

### NI Major Trauma Network Board Meeting


Date	27th November 2024
Agenda	NIMTN Board
Facilitator/Chair	[REDACTED]
Attendees	[REDACTED]
Apologies	[REDACTED]

#### ACTIONS

	Description	Assigned to	Due by
1	Circulate NMTR SLA information to Trusts for review and signature	[REDACTED]	asap
2	Ensure Strategy focus at next NI MTNB - agenda	[REDACTED]	Next meeting
3	Accessibility for radiology – Childrens to be raised by [REDACTED]	[REDACTED]	asap
4	Review strategy and provide feedback for [REDACTED] and [REDACTED] for inclusion/consideration at the next Board meeting	[REDACTED]	asap
5	Review [REDACTED] inclusion and share for membership comment	[REDACTED]	asap
6	Review and provide feedback to [REDACTED] on Annual report	[REDACTED]	Due by 21/12/24
7	Circulate DoS returns for Rehab via DO Planning and Performance	[REDACTED]	Requested Dec 24

#### Minutes

	Agenda Item	Commentary
1	Review of previous minutes	-Minutes Approved
2	Actions Arising from last meeting	
3	Clinical Lead Update	Clinical Governance – and meetings ongoing to include M&M, CAG, AHP etc. Channels available for sharing information in place, governance, and structures to support. System protocols are currently underway to include call and send that has recently been updated. Audit, Benchmarking and improvement a new dashboard has been developed with support from NIAS BI team, once complete this will be presented

		<p>to the Board and has been demonstrated to the CAG with positive feedback. Monitoring the impacts of reconfiguration of services and no incidents to report at this time.</p> <p>NMTR is replacing TARN following a cyber-attack. Data is recovered in NI and preserved. NMTR has been working to put into place the new registry. IG and data sharing is challenging due to NI regulations. Work continues in partnership to complete the issues faced. The data co-ordinators in NI are still recording information. Data utilisation for input on the system has been agreed with issues discussed RE retrospective data which is unavoidable. Retrospective data will include Jan 24 onwards only.</p> <p>An SLA has been sent to [redacted] – following review, [Action] this will be circulated in due course for consideration at each Trust. [redacted] has been assured no fees will be payable until the data is being collected.</p> <p>The TN conference held in October was discussed and a brief provided, with praise for the quality and topics within the agenda. Management and arrangements of future conferences and costs were discussed for future consideration.</p>
<p><b>4</b></p>	<p><b>Strategic Planning</b></p> 	<p>Draft plan provided within the agenda. Once approved this should be shared with the DoH. All asked to review and provide feedback ahead of the next NIMTN Board. [redacted] discussed potential for wider engagement ahead of formal approval. Gaps in approval, were considered and [redacted] suggested patient engagement could be improved. A discussion continued with consideration for a patient user group and [redacted] suggested there may be opportunity within the rehab network. [redacted] also suggested networks for consideration within NIAS for follow up once in the position to move forward ensuring full collaboration. [Action] – to be revisited at the next meeting and request for feedback in advance. [redacted] discussed a forum that could be considered and promote more patient feedback (Care Opinion). [redacted] discussed feedback opportunities within the Childrens hospital structures/PPI with work ongoing for real time patient feedback potentially becoming an opportunity moving forward. [redacted] discussed the PPI aspect to ensure public as well as patient engagement. [redacted] discussed Citizen Space and opportunities from this network that may assist to move this forward.</p> <p>Presentations:</p> <p>Childrens Services: Titled Paediatric Major Trauma – Next Steps: presented by [redacted] [redacted] Information provided to highlight current gaps, and what should be considered short, medium, and long term to improve MT services for children. [redacted] was</p>

thanked for the information provided to the committee. ■ discussed rehab and support from a rehabilitation DoS exercise that is currently underway to support and share information as this moves forward to ensure adult and paediatric information can be made available. Shared services between adult and children's services were discussed with capacity issues highlighted. ■ agreed to raise issues related to radiology and accessibility issues [Action]. Positions requested were discussed including if positions such as co-ordinators and accessibility FT/PT opportunities if funding became accessible. A proposed post within Belfast was discussed as regional option/hosted by Belfast. ■ discussed MT co-ordinator positions and consideration for integration for services rather than an individual department position for efficiency and wider co-ordination. ■ discussed further information as the rationale is clear and requires expansion as part of the strategy to include what is required ensuing resilience included.

Rehabilitation Services: ■ and ■ presented on Major Trauma Rehabilitation. Updates provided at the August meeting on the output from a recent strategy day. The presentation has condensed the next steps with recommendations of next steps and how this can be moved forward.

Inpatient Rehabilitation beds were discussed to support data collated, and in line with NICE recommendations whereby at times services cannot be provided in line with need. Psychology services were discussed, and requirements covered as well as the evidence of delays to services and variance nationally. Multidisciplinary review was also discussed and the current output of this as a non-funded requirement. The DoS was covered as a key workstream of the AHP subcommittee, with rationale provided for the project. A request for a second strategy day was highlighted as a requirement to continue with the momentum required to support this workstream. ■ also highlighted the issues faced within paediatric/children's services and discussion to see how this can be supported for children's and adult services going forward to include DoS relevance.

A presentation RE: Psychology within MTC was provided by ■ Service provision and no funding available as part on the MTN was discussed, support has been provided, however an ongoing challenge is seen and within the Strategic plan. The requirements are growing and there is a need for this area. Workforce issues and deficit were provided with benchmarking completed to support the need provided as part of the presentation.

■ thanked all for the presentations and recognition of the requirements that are needed to support the three services that have presented. Childrens, Rehabilitation and Psychology are areas that require further support. Options were welcomed to

		<p>support making the case outside of what we can do with what is in place. ■ suggested sign off the strategy with implementation plans and business case development following prioritisation of what is needed and evidence to support that all that can be achieved with what is in place evidenced.</p> <p>■ suggested to meet with the rehab teams to go through the detail, and prioritisation and compelling cases required to move forward. ■ discussed potential pathway approach.</p> <p>All agreed to provide feedback and review in line with information and discussion at the next Board meeting.</p>
5	<b>Risks</b>	Risk register discussed and three items have been considered for inclusion to include commissioning of children's service, national data, and service reconfiguration regional impacts on trauma services. [Action] ■ to share with membership for comment
	<b>Data</b>	NMTR and NIAS Data collation covered in Clinical Lead report
	<b>Committee Updates</b>	General overview covered within Clinical Lead report
7	<b>AOB</b>	<p>Annual report – deferred to next meeting for final approval / publication [Action] (requested 2-week turnaround for feedback)</p> <p>■ – DoS discussion RE: dissemination of data collation tool. ■ suggested via AHP but considered wider circulation group. ■ agreed to take forward from a Psychology perspective, ■ suggested ■ to link in with Directors of Planning and Performance for dissemination through NI Leads [Action].</p> <p>■ thanked all for their participation and attendance. Meeting end.</p>
7	<b>Date for next meeting –</b>	TBA – February 2024