

### Major Trauma Network Board Meeting

<b>Date</b>	19 <sup>th</sup> June 2023
<b>Agenda</b>	<ol style="list-style-type: none"> <li>Minutes of last meeting of 3<sup>rd</sup> March 2023</li> <li>Matters Arising</li> <li>Review of Major Trauma Triage Tool and Call &amp; Send Protocols</li> <li>AOB</li> <li>Date of Next Meeting - TBC</li> </ol>
<b>Chair</b>	[REDACTED]
<b>Attendees</b>	[REDACTED]
<b>Apologies</b>	[REDACTED]

#### Actions Captured

#	Description	Assigned to	Due by
1	Action: [REDACTED] to design an audit and work with data coordinator to review over triage data.	[REDACTED]	End July 2023
2	Action: Audit data to be shared in advance of next meeting.	[REDACTED]	Mid-August 2023
3	Action: [REDACTED] will send out further information on Call & Send to all Trusts, as per presentation.	[REDACTED]	ASAP

#### Minutes

#	Agenda Item	Commentary
1	Review of minutes from previous meeting.	<p>The minutes of the previous meeting on 3<sup>rd</sup> March 2023 were reviewed and accepted for accuracy and completeness.</p> <p>[REDACTED] welcomed those joining the meeting in person and via Teams and noted the single-item agenda to discuss proposed changes to the Major Trauma Triage Tool and Call &amp; Send protocols.</p>
2	Matters Arising	[REDACTED] provided an update on the 3 actions from the previous meeting. A meeting had been held to discuss Call & Send. It was noted that there are continued issues with TARN reporting not least

		<p>due to the outstanding backlog of data entry. It was agreed to discuss this matter in greater detail at the next Network Board meeting. ██████ advised that he had been in discussions with Trauma Care UK who intend to hold a 2-day trauma conference in NI in 2024 and are keen to work with the Network on this event.</p>
<p>3.</p>	<p>Review of Major Trauma Triage Tool and Call &amp; Send Protocols</p>	<p>█████ provided a slide presentation to the meeting setting out an analysis on the Major Trauma Triage Tool (MTTT), including case studies and a literature review he had undertaken to review the appropriateness of 'mechanism of injury' as a decision-making factor on the MTTT. Based on this analysis he proposed amendments to the tool.</p> <p>There was a discussion on the risks of over or under triage occurring as a result of the proposed change and what risks this could cause to patients. It was agreed that quantifying the risk was necessary and that additional data was required in the form of more case reviews, learning from SAIs and positive and negative predicted patient outcomes.</p> <p>The potential to retain the mechanism of injury box was discussed with a possible solution to make minor changes to the criteria rather than removal, for example 'high speed RTC'.</p> <p>It was recognised that over/under triage should be considered in terms of patient safety but that this also carried risk in terms of ED overcrowding.</p> <p>█████ ask the Board to consider how this matter should be approached as a system and the best way to move the matter forward.</p> <p>It was agreed that more data was required. ██████ suggested that given the backlog of TARN data collection, an option might be to stop retrospective data collection and focus on new data that could help with this decision. ██████ suggested that a TARN data coordinator assists with a small audit to assess if over triage is in line with what should be expected or whether this is too high.</p> <p>Agreement was reached to conduct a 3-month review of data. Due to the current pressures on ED it was agreed this should be completed within 1 month.</p> <p>Action: ██████ to design an audit and work with data coordinator to review over triage data.</p> <p>Action: Audit data to be shared in advance of next meeting.</p> <p>█████ continued with his presentation to highlight issues with the Call &amp; Send protocol with instances when the protocol had been implemented at the wrong time or for the wrong purpose. He recommended that further education is provided on the use of the C&amp;S protocol and that amendments are made to include:</p> <ul style="list-style-type: none"> <li>• (A) Timely activation</li> <li>• (B) 2+ system injury in the context of a patient with Major</li> </ul>

		<p>Trauma</p> <ul style="list-style-type: none"> <li>• (C) A mature discussion between senior clinicians in departments on activation of all call and send cases.</li> <li>• (D) Ideally consultant to consultant conversation during departmental scheduled hours.</li> </ul> <p>The purpose of reviewing the protocol was to consider whether it is working as was planned. It was agreed that a refocus on Call &amp; Send would be useful particularly on the benefit to patients. It was suggested that additional data on patients with 2+ system injuries was necessary due to the risk of over/under triage.</p> <p>Action: [REDACTED] will send out further information on Call &amp; Send to all Trusts, as per presentation.</p>
6	Any Other Business	A point was raised in relation to palliative patients and the appropriateness of call & send in these situations. It was agreed to discuss this matter at the next meeting.
7	Date of Next meeting	To be held late August.

DRAFT