

**Minutes of the RCoA Northern Ireland Advisory Board meeting
Tuesday 2 October 2018, 3 pm – 5 pm
Broadway Suite, Hilton Hotel Belfast**

In attendance:

Dr Darrell Lowry (Chair)
Dr Richard Laird (Regional Adviser Anaesthesia)
Dr Killian McCourt (Elected Consultant Member)
Dr Raymond McKee (Regional Adviser ICM)
Dr Emma Stiby (NI SAS Representative)
Dr Jonathan McCarter (NI Trainee Representative)
Dr Niamh Sweeney (NI Trainee Representative)
Mr John Hitchman (Lay Representative)
Professor Ravi Mahajan (President, RCoA)
Ms Sharon Drake (Deputy Chief Executive, RCoA)
Dr Niall Herry (Consultant Cardiologist and Chair of the Elective Care Centres Workstream for the Department of Health NI)

1. Apologies

Apologies were received from Dr Neal Beckett, Association of Anaesthetists of GB and Ireland and Dr Conor Farrell, Regional Advisor Pain Medicine. Dr Bob Darling was not in attendance but sent a written update.

2. Welcome and introductions

Dr Lowry welcomed all in attendance to the meeting including the newly elected RCoA President Professor Ravi Mahajan. Dr Lowry noted that he had written to Dr Liam Brennan, the outgoing president to thank him on behalf of the NI Advisory Board.

Dr Lowry welcomed and thanked Dr Niall Herry for attending to provide the Board with an update on the NI Department of Health Elective Care Strategy.

3. Guest speaker: Elective Care Reforms

Dr Herry advised that he had chaired the elective care centres workstream which was designed to review and make recommendations / provide advice to the Department of Health on Northern Ireland's day case elective care procedures. Dr Herry went on to take the Board through a pre-prepared presentation covering the following:

3.1 Background

Dr Herry noted the impact of emergency and urgent admissions on hospitals' capacity to meet demand for elective care resulting in cancellations and longer waiting times and the perceived apathy around the issue prior to 2017. Dr Herry

noted that a survey was carried out at the end of 2017 covering waiting times for inpatient and day cases across the trusts. He advised that at this time there were around 78,000 patients awaiting admission, 15,000 of which had been waiting over 1 year. He advised that productivity had continued to fall and that in a system where emergency care is delivered alongside elective care, competing for the same resources, unscheduled care will always take precedence. Moreover, this is exacerbated by winter pressures and cancellations were already being considered for January 2019.

Dr Herrity went on to explain that reports freely available from the Department of Health detailed that approximately 70% of elective surgery takes place in hospitals with emergency departments with small amounts taking place in type 2 facilities. External reports such as Donaldson and the Bengoa Review and the subsequent 2026 Delivering Together programme published by the Department of Health gave rise to the current elective care plan for NI which contains fairly significant commitments to improvement. Dr Herrity noted that an elective care plan progress report was published in February 2018.

3.2 Workstream Task and Finish Group membership and terms of reference

Dr Herrity noted that the composition of the Group was suitable in size and skill. He explained that the Group had broad terms of reference, which were; to agree the configuration of elective care centre type based on data analysis, to review and then to report to the Department of Health Transformation Implementation Group.

3.3 Data analysis

Dr Herrity advised that the total 2015/16 surgical procedure activity across specialisms were reviewed broke down by 1-night stay and more than 1-night stay excluding anything that required 24/7 care. Dr Herrity noted that 77% of such surgical procedures on adults in 2015/16 were day cases, dominated by endoscopy procedures and this was almost identical for children. The Task and Finish Group therefore concentrated on the 77% for the purposes of reporting on the terms of reference to the Department of Health.

Dr Herrity advised that the Task and Finish Group considered that approximately 70 theatres would be needed based on an estimated 10 sessions at 3.5 hours per session across 42 weeks per year, but noted that this was slightly high as procedures such as endoscopies didn't require a full theatre. The Group considered that each specialty should outline their own need. The Group also considered that children would likely continue to be treated in specialist children's centres.

3.4 Comparison with elective care centres in the UK

Dr Herrity noted that the Task and Finish Group reviewed a privately-run facility in Bristol which only processed NHS patients and a second site based within a larger hospital facility among others. He noted the obvious benefit of sites based within larger hospital sites with emergency facilities. The Group noted that the average cancellation rate in NI currently sits at 2.2% compared with 1% in England. The outcome following consideration was that hybrid type facilities could be optimal for Northern Ireland. The Group then considered where care should be delivered and reviewed the current list of hospitals in NI including stand-alone and those with EDs and ICUs.

3.5 Summary

Dr Herrity noted that capital money had been assigned by the Department of Health and that the Department considered the reconfiguration of elective care to be a high priority.

Dr Herrity noted that overall the Department of Health had received feedback on; public support, qualified need, preferred sites, obstacles, the requirement to commission based on future need within a reconfigured service rather than current need and a shift toward tariffs / incentivised practice in NI. Dr Herrity noted that more pressure would fall to General Practice and Community but that resource should be targeted within reconfiguration.

3.6 Questions

Dr Herrity welcomed questions from the NI Advisory Board. Professor Mahajan congratulated the Task and Finish Group on their joined-up approach. He also enquired whether training opportunities would be protected within the new framework. Dr Herrity clarified that training is central to the developments and that ultimately the Department of Health remained responsible for training the health service of the future. Professor Mahajan noted the RCoA response to the consultation on the new NHS England 10-year plan and the need for efficiency, proper allocation of funds and quicker discharge to community when appropriate.

Ms Drake enquired if the Northern Ireland transport system was capable of managing within the new framework. Dr Herrity clarified that this had been an area of consideration and noted that when surveyed, the majority of the public indicated that they would use private transport and while there is a need for expansion of the public transport infrastructure, taxis are an option for a small number requiring them. Moreover, those surveyed indicated they would be prepared to travel up to 1 to 2 hours.

Dr Stiby raised the issue of staffing and the risk of many leaving acute services. Dr Herrity clarified that it is envisaged that no career change will be needed in terms of dividing general and emergency work which could continue on a rotational basis. Dr Stiby noted the issue of lack of nursing staff in Northern Ireland. Dr Herrity noted that this is an issue across the UK adding that NI try to deliver too many services for the population size and that proposals under health transformation would ideally free up nursing resources.

Dr Lowry enquired about the timeframes for taking the Group's recommendations forward. Dr Herrity clarified that the Transformation Implementation Group had accepted the recommendations and noted that new regional centres for cataract and varicose vein surgery would be operational by the end of 2018.

4. Minutes of the previous meeting

Members were issued the minutes of the previous meeting held on 20 March 2018 electronically in advance of the meeting. The minutes were also available in hard copy. Dr Lowry welcomed any comments or corrections, Ms Drake made minor corrections including that; 97 Trusts / Boards were engaged with the ACSA scheme and 25 hospitals were accredited rather than 20 hospitals as recorded in the draft

minutes (at p2) and £2.5 million had been assigned to the implementation of a new College finance system rather than £25 million as recorded as a typo in the draft minutes (at p6). Dr Emma Stiby noted that she had sent apologies which were not recorded in the draft minutes. The minutes were subsequently approved.

Dr Lowry confirmed that actions from the previous minutes had been carried out including details of the ACCS and NELA programmes being sent to the NI Permanent Secretary for Health and that Dr Moyna Bill and Dr Ellen Sullivan had been written to and thanked for their contributions to the NI Advisory Board.

Action: NI Advisory Board secretariat to amend the minutes to reflect the comments from Ms Drake and Dr Stiby and to forward to the RCoA President's office for publication.

5. President's business

5.1 College elections

Professor Mahajan noted that Dr Janice Fazackerley and Dr Simon Fletcher had been elected Vice Presidents. He noted that the 2019 round of nominations for Council had just closed on 28 September 2018.

5.2 RCoA Governance Re-structuring

Professor Mahajan confirmed that the new structure had now been embedded and that 3 lay trustees had recently been appointed. Professor Mahajan added that going forward the current 10 Council meeting per year would be replaced with 6 Council meetings and 4 Board of Trustees meetings. He noted that the first meeting of the Board of Trustees took place in September 2018 with one main scheduled agenda item, to consider a collaborative, multi-disciplinary programme for the delivery of perioperative care and agree the strategic direction of same.

5.3 NAP 7

Professor Mahajan announced that the topic of the seventh National Audit Project will be perioperative cardiac arrest adding that NAP7 attracted 64 formal applications covering more than 40 topics. Professor Mahajan added that he looked forward to participation from NI hospitals.

5.4 Life-long Learning Platform

Professor Mahajan confirmed that the Life-long Learning Platform went live in August 2018 but noted that some releases were still being worked on by the software provider. He added that the College had worked hard to resolve issues. Professor Mahajan welcomed feedback from the NI Advisory Board on the platform.

Dr Stiby advised that the feedback she was aware of had been positive but that it would be useful to have the log book integrated as an app. Ms Drake clarified that integration of the off-line function was ongoing with the developers with work commencing later in 2018. Dr Sweeney highlighted that inputting duplicate cases can be time consuming.

Dr Lowry added that as a School the implementation was slow to begin with but that they are working closely with Dr Richard Laird, the Consultant lead in NI to

implement. Dr Lowry noted that feedback should be directed to Dr Laird and Dr Gareth Paul (trainee lead).

Professor Mahajan closed the agenda item by advising that the platform is not an 'off the shelf' programme and that suggestions can be integrated, he welcomed further feedback from the NI membership and clarified that this is also open to SAS grades and that Dr Stiby should make the SAS group aware of this.

5.5 External engagement

Professor Mahajan noted that he and Dr Liam Brennan had met with the new Secretary of State for Health, Matt Hancock, on two occasions to discuss the interface between primary and secondary care and workforce.

Professor Mahajan also provided a brief update on the College's engagement with the development of the NHS Long-term Plan and that he would send details to Dr Lowry to disseminate among the NI Advisory Board membership.

Action: Professor Mahajan to forward the Long-term Plan and the link to the College website.

5.6 Education strategy and events

Professor Mahajan noted the College's commitment to taking events outside of London but noted that 'Anaesthesia 2019' would take place in St Paul's, London on 20–22 May 2019 and in Manchester in 2020.

5.7 Fatigue and morale

Professor Mahajan noted the ongoing issue of fatigue and morale and added that this issue had been raised with the Secretary of State for Health in terms of accountability for such matters sitting with individual trusts. He also noted that influencing work was ongoing within the structure of the Academy of Medical Royal Colleges.

5.8 Workforce and Brexit

Professor Mahajan noted the overarching concerns raised by the uncertainty of Brexit, particularly for Northern Ireland and in light of the lack of political institutions. He added that the GMC will need to follow the impact of forthcoming legislative provisions. Professor Mahajan noted the general issues around recruiting to meet demand in the UK.

6. CEO's business

6.1 Research and quality improvement

6.1 (i) Anaesthesia Clinical Services Accreditation

Ms Drake noted that the number of trusts and boards in the UK that have achieved accreditation status is 24 and 55% of trusts and boards with anaesthetic departments across the UK are now actively engaged with the ACSA programme. She added that Scotland and Wales have mapped the standards and that the College have written to the RQIA in NI regarding the same. Ms Drake asked the NI Advisory Board how best to engage Northern Ireland in this regard. Dr Lowry agreed to contact the Medical Directors to clarify.

Action: Dr Lowry to follow up with Medical Directors regarding engaging with the ACSA programme.

6.1 (ii) SNAP 2

Ms Drake noted her thanks for the contribution of 9 hospitals in NI.

6.1 (iii) Perioperative Quality Improvement Programme

Ms Drake advised that 94 hospitals were engaged nationally, and that in NI they were seeking to engage the Belfast City Hospital and Antrim Area Hospital.

6.1 (iv) Information governance in Northern Ireland – NELA

Ms Drake and the NI Advisory Board membership considered the ongoing issue of data transfer in Northern Ireland and the impact on NELA participation. Ms Drake noted that HQIP had approved and extended the contract with NELA until December 2020 and that it is hoped that NI can be fully engaged by this time. Ms Drake noted a high degree of interest from hospitals as well as from individual clinicians. Ms Drake noted that she would like to take this issue up with the Permanent Secretary for Health again and Professor Mahajan noted that it may be beneficial to take the issue up with the CMO. The NI Advisory Board membership also considered that writing to the NI Privacy Advisory Committee may be useful.

Action: Dr Lowry to write to the Permanent Secretary for Health and Chief Medical Officer on behalf of the College / NI Advisory Board.

Action: Details of the NI Privacy Advisory Committee (PAC) to be forwarded to Dr Lowry and Ms Drake, Dr Lowry to consider writing to the PAC seeking possible resolution to the issue of data transfer.

7. Chairman's business

Changes to the NI Advisory Board Membership

Dr Lowry updated the Board on changes to the membership, he advised that Dr Sally Anne Phillips had stepped down as Head of School and that he had taken up the position. Dr Lowry confirmed that Dr Mary Molloy had taken up post as the Deputy Head of School of Anaesthetics as well as the position of Deputy Regional Adviser for Anaesthetics and would sit on the NI Advisory Board going forward.

Dr Lowry also confirmed that Dr Stephen Austin was no longer on the NI Advisory Board and he had written to thank him on behalf of the Board.

7.1. Royal Colleges' Interface Project

Dr Lowry provided the NI Advisory Board with a copy of the Professional Behaviours & Communication Principles for working across Primary and Secondary Care Interfaces in Northern Ireland drafted by the RCGP. Dr Lowry clarified that he had discussed the content with Chris Woodhall, Head of Policy and Public Affairs and that nothing therein was contentious. Dr Lowry advised that the RCGP were seeking endorsement and approval of the principles and use of the RCoA logo.

Ms Drake clarified that if Dr Lowry considered that he had been involved in a sufficient enough capacity to support the document then it could be looked at for consideration.

Action: Dr Lowry to forward the document to Ms Drake for the Presidents meeting to review and possible endorsement.

7.2. Hyponatraemia Inquiry report

Dr Lowry reminded the NI Advisory Board that the Hyponatraemia Related Deaths Inquiry report was published in January 2018 detailing 96 recommendations. The Department of Health are currently taking forward the implementation of these recommendations through specific workstreams. Dr Lowry reminded the membership that the College co-produced a response to the Inquiry report with other Medical Royal Colleges in May 2018.

Dr Lowry advised the membership that a meeting had taken place at the Department of Health on 14 August 2018 attended by the representatives of the Medical Royal Colleges, including Dr Bob Darling on behalf of the RCoA, and that the main issue considered was the implementation of the statutory duty of candour. Mr Quentin Oliver had been appointed Chair of the workstream tasked with taking forward this recommendation in NI.

7.3. CMO Specialty Advisor Anaesthetics

Dr Lowry advised the membership that he was unable to attend this meeting which took place on 27 September 2018 and that Dr Bob Darling attended instead. Dr Lowry provided the membership with an overview of proceedings provided by Dr Darling including; Primary care challenges and the implementation of the multi-disciplinary teams of physiotherapists, mental health staff and social workers etc. and that this initiative had been rolled out in Derry and Downpatrick initially. Dr Lowry noted that Dr Darling felt that this did not appear to impact on Anaesthetics as a specialty.

Dr Darling also reported that the meeting considered older consultants working in the HSC and issues around the new pension scheme taking retirement to age 68.

Dr Darling also reported that the group discussed the implementation of the Hyponatraemia Related Deaths Inquiry recommendations.

Dr Lowry confirmed that he would attend the next meeting.

7.4. Provision of Services - RCPCH Ireland

Dr Lowry advised the NI Advisory Board that administrative services had been retained for a further year and that Mark Blaney, RCoA Head of Finance had signed off on this. Dr Lowry confirmed that central Belfast (Hilton) was considered agreeable for the next year.

7.5. NELA

Dr Lowry noted that NELA had already been discussed at Item 6 and that since the issue of participation was raised and considered at the last NI Advisory Board meeting on 20 March 2018 little had changed. Dr Lowry noted that he had been

encouraged by Dr Niall Herrity's presentation at the beginning of the meeting, but that change would likely be slow.

8. Adviser's business

8.1. Regional Adviser – Anaesthetics

Dr Laird welcomed his new appointment as RAA taking over the role from Dr Lowry. He confirmed that he would be attending the next meeting of Council as part of his induction and he would be raising issues around the Life-long Learning Platform among other things.

8.1 (i). Manpower

Dr Laird noted that ST3 recruitment was ongoing for February 2019. He added that approval had been given for 3 consultant posts in the Western Trust, 2 of which were generalist and 2 additional posts in the Southern Trust.

Dr Lowry added that three new training posts had been funded (one new CT1 post and two new ST posts). Members noted that CT1 recruitment would take place in January 2019 and ST3 recruitment in April 2019.

Dr Lowry noted the ongoing issues around ICM recruitment and that dual trainees cannot accept two NTN's simultaneously in one appointment round. Dr McKee added that the issue existed across the UK and that more concerted action was required to rectify this.

8.1 (ii). Examinations

Dr Lowry confirmed that 5 trainees passed the Primary FRCA examination in May 2018 and that 8 trainees passed the Final FRCA in June 2018.

Dr Lowry noted that Dr Gail Browne had recently been appointed as a Primary FRCA examiner.

8.2. Regional Adviser - Intensive Care Medicine

8.2 (i). Manpower

Dr McKee noted that the specialty had been allocated 5 training posts this year rather than the previous 3 and that he hoped that this additional resource would continue – he is to meet with NIMDTA to discuss this further. He added that there were 2 unfilled ICM Consultant posts in the Southern HSC Trust.

Dr McKee noted that one dual trainee had been appointed to a consultant post and one appointment to a locum Consultant post had been made.

Dr McKee also noted that the West Midlands Deanery had been looking at a work-around for the recruitment of dual speciality trainees but noted concern around doing this manually, as issues had arisen with recruitment for ST medical posts this year.

8.2 (ii). New Internal Medicine curriculum

Dr McKee highlighted the model for future physician training under the new RCP curriculum. He advised that within the Internal Medicine programme a rotation in ICM is mandatory which Dr McKee noted should be a 3 month block, and that he was keen to speak to the Faculty Tutors to discuss the impact on ICM trainees.

8.3. Regional Adviser - Pain Medicine

As Dr Farrell was not in attendance, Dr Lowry updated the Board on his behalf. Dr Lowry noted that there is one advanced pain fellow who this year is on maternity leave, therefore Dr Farrell appointed a further pain fellow to overlap with the period of maternity leave. Dr Lowry noted that some junior trainees were interested in the fellowship.

9. College of Anaesthetists Ireland

No business discussed. Dr Lowry confirmed that he would make contact with Dr Brian Kinirons, the new President, to clarify the position going forward.

Action: Dr Lowry to contact Dr Brian Kinirons at the College of Anaesthetists Ireland.

10. Association of Anaesthetists of GB and Ireland business

Dr Beckett was not in attendance but sent a report. Dr Lowry detailed that the AAGBI had finalised their re-branding initiative which was now operational and that the AAGBI were currently running a well-being and suicide survey. Dr Lowry confirmed that Dr Beckett will speak at the next meeting.

11. SAS Representative business

11.1. SAS Grade Posts

Dr Stiby advised that not all posts were filled in NI. Three SAS doctors had returned to training and one had achieved CESR and taken up a Consultant post locally.

Dr Stiby also highlighted high levels of tiredness and sickness impacting the SAS grade workforce.

11.2. Critical Care and Anaesthetics Group Conference for SAS doctors

Dr Stiby noted that the next conference is scheduled for February 2019 and that the last one was well received and covered the following topics; medico-legal, burnout and bespoke paediatric transfers.

11.3. BMA SAS developments

11.3 (i) Associate specialist SPA time

Dr Stiby highlighted that the current allocation of one SPA is insufficient in light of increasing demands. Increasing the SPA allowance to 1.5 in recognition of demands on SAS grades in Northern Ireland is considered the best way forward.

Professor Mahajan noted that the RCoA supports the AoMRC SAS Charter and that the College had supported the work of RCEM recently on this matter, regarding re-introduction of the Associate Specialist grade.

11.3 (ii) SAS Associate Dean

Dr Stiby updated the NI Advisory Board on the developments of this initiative in NI via NIMDTA.

Dr Lowry advised that he would enquire further on the developments with NIMDTA.

Action: Dr Lowry to follow up on the detail of an Associate SAS Dean with NIMDTA.

12. Trainee Representative business

In the first instance, Dr Lowry welcomed Dr Jonathan McCarter to the meeting, noting that he taken over the role from Dr Gareth Paul.

12.1. Logbook feedback

Dr Sweeney noted that the feedback around the log book and the Life-long Learning Platform had already been discussed at Item 5.4.

12.2. Rest facilities

Dr Sweeney highlighted the issue around lack of adequate rest facilities for trainees. She did however note that Northern Ireland compared more favourably in this regard than counterparts in England.

Professor Mahajan added that the College had raised the issue with MPs at the Conservative Party Conference and also with the BMA around seeking to make this a contractual obligation.

13. Lay Committee business

Dr Lowry noted that Mr David Humphreys had officially stepped down as lay representative for the NI Advisory Board and thanked Mr Hitchman for his continued support. Dr Lowry noted that it was hoped that a dedicated lay representative would be in place for Northern Ireland in due course. Ms Drake noted that the College did not carry out any specific local advertising for the lay committee membership, only nationally and that there were no applicants from Northern Ireland. Ms Drake advised that Dr Lowry contact Katherine Stilman (Director of Communications) and Carol Pellowe (Chair of the Lay Committee) about how to address this long-standing gap.

Action: Dr Lowry to contact Katherine Stilman and Carol Pellowe about how to go about filling the NI lay representative position.

13.1. NAPs

Mr Hitchman noted that the launch of NAP6 had indicated that Anaesthetists were quick to act and pass on information in cases of perioperative anaphylaxis. Mr

Hitchman also advised that the lay committee had a degree of input in deciding the topic for NAP7.

13.2 New curriculum

Mr Hitchman advised that the lay committee had been involved in the development of the new curriculum to meet GMC requirements around the shift from competency based to outcomes based focus. Mr Hitchman noted that the anaesthetics programme had always been patient-focused.

13.3 NELA

Mr Hitchman noted it was unfortunate about the lack of input from Northern Ireland due to restrictions around data. He noted that the benchmarking had allowed patients to see the success rates of hospitals.

13.3 Perioperative Quality Improvement Programme (PQIP)

Mr Hitchman advised that the lay committee were seeking ways to increase patient involvement and updated the NI Advisory Board on their input on the PQIP working group.

13.4 Perioperative clinical trial network meetings

Mr Hitchman advised that lay representation had been welcomed on to the perioperative clinical trial network.

14. Any other business

14.1 Surveys

Dr Lowry added that Dr Darling had raised that a request to disseminate a survey on burnout and resilience among doctors had been received. Ms Drake advised that she would follow up on the request.

Action: Ms Drake to enquire further re: the dissemination of the survey.

14.2 Northern Ireland e-Newsletter

Dr Lowry also noted that the e-newsletter went out in August 2018 and thanked the Board members for their articles. Dr Lowry noted that ideas for future articles were welcome.

14.3 RCoA 25 Year Anniversary Regional bursaries for events

Dr McCourt enquired if the NI Society of Anaesthetists could avail of this funding for their next annual study day in early Spring 2019 to resource speakers etc. Ms Drake advised him to follow up with her on the detail.

Action: Dr McCourt to engage with Ms Drake with a view to drawing down funding from the RCoA 25 Year Anniversary Bursary to support the NI Society of Anaesthetists study day.

15. Date of the next meeting

Members agreed that Tuesday afternoons remained agreeable. Dr Lowry advised that he would contact the President's Office to discuss potential dates for the next meeting, likely early April 2019.

Action: Dr Lowry to confirm the next meeting date with the President's Office.

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