

**Minutes of the RCoA Northern Ireland Advisory Board meeting
Tuesday 20 March 2018, 3 pm – 5 pm
Lisburn Suite, Hilton Hotel Belfast**

In attendance:

Dr Darrell Lowry (Chair)
Dr Bob Darling (South Eastern Trust Representative)
Dr Killian McCourt (Elected Consultant Member)
Dr Will Donaldson (Elected Consultant Member)
Dr Conor Farrell (Regional Adviser Pain Medicine)
Dr Neal Beckett (Association of Anaesthetists of GB and Ireland)
Mr Martin McCormack (CEO, College of Anaesthetists Ireland)
Dr Gareth Paul (NI Trainee Representative)
Mr John Hitchman (Lay Representative)
Dr Liam Brennan (President, RCoA)
Mr Tom Grinyer (Chief Executive, RCoA)
Mr Richard Pengelly (Permanent Secretary, Department of Health Northern Ireland (DoH) from 3 pm until 4.15 pm)

Minutes of NI Advisory Board (NIAB) meeting with the Permanent Secretary for Health Northern Ireland (3.00 pm – 4.15 pm)

1. Welcome and introductions

Dr Lowry welcomed Mr Pengelly and thanked him for attending. Dr Lowry continued with a brief overview of the functioning of the NIAB and the College more broadly in NI. Dr Lowry noted general concern regarding the political impasse and the effect on service delivery and the reconfiguration agenda. Dr Lowry welcomed Dr Brennan to provide some opening comments.

Dr Brennan noted that anaesthesia is the largest hospital based specialty in the UK and the College currently has 22,000 members world-wide. He noted the wide remit within acute services, interacting with two thirds of patients across pain medicine, ICM, maternity etc. Dr Brennan noted the 4-nation remit of the RCoA and explained that he had met with the Cabinet Secretary for Health and Social Services in Wales, the Cabinet Secretary for Health in Scotland and had conducted patient safety visits with the Secretary of State for Health and Social Care and met with the Shadow Secretary for same in England.

Dr Lowry directed all in attendance to the agenda for the meeting and invited Mr Pengelly to update the NIAB.

2. Progress of the Bengoa report recommendations (elective care centres and reconfiguration of acute services)

Mr Pengelly noted that the DoH had commissioned a focus group which had undertaken 53 sessions, a clear outcome of which was that there is a lack of understanding among the public of what 'transformation' truly means. He added that there was work to be done on this aspect and added that doctors retain public trust and can play a pivotal role in communicating the reconfiguration agenda.

Mr Pengelly added that while NI remained without a devolved administration, the *Delivering Together* programme continues to be rolled out. He added that a one year progress report was published in October 2017 with a subsequent update published in January 2018. He added that the Secretary of State for NI had set the budget for 2018/19 and the DoH had been provided with £100 million ring-fenced for transformation.

Members considered the work led by Dr Niall Herity in a task and finish group established by the DoH Transformation Implementation Group to inform the future configuration of elective care surgery centres. Mr Pengelly noted the establishment of initial pilots by December 2018 covering varicose veins and cataracts. NIAB members enquired about the DoH's authority to implement the Elective Care Plan. Mr Pengelly stated that sufficient cross-party support existed for implementation adding that an Elective Care Progress report had been published in February 2018.

Members noted the good work led by Dr Herity in summarising the issues but maintained that the DoH needed to clarify the next steps for those working in elective care and anaesthesia currently. Mr Pengelly noted the ongoing issue of maintaining smaller units once acute hospital sites are reduced. He added that placing elective care centres at local hospitals would potentially increase foot-fall to these facilities. NIAB Members considered that placing elective care centres away from acute hospital sites may result in surgeons not wishing to undertake work there due to safety considerations. Members also noted and considered the proximity of ISTCs.

Members considered the reasoning for the poor public perception of health care provision in NI and how celebrating success within the service does not happen. Mr Pengelly added that the compliment to complaint ratio was 16:1.

3. Anaesthesia Clinical Services Accreditation (ACSA): Improving engagement in Northern Ireland

Mr Grinyer advised Mr Pengelly that the RCoA can assist the DoH in improving poor perceptions and provided an overview of the College's ACSA scheme. Mr Grinyer explained that the Care Quality Commission (CQC) recognises the value of clinical service accreditation and peer-review schemes as information sources to support inspections. Mr Grinyer added that the accreditation process is not an exercise in identifying where a unit is going wrong but is focussed on improving outcomes. He added that 20 hospitals were engaged across the UK, but that engagement was extremely limited in NI with only Craigavon Area Hospital registering interest. Members considered how engagement could be improved in NI.

Mr Grinyer also noted the National Emergency Laparotomy Audit (NELA), pointing out that it provides metrics of success based on improving outcomes. Members discussed the ongoing issue of NI participating in national audits due to the restrictive legislation pertaining to patient identifiable information data. Members took the opportunity to press Mr Pengelly on how this issue could be resolved. Mr Pengelly stated that previous Health Ministers had been reluctant to sign-off on changes to data sharing.

Action: It was agreed that Mr Grinyer would arrange to have examples of the NELA and ACSA work sent to the DoH along with the data governance detail to which they adhere.

4. Department of Health's response to the O'Hara report of the Inquiry into Hyponatraemia-Related Deaths

Mr Pengelly advised the NIAB that the DoH had established a Programme Management Group to support DoH staff in taking forward the 96 recommendations made by Justice O'Hara and had personally met with three of the affected families.

Members considered in particular the recommendations pertaining to a statutory duty of candour.

Members asked Mr Pengelly for a timescale for implementation of the recommendations, Mr Pengelly stated that some require Ministerial approval so cannot be fully progressed but that the DoH would conduct preparatory work in any case. He added that work was already taking place on scoping options for a duty of candour, engaging with the families, and engaging with Health and Social Care Trusts on their arrangements for oversight and assurance among other things.

NIAB Members considered the practicality of some of the recommendations around foundation doctors and the complexity of paediatric anaesthesia and surgery. Mr Pengelly noted that medical directors are involved in reviewing the recommendations. NIAB Members enquired if there was anaesthetic representation involved within the implementation groups taking the recommendations forward, and reiterated to Mr Pengelly that it is essential that the RCoA should be involved due to the scope of, and implications for, the specialty. Mr Pengelly noted that the work is led by the Deputy CMO but assured the NIAB that anaesthesia would be represented.

5. Workforce planning (with particular consideration of ICM)

Mr Pengelly explained that there can be little movement without a Health Minister, adding that the DoH were currently taking legal advice on the developing Workforce Strategy. Members considered incentives which would assist in recruitment and retention including pay and clinical excellence awards. Members also discussed the need for more medical graduates and Mr Pengelly noted that the DoH had asked Professor Keith Gardiner at NIMDTA to conduct an analysis of need in a changing system. Members considered the complexity of

modern health needs and co-morbidities, the need for more management in the community and the unsustainability of the current system.

6. Possible implementation of the Health Education England contract for junior doctors in Northern Ireland

Mr Pengelly clarified that there were no immediate plans to implement a change to the junior doctor contract, particularly in lieu of a Health Minister.

7. AOB - Brexit

Dr Lowry provided 3 documents for consideration at the meeting; the AoMRC (Academy of Medical Royal Colleges) Brexit Reference Group meeting notes (21 February 2018), the AoMRC submission to the Westminster NI Affairs Committee proposing a sub-inquiry and the most recent BMA *Brexit Briefing; Northern Ireland* (February 2018). Among other things, Members considered the current uncertainty around health in NI in the context of cross border services. Dr Brennan noted that the College had contributed to the proposal submitted to the NI Affairs Committee calling for a sub-inquiry in to Health and Social Care in NI. Members also considered DoH priorities regarding primary and secondary care. Mr Pengelly provided an overview of the expansion of primary care to include a range of health and social care professionals. Members also considered the interface between primary and secondary care.

Ordinary Meeting of the RCoA NI Advisory Board (4.15 pm – 5.15 pm)

1. Apologies

Apologies were received from Dr Richard Laird (Regional Adviser Anaesthesia), Dr Sally-Anne Phillips (Deputy Regional Adviser Anaesthesia), Dr Raymond McKee (Regional Adviser ICM) and Dr Kevin Carson (President, College of Anaesthetists Ireland).

2. Welcome and introductions

Dr Lowry welcomed Martin McCormack, CEO of the College of Anaesthetists of Ireland to his first Board meeting. He also welcomed Dr Farrell as the new Regional Adviser for Pain Medicine. Dr Lowry noted that Dr Neal Beckett was taking over from Dr Moyna Bill as a Co-opted Member for the Association of Anaesthetists of GB and Ireland and that he would write to thank Dr Bill for her contributions. Dr Lowry also welcomed Mr John Hitchman currently covering as the Lay Committee representative for the Board.

Action: Dr Lowry to write to Dr Bill to thank her for her contributions to the NIAB.

3. Minutes of the previous meeting

Members were issued the minutes of the previous meeting held on 3 October 2017 electronically in advance of the meeting. The minutes were also available in hard

copy. Dr Lowry welcomed any comments or corrections, none were registered; the minutes were approved.

4. President's business

4.1 College Medal Award

Dr Brennan opened by congratulating Dr Darling on his award of the RCoA Medal in honour and recognition of his contributions to the work of the College. All in attendance thanked Dr Darling for his past and ongoing work.

4.2 New RCoA Council Members

Dr Brennan advised that 6 new council members were appointed in March 2018. He welcomed the new experience and expertise and acknowledged the expertise of outgoing and retiring members.

4.3 Dr Jean-Pierre van Besouw

Dr Brennan noted that the College had held an event celebrating the life of Dr Jean-Pierre van Besouw, RCoA President from 2012-2015 at St Georges Hospital which had been attended by more than 250 people.

4.4 RCoA Governance Re-structuring

Dr Brennan updated the NIAB on the ongoing governance re-structuring of the College noting that Council had approved the updated and amended Charter and Ordinances, the final version of which will be presented at AGM in May 2018. Dr Brennan noted the ongoing work to appoint lay representatives and specialist legal and finance posts to the Board of Trustees noting the advertisement for lay representatives had recently been posted and that they had received several high-quality applications for the specialist trustee posts.

4.5 GMC v Bawa-Garba case

Dr Brennan provided the NIAB with a brief overview of the RCoA and AoMRC responses to the High Court decision in the *GMC v Bawa-Garba* case noting the College's concern around the many issues this judgement raises for the medical profession. He added that there will be ongoing liaison with the General Medical Council and the AoMRC to consider the wider implications for patient safety and reflections on practice and learning that arise from the case.

4.6 Brexit

Dr Brennan provided NIAB members with a brief overview of the issues discussed at the meeting of the AoMRC's Brexit Reference Group held in February 2018. Members considered the notes of the meeting which were provided in hard copy and discussed the now well documented issues pertaining to health and the Irish Border noting the AoMRC proposal to the NI Affairs Committee for a sub-inquiry in to health and social care in NI.

4.7 National initiative to tackle the negative effects of shift working and fatigue

Dr Brennan highlighted the joint campaign among the RCoA, the Faculty of Intensive Care Medicine and the Association of Anaesthetists of GB and Ireland to tackle the negative effects of shift working and fatigue on the NHS workforce launched on 16 March 2018 to coincide with World Sleep Day.

4.8 College Education Strategy

Dr Brennan advised the NIAB that the College Education Strategy covering the next 5 years has been considered by Council adding that the Strategy is currently being reviewed through financial approval processes.

4.9 National Audit Project 7 (NAP 7)

Dr Brennan advised the NIAB that approximately 60 topics have been submitted by way of the Health Services Research Centre for NAP 7 for consideration.

4.10 RCoA Regional bursary for events

Dr Brennan advised the NIAB that the College are welcoming expressions of interest for funding for events / programmes requiring sponsorship through a regional bursary and encouraged Members to consider potential local events.

Dr McCourt enquired if the NI Society of Anaesthetists could avail of this funding, noting that the Society meet throughout the year and normally hold one large annual event. Dr Brennan advised Dr McCourt to contact the College Events Team with any proposals.

4.11 Progress on electronic infrastructure

Dr Brennan advised that the implementation of the new e-portfolio was on course to launch as anticipated in August 2018.

4.12 International Meeting of the RCoA

Dr Brennan highlighted the upcoming RCoA flagship event, Anaesthesia 2018, taking place on the 22nd and 23rd May 2018 at the British Museum. He added that over 200 delegates had already booked and that promotion materials will be arranged and forwarded to the College Tutors.

5. CEO's business

5.1 Technology Strategy Programme

Mr Grinyer advised the Board that feed back from the testing phase had been positive and trainees were keen to switch to the new version of e-portfolio and log book. He added that the feed back from the College Tutors meeting in June 2018 was pivotal to development.

Mr Grinyer added that a tender had been extended for the implementation of a new College finance system as part of the £25 million investment programme.

Dr McCourt enquired on the progress of the online CPD provision, Mr Grinyer advised that the implementation for e-portfolio and logbook will take place on schedule with a view to integrating CPD in the following 6 months.

5.2 Member Communications

Mr Grinyer led a discussion on the reach of membership electronic communications including the newsletter. He advised that there were higher than average opening rates for the NI newsletter compiled by the NIAB Chair, noting the interest shown in Dr Darling's newsletter and Dr Lowry's first edition issued in February 2018.

Dr McCourt enquired about the impact of the new General Data Protection Regulation and opting in to College mail shots. Mr Grinyer noted the ICO guidance on marketing emails and the opt-in requirement. He added that, by virtue of joining the College members opt-in to some communications. He added that the College have scheduled an improvement plan including a data cleanse and an opt-in mechanism for the new system.

6. Chairman's business

Dr Lowry thanked Dr Brennan and Mr Grinyer for their updates and added that the NI Newsletter will be issued 2 times per year instead of 3 and noted that Dr Farrell has been invited to compose a section for a future edition on Pain Medicine in NI. Dr Lowry also welcomed any submissions from the NIAB.

Dr Lowry also noted that he had been involved in some of the testing for the new e-portfolio which was impressive and added that the School Board had considered the ongoing development of the system at their meeting the previous week at NIMDTA.

6.1. Terms of Reference and membership of the Board

Members considered the current composition of the NIAB noting the appointment of Dr Richard Laird as RAA and consequently Western Trust representative, filling this opening on the NIAB. Dr Laird had enquired whether further Western Trust representation was needed on the NIAB, members considered that one member was sufficient for the time being.

Dr Lowry also noted that Dr Ellen O'Sullivan, RCoA Council Member for the Republic of Ireland (RoI) had previously attended NIAB, in her role with the College of Anaesthetists in Ireland. Members considered and agreed that membership of the Board would be reserved for an elected Council member currently working in Northern Ireland.

Action: Dr Lowry to write to Dr Ellen O'Sullivan to thank her for her contributions and interest.

Members considered the Terms of Reference which were agreed.

6.2. Hyponatraemia Inquiry report

Members considered the content, potential implications for the specialty and the ongoing Department of Health response to the Report during the meeting with the Permanent Secretary for Health set out above at point 4.

6.3. Bengoa Review

Members considered the ongoing implementation of the DoH *Delivering Together* 10-year strategy, in particular, reconfiguration of acute services and elective care centres during the meeting with the Permanent Secretary for Health set out above at point 2.

6.4. Provision of Services - RCPCH Ireland

Dr Lowry asked the NIAB to consider the ongoing provision of secretariat services from RCPCH Ireland going forward as the current contract expires in July 2018. Members indicated they were content to proceed with services.

7. Adviser's business

7.1. Regional Adviser – Anaesthetics

Dr Lowry noted the new appointment of Dr Laird as RAA adding that the appointment had been approved by Council and he had started in January 2018. As Dr Laird was in absentia, Dr Lowry provided an overview of relevant business on his behalf.

i. Manpower

Dr Lowry advised that Anaesthesia remains a popular specialty in NI. Approximately 50 applicants were interviewed for 16 CT1 and four acute care common stem anaesthesia posts to start in August 2018. Interviews were also held for ST3 posts with 15 appointable applications received. These are to be ranked with offers expected in April 2018. Dr Lowry noted 3 additional posts (1 CT1 and 2 ST3) had been approved by the DoH for August 2018.

Dr Lowry reported on Consultant posts in Anaesthetics noting that 2 Consultant posts had been advertised in both Altnagelvin and Antrim Area Hospitals. Dr Lowry advised that there were 6 trainees gaining their CCT this summer.

ii. Examinations

Dr Lowry reported the following; Final FRCA, 8 out of 9 passed. Primary FRCA SOE / OSCEs, 6 out of 8 passed. Primary MCQ, 10 out of 13 passed.

Dr Lowry noted that Dr Claire Shevlin from Craigavon Hospital has taken over as course co-ordinator for our FRCA courses.

7.2. Regional Adviser - Intensive Care Medicine

As Dr McKee was not in attendance, Dr Lowry led a discussion concerning the shortfall in ICM due in considerable part to the shortage of dual CCT holders. Members noted that the issue of dual CCT is also problematic in terms of Trust differentiation and recruitment. Members gave consideration to the DoH Workforce Planning Reviews as applicable to increasing ICM numbers.

7.3. Regional Adviser - Pain Medicine

Dr Farrell thanked the NIAB for welcoming him on to the Board in his new capacity as Regional Adviser for Pain Medicine. Dr Farrell provided a brief overview of the meeting of the last Regional Advisers in Pain Medicine meeting, noting workforce related issues around vacant posts and engaging and attracting trainees in to the specialty. Members noted that there is one pain fellowship in NI per year.

8. College of Anaesthetists Ireland

** Martin McCormack, CEO provided the following written account:*

8.1. CAI ASM and conferring ceremony

The CAI Annual scientific meeting will take place on 24th and 25th May in Dublin Castle preceded by the CAI conferring ceremony on the 23rd May. This year's programme will include a Difficult Airways and a Regional Anaesthesia workshop, keynote addresses and symposia covering areas as diverse as Paediatrics, the cancer patient and can the anaesthetic influence cancer recurrence, Transplantation Anaesthesia, Perioperative Blood Management, Organ Protection During and After Major Surgery in the High Risk. This promises to be an excellent professional development opportunity for all of us and I look forward to seeing many of you there.

8.2. Report of the Trauma steering group

The Department of Health (An Roinn Slainte) have published 'A Trauma System for Ireland- Report of the Trauma Steering Group'. The CAI were represented on the working groups established to develop the report. The report sets out 45 key recommendations, addressing the development of a patient focused and whole system approach, trauma system configuration and each component of the care pathway, including workforce, training and education and governance and quality assurance. The report is available online.

8.3. Open Disclosure

The Civil Liability (Amendment) Act 2017 was signed into law by the President in November 2017. Part 4 of the Act provides for voluntary open disclosure of patient safety incidents. The provisions are designed to give legal protection for the information and apology made to a patient when made in line with the legislation.

8.4. Professionalism guidelines

The College has recently drafted a guideline on Professionalism. It will be launched at our ASM in May.

8.5. NCPA/ NDTP Workforce planning

Draft model of care in Anaesthesia now completed and out for consultation to College Council.

8.6. Change in Terminology

CAI Council recently held a Pro / Con debate on change of Terminology to Anaesthesiology and plans to extend that to the broader Fellowship of the College. It is seen as an opportunity to rebrand the specialty and incorporate the role that of Perioperative Medicine as a core part of the specialty.

8.7. Governance review

As part of our commitment to good corporate governance the Council of CAI commissioned an independent review of Governance arrangements and have approved an implementation plan to deliver on the report recommendations many of which have been achieved in the past 6 months with the commencement of the strategic planning process, the development and introduction of a comprehensive risk management system, the development of a code of conduct for council and committee members, a formal letter of appointment outlining the role of Council members and a schedule of reserved functions for the CAI Council.

9. SAS Representative business

None discussed.

10. Trainee Representative business

Dr Lowry welcomed Dr Paul to raise any business. It was noted that the query around the possibility of the junior doctor contract implemented in England being introduced in NI had been raised with Mr Pengelly, Permanent Secretary for Health earlier in the meeting. No further business was discussed.

11. Lay Representative business

Mr Hitchman provided the NIAB with an overview of the membership and remit of the RCoA Lay Committee, noting that they meet 4 times per year. He added that members sit individually on all College committees and sit within sub-groups to fit the new College directorates including; Communications and External Affairs Directorate, Clinical Quality and Research and, Education and Training and Examinations. Mr Hitchman reported that most recently, the Committee were involved with NAP 6 and the development of the College website. Mr Hitchman closed with the hope that the College will be able to recruit a dedicated NI Lay Representative so that the region can be best represented. Mr Hitchman agreed to continue on the Board until a suitable representative is recruited.

12. Any other business

Action: Dr Lowry to add an 'Association of Anaesthetists of GB and Ireland business' item to the next / rolling NIAB agenda.

13. Date of the next meeting

Members noted that Tuesday afternoons remained agreeable. Dr Lowry advised that he would contact the President's Office to discuss potential dates for the Autumn 2018 meeting.

Action: Dr Lowry to confirm the next meeting date.

Action: Dr Lowry / NIAB secretariat to circulate meeting date among the membership once agreed.