

Clinical Advisory Group (CAG)

Date	26.2.25
Facilitator/Chair	[REDACTED]
Attendees	[REDACTED]
Apologies	[REDACTED]

ACTIONS for follow up 26.2.25

	Description	Assigned to	Due by
1	[REDACTED] to request deputy in absence of attendance any members	[REDACTED]	Complete
2	Update approved CPG and update website	[REDACTED]	Complete
3	NMTR updates to be circulated as ava and arrange a meeting with clinical leads, Trauma registry data collating team and EOIC to discuss current data collation issues and plans	[REDACTED]	ASAP
4	[REDACTED] to request from trauma data collation leads NIAS case numbers regionally to support PBI dataset developed to understand NI Trauma network	[REDACTED]	Complete
5	Arrange meeting review current Rib# pathway	[REDACTED]	ASAP

Minutes

	Agenda Item	Commentary
1	Welcome	All welcomed by [REDACTED]
2	Apologies	Noted. Request when unable to attend to request a deputy Action 1
3	Review of previous minutes	Minutes reviewed and agreed
4	Actions Arising	Previous actions reviewed from meeting – update provided and all complete. Update provided by [REDACTED] RE Trauma Lead Workshops and will be presented at the NB.

		<p>Repatriation protocols discussed and review post EPIC in place to see if able to streamline.</p> <p>TORS approved no feedback received to date – approved.</p>
5	Clinical Lead Update	<p>New Network Manager has been put in place and likely to start 1st April 25.</p> <p>A 5 Nations consensus statement shared on Teams by [REDACTED] RE: Repatriation of Trauma Patients Across National Boundaries.</p> <p>Rehab questionnaire discussed and circulated via Directors of Planning and Performance to support shaping the rehab strategy going forward and provide a DoS to support once this is complete.</p> <p>[REDACTED] Chair of network Board and will be replaced once replacement has been identified.</p> <p>PSNI requested support for landing on the RVH as currently no formal agreement in place. [REDACTED] advised pressing forward with this and ask for a joint proposal from NIAS and PSNI to progress. HEMS and PSNI progressing in partnership.</p> <p>3 new consultants recruited to HEMS. Likely to start June onwards following training requirements. A waiting list is also ava to support.</p> <p>[REDACTED] has left his previous role and promoted to an alternative position. A request for a replacement has been asked for.</p>
6	Risk Management	<p>Childrens services</p> <p>National Major Trauma Registry</p> <p>Reconfiguration of services and impacts. To be reviewed and approved by NIMTNB</p>
7	CPG/SOP Update	<p>Sops reviewed as provided and for approval and update Action 2 [REDACTED] to update</p>
8	Data	<p>[REDACTED] advised, NIMTR – ongoing to support NI to utilise the new registry. Data leads are continuing collating the data. There is frustration understandably as unable to submit. Request to NHS England to support move forward to enable benchmarking. This was complete and awaiting positive response and support to move forward. IG leads working together. [REDACTED] will provide further updates as they become available. Action 3</p>

		<p>discussed with EPIC if a forum could be agreed with Trauma Registry Leads to understand the impact of EPIC and the data collation ahead of MTR use. This needs to involve MTR leads EPIC and others to understand. will arrange a Teams with all at the earliest opportunity</p> <p>Action 3.</p> <p>In line with PBI to request NIAS call numbers to support data collation from all Trusts Action 4</p>
9	Trust Updates by Exception	<p>SWAH – no updates by exception</p> <p>Alt – Discussion RE: EPIC</p> <p>HEMS – new doctors at HEMS, new to group within new role.</p> <p>– Discussed impacts of potential reconfiguration. No formal update provided and requested for information if any changes are apparent to be shared formally with MTN and NIAS whereby there will be a potential impact.</p> <p>Northern Trust – held a trauma evening for nursing staff. M&M's ongoing. Regular meetings in line with any changes in operations – none confirmed at this time. asked if any information of impact will be likely that involve the MTN/NIAS if they could be formally communicated to support.</p> <p>NIAS – no updates for this meeting</p>
10	AHP sub-group update	Update covered in Clinical Lead update.
11	M & M update	<p>Injury prevention – quad bikes. reviewed and working with PHA amongst other agencies to support engagement and work to support a prevention strategy / potential change in regulation. Proactively moving forward. TBC outcome and updates. DG the UFU were interested and able supporting this also.</p> <p>Dignity in Death – discussed.</p> <p>Reviewed SI – promoting call and send process in place.</p> <p>To date – no Serious incidents reported in line with SWAH suspension of services, confirmed by SWAH lead. Alt had no call and send issues to highlight in this area either in line with regional guidance.</p>
12	SAI update	None for discussion/note

13	AOB	Rib # CPG is up to date and circulated. [REDACTED] advised an informal email had been received that suggested that the call and send may not need to be utilised and local arrangements may support. [REDACTED] has requested a lead in this area to discuss and review pathway/case studies to support if best practice and/or if requires amend, to be included in next meeting when ava. Action 5 A number of examples to include experience/transfers and communication issues were provided.
14	Date for next meeting	28 th May 2025 – invite circulated 26 February 25

DRAFT