Royal College of Anaesthetist's Advisory Board in Wales
National Specialty Advisory Group

Committee Meeting

October 26th 2012 at 11.00 a.m.
Green Room, Friars Postgraduate Centre
Royal Gwent Hospital, Newport

MINUTES

Present
Ian Johnson (IJ) Chair / Consultant Representative Ysbyty Gwynedd
Andy Bagwell (AB) Vice Chair / Consultant Representative Royal Gwent
Hywel Jones (HJ) Vice President, RCoA
Simon Poulter (SP) Elected Consultant Member - Princess of Wales
Peter Fitzgerald (PF) Elected Consultant Member - Royal Glam
Piroska Toth-Tarsoly (PTT) Elected Consultant Member - Prince Charles
Ilona Schmidt (IS) Elected Consultant Member - Withybush
* Dilesh Thaker (DT) Elected Consultant Member - Ysbyty Glan Clwyd
Kate Harvey (KH) Elected Consultant Member - Morriston
Anthony Turley (AT) Elected Consultant Member - C&V
Rachel Collis (RC) Elected Consultant member - Llandough
Eluned Wright (EW) RCoA Regional Advisor (Wales)
Kevin Storey (KS) RCoA Chief Executive
Gethin Pugh (GP) Trainee Representative
* Chris Thorpe (CT) REA ITU (Wales)
Sharmila Khot (SK) REA Pain Medicine (Wales)
Jason Bartlett (JB) RCoA PLG Representative
Tamas Szakmany (TSZ) Chair Critical Care Advisory Sub Group
* Rhian Lewis (RL) Chair Pain Sub Group
Paul Morgan (PM) Chair Welsh Intensive Care Society
Paul Clyburn (PC) AAGBI Representative
* Linda Warnock (LW) Paediatric Anaesthesia Group of Wales (PAGW) Representative
Chris Jones Welsh Government Representative
Beccy Robson RCoA Committee Administrator

Apologies
Dr van Besouw RCoA President
Michael Martin Elected Consultant Member - Llanelli
Sue Jeffs Elected Consultant Member - Nevill Hall, Abergavenny
Mark Turtle Elected Consultant Member - Glangwili
Sarah Plummer Elected Consultant Member - UHW
Chris Littler Elected Consultant Member - Wrexham
Welcome new members
The Chair welcomed all members to the 2nd meeting of the Royal College of Anaesthetists’ Advisory Board in Wales / National Specialty Advisory Group Committee Meeting.

Apologies
Apologies were received from: Dr van Besouw; Michael Martin; Sue Jeffs; Mark Turtle; Sarah Plummer; Chris Littler; Peter Matthews; Fiona Nelhans; Sarah Harries; Judith Hall; Stuart Davies.

To receive and approve unconfirmed minutes of previous meeting held on 23rd February 2012
Received and noted: Unconfirmed Minutes of Meeting held on 23rd February 2012.
The minutes were APPROVED as a true and accurate record of the meeting.

Matters arising
Committee NOTED that ‘Matters arising’ items would be addressed under agenda items.

Chair Report & TOR Review
Committee NOTED:

• The Anaesthesia National Specialty Advisory Group (NSAG) has been in existence for some time as the official route for communication to the Welsh Government (WG) via Welsh Medical Committee.
• Since devolution the Wales Advisory Board Committee provides a conduit between the RCoA in London and Wales, and guarantees representation at RCoA Council.
• Recognition of significant overlap in the business and membership of both committees led to the formation of the new and current committee by amalgamating the Anaesthesia National Specialty Advisory Group (NSAG), and the RCoA Wales Advisory Board.

Committee NOTED that geography can make meetings difficult to organise, and AGREED that members be encouraged to make use of email to communicate committee business.

Committee NOTED that the NSAG/Advisory Board Committee supports two sub groups:
- Pain Medicine – chaired by Rhian Lewis.
- Critical Care – chaired by Tamas Szakmany. Committee NOTED Critical Care practitioners wish to form an independent NSAG, but this had been declined by WG, and AGREED there are benefits from maintaining the link between critical care and anaesthesia.

Committee NOTED there were no immediate plans for any additional sub groups.

Terms of Reference / Membership
Committee CONSIDERED the Terms of Reference and AGREED the need for a broad representation on committee. Historically the NSAG had a representative from each main centre in Wales whilst the Advisory Board had elected consultant representatives. Therefore
the current membership has inherited both forms of representation. Committee NOTED the RCoA is happy to support the new committee and the agreed membership.

Committee CONSIDERED concerns about the disparity in service and training membership and AGREED that representatives represent departments rather than service and the new committee provides balanced professional advice to both the College and WG.

Committee CONSIDERED long standing relationship between critical care and anaesthesia and AGREED it should be retained as the bulk of trainees will still come through anaesthesia and there are significant areas of cross-over providing both faculties opportunities to share experiences of their specialties. Committee NOTED although WG is trying to limit the number of NSAGs, they will not veto a new critical care committee if it is supported by the majority.

Committee NOTED that WG considered a hospital based approach to service and representation to be anachronistic in the face of cross health board boundary service planning, CONSIDERED current representation to be appropriate, but AGREED the committee membership will probably change in the future as the service configuration evolves.

Committee CONSIDERED whether the group should be more multi disciplinary, and AGREED the committee membership is appropriate, and the sub groups are advised to seek multi-disciplinary representation in their TOR.

Committee CONSIDERED clinical representation in sub group posts and AGREED it should not be necessary for sub group representatives at NSAG to be a member of the RCoA (as previously agreed).

PROPOSED: The representatives of critical care, and pain subgroups can send who they feel is most appropriate to represent at NSAG be they medically or non medically qualified.

Committee AGREED the proposal UNANIMOUSLY.

ACTION: Terms of Reference to be agreed and amended at sub group committee meetings.
(see / RL)

Committee AGREED it is important that committee membership information is kept up to date, and CONSIDERED a committee webpage on the RCoA website.

ACTION: All members to inform committee admin of any changes to representation as soon as possible (ALL)

Having CONSIDERED the above, committee AGREED the current representation on committee is appropriate.

6. RCoA Vice President Report
Committee NOTED apologies from RCoA College President Dr van Besouw.

Committee NOTED the following update from Council:

Elections
Council elections are underway.

There have been 6 nominations received for 4 vacancies, 2 of which are incumbent representatives seeking re-election for a 2nd term.

4 nominations have been received for trainee representation

No nominations have been received for SAS representatives

Lack of SAS representation has been discussed and the College is exploring options to secure representation. Committee CONSIDERED what could be done to encourage SAS grades to become more engaged in College processes given recognised Health Board constraints. In the meantime committee was asked to encourage applications from SAS doctors.
Key Dates
3 May 2013: Diplomats Day: Westminster Central Hall. Committee NOTED the date and venue has been changed to encourage and accommodate greater attendance.
16/17 May 2013: College Congress: Birmingham

ACCEA
Committee NOTED uncertainty remains about the 2013 process with no information from England or Wales on progress of the review. Committee CONSIDERED use of ACCEA funding to improve patient outcomes.

Engagement
Committee NOTED the College has hired a part time media consultant on a one year trial to pro-actively improve the profile of the College. A meeting has already taken place with representatives from the BBC, and The Guardian newspaper.

Committee NOTED the Secretary of State for Health, Jeremy Hunt, is seeking greater engagement with the Royal Colleges. The RCoA is amongst seven Colleges asked to provide briefing papers on a broad range of health issues.

MBRRACE-UK
Committee NOTED that the Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries in the UK (MBRRACE-UK) is now operational and is looking to recruit assessors, although it is not yet clear how many anaesthesia assessors will be required.
Committee NOTED that MBRRACE-UK has been charged to produce reports that are more realistic and up to date and AGREED this is encouraging news.

CT1 Recruitment
Committee NOTED there will be a maximum of 1 interview for CT1 recruitment and appointable candidates unable to secure a post due to competition will progress to clearing without a second interview. ST3 candidates in a similar position will be given a separate interview but this will be held centrally.

Committee NOTED Health Education England is now officially established. Authorisation of Local Education and Training Boards (LETBs) has been delayed by approximately 1 month

CCT Certification
Committee NOTED the GMC and RCoA had agreed CCT certification for those on the 2007 curriculum would close in December 2015 to allow time for the LTFT trainees to complete their training. However, The GMC has now announced that it wants all colleges and trainees to move to the same curriculum from 2013.

Committee NOTED the College has received grave concerns from the training committee about those still on the 2007 curriculum having to change during higher training. Committee NOTED RCoA is robustly trying to reinforce the original agreement through negotiation but the announcement by the GMC was unilateral in nature. Committee AGREED it was important to inform the c.6 trainees in Wales who may be affected by this.

ACTION: STC LTFT Lead to contact trainees involved (EW).

Committee NOTED if 2007 trainees are unable to achieve CCT by the proposed date of 2013 the only alternative route will be through CESR route, although this is not desirable due to cost and process.

Other
Committee NOTED Council has approved the annual report and accounts. RCoA is building a fund for the College to expand into 34 Red Lion Square to improve education space.
Committee NOTED the ‘Painless’ exhibition at the Science Museum in London opens on November 8th 2012 and will run for 1 year.

7. **Welsh Government Update**

   Committee NOTED the following update from the Deputy CMO, Dr Chris Jones:

   Committee NOTED all NHS services face huge challenges, both demographically, and financially. The flat cash revenue situation from WG budget means in real terms health boards need to avoid 5% of costs year on year. The WG and NHS is responding by emphasising the need to more effectively prevent ill health; providing an integrated approach bringing clinical pathways together; and bringing together purchasers and providers of healthcare. The challenge now is for the health boards to behave in an integrated way, and to be increasingly more transparent and accountable to the public.

   3 years after the restructuring of NHS Wales there is some evidence of change and success, e.g. considerable reductions in the emergency admission rates / readmission rates / length of stay for CHD; COPD; and diabetes.

   Committee NOTED that of 39 Tier 1 measures, 31 have improved, 5 have remained static and the remainder have deteriorated.

   Committee NOTED that WG culture is said to be moving towards a more trusting arrangement between the organisations, and WG is seeing how it can support HBs to mature.

   Committee NOTED that whilst the population of Wales is relatively small and service delivery is simple, the NHS landscape is very complex with lots of units, bodies, and organisations (including NSAGs). The WG is now considering whether all these units contribute to helping ministers be effective. The WG is conducting an informal review of organisations, networks, and processes. Committee NOTED NLIAH Wales will disappear in April 2013, by being broken up into 3 units: Delivery; workforce; and service improvement (which will move to PHW).

   Committee NOTED the DoH is increasingly using the Royal Colleges as it’s professional advisory structures in England, and the new CMO, Dr Ruth Hussey, is reviewing the effectiveness of the statutory professional advisory structures in Wales. WG recognises the colleges in Wales have an increasingly important role to play and it has met with, and declared it’s support for, the Academy of Royal Colleges in Wales (ARCW). The WG sees a role for colleges in Wales to help put pressure on clinicians to change, give permission for change by providing advice.

   The NSAGs were formed as part of the statutory Welsh Medical |Committee (WMC) advice channel to WG. WG sees the purpose of professional advice to be increasingly to the Health Boards rather than directly to the Government and the current system of NSAGS and WMC is not an effective tool to promote change within services.

   Committee NOTED the LHBs have completed their reviews and BCUHB, and Hywel Dda consultations are open. Committee NOTED WG staff are unable to comment on service changes lest due process is compromised.

   Committee NOTED the National Clinical Forum (NCF) feels that although the Health Boards have acknowledged there has to be transformation of care with better health management, they have not gone far enough in their proposals.

**Organ Donation**

   Committee NOTED the latest consultation has been completed and was the biggest consultation in WG with c.2800 responses (this includes c2600 identical letters voicing a religious perspective). Committee CONSIDERED whether all consultation responses are weighted evenly, and NOTED assurance from CJ that this was not the case, and responses are screened for force and content.
Committee AGREED the responses from anaesthesia / critical care are particularly valid as these are the professionals who have to work closely within consent issues on a daily basis. Committee NOTED Deputy CMO agreed to read the RCoA response personally.

Committee NOTED the finalised bill will go to the Assembly by end 2012, will then go forward to scrutiny, and could be passed in Spring 2013 for implementation in 2015.

Revalidation
Committee NOTED the assessment of readiness for revalidation was signed off by Secretary of State for Wales, and Wales is the first country to be recognised to formally ready to commence revalidation.

GMC has signed off UK readiness and the scheme is due to be implemented on December 3rd 2012.

Committee NOTED in Wales this will mean responsible officers will communicate to all doctors to reinforce the need to get themselves prepared, and asking for doctors to let them know when they are ready. 20% of doctors in Wales will be recommended for certification in the first year. The representation will be from across a broad spectrum of specialties. 40% will be assessed in the second year, and 40% in the third year.

Revalidation should resolve some issues in professional relationships and be better for patients. Committee NOTED appraisal of SAS doctors is ensured by the scheme.

Committee NOTED the Wales system will be supported by the Medical Appraisal & Revalidation System (MARS). Committee NOTED that both CLARITY and MARS systems are recognised by the GMC, but the contract for CLARITY finishes in April 2013. BCUHB has committed to move to MARS, but in the meantime clinicians are able to continue to use CLARITY

Committee NOTED that documents from RCoA CPD system can be extracted via pdf for use in MARS but no specific work has taken place on interfacing College CPD system and MARS, and AGREED RCoA needs to adapt for CPD once all systems have been confirmed

Committee NOTED there is work going on to include relatives of patients in appraisal feedback – particularly important in this college’s specialty.

Other
Committee NOTED the DCMO confirmed that WG is supporting the movement towards fewer inpatient beds in Wales to reduce overdependency on hospital beds. The reduction in beds will be balanced by reallocation of resources to provide better primary and community care services, but needs to be supported by greater transformational practice changes. Committee NOTED that Wales has the lowest number of Intensive Care beds in Europe.

8. CEO Report
Committee NOTED the College has anaesthesia review teams which are invited into a hospital to perform a review when a department has a problem. The College is running a pilot scheme for departmental accreditation (ACSA) Departments will be able to self score against a list of criteria prepared by the College. There is no pass/fail, the aim being improvement in each department. The pilot has been well received. Committee NOTED the Welsh Risk Pool and the Health Inspectorate Wales (HIW) is supportive and is hoped the scheme will go live across the UK in July 2013.

Membership
Committee NOTED the College is continuing to grow with 93% of membership living or practicing in the UK. There are concerns that there are a number of post CCT holders who do not become consultants, and the College will continue to engage with all anaesthetists to endeavor to be more inclusive.
Fellowship Addendum is a route to recruit members from other part of the EU and the rest of the world. The College will publish the criteria for the nominations continuum on the website from November 2012.

GMC consultation on routes to the General Practitioner & Specialist Registers
The GMC have agreed that the process will change radically in the next couple of years, with applicants needing to be in UK practice for a minimum of 12 months before applying. Applicants will also have to have a test of knowledge.

Training
GMC approval of trainers has come into effect and the College is adapting to accommodate the change. The scheme will include educational and clinical Supervisors, but not sessional supervisors. Committee NOTED the College encourages SAS doctors to become trainers and be approved.

E-portfolio
Committee NOTED that there are a large number of assessments uploaded onto e-portfolio and CONSIDERED if the data could be used to improve training.

9. Paediatric Representative Report
Committee NOTED the College has produced a number of very useful patient leaflets which cannot be used in Wales because they are not bi-lingual (Welsh). Although Health Boards will fund translation the leaflets cannot be reproduced because the original files are not available. Committee NOTED the College is happy for these and similar leaflets to be personalised, and will support the reprinting if the translation can be completed.

ACTION: Leaflet to be translated by HB and sent to College for printing (LW)

10. Specialty School Report

Appointments
Committee NOTED Campbell Edmonson is approaching the end of term as Deputy Regional Advisor and THANKED him for the huge contribution made to the Welsh School during his previous terms of office. Declan Maloney has put his name forward for the new post. Jason Walker has come to the end of his term of office as College Tutor for YG and Simon Burnell has taken over. Tia Sheraton has taken over as College Tutor for Newport.

Committee NOTED Dr Ian Bowler has been appointed as Programme Director for Pre Hospital Emergency Medicine for Wales. They are hoping at appoint the first trainees in August 2013

Recruitment
Committee NOTED recruitment has recently been completed for CT1, 2, and 3 for February posts. Recruitment of one year CT2 posts has been disappointing with 1 filled from the advertised 4. 6 of the 14 CT2 posts for August have been filled. This accounted for all applicants.

Committee NOTED that there is a national major problem filling 1 year CT2 posts. Committee NOTED the DoH is proposing stopping national recruitment to CT2 posts from August 2013 and is looking to remove CT2 for all specialties. The College has written to disagree and is putting forward a special case for continuation of recruitment.

If CT2 posts remain unfilled in Wales there is the possibility some will have to be removed.

Q.A.
Committee NOTED the School is continuing its programme of visits. West Wales and Carmarthen have been visited and UHW and Royal Gwent are next.

E-portfolio
Committee NOTED large number of members have not activated, or have not used, their account in the previous 6 months. The College advised that all inactive accounts will be de-
activated in December. Committee NOTED that from August 2013 all trainees will be using e-portfolio and it will be used for 2013 ARCPs. Committee AGREED there will be problems if consultants are not using the system.

ACTION: Committee members to circulate message to departments. (ALL)

Committee NOTED that the College has been informed that Wales is in the process of rolling out e-portfolio with a request not to de-activate any Welsh accounts.

Training & Supervision
Committee NOTED the GMC validation scheme aims to recognise named educational and clinical supervisors. A clinician responsible for signing off a unit of training is a named supervisor and will have to do the training.

Committee NOTED the tri-partite agreement for educational supervisors has been successfully piloted and the agreement will be rolled out in late 2012 and all supervisors will be expected to sign up.

11. REA Pain Report
Committee NOTED the background to the establishment of the Pain Sub Group, to represent the service and educational needs for Pain Medicine in Wales. The PSG will act as a single point of reference and feedback to the NSAG to ensure a single representative voice for pain medicine in Wales.

The first meeting of the NSAG subgroup took place on the 17th July and was expertly facilitated by Dr Ian Johnson.

Nominations for the position of Chair and Vice Chair have been called and there is a plan in place for elections to these posts. Terms of reference have been discussed and ratified by the body.

Committee NOTED thanks to Ian Johnson, Hywel Jones, Andy Bagwell and Bethan Jones for their support in moving this forwards.

Committee NOTED SK has agreed to continue as RA for Pain for a second term, and is the process of succession planning for the future.

Committee NOTED advanced pain training is going well

Committee NOTED the next meeting will be held in Llandudno on November 22nd 2012.

12. REA Critical Care report
Committee NOTED 4 trainees will be appointed to the Intensive Care Programme in 2013

Committee NOTED there are discussions between the RCoA, RCEM, and the Faculty about the limit of entrance to the scheme. Up to 18 months trainees can apply to another scheme and have dual CCT. Outside that timeframe applicants can apply for a CESR(CP). The discussions involve whether this higher timeframe option should be available. Committee NOTED the cut off for joint CCTs for existing trainees is July 2013 with interviews in November.

Committee NOTED there is concern about how to properly accredit anaesthetists coming through blocks of training, as it is not clear what paperwork is required to be signed off by ICM. Committee NOTED a document is being constructed and the RCoA Medical Secretary Liam Brennan is looking at a proposal.

13. National Clinical Forum update
Committee NOTED the background to the NCF being an independent body facilitated by WG to provide an independent view on each health board’s current plan for service configuration.
Committee NOTED the NCF official response to the Hywel Dda consultation was sent to the CEO on October 25th. The NCF expressed concerns about the Health Board proposals for service changes and assumptions that (large) numbers of staff grade doctors will be available to fill middle grade rotas. The NCF also had grave concerns about the way in which HDHB has nominated sites to become specialist sites without any supporting evidence.

The NCF response to the BCUHB consultation is imminent. Committee NOTED the NCF has a page on the WG website where all public documents will be eventually published.

Committee NOTED NCF had concerns about the Welsh Ambulances Service NHS Trust, and believes it needs to reconfigure in order to provide a sustainable plan – particularly for rural Wales – as the basis of lots of service plans rely on Welsh Ambulances Services delivering patients in a timely manner.

Comment NOTED Intensive Care Medicine plans appear good in principle, but AGREED current services are not good enough and there are serious concerns about the ability of Welsh Ambulances Services to deliver.

14. **Academic Report**
   Representative absent – No report presented

15. **Critical Care Sub Group Report**
   Committee NOTED TSZ was elected Chair of the Critical Care Sub Group Committee in October. Committee NOTED the constitution and aims of the current committee and ambition to perhaps become an NSAG in the future.

   Amongst topics addressed by the CC sub group are delivery plans; standards for critical care units; quality indicators; consultations (Organ Donation Bill)

   Committee NOTED the Terms of Reference for the group need to formalised, and TSZ hopes to convene a meeting in December to finalise these and other items.

   Committee NOTED THANKS to Peter Matthews for chairing the group on an interim basis.

16. **Pain Sub Group Report**
   Committee NOTED the first meeting of the sub group had taken place on 19th September, chaired by IJ where Terms of Reference were agreed. The aim of the group is to speak with one voice on pain and pain medicine in Wales.

   Committee NOTED the next meeting will take place on 22nd November 2012 in Llandudno

17. **Specialty Doctor Report**
   Committee NOTED FN has completed her term of office and has agreed to remain on committee temporarily whilst a replacement is found. Committee AGREED to encourage SAS colleagues to become involved.

18. **Trainee Issues**
   Committee NOTED Gethin Pugh has taken over from Ami Jones and welcomed him to the committee.

   Committee NOTED the trainees have published a new newsletter which has been well received and is available on e-portfolio and website.

   Committee NOTED there has been lots of interest amongst trainees in pre hospital emergency medicine and it is expected that the next recruitment round will be very competitive.

   In response to the document for workforce initiative which discusses the change in consultant structure the RCoA training committee and GAT are commissioning a survey to look at the trainee response to the document
19. **Maternity Services Review Update**

Committee NOTED RC represented the NSAG on the maternity strategies main group and represented anaesthesia on the quality indicator sub group. WG was very keen to have strategies for the whole of NHS Wales to develop high level quality indicators which they believed were a way of measuring how health services are delivered.

The maternity strategy became a public health document resulting in a loss of clinically relevant high quality indicators in favour of public health indicators which were sent out to health boards without any further consultation. Committee AGREED reconfiguration can create dangers to services and compromise the provision of complex care to large numbers of mother and babies and the issues of safety and quality do not seem to have been adequately considered. Committee NOTED RC has expressed her disappointment in the process to the Deputy CMO.

Committee NOTED there is a lack of agreement on critical care quality indicators and measurements, and there needs to be agreement on outcome measures – however this has not been achieved by the maternity strategy.

Committee AGREED it is important for the NSAG to engage with quality issues e.g. admission to intensive care rates; and monitor services as reconfiguration takes place and maternity services start to move.

Committee CONSIDERED the availability of data for quality care, and AGREED that there is a large amount of critical care data available but other areas have less reliable data available. Committee AGREED data should be better utilised to help improve services and provide quality care, and anaesthetists need to consider influencing in a bottom up manner to achieve success.

**ACTION:** RC & PM to link with ITU to consider direction of influence and investigate possibility of forming working group and report back to committee (RC/PM)

Committee AGREED it was important for anaesthesia representatives to remain involved in the process and the NSAG will provide support as a group if required

Committee CONSIDERED alternatives methods of influence, perhaps forming a working group with other concerned specialties e.g. Paediatrics; O&G; midwives, etc.

20. **PLG / Lay Representative report**

Committee NOTED the Patient Liaison Group had a meeting regarding maintain engagement with WG where they were strongly advised of the benefits of maintaining engagement, and it was noted that colleges and professionals have similarly befitted by keeping communication channels open.

Committee NOTED the Painless exhibition in London should help the public understand more about what the profession does on a day to day basis.

21. **Correspondence**

Covered in previous agenda items

22. **Future directions**

Committee NOTED the function of the group is open to debate as an ongoing process and comments and suggestions are welcome at any time.

Committee AGREED it would be advantageous for IJ to attend the Scottish Board to observe the structure and direction of the Board.

Committee AGREED it is important that the NSAG needs to be seen to be strong and relevant by WG and health boards, and reconfiguration presents an opportunity for the NSAG to provide advice.
Committee AGREED to invite the CMO to the next meeting, and if possible arrange a pre-meeting to discuss strategic issues.

23. **AOB**

**Mentoring**
Committee CONSIDERED a request for members opinions on providing a mentoring programme to trainees and consultants to promote high quality membership. Committee AGREED the idea had a lot of potential and the NASAG is broadly supportive but more information about the model is required.

**South Wales Programme**
Committee CONSIDERED the influence of anaesthetists within South Wales health boards, and whether there would be a benefit of anaesthetic departments working collectively by forming a network and providing a lead spokesperson on South Wales issues; standards, etc. Committee AGREED there are definite advantages to combined power and benefits of being an independent network and the possibilities need be investigated

24. **Dates of next meetings**

15 April 2013

7 October 2013