

NI Major Trauma Network Board Meeting

Date	19 th March 25
Agenda	NIMTN Board
Facilitator/Chair	[REDACTED]
Attendees	[REDACTED]
Apologies	[REDACTED]

ACTIONS from 27 Nov 24

	Description	Assigned to	Due by
1	Circulate NMTR SLA information to Trusts for review and signature	[REDACTED]	Complete
2	Ensure Strategy focus at next NI MTNB - agenda	[REDACTED]	Complete
3	Accessibility for radiology – Childrens to be raised by [REDACTED]	[REDACTED]	Complete
4	Review strategy and provide feedback for [REDACTED] and [REDACTED] for inclusion/consideration at the next Board meeting	[REDACTED]	No feedback received
5	Review Risk Register inclusion and share for membership comment	[REDACTED]	Complete
6	Review and provide feedback to [REDACTED] on Annual report	[REDACTED]	No feedback received
7	Circulate DoS returns for Rehab via DO Planning and Performance	[REDACTED]	Complete

ACTIONS from March 25

	Description	Assigned to	Due by
1	[REDACTED] to review recruitment for children's services and provide a communication and update to Belfast Trust to move forward with EOI	[REDACTED]	
2	Link in with [REDACTED] Re Road safety forum for bus/quad/ebikes	[REDACTED]	
3	Strategy Document – 9.1 requested rewording. [REDACTED] and [REDACTED] to update	[REDACTED]	
4	Strategy Document – 7.1 PC to update and return 7.1	[REDACTED]	

5	██████ and ██████ to link in with Risk department at NIAS ██████ to formalise risks obo ██████	██████	
6	Finalise and add Annual Report to TN website	██████	
7	Provide data collation and present to ██████ – Trauma network dashboard	██████	
8	Link with Trusts to obtain funding for TTL course. ██████ and ██████ to take forward	██████	

Minutes

	Agenda Item	Commentary
1	Review of previous minutes	Minutes Approved
2	Actions Arising from last meeting	Reviewed
3	Clinical Lead Update	<p>Meetings taken place to include M&M, AHP and CAG.</p> <p>Finalised new CPGs and updated on the intranet website.</p> <p>M and M – cases discussed and progressed on areas.</p> <p>██████████ has been promoted and a representative is required to backfill this post / lead. ██████ discussed the recruitment process led by Childrens or MTN and agreed the EOI could be progressed via the hospital Trust as a regional position. Discussion also took place regional v Belfast Trust lead. ██████ will review previous approach to the selection and will review if can be duplicated to ensure equity and standardised approach. ██████ discussed communication may be valuable coming from ██████ – all agreed. (Action)</p> <p>HEMS – x 3 new consultants have been successful in their application.</p> <p>PSNI – ongoing workstream to support where required for CASEVAC the utilisation of RVH HLS. Issues have been identified and HEMS Operations lead is providing a communication to take forward with a view to resolve.</p> <p>HEMS – Cross-border work. There has been a meeting arranged to talk about cross border / partnership working to explore options to support ██████ will provide feedback following discussion. A further discussion took place, and agreed ministerial sighting and communication to support being key. ██████ discussed DoH and MOU for North/South cross boarder working. Keen to understand wider impact on the system for increased patient demand impact on Trauma system. ██████ discussed approach to</p>

		<p>children's services as a key area that will need to be explored. All agreed communications and discussion will be key before any agreements are made.</p> <p>Quad bikes, e bikes and buses are a high-risk area at this time due to incidents that have occurred. Benchmarking and best practice has been sought to look into within NI to improve response. [REDACTED] discussed training requirements (looking at adult/paed approach) and requirements to support system wide continual improvements [REDACTED] also discussed injury prevention and the need to promote this where apparent that education can support reductions in injury and public awareness. [REDACTED] looking at public prevention piece and will update once formalised / progressive plan agreed. [REDACTED] discussed road safety forum as a potential multi agency approach to this issue and may prove beneficial to move forward at pace. (Action)</p> <p>Rehab DoS – trying to progress. This was promoted after the strategy day from the AHP committee. The spreadsheet that is collating the information has been communicated with a view to provide a DoS and look at where gaps are apparent to enable to move forward recognised gaps. [REDACTED] discussed paediatric requirement and would like to be included within this process. [REDACTED] advised there was another workstream ongoing and will ensure that work isn't being duplicated – will confirm once reviewed.</p> <p>New Network Manager starting the 1st April – [REDACTED]</p> <p>[REDACTED] wanted to thank [REDACTED] after 7 years leading the MTN and for the support that has been provided and promoted for the network throughout.</p> <p>[REDACTED] thanked [REDACTED] for support in role and ahead of new manager starting their role.</p>
4	<p>Strategic Planning</p>	<p>The strategy document was reviewed and provided to the Board. The final draft is completed, and no feedback has been received. Agreed date range should be amended as 2025 not 2024. [REDACTED] discussed sign off from the DoH.</p> <p>[REDACTED] asked for final feedback on this document. LM 9.1 may require review RE Ukraine based on current discussions but otherwise content. [REDACTED] discussed the objectives may be expanded to support how each stage should be taken forward. Will link in with [REDACTED] to support. (Action).</p> <p>[REDACTED] discussed children's Trauma section 7.1 and may need rewording to support more robust communication. [REDACTED] to provide wording to support. (Action)</p>

		<p>discussed following recommendations – CMO review and then approval should be taken forward.</p>
5	Risks	<p>The three previous risks are being implemented on the NIAS RR OBO MTN. requested the inclusion of these in NIMTN Board meetings. Manager and to link in with NIAS Risk lead to finalise. (Action)</p>
6	Annual Report	<p>Review and agree approval, inclusion on the MTN website for reference. All agreed. (Action)</p>
7	Data	<p>MTR still outstanding. Current position is IG and NHS England requires completion. Law is different in NI RE rest of the UK. Lead to support, via NHS England delay supporting to move forward. s liaising to understand the delays and will feedback. Data co-ordinators are still collating information when this moves forward/go live. had emailed to ask for support and no improvements or plan has been agreed. This has been highlighted through the national group. Co-ordinators are currently dissatisfied, and is meeting to support due to lack of progress to date. Further updates will be provided as they become available. A discussion RE: this continued to include payment for services. advised no payments during this time until we are able to be included. suggested CMO/Ministerial support as an option to assist in moving forward.</p> <p>BI team has assisted in providing a NI dataset. The dataset is ready to be utilised and will look at presenting at the next meeting once available. (Action)</p>
8	Committee Updates	<p>Covered in Clinical Lead update</p>
8	AOB	<p>TTL Course – provided a presentation on the course. Costings were included. The annual cost is envisaged to be circa £12000. supports this as a valuable requirement to improve the regional approach discussed frequency of training. suggested 3 yearly for TTL in ED, to include registrars and succession planning. discussed that from a DGH this would be welcomed and supported. asked if children approach is considered, suggested this would be an approach for all ages and trauma management. advised would be supportive of this to ensure and promote competency. agreed his support and consideration for 4 years v 3 may be an option. A discussion RE mandating this also took place as a consideration v desirable which was preferred by. This was agreed and that it should be clearly communicated. discussed the TN budget, and this would need to be included and suggested a joint organisational approach between the 5 trusts may be the enabler to taking this forward at pace. to link in with on way to take forward in partnership with Trusts. (Action)</p> <p>advised this was his last NB meeting after 7 years and his positive experience during his tenure with thanks for the memberships positive approach to moving the TN</p>

		forward. ■■■ was introduced as the oncoming chair. ■■■ was thanked by members for his support and leadership.
9	Date for next meeting –	TBC

DRAFT