

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

Tuesday 20th April 2021: Microsoft Teams Meeting

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

Present:

Abrie Theron (AT)	Chair of RCoA Wales Board
Professor Ravi Mahajan (RM)	RCoA President
Mr Jonathan Bruun (JR)	RCoA Chief Executive Officer
Mrs Rose Murphy (RM)	RCoA Head of Executive Office
Mrs Lynne Nadin (LF)	Associate Director for Research by Design
Dr Simon Ford (SF)	Regional Adviser for Wales
Prof Tamas Szakmany (TS)	Academic Representative
Dr Tom Morgan Jones (TMJ)	Previous Vice Chair
Dr Christine Range (CR)	Swansea Bay Health Board Representative
Dr Jane Tanaka (JT)	Aneurin Bevan Health Board Representative
Dr Tessa Bailey (TB)	Cardiff & Vale Health Board Representative
Dr Alun Thomas (AT)	Hywel Dda Health Board Representative
Dr Kath Eggers (KE)	Princess of Wales Hospital Representative
Dr Sonia Pierce (SP)	Regional Advisor Pain Medicine
Dr Dom Hurford (DH)	Cwm Taf Morgannwg Health Board Representative
Dr Kevin Draper (KS)	SAS Representative
Dr Lucy Emmett (LE)	Trainee Representative
Lisa Roberts	Committee Secretariat

1. Apologies

Sarah Harries	Head of School Wales
Declan Maloney	Betsi Cadwaladr Health Board Representative
Professor Judith Hall	Academic Representative
Adrian Mason	Lay Representative

2. Introduction and Welcome

AT welcomed all in attendance to the meeting including representatives from the College, President Ravi Mahajan, CEO Jono Bruun and Rose Murphy.

3. RCoA Membership Survey: Wales Results

AT introduced Lynne Nadin, Associate Director for Research by Design who provided an overview on the RCoA Membership Survey: Wales Results. The online survey was conducted last year in September with the results being from those that participated from Wales. Committee NOTED that 2,573 fellows and members of the RCoA took part in the survey with the overall response rate being 13% of the full membership. The key areas highlighted by LN included:

- Perceptions and ratings of the College and the overall rating of RCoA as an organisation
- Value for money: access to benefits and services
- What RCoA membership meant to fellows and members
- The role of the RCoA as an organisation and their future priorities
- Engagement of members with the RCoA and views about the RCoA

- Ways to get involved with and contribute to the RCoA
- Executive summary of the results of the survey

LN confirmed that an online dashboard was available to explore the data and was accessible for all members to use. In terms of the data AT asked LN for the ratio of trainees and other grades that responded to the survey. LN confirmed that she would be able to provide AT with this information through the dashboard. SF referred to the 27% that did not participate and asked if there was a way to find out why they did not engage. LN confirmed that there was not a free text comment but that she could identify why members did not respond through the broader open questions.

Action: LN to provide AT with the ratio of grades that responded to the survey and to identify why 27% of members did not respond to the broader questions.

4. Previous Minutes

The minutes of the previous meeting held on 20 October 2020 were circulated in advance of the meeting and were approved as a true and accurate record.

5. Matters arising / Actions from previous meeting

- **To use this group to distribute details about recruitment to the WMC:** Committee NOTED the WMC had not started recruitment yet and that AT would raise this in the Chair Report. Committee NOTED that AT would utilize the Welsh Board to get trainees, SAS doctors and consultants to apply. Ongoing
- **WHG to contact the ACC coordinator to support SF with regards to AAC in Wales:** Committee NOTED that SF had been in contact with the AAC panel and that things had improved in terms of College representation. Discharged
- **SH to send relevant links to KD:** Committee NOTED that KD had not received this and that AT would follow this up. Ongoing
- **AT to write to CMO and Intensive Care Network Lead:** Committee NOTED that AT had written to the CMO and board in relation to the Critical Care Transfer Course. KS confirmed that multiple courses had been arranged across South Wales but to contact him if they would like to host a course in their local area. Discharged
- **AT to highlight limitations to the “digital explosion” secondary to infrastructure:** Committee NOTED that AT wrote to the CMO and highlighted that same good work had taken place in Cardiff & Vale UHB in the past 4 months. Discharged.
- **SH to share RCoA peri-operative framework with DH will follow up:** Committee NOTED that AT would link in with DH to confirm this has taken place. Discharged
- **AT to add TS and SF to the All-Wales CD WhatsApp group:** Committee NOTED that these members had been added to the group. Discharged
- **AT to forward WHG the email address of Andrew Goodhall:** Committee NOTED that AT had forwarded the email address. Discharged
- **AT to write to TS before 11 November 2020. AT to enquire through the CD network:** Committee NOTED that AT wrote to TS and made enquiries through the network Discharged
- **AT to link with the lay group:** Committee NOTED that AT had not linked in with the lay group in relation to the attendance of the representative but would do this in due course. Ongoing

6. Chair Report

Manifesto: AT thanked members who contributed to the survey particularly Lisa Plotkin and Mark Weiss in the college for creating a very professional looking document that we could all use and be proud of.

National Clinical Framework: AT confirmed that this had now been published. It was still not clear when the NHS Executive would be operational to implement the plan, but it was important that Anaesthetic representation was secured on both the Emergency and Planned Care Programmes. <https://gov.wales/sites/default/files/publications/2021-03/national-clinical-framework-a-learning-health-and-care-system.pdf>

AMRCW: AT confirmed that fortnightly calls with the CMO's during the second peak had continued and were now very well attended. Committee NOTED that Mair and AT were meeting with the President and CEO to discuss the current financial situation and to start making plans regarding the future funding when the current resource ran out. Committee NOTED that current correspondence between the CMO's, Cardiff & Vale and the Academy regarding college representation during consultant selection.

WMC: In terms of the WMC committee NOTED that they were currently in a period of limbo whilst waiting for a new Government to be elected. New selection to the group was planned and AT

would use this board to disseminate information regarding the process and would encourage all grades of anaesthetists to get involved.

Meeting with CMO 19 April 2021: Committee NOTED that the agenda items included the NCF, Advisory Appointment Committee (AAC) Assessors and the RCoA manifesto.

Anaesthesia Related Professionals Committee (ARPC): Committee NOTED that the College wanted to invite a representative of the WAB to join the Anaesthesia Related Professionals Committee (ARPC). The ARPC was responsible for managing the College's role in the advancement of the Anaesthesia Associates programme and evaluating professional issues related to all other registered healthcare providers related to Anaesthesia. Committee NOTED that meetings would be held every 4 months and the meetings in 2021 would be held virtually on the following dates:

- Wednesday 30th June at 14:00
- Wednesday 27th October at 14:00

Action: Committee to contact AT if they are interested in being a representative on the ARPC.

WPOMS: Committee NOTED that AT had received very positive feedback on the well organised event and congratulated Isra Hassan, Caroline Evans and Eli Powell on their work.

7. RCoA President Report

RM provided an overview on how the pandemic had impacted on the College and on professionals in the specialty. Committee NOTED that the College had remained closed, and that work had continued both digitally and remotely. RM said working remotely had provided a greater absorption of workload and stakeholder engagement and that policy and public affairs had strengthened the profile of the speciality in this period. RM acknowledged that this period had also raised issues in relation to not seeing or being able to socialise with colleagues. Committee NOTED that in terms of virtual events and examinations the process had run smoothly in comparison to other specialities and the College was proud of what they had achieved during the pandemic.

Committee NOTED that in terms of the manifesto workforce was a big agenda item for the College specifically wellbeing and the backlog. RM said that the challenges ahead were not underestimated and thanked all those in Wales for their support during this challenging time. RM acknowledged that it was important to actively make people aware of this such as the CMO. Committee NOTED that like other Colleges there were financial pressures to consider due to the changes in the ways that we worked but that we also needed to celebrate the stakeholder engagement and how the profile of the College had been raised during the pandemic.

AT said the response from College had been exceptional and thanked them for their support and hard work through this time. AT asked about the balance of virtual and face-face working going forward. RM confirmed that conversations were ongoing but that it would not go back to how it was. Committee NOTED that there were lots of considerations around several workstreams such as events, committees, and exams. RM said that in terms of exams they would be virtual for the next 12 months as more data was needed on the potential impacts before conducting an adequate evaluation. JB said that the continuation of virtual examinations was a critical decision and that in terms of meetings and committees it was anticipated that they would be both virtual and face-face (50/50) in the interim which would be agreed at Council.

8. RCoA CEO Report

Long-term financial plan: Committee NOTED that a new strategy would be underpinned by a long-term financial plan, which would extend the College's forecasting and budgeting processes from 1-year to 3-years ahead. This process was seen as fundamental to helping the College to confidently plan ahead and invest assets wisely on behalf of members and fellows. JB provided an overview on the current financial position of the College and said that short term the College would be looking at how the issues would be addressed, how costs could be reduced and how we could drive new revenues.

Strategic developments for the College: Committee NOTED that the College's current 5-year strategic plan would come to an end in 2021. JB said that the College would be looking at the core values, future of the specialty and ongoing projects along with effective financial and business planning. JB confirmed that this would be pulled into a strategic review and that evidence-based values would be developed to agree the new strategy. Committee NOTED that the contribution to that process from the devolved nations would be significant and that a mechanism for doing this would be discussed with AT.

Governance Review: Committee NOTED that the College had agreed to conduct a comprehensive external review of its governance processes and governing documents, to take place over the course of 2021. The review would be completed in two phases, focusing first on the composition and structure of the Board of Trustees, and second on the committee and organisational structure beneath the board. Committee NOTED that a system was needed to make effective decisions on behalf of members and that there would be opportunities for all devolved boards to be involved in this review which would be a significant piece of work.

Anaesthesia 2021: Committee NOTED that around 800 delegates had registered, and that the online delivery had enabled wider participation which was positive. JB encouraged the board to have a look at the event and to encourage their colleagues to register their interest:
<https://rcoa.ac.uk/events/anaesthesia-2021>

COVID-19: Lessons for the future of Anaesthesia and Critical Care: Committee NOTED that the College had launched this in collaboration with other Colleges and the support of the BJA (as per report). Committee NOTED that the College was currently working on the programme and hoped to announce speakers shortly.
<https://rcoa.ac.uk/events/covid-19-lessons-future-anaesthesia-critical-care>

Curriculum Review: The board NOTED that this was ongoing but that more resources were available on the curriculum website.: <https://www.rcoa.ac.uk/training-careers/training-anaesthesia/2021-anaesthetics-curriculum>

Lifelong Learning: Committee NOTED that usage of the LLP continued to remain high and there was the usual high volume of calls/emails to the team from users. Committee NOTED that the team was working hard to reduce the number of outstanding emails in preparation for the ARCP season, which always saw an increase of requests for assistance from users. Committee NOTED the full update was available in the report.

Workforce and Recruitment: Committee NOTED that the Policy and Public Affairs Team was continuing to finesse the 2-3 years influencing workforce campaign for the RCoA and that this would be delivered in conjunction with relevant members of the Training team.

Examinations: In terms of examinations committee NOTED the exceptional delivery from the team and the examiners to deliver them online. Committee NOTED that this still continued to be a priority as some members had not been able to access the exams. JB said that in terms of the examiner pool the application window was open until the end of May and highlighted that this was an opportunity for the committee to engage and contribute to the process.

Policy and Public Affairs: JB outlined the work that had been undertaken by the Policy and Public Affairs Team, specifically communications. Committee NOTED that the College had continued to advocate for its members in Wales in the general media – in print and broadcast interviews, and in the trade media. The College gained media coverage on Wales' treatment time target for suspected cancer missed with more than 460 patients waiting in February 2021.

Centre for Perioperative Care (CPOC): Committee NOTED the importance of this work and how CPOC had continued to grow in stature and further its ambition as the pre-eminent organisation promoting the perioperative agenda. Committee NOTED that in conjunction with the RCoA Policy team CPOC was developing a green paper "Delivering Patient-centred Care: a perioperative care green paper". Committee NOTED that the aim of this paper was to change policy and identify policy priorities that would form the basis of CPOC's campaigning agenda for the duration of this UK Parliament and devolved parliaments.

AT thanked JB for his comprehensive update and asked if the document could be shared with members to provide them with an overview on what the College was doing for them. JB confirmed that he was happy for this to be shared with members.

Action: AT to share CEO Report with members.

DH asked how the report on Anaesthesia ICU led COVID response could be accessed. JB said that this would not be available until after the meeting had taken place in June / July. Committee NOTED that the intention was to publish a green paper as an output of that meeting which would be publicly available. Committee NOTED that due to the BJA being a publishing partner there was an expectation that there would be a published output or commissioned articles from speakers.

SF referred to exam prioritisation and the support specifically for overseas graduates and the access to the exam process. RM said that the criteria for the prioritisation for the exam had always been on the College website and within the examination rules, but the College had never had to implement it. Committee NOTED that this had to be implemented for the first time due to the capacity issues as the movement of candidates in virtual exams was slower compared with the real exam. The number of candidates that could be accommodated was very limited, therefore prioritisation had to be exercised this time around with the priority being those candidates that required exams for career progression and development.

RM said that the College would work to clear the backlog at the earliest opportunity which would potentially mean extra sittings mainly for the finals. Committee NOTED that this was not due to technology but to the availability of examiners as it was a voluntary position. RM said that this may need to be looked at if capacity was to be increased in the future.

AT highlighted that in terms of the COVID lessons event there was 2 essay competitions which was worth promoting as one was for trainees and one was for a team-based essay. Committee NOTED that details were available on the College website.

9. Recruitment to the Board

RM provided an overview on the discussion paper circulated to the committee on recruitment to the board. Committee NOTED that historically recruitment to the RCoA devolved boards was via election, using the same model as election to Council. Committee NOTED that the contribution of the elected board members continued to be significant and was highly valued by the College. Committee NOTED that with the upcoming Governance review this year it was an opportunity to review the constitution and the terms of reference that was currently in place and to ensure that it was working for the Wales board in the future.

Committee DISCUSSED the current election model in place, the recruitment methods, and the current constitution of the elected members of the board. Committee DISCUSSED the nominations process in health boards and whether it would be beneficial to have a representative from each of the main hospitals. AT said that this was something that could be considered but it would be a larger meeting and there would need to be a different way of reporting. Committee NOTED the suggestion that all health boards could submit a report and only raise significant issues at the meeting. AT asked how this could be taken forward and whether it should be a case of submitting proposals and discussing them at the next meeting in October or alternatively discussing it prior to the next meeting through email correspondence.

JB confirmed that the Governance Review would be running alongside this therefore the College were looking to resolve this by the end of the calendar year if possible. JB said that the committee needed to decide if the current process for the selection of individuals (election) should continue or an alternative path such as a set of role descriptions / applications submitted in private which would need to be an open process and against criteria. Committee NOTED that JB and RM would look at the options proposed and link in with AT but that in terms of the number of health board representatives present that would be up to the Chair and the Committee to agree leading up to the next meeting in October. RM also suggested for AT to link in with Dr Will Donaldson, Chair of the NI Board. Committee NOTED that AT would also meet with the 6 health board representatives to discuss the election process and provide proposals to JB and RM. AT to link in with JB and RM to discuss and agree the proposed options for future recruitment to the board.

Action: AT to meet with the 6 health board representatives to discuss the election process and provide proposals to JB and RM. AT to link in with JB and RM to discuss and agree the proposed options for future recruitment to the board. AT to link in with Dr Will Donaldson, Chair of the NI Board.

AT raised the ToR and asked the committee if there were any suggested changes. Committee NOTED that AT wanted to propose a change to 3.4 regarding the Chair and the Vice Chair. Committee NOTED that AT had now served longer than 3 years therefore this would need to go back to Council for AT to remain Chair of the Board. In terms of 3.3, AT highlighted that he had not had a Vice Chair in place to support him for the past few years therefore wanted to propose to open that position up to include other members of the Board such as the Regional Adviser and asked the College for their views. Committee NOTED that the College would be happy to consider this confirmed that they would be happy to open the position to the Regional Adviser. LE said that in terms of the Trainee Representative position would it be appropriate to send the less than full time trainee as a deputy. AT agreed that if this was not within the ToR that it needed to be amended. In terms of 3.5, committee NOTED that SF had indicated that he would be happy to come in as Vice Chair to support AT. Committee confirmed that they were happy for SF to become the Vice Chair of the RCoA Wales Board.

Action: AT to take proposed changes to the ToR (3.3 and 3.4) to Council. In terms of 3.5, SF was confirmed as the new Vice Chair of the RCoA Wales Board.

Action: AT to update the attendance of the trainee representative to ensure attendance at future meetings.

10. RA Anaesthesia Report / School Report

Committee NOTED that the RA Anaesthesia Report / School Report had been circulated and SF provided key updates on the following:

- Recruitment
- Workforce Planning
- COVID Pandemic
- Exams
- 2021 Curriculum
- College Manifesto
- College Tutors Meeting
- Differential Attainment
- Rest Facilities

AT referred to the Anaesthetic Associate and how it had been decided that there would be 3 for Cardiff and 3 for Swansea. Committee NOTED that AT had linked in with HEIW and that a meeting would be taking place in due course to discuss this further.

In terms of the quality of the new rest facilities at The Grange University Hospital in ABUHB, AT agreed that they were exceptional and suggested that a joint letter from AT and SF should be sent to the health boards. Committee NOTED that JT was happy for AT and SF to visit the Grange to see what was being offered.

Action: AT and SF to send a joint letter to the health boards in relation to the standard of rest facilities provided to support the wellbeing of staff. AT and SF to visit the Grange to see what was currently being offered in terms of rest facilities.

11. RA Pain Report

Committee NOTED the following update from SP on Pain Medicine:

Pain medicine service and training provision in Wales: Pain services across Wales have been able to gradually increase service provision and, therefore, training during recent months. All centres were now offering remote consultations for outpatient pain management, with a steady increase in the number of face-to-face consultations and interventions being offered. There continues to be significant challenges, but Faculty Tutors (Pain) are working hard to maximise opportunities for our trainees.

Advanced training: Every Advanced Pain trainee in the UK has had the opportunity to meet members of the FPM training committee to individually review their training progress. Our Advanced Pain trainee in Wales has successfully completed his pain training, without the need for an extension to his training time. This is largely due to hard work and flexibility from the trainee and his trainers. Our next Advanced Pain trainee is due to commence his post in August. An application has been made for Swansea Bay University Health Board to be a recognised centre for Advanced Pain training. We await approval from the FPM and, if successful, this would increase the breadth of pain training opportunities across Wales.

FPM updates: Updates from the FPM were available on the website: <https://www.fpm.ac.uk/>

- Updated statement on the use of medicinal cannabinoids
- Surgery and Opioids: Best practice guidelines
- Recommendations for good practice of epidural injections for pain of spinal origin
- Collection of resources intended to help pain doctors support their own wellbeing and that of their colleagues

Innovative, interactive pain medicine training: Committee NOTED that the development of this resource in Wales had continued and there were 5 completed modules now available on the following website: <https://www.virtualanaesthetics.com/>

Feedback from trainees and trainers was positive and committee NOTED that there had been widespread uptake from other trainees across the UK, so more modules would be developed. The FPM have linked it to their newly launched learning site: <https://www.fpm.ac.uk/fpmlearning>

12. RA Critical Care Report

Committee NOTED that a report had not been received from MD and that AT would link in with the Deputy Regional Adviser to ensure that there was attendance from critical care at future meetings.

Action: AT to link in with RA and Deputy RA of Critical Care to ensure attendance at future meetings.

13. Academic Report

TS provided a brief Academic Report as the Specialty Research Lead for Anaesthesia, Pain and Perioperative Medicine. TS thanked everyone for supporting the urgent health studies during the pandemic which had brought new treatments and vaccines. Committee NOTED that this had stopped normal research activity in terms of trials and single centre studies which had been ongoing in anaesthesia and perioperative medicine.

Committee NOTED that the NHIR and DoH had published a framework looking at how research would be delivered in the UK in the future. The restart and reprioritisation of the studies was underway, and it was very likely that we would ask these sites to support these interventional studies. TS asked the health board representatives for their reflection and assistance as Wales had been successful in several studies, but they were down to pockets of excellence in different health boards rather than a broad participation in these studies. Committee NOTED that there were several trials that were highlighted by NHIR, by the perioperative medicine clinical trials which were sadly not in many hospitals, which could answer important questions in terms of patient care. Continued plea for everyone to have a look at the studies and to link in with TS if needed.

Committee NOTED that there was a large HDA funded study being rolled out called Whitehorse which looked at the differences between volatile and total intravenous anaesthesia which was widely supported by the PPI group and anaesthesia community.

Committee NOTED that in terms of the academic department they had been busy with undergraduate teaching and the development of new courses which was outlined by TS.

14. Specialty Doctor Report

Committee NOTED the report had been circulated and KD provided updates on the following:

- New SAS contract which started on 1st April 2021. Committee NOTED that going forward this was now about how specialty doctors were retained and how new roles could be created. KS said that it would be helpful for the committee to link in with the relevant people in relation to this.
- Committee NOTED that KS had recently met with the College and that the new contract had been discussed. Committee NOTED that the College would be providing guidance and that the process would essentially be the same as the process for consultants. Committee NOTED that specific to Wales there would be a SAS Advocate in each health board in Wales to provide support for 1-2 sessions per week.
- In terms of secondment and development opportunities committee NOTED that guidance for SAS doctors would be produced in due course.
- Committee NOTED there would be changes in the terms and conditions which KS outlined.
- Committee NOTED that there were differences between the contracts in England and Wales and that more information was available on the BMA website.
- Committee NOTED that if there were any questions to contact KS directly.
- Committee NOTED a meeting with the College had taken place on 14th April and the main items discussed were the SAS contract and the access to higher units of training in Wales.
- In terms of exams SAS doctors had been able to undertake exams.
- KS provided an overview on transfers and the training available across Wales. Committee NOTED that the guidelines were being updated and a new transfer service ACCTs would be starting up from August 2021.

AT referred to the SAS Contract and said that the terms and conditions would help with retention of SAS doctors in Wales. SF asked what plans were in place to highlight the changes to the contract and how they could be communicated effectively to the health boards in Wales with the assistance of the CDs. Committee NOTED that the College had released a statement on the website and that the BMA had also done a lot of work on this. KS encouraged all health boards to ask questions to the appropriate individuals. SF suggested that the CD network could also be used to support the communication of the new contract.

15. Trainee Issues

Committee NOTED that LE had contacted the reps and that there was nothing specific that needed to be highlighted to the committee.

16. Matters from Health Board Representatives

Committee NOTED that the representatives from the health boards had circulated reports prior to the meeting. AT referred to the structure of the report going forward and suggested that items the representatives wanted to discuss with the committee should be included for future meetings. Health board representatives AGREED with the new template.

Action: For future meetings health board representatives to write reports according to a template (Abris to share a template similar to that used for council)

AW confirmed that in terms of health boards the return to elective work continued to be the biggest problem due to the issues around staffing specifically around nursing and ODP cover. In terms of critical care, it had been difficult due to having 4 sites with limited space. Committee NOTED that it was hard to guarantee red and green pathways but that this should now be less of an issue due to the reduction in Covid. Committee NOTED that the new obstetric site at Glangwili would be up and running by the end of 2021 providing better support for obstetric patients. AT referred to the staffing issues and asked if they had been allocated to other areas. AW said that the issues were there prior to the pandemic and that chronic staff shortages was a long-term issue. KE said she had also experienced these problems within her health board due to shielding. Committee DISCUSSED what was happening in their respective health boards in terms of red and green zones and the shielding of staff. KE said that she would feed this back to her health board.

CR from SBUHB highlighted the difficulties encountered in recruiting consultant anaesthetists to the Burns Centre but that this was a UK wide issue. AT suggested that having training modules in place could support recruitment into these posts. AT also confirmed that the employment of MTIs in Cardiff had been suspended for 6 months.

DH highlighted the main issue in Cwm Taf was related to staffing numbers and that there were several upcoming retirements particularly in critical care (Royal Glamorgan and Prince Charles Hospitals). Committee NOTED that it had been a difficult, stressful period in the health board due to the pressures of Covid and people leaving intensive care. Committee NOTED that in terms of intensive care services there would be a review across the 3 sites over the next year to allow planning around the workforce issues. DH also highlighted the increase in debilitated patients, with there being a particular increase in diabetes in their area like what TB had reported in Cardiff.

DH confirmed that in terms of the ACSA programme the Royal Glamorgan Hospital had now re-engaged in this process and that the Prince Charles Hospital was also looking at getting accreditation into place. Committee NOTED that the current focus was on staff wellbeing and the backlog pressures that anaesthetists will need to support.

In terms of the Princess of Wales Hospital, Bridgend, KE said that were currently focusing on getting the green pathways up and running so that elective work could restart. Committee NOTED that there was structural difficulty in making it fully green or not compromising what was fully green. Committee NOTED that drop in theatres were planned for the end of the year to ensure that elective work could continue. KE outlined the pressures on the workforce and how at this time everyone was trying to get back to normal with job planning.

AT said that we needed to look at how we supported the South Wales workforce and how we worked together to maximise what we have.

17. Matters from corresponding members

Committee NOTED that AT had not received any correspondence from corresponding members.

18. Association of Anaesthetists Report

Committee NOTED that a report had not been received from TS.

19. Lay Representative Report

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

20. Correspondence

Committee NOTED that ARCP representation had been raised by AT in the Chair Report.

21. Any other business / Date of next meeting

AT said that theatre and ward teams were welcome to come to Cardiff to explore the Protective Elective Surgery Unit (PESU).

AT proposed for the next meeting to take place on **Tuesday 19th October from 9am – 12pm.**