

NIMTN Clinical Advisory Group (CAG)

Date	20.9.23
Agenda	<ol style="list-style-type: none"> 1. Review of previous minutes 2. Local Trust Updates 3. TARN update 4. Rib # policy 5. Call and send review 6. MOI review 7. QSPE moving forward / IT solution 8. Strategic Plan 9. AOB
Facilitator/Chair	[REDACTED]
Attendees	
Apologies	

ACTIONS

1	Meeting to be arranged of NI/ROI trauma networks, NIAS, NAS and air ambulances to discuss M&M arrangements and approach to learning.	[REDACTED]	ASAP
2	█ to meet with █ and █ to discuss strategic development of paediatric trauma.		ASAP
3	█ to re-start WHSCT Trauma Committee meetings		ASAP
4	Review of regional repatriation process to be discussed at Network Board meeting.		ASAP
5	█ to follow up on arrangements to refund fees for 2023/24.		ASAP
6	█ welcomed suggestions for changes to data fields for inclusion in new Trauma Registry		ASAP
7	█ to share the new Rib Fracture policy as soon as available.		ASAP
8	█ to contact SHSCT re recent major trauma case of pregnant patient.		ASAP
9	█ to contact Uni of Sheffield re MaTTs study – review of MOI		ASAP
10	█ to speak to NIAS ICT Manager to set up a Teams Channel for QSPE.		ASAP
11	Suggestions for topics/sessions for Trauma Care Conference in 2024 to █		ASAP
12	Rehabilitation event in Q4 to be raised at next Network Board meeting		ASAP

Minutes

	Agenda Item	Commentary
1	Review of previous minutes	The minutes from the March meeting were reviewed (no scribe at June meeting) and agreed.
2	Local Trust Updates	<p>██████████ HEMS – recent cross-border events had highlighted potential issues re governance and need for M&M arrangements and local systems to be reviewed. Agreed the importance for individual and regional learning to take place in these situations and how best to achieve this through cross-border working. ██████████: proposed a meeting of NI/ROI trauma networks, NIAS, NAS and air ambulances to be arranged.</p> <p>██████████ SWAH – reduced trauma activity recently at SWAH but continue to deliver trauma training for staff to ensure processes are efficient and maintain a high standard. Discussion on whether NIAS might be bypassing trauma from SWAH but no evidence this is happening. ETC course starting in 2 weeks. No issues raised.</p> <p>██████████ RBHSC – held meeting to request support needed as business case has not progressed. All nurses soon to complete major trauma training although this process has been slow. ██████████ to meet with ██████████ and ██████████ to discuss strategic development of paediatric trauma.</p> <p>██████████ SET – recent move to new ED and countdown to EPIC in November. New unit means a defined resus space and training opportunities that come with that. Despite new space, continue to experience overcrowding in ED.</p> <p>██████████ NT (on behalf of ██████████) - continuing with trauma M&M, downturn in trauma but geography to Belfast causes difficulty in transferring-out patients so have some concerns re proposed changes to bypass and C&S protocol. Raised need for quicker process to share information on issues and learn quickly across the Network. ██████████ advised this will be discussed later in agenda.</p> <p>██████████ WT – noticed a slight increase in trauma in last couple of months, particularly from Waterside/Omagh area so may be due to NIAS bypassing but no data available to confirm. Lost number of senior nursing staff resulting in junior nursing staff on unit. Changes to medical cover has impact too. Plan to run a local major trauma meeting to discuss Trust approach to Call & Send to ensure consistency across all teams.</p> <p>██████████ BT – 4 clinical fellows in post and new staff nurses to join but skill mix remains a challenge. Some patients remaining on the unit for long periods of time, ██████████ suggested pathways be used to escalate repatriation of trauma patients. Discussion on whether to revisit the regional escalation process and agreed to add to next Network Board meeting for discussion.</p>
3	TARN update	<p>██████████ provided an update on TARN since the cyberattack in June. The database is now locked down to protect the data. It is expected that NHSE will set up a new database. In the interim, the data will continue to be collected on spreadsheets ready for upload in the future. There is also work looking at alternative data fields to add to a new Major Trauma Registry. Any suggestions to be sent to ██████████ who will share with the national group. Confirmation that Data Collectors have been asked to collect information on excel in meantime has been sent out.</p> <p>██████████ to follow up on arrangements to refund fees for 2023/24.</p>

		<p>■■■ welcomed suggestions for changes to data fields: <i>change to 'time seen by consultant' can this be captured in a better way? Improve the collection of pre-hospital data sets.</i></p> <p>■■■ advised that there had been a significant data breach due to the TARN cyberattack and that discussions had been ongoing between DoH and Trusts regarding governance arrangements. It was noted that no patient identifiable data is submitted to TARN from NI sites.</p>
4	Rib # policy	<p>A small multi-disciplinary team have been working on this regional policy over last 6 months and reviewing local Trust policies that relate to this, obtaining advice from thoracics etc, using stumble scoring tool to assess rib # injury. ■■■ will share the new policy as soon as available.</p>
5	Call and send review	<p>At previous NB meeting there was an amendment to the policy to allow discussion to take place and regarding timings and mechanism of injury. ■■■ has received no feedback from any Trusts regarding any issues on this. ■■■ to contact SHSCT re recent major trauma case of pregnant patient. If no further concerns raised about the Call & Send interim changes, ■■■ will revert back to original protocol.</p>
6	MOI review	<p>■■■ agreed to undertake a Mechanism of Injury Review audit to see positive and negative predictive value of using mechanism of injury alone. Difficulty experienced in sharing patient identifiable patient information between NIAS and BHSCT. ■■■ aware of project at University of Sheffield looking at MaTTs study which includes a review of mechanism of injury. They advised this could be considered as part of their review and it was agreed this would provide a more robust review than undertaking a smaller, local audit.</p>
7	QSPE moving forward / IT solution	<p>■■■ suggested that QSPE could be undertaken in a more robust way but is dependent on effective cross-Trust communication. The Network's policies and procedures seem to be robust but ■■■ suggested a new approach for clinical governance using a centralised (possibly Teams-based) file system to share anonymised case studies and meeting minutes. ■■■ will speak to NIAS ICT Manager to set up a Teams Channel for QSPE.</p>
8	Strategic Plan	<p>Detailed 5-year plan was developed and approved at NB in 2022. ■■■ advised needs a few changes but will follow up with SPPG to arrange for this to be shared formally with CMO.</p> <p>Trauma Care conference in September 2024, 2-day event in Titanic Quarter has been arranged. ■■■ has shared a draft programme but any suggestions for sessions to be submitted.</p> <p>Need for a local rehab event in advance of this, ■■■ to raise at next NB meeting. Aim for Q4 2023/24.</p>
9	AOB	<p>Winter Summit/Winter Preparedness/GIRFT Review of Emergency Medicine - ■■■ gave an update that GIRFT Review of EM had been completed and a draft report received. The report has a number of recommendations and ■■■ will share the report once this has been formally signed off.</p>