

**RCoA Welsh Board meeting
Wednesday 29th March 2023
Hybrid meeting: Teams and Hilton Hotel Cardiff**

MINUTES

Members:

Dr Abrie Theron (apologies)	Dr Piotr Kurcharski, Betsi Cadwaladr HBR (teams)
Dr Simon Ford, Vice Chair and RAA	Dr Stephan Clements, Betsi Cadwaladr HBR (teams)
Dr Jane Tanaka, Aneurin Bevan HBR	Dr Kath Eggers, Cwm Taf Morgannwg HBR
Dr Mark Sandby-Thomas, Cardiff & Vale University HBR	Dr Kathryn Lloyd-Thomas, Cwm Taf Morgannwg HBR
Dr Lewys Richmond, Swansea Bay HBR	Dr Matt Williams, Cwm Taf Morgannwg HBR
Dr Alun Thomas, Hywel Dda HBR	Dr Gianluca Longbardi, Trainee Representative
Dr Anna Williams, Betsi Cadwaladr HBR	*Vacancy, SAS Representative*

Ex-Officio:

Dr Helgi Johannsson, RCoA Vice President	Dr Danielle Huckle, Academic Representative (apologies)
Dr Sarah Harries, Head of School	Dr Tomaz, Academic Representative
Dr Sonia Pierce, Regional Adviser Pain Medicine	Jason Williams, PatientVoices@RCoA Representative (apologies)
Dr Tei Sheraton, Association of Anaesthetists	Dr Teresa Evans, Regional Adviser Intensive Care Medicine
Dr Peter Richardson, Clinical Director (apologies)	

Staff:

Mr Jonathan Brūn, CEO
Ms Darcy Ward, Policy and Public Affairs Assistant
Mrs Natalie Walker, Governance and Committees Officer (minutes)

Attending:

Dr Sean Tobin
Dr Hannah Saitch

1. Ratification of new Board Chair

Since the last Board meeting, Dr Theron invited the Board to submit any expressions of interest for the Chair of the Welsh Board as he will be demitting as Chair from March 2023. Dr Ford expressed an interest, uncontested, and ahead of the Board meeting, Dr Abrie circulated an email to the Board to propose Dr Ford as the next Chair, subject to formal approval at the

Board meeting in March.

In the absence of Dr Theron, Dr Johannsson, Vice President of the RCoA, invited Dr Ford to step outside whilst the Board ratified his appointment as Chair.

All members agreed to appoint Dr Ford as the next Chair of the RCoA Welsh Board and Dr Johannsson welcomed Dr Ford back in to the room and congratulated him on his appointment.

2. Introduction and Welcome to new Board members and Apologies

Following the recent Welsh Board election, Dr Ford welcomed Dr Stephan Clements, Dr Kath Eggers, Dr Piotr Kucharski, Dr Kathryn Lloyd-Thomas, Dr Lewys Richmond, Dr Mark Sandy Thomas, Dr Anna Williams and Dr Matt Williams to the Board. There remains two vacancies for the Hywel Dda Health Board and one SAS representative vacancy, and Dr Ford encouraged the Board to speak to their colleagues to fulfil these.

Apologies were received from Dr Theron, Dr Huckle, Dr Richardson, Mr Williams and Dr Navarro.

Dr Ford thanked outgoing Chair, Dr Theron for his great work over the years and the real establishment of the Welsh Board within the College and anaesthesia.

A moments silence was observed for the passing of Dr Ralph Stephens Vaughan, Consultant Anaesthetist born in Morriston, Swansea, who had done so much for anaesthesia locally, nationally and internationally.

3. Conflicts of Interest

Dr Johannsson expressed a conflict of interest under item (7) relating to CESR rotations.

4. Minutes of the Previous meeting held on 18 October 2022

The minutes of the previous meeting held on Tuesday 18 October April were circulated in advance of the meeting and were approved as a true and accurate record.

5. Matters Arising

Dr Ford noted the matters arising since the last meeting and their status of completion. The following updates were provided:

- It was agreed that Dr Ford would link in with Dr Clements to source a medical school representative from the North West to share ideas with Swansea and Cardiff on courses provided to undergraduates.
- Following the appointment of Dr Ford Chair of the Welsh Board there is now a call for expressions of interest from the Board to fulfill the Vice Chair vacancy.

6. Welsh Board Chair's Report

Dr Ford presented the Chair's report on behalf of outgoing Chair, Dr Theron and since the last meeting the following was highlighted:

- Nominations for the election to the Welsh Board closed in January 2023 and nine health board representatives were elected. Thanks were given to Dr Tessa Bailey, Dr Christine Range and Dr Declan Maloney who are all standing down and a joint letter of thanks from Dr Theron and Dr Ford will be sent to them in due course. There remains vacancies for two representatives from the Hywel Dda Health Board and for an SAS representative.

Action: Joint letter of thanks from Dr Theron and Dr Ford to be sent to the outgoing board members, Dr Bailey, Dr Range and Dr Maloney.

7. RCoA College Report

Dr Johannsson and Mr Brūūn presented the College report and highlighted the following:

- The Junior doctor industrial action walkout is going ahead, and back in February, following the BMA's ballot of Junior doctors in England, the College issued a statement of support for members urging the government to take the opportunity for

- further negotiations regarding the concerns of junior doctors.
- The internal review of the FRCA exams and the external review of all exams of the College and Faculties have now been published. There was a "Let's Talk" event for candidates and trainers on March 8th to discuss the findings and plans for the future. The College was the first Medical Royal College to conduct an internal and external review of their examinations and accept all the recommendations the report made. Specific changes impacting trainees will take longer to implement and the Board will be appraised of any developments.
 - The College's membership approved at the Annual General Meeting on 1 December 2022 a series of proposals aimed at modernizing and correcting its governing documents- the Charter and Ordinances. Members were asked to vote to enhance member powers, improve compliance, increase efficiencies, fix a range of miscellaneous errors that had crept into the drafting of College documents over the years, and to change the composition of the Board of Trustees. The changes have now received approval from the King at Privy Council and have been formally adopted. As part of the ongoing effort to modernise governance at the College, Council and the Board of Trustees have agreed to empower many co-opted members of Council by giving them a formal vote on matters presented during meetings. This affects those who are elected and represent large cohorts of College members, including the Board Chairs of the devolved nations.
 - The College agreed to £400,000 funding to upgrade the Lifelong Learning Platform (LLP) systems and is committed to make improvements. A major success of the team is reducing the turnaround time for enquiries from approximately 1,000 to 0, which will help future queries receive a timely response to any difficulties with the system they experience.
 - The College has published the first Patient and Public Information strategy signaling the College's commitment to more impactful engagement with patients and their representatives.
 - College finances continue to be a challenge with the expectation of providing in-person and online options for their membership. Currently working through the second year of the financial recovery plan, the expectation is that this should be achieved in the next year.
 - The College, Association of Anaesthetists and the Faculty of Intensive Care Medicine have jointly designated a core Participant in the UK Covid-19 Inquiry. Together, the organisations are expertly placed to shape and inform that process, drawing on the extensive data and member testimony collected during that time. When there are more details of the way in which the Inquiry will work, there will be more information shared with the membership and how they may be able to contribute to further the evidence-giving. The organisations have appointed Michon de Raya to support with this work.
 - Applications for CESR continue to be processed. There are a considerable number of applications waiting to be assessed, as well as applications with the GMC due to be uploaded for evaluation. Due to capacity limitations of committee members, there is a risk that the College may fall behind with the increased number of evaluations being received and this risk is being monitored by the relevant Board and Trustees.

Ms Ward presented the Policy and Public Affairs update and provided key updates on the following:

- The policy and public affairs team are currently working on updating the State of the Nation report with new workforce data collected in 2022, to be published next month. This will be broken down by UK nation, so Welsh figures will be available on numbers of consultants, SAS doctors and Anaesthesia Associates. The data will also show the scale of workforce gaps, broken down by sub-specialty.
- The team are working on research into Anaesthesia Associates, given forthcoming GMC regulation, the College's moves to set up a faculty of AAs, and the plans in England from HEE to dramatically increase AA training places which will more than double AA numbers. Three surveys are underway with clinical directors and AAs themselves having completed respective surveys and one to the wider membership

being developed at the moment.

- Following the publication of the Welsh Government's National Workforce Implementation Plan, the College wrote to Eluned Morgan reiterating the workforce shortages in anaesthesia and reiterated the call for a fully funded and numbered workforce plan. A similar statement was also published publicly.
- Ahead of the Budget, the College wrote to Jeremy Hunt to call for additional funding for higher training places and support reforms for NHS pension taxation to help retention in our workforce. The College have also met with Steve Brine, Chair of the Health and Social Care Committee, alongside other medical royal colleges and separately with Will Quince, Minister for Health and Secondary Care.

Dr Simon Ford thanked Ms Ward and the policy and public affairs team for all their hard work.

The Board discussed the update and the following points were raised:

- Engagement with the Devolved Nations throughout the COVID Inquiry will be key to capturing the different pressures and voices of those impacted outside of England.
- Unlike England and Scotland, the Welsh trainees have had lot more dialogue with the government and so there has been no threat of industrial action. There is however ongoing ambulance crew industrial action and there has been several days of nursing industrial action.
- It was questioned why the Intensive Care Society hadn't been involved in the COVID Inquiry joint participation and Mr Brūn explained that they had applied to be sole participants at another phase in the Inquiry and did not contact the College, Faculty of Intensive Care Medicine, nor the Association of Anaesthetists to jointly participate in the inquiry.
- The College Equivalence's Committee is committed to streamlining the CESR process to make it easier and the College continues to work with the GMC on this. It is expected the number of CESR applications will increase and the College are keen to increase the number of reviewers to deal with capacity issues.

8. RA and Head of School (HoSS) Joint Report

Dr Ford and Dr Harries presented the Board with the RA and Head of School Joint Report circulated and provided key updates on the following:

- Welsh Government gave final approval in December 2022 for further uplift in 6 Higher Specialist Training (HST) posts from August 2023, taking the total uplift in new Anaesthesia training posts to 15 HST, 5 Core and 5 ACCS training posts from August 2020-23. Training capacity has been identified for the new posts in Aneurin Bevan, Swansea Bay, Carmarthen and Royal Glamorgan Hospitals.
- 25 Anaesthesia/Dual CCTs are expected in 2023 and Clinical Director's should be actively seeking trainees.
- The school continues to run with 100% fill rate for all new posts, with 17 trainees appointed to ST4 and 6 CT1 posts in February 2023.
- 2 Student Anaesthesia Associates have been appointed in Swansea Bay UHB and enrolled on the University College London MSc course, Anaesthesia and Perioperative Science.
- Dr Gordan Milne and Dr Alun Thomas will continue representing on the Faculty of Anaesthesia Associates Foundation Board (FAAFB).
- There is intent to recruit to a CESR rotation based between Swansea and Cardiff with HEIW support for September. This would be a three-year rotation covering all subspecialties to support GMC evidence submission. Entry requirements would be for experienced clinicians with the final test of knowledge complete.
- Dr Libby Duff has recently been appointed as Deputy HoSS.

Dr Harries notified the board that it is her intention to step down as Head of Specialty School for Anaesthesia and ICM in Wales in Summer 2023. Dr Harries thanked the College and the Board for the exceptional support and fruitful communications with the Welsh School for

Anaesthesia over her time in post as Training Programme Director, RCoA Regional Adviser and Head of Specialty School for the last 18 year.

On behalf of the Board and College, Dr Ford and Dr Johannsson formally thanked Dr Harries for all her hard work as Head of School and member of the Welsh Board since its foundation.

Following a question on trainee perception of the Anaesthesia Associate role within Wales, Dr Longbardi highlighted that some trainees will of course be skeptical as they are concerned how this will affect their training and exposure within departments. With the new curriculum change and more independent practice earlier on this should hopefully mitigate those concerns.

9. Regional Adviser Intensive Care Medicine report

Dr Evans provided an update on Intensive Care Medicine and the following points were highlighted:

- There are ongoing issues recruiting to small DGH units. These predominate in rural locations.
- HEIW training review planned for Princess of Wales, Cwm Taf.
- Ongoing work for a split in the North and South Wales rotation and there is a broad outline in place. Discussions around the funding of the on-call component of work are causing a delay in the ability to implement this.
- Cwm Taf Health Board are facing considerable pressures of late, with discussions ongoing about reconfiguration of the care models. Proposals around a two-site tier three facility and treat and transfer are ongoing. There is a Task and Finish group set up to review the provision of ICM in Cwm Taf which is led by senior management and there is no agreed solution yet.

10. Regional Adviser Pain Medicine report

Dr Pierce provided an update on Pain Medicine and the following points were highlighted:

- There are currently two trainees undertaking Advanced Training in Pain Medicine, one in Cardiff and Vale UHB and one in BCUHB. The trainee in North Wales undertaking an Advanced Pain Fellowship as an OOPT from the West Midlands Deanery.
- The Faculty of Pain Medicine (FPM) has undertaken a review of all centres across the UK offering SIAs in Pain Medicine via the completion of Hospital Review Forms and the peer review process of training provision is underway.
- The Welsh School of Anaesthesia have undertaken a quality visit to the Cardiff Pain Service to review training at all stages of the curriculum. There was positive feedback from the trainees and the Faculty Tutor has led significant improvements in training. Some further developments have been recommended by the panel, including the need to job plan consultants to clinical sessions in acute/inpatient pain medicine.
- The five-yearly FPM Census has recently been conducted and the report is currently being compiled, prior to dissemination.
- Launch of FPM Thrive mentoring programme: The Faculty's new career mentoring and personal development programme has been launched for all doctors with a career in Pain Medicine in the UK.
- The National Network Group for Persistent Pain, chaired by the two Chronic Pain Leads for Wales, continues to meet quarterly with multi-professional contributors. The National Clinical Framework is currently being reviewed by Welsh Government and we await to hear what format the pain group will have in the new structure. A scoping exercise of pain medicine services has been undertaken and results have been fed back to Health Boards.
- The GMC are finalizing the routes to credentialing pain medicine which will allow non-anaesthetic trainees to become specialists in pain medicine. The approval process is well underway and the Board will kept updated ahead of the launch.

Dr Pierce questioned whether the Chair of the Welsh Pain Society, Non-Griffiths was invited to the Board meeting and it was agreed this would be checked

Action: Dr Ford and Natalie Walker to check the constitution of the Board and ensure all

ex-officio, co-opted and corresponding members were invited to future meetings.

Dr Ford thanked Dr Pierce for leading on a number of projects and for her thorough update on Pain Medicine in Wales.

11. Trainee Issues

Dr Longbardi informed the Board that the trainees in Wales were grateful for the RCoA's statement of support for Junior Doctors and fortunately the Welsh Government has engaged with NHS Wales and Unions to stave off strike actions. This has included a pay uplift and a commitment to full pay restoration within the next four years. Although the uplift falls significantly behind full pay restoration, the proactive approach of the Welsh Government is reassuring.

The recent Welsh School of Anaesthesia Induction Day in Cardiff was very well attended. Issues such as pay through the Single Lead Employer, study budget rollover and increased relocation budgets were addressed so there is hope trainees encounter fewer problems going forward. There are less issues with trainees receiving their pay through Single Lead Employer but Liz Babbage, Secondary Care Specialty Training Manager at Health Education and Improvement Wales and Dr Longbardi can be a point of contact for anyone still experiencing problems.

12. Matters from Health Board Representatives

a. Cwm Taf Morgannwg HB

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

- There are ongoing shortages of staff and colleagues providing last minute cover to ICU. This is a long term problem as there are not enough consultants on the rota and there is a real risk of burnout with the current consultants.
- Reconfiguration and amalgamation of intensive care provision across the three sites in CTM into two. Although there has been a number of meetings between stakeholder and working parties there is no real progression or clarity as to what is happening which is leaving the ICU consultants and anaesthetic colleagues frustrated.
- The Royal Gwent Hospital has acquired land/ building nearby the main site and plans are currently that it will be turned into an elective operating site.
- There has been restructuring of intensive care provision across the three sites in CTM. Impatient elective orthopaedics has moved to the Royal Gwent Hospital and only day-surgery orthopaedics and trauma continue in the Prince Charles Hospital.
- There has been a particular crisis in the workforce gaps in Bridgend which now relies heavily on a locum workforce. The health board is now acting together to try and collectively solve the problem but the situation has been worsened by losing ITU consultants due to age and ill health.
- The Prince Charles Hospital has managed to a more senior middle grade rota to cover ICU in Bridgend in the near future and six middle grade consultants have accepted and will start soon. Hopefully this will help encourage consultant intensivists to apply for future jobs.
- There remains uncertainty about the Level 3 ITUs in the Health Board. There will be a Level 3 ITU in the Prince Charles Hospital, but there are still ongoing conversations regarding the futures of Royal Gwent Hospital and the Princess of Wales Hospital.
- The project to improve fire safety at the Prince of Wales Hospital continues and there are still many issues to be addressed regarding the best way forward to limit disruptions.
- There has been a lot of activity in consultants leaving the pension scheme and the health board are now paying recycling contributions for 2022/23 after following a bespoke process.

- The Prince of Wales Hospital are experiencing funding difficulties to expand their prehabilitation service as well as improving the preassessment services by purchasing an electronic preoperative service.

The Board discussed the points raised and it was agreed that the Board would try to support resolving these issues. There was a request for the College and Association of Anaesthetists to join forces to advocate with the Health Minister on the workforce crisis. Dr Lloyd-Thomas was provided with contacts that would help improve the issues experienced in the Prince of Wales Hospital.

ACTION: Dr Ford, Mr Brūn and Ms Ward to consider how best the College and possibly the Association of Anaesthetists can advocate on the workforce issues experienced in Wales with the Health Minister.

ACTION: Dr Ford to write to the Medical Directors and on behalf of the Board write to the CEO and Medical Director with the Health minister on copy recognising the concerns raised within the Cwm Taf Morgannwg health board, safety concerns and burnout issues.

b. Hywel Dda HB

Dr Thomas provided an update on the Hywel Dda health board and the following points were noted:

- Prince Philip ICU in Llanelli was reduced to a medically led HDU at the end of last year due to a shortage of intensive care consultants on the Carmarthenshire rota (six consultants) who were covering two units with a total of 23 beds. Level three patients are stabilized by the resident SAS anaesthetist and transferred by ACCTS or the local team as required. The health board aspiration is for it to reopen when a sufficient number of consultants are recruited but this does not seem likely in the short to medium term given the Wales and UK shortage of intensivists.
- Plans for a new urgent and planned care hospital to replace Withybush and Glanwili are ongoing with a site consultation currently underway to choose between sites in Whitland or St Clears. The aspirational aim is to complete by Winter 2029.
- There are currently issues with the SAS group who are considering working to rule over payment of extras. In April 2023, the BMA updated their non-contractual rate cards for all groups including SAS doctors in Wales and until the rates of pay for SAS doctors is resolved, they have given notice to the health boards that they will not work extra. To ensure the rotas are fulfilled, consultants will be covering this.

c. Betsi Cadwaladr HB

Dr Kucharski, Dr Clements and Dr Williams presented the Besti Cadwaladr health board update and the following points were raised:

- At Bangor hospital in-patient orthopaedic elective care has not restarted since the pandemic and plans are for this to begin in mid-April 2023 which is having implications on the anaesthetic department.
- The procurement for the CMR surgical robots has also affected anaesthetics. There has been a huge opportunity missed by the health board for treating urology patients which isn't supported by the chosen CMR robot and these patients have to be seen in London.
- There are concerns with the new curriculum compared with 2010. Dilution of modular training structure with amalgamation of specialties within one or umbrella HALOs. In contrast Regional & Transfer are more emphasized than before. 'Triple C forms seem to be a bolt-on afterthought.' ES and trainees need formal guidance on what is required for trainees to meet required K,S,B for sign off of Triple C Forms. Junior IAC modules are less descriptive and structured. Better to have more structure early on in training.

- Transfer Medicine key component of old & current curriculum. However, given the introduction of dedicated transfer services, there are issues on how core trainees can get the necessary experience to fulfill the requirements. The All Wales Transfer course is now obsolete; ACCTS is only open to Clinical Fellow posts. In the North, ACCTS have stopped Anaesthetic core trainees in North gaining experience. We need collaboration between ACCTS and Welsh School of Anaesthesia.
- There is a long term strategy to upgrade a number of infrastructure failings in the North Wales health board including fire safety and improvements to the Modern Major Urological service.
- A plan for paperless referrals, virtual clinics, fully connected digital record system. Patients regularly being discharged without Primary Care receiving hospital stay information.

d. Aneurin Bevan HB

Dr Tanka provided the update on the Aneurin Bevan health board. The following points were noted:

- Two PAs are now in post, currently supernumerary but will be part of the rota from May 2023. They are working on POCU daytime which will free up SAS doctors to do more lists.
- Four SAS Doctors have left the health board and multiple senior consultants are retiring and going part time partly due to pension tax.
- There is a clinical fellow posts with benefits such as research projects to help staff POCU while improving trainee CVs.
- Four consultants have been appointed, although overall there remains a shortfall.
- Increasing use of awake day case and short stay orthopaedic procedures in sites outside GUH including trauma where possible.
- SDEC wards and lists in GUG and RGH to try to improve emergency case throughout.
- There is work being undertaken from teams visiting other day case units in Exeter and Hexham and work being done to try to increase the flow through day case.

e. Cardiff & Vale University HB

Dr Sandby-Thomas provided the update on the Cardiff & Vale University health board. The following point were noted:

- Vascular services are coming to the Tregaron Community Hospital and there is a real pressure on bed availability.
- The projected demand of critical care beds is 52 and the health board are currently on 35.
- At the start of the pandemic cardiac services were moved to the University Hospital Llandough and this has had knock on effects particularly on waiting lists and training opportunities for regional anaesthesia.
- Tessa Bailey has been working with the GPs to try and target failures to address in the perioperative workstream.

f. Swansea Bay University HB

Dr Richmond provided a summary on the Swansea Bay University health board. The following points were noted:

- There has been management structure changes which will mean directorates such as burns and IT are managed by Singleton Hospital.
- In terms of workforce there is some difficulty recruiting a clinical director and two Anaesthesia Associates have been appointed.
- There are ongoing problems with consultant recruitment and the health board are continue to expand capacity with an enhanced recovery unit opening in Singleton Hospital and plans to open more, as well as more theatres across the health board.

13. Matters from corresponding members

The Board noted that there were no matters from corresponding members.

14. Association of Anaesthetists Report

Dr Sheraton gave a verbal update on support the Association of Anaesthetists could provide the Welsh Board and its members with. The following points were raised:

- The Association of Anaesthetists advocacy and campaigns team are there to support with pre assessment, risk stratification issues and how services can be arranged.
- Wellbeing work continues and there has been further investment in mentoring training, the last session will be held in person.

15. PatientsVoices@RCOA Report

Jason Williams had sent apologies to the meeting and no report was circulated.

16. Clinical Director report

Dr Richardson sent apologies to the meeting but his comments to raise were sent to the Chair in advance of the meeting. The Clinical Director report noted changes to the pension tax are controversial but will hopefully help with Consultant/SAS retention. There has been an increased financial settlement for Wales welcomed but many Health Boards remain in difficult financial situation limiting ability to meet Covid recovery backlog. There will be potential industrial action in spring/summer.

17. Future of Desflurane in Wales

Dr Ford introduced Dr Tobin and Dr Saitch who were invited to present their findings on the use of desflurane in Wales and come up with a plan on its future use within Wales. The presentation highlighted the following:

- NHS emissions overall are 5.4% of UK emission and make up to 40% of the Public sector emissions. 5% of the NHS emissions are from inhalational anaesthetic agents of which 80% of these are from desflurane.
- Desflurane has 2,540 times the Global Warming potential of CO₂ and an atmospheric lifespan of 14 years.
- Since the relaunch of Project Drawdown in November 2021, three health boards and two hospitals have formally stopped using desflurane.
- A survey was conducted with 193 respondents which totals about 25% of the system in Wales. Haverford West Hospital and Aberystwyth Hospital did not respond. The findings show that some hospitals are still using, and these cases are predominantly long and with patients who have a higher BMI.

Dr Johannsson confirmed the Royal College would support the decommissioning of desflurane in Wales and has already issued statements decommissioning it in England and Scotland. Dr Sheraton confirmed the Association of Anaesthetists would definitely support this too.

Action: The Welsh Board to contact the Welsh government to let them know their position of the use of desflurane and the plans to issue a joint statement with the Association of Anaesthetists to decommission the use of desflurane in Wales.

Action: The Welsh Board to issue a statement jointly with the Association of Anaesthetists on decommissioning the use of desflurane in Wales.

18. Correspondence

The board noted that no correspondence had been received.

19. Any other business

a. All Wales Transfer of the Critically Ill Adult Governance and Training

Dr Ford highlighted the issue that the training programme was no longer sustained by the critical care network. The Adult Critical Care Transfer Service Cymru (ACCTS) is a new road-based service based at Ysbyty Gwynedd in Bangor and is slowly evolving to support this training. Dr Ford met with Dr Mike Slattery and the critical care network and there are plans to write a letter to HEIW to seek support in the delivering this training service. Dr Clements highlighted the inter-hospital transfer service concerns as the south model is inappropriate for the north requirement. Currently it is 24-hour service, but plans are for it to become a day time service. Clinicians feel that what is required is an evening/ night service rather than a day time service in North Wales. As soon as there is more detail, Dr Ford will keep the board updated.

b. Board members Term of Office

Dr Ford to work with the Board secretary and Board to update the board membership and term of office document to support future election planning for 2023 and future years.

20. Dates of next meeting

Tuesday 17 October 10:00 to 1:00 pm taking place in Cardiff, tbc