

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

Tuesday 19th October 2021: Microsoft Teams Meeting

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

Present:

Dr Abrie Theron (AT)	Chair of Welsh Advisory Board
Dr Fiona Donald (FD)	President
Mr Russell Ampofo (RA)	Director of Education, Training and Examinations
Dr Sarah Harries (SH)	Head of School
Dr Simon Ford (SF)	Regional Adviser Anaesthesia
Prof Tamas Szakmany (TS)	Academic Representative
Dr Christine Range (CR)	Swansea Bay 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 Declan Maloney (DM)	Betsi Cadwaladr Health Board Representative
Dr Kevin Draper (KS)	SAS Representative
Dr Ifan Patchell (IP)	Trainee Representative
Lisa Roberts	Committee Secretariat

1. Apologies

Dr Jane Tanaka	Aneurin Bevan Health Board Representative
Dr Sonia Pierce	Regional Advisor Pain Medicine

2. Introduction and Welcome

AT welcomed all in attendance to the meeting including representatives from the College, President - Fiona Donald and Director of Education, Training and Examinations - Mr Russell Ampofo.

3. Previous Minutes

The minutes of the previous meeting held on Tuesday 20th April were circulated in advance of the meeting and were approved as a true and accurate record. AT said that the action on Page 2 in relation to the survey needed to be amended to reflect that LN was going to look at the broader questions to try and establish why members were not involved. The board NOTED that there was also a typo on Page 8 under the SAS Report and that KS needed to be amended to KD.

4. Matters arising / Actions from previous meeting

- **LN to provide AT with the ratio of grades that responded to the survey and to identify why 27% of members were not engaging by looking at answers to the broader questions.**
The board NOTED that LN did provide AT with the ratio of grades that responded with 59% being consultants, 9% were SAS doctors, 4% were MTIs, with the rest being trainees. AT confirmed that he had not received any correspondence in relation to why members were not engaging with College work therefore AT would follow this up and copy in President Fiona Donald. Ongoing
- **Committee to contact AT if they are interested in being a representative on the ARPC.**
AT confirmed that no expressions of interest had been received but that he had now joined. Discharged
- **HB reps to share President and CEO Report with members**
The board NOTED that the reports had been circulated. Discharged
- **AT to meet with the 6 health board representatives to discuss the election process and provide proposals to 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.**
The board NOTED that this action would be picked up under the chair report. Discharged
- **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.**
The board NOTED that AT had taken the proposed changes to the ToR to Council and that these had all been accepted and an updated ToR was circulated. Discharged

- **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.**

The board NOTED that a joint letter had been produced and had been circulated to the group for discussion at the meeting to see if anything further needed to be added. AT said that most health boards had an Associate or Assistant Medical Director for Education and Training. AT asked the health board representatives to provide him with the details of the Medical Directors and AMDs that were responsible for training. The board NOTED that SH would provide AT and SF with this information.

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

The board NOTED that AT had not been in contact with the RA and Deputy RA of Critical Care. SH confirmed that MD had offered his resignation so a new RA would be in place from January 2022 onwards. The board NOTED that the new representative would be contacted and invited to the next meeting. Ongoing

- **AT to contact the chair of the LAY Representative Group**

The board NOTED that AT would contact the chair of the LAY Representative Group as a LAY representative had not sat on the board for a few years. Ongoing

- **For future meetings health board representatives to write reports according to a template (Abrie to share a template like that used for council)**

The board NOTED that the new template had been circulated and used for the health board representatives' updates for this meeting. Discharged

- **To use this group to distribute details about recruitment to WMC.**

The board NOTED that the information in relation to the Welsh Medical Committee had been widely circulated. The board NOTED that AT no longer sat on the Executive Committee. AT said that the representative did not need to be at consultant level.

5. Chair Report

HB Reps Paper

The board NOTED that a virtual meeting had taken place on the evening of 7th July with the health board representatives to discuss how HB representation should work in Wales in alignment with the Governance Review. AT outlined the proposals that had been discussed in terms of how this structure would function in the future. The board NOTED that a total of 12 HB representatives were recommended and that those health boards with 3 reps should collaborate towards a joint HB report. The board NOTED that health boards with 3 representatives could nominate 1 to attend the meeting, but that all representatives were welcome to attend. The board NOTED that the structure of the report provided would now focus on 3 areas: to note, to discuss, need support.

The board NOTED that the health board reps agreed that selection should be through election and not interview as they felt interviews might put people off applying. The board NOTED that due to this an election process would need to be in place for multiple applications / nominations in a HB. The boards NOTED that the process should be open to both Consultants and SAS anaesthetists and that the term should be 3 years with option to extend for another 3 years (total of 6 years). The board NOTED that this would need to be updated in ToR.

AT said that there were concerns that even though there could be 3 representatives in each health board that this may not be achieved and that the process for election in the future would also need to be considered. AT asked the board if they were happy with the proposal. SF said that it was a sensible and balanced approach with respect to representation from all areas but that we needed to raise the profile of the board to ensure that we had effective representation and decide how to do that.

AT said that pre COVID the devolved nations newsletter did raise the profile of the Welsh Board and asked if the College planned to bring back the newsletter to promote the Welsh board as it was a platform to highlight what we did across the nations. FD said that other than not having the appropriate support from the College to produce it there would not be a reason not to bring it back. FD asked as to how the newsletter was produced, AT said that he asked for contributions which provided good representation of what was happening across the specialty and then this would be given to the College to place into an electronic newsletter.

In terms of taking this forward the board NOTED that the proposals would affect the ToR therefore would need to be taken back to Council as a proposed change. The board NOTED that AT would need to have a discussion with CEO Jono Bruun, Mrs Rose Murphy and the Membership Department in relation to how an election would be conducted.

TB said that in terms of raising the profile, as well as circulating a newsletter, whether social media could be utilised a little more as a Twitter feed was more visible to all grades. TB asked if FD had any

further examples from the other devolved nations. FD said that it was difficult to raise the profile of the devolved nations boards, but it was just a question of getting it on as many media channels as possible. RA said that the board was on the right lines and that he was happy to take back the question around the newsletter in terms of content and delivering it on time. SF said it would also be helpful for representatives to highlight the board in their departments as this would also raise the profile.

Action: RA to link in with College in relation to the devolved nations newsletter and update AT.

Action: AT to review the ToR and take to Council. AT to link in with Jono Bruun, Rose Murphy and the Membership Department in relation to how an election would be conducted in the future.

6. RCoA President Report

Workforce: The board NOTED the priority around workforce and a 3-year policy project entitled "Anaesthesia – fit for the Future". On Friday October 1st the College launched their first report "Respected, valued, retained. Working together to improve retention in anaesthesia" at a very successful roundtable event which involved representatives of the College, NHS employers, NHSEI and the BMA. The recording of this event is available on the website. FD confirmed that at the same time they had also made a submission to the comprehensive spending review asking for more training places.

Exams: The board NOTED that recently there had been problems with the exams which the College were in the process of dealing with. The board NOTED that the College had issued a series of communications with the latest one being that the College would be holding a webinar for the candidates and college tutors that were affected. The board NOTED that the College would also be undertaking a review of the effect of the exams on candidate welfare.

Curriculum 2021: The new curriculum was officially launched in August and many anaesthetists in training had successfully transitioned to it. The board NOTED that this had generated a lot of email traffic alongside queries around the exams therefore due to limited staff resources there was currently a delay to responses at this time.

Recruitment: The board NOTED that recruitment was currently ongoing for February 2022 and then the next recruitment would be for ST4 in February 2023. The board NOTED that the recruitment group were currently looking at the platform that would be used for those interviews.

Research: The board NOTED that in terms of research NAP7 was going well and that 196 cases had been reported. FD confirmed that the baseline survey had also received a good response rate.

Perioperative care: The board NOTED that CPOC had published in collaboration with the BGS, the Guideline for Perioperative Care for People Living with Frailty Undergoing Elective and Emergency Surgery in September 2021. <https://www.cpoc.org.uk/guidelines-resources-guidelines/perioperative-care-people-living-frailty>

The board NOTED that CPOC had launched the Shared Decision-Making Hub for clinicians on the CPOC website: <https://cpoc.org.uk/guidelines-resources-resources/shared-decision-making-clinicians> This contained a range of resources such as short podcasts, education and training packages, suggested quality improvement projects and national guidance

CPOC had published a short paper outlining the survey results of health and care systems leaders across the UK, centred on perioperative solutions to the backlog. The report has been disseminated widely to key stakeholders, including across Government, and was currently being promoted via CPOC and CPOC partner comms channels.

SH said that in regard to recruitment she was delighted about the start of ST4 recruitment in February 2023. SH said that she had been asked when College staff would be returning to the building. FD confirmed that staff were working in the building on a hybrid basis 2-3 days per week.

7. RCoA CEO Report

Business as usual: The board NOTED that the College had seen a return to 'business as usual' activities, perhaps most significantly the successful delivery of the Diplomates Day in September and the Strategy Retreat.

Hybrid working plan: The board NOTED that the College was currently trialling a 6-month hybrid working scheme that was designed to balance the need for staff to collaborate and communicate with volunteers and other team members with the understanding that staff could work productively

from remote locations. The board NOTED that there would be a full review and a formal evaluation at the end of the period which would be reported back to Council.

College strategy: RA confirmed that the College were in the early stages of putting together the strategy for the next 5 years and that Council members had come together to discuss this. The board NOTED that there would be a period of consultation to finalise the strategy in time for launch next year.

Education and Events: RA said that the College was really pleased to be able to deliver a Diplomats ceremony on 10th September. The College welcomed 383 Diplomates and their guests to the two ceremonies. The COVID-19 safety measures put in place were implemented smoothly and the College received good feedback about the event. The board NOTED that running two ceremonies worked well and that the College were looking to use the same format next year.

Examinations: In terms of examinations RA said that he was aware that trainees and colleagues from Wales had been impacted and that the College had worked hard to get transparent communications sent out to trainees and candidates. The board NOTED that the College were planning a "listening event" and RA said that if anyone had any feedback or topics, they would like covered to send them through to him.

SF thanked the College for giving a face-to-face format back as it made a difference to the diplomats. SF referred to finance and asked if the significant deficit outlined in the report had been in response to the pandemic. FD confirmed that this was not particularly in response to the pandemic but that there had been major expenses that the College had to incur in relation to examinations. The board NOTED that the College had been looking at their long-term business plan and what they needed to spend money on going forward to ensure that there was a balanced budget. FD confirmed that the College were in a good position but that they needed to look at long term sustainability and how the delivered value for money for members for services provided.

SH referred to workforce and said that the work recently done around retention was helpful but asked as to how the board could now promote this effectively within their health boards. FD said that circulating the newsletter and utilising several media channels including the website and social media platforms would help. FD said that direct email communications also helped as it went directly into individuals' inboxes. SH said that it would also be helpful for the Welsh board to send information to all clinical directors as this network would help to promote ideas. AT said that he would communicate this through the WhatsApp group and would also ask if there was any CD rep willing to come forward to look after the CD group.

Action: AT to send information to CDs via the WhatsApp Group including the article published in HSJ. AT to ask the CD group if anyone was interested in chairing the group going forward.

SF said that in terms of Fit for the Future process that it was an invaluable report and that in Wales we needed to be looking at more specific aspects such as the retire and return policies and get something more robust in place as there was a variety across the health boards. SF said that we needed to learn from health boards that did it well, raise the profile and produce some uniform guidance across Wales. The board NOTED that this would be discussed further under AOB.

RA said that one thing that was effective in relation to publications of reports was to address it with a letter to a specific individual that had responsibility. RA said that if SH had a list of names that for a specific report to send them through to him.

8. RA Anaesthesia Report / School Report

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

Exams: There was a small cohort of Welsh trainees that experienced difficulties in the recent sitting of the written Final FRCA exam. Whilst this caused upset and frustration on behalf of the trainees, we would like to thank the College for their rapid communication and solution which mitigated some of the frustration and anger.

Workforce recruitment and planning: 8 substantive consultant posts had been approved since April. To date, all posts that went to interview had appointed although competition ratios are low. Most of the posts were replacement posts with only a minor expansion in new posts. The ability to provide external College representatives had improved, particularly for the subspecialty areas, thanks to the ongoing work of the College AAC Section. The board NOTED that if departments could give as much time as possible between approval and interview, it would help with this process. The board NOTED that more AAC assessors in Wales had recently been recruited, but more were always being looked for.

Fit for the Future campaign: built on the College census and provided predictive modelling for the future of the anaesthesia workforce. The board NOTED that this would be shared with CDs when it was available. The board NOTED that HEIW and the Welsh School were making effective changes to increase recruitment by training number expansion. The board NOTED as a region we needed to look more closely at the retention of the Consultant body and the retire and return programmes that varied between HBs.

Rest Facilities: The board NOTED that a letter is nearly ready to go out to all health boards to highlight the need for quality rest facilities. It was an action of the last meeting and reinforced by the GMC NTS 2021 in which an important factor raised was daytime rest facilities such as coffee rooms. The use of communal rest facilities had been challenging during the pandemic but should not be an excuse to not develop this resource. This latter point is also highlighted in the letter.

2021 Curriculum: The board NOTED that the new Curriculum had been implemented well with trainee satisfaction across the hospitals. There was a learning curve still ongoing that needed some support, particularly in the ACCS anaesthetic curriculum and sections of the anaesthetic curriculum where Lifelong Learning Platform development was awaited. The board NOTED THAT local and regional webinars/face to face events to support the trainees, as well as the extensive online support for domains 1-7 (see below) had been held.

Recruitment: Trainee recruitment – all 34 Core/ACCS-ANA and 27 ST3 programmes were filled in August 2021, with an uplift in ST3 training numbers from 19 to 27 following a planned programme of expansion over the last 3 years from Welsh Government and HEIW. Recruitment for February 2022 was ongoing for 6 Core and 10 ST3 posts, which represented a further uplift in available ST training numbers. It was anticipated that all posts would be filled and alleviated some of the concerns from trainees who were not successful in the highly competitive ST3 recruitment round for August 2021. Wales continues to offer multiple panels for virtual interviews as a national selection centre for Core and ST entry in both Spring and Autumn recruitment.

Workforce Planning: The efforts to address the workforce gap in Wales, highlighted in the RCoA Census in November 2020 continues, with HEIW approval to expand training posts further in August 2022 as follows:

- 3 new Higher Specialist Training posts – this would be the 3rd year of HST expansion.
- 4 new Core Training posts – to meet consolidated 3rd year needs for Stage 1 training.
- ACCS – 5 new specialty posts (3 AM + 2 EM) to expand ACCS-Anaesthesia training.
- 4 new FICM posts to expand programme beyond the current 44 in-programme trainees.

GMC NTS 2021: There was positive news for two departments from this years' NTS – they had received above outlier feedback in multiple domains; Anaesthesia in Wrexham and Intensive Care Medicine in Swansea. Both departments had been formally thanked by HEIW Quality Unit and are in the process of sharing good practice. Three anaesthetic departments received feedback leading to new low-level risk from HEIW Quality Unit, which had been followed up by the Head of School with College Tutors. One department would require a pastoral visit to further explore and support the below outlier concerns in 6 domains. This would be conducted by the HoS and RAA in November 2021. Facilities within sites remained a theme of concern in all returns and was being explored further by the RAA.

Education and Innovation: The School had provided a new virtual platform for all teaching and learning resources over the last 18 months, which trainees could access for free. To date, the material had focussed on exam preparation and clinical topics. The latest addition to the programme of teaching was a comprehensive lecture series to address the key capabilities within the 2021 generic professional domains. 3 narrated lectures had been prepared each for the 7 professional domains, which were focussed at Stage 1 level, however content was also a suitable foundation for Stages 2 and 3 trainee learning. The resource can be accessed via <https://www.welshschool.co.uk/2021-training-scheme> . An article is in preparation for RCoA Bulletin on the development of this material.

TS raised the rest facilities at the Grange and the wellbeing surveys that had been conducted and that this group should campaign for better rest facilities for staff in the future. AT AGREED and said that in terms of building future hospitals these things need to be taken into account as it was important to provide appropriate facilities for staff. AT said that from that perspective the rest facilities letter needed to be sent to the Medical Directors specifically overseeing these projects so that it was factored into their planning. TS said that it should also be sent to the directors of planning and finance. SH suggested that the personalised letters should also be sent to the CMO and Health Minister Eluned Morgan.

Action: Letter related to rest facilities to be sent to the medical directors overseeing trainees, new projects, directors of planning and finance, CMO Frank Atherton and the Minister, Eluned Morgan

9. RA Pain Report

The board NOTED the following update from SP on Pain Medicine:

Training in pain medicine: Swansea Bay UHB had been recognised by the FPM as a centre for Advanced Pain training (or Stage 3 SIA in Pain Medicine in the 2021 curriculum). This had increased the breadth of pain training opportunities across Wales. The board NOTED that there was a steady number of trainees wanting to undertake Advanced Training in Pain Medicine: one currently in post and one to start next year. The board NOTED that the most recent Advanced Pain Trainee had recently commenced a substantive consultant post in Anaesthesia & Pain Medicine in Wales. The board NOTED that there had been significant interest in the new Stage 3 Special Interest Area in Acute Inpatient Pain, which would complement existing pain medicine training opportunities

FPM updates: The board NOTED that there were several updates from the FPM available on the website: <https://www.fpm.ac.uk/> Of note, the second edition of Core Standards for Pain Management Services in the UK (CSPMS) had recently been published, which builds on the first edition and takes into account feedback and changes in practice over recent years. The FPM had also produced a guide to support Faculty Tutors in Pain medicine in the delivery of pain components in the new 2021 anaesthetic curriculum. The board NOTED that Dr Sonia Pierce was leading on the next RCoA FPM UK pain medicine workforce census, planned for 2022. This would allow the Faculty to advise on current and future training needs and previous versions had been used to contribute to submissions to national data collections. It was hoped that it will also guide the ongoing work to support a GMC-regulated credential in pain medicine.

Pain medicine learning: We continue to develop our innovative, interactive, online learning resource in Wales and modules were available on the following website:

<https://www.virtualanaesthetics.com/pain-training/> Congratulations to Dr Kate Wainwright and Dr Richard Wassall who won first prize at the 2021 Association of Anaesthetists' Trainee Conference poster presentation (ST5+ category). The board NOTED that Dr Sonia Pierce was co-editor of the FPM Learning website, which had a range of resources and monthly recommended reading updates, available here: <https://fpm.ac.uk/fpmlearning>

10. RA Critical Care Report

The board NOTED that a report had not been received from MD and that as per the actions a new RA for Critical Care would be appointed in January 2022 who AT would link in with.

11. Academic Report

TS provided a brief verbal Academic Report:

The board NOTED that on the educational side a number of courses had been run including interview practice, research methods and were currently working on delivering a resuscitation course aimed at consultants.

The board NOTED that research was now starting to gather pace again in Wales with the restart of more elective activities and highlighted a few studies. TS encouraged the board to look out for opportunities as there were a number of large scale NIHR funded trials in the pipeline which would be important for Wales in the future. The board NOTED that several other studies would also be rolled out in a number of hospitals in Wales.

TS thanked all trainees in the Royal Gwent who participated in the recently published study and confirmed that there were more established links within the research forum and the trainee network and wanted to encourage everybody in our hospitals to support trainees in undertaking research activities to achieve all competencies needed in the general curriculum. The board NOTED that going forward TS would highlight any new studies going on as he had links to all hospitals in Wales.

12. Specialty Doctor Report

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

SAS Contract: The board NOTED that the SAS Contract had started in April 2021 and that the Expression of Interest window had been extended from September to November 2021. The board NOTED that some trusts were advertising the New Specialist role and some trusts had employed an SAS Advocate. The board NOTED that ongoing discussions were taking place with Welsh Government regarding mitigating loss due to the 3% uplift.

The board NOTED there had been some confusion around the new contract as there were 2 contracts. KD confirmed that there was a new specialty doctor contract, so any current specialty doctor had the opportunity to migrate onto that new specialty doctor contract. KD said there was also a new specialist contract which allowed SAS anaesthetists to progress, have a job title, have remuneration and have a job plan that demonstrated the ability of non-consultants.

KD provided an overview on the specialist contract as of April 2021 and confirmed that all trusts apart from Scotland were now able to advertise specialist posts and that a number of specialist posts had been advertised mainly in England but some in Wales also. The board NOTED that becoming a specialist was a competitive recruitment process but that the role of the specialists was yet to be made clear especially with anaesthetists. There is a number of experienced specialty doctors that already act as specialists and are in the position but were not recognised. KD said that these individuals needed to be identified and somehow given the opportunity to become specialists.

KD also referred to the earlier discussions around recruitment and retention and how there had been a decrease in the number of applicants for consultant posts in Wales. In terms of the positions that needed to be filled KD said that they did not need to be consultant anaesthetists, a number of them could be specialist anaesthetists. KD said that it was the division that needed to come up with the plan for the recruitment of specialists and that we needed to be proactive about creating opportunities for these individuals. The board NOTED that within the new contract there was a SAS Advocate role so every health board in Wales needed to employ an advocate, and several had already appointed someone.

KD also raised NELA and confirmed that he had recently received a letter from the medical director highlighting the 5% mortality and that the guidance said that a consultant anaesthetist now needed to be present but that SAS anaesthetists could not be in charge of emergency laparotomies for a mortality risk of greater than 5% which implied that some SAS anaesthetists would provide a poorer quality anaesthetic than a consultant. KD said that he felt it was unfair to exclude a staff group which could be significantly more experienced in providing care for emergency laparotomies which was something that KD would follow up in the future.

Non-SAS: KD confirmed that he was the Critical Care Transfer lead for Wales and about a year ago it was identified that the transfer calls had not been running for a significant period of time. KD said that things had now changed as a new style transfer course had been introduced and training numbers had increased significantly. The board NOTED that a new style practical course throughout Wales had been provided in a roadshow style event and had been across most health boards. KD confirmed that dates had been booked for the next 12-18 months.

The board NOTED that ACCTS (Adult Critical Care Transfer Service) based in North Wales and South Wales had started in August. KD confirmed that 2 units were available, a 24-hour service in North Wales and a 12-hour service in South Wales. KD said that as a service they had provided their first 100 critical care transfers. AT asked if the service in South Wales would change to 24-hour, KD confirmed that there were no plans at this time.

In terms of NELA AT asked if someone in the SAS Group in the College was writing to NELA in relation to the issues raised by KD. The board NOTED that a representative from NELA had explained the reasons why SAS Doctors were specifically excluded. KD said that he had written a formal letter to the Chair and was waiting on a response.

AT said that currently there was not a CD group leader but there was a CD WhatsApp Group in place and asked KD to write a paper on the specialist contract which could be circulated to the CD group to encourage buy-in from Wales.

In terms of the contracts KD outlined the main contractual differences to SH due to the workforce gap for SAS doctors which needed support. SH said that HEIW now also had a SAS Dean and suggested for KD to link in with him in relation to the promotion of the specialty contracts.

Action: KD to send AT a paper on the specialist contract which would be circulated to CDs

Action: KD to link in with the SAS Dean in HEIW in relation to the promotion of specialty contracts.

13. Trainee Issues

AT welcomed Ifan Patchell, the new trainee representative for Wales to the meeting. The board NOTED that the main issue raised by trainees was around the exams but IP said that they appreciated the way that it had been dealt with by the College and overall were satisfied with the outcome.

14. Matters from Health Board Representatives

The board NOTED the following key issues raised by the health board representatives

BETSI CADWALDAR

- Bed shortages continue to be problematic
- Nurse recruitment was an issue across specialities, shortages due to sickness

- Waiting times, significant problem and at an all-time high
- Pension tax, exercise to raise threshold still causing anxieties
- Contract revision for out of hours work as the number of juniors on rotas was increasing therefore further support was required
- Staff grade shortages, suffering locally as transferring to other specialties, which could potentially cause a problem for anaesthesia in the future
- Adult Critical Care Transfer Service Cymru (ACCTS) had been well received in North Wales

In terms of pension tax FD said that the College was not involved in terms and conditions, but they did comment when it had an impact on patient safety and morale and welfare for the workforce. FD said that they had been consulting with the BMA around this and had also highlighted it at party conferences. FD acknowledged that this was complex as it was difficult to know if an individual would be affected which made people reluctant to undertake the extra work. The board NOTED that the College would continue to support members at every opportunity.

KD highlighted the retention issue and staff transferring to other specialties and said that this was why the new contract was important as it would enable anaesthetists to progress in the future. KD asked if DM's division would be adopting the new specialist contract. AT suggested that it would be beneficial for the CD to have direct communication with KD in relation to the new contract as it was about the long-term gain regarding retention.

TS suggested that it would be useful to strengthen the mentoring network in Wales as if anaesthetists had this structure in place, it would support them effectively in their decision making. The board NOTED the Association's mentoring network was available to everyone. SH said that anything to strengthen mentoring would be positive. SH said that in terms of approach it could be embedded into the annual appraisal where the appraiser could address some of these questions. SH suggested that the appraisers needed to understand the mentoring network and the difference that the mentorship offered. TS said that there was a page on mentoring on the association website outlining what model was used to support this and provided an overview on the facility and network available. SF suggested that it would be helpful to have a SAS Advocate in place to support the team going forward.

AT said that at the Academy meeting, Welsh Government was made aware from all specialties that there was an issue with nursing staff across the country. AT said that another area of great concern was the lack of social care staff therefore hospitals could not discharge staff. AT said that the lack of nurses was an issue highlighted at a higher level by all Colleges.

CARDIFF

- Challenges outlined in terms of critical care capacity and the effects on the health board
- Morale amongst the Consultant body
- Obstetrics, issues around elective CS theatres opening
- Managing backlog and the workforce challenges remains an issue

SF referred to the challenges continuing to be experienced with ICU and asked if this had increased recently or had continued throughout. TB said that that this fluctuated but the issues were still ongoing. SF said that the sharing of data in terms of what was ongoing at this time was key. TB said that she would continue to look at the ongoing data and that at the moment there was a QR code initiative in place related to on call data. DM said that it would be helpful to have a sample of the survey being undertaken around on call as this was ongoing prior to COVID. DM said that it may be worth doing this across Wales. TB said that she would contact the CEPD lead Tony Wong and ask him about providing the template to DM. SH asked if pain calls were included in the survey due to reliance on anaesthetists, SH said that she would link in with TB in relation to including pain data.

Action: TB to contact the CPOD lead Tony Wong and ask him about providing the template to DM.

Action: SH to link in with TB in relation to including pain data.

CWM TAF MORGANNWG

- Workforce issues significant with midwifery staff, nursing staff, intensive care staff. Several occasions where consultants had been intensive care nurses for 12-hour shifts
- Rota gaps in covering first on call overnight
- Staff taking on extra roles – resource shortages
- Affected by RSV problems with small children, being retrieved by WATCH but coming in frequently so trying to get up to date with paediatric resuscitation and simulation

- ITU problematic due to aging consultant workforce, lack of junior workforce, nursing staff, the medical consultants have not taken ownership of CPAP support so had affected the ITU staff

SH asked KE if she had been able to access additional training for the paediatric RSV surge as she had been offered this and had tried to share the resources with trainees for paediatric resuscitation. KE said that a paediatric anaesthetist had spoken at a recent meeting and Mark Burton-Wood had taken this on board and was disseminating lots of resources and SIM training. TS said that Aneurin Bevan had experienced the same problems across their sites and had asked for additional support. TS said that it was a challenge as they had to ensure that they had the skills and competencies that could be delivered on an occasional basis. AT said that if there was a lack of resources services needed to be consolidated so that the workforce in place could be used in the best possible way. KE said that it had been presented to executive level as all sites were currently asking for staff from one another.

HYWEL DDA

- Theatre staffing: 50% elective capacity, reliance on agency staff which were less available
- Sickness and maternity leave were leaving multiple gaps in resident on call rotas
- Paediatrics, seen increase in activity, shared resources from that perspective. Withybush had reiterated that all children should be taken to Glangwili.
- Moving forward Withybush and Prince Phillip would be looked at to provide the green care
- Health board strategy longer term was looking at new acute hospital to replace the hospitals in Withybush and Glangwili. The consultation post pandemic had been completed and sites would be put forward to shortlist over the coming months with the final business case would go in 2024.
- Rota issues due to lack of workforce providing resident cover was becoming increasingly difficult. Trying to recruit people continues to be difficult.

KE said that they had advertised for clinical fellows, both junior and senior for the August start and managed to recruit an individual for the senior position but not for the junior position. KE said that they had received lots of applications, but they were from abroad and didn't have NHS experience. KE confirmed that a foundation doctor had also been recruited to provide support. SH said that Prince Charles had success in externally recruiting fellows for their ITU in the past 3 months and suggested that it may be helpful to look at the job descriptions and the package they were offering to achieve this.

SWANSEA BAY

- Shortage of beds due to COVID cohorting, significant number of elective cases waiting
- Reorganisation in health board, lack of resources, services should be consolidated
- Complex cases get moved from Morriston to Singleton but in the future to Neath Port Talbot. From a safety point of view the services would need to be expanded and it doesn't seem to be that clear what was being considered.
- Plan to move elective orthopaedic services to Neath Port Talbot with limited services there
- Issues around recruitment for consultant rota for the Burns Unit as it needed 24-hour cover, as a consequence the unit had been closed as there was no anaesthetic cover or nurse cover to support the surgeons.

AT asked if the surgeons covering 2 sites was a problem as dividing services from a surgical point of view was difficult in Cardiff as their teams are much smaller than anaesthetic teams. CR said that services were initially moved to Singleton at the start of the pandemic and found that they had patients in more easily for their operations. SF said there were lots of plans but significant concerns around surgical plans. TS said that similar issues were being experienced in Aneurin Bevan in terms of other sites covering services. AT asked if GPAS could support this.

KD said that in terms of PACU at the Royal Gwent they thought that having one staffed by anaesthetists would solve a problem but felt it had caused more problems and potentially a dangerous situation which he wanted to highlight before any services started changing without people realising the potential issues. KD said that PACU in the Grange was mainly staffed by clinical fellows and SAS doctors and the Royal Gwent Hospital had a minor injuries unit, but because of the geography of Newport they had a significant number of presentations that assumed that the hospital was a fully functioning hospital. KD said that they still had people turning up with significant injuries and parents were also bringing their children in, some being extremely sick even though there was no Paediatrics available at the hospital therefore these children could not be optimally managed, which was not satisfactory. AT asked if the RCPCH was aware of this situation as they may not be happy with the arrangements that were in place. KD said that the Royal Gwent did not accept paediatric emergency patients, but it was the geography and the logistics of the site

causing children still continuing to present. The board NOTED that AT would pick this up with Dr David Tuthill, RCPCH Officer for Wales.

Action: AT to link in with Dr David Tuthill (RCPCH) regarding the issues related to paediatrics at the Royal Gwent Hospital.

KD said that following the updates from the health board representatives it was apparent that there were a number of issues in relation to recruitment and retention, specifically covering the resident rotas. KD said that a CESR programme had been created which had been in place for several months to recruit people whereby they provided training in the form of CESR which could be an option that Wales could consider. KD said that in terms of the specialist grades had health boards considered advertising for them creating a hybrid job plan where they provided some out of hours cover, with the aim of recruiting anaesthetists outside of the area. AT said that they had done this in Cardiff & Vale. AT said that regarding the CESR suggestion that Cardiff would be able to support this for cardiac surgery but would not be able to support neuro or paediatrics. SH said that they had offered cardiac to many associate specialists that came in but would not be possible for neuro or paediatrics during the curriculum transition phase. SH said that there were resources for SAS doctors to access CESR through HEIW and they would fund them to do this outside of Wales.

15. Matters from corresponding members

The board NOTED that AT had received the following update from the WPS from Christian Egler:

- The board NOTED that pain services had been on hold for most of the lockdown periods with people redeployed elsewhere. Most had developed and started virtual pain management programmes, and most had restarted some interventions, but not many f2f appointments and waiting times in some HBs are up to 2 years for first appointment.
- The board NOTED that at the same time locations to run clinics from had been taken away, funding was increasingly restricted or taken away to balance books, which further threatened delivery of services, therefore patient care and quality of care.
- On the positive side: WPS was getting engaged with the WG proposed Pain Network looking at a variety of aspects of pain treatment, this would likely form future directions for pain services.

The board NOTED that current discussions with AWMSG – or rather hoping AWMSG would engage in discussions. This had been an increasing concern for WPS, as AWMSG tended to have strong influence on HB direction in terms of pain treatment not only medication use.

- a) AWMSG focused on prescriber indicators which did not reflect a true picture of the actual difficult patient group, the high opioid users, as they did not pick up those numbers. Therefore, generalisation led to pressure to deprescribe opioids or Gabapentinoids, no matter what benefit patients had from them in terms of function. The result was community pharmacists taking medication that may allow patients to function off them citing 'new guidance' without understanding the nuances of them.
- b) A most recent document 'chronic pain resources' which had been developed by 2 people without wider consultation or transparency, aiming to direct HBs to hand over implementation to pharmacists with no specific pain training, trying to set referral criteria to specialist services without input from those, and further confusing the recent NICE guidance 193 on chronic primary pain. WPS had managed to stop the consultation process and had engaged AWMSG in a discussion, however the first scheduled meeting had been postponed and there was real concern that those guidelines were being signed off by AWMSG. This would clearly endanger existing specialist services and lead to a fall in quality of care.

The board NOTED that the Faculty of Pain Medicine had just started a subgroup of devolved nation representatives to strengthen communication, it was hoped that this would bring together more clinicians and allied health professionals. The board NOTED that AT would stay in contact with Dr Christian Elger and Dr Sonia Pierce in relation to this and provide support from our network if further dialogue was needed.

Action: AT to stay in contact with Dr Christian Elger and Dr Sonia Pierce in relation to the issues raised around pain services and provide support from our network if further dialogue was needed.

16. Association of Anaesthetists Report

The board NOTED that TS had stepped down as Honorary Secretary at the association but would remain in the role until September 2022. TS said that the only council member to approach that was Welsh would be Mark Stacey and said that she would be happy to approach him to take on the association post for this group from September 2022.

Action: TS to approach Mark Stacey to take on the association post for this group following the next meeting in April 2022.

The board NOTED that more face-to-face work was now taking place including conferences which had been encouraged. TS said that workforce and wellbeing continued to be major issues and hoped that the association could collaborate further with the College on this in the future. TS said that she would link in with SH in relation to mentoring but that a pilot survey on wellbeing developed by Kevin Fong and Neil Greenberg had been conducted and suggested that this could be adapted in Wales. TS said that in terms of the newsletter from an international perspective the Phoenix project and Pont in Uganda had just been given significant grants from Welsh Government for oxygen delivery. The board NOTED that AT would include this in the next newsletter.

Action: AT to include an item in the newsletter on funding given to Project Phoenix and Pont

17. Lay Representative Report

The board NOTED that a report had not been provided but that AT would link in with the Chair of the LAY Committee.

Action: AT to link in with the Chair of LAY Committee regarding representation for Wales

18. Correspondence

The board NOTED that no correspondence had been received.

19. Any other business

Retire and return: SF highlighted workforce and how there was a need to maximise the potential to retain the skilled and experienced staff and how we could facilitate the retire return process effectively. SF suggested in the first instance to approach CDs for information on what policies they had in place in their respective health boards as this would enable us to provide guidance and structure to make this an attractive proposition. SF said that until now short locum contracts had been offered which was not helpful and that further consideration also had to be given to the issues raised around pensions. SF said that he was happy to have the boards thoughts on how we could improve the retention process.

AT outlined the process that took place in Cardiff. AT said that may be issues in relation to HR providing contracts for longer than 6 months which we would need to address. AT also said that not everyone that wants to retire and return may be able to do so in a specific predetermined way as it would be dependent on a number of factors that needs to be considered on a case by case by basis. AT said that in terms of Cardiff he felt that the process could be improved on.

KE said that they had a 6-month contract, possibly renewable up to a year and that HR would not necessarily want someone to stay longer than that due to accruing full time rights, equivalent to full time staff which may prevent the health board bringing in new people. The health board representatives DISCUSSED what happened in their respective health boards and agreed that it needed to be looked at further.

SF said that this could be highlighted to HR departments but in the first instance it would be helpful to know what was happening in each health board therefore he would write to the CDs and request a brief overview of the process. SF said that it would be beneficial to have a more uniform process that would improve opportunities across Wales in the future.

AT said that we needed to recruit and retain going forward and that this would enable us to change the perspective of HR. TS confirmed that the Association had a working party on the aging anaesthetists and said that she would provide SF with the contact details of the individuals that worked on this.

The board NOTED that following this SF would put together some provisional guidance for discussion at the next meeting. KE said that the guidance would need to include how someone was suitable and how someone was not and that this could be a difficult area. FD said that in the report recently produced it talked about workforce planning and that it was important to have the conversations at an early stage. FD suggested for SF to get in touch with Chris Ramachandran, chair of the Workforce Advisory Board and Hamish McClure who were leading on this work from a college perspective.

Action: SF to write to CDs for a brief overview of the return and retire process in the health boards

Action: TS to provide SF with the contact details of the working party that worked on the aging anaesthetist.

Action: SF to put together some provisional guidance for discussion at the next meeting.

Action: SF to contact Chris Ramachandran, chair of the Workforce Advisory Board and Hamish McClure who were leading on this work from a college perspective.

Date of next meeting

AT proposed for the next meeting to take place face-to-face on Tuesday 5th April 2022 in Cardiff.