MEETING OF THE SPECIALTY ADVISORY COMMITTEE ANAESTHETICS

TUESDAY 2 OCTOBER 2001 2.15 PM – 5.00PM

ROOM C3.18, CASTLE BUILDINGS, BELFAST

AGENDA		PAPERS
1.	Apologies	
2.	Minutes of the previous meeting	1/01
3.	Matters arising	
	3.1 Intensive Care/Critical3.2 Dental Anaesthesia	
4.	Report of the Acute Hospitals Review Group(report filed at back of papers)	
5.	Pressures in Anaesthetic Services/Staffing	2/01
6.	Workforce Planning	3/01
	SHO Modernisation	4/01
7.	Progress on the Quality Agenda	5/01
8.	Any Other Business	
Items for information		
	 Decontamination (Paper to be tabled) Human Organs Enquiry Better Use of Blood Cardiac Surgery Report(Report to be tabled) Departmental IT Strategy SAC Membership 	6/01 7/01 8/01 9/01 10/01 11/01

MINUTES OF THE MEETING OF THE SPECIALITY ADVISORY COMMITTEE ANAESTHETICS HELD ON TUESDAY 2nd OCTOBER 2001 AT 2.15 PM, IN ROOM C3.18, CASTLE BUILDINGS, STORMONT.

PRESENT

Dr S Austin

Dr P Elliott

Dr G Furness

Dr P Leydon

Dr I Orr

Dr J M Murray

Dr C McAllister

Dr C Watters

DSPH/REPRESENTATIVE

Dr D Corrigan

Dr D Stewart

Prof. F Kee

DEPARTMENT

Dr P Darragh (Chairman)

Dr N Chada

Dr P Woods

1. APOLOGIES

2. MINUTES OF THE MEETING HELD 3 OCTOBER 2000

3. MATTERS ARISING

3.1 Intensive Care/Critical Care

The following matters were discussed by members

- Shortage of Nurses. There are currently 5 beds instead of 7 at the Royal Belfast Hospital for Sick Children.
- Consultant Staffing. There have been no applicants for Intensive Care consultant posts advertised at the Royal Victoria Hospital.
- Junior Staffing.
- Trainees in anaesthesia and critical care.
- Problems for Winter Months.

Dr P Elliott highlighted his concerns regarding the provision of anaesthesia and critical care services at the RVH. He said that there was a plan to increase critical care beds to 20 and although they had the facilities to do this medical staffing was a problem. It was agreed by all members that there were extreme difficulties in medical staffing in anaesthesia within Northern Ireland.

Dr Darragh invited comments from individual members on developments in intensive care/high dependency care at each of their sites. All had made some progress but were experiencing recruitment difficulties to a varying degree.

3.2 Dental Anaesthesia



4. REPORT OF THE ACUTE HOSPITALS REVIEW GROUP

Introducing this item, Dr Darragh said that this report was out for pre-consultation and encouraged members to submit their views. Dr Taylor expressed concerns about the division that the report had created between Tyrone County Hospital and Erne Hospital, Enniskillen.

5. PRESSURES IN ANAESTHETIC SERVICES/STAFFING

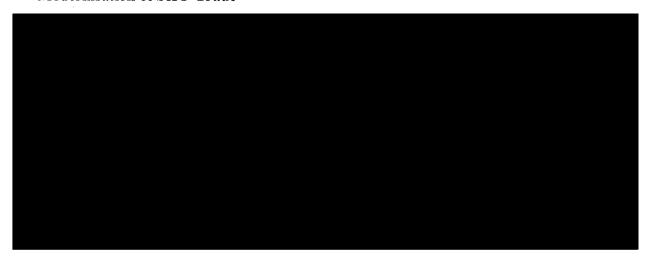


6. WORKFORCE PLANNING





Modernisation of SHO Grade



7. PROGRESS ON QUALITY AGENDA

Members had received a paper, which detailed progress on the Quality agenda. Dr Woods highlighted initiatives and developments that impact on the proposals within the consultative document "Confidence in the Future". These include:-

- The publication of Best Practice Best Care
- The introduction of appraisal for consultant staff employed by the HPSS
- Progress on the GMC's proposals for revalidation

- The establishment of the National Clinical Assessment Authority in April 2001. Consideration needs to be given as to the relationship, if any, with the service locally. Similar consideration needs to be given regarding the relationships with the National Patients Safety Agency.
- Recommendations of the Bristol Inquiry

8. ANY OTHER BUSINESS

Hyponatraemia

Dr Darragh drew members' attention to a draft paper that had been prepared as guidance for the service in the prevention of hyponatraemia in children receiving IV fluids. He advised members that they should forward comments to Dr McCarthy.