a very successful face to face College Tutors meeting was held at The
Mercure Hotel & Spa, Cardiff on the 9/10th of June. There was an excellent turnout for the first in person event in over 2 years. Feedback was very positive, and the diverse range of

speakers and breakout sessions was appreciated with some excellent local presenters. The board NOTED that some of the speakers from this event had been kind enough to support a Welsh School Educational Supervisors update day which was available to all ES in Wales.

Welsh School Recruitment: The board NOTED that there was a 100% fill rate for 18 CT1 and 16 ACCS anaesthetics posts for August 2022. Interviews had recently taken place for 17 ST4 and 6 CT1 posts for February 2023 entry. The board NOTED that Wales had offered a 3-fold increase in ST4 posts for February 2023, following HEIW and Welsh Government support for a significant increase to mitigate the current training bottleneck. SF thanked all departments for supporting interview panels by releasing Consultants to attend over the two days.

2021 Curriculum: The board NOTED that the majority of Welsh trainees were now on the 2021 curriculum with only a small group such as LTFT trainees or those on statutory leave on the 2010 Curriculum. The board NOTED that clear plans were in place to ensure timely transition. SF said that they had noted the recent amendment to the final transition deadline and had informed the College of any exceptional circumstances of trainees that may need extension beyond January 2024 as per the guidance. The board NOTED that the ARCPs in the summer went well with panels using the Gap Analysis paperwork to provide easier identification of evidence within the Lifelong Learning Platform. The RCoA external assessor, Dr Tom Simpson, praised the enormous efforts of the Training Program Directors Dr Libby Duff and Dr Graeme Lilley to make the process as seamless as possible for trainees, ESs and ARCP panel members.

SF thanks HEIW for the significant funding from HEIW to support the development of regional anaesthesia teaching in Wales in line with new Curriculum requirements, and a programme of training in ultrasound-guided regional anaesthesia was underway for all Stage 1 trainees across Wales.

Special interest area allocations for ST6/7 years have been completed following an informative Stage 3 training day and preferencing of options.

Workforce:
• A bid for a further 6 HST posts in Anaesthesia had been made for 2023 to Welsh Government based on data from the RCoA 'Fit for the Future' publication. The outcome would be known before the end of 2022.
• With respect to retention of senior staff, all Welsh Health Boards had agreed in principle to offer employer pension recycling for staff opting out of the pension due to the level of taxation on pension growth over AA and LTA. All requests would be subject to a HB panel review prior to approval.

Less-than-Full-time training: The board NOTED that requests to train on an LTFT basis continued to increase dramatically at ST level for caring, health and personal reasons. SF said that 64 trainees would be working LTFT from Feb 23, with
further requests expected from the new Feb 2023 intake taking the total to ~45% of STs. Burnout was a significant trigger for many LTFT requests, with admissions of burnout being increasingly evident at Summer ARCPs. SF said that the effect of LTFT patterns on CCT delay must be factored into workforce planning.

Medical Training Initiative (MTI): The board NOTED that having had difficulty in recruiting MTI doctors over the pandemic they were now starting to see requests for posts and potential appointments which was very encouraging.

Anaesthesia Associates (AA): AA recruitment was currently underway in Cardiff for 4 posts – 2 internal and 2 external candidates. Funding for the new MSc training programme hosted by UCLH would be met by HEIW, with salary costs met by the employing HB. Swansea Bay UHB was in the process of recruiting its first group of 2 AA recruits.

CESR pathway: Efforts to formalise a 3-year CESR training programme in Wales were underway, following a recent meeting with the HEIW Deputy Dean and SAS Associate Dean. SF said that they were looking to develop a programme in Wales to support this further.

Single Lead Employer: All trainees had now moved to a single lead employer. There were initial challenges that affected a significant number of trainees across Wales. HEIW were very quick to respond to these issues and the vast majority of issues have been resolved

Website: The Welsh School of Anaesthesia website has had a significant update making the increased content around the 2021 Curriculum easier to navigate and also support the increasing online training facilities to support the non-clinical domains. Thanks to Dr Sarah Harries and Dr Mike Adamson for this major undertaking.

ICM services: The board NOTED that a letter had been sent to Judith Paget, (NHS Wales Chief Executive) jointly from Dr Sarah Harries (HoS), Dr Teresa Evans (RA ICM) and Dr Simon Ford (RA Anaesthetics) that raised significant concerns about ICM capacity in Wales, particularly on the University Hospital of Wales site. This had been raised due to long standing challenges between service and training provision that was felt to be putting trainees and patients at risk.

Improving Medical Training in Wales: The board NOTED that the publication of HEIW Medical Deanery Annual Update 2021-22 which had been written by a leadership fellow had been circulated in the committee pack.

FD raised less than full time training and asked if this was mainly around people going to 80% or more than that. SH said that it had been difficult to accommodate 80% due to difficulty with slot shares so they tried to encourage all less than full time trainees to be part of a slot share so that the majority were working 60-70%. SH said that there may be one or two very close to CCT that are in reduced hours and that less than full time training was largely requested for personal reasons.

SH said that they had set up a working group earlier this year and had published principles around less than full time training applications and that 80% would only be accommodated at the discretion of the TPD if it could be mapped for the duration of the training program. SH said that some recent discussions had taken place about 80% and actually accelerating their training at the same as full time trainees making it clear that although it was a competency capability program, there was still an indicative time frame of training, and we would stick to that unless there were exceptional circumstances.

RA asked what the challenges had been around the Single Lead Employer. SH said that there had been a single lead employer in Wales for foundation GP training for around 3 years and that there had been some issues. GL said that a number of trainees had been affected in relation to their pay checks but that SH and HEIW had supported them through the period of not receiving the correct pay. GL said that he believed that this had now been resolved but that the delays did have an impact on the trainees. RA thanked them for the update and said that he felt that the long-term benefits would be positive in the future. AT said that an issue had arisen around extras and how they were paid, if they were
Paid by the Health Board or Lead employer. AT said that those payments still often needed to be paid through whichever employer and some people potentially worked across sites where they used to work as well. From an Academy perspective there had been negative feedback from the trainees and highlighted Occupational Health.

AT asked GL for an update on the new contract. GL said that the trainees were currently voting for a new contract which was essentially a 4.5% uplift for trainees and that he would be discussing this further at the upcoming STC as a few trainee representatives would be there. GL said that there were a few concerns especially for trainees that were less than full time as it was considered to be better for the specialty if you went straight through. GL confirmed that the voting would close on 21st October. A BMA Roadshow supported trainees

from different health boards in outlining their concerns / and highlighted participating in the voting process as you could only vote once. GL said that if the overall vote was no, it was likely that the Welsh Government wouldn't discuss the current contract and would default to existing contract. The emphasis again was the new contract was to improve working conditions which for the most part was anaesthetics. GL said that there was an emphasis on rest facilities, appropriate rest around on core shifts and protected working weeks, which they did already therefore it was largely protecting other specialties from burnout.

10. RA Pain Report
The board NOTED the following update on Pain Medicine:

1) Four Nation Strategy for Pain Management: The FPM had recently launched a new publication: Four Nation Strategy for Pain Management: https://fpm.ac.uk/publication-four-nation-strategy-pain-management This framework integrated pain management across other stakeholder sectors of health and social care and aimed to help coordinate, deliver and further develop care using resources and pathways already available.
2) National Network Group for Persistent Pain: A National Network Group for Persistent Pain had been set up by the Welsh Assembly Government, chaired by the newly appointed Chronic Pain Leads for Wales. Initial meetings had been held, with representation from the breadth of professions working within pain management, together with relevant third sector organisations and links with the general population. SP attended their regular meetings as a representative of the RCoA and would feedback relevant outcomes going forward.
3) Pain Medicine Service and Training Provision in Wales: Pain services across Wales continued to adapt to increased demands and changing clinical service pressures since the onset of the pandemic. Group based treatments, such as pain management programmes were restarting but lack of space to deliver services remained a challenge. Faculty Tutors (Pain) were working hard to maximise opportunities for our trainees at all stages in the curriculum. The FPM were currently conducting a 6 yearly review of all centres across the UK delivering Advanced/Special Interest Area training in Pain Medicine, collating information from hospital review forms.
4) Workforce: The FPM would be conducting the next Pain Workforce Census in November/December 2022. This would provide more data but there were currently at least 2 vacant substantive pain medicine consultant posts in Wales. There was now a number of SAS doctors in Wales who had sessional commitments to pain medicine as part of their job plan and Dr M Varanasi (CTM UHB) was now the SAS representative on the FPM Training and Assessment Committee.
5) Advanced Training in Pain Medicine: Congratulations to Dr Steve Young, who had passed his FFPMRCA examination and has successfully completed his Advanced Training in Pain Medicine. Welcome to our current APT Dr Ameana Khan, currently training in Cardiff.
6) Training Opportunities: The 6th module in our interactive, online learning resource is now complete, focussing on pain due to life limiting disease/cancer pain. Modules are available on virtualanaesthetics.com

11. RA ICM Update
TE provided the following update on Critical Care:

Workforce:
• Workforce surveys UK wide showed a concerning deficit of training numbers. Wales was reasonably well placed with regard to workforce currently, however concern over retirements in the forthcoming 5-10 years was being looked at.
• GMC driver for flexibility in the workforce was supporting the ongoing CESR / CESR-CP route as well as the MTI program that was increasing in potential. Significant work nationally was going into greater direction with which to pursue this route, and Wales had surveyed numbers and were pursuing HEIW's support for this group. This would be a medium to long term project.
• LTFT training increasing. A LTFT representative had been appointed to the STC.
• 1 CCT likely Aug 22-23.

Training/Recruitment/Retention:
• Further expansion of training numbers was being supported by HEIW. Expansion for 2023 was awaiting confirmation from HEIW. 2021-22 was the first year that there was not a complete fill rate. The board NOTED that issues with national recruitment contributed to this. The window for 2022 recruitment was now advertised.
• All CCT candidates from the last 12 months had on going posts – x1 International, x4 England x2 post CCT fellow posts, x4 Wales. Historically 100% retention of CCT holders in Wales but not necessarily the case this year.
• 2 resignations of posts over the last year. One to pursue ICM in Scotland with a dual post (not eligible for inter-deanery transfer), another for personal reasons (maintained Welsh NTN in anaesthetics)
• Ongoing work for a split North Wales/South Wales rotation. The specific blocks may be considered to be out of Region. This may be required in South Wales with regard specifically the paediatric block and high-volume stage 3-unit training.

Urban/Rural divide:
• Both Glangwili and The Royal Glamorgan Hospital had been visited and approved for a single trainee at any time, for a maximum of 6 months at Stage 3 FICM training. TE said that they hoped that this would support ongoing ICM appointments throughout our training hospitals.

Tertiary services:
• The board NOTED that vascular services had been centralised in South Wales to Cardiff since the last meeting which would compound the ongoing conditions that we currently had. TE said that there appeared to be a reliance on funding from elsewhere for tertiary services to support the critical care unit and one of the key messages was that Cardiff and Vale as a health board needed to invest in the way that other health boards do in their critical care because that would potentially give them in the region of another 10 beds which would help to ease the flow.

Welsh Informatics System (WICIS) Network
For information:
• The Welsh Clinical Informatics service development was ongoing. There had been several issues however this should be starting in 2023. This would allow fully integrated collation of data. It was currently a 'Welsh consensus' model rather than HB specific and aimed to speed workflows and form the basis of clinical decision-making tools going forward.
• Regional cardiac arrest centres had been proposed as part of the 'Save a Life Cymru' Campaign. This was in the early phase of development.

In terms of the letter to Judith Padgett, SH said that if we didn't receive a response or if the response didn't address the problem that we would then look for support from the College and the new Dean of the Faculty to address this. AT said that the response would need to come from their Chief Executive and the Executive Board as the funding would be coming from the health board. SH said that we needed to see what Judith Padgett said on behalf of the NHS Executive as she would expect her to liaise with the Chief Executive of Cardiff & Vale.

CD Representative Update
PR highlighted the issues that had already been raised by the board around workforce and pensions and the anxieties that this had caused. PR said that he had messaged the WhatsApp group to ask if they wanted to raise any issues on their behalf and nothing specific had been raised by the group. In addition, AT highlighted the meeting that would be taking place for the CD Network on 28th November, face to face at the college.

AT raised the Specialist Grade and contract and highlighted the talk that had been provided by Dr Kevin Draper to the College Tutors around the opportunities that sat outside of training and outside of a consultant role. SH asked if there were any SAS/Fellow doctors who had

been awarded or upgraded to the specialist contract in Wales and more widely was this something that was being done in the other nations, she was aware that we had a large number of SAS grades in Wales and were hugely dependent on them for our service. SH asked if they were being recognised with this new contract.

PR said that this was a massive problem in Wales and when it was discussed at a meeting 6 months ago none of the health boards in Wales had brought in any specialist contracts and to his knowledge there was still no specialists in Wales. PR said that there was a number of SAS Doctors including Dr Kevin Draper that were now crossing the border to work in the health boards in England therefore we were at risk of losing them in the future. SH said that this was a huge concern and that we needed to do something proactive to stop this from happening as it was a shame to lose people due to a lack of funding to support the contract.

FD said that she didn't have a huge amount of knowledge on what was happening across England, but she was aware that there were some specialist contracts that had come in, but this was across the board in all specialties. FD said that she felt that the problems were around funding and cover. The board NOTED that the College did not comment on terms and conditions of contracts but that the College had promoted the SAS by choice career progression for SAS and the value of SAS doctors which they would continue to do.

AT said that this needed to be compared with the consultant post and that there should be funding for the specialist post because the majority of these doctors could do everything that the majority of consultants do. AT said that this would result in us losing out as currently this was the fastest growing workforce in the UK.

KD thanked the board for raising concerns about the depleting SAS Workforce in Wales and said that we needed to look at the career progression for SAS Doctors going forward as it was a group that could perform similar to consultant level. KD said that in the long term, we would be creating a whole a set of career progression opportunities for those who weren't following the consultant pathway. KD said that we needed to look at it in a different way. AT said that in the workforce there were multiple people who were capable of being a specialist but that that they were the same people that held everything together therefore we needed to consider how we would maintain and incentivise this. SF said that if people don't see career progression it would deter them from going into the role. SF thanked KD for his hard work within the Welsh school and for Wales and all the SAS that he had represented and wished him the best in his future role.

SF asked PR if there was anything we could do from a College perspective in relation to the workforce problems that had been outlined. SF asked we could write to health boards highlighting the workforce deficits in Wales specifically the specialist contract. PR said that anything would be helpful in terms of taking this forward. AT agreed and said that we needed to appreciate value for money and what they could deliver.

Action: AT / SF to write to health boards highlighting the workforce deficits in Wales specifically the specialist contract

12. SAS Report

KD confirmed that this would be his last meeting and thanked the board for welcoming him and supporting him on the SAS issues that he had raised. KD said that he felt that he had progressed this and going forward asked the board to continue to value their SAS doctors and give them the opportunities for career progression. AT thanked KD for his contribution to the board and asked him to encourage his colleagues to apply for the role as it was important to have SAS representation on the board in the future. KD said that he would speak to colleagues but that it would be helpful if the board could identify and approach people also.

Action: KD to encourage his colleagues to apply for the SAS Representative role on the board. AT / AF to identify and approach people also.

12. Academic Report
The board NOTED that DH had taken over from Tamas and was now the representative in healthcare research, Wales, for anaesthesia perioperative medicine and pain management and that part of the role involved sitting on the NIHR on behalf of Wales. DH provided a comprehensive update on research and teaching and confirmed that she would send LR a report to circulate to the board.

Action: DH to send Academic Report to LR who would then circulate it to the board.

SF raised undergraduate teaching in Swansea and said that they were seeing a significant increase for requests to come into anaesthesia for their attachments. SF said that it would be helpful to link in with DH and put something together including a perioperative course that could be delivered to students across Swansea and Cardiff.

Action: SF to link in with DH in relation to courses that could be delivered to undergraduates in Swansea and Cardiff.

14. Trainee Issues
AT welcomed the new trainee representative GL to the meeting. The board NOTED that the Working Group set up to look at education development time had been rolled out and had been well received. GL said that the work that had been carried out around Research and QI had also been well received by trainees. GL said that it was positive that the College were doing in relation to recruitment in terms of increasing numbers and as far as he was aware everyone that had applied for a February start date had an interview. GL also mentioned the JAW conference in December and that it would welcome trainees and consultants to a programme that will be focused on out of program experiences.

15. Matters from Health Board Representatives

PRINCESS OF WALES
The board NOTED that KE had not received anything from Prince Charles Hospital or Royal Glamorgan Hospital and that in terms of representation going forward that the board probably did need a representative from each hospital as they still acted separately.

In terms of the Princess of Wales KE confirmed that they were in the middle of a reorganisation in terms of how the management structure of all the care groups was going to be enacted. KE said that appointments had not yet been made but the view was that they would have a sort of overarching management lead for all three sites for anaesthetics and theatres and ICU and then individual leads in each place. KE said that at the moment they were still acting in silos. KE confirmed the main issue to highlight to the board was the Intensive Care Rota that was in place this currently being a consultant rota with 5 consultants manning a 1 in 8 rota. Due to this KE said that they had regularly had gaps and had been close to not having any intensive care consultant on call. The board NOTED that money was now committed to appointing for intensive care consultants that there just didn't seem to be anyone that wanted to work in the DGH as there was still no plan for what the overall intensive care footprint would look like. KE said that she would be interested to know what the overall picture was in Wales and the UK.

TE asked if the jobs had been advertised as it was not clear if they had been advertised. KE confirmed that adverts would be going out shortly as in the first instance they had looked to encourage people to come and work as locums, but that safety and the long-term stability of the unit was now key. SF outlined what the situation was in Swansea in relation to Burns rota cover and highlighted that the anaesthetists were currently providing cover for burns patients supported by general intensivists. This ensured intensive care expertise was delivered to patients whilst on the burns unit. TE said that it was not health board specific but hospital

specific and the issue did need to be looked at and addressed by the health board. TE said that potentially some difficult decisions needed to be made by the health board as she felt that there was concern from all three ICM rotors on all three sites.

AT asked if the Regional Advisors should write to the health board as they needed encouragement to move this decision forward because having three was not sustainable. TE said that it was dependant on where AT saw the role of the regional adviser in terms of training and assessment and as to whether they were in a position to tell health boards to amalgamate their hospitals. SH said that they had recently had some discussions about this with the Princess of Wales and through their approach and HEIW had made it clear that it was not a sustainable model. KE said that this was not a new issue and had been discussed for years by the network, the NHS Executive, and the Welsh Assembly. FD said that the situation sounded extreme in comparison to others but agreed with SH that it was potentially political also. FD said that they needed to collect information around patient safety as that was the evidence that would be needed to support the clinicians in taking this forward. AT said that he would take the safety concerns and risks to Dr Jack Parry-Jones and see if he would consider helping.

Action: AT to take the safety concerns and risks raised by KE to Dr Jack Parry-Jones.

HYWEL DDA
AT confirmed that they were experiencing similar problems within their health board. AT confirmed that they did have a lead for ICM and Anaesthetics, but the anaesthetics role disappeared quickly because the rotas were completely separate and there was no crossover. AT said that essentially, they had three separate team leads to the three for the three hospitals and in terms of care had experienced very similar issues. AT said that this had led to the withdrawal of consultant cover or Level 3 sort of provision in Prince Philip. AT said that they currently had 3 intensive care or three Level 3 units within the health board anyway. AT confirmed that they continued to struggle with recruitment but that this was more to do with the geographical distance and the lack of senior people coming through and seeing it as a viable place to work longer term but hoped that would change with new trainees.

AT confirmed that they had 2 new theatres in Prince Phillip but that they had still not opened due to commissioning issues. AT said that the opening would take place imminently but that they anticipated staffing issues in terms of both theatre and anaesthetics. AT outlined the plan for the new acute hospital in West Wales and that they hoped that this would be completed by 2029.

TE referred to the difficulties that had been experienced in the ICM and asked how the recruitment was in terms of anaesthetics. AT confirmed that they had 5 posts, and that recruitment was challenging across the board due to the geographical isolation but that a new acute hospital may attract more applicants in the future. AT acknowledged that there was a number of gaps therefore they had to make it an attractive place to live and work in the future. SH asked if they had considered making the consultant posts into specialist posts and AT said that they were looking at this. AT (Chair) said that it would be helpful to potentially look at the specialist contracts as he suspected that would attract people that could potentially help on the consultant on call rota. KE said in terms of her health board that this was being explored.

ANEURIN BEVAN
JT confirmed that her health board were experiencing similar problems in terms of beds and staff shortages. JT said that to try and mitigate this they had 2 Physician Assistants not Anaesthetic Associates and that they were largely helping to run the POCU rota daytime to enable release of trainees for elective duties. JT said that there were lots of career opportunities within the health board to make an attractive role for Physician Assistants. It was positive to support trainees and to improve training experience.

JT outlined the problems with bed shortages at the Grange and confirmed that they were currently allocating beds in the Royal Gwent which caused problems with patient flow. JT also highlighted that they had lost two SAS doctors now because they didn't have the specialist role. JT said that this was disappointing as they greatly relied on their specialist doctors and had been an asset to the health board. JT said that she was aware of a lot of their SAS doctors feeling frustrated at the lack of the specialist training roles which was discussed earlier in the meeting.

FD asked JT about the Physician Assistants and what duties they were undertaking to support the health board. JT confirmed that they were in the post operative care unit but that they were not airway trained so they could not do any airway trained roles. JT confirmed that it was a non-airway role, and it was instead of a middle grade role.

CARDIFF

Critical care capacity: the board NOTED that there were ongoing demands on cc beds, delays to admissions with care of patient by anaesthetists from on-call tiers either in ED, or in main theatre recovery. The board NOTED that poor training experience had also been reported.

Obstetrics: the board NOTED that elective CS theatre had been operational since December 2021 but severely limited by midwifery staffing which affected flow and efficiency throughout the unit.

Bed Capacity as a whole: the board NOTED ongoing pressure on the unscheduled care system, ambulance delays at front door, patients on cepod list with no beds which caused delays to their ops (waiting in very substandard areas of ED, on chairs, for long periods of time) plus discharge to wards. AT confirmed that this had been noted by the HB. #

Planned care delivery workstreams: the board NOTED that work was underway via SCB including supporting patients on waiting lists in CaV UHB. Known that WG also developing this subject area but no communications to HBs as yet. The board NOTED that an initial meeting with CPOC to discuss Primary and Secondary care interfaces across 4 nations had taken place and that further scoping would be done.

Routine covid testing: the board NOTED that routine covid testing for elective patients had now stopped, and also reduced for emergency surgery admissions. This had resulted in covid positive patients being in beds next to negative patients in theatre recovery, in the amber stream. However, they were still advising delaying elective surgery for 7 weeks after a positive test.

PESU – the board NOTED that barriers within stairwells/outside wards had now been taken down and theatre corridors had reopened. Movement of patients to green and amber recovery still occurred so as to minimise risks

The board NOTED that a successful sustainability project to remove piped nitrous oxide had been rolled out across their sites, introduction of cracking units for Entonox.

TE raised the training issues in the Cardiff ICU and asked if there was any further clarity around this. AT said that this was in relation to the anaesthetic trainees.

SWANSEA

SF said that there had been a reorganisation of medical services which had significant implications for bed management on the Morrison site where the Health Boards intensive care is situated. This provides challenges of where high-risk surgeries are performed and the potential limitation of this service. SF said that this had been flagged up very clearly and there had been significant surgical input. SF said that there was a lot of surgery moving out of Morriston to Singleton and Neath, increasing volume and acuity at these sites. SF confirmed that theatres were being added to Neath and Singleton.

SF outlined the recruitment challenges they were having. SF said that they still had a significant consultant deficit, and they were also looking at the best way to approach staffing. SF said that they were looking at POCU on the Neath and Singleton sites to support surgeries going ahead there and they would probably be looking more to the surgical side to support that in the interim. SF said that HBS weekend work was ongoing and still seemed to be relatively productive.

AT asked SF bout the anaesthetic cover in Neath. SF said that there was no cover out of hours and that was a significant issue. SF said that they had an RMO that covered the medical patients overnight and that they did have surgical ward cover up till about 8:00. SF said that the intention was to make it an orthopaedic centre and that this would normally involve significantly higher acuity patients therefore there would be issues around postoperative care, making sure that there were facilities available.

16. Matters from corresponding members
The board NOTED that AT had not received any matters from corresponding members but asked DH to give an update on SAW. DH confirmed that SAW was recently twinned with the Educational Supervisors meeting in Cardiff. DH provided an overview on programme and said that it had been well received by all those in attendance. DH confirmed that SAW would be 75 next year and that meetings would be taking place in March and October. DH also highlighted the bursary fund that they had in place to fund projects in the future.

17. Association of Anaesthetists Report
The board NOTED that WAG had funded an oxygen delivery project via the charity PONT a year ago and it was a region where the Association had funded training of Anaesthesiologists and SAFE courses which now ran independently. The board NOTED that TS had previously worked with Adam Hewitt on SAFE operating room and also with his successful grant application it would be helpful if this opportunity could be promoted through Welsh hospitals. AT said that he would include an article on this in the next newsletter.

Action: AT to include project outlined by TS in the next newsletter.

18. LAY Representative Report
The board NOTED that JW had circulated a report and highlighted the following to the board:

Patient Voices Group: JW confirmed that the patients' voices strategy had been approved by the Clinical Quality and Research Board and a first designed version had been circulated. The strategy had been designed to complement the Colleges strategy and vision. PatientsVoices@RCoA logo had been designed and was now included on all of the Patients Voices resources and publications.

Progress on Patient Information Projects: JW provided an update on all of the patient information projects outlined in the report that he had circulated.

Patient Information Group Update: The board NOTED that the summary and recommendations were available in the report that had been circulated.

Patients Voices and the Ockenden Report: JW provided an overview on the recommendations from the report

PQIP: JW said that he had been asked to join the PQIP board as the patient voices member. The board NOTED that the Perioperative Quality Improvement Programme (PQIP) wanted to look at the perioperative care of patients
undergoing major non-cardiac surgery and measure complication rates, failure to rescue, and patient reported outcomes.

Recruitment: The board NOTED that JW had updated on what the recruitment was like for that in Wales over the last three months.

AT thanks JW for his update and said that it was positive to have a LAY Representative on the board.

19. Elections
AT provided an overview on the election timeline. The board NOTED that the ToR had now been agreed and that the next meeting would take place on Wednesday 29th March 2023 with the results of the elections being announced on Thursday 16th February 2023. AT encouraged the current representatives to stay on the board as it was important to have the appropriate representation on the board going forward. AT confirmed that Dr Tessa Bailey, Dr Dom Hurford and Dr Declan Maloney would be standing down. The board NOTED that AT would contact the other representatives independently to check if they want to continue. In addition, the board NOTED that the SAS Representative would also need to be advertised. At the meeting in March AT confirmed that the new chair and vice chair would be elected and that if anyone wanted to put themselves forward to contact him.

Action: AT to contact the regional representatives to confirm if they wanted to remain on the board.

Action: AT to link in with the College in relation to advertising the SAS Representative role.

Action: Members of the board to contact AT if they are interested in applying for the chair / vice chair role.

20. Correspondence
The board NOTED that no correspondence had been received.

21. Any other business
The board NOTED that there was no further business to raise but SF took the opportunity to thank AT for all his hard work in establishing the board.

Date of next meeting
AT confirmed that the next meeting would take place face to face at the Hilton Hotel in Cardiff on Wednesday 29th April 2022 from 10am – 1pm followed by lunch.