

**Royal College of Anaesthetist's Advisory Board in Wales
National Specialty Advisory Group Committee Meeting**

Tuesday 16 October 2018

Seminar Room 3, Postgraduate Centre, Princess of Wales Hospital, Bridgend

MINUTES

Welcome

The Chair welcomed all members to the meeting including Dr Simon Fletcher, Vice President of the RCoA and Kathryn Stillman, RCoA Director of Communications and External Affairs. Committee NOTED that Declan Maloney and Sonia Pierce were in attendance via VC from North Wales.

Present

Abrie Theron (AT)	Chair
Tom Morgan-Jones (TMJ)	Vice Chair
Simon Fletcher (SF)	RCoA Vice President
Kathryn Stillman (KS)	RCoA Director of Communications and External Affairs
Sarah Harries (SH)	RCoA Regional Advisor – Anaesthesia (Wales)
Sonia Pierce (SP)	RA Pain Medicine (VC)
DeclanMaloney (DM)	Betsi Cadwaladr Health Board Representative (VC)
Tessa Bailey (TB)	Cardiff & Vale Health Board Representative
Dom Hurford (DH)	Cwm Taf Health Board Representative
Alun Thomas (AT)	Hywel Dda Health Board Representative
Jane Tanaka (JT)	Aneurin Health Board Representative
Kath Eggers (KE)	Princess of Wales Hospital Representative
Kevin Draper (KD)	SAS Representative
Isra Hassan (IH)	Welsh School Trainee Representative
Seema Sindhakar (SS)	Clinical Directors Representative
Lisa Roberts (LR)	RCoA Committee Administrator

Apologies

Professor Ravi Mahajan	RCoA President
Tom Grinyer	RCoA Chief Executive
Paul Clyburn	President of the AAGBI
Tei Sheraton	AAGBI Representative
Adrian Mason	RCoA Lay Group Representative
Judith Hall	Academic Advisor
Christine Range	Abertawe Bro Health Board Representative

1) To receive and approve unconfirmed minutes of previous meeting held on 17 April 2018

Page 2: Chair Report – point iv: Vaughan Gething to be invited to visit anaesthetic departments in POW & North Wales. Committee NOTED that this has not happened and that it should be re-considered if a new Health Minister is in place following the Leadership Election.

Page 3: Pain Society Sub Group – point viii: WPS Pain Sub Group. Committee NOTED that the discussions had taken place in relation to the Regional Advisor for Pain Medicine not being referred to within the document. Committee NOTED that SP had discussed this with the society and would be invited to attend future meetings.

Page 4: Regional Events Bursary scheme from the College was highlighted to the committee members who were asked to promote it and AT agreed to put it in the next eNewsletter.

Page 4: RCoA Director Report – point iv: National Institute of Academic Anaesthesia. Committee NOTED that an article on research opportunities had been included in the last newsletter but it did not promote grant applications.

Page 5: Specialty School Report – point vi: Study Leave: Committee NOTED that the Wales Deanery had considered funding mandatory curriculum courses e.g. for EM, O&G and surgery, representing a risk to study leave budgets for anaesthesia & ICM trainees. SH reported there had been no further progress to

introduce this. SF suggested that if implemented the HoSS should mandate all ALS, transfer & GCP courses for anaesthesia and/or ICM.

Page 6: Specialty Doctor Report: typo: line 4 inclusion of "there" required and amend CSR to CESR.

Page 7: Trainee Issues: amend HIW to HEIW.

Received and approved with amendments: Minutes of Meeting held on Tuesday 17th October 2017.

2) Matters arising

Committee NOTED the updates from AT on the actions from the previous meeting:

- Committee to contact AT if they wanted to publish an article in the newsletter. **Action Ongoing**
- AT to circulate details of POMS Welsh Perioperative Medicine Conference. **Action Discharged**
- AT to write and circulate a letter to the former board members on behalf of the College thanking them for their support. **Action Discharged**
- KD to contact CD Network in relation to the list of SAS anaesthetists in Wales. **Action Discharged**
- KD to write an article on SAS doctors for the newsletter. **Action Discharged**
- IH to provide presentation to College on the resilience and wellbeing course. **Action Discharged**
- AT write a letter on behalf of the board outlining the key issues and concerns on the critical care bed crisis in Cardiff and direct it to Liam Brennan and Carl Waldmann. **Action Discharged**
- DH and KE to write to AT in relation to the concerns raised around paediatrics and ENT – College provided a formal response through Professional Standards Committee. **Action Discharged**
- All health board representatives to send AT data / information on in sourcing. **Action Discharged**
- AT to include concerns in relation to bed crisis in all of Wales in formal letter. **Action Ongoing**
- AT & LR to liaise with College to identify a date for the next meeting (Oct 2018) **Action Discharged**

3) Chair Report

Committee NOTED the following update from the Chair:

- I. **Critical Care Capacity Task and Finish Group:** Committee NOTED that this was established shortly after Liam Brennan and Carl Waldman wrote to Vaughan Gething in response to the letter from the Board to the RCoA and FICM. Committee NOTED that this was set up to advise on how best to use £15 mil recurrent funding announced at the same time. Committee NOTED that there were several workstreams: Long Term Ventilation, Outreach, Transfers, Workforce, Performance measures, Mapping of service model, demand and capacity and PACU (AT leading on PACU). Committee NOTED that the first 2 meetings were on 8 August & 12 Sept 2018 and the next meeting was taking place on 26 Oct with the aim to have final proposals in time for the new budget – Jan / Feb 2019.
- II. **Paediatric and ENT cover in POW and Cwm Taf:** Committee NOTED that the letter from Kath Eggers and Dom Hurford was forwarded to the RCoA and Marie Nixon and William Harrop-Griffiths had responded. Committee NOTED the concerns raised that the anaesthetic team had not been consulted as part of the change in service. Committee NOTED that as anaesthetists were felt to be part of the solution, they needed to be included in the group working towards the solution that makes patient care as safe as possible. Committee NOTED that the possibility of an invited review had been raised either as the College of Anaesthetists or combined with the Royal College of Surgeons and Royal College of Paediatrics & Child Health. Committee NOTED the discussions that had taken place in recent months and outlined their concerns in relation to the current situation and how this could be improved going forward. Committee NOTED that DH would continue to monitor the situation and would update AT and the College accordingly. SH informed the Board that the current APA President, Dr Chris Gildersleve, working at CHfW in Cardiff, had offered his input to local discussions on proposed reconfiguration of any paediatric services in Wales.

Committee also NOTED concerns in South Wales relating to the care and transfer of level 2 paediatric patients in DGHs. As well as the lack of local and transfer resources available, there was limited support and provision of care in place from paediatricians. Committee NOTED that this issue was directly related to PICU/HDU but AGREED that it did impact directly on the anaesthetists. Committee NOTED that Dr David Tuthill was the RCPCH Officer for Wales. AT asked the committee to email him their experiences and following this he would contact Dr Tuthill to discuss the current situation.

Action: Committee to email AT their experiences in relation to Paediatric level 2 transfers in their health boards. AT to then contact Dr Tuthill (RCPCH) to discuss the current situation.

- III. **Meeting with Sally Lewis:** Committee NOTED that a meeting had taken place with Sally Lewis, the National Lead for Valued Based Healthcare / Prudent Health Care on Wednesday 2 May 2018. Committee NOTED it was a positive meeting in which we were asked to submit the alignment of POM with Prudent Healthcare which included POM case scenarios from Tony Funnell.
- IV. **Simon Fletcher met with MD's in Neville Hall:** Committee NOTED that Sarah Harries, Sharon Drake and Simon Fletcher had met with MD's in Nevill Hall on Friday 4 May 2018 regarding ACSA. Committee NOTED it was a positive meeting and that all anaesthetic departments have now engaged with the ACSA process in Wales.
- V. **National Clinical Leads:** (15 May 2018 and 14 Sept 2018.) Committee NOTED that this AT was invited to attend by CMO Frank Atherton. This was mainly in relation to working on the implementation of Prudent Healthcare. Committee NOTED that it was interesting to hear about what was happening in Respiratory Medicine and Cardiology and that Sally Lewis had asked for opinions on pre-habilitation for Lung Cancer patients. Committee noted that following networking via Sally Lewis, Rachel Barlow would like to meet regarding Fitter, Better, Sooner in particular to Lung Cancer.

ACTION: AT to follow-up contact with Rachel Barlow who wants to meet with up. AT to find / email relevant documents.

- VI. **W-POMS:** (15 June 2018). Committee NOTED that an excellent inaugural meeting had taken place and AT thanked the organisers: Huw Evans, Isra Hassan, Emily Buckwell and Kelly Ronan. Committee NOTED that they were looking to establish a permanent group and AT asked them to contact the WAB if any support was required. Committee NOTED that the next W-POMS would be on 7th June 2019 and IH provided an overview on the lectures and workshops.
- VII. **Freedom to Speak Up Guardians:** Committee NOTED that this was raised by Paul Clyburn and was DISCUSSED with the Cabinet secretary on 25th June 2018 during the AMRCW meeting. Committee NOTED that research is currently being undertaken by Cardiff University and that it has been agreed with the CMO and Cabinet Secretary that we will review this with the findings of the research. AT also discussed this with Nia Roberts from HIW at the Bevan Commission and followed it up with a formal letter from the AMRCW.
- VIII. **Bevan Commission Conference 3-4 July 2018:** Committee NOTED that the Bevan Commission was an academic body which promote Prudent Healthcare in Wales.
- IX. **Welsh Medical Committee:** Following application AT was invited to both the big and core group. The big group met 28 July 2018 and the core group 26 Sept 2018. Committee NOTED that AT attended the core group meeting and the topics discussed were: Obesity strategy with nutrition provided at schools and the flawed diet advice, Equal opportunities for trainees in North and South Wales, Reluctance of health professionals to fully explore technology, Transgender services across Wales, Inequitable access to services in rural Wales, Legal status of personal reflection, Slow and inconsistent adoption of prudent healthcare and Discharge to access and unnecessary admission of frail elderly patients.
- X. **Academy Medical Royal Colleges Wales (AMRCW):** Committee NOTED that the new chair was Esther Youd (Histopathologist in Cwm Taf). Committee NOTED that the proposed changes discussed in April had been circulated, with the preferred option being that the Wales Academy would become a subcommittee of the AoMRC. Committee NOTED that there was still not support from all colleges. Committee NOTED that a recent press release with regards to funding in Wales could not go out prior to the Autumn statement due to objection from some colleges.
- XI. **Health Education Improvement Wales:** Committee NOTED that this was launched on 24th September 2018 and that a new e-library had been announced at this event for all healthcare professionals. Committee AGREED that the new Medical Director should be invited to a future meeting of the WAB to discuss workforce planning.

ACTION: AT & SH to invite Medical Director of HEIW to a future meeting.

4) RCoA Director Report

- I. **Elections of RCoA Council Officers:** Committee NOTED that the elections of the council officers had taken place in May 2018. Professor Mahajan was elected to be the President, Dr Fazackerley (re-elected) and Dr Fletcher were elected to be vice presidents. Committee NOTED that their term started in September 2018 and that Dr Liam Brennan's tenure and valuable contribution to the College as the previous president was NOTED at the meeting.
- II. **RCoA Governance Re-Structuring Embedded:** Committee NOTED that 3 LAY trustees had now been appointed, these being Mr. Colin Millar, Mr. Craig Jones and Ms. Jane Ingham. Committee

NOTED that the new trustees brought expertise around several areas and had been integrated into various boards within the College.

- III. **Election to Council 2019:** Committee NOTED that this year there was 2 consultant vacancies and 1 trainee vacancy and that electronic ballots would be sent by email on 30th October 2018. Committee NOTED that the vote closed at midday on Thursday 3rd December 2018 and that the election results would be declared via the College website as soon as possible following the ballot count. Committee NOTED that the results would also be published in the College Bulletin.
- IV. **Communications:** Committee NOTED the overview provided on media work taking place within the College. Committee NOTED that the media coverage generated since July have had a readership of 5.5 million people. This included welcoming the announcement from Cabinet Secretary Vaughan Gething of a national programme to redesign critical care services in Wales, enabled by £15 mil of recurrent funding. Committee NOTED that the College was working with a company called Manifesto on the development of the new website. Committee NOTED that the work had commenced in October and that the new website would be launched in Spring next year.
- V. **Membership Engagement:** Committee NOTED that the results of the College Membership Survey 2018 would be shared at Council on Wednesday 17th October which had shown a 7% increase of positivity rating for the College. Committee NOTED that a bespoke report for members of Wales would be produced and that KS would send this to AT once the initial results had been shared. Committee NOTED that AT would include this in the next Wales newsletter.

Action: KS to send bespoke report for members in Wales to AT once initial results had been shared, AT to include in the next Wales newsletter.

6) RCoA Vice President Report

- I. **ACSA:** Committee NOTED that Wales were now 100% signed up to ACSA.
- II. **SALG:** Committee NOTED that the 2018 Patient Safety Conference was taking place on 22nd November in Newcastle: www.rcoa.ac.uk/salg/events
- III. **UK Perioperative Medicine Clinical Trials Network (POMCTN):** Committee NOTED that mentorship and training for the 3 recruits to the POMCTNB Chief Investigator Scheme was ongoing. Committee NOTED that this scheme was intended to provide training and mentorship for a small number of individuals who wish to lead their own trials in perioperative medicine. Committee NOTED that there were currently 312 members in total with 17 members from Wales, and every health board was represented.
- IV. **NAP:** Committee NOTED that NAP6 investigated perioperative anaphylaxis and was led by Professor Nigel Harper. Committee NOTED that 365 NHS hospitals participated, 19 of these sites being in Wales and that the results had been published in the BJA. Committee NOTED that NAP7 was perioperative cardiac arrest and that the new clinical lead would be appointed in January.
- V. **NELA:** Committee NOTED that the project was in place until 2020 with the possibility of an extension until 2022. Committee NOTED that there was a good level of participation in Wales.
- VI. **NIAA:** Committee NOTED that the NIAA facilitated the award of grants on behalf of its founding and funding partners and was formed of 10 societies. Committee NOTED that Round 2 of the 2018 NIAA Grants recently closed for applications on 21st September and unfortunately no applications had been received from Wales.
- VII. **John Snow Anaesthesia Intercalated Awards:** Committee NOTED that 14 applications had been received but unfortunately there were no applications from supervisors or their students in any Welsh universities. Committee NOTED that the College would be grateful for any support from the Welsh Advisory Board in future promotion of these opportunities across the region.
- VIII. **POM:** Committee NOTED that 13 leads had been identified in Wales and that initiatives had been set up with funding support from the College. Committee NOTED that there was a plan to develop a centre in the College with the RCoA taking the lead.
- IX. **SNAP 2:** Committee NOTED that 14 hospitals in Wales had signed up to participate in the study.
- X. **Technology Strategy Programme (TSP):** Committee NOTED that the IT in the College was being updated. Committee NOTED that the system was the first Royal College combined e-portfolio and log book, and the work to add professional development (CPD) to the system was currently being planned.
- XI. **Upcoming Events:** Committee NOTED the upcoming events for 2018 – 2019. Committee NOTED that all events were available on the website if they required further information.
- XII. **Simulation:** Committee NOTED that the Simulation Strategy had been approved by the Education and Professional Development Board and the Clinical Quality and Research Board and would be presented to Council in October for final ratification. Committee NOTED that this was a 5-year programme and overview was provided on the comprehensive strategy.

- XIII. **College Tutors:** Committee NOTED that the 2019 Annual College Tutors meeting would be held 13-14 June at the Nottingham Conference Centre.
- XIV. **Curricula:** Committee NOTED that this large piece of work was ongoing in line with the GMC and was being led by Nigel Penfold.
- XV. **Global Health:** Committee NOTED that there were projects currently taking place in Zambia, Uganda and Namibia which were supported by the College.
- XVI. **Physicians' Assistants Anaesthesia:** The Department of Health and Social Care have confirmed that PA (A)s would have statutory regulation, although the mechanism for this was currently decided. Committee NOTED the regulator was likely to be the GMC.
- XVII. **Workforce and Recruitment:** Committee NOTED that the excellent fill rates of training posts in Wales. Committee NOTED that the CT1 & ST3 fill rate was 100%.
- XVIII. **Examinations:** Committee NOTED that Wales had done better than other parts of the UK, both primary and final. Committee NOTED that in terms of examiners, Wales were underrepresented. Committee NOTED that information on this had been provided in the newsletter.
- XIX. **College Strategy:** Committee NOTED that the College wanted to start to influence overall health policy UK wide and that to achieve this, the College needed to further influence politicians at a national level. Committee DISCUSSED different areas of the strategy and NOTED how the AMRCW aligned with this.

7) **Specialty School Report**

- I. **Eluned Wright:** Wales Deanery & the Welsh School of Anaesthesia Specialist Training Committee thanked Dr Eluned Wright, who had recently completed six years as Head of Specialty School of Anaesthesia, ICM & Pain Medicine. Eluned had been an exceptional HoSS and past RAA, DRAA and College Tutor for Cardiff, and had demonstrated unique dedication & commitment to postgraduate training in anaesthesia, ICM & pain medicine in Wales for over 20 years. Committee NOTED that Dr Sarah Harries, had been appointed to the role of Interim Head of Specialty School until December 2018, whilst the future of the HoSS role was determined by HEIW.
- II. **Health Education and Improvement Wales (HEIW):** Committee NOTED that the HEIW became operational from 1st October 2018 and that all current Deanery staff would transfer their employment to the new premises within the Rhondda Valley. The Medical Director, Professor Push Mangat, was recently appointed. Committee NOTED that he was a Consultant Anaesthetist and Intensivist working in Swansea, with a recent background in medical management. Committee NOTED that SH would be keen to invite his input and perspective on the future of postgraduate anaesthesia & ICM and expansion of the anaesthesia workforce to meet demands in Wales via the RCoA Wales Advisory Board. Committee NOTED that the Postgraduate Dean currently remained an interim post. 3 areas relevant to anaesthesia & ICM have been logged as a short-term risk for the immediate attention of HEIW; funding to support the 3-month ICM placements within the IMT2 year for core medicine trainees, placements changes resulting from the planned new anaesthesia curriculum, and remuneration of TPDs for their role and responsibilities.

Action: AT & SH to invite Professor Push Mangat to attend the next meeting. AT & SH to arrange a meeting prior to the main committee meeting.

- III. **Personnel:** Committee NOTED that Drs Lewis & Burnell had recently completed their second terms as College Tutors in Swansea and Bangor respectively. As an STC, we would like to thank them for their contributions. Committee NOTED that Dr Anna Roberts and Dr Suman Mitra had been appointed as successors.
- IV. **Recruitment:** Committee NOTED that the School had 100% fill rate of 34 CAT & ACCS/Anaes and 19 ST3 posts for posts commencing in August 2018. Interviews for CT1 & ST3 posts to start in February 2019 were recently completed.
- V. **Lifelong learning platform:** Committee NOTED that all new CT1, ST3, ST5 & ST6 trainees transferred to the new Lifelong Learning Platform (LLP) in August and were instructed to complete a download of their old RCoA e-portfolio information. All trainees with ARCPs in January would transfer in February 2019, with the remaining trainees transferring to the LLP in August 2019, unless they completed their training before this date. A continuing programme of training on the RCoA LLP is in place for trainees & trainers through the LLP School & Trainee Lead.
- VI. **Differential attainment:** Committee NOTED that the School had received its individual data from the GMC comparing attainment rates of the FRCA exam, progression at ARCP & overall NTS satisfaction scores with trainee race & origin of postgraduate medical qualification. In some

domains outliers where identified and proposed solutions to address this had been sought from the HoSS & STC.

**8) RA Pain Report
Updates from FPM**

- I. Committee NOTED that the Faculty of Pain Medicine had launched new routes of membership. The route of "Affiliate Fellowship" had been created for Acute / Inpatient Pain Medicine doctors and Pain Medicine consultants. When Foundation Fellowship was replaced with Fellowship by Assessment (which then evolved into Fellowship by Examination), it became very difficult for Acute Pain / Inpatient Medicine doctors to join the FPM. This route was also open to Pain Medicine consultants without the examination who were not eligible for fellowship by any other route. The other new routes include "Affiliate" – a route for all healthcare professionals and the potential route of "Foundation Fellowship" - for non-anaesthetic Pain Medicine consultants.
- II. Trainees: Three trainees had recently successfully completed Advanced Training in Pain Medicine. One trainee currently in post and has recently passed the FPMRCA written examination at the first attempt.
- III. Quality Assurance: Committee NOTED that a visit was planned to Newport on 1st November 2018.

9) RA Critical Care Report

Committee NOTED that MD was not in attendance and a report had not been submitted.

10) Academic Report

Committee NOTED that JH was not in attendance and a report had not been submitted.

11) Clinical Directors Network Report

Committee NOTED that the Clinical Directors met twice a year and the most recent meeting took place 2 weeks ago. Committee NOTED that the main agenda item was the new policy on upholding professional standards in Wales. Committee NOTED that the key aims and objectives of the policy and the presentation provided an understanding of the new procedures. Committee NOTED there was representation from all health boards in this group.

12) Specialty Doctor Report

Committee NOTED that as a representative of SAS doctors in this committee, KS had the following aims:

- Actively trying to engage with Welsh SAS Anaesthetists to find out what issues are important to them.
- Promoting our role and highlighting the SAS grade as a potential career option to suitable Anaesthetists.
- Represent Welsh SAS Anaesthetists at the RCOA SAS committee meeting in London.
- Improve opportunities for career progression, recognition and additional roles.

- I. **Contact with SAS doctors:** Committee NOTED that emails had been sent to local Anaesthetic departments asking for details of SAS representatives and that Dr Sindakar had forwarded information to the CD network asking for contact details for SAS representatives. Committee NOTED that despite this effort, only a few SAS doctors had contacted KS. Committee NOTED that the suggestion that the nature of many SAS doctors was not to engage with the College, however it was recognised that this group had a high rate of dissatisfaction with their role. Committee NOTED that the college had actively tried to engage with SAS doctors more recently and there was increasing support for doctors who wanted to progress and take on additional roles. Committee NOTED that due to this it was important to be even more active in engaging with this staff group. Committee NOTED that KS was keen to have a SAS Lead in each hospital. Committee NOTED that the College would look to support KD in continuing to engage SAS anaesthetists. Committee NOTED that KD would also look to produce a poster that could be disseminated to all hospitals.
- II. **SAS Committee meeting London: 3/10/18:** Committee NOTED that this was a very productive meeting allowing members from all nations to express their views. Committee NOTED that the additional roles of SAS doctors were highlighted and that there were many examples of SAS doctors doing traditionally consultant roles. Committee NOTED that adverts for additional roles should be disseminated to appropriate SAS doctors and that adverts should not specifically

request consultants as applicants if the role could be done by a suitably qualified and experienced SAS doctor. Committee NOTED that the Associate Specialist grade was discussed and that the College may produce a letter suggesting that the grade be re-introduced. It was also noted that there was an increased number of local Associate Specialist contracts being produced. Committee NOTED that this subject always generated a significant debate as it was seen by the majority of Specialty doctors as a solution to the lack of recognition, respect, remuneration and staff retention. Committee NOTED that the SAS fatigue survey would be out in due course and that this followed the trainee fatigue survey. Committee NOTED that autonomous working and the Cappucini test was raised, specifically around the supervision of non-autonomous colleagues and as to whether trainees and non-autonomous SAS doctors were adequately supervised.

- III. **Promotion of SAS role:** Committee NOTED that in terms of the SAS role that some trainees/fellows may be particularly suited to the role of an SAS doctor. Committee NOTED that the grade was traditionally seen as unsatisfactory however, it may be an attractive option for some individuals. Committee NOTED that the recent publication in the RCoA Wales newsletter gave a brief description of the role and that KD was presenting at the forthcoming JAW meeting on the advantages and disadvantages of the role. IH asked if there was a SAS newsletter. Committee NOTED that there was a SAS page on the College bulletin and that they had a newsletter. Committee NOTED that the trainees had an annual newsletter and the SAS bulletin could be circulated with this to further promote the role to trainees.

13) **Trainee Issues**

Committee NOTED the following trainee issues:

- I. **Wellbeing:** Committee NOTED that overall trainees felt positive about their wellbeing and how they were supported and looked after by the College. Committee NOTED that trainees were disappointed to hear about the plans of the Gwent reconfiguration, specifically that potentially there would be no rest areas in place or no on call rooms in the new hospital. Committee NOTED that discussions were still ongoing and further meetings would be taking place to discuss the plans for the future hospital. Committee NOTED that the College had very strong guidelines on safeguarding and rest facilities at hospitals and were communicating this to politicians and the media. Committee NOTED that plans had not yet been decided yet and that TMJ would contact AT and the College if further assistance and support was required.
- II. **ICU Pressures:** Committee NOTED that trainees were experiencing significant ICU pressures across the health boards, but especially in Cardiff. Committee NOTED that trainees had reported significant times out of training opportunities covering ICU pressures. Committee NOTED that morale was low amongst trainees and that ultimately the pressures experienced compromised their training and also patient safety. Committee DISCUSSED the concerns raised by trainees and AGREED that if trainees did not feel safe or supported that they had to escalate it to consultants, who would then escalate to CDs and Health Board Management. Committee AGREED that this situation could not continue and that the concerns outlined needed to be addressed with Health Board executives.

Action: Following discussion, best course of action AT and SH to write to Medical and Nursing Director in Cardiff voicing patient safety concerns and need for urgent action.

14) **Matters from Health Board Representatives**

- i. **Princess of Wales:** Committee NOTED that from April 2019 the health board would officially join with Cwm Taf Health Board. Committee NOTED that there would not be significant service changes within the first year of reconfiguration.
- ii. **Cardiff & Vale Health Board:** Committee NOTED the impacts of critical care resources continued to affect the anaesthetics department. Committee DISCUSSED the long-standing pressures that were being experienced and the best way to escalate the problems within the Health Board for definitive action. Clearly the issue needs to be communicated to the CMO when we next meet. Committee NOTED that PQIP is starting soon in Cardiff.

Action: Impact of lack of Critical Care resource to be raise with CMO.

- iii. **Betsi Cadwaladr Health Board:** Committee NOTED that a new MD had been appointed. Committee NOTED that by only recognising two sites for paediatric training to allow them to go to 1:11 rotas has put pressure on recruitment at Ysbyty Gwynedd which is being kept at a 1:8. This invariably will put more pressure on the anaesthetic department at YG.
- iv. **Cwm Taf Health Board:** Committee NOTED that the health board was currently under investigation externally by the Royal College of Midwives and the Royal College of Obstetrics and Gynecology for high rates of stillbirths and neonatal mortality. Committee NOTED that concerns had been raised in relation to this over the past 2 years. Committee DISCUSSED the flow of patients and transfers between health boards once the reconfiguration had taken place.
- v. **Aneurin Bevan Health Board:** Committee NOTED that lack of beds was still an ongoing problem. Committee NOTED that in terms of workforce planning the health board had been informed that the paediatric services currently in Nevill Hall were unsustainable. Committee NOTED that from December there would potentially only be a daytime paediatric assessment unit in Nevill Hall. Committee NOTED that there were issues with anaesthetic cover which had implications for trainees.
- vi. **Hywel Dda Health Board:** Committee NOTED that a new obstetric unit would be in place in the next 2 years. Committee NOTED that the health board was trying to achieve 10 session daytime cover by a Consultant Obstetric Anaesthetist. Committee NOTED that an extraordinary board meeting had taken place to determine the future site for a new hospital of emergency care within the health region to effectively replace Withybush and Glangwili Hospitals. Committee DISCUSSED the implications of this for patients in the South West Region.
- vii. **Abertawe Bro Health Board:** Committee NOTED a report had been submitted and was circulated in the pack for information purposes. In-sourcing has ended in all areas but ophthalmic surgery. ACSA visit is scheduled for June 2019. Non-consultant rota problems were presented that are similar to that in other hospitals. Novice anaesthetists will be in supernumerary roles for the first year.

Committee NOTED the suggestion that it would be beneficial for all health board representatives to submit reports for future meetings. (Do you want the report to be copied and pasted in – Yes, please)

Action: Health board representatives to submit reports for future meetings.

15) **Matters from corresponding members (WPS, SAW, WICS & PAGW)**

- I. Committee NOTED that WPS had highlighted the consultation on Persistent Pain Guidance in Wales which was included in the committee pack.
- II. Committee NOTED that the SAW Conference had been cancelled and that there was a new president Dr Ash Waggle.
- III. Committee NOTED that WICS had asked for the Task and Finish Group looking into the capacity of Critical Care to be highlighted.
- IV. Committee NOTED that All Wales Airway Group was interested in becoming a corresponding member. Committee NOTED that this request would need to go through Council therefore the group needed to write to AT requesting to become a corresponding member.

Action: All Wales Airway Group to write to the WAB in relation to becoming a corresponding member.

16) **AAGBI Report**

Committee NOTED the following updates from AAGBI in the past 6 months:

- Change of President from Dr Paul Clyburn to Dr Kathleen Ferguson. Many thanks to Paul for all his hard work and welcome to Kathleen as first female President of the Association.
- Annual Congress in Dublin was very successful with more than 750 delegates. Focus on wellbeing, new branding, and the environment. Keynote and high-profile lectures Lectures available to members on Learn@
- WSM plans Winter Scientific (WSM) London expecting attendance of around 1000 national and international delegates. Keynote Lectures:
 - Be nice to your elders; it could be you one day – Prof David Oliver, Oxford

- *Archie Brain Lecture: Peri-operative outcomes research in Africa – Prof Bruce Biccard, Cape Town*
- *Featherstone Oration: Hip Fractures, challenges, solutions and looming problems – Prof Richard Griffiths, Peterborough*

Guidelines

- Anaesthesia Team – approved by Board, waiting on endorsement from external organisations
- Cell Salvage (review) - approved by Board, waiting on endorsement from external organisations
- Best practice guidelines for total intravenous anaesthesia 2018 - Approved for publication
- Controlled Drugs in Peri-operative Care
- Anaesthetic practice in the independent sector

- **#FightFatigue campaign:** gradual change in culture. Consultant survey being analysed. Meaningful results and similar to trainee survey. Preparing for publication early next year. SAS survey soon.
- **Suicide survey:** still running. If not completed, please do so. Will form the basis of support and advice for departments.
- **New SAS Chair:** Tom James – will sit on Board. Directly elected SAS member being constitutionally worked out.
- **LifeBox and WFSa leaving:** Sad to say goodbye to both organisations who have outgrown the accommodation that we can provide. LifeBox has moved nearby and WFSa are hoping to stay central London. It will not affect the close relationships and collaboration we have with both organisations on international work.

17) Lay Representative Report

Committee NOTED that AM had provided apologies and a report had not been submitted.

18) Correspondence: NOF / Reduction in hospital beds across Wales

- I. **NOF:** Committee NOTED that there was set criteria in England and Wales, but Wales have been underperforming for many years. There is now a new initiative for Anaesthetists. Committee NOTED that a group had now been set up to standardize anaesthetic care of all patients having the procedure in Wales. Committee NOTED that there were clear guidelines which would be circulated to the health boards in the New Year. Committee NOTED the request from AT for DH to write an article on this for the newsletter.

Action: DH to write an article on NOF in the next newsletter.

- II. **Reduction in hospital beds across Wales:** Committee NOTED the reduction of hospital beds across Wales and AGREED that this needed to be escalated. Committee DISCUSSED how best to take this forward and AGREED that in the first instance it should be communicated to the Welsh Medical Committee and the Critical Care Task & Finish Group and to highlighting the issue to the Health Minister. Committee NOTED that DM would also circulate the link to them.

Action: AT to communicate to the Medical Committee and the Critical Care Task & Finish Group in the first instance prior to raising it to the Health Minister.

Action: DM to circulate the relevant links to the committee

19) AOB: Succession planning

Committee NOTED that TMJ did not wish to take over as Chair of the committee in the future therefore in April the committee would need to elect a new vice chair.

Action: Committee to consider the position for vice chair prior to the next meeting.

20) Date of Next Meeting: To be confirmed