

NI Major Trauma Network Board Meeting

Date	30th August 2024
Facilitator/Chair	[REDACTED]
Attendees	[REDACTED]
Apologies	[REDACTED]

ACTIONS

	Description	Assigned to	Due by
1	MTR – ongoing review to support utilisation with IG Lead	[REDACTED]	asap
2	Consideration and feedback from all on key areas that should be included in updated strategy	[REDACTED]	asap
3/5/6	Focussed meeting on Strategic Plan arrange for next board meeting and circulate draft updated plan in advance – inclusion Childrens MTC/Rehabilitation.	[REDACTED]	Nov 24
4	Develop draft to support MTN risk register	[REDACTED]	Sep 24
7	Schedule meeting date Nov 24	[REDACTED]	asap

Minutes

	Agenda Item	Commentary
1	Welcome	[REDACTED] welcomed all to the meeting
2	Apologies	Noted as reported above
3	Previous meeting minutes	Reviewed and no amends required - agreed
4	Actions Arising from last meeting	Considered – no follow up required at this time
5	Clinical Lead update	Background and update provided by NR Re: TARN and replacement Major Trauma Registry (MTR). Issues encountered and change

		<p>required due to a data breach within TARN. No NI discoverable data apparent, and involvement in the replacement trauma database is proving challenging to progress due to secondary use of data legislation differences in NI. Ongoing Review to support utilisation with support from IG leads (Action 1). NR advised data is continuing to be collated by TARN leads for submission once system live. A discussion RE: Encompass also highlighted as potential issues with data requirements. Unknown impact currently.</p> <p>■■■■ updated the Board re Trauma Conference that is being held at Titanic, NI and encouraged attendance where able. Details on the charity Trauma Care was also provided as background to the conference and organisers.</p> <p>Reconfiguration of services and impacts/future were discussed and the importance of the network being able to review the evidence and impacts of any changes is clear to support planning regionally.</p>
6	<p>Trauma Network Manager Update</p>	<p>■■■■ provided an overview of activities to include CAG/AHP/PTAG meeting plans, attendance at 5 nations trauma network meeting and ongoing workstreams and NI data collation leads. Workstreams being progressed also includes CPG/Framework review and Strategic Plan. An update on the MTR was also provided as an ongoing workstream to try and resolve current issues as updated by NR.</p>
7	<p>Strategic Planning</p>	<p>A discussion took place re the Strategic plan. The plan has had several updates but no formal approval. ■■■■ advised CAG were reviewing with a view to feedback as well as asking the board to consider if it meets the needs of the network? Further discussion continued in line with the draft strategy, options, and key issues the NI MTN face. These included accident prevention and injury reduction campaigns. Focus required to support rehabilitation services (presentation to follow) and impacts of the reconfiguration of services as well as definitions in line with MTC/TU and transfer of patients throughout the region/Ireland.</p>

		<p>■■■ suggested it was time for a review, and welcomed thoughts and feedback on key areas of focus that should be included and prioritised (Action 2). ■■■ requested consideration of the absence of development to date to formal establishment of a paediatric MTC with priority for paediatric care and rehabilitation service development.</p> <p>■■■ also discussed from a TN perspective there needs to be further consideration and approach to ensure that quality of services is maintained to the highest quality for the population of NI, recognising key challenges to include but not limited to geography, investment, and staffing needed to support change.</p> <p>A general discussion was held on potential changes, that were being considered through formal routes with individual organisations. ■■■ suggested longer term focus of any reconfiguration of hospitals receiving trauma patients requires communication and understanding of short- or long-term plans.</p> <p>It was agreed that the strategic plan should be re-visited and that the next meeting should focus on development. ■■■ requested any suggestions to be communicated and a meeting scheduled on an agreed date (? Nov) should be focussed on the plan (Action 3)</p>
8	Risks	<p>■■■ advised risks are to be formally documented and included on a NIMTN risk register. ■■■ agreed to lead supported by the network manager (Action 4). Areas of consideration and development should include impact of services reconfiguration, data (related to TARN/MTR), children's services.</p>
9	Data	<p>Covered in updates and risks.</p>
10	Committee Updates	<p>■■■ provided an update following the CAG meeting which took place on the 14th of August.</p>

		<p>██████ recognised a long break due to circumstances, but that dialogue had continued between the clinical teams during this time. The MTTT was discussed with a potential of an update/review once evidence available to support the current version.</p> <p>Reconfiguration of services and the impact on the Regional Trauma Network was discussed. ██████ advised that RQIA were currently reviewing changes within the WHSCT and had met directly with NIAS regarding this.</p> <p>Several CPGs were under review in line with the schedules, and updates would be communicated on the website once approved. Issues linked to children’s services was covered and an area of concern.</p> <p>HEMS and updates related to tasking was provided which now included complex medical (previously Trauma only service). Ongoing work in partnership to ascertain hours of operation would be considered in line with the data and partnership working. Updates will be provided in due course.</p> <p>██████ also updated that following some previous concerns raised by the BHSC relating to call and send protocols, no further issues had been raised and normal practice had resumed.</p>
11	<p>AOB: -Presentation RBHSC</p>	<p>██████ provided a presentation in relation to the RBHSC and their status within the trauma system/non-commissioning and the impact of this to patients/services. The RBHSC is utilised within the trauma system and receives high levels of major trauma, but it is not commissioned or resourced to the required levels. Support was requested following a case review to move forward with a more formalised and funded plan to enable the best level of care to support the needs of this patient group whilst ensuring equity in services for all patients. All agreed that this was supported as a Board, and ██████</p>

**-Presentation
Rehabilitation**

requested inclusion within the strategy to ensure the view of the network board was captured and the network's position to support how to move forward with this for the longer term. (**Action 5**).

█ was thanked for his presentation with support from the board to try and move forward in a more formalised and structured manner as part of the strategic aims and evidence for inclusion within a NIMTN Risk Register.

█ provided a presentation following attendance at a rehabilitation workshop which included a summary of the current services within NI and evidence to support what should be included to enable best practice. Regional variations were covered, and issues highlighted. █ discussed the need for support and assistance to move forward with a proposed plan once complete.

█ discussed inclusion of Paediatric patients in the proposed plans or planning as it moves forward and █ advised that this has been considered and communications taken place. A further suggestion for planning was the transition from paed to adult services to support a more seamless transition. █ advised data is needed to formalise a business case to support the needs of the patients and requested support from the TN to enable this to happen. █ to link in with Trauma Network Manager to take plans forward.

█ advised a further strategy day would be required and all acknowledged the importance of this key area, and this should also be captured within the MTN Board strategy aligned to the evidence available and recommendations can be included as a key area of focus. █ was thanked by all for the information provided and the relevance of the subject to support improved patient care and outcome.

	Other	[REDACTED] advised it would merit conversation with the Network Manager about MTN policy and strategic plans to link in with longer term requirements and plans being developed as lead for unscheduled and emergency care (Action 6).
7	Date for next meeting -	TBA November 24 – focussed agenda to support strategic planning

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