**RCoA Welsh Board meeting**
**11 March 2025**
10 am-1 pm
Meeting held via Microsoft Teams

**MINUTES**

**Members:**

Dr Simon Ford, Chair
Dr Jane Tanaka, Aneurin Bevan HBR
Dr Mark Sandy-Thomas, Cardiff & Vale University HBR
Dr Lewys Richmond, Swansea Bay University HBR
Dr Alun Thomas, Hywel Dda HBR
Dr Anna Williams, Betsi Cadwaladr HBR
Dr Piotr Kurcharski, Betsi Cadwaladr HBR
Dr Stephan Clements, Betsi Cadwaladr HBR
Dr Gareth Roberts, Cwm Taf Morgannwg HBR
Dr Kathyrn Lloyd-Thomas, Cwm Taf Morgannwg HBR
Dr Matt Williams, Cwm Taf Morgannwg HBR
Dr Amrit Dhadda, Trainee Representative
Dr Murthy Varanasi, SAS Representative

**Ex-Officio:**

Dr Claire Shannon, RCoA President
Dr Elizabeth Duff, Head of School
Dr Haitem Maghur, Regional Adviser Anaesthetics
Dr Teresa Evans, Regional Adviser Intensive Care
Medicine
Dr Sonia Pierce, Regional Adviser Pain Medicine
Dr Andrzej Wlaszczyk, Association Rep
Jason Williams-James, Patient Voices Rep
Dr Peter Richardson, Clinical Director

**Co-opted:**

Dr Danielle Huckle, Academic Representative
Prof Cristina Diaz-Navarro, Academic Representative

**Attending:**

Mr Russell Ampofo, RCoA Director of Education, Training and Examinations
Ms Amy Wallwork, RCoA Policy and Public Affairs Assistant
Mr Nii-Teiko Turkson, RCoA Governance Administrator (Secretariat)

**Corresponding Members attending were:**

- Dr Claire Dunstan, Dr Sunil Dasari, Dr Monica Chawathe

**Apologies were received from:**

- Apologies were noted from Dr Andrzej Wlaszczyk, Dr Anna Williams, Dr Matt Williams, Dr Iwan Roberts, Prof Cristina Diaz-Navarro, Dr Danielle Huckle, Dr Gareth Roberts, Dr Haitem Maghur, Jason Williams-James, Dr Kathryn Lloyd-Thomas.

## 1. Introduction and Welcome

Simon Ford welcomed Dr Claire Shannon, President of the RCoA, Russell Ampofo, Director of Education, Training and Examinations at the RCoA and Amy Wallwork, Policy Assistant at the RCoA. Those attending introduced themselves.

Simon Ford noted the apologies.

## 2. RCoA Welsh Board Terms of Reference

Simon Ford noted that the Welsh Board Terms of Reference had been circulated to Board Members for their input. Simon noted that the ToR had been updated to add the Chair of the CIN as one of the Board's Corresponding Members and that this has been approved by the RCoA Council.

## 3. Minutes of the Previous Meeting held on 22 October 2024

Simon Ford asked if there were any questions or comments regarding the minutes of the Meeting held on 22 October 2024. Simon noted that on Page 9 of the minutes, in the second paragraph, the penultimate line should state 'consultant contracts' and not 'specialist consultant contracts.' Teresa noted that her apologies had not been noted and that Bethan Gibson had not been noted as attending. Otherwise, the Board agreed that they are a true and accurate reflection of discussions.

**ACTION: Nii-Teiko Turkson to make edits and upload the Minutes of the Previous Meeting on 22 October 2024 to the RCoA website.**

## 4. Matters Arising

Simon Ford noted that the next elections for Devolved Board Member positions will take place in early 2026. This will coincide with the end of Simon's first term as Board Member and Chair of the Welsh Board. Simon asked the Board to confirm that they were currently happy for him to continue as Chair for the next year. Simon noted that the Chair role can be extended for a second term by approval of the RCoA Council.

Simon reminded the Board of the vacant position of Vice Chair and encouraged Members to consider applying for this role and to contact him in the first instance.

Simon asked the Board Members if anyone had a Conflict of Interest that they wished to raise. There were no conflicts of interest raised.

Simon reviewed the Action Tracker and noted those actions which were to be closed and updated.

## 5. Welsh Board Chair's Report

Simon Ford highlighted the following points from the Chair's Report:

<u>Board Members</u>
Elections for the two vacant posts for Welsh Board Members from Hywel Dda had not had any candidates.

Simon noted that two current Welsh Board members had come to the end of their second term and would need to be replaced.

Policy Meetings

Simon recapped the meeting with Jeremy Miles, Cabinet Secretary for Health and Social Care in Wales, which Amy Wallwork had described as part of the College Report. This was brought further up the agenda due to the President, Claire Shannon, having to leave early for another meeting.

Simon noted that Clair Dunstan, Chair of the Perioperative Care CIN, had now been in post for 10 months. Claire had recently completed work on the standardisation of health screening questionnaires across Wales to support the start of the perioperative process. Simon and Claire Dunstan recently met with Dave Selwyn, the Chair of the Centre for Perioperative Care (CPOC), to discuss greater integration between CPOC and the CIN to drive forward stronger collaboration between perioperative care and anaesthesia within HEIW.

CMO

Simon noted Prof Isabel Oliver as the new CMO for Wales and the intended meeting with her on 30 September 2025 immediately before the Welsh Board. The departing Deputy CMO, Prof Push Mangat, is taking up the role as Medical Director and Director of Education and Standards of the GMC, replacing Prof Melville.

Consultant Training Programme

Simon updated that he had attended the recent GMC roundtable on behalf of the Welsh Advisory Board reviewing the consultant training programme. Simon noted that whilst the GMC is considering multiple options to facilitate flexibility for trainees to move into consultant roles, it doesn't provide the College with an understanding of how best to provide educational and professional standards required of a consultant. Simon expressed his concerns that any flexibility introduced to increase the volume of qualified consultants should not be at the expense of the quality of those consultants.

Russell Ampofo asked Simon whether there were already identified changes in training delivery, in light of the GMC roundtable meeting. Libby Duff noted that trainees' requirements for training in terms of flexibility, working patterns and frequency of work have changed quite significantly in the last five years. Simon noted that Prof Melville at the GMC had highlighted the changing demographics of trainees and that the majority of trainees are now women. The current training programme may need to change, including portfolio pathways, as more trainees do not wish to go through a sequential training programme. It is unclear when the GMC might report on its findings, however, NHSE suggested that it will report on its considerations regarding training programmes in the Summer of 2025. Russell updated that Sarah Thornton is hoping to arrange a face-to-face meeting with the GMC, and the College has recently provided several Training Guidance Documents to the GMC Policy Team. Libby suggested there was a risk that in attempting to facilitate trainees' training requests, the Welsh School and the College could create an environment that maybe difficult to maintain the current standards of consultants.

GMC State of Medical Education Report

Simon highlighted the GMC State of Medical Education Report and noted that Wales has the fastest growing number of licensed doctors across the UK. Whilst this is welcome news, there is still a shortfall of doctors' numbers in Wales, as elsewhere in the UK.

CESR rotations

Simon reported that the CESR rotation is progressing well with 2 positions in Swansea and one in Cardiff. This will be reviewed by the College to ensure trainees are meeting targets.

There may be further places for additional CESR trainees at the start of next year.

Anaesthetics Associates Scope of Practice
Simon noted that Claire Shannon had already discussed the Anaesthetics Associate's Scope of Practice in some detail.

**6. RCoA College Report**

Dr Claire Shannon summarized the main events at the College since the last Welsh Board meeting in October 2024.

Election of Council Members
Claire noted the recent elections for new Council Members to replace those demitting, and the high quality of candidates who stood and of those who
Were appointed. The elected Council Members are Dr Helgi Johannsson (second term), Dr Kirsty Maclennan, Dr Emily Simpson, Dr Chris Till and Dr Kirstin May (second term).

Anaesthetics Associates Scope of Practice
Claire highlighted the College's work on the Anaesthetics Associates Scope of Practice, noting that this had occupied a lot of College and Members' time over the last 18 months. An Interim Anaesthesia Associates' Scope of Practice was published by the College on 19 December 2024. This Draft Scope of Practice has been a complex piece of work and the College is supported by the Association of Anaesthetists. The College has also published an explanation of the considerations that went into the Interim Scope of Practice and some recommendations on the next steps following its consultation with a wider group of stakeholders.

Claire noted that the Department of Health and Social Care has commissioned Prof Gillian Leng to lead a national review of Scope of Practice of Anaesthesia Associates which is to report in early Summer. The College's Draft Scope of Practice will remain interim until the Leng Report is published. Claire suggested that there will be decisions
on Anaesthetics Associates made at a national level, following Prof Leng's review.
Claire noted that, at the request of the College, there is a pause in the recruitment of Anaesthetics Associates until the Leng Review reports.

Claire reminded the Board that the regulation of Anaesthetics Associates by the GMC began in December 2024 and that this will apply to existing AAs who are in practice and those currently in training.

Simon Ford asked Claire about the College's position on supporting established departmental practices in Wales, particularly Carmarthen, regarding the work of AAs and how the transition to the College's Interim Scope of Practice could be managed.

Claire noted that in Wales and Carmarthen in particular, AAs have significant involvement in anaesthetic service delivery. The College's Interim Scope of Practice aims to reflect that in some circumstances, AAs provide an essential service that cannot be provided by other healthcare staff. Claire noted that Prof Leng's review is considering different options, including the cessation of an AA workforce and the College's Interim Scope of Practice will be reviewed again in detail after the reporting of the Leng Review.

Assisted Dying
Claire updated the Board on the recent work of the College on Assisted Dying, to survey its Members in July 2024 which reported at the end of 2024. This report went to Council and the College has changed its position from 'No Stance' (unable to make positive or negative comments or engage in any work around Assisted dying), to a 'Neutral Stance' (the College will neither support nor oppose changes to Assisted Dying regulation, but the College will contribute to discussions). Claire noted that at the end of 2024, there has been a motion brought by an MP to change the Government's position on Assisted Dying.

Anaesthesia 2025 Conference
Claire reminded the Board that the RCoA will host the Anaesthesia 2025 Conference in Belfast from 20-22 May and encouraged all Board Members to attend in person or online.

College Financial Recovery Plan
Russell Ampofo provided an update on the College's Financial Recovery Plan, which he noted has been in place since 2021. This has involved not proceeding with work that the RCoA Board of Trustees and Council does not consider 'core' or 'prioritised' work.

The College is reviewing its pay policy and pension planning. Russel noted that the College is in the process of business planning for the Operational Plan for the 2025-26 year. Strategic objectives will be agreed across the organization. One of these will be a review of how the College supports its Members across the UK.

College Membership, Media and Development Directorate Updates
Russell noted that the College's Membership, Media and Development team has commenced the use of the social media platform Blue Sky. This is part of a plan to broaden the College's visibility to Members, stakeholders and the public and messages will be posted across multiple social media platforms to do so.

The College's MMD team is also undertaking a project to harmonise and streamline printed and digital Membership certificates and Membership certificate changes and will develop the Membership application process so that it integrates with the College's Contact Relationship Management system.

College Education, Training and Examinations Updates
Russell updated on GMC approval for the College's Flexibility Proposal for the 2021 Curriculum reviewing anaesthetics training between Stages 2 and 3.

Russell updated on the College's production of a Guidance document on Supervision Levels, detailing the amount of direct and indirect supervision that should take place on the 2021 Curriculum. The Guidance document has been discussed with the GMC who are reviewing educational and regulatory reform and also with the Academy of Medical Royal Colleges.

Russell updated on the impact on examinations of the fire remedial works that will be taking place at the College's headquarters in Churchill House. There will be a change to the date of the Primary FRCA examination (2-6 June). The Primary FRCA examinations will be held at the Royal College of GPs in London. The Final FRCA will be held at the Royal College of Surgeons in London. Russell clarified that the College had done extensive work to identify locations across the UK where the examinations could have been held to minimize disruption and changes to the dates. Russell apologized on behalf of the College to those examiners and trainees who would be impacted by the changes. when the College is re-opened in June following the remedial works, FRCA, FICM and

FPM exams for this academic year will all take place at Churchill House. However, alternative venues are being sought for the longer term, due to the move of headquarters and the expansion of numbers taking the examinations.

Libby Duff observed that the College had made significant efforts to support one trainee with a unique set of challenges, to be able to attend the examination. Simon noted that there had been an exceptional circumstance that was supported by examiners based in Wales. This further reinforced the need for more consultants in Wales to consider becoming examiners.

Russell updated the Board on attending a roundtable event with Claire Shannon to review postgraduate training, which NHS England is undertaking. The themes are UK-wide including changes in demographics, the size of the medical workforce, the need to expand medical opportunities and what resident doctors will need now and in the future from medical training. NHSE is planning a 6-month review, which the College is planning to engage with alongside the GMC's review.

Russell's view was that the discussions focused on challenges in postgraduate training. Russell expressed some concerns that this might lead to an attempt to shorten training time or to reduce standards within the curricula. Russell noted that the College had recently undertaken a Shortening Training Review and found that there was no case for this.

Russell noted that pilots are being developed for the new structure of both the Primary and the Final FRCA examinations. The pilots for the Final and FICM examinations should take place in the Summer of 2025.

Simon noted there had been a glitch in the Membership system that had cut out non-training Members on the CESR rotation from the LLP learning tab.
These non-training Members had passed their final exams and so were paying higher Membership rates but had reduced access. Simon thanked the College and Dr Toni Brunning in particular, for resolving this issue.

Simon updated the Board that Caroline Evans was stepping down as Chair of the RCoA Recruitment Committee and expressed his gratitude to Caroline for the work that she had done, specifically in Wales, as well as nationally across the UK. Russell agreed and noted that Caroline had made significant efforts in this role.

College Clinical Quality and Research Updates

Russell noted that NAP 8 (National Audit Projects) on Complications of Regional Anaesthesia is moving through the planning stage and the 3rd Sprint National Anaesthesia Project SNAP 3 (Frailty and Delirium) has published a paper online.

Russell updated that the Welsh Government has now agreed to participate in and fund the Healthcare Quality Improvement Partnership (HQIP) Perioperative Care Audit. The College is currently bidding for this tender.

College Policy Team Updates

Amy Wallwork updated the Board on the next five-yearly RCoA census of the Anaesthetics workforce, which will commence in a few weeks time. The 2025 census will include individual surveys for Clinical Leaders in Anaesthesia, College Tutors and RCoA Members. Amy reflected that the new data collected on workplace experiences will allow the College to advocate for changes for Anaesthetists in the UK and requested that Board Members encourage their colleagues to complete

the surveys which will be issued by Enventure Research.

Amy noted that there has been a significant amount of political engagement by the College already in 2025. Amy noted in particular that she and Simon Ford had met with Jeremy Miles, Cabinet Secretary for Health and Social Care in Wales, alongside the Association of Anaesthetists president, Dr Tim Meek. Discussions included how to improve the surgical pathway through perioperative care.

Simon noted that Amy Wallwork and Peter Kunzmann, Head of Policy, had disseminated ideas for Council Members to contact their local MPs regarding developments in Anaesthesia to raise questions in the Assemblies of the Devolved Boards and in the House of Commons, raising the profile of anaesthetics.

Simon suggested that an email that had been sent to RCoA Council Members could be forwarded locally to the Welsh Advisory Board members, with an encouragement to contact their local MSs regarding developments in Anaesthesia. Simon reflected that in his discussions with Dr Claire Dunstan, it was apparent that many politicians did not understand the integral nature of the Anaesthetics workforce to the work of the NHS. Amy noted that often MPs are more responsive to the concerns of their local constituents, so using the Welsh Advisory Board might be an effective route for raising the profile of Anaesthetics.

**ACTION: Simon Ford to forward Peter Kunzmann's email to RCoA Council Members regarding approaching local MPs to the Welsh Advisory Board with an encouragement to contact their local MP regarding developments in anaesthesia.**

**ACTION: Amy Wallwork to forward a form to Simon Ford to enable the collection of names of MPs local to the Welsh Advisory Board**

**7. RA and Head of School (HOSS) Joint Report**

Libby Duff highlighted some of the main points from her report.

Regional Adviser in Pain Medicine

Libby noted that Sonia Pierce is stepping down from her role as Regional Adviser in Pain Medicine and expressed thanks for Sonia's work supporting trainees with an interest in Pain in Wales and noted the work that she had done on the new Curriculum, providing clear guidance for trainers and trainees. Libby noted that there will shortly be a new appointment to this role.

Recruitment

Libby observed the increase in numbers of doctors wishing to work LTFT and noted that due to the numbers of Core Trainees wanting to work LTFT, there are significant numbers of LTFT core trainees working in whole-time slots. This has decreased the number of Core Trainee posts which are available. Libby anticipates that with a further increase in Core Trainees wanting to work LTFT, trainees will be able to slot share, rather than an LTFT trainee taking up a whole time slot.

Resident placement at the Princess of Wales Hospital continues to pose challenges and, although novice resident doctors are expected to start in August 2025, there is as yet no commitment to which sites these trainees will be placed within the Health Board. Libby noted that all posts are seeing a 100% fill rate and that this is typical for anaesthetics.

Retention is high and attrition rates are low for anaesthetics trainees.

Education and Training

Libby noted that the Education and Training Plan for 2026-27 has been submitted to HEIW. The School of Anaesthesia has requested an uplift in the number of both core and ST training posts. Libby noted that approvals for trainee numbers in August 2025 have still not been received from HEIW so there may be some wait before numbers are agreed for August 2026.

Libby noted that there are ongoing discussions with HEIW regarding run-through training for anaesthetics rather than a core and higher specialty training programme.

Simon asked Libby how far these discussions had progressed.

Libby responded that the discussions are being led by HEIW rather than the College and that run-through training is still considered by many to be a controversial idea for anaesthetics. Libby noted that discussions have considered arguments for and against run-through training in anaesthetics and any pilot would have to run over seven years because of the number of trainees that would be working LTFT. Libby remarked that the ST4 entry point may still have to exist in any run-through programme for those trainees who had gained competencies outside of the existing anaesthetics training programme. This would mean multiple entry points into a run-through training programme, rather than multiple entry points into Core and Higher Speciality Training.

Russell noted that the College has a short-life working group looking at the benefits of coupled versus uncoupled training and is hoping to take this discussion nationally.

**ACTION: Russell Ampofo to arrange a discussion between Sarah Thornton and Libby Duff around the planned progression of the College's short-life working group on coupled and uncoupled training in anaesthetics into a national review**

Libby referred to her discussions at the October 2024 Board meeting regarding the Training Capacity Survey. Libby noted that a similar process will be undertaken in ICM.
The Training Capacity Survey has revealed the challenges across Wales of housing novices to achieve IAC and IACOA in Health Boards. Trainees are now being distributed to ensure that certain centres are not targeted with the bulk of trainees. Libby noted that there is capacity for trainees in more rural sites in North Wales and the far West of Wales and suggested that the School continue to focus on this to support the long-term recruitment of consultant anaesthetists to more rural sites. Libby noted that there is increasing enthusiasm for trainees to remain in North Wales after training. Neuro-, cardiac- and paediatric anaesthesia slots in North Wales are being used to encourage trainees in North-West England to move to North Wales to encourage trainees to develop their consultant careers in the region.

Libby provided an update on the working demands on Educational Supervisors and noted that some centres are struggling to offer this capacity. Many ESs are covering not just Resident Doctors but also the non-training grades. With the increase in LTFT numbers there are additional work burdens on the ESs.

Libby expressed thanks to the College Tutors in Princess of Wales, Royal Glamorgan and Prince Charles hospitals for supporting trainees to work flexibly across the three sites and also to ensure that they are achieving curriculum requirements. Libby noted that this had been a challenging time with obstetric anaesthesia being relocated.

Libby noted that the Welsh School of Anaesthesia currently has some concerns regarding

the exposure to paediatric training at Stages 2 and 3 and Special Interest Areas (SIAs). Libby reported that many Stage 3 trainees suggest that they have not been given enough opportunities in paediatrics, and so they have low confidence in managing these patients. The School is working on a plan to potentially provide some focused blocks in the latter stages of training and has asked centres to consider their paediatric capacity.

All centres have been asked about their SIA capacity. Libby noted that it has become increasingly competitive to obtain training in SIAs and some areas are very full. The School hopes to increase opportunities for all trainees in SIAs.

Libby updated the Board on the School's intention to continue to work with HEIW to improve the quality of dual training. Stage 2 trainees have been spending their time primarily in anaesthetics training and not getting enough exposure to ICU for dual training. The School has received approval from HEIW that dual trainees can spend more time achieving the ICM Curriculum requirements.

Peter Richardson asked about sickness leave amongst trainees and noted that the rate of sickness leave is higher than it has previously been, and whether the Welsh School of Anaesthesia was tracking this across departments, as trainees rotate across different sites. Libby answered that the Employer should be tracking this and that some Health Boards have had meetings regarding sickness, driven by NHS Wales Shared Services Partnership. Libby advised that the School of Anaesthesia is not involved in tracking sickness, and accountability lies with the employer.

Peter asked whether Clinical Directors or individual departments would have access to any Single Lead Employer's tracking of sickness rates. Libby answered that this is unclear, although a sickness record is held on the Intrepid Trainee Management System, and HEIW holds a sickness record which is updated on Intrepid. The School has access to this HEIW record.

Simon Ford suggested that Clinical Directors could request access from the Single Lead Employer to sickness data. Simon suggested circulating to the CD network that this sickness data is provided to all departments.

**ACTION: Simon Ford, Libby Duff, and Peter Richardson to meet to discuss highlighting to the CD network in Wales the need to collate sickness data and work with the Single Lead Employers to ensure this data is communicated across Departments**

Libby updated that there are currently no planned Quality visits.

Libby referred the Board to her report for details on HEIW updates. Libby noted that Ty Dysgu is HEIW's new learning management platform, which will house e-learning material from courses and allow a centralised booking system for educational opportunities.

**8. Regional Adviser Intensive Care Medicine report**

Teresa Evans noted that there are improvements in the recruitment to smaller DGHs for ICM trainees, which had historically been an issue. There are challenges with some health boards' understanding of where trainees, who are single CCT intensivists or are dualing with another specialty other than anaesthetics, can fit into the workforce. Teresa is working with Clinical Directors and Finance Boards to discuss this.

Teresa noted an increase in approvals of ICM trainees from the portfolio pathway.

There is an ongoing peer review within training and recruitment.

Teresa updated that there is a recruitment round in process, and trainees are now able to hold two numbers on the Oriel system. This is a positive step, but will lead to a very tight timeline for onboarding and notification of placements to hospitals and trainees.

Teresa updated on the Stage 2 Training Review for dual anaesthetic intensive care trainees. This has been based on feedback from FICM, GMC and ARCP and exam data. The aim is to ensure that trainees are supported over this period and training is comparable to other nations, whilst ensuring the robustness of the ICM component.

The Welsh Informatics Service Network is under review. Ongoing peer reviews are focused on rehab and follow-up. The Annual Workforce census is complete and will inform some of the FICM workforce planning and training.

Training capacity reviews will be incorporated into peer reviews. FICM has produced a document on peer reviews and the Welsh body will incorporate this into their peer reviews.

Peter Richardson noted that in Wales, there is a shortage of ICM trainees in the more junior grades and suggested that anaesthetic trainees are reluctant to do additional ICU training or to do locum shifts. Peter asked Teresa whether she believed that nationally, anaesthetic residents felt that ICU was no longer part of their training, and if this needed to be addressed. Teresa suggested that the ABUHB report had highlighted this, and the reasons included a changing trainee profile, changes in curriculum requirements and expectations as FICM moved towards independence from the RCoA. Teresa suggested that whilst there are many transferable skills which can be gained from ICU training in anaesthesia, trainees are seeking work-life balance with LTFT training and streamlined targets to achieve a CCT in the shortest time possible. Teresa noted that this has not been raised nationally or by the Health Boards. This has mainly been in the Aneurin Bevan University Health Board.

Amrit Dhadda questioned whether Covid had had an impact on trainee mindsets regarding their training, as many of the current cohort of trainees had worked intensively within the ICU whether they liked ICU or not. This might have had an impact on their choice to pick up additional ICU shifts. Amrit also suggested that senior trainees who were not as keen on ICU work chose not to pick up additional ICU shifts because of a lack of familiarity, as 6 of the 9 months of ICU training now takes place in Stage 1.

**9. Regional Adviser Pain Medicine Report**

Sonia Pierce noted that she would soon be stepping down from her role as Regional Adviser for Pain Medicine, having reached the end of her third term, and plans for her successor were well underway.

Sonia noted some highlights from her report.

There have been some updates on the Faculty of Pain Medicine for the credentials for the Specialist in Pain Medicine role and applications will open soon.

Sonia noted changes to the Pain exam dates and times. There will be changes to the structure of the exam. Sonia will be co-leading the development of the new OSCE format for the exam.

FPM has developed a national teaching programme primarily aimed at those trainees doing an SIA in Pain Medicine. In any region at any time, there are usually only 2-3 trainees doing this SIA, and so the national teaching programme aims to bring them all together. This will be launched in Spring with monthly or two-monthly teaching sessions.

Sonia has been involved in the development of this programme as part of her role on the Training and Assessment Committee and the Education Sub-committee. Further to Libby's question, Sonia clarified that this training programme is currently intended for those trainees doing Advanced Pain training and intending to sit the Pain exam. Sonia agreed to check with FPM whether this might potentially be open to all trainees, noting that this question had been asked previously.

**ACTION: Sonia Pierce to contact FPM for clarification as to whether the national teaching programme bringing those with an interest in Pain will be open to all trainees or only those who are registered as being in Advanced Training doing an SIA in Pain to take the Pain exam.**

Sonia observed that FPM are continuing to develop Pain resources for all trainees, and there are currently case reports and radiology reports on the FPM Learning Resource that are edited by Sonia. The FPM Learning Resource is also planning to develop a blog with educational content shared by trainees and trainers.

Sonia noted that Training days held in North and South Wales will continue.

The FPM has developed a Pain Clinical Lead Network, pulling together the clinical leads with of Faculty of the Royal College.

Recruitment into pain training has continued with 1-2 trainees at any time. A locum consultant is in place at the moment, with a substantive consultant to be recruited.

Some training requirements based on FPM recommendations around the new Curriculum have been developed and disseminated. These are more bespoke to Wales and address frequently asked questions from trainees and trainers arising from ARCPs.

Sonia noted that the British Pain Society Annual Scientific Meeting will be hosted in Newport on 3-5 June 2025. This is the first time that the BPSSM has been held in Wales

**10. Trainee Issues**

Dr Amrit Dhadda had to leave the Board meeting before being able to present his report. Dr Amrit Dhadda report:

- Many Stage 2 & particularly Stage 3 trainees feel that they can be better utilised on appropriate solo lists. Strengthening guidance on the number of solo lists at each Stage of training from College would be useful, as trainees in Wales feel an increase in 'solo list' opportunities would be beneficial for training.

- We welcome the publication of the interim AA scope of practice and the pause in recruitment while an independent review is undertaken. As above, utilising trainees for solo list opportunities may reduce the need for AAs on a larger scale in the future.

Libby outlined Amrit's update on solo lists and asked if Russell could confirm if there is any guidance from the RCoA on how much time trainees should be spending on solo lists. Simon noted that College Tutors in his Health Board had observed that there should be greater

emphasis on solo lists for trainees and this expectation had been quantified. Jane Tanaka suggested that guidance had been issued for ST5-7 trainees on solo lists, with College Tutors suggesting that these trainees should be aiming for 2-3 solo lists per week. Jane observed that ST5-7 trainees do not always achieve this because of the need for mentoring and the need for appropriate lists. Jane was not aware that more junior trainees had received guidance on solo lists. Stephan Clements confirmed this guidance had been circulated by the College in a document titled 'Guidance on Supervision Levels – Sep 2024'. This was shared in the MS Teams Chat with Board Members.

**ACTION: Nii-Teiko Turkson is to share with the Board, the document on Guidance on Supervision Levels – Sep 2024 which details the amount of time that trainees should spend on solo lists**

**11. SAS report**

Murthy Varanasi noted that an SAS Doctor colleague had recently taken on a CESR Fellow post in Luton Hospital in England and that no similar role appeared to be available in Wales. Murthy asked whether there were any plans for this to be introduced so that SAS Doctors could continue with their CESR programme in Wales.

Simon responded that there is a CESR programme in Wales in its second year and that there are currently 3 trainees on the rotation. Simon noted that when this was set up, it was intended for 3 trainees and entry to be staggered – there is no annual recruitment to the CESR programme. There is, however, an intention in the longer term to recruit annually. Specifically, there will possibly be a space on the rotation coming up at the end of this year. Simon noted that the rotation is very popular and those trainees who are not on the CESR rotation currently, often have to go outside Wales to obtain training in neuro-anaesthesia and paediatric anaesthesia modules. This can be done as a short-term attachment after which the doctor returns to Wales.

Teresa Evans noted that when the portfolio workshop for ICM was run, there were many enquiries from anaesthetic trainees and suggested CESR programme details could be advertised as a contact for enquiries. Dr Fatima Lahloub is the CESR Programme Director.

Libby noted that since Fatima Lahloub had joined the Welsh School STC, there had been an increase in the recognition of the demands of non-training grade doctors and training capacity. Libby noted that the School facilitated access to training opportunity for non-training grade doctors and observed that access through locations outside Wales may become increasingly important.

**ACTION: Murthy Varanasi to contact Simon Ford and Fatima Lahloub regarding the Wales CESR programme and short-term attachments in neuro-anaesthesia and paediatric anaesthesia. Fatima Lahloub to be the contact for CESR trainees interested in the programme.**

**12. Matters from Health Board Representatives**

**a) Swansea Bay University HB - Dr Lewys Richmond**

Lewys Richmond updated that a new burns theatre and burns unit had been opened in the North Unit of ICM. Burns has been particularly busy recently with patient throughput. Lewys noted Dr Owen McIntyre work and the support of the Intensive

Care consultants is a successful service transition.

Lewys noted that there has been a significant increase in weekend working. This is similar throughout Wales as Health Boards attempt to address the waiting list backlog.

Lewys asked Board Members if anyone had a Health Board dental damage policy to get in touch with him outside of the meeting.

**b) Cardiff & Vale University HB - Dr Mark Sandby-Thomas**

Mark Sandby-Thomas updated that the University Hospital of Wales' CEO had written a letter to all staff, stating that the Trust had significant financial difficulties. This had not been mentioned at the LNC the previous week. The Trust has been placed in Extraordinary Measures. There has been an immediate stop on all internal and external study leave affecting internal training courses and attendance at external courses and conferences. All new recruitment that has not already been signed off has been stopped. Payment of all agency and bank staff has been stopped. Optimisation of annual leave and leave in lieu is used to cover extra shifts. Difficulties in obtaining payments for completed work through the Patchwork system have been resolved.

Mark observed that whilst day-to-day anaesthetic work has been relatively protected from the impact of the operational changes due to finances, Medicine has been asked to work three session days.

Simon Ford agreed that a letter should be sent from the College to the University Hospital of Wales, highlighting the importance that study leave for trainees and consultants be continued.

**ACTION: Mark Sandby-Thomas is to forward the LNC letter regarding financial circumstances at University Hospital Wales to Simon Ford and Russell Ampofo. Simon to draft a joint letter on behalf of the RCoA, highlighting the importance of study leave for trainees and consultants.**

**c) Aneurin Bevan HB – Dr Jane Tanaka**

Jane Tanaka noted that like other Health Boards, ABUHB is facing the same challenges of increased weekend working, the use of insourcing, covering gaps and sick leave.

Jane asked the Board what strategies they were using in their Health Boards to manage the cover of their rotas. Her feeling was that in ABUHB, all rotas are under significant pressure. Rotas are currently very consultant led and consultant delivered with challenges in filling gaps. In particular, ABUHB is having difficulty in finding enough anaesthetists to cover CPET and eye surgery.

Stephan Clements suggested that CPET clinics could be run by respiratory technicians with consultants interpreting the results rather than running the clinics themselves. In Bangor, respiratory physiologists are used to do CPET and consultants are used to analyse the results and make the necessary decisions.

Simon Ford suggested that Jane Tanaka and Stephan Clements discuss rota challenges and how CPET work could be managed. Claire Dunstan may provide

guidance on approach from a peri-operative care perspective.

**ACTION: Jane Tanaka to contact Stephan Clements to discuss CPET work pattern. Jane to also contact Claire Dunstan to discuss how rotas could be managed from the perspective of peri-operative care.**

Libby Duff noted how rota challenges were across the Boards, and the need to find alternative strategies to fill rota gaps. This highlights the impact of capped spending by Health Boards while there is an additional need for funding for new training posts and new consultants.

Simon Ford observed that smaller services are less resilient in service delivery because of the volume of work taken on by each member of the team, and so are particularly impacted by absences and sick leave. Claire Shannon agreed, but suggested that more work was needed to understand precisely what was leading to the significantly escalating levels of sickness absence. Simon observed that often there is not enough work in total to recruit to a substantive post, and so the smaller services continue to face significant challenges. Simon reflected on the need to present departmental funding deficits to the Health Board, illustrating the number of staff that the department was funded for, the date when this funding was agreed, and the scale of the service that is now being delivered.

Claire reiterated the need for anaesthetists to complete the RCoA census to provide quantifiable data that would inform the College's work with stakeholders to improve working conditions and practices.

Claire updated the Board on the College's planned next steps to work with MPs to table questions in the House of Commons regarding funding for the NHS across the UK.

**d) Betsi Cadwaladr HB**

**Wrexham Maelor Hospital – Dr Anna Williams**

Apologies were received from Dr Anna Williams.
Dr Anna Williams Report:

- 3 new general consultants were appointed in January, still awaiting confirmation of WG funding for 2 additional posts, 2 new specialty doctors appointed
- Ongoing dependency on locums to cover gaps due to sickness.
- Differing rates of payment to anaesthetic staff across Health Board – still no introduction of pan Betsi rate card (this has been on the horizon for > 1 year)
- ACSA inspection 3rd/4th Dec – awaiting formal report
- Difficulty in finding capital for procurement of ultrasound machines, however, WG have confirmed funding and 5 new machines have been bought.
- Ageing, poorly maintained estates, ventilation identified as inadequate in recovery areas, now out of use and Th6 being used for recovery for patients who have received a volatile anaesthetic.

Simon Ford presented highlights from the report. There were no questions from the

Board to take back to Anna.

**Glan Clwyd Hospital - Dr Piotr Kurcharski**

Piotr Kucharski noted the planned completion of a new orthopaedic hospital in Llanddudno had been pushed back to December 2025. Piotr noted that Stephan Clements is the clinical lead for this project. The Health Board is focused on admission criteria and a consensus for standards of post-operative care at the new hospital. There are plans to increase the number of elective joint surgery from 3 to 4 per list. There is an ongoing plan to conduct high-volume, low-complexity (HVLC) operations at the new hospital. There are ongoing discussions on ASA3 patients and their inclusion in a post-operative acute care unit. Llandudno is a new project alongside the existing Abergele Orthopaedic Hospital.

Piotr thanked the Board for their input into the All-Wales Health Screening Questionnaire and asked if there was a time estimate for the completion and implementation of the project. Simon observed that there is significant variability in IT systems across the Welsh Health Boards, and so it has been a challenge to create a single unified health screening questionnaire. There are attempts to create a paper-based version. Claire Dunstan asked that Piotr send his contact details to her and she would forward information. Claire Dunstan noted that the Questionnaire is on a PROMS platform. Digital solutions are being sought to ensure all Health Boards can complete the questionnaire, this is likely to take some time.

**ACTION: Piotr Kucharski to contact Claire Dunstan to obtain information about the All-Wales Health Screening Questionnaire.**

Piotr noted that the completion of the All-Wales Health Screening Questionnaire would support Glan Clwyd's POAC project and would also support a greater number of patients being readied for elective operations. Piotr noted that Glan Clwyd hospital has the highest number of patients awaiting elective surgery across Wales and, whilst the data from the All-Wales Health Screening Questionnaire would support the processing of patients for elective surgery, there are ongoing discussions about enough staff resources for this.

Simon observed that in Swansea, there are regular attempts to have greater interaction with the surgical teams and services to optimise the perioperative pathway. Simon suggested that surgical capacity needs to be ascertained before perioperative care planned by the anaesthetics team. Assessment of patients without surgical capacity leads to waste and patients need reassessing after six months.

Piotr updated on the development of an ongoing business case for a 24-hour DOSA. There is currently a daily outpatient surgical unit which only works during the day but has been consistently overrunning with escalations from the medical unit, A&E and surgical wards. This has led to the cancellation of 500 elective patients in the last 12 months. The 24-hour DOSA would allow post-operative surgical patients to be moved to the DOSA unit rather than moving them to the wards or cancelling them due to a lack of ward beds.

Piotr noted a new ICU consultant appointed and rota change from 1:8 to 1:10, the target is 1:12.

The Post-Operative Acute Care Unit has been developed and the number of cancellations due to lack of enhanced post-operative care is markedly reduced.

Piotr observed that in Glan Clwyd Hospital there is no automatic progression for SAS doctors and there has been challenges in securing finance for Specialist posts. One suggestion at Glan Clwyd is that finances be taken from specialty posts and provided to specialist posts. This highlighted the impact of limited finances on the progression of SAS doctors.

**Ysbyty Gwynedd Hospital – Dr Stephan Clements**

Stephan Clements noted that Dr Linda Warnock is based in Bangor so they are close to implementing the paper version of the Health Screening Questionnaire.

Stephan also noted that the nursing team in Bangor are asking for additional payments for POAC work and questioned whether this meant that the HSQ was being considered cost-neutral or whether there were additional funds to be allocated. Stephan questioned whether clinicians outside of anaesthesia valued the POAC process as a means of optimization of patient treatment.

Stephan's view was that implementation of HSQ would ideally require the use of a POAC Healthcare Assistant or lower grade POAC nurse HSQ clinic. This constitutes additional resources but has the advantage of streamlining before the formal POAC clinic, flagging modifiable risk factors providing local optimization of pathways. This would optimize the POAC at 6 weeks, rather than starting the process just a few weeks before surgery and causing delays.

In responding to Stephan's points Claire Dunstan clarified that she was the Anaesthetic Lead for the Clinical Implementation Network for Wales and that this body sits between the University Health Boards and the Welsh Government. The remit is to both hold the Welsh Health Boards accountable and to advise and guide the Welsh Government.

Claire Dunstan noted that the HSQ was the first piece of work for Perioperative CIN. The intent was to screen patients into Red, Amber, and Green based on specific criteria.

Claire observed that POAC clinics in Wales have a staff ratio which predominantly favours higher bands of nursing staff and the mix should include more Band 2/3 staff, who work within defined competencies and are allocated to streaming patients through a screening process (using the New National HSQ which has been ratified by the National Clinical Implementation Network). The National HSQ has an 'Outcome' function to provide useful data for management.

On the back of the HSQ initiative, an HVLC bid for POA to bring this HSQ into their POA work stream has recently been submitted to the Welsh Government on behalf of all the pre-assessment units in Wales.

The HVLC submission to the Welsh Government includes funding for Band 2/3 HCAs alongside extra sessions for current POA staff to facilitate the engagement with screening (HSQ) at the point of entry onto the surgical waiting list.

A business case for a full Digital POA System will be submitted to Welsh government. The procurement of a Digital solution will follow if the business case is agreed. A complete Digital Service Specification has been written in anticipation of success.

Claire noted that she had recently met with Amy Wallwork to discuss how this and other issues could be better highlighted through the National Clinical Implementation

Network to the Welsh Government.

Claire noted that Dr Linda Warnock is anticipated to return to work in the next month and should then be able to support Stephan with the HSQ.

Claire encouraged any Board Members who need support with HSQ to contact her by email, or to contact Dr Cat Cromey, the Deputy Chair of CIN, South Wales.

Stephan noted that there are an ongoing number of issues with the Llandudno Orthopaedic Hub project. Stephan observed that the original aim of having an orthopaedic hub in North Wales was to mirror the highly effective elective orthopaedic centres seen in England. Although the original plan was to have a high volume, low complexity service, due to existing waiting lists, Llandudno will have to consider more complex patients. A hospital in Leeds performs revision work, which could be used as a model for Llandudno.

Due to delays with Llandudno, an existing cold site at Abergele Hospital will be trialled and maximized. This has historically only done low complexity patients but as the Health Board has asked for list optimisation, they are putting in place measures to allow more complex patients to be anaesthetised there. There is an expectation that trainees will gain experience in delivering anaesthesia in these units.

Simon observed that stand-alone units often attempt to increase capacity and complexity and some revision work is being done in Neath. Simon suggested that Stephan may want to contact Dr Tom White to discuss the development of some of the admissions processes in Neath Port Talbot Hospital.

**ACTION: Stephan Clements to contact Dr Tom White in Neath to discuss the development of admissions processes for low and higher-complexity patients at stand-alone units treating orthopaedic patients**

Stephan updated on the recent ACSA in-person review of Ysbyty Gwynedd Hospital, and are awaiting the outcome.

Ysbyty Gwynedd Hospital is submitting a request for an additional 8 consultants, 2 of which will be part of the recruitment requirements for the Llandudno Orthopaedic hub.

Stephan noted that the Resident Doctor rota has been strengthened with its Clinical Fellowship Programme, which includes a Global Anaesthesia Fellow and a Medicine Fellow. There are a number of ACCS and Anaesthetics trainees who are interested in Global anaesthesia. The Global Anaesthesia Fellowship has created links with several hospitals, one of which is Masanga Hospital in Sierra Leone, which Stephan visited with Dr Alison Ingham. Stephan delivered the first Regional Anaesthesia training course in Sierra Leone.

Russell noted that he had recently been asked by a consultant based in England whether he might have a contact that would help him establish a Global Fellowship Programme and asked if Stephan might be willing to be contacted. Stephan suggested contacting the Clinical Lead, Dr Lisa Handcock.

**ACTION: Russell Ampofo to contact Dr Lisa Handcock at Ysbyty Gwynedd Hospital to discuss the steps taken in setting up a Global Fellowship Programme in anaesthesia.**

Stephan updated about concerns regarding the provision of 2 points

for a GREATix when short-listing ST4 trainees. Stephan noted that within Betsi Cadwaladr Health Board, there is a belief that GREATix should not be scored, as it provides a potentially easy way for trainees to obtain points for shortlisting. Stephan and others would like the College to look at providing a recommendation that GREATix is no longer scored.

Russell agreed that he would review this at the College with the possibility of taking it to the Recruitment committee.

**ACTION: Russell Ampofo to review the implications of GREATix scoring in the shortlisting of ST4 trainees and report back to the Board.**

**e) Hywel Dda HB – Dr Alun Thomas**

Dr Alun Thomas had to leave the Board meeting before being able to present his report. Dr Thomas had not provided a written report prior to the meeting.

**f) Cwm Taf Morgannwg HB**

**Princess of Wales Hospital, Bridgend - Dr Gareth Roberts**

Apologies were received from Dr Gareth Roberts.
Dr Gareth Roberts Report:

Significant disruption of services; Main Theatres, anaesthetic dept relocation, staffing of Vanguard/Princess of Wales /Neath Port Talbot (NPT). Requested Health Board statement about the services affected and anticipated timescales involved.

The hospital is currently in a 'critical incident' state due to urgent repairs required to the roof space. This has meant the closure of main theatres and anaesthetic dept.

There remains a CEPOD theatre and day surgical USC theatre, Eye theatre and day-case ENT. Continued support for NPT. Other work has moved to neighbouring hospitals (Royal Glamorgan, Prince Charles).

The Critical Care Unit has been relocated on-site and continues to deliver the same service as previously (and now back to 8 beds) but within a general ward setting rather than the original ICU footprint.

The previous space used by the Department of Anaesthetics has been almost entirely lost as part of the remedial works on site. This was used as a space to provide teaching, IT and rest. Currently, it remains unclear if we will return as a staff group.

We do not anticipate that stage one competencies within ICU (RCoA or FICM) will be affected, but the only clinical anaesthetics exposure that trainees will receive are: CEPOD, USC day surgery, acute pain and pre-assess / CPET.

The timeline for resolution is unclear. Clarity and re-assurance on re-opening is needed so we can ensure we meet the training needs of our resident doctors.

Simon Ford presented highlights from the report. There were no questions from the Board to take back to Gareth.

**Royal Glamorgan Hospital - Dr Kathryn Lloyd-Thomas**

Apologies were received from Dr Kathryn Lloyd-Thomas.
Dr Kathryn Lloyd-Thomas Report:

- The major incident involving an unsafe roof structure at POW Hospital (within the Health Board) has had significant knock-on effects.
- Increased workload
- decreased bed capacity
- Issues with lack of transparency of what anaesthetic colleagues in POW are doing if no elective work is occurring - leading to possible conflict amongst colleagues
- Increase in surgical demand eg. urology
- Vanguard temporary theatres are being built on-site - but query whether there will be staffing for the full contract (12 months) by POW staff when the roof at POW is completed.
- Also, Acute Stroke medicine now moved from Prince Charles Hospital to RGH creating the knock-on effect of a lack of beds
- unable to do elective paediatric lists as no beds to accommodate other specialities - knock-on effect on keeping up skills etc

Simon Ford presented highlights from the report. There were no questions from the Board to take back to Kathryn.

**Prince Charles Hospital - Dr Matt Williams**

Apologies were received from Dr Matt Williams
Dr Matt Williams Report:

- Reduced theatre capacity due to building work. Two refurbished theatres are due to come back online in May when the theatre complex and new day surgery ward works are finished. Workload has currently been displaced across the Health Board.

- The obstetric unit in POW reopened in late February so the workload in the Obstetric unit has returned to normal.

Simon Ford presented highlights from the report. There were no questions from the Board to take back to Matt.

**13. <u>Matters from corresponding members</u>**

**a. <u>Academic Report</u>**

Apologies were received from Prof. Cristina Diaz-Navarro.
Prof. Cristina Diaz-Navarro Report:

**Collaboration with the School of Medicine, Cardiff University:**

- We have advanced greatly with the process of introducing perioperative medicine into the undergraduate curriculum.
- Hosting of students in year 5 Junior Student Assistantships of this academic year has now finished. The allocated medical students enjoyed their time with us, in particular, the deep dive into physiology and pathophysiology as well as their hands-on learning on technical aspects of airway management and socio-cognitive elements of teamwork, communication and patient safety.
- We are exploring ways to contribute to hospital front-door placements for year 3 students commencing after the summer.
- Dr Danielle Huckle is leading the development of an intercalated BSc in

anaesthesia, pain and perioperative medicine.

**Simulation at RCoA:**

- The simulation network launch was well attended and very successful in identifying 18 volunteers who will contribute to forthcoming developments.
- The simulation advisory group has commenced work on a new simulation strategy, with a new proposed stricter and full development timeline having been defined.
- A parallel workstream has commenced focusing on the development of simulation quality assurance tools, as well as advanced CPD opportunities for simulation faculty in collaboration with the UK Simulation Association (ASPiH).

CAVUHB leading **World Health Organisation project** (2 years) developing WHO policy for the role of simulation in patient safety. The project commenced in October. Related research is moving forward according to the expected timeline.

**CAVUHB research newsletter** for March 2025 by Dr Danielle Huckle can be found at this link

- Ongoing research: pages 2-6
- Recent publications: page 11

Simon Ford presented highlights from the report. There were no questions from the Board to take back to Cristina.

**b. <u>All Wales Airway Group (AWAG) Report</u>**

Apologies were received from Dr Iwan Roberts
Dr Iwan Roberts report:

- After the success of last year's event, the All-Wales Airway Group (AWAG) will again be holding an airway Skills course on May 9th 2025. The course is fully booked.

- There will be no annual AWAG conference this year as the World Airway Management Meeting (WAMM) is taking place in Italy this year, However, AWAG is actively encouraging Welsh trainees to attend with their airway-related projects and expect a strong trainee. AWAG is further supporting this by offering a grant for trainees to attend WAMM to present AWAG-related content.

- AWAG have ambitious aims to partner with the UK national airway society to host an internationally recognised airway meeting next year, in Wales.
- This work is ongoing, and a formal announcement is expected soon.

  Simon Ford presented highlights from the report. There were no questions from the Board to take back to Iwan.

**c. <u>Society of Anaesthetists of Wales</u>**

Dr Omar Pemberton had to leave the Board meeting before being able to present his report.
Dr Omar Pemberton's Report:

- The Society of Anaesthetists of Wales is currently seeking to broaden its

presence and impact across Wales. At this point, we are seeking expressions of interest for Officers within the Society (namely Honorary Secretary, Honorary Treasurer and local and trainee representatives). We have prepared messages to this end for distribution and would like to amplify this message via the Board.

- We are unlikely to hold a scientific meeting in 2025 but will look to make a comeback in 2026. We are considering a return to Spring as this would reduce the likelihood of the meeting clashing with other Welsh anaesthetic societies.

Simon Ford presented highlights from the report. Simon asked that Board Members highlight within their Departments that the Society of Anaesthetists of Wales is seeking expressions of interest for Officers (namely Honorary Secretary, Honorary Treasurer and local and trainee representatives).
There were no questions from the Board to take back to Omar.

**ACTION: All Board Members to highlight within their Departments that the Society of Anaesthetists of Wales is seeking expressions of interest for Officers (namely Honorary Secretary, Honorary Treasurer and local and trainee representatives).**

**14. Association of Anaesthetists Report**

Dr Andrzej Wlaszczyk sent apologies and did not provide a report.

**ACTION: Simon Ford to contact Dr Andrzej Wlaszczyk as he has not yet been able to attend a Devolved Board Meeting.**

**15. Patient Voices at RCoA Report**

Jason Williams-James sent apologies and did not provide a report.

**16. Clinical Director Report**

Dr Peter Richardson noted that most of his observations as Clinical Director had already been covered in the Board Meeting.

Peter's Report had noted the following issues:

- No specific concerns have been raised by the CD network in Wales.
- Ongoing focus on reducing the waiting list backlog, while winter pressures and also financial pressures remain acute.
- Workforce planning at junior and senior levels remains a concern for some Health Boards.

There were no questions from the Board for Peter.

**17. Any Other Business**

There was no other business brought forward by Board Members.

**18. Date of next meeting**

The next meeting will be 30 September 2025 face to face in Cardiff.