

Clinical Advisory Group (CAG)

Draft Action Notes, 28 May 2025

Chair	[REDACTED], NIMTN Clinical Lead	
Attendees	[REDACTED]	NIAS NIMTN Manager
	[REDACTED]	NIAS Medical Director
	[REDACTED]	HEMS Clinical Lead
	[REDACTED]	HEMS Consultant Paramedic (Advanced Practice)
	[REDACTED]	SEHSCT Clinical Lead
	[REDACTED]	WHST Clinical Lead
	[REDACTED]	NHSCT Clinical Lead
	[REDACTED]	BHSCT RBHSC ED Consultant deputising for Clinical Lead
	[REDACTED]	BHSCT Clinical Director Trauma & Orthopaedics, MTC
	[REDACTED]	BHSCT Clinical Lead, Trauma ward
	[REDACTED]	BHSCT AHP Consultant, NMC – Non Medical Consultant
[REDACTED]	BHSCT, Lead Nurse Major Trauma	
Apologies	[REDACTED] SHSCT, [REDACTED] NIAS, [REDACTED] BHSCT	




ACTIONS for follow up 26 February 2025

	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]	Complete
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]	Carry forward



ACTIONS for follow up 28 March 2025

	Description	Assigned to	STATUS
1	[REDACTED] to link with [REDACTED] for update on Action 4 of previous meeting	[REDACTED]	
2	Review MTTT	[REDACTED]	
3	Add SWAH paediatric trauma case to next MM	[REDACTED]	
4	Clarify regional age-appropriate guidance with CHP	[REDACTED]	
5	Arrange meeting review current Rib# pathway (carried forward 26 Feb 25)	[REDACTED]	

Action Notes

	Notes	Action
1	<p>Welcome and Apologies [redacted] welcomed everyone to the meeting and noted apologies.</p>	
2	<p>Action Notes from last meeting 26 Feb 2025 Action notes from last meeting agreed. Actions follow up 26 Feb 25- [redacted] to link with [redacted] for update on Action 4.</p>	ACTION 1
3	<p>Update from network board 19 Mar 2025 [redacted] provided an update. Draft notes <i>not</i> for sharing as need to be agreed.</p>	<p>Draft notes</p>  <p>Draft Minutes 19.3.25.docx</p>
4	<p>Clinical lead update</p> <p><i>Prehospital</i> Update provided.</p> <p><i>Rehab</i> Update provided on the scoping exercise on rehabilitation services available in the 5 HSC Trusts in acute, outpatient and community. This is to inform the work area – Directory of Rehabilitation Services. Communication went out to the Directors of Planning in each of the 5 HSCT’s with the deadline 31 May 25. Two trusts remain outstanding – NHSCT/SEHSCT. Plans are in place to seek the final 2 returns. [redacted] planned meeting in June to review the returns. From this another workshop to be organised for the end of year, it was agreed that the Leadership Centre would facilitate this.</p> <p><i>NMTR</i> Update provided - submission of data to National Major Trauma Register (NMTR). Currently working with HSCT’S Information Governance Leads to secure signed SLA agreements. NHSCT and BHSCT returned. SEHSCT and SHSCT in progress with WHSCT to be progressed. [redacted] discussed fees as requested by [redacted] [redacted] enquired about the collection of rehab data. [redacted] advised that there was significant work on the new IT system in NMTR which has delayed the access to this type of data but in the future, we can get more than before.</p> <p>[redacted] met with TARN co-ordinators, loss about one year’s data, once recommence submission of data - will start at current day and work back.</p> <p>[redacted] asked if children and young people data is submitted, [redacted] confirm yes, it is. Discussion followed on the importance of historical data and how well NI was performing.</p> <p><i>Cross boarder</i> [redacted] provided an update, group to be formalised. Government ministers in both countries have been kept up to date this area of work.</p> <p>[redacted] advised that the Association of Ambulance Chief Executives AACE have a programme of work similar to this workstream. Will link through the working group.</p>	 <p>NMTR SLA - FAQ November 2024.pdf</p>  <p>National NMTR Agreement 2024-2025</p>

	<p>#NoF</p> <p>█ advised this piece of work came down through the BHSCT Medical Director and it related to high numbers of #NOF being treated in RVH. A meeting was held with colleagues from BHSCT, and data presented. █ advised that there would be a follow up meeting at the end of June when a deep dive into the data was complete.</p> <p>Discussion followed on silver trauma and which hospital that these patients are taken to and treated. Time to theatre is a significant delay for this group of patients. █ advised that time to theatre for the older population was a significant issue in Northern Ireland and the centres here are among the worst performing in the UK. Discussion followed about the right place to treat #NOF, the impact on the MTC and the delays in returning to local hospitals.</p> <p>Discussion was held on the MTTT and agreed to be reviewed.</p> <p>█ advised of other issues arising from this area was treatment of thoracic trauma in local hospitals. Discussion followed on the best place for these to be treated. Given that the RVH have only 2 wards to manage this subgroup of patients, capacity is an issue.</p> <p>█ advised that the SPPG of the current piece of work on long bone divert, this is at early stages.</p> <p><i>CYP, paediatrics</i></p> <p>Updated on clinical lead replacement, this has gone out for recruitment and selection.</p> <p><i>Prevention</i></p> <p>█ provided an updated on all departmental Stormont presentation on recent morbidity and mortality cases resulting from quad/scooter/bus injury. This was very positively received and recognised by all government departments the need for change both in legislation and more safety campaigns with emphasis on a collaborative approach. This was echoed by the CMO.</p> <p>█ thanked █ for his presentation to Stormont and the potential to save children and young people's lives.</p> <p>█ advised these are now predicable calls due to the high frequency occurrence.</p> <p>█ advised of work with the head of collision unit, SDLP request and current public safety campaigns relating to this area of road safety.</p>	<p>ACTION 2 REVIEW MTTT</p>
<p>5</p>	<p>Strategy update</p> <p>█ provided an update. To be made more goal focused. Draft to be available end of June for network board. CAG will have the opportunity to review. █ working with the head of policy in DoH, planned to be launched at the end of year by the Health Minister.</p>	
<p>6</p>	<p>Trust and HEMS update</p> <p><i>NHSCT</i></p> <p>█ provided an update – removal emergency surgery from Causeway. This has gone through public consultation and is now sitting with the health minister to is to decide. Discussion are underway how to implement if this goes ahead. Timeframes ae likely to be end of this year. With the removal of emergency surgery services, the MTTT would need to be updated. █</p>	

	<p>presented what this would look like, same as SWAH. Discussion followed on the implications of removal of this service from Causeway. [redacted] advised there would need to be a separate NIAS discussion. This will impact on emergency response times and handover times due to the increase demand on NIAS. [redacted] advised caution over working MTTT, as at risk of being too complex to use efficiently and effectively.</p> <p>WHSCT</p> <p>[redacted] provided an update. Discussion followed regrading transfer on Epic using call and send. [redacted] advised what functionality was available on the system to facilitate this.</p> <p>Discussion was held regarding Paediatric MTC, as this significantly impacts transfer of CYP. A recent case took 6 hours to get an accepting speciality. It was agreed that these cases would be discussed at the networks M&M. Next 01 July 25. Also agreed best to have an ED-to-ED consultant discussion. Age-appropriate care policies were discussed. [redacted] advised RBHSC ED are on a temporary uplift to 16th Birthday, but paediatric surgery is still 14th Birthday. [redacted] advised meeting with Child Health Partnership manager and will clarify regional guidance.</p> <p>HEMS</p> <p>[redacted] provided an update on new staff, and cross border work, highlighting the benefits that transfer to RVH bring to patient outcomes.</p> <p>[redacted] updated adolescent case in relation to age-appropriate care. The case was that of a 14-year-old with the anatomical size of a 10-year-old. Discussion followed and it was agreed to continue to use the MTTT to assist on the decision where to bring young people/adolescents. The ED can then decide what specialities need to be involved.</p> <p>SEHSCT</p> <p>[redacted] advised no update.</p> <p>BHSCT</p> <p>[redacted] advised planning on Trauma Ward Intermediate Life Support TWILS course for AHP/Nurses 26 Sept 2025 all trusts welcome, details to follow.</p> <p>[redacted] advised of RAFT rehab and function after trauma 07/08 November 2025 Cork.</p> <p>[redacted] advised of NIPATS NI Paediatric adolescent Trauma Symposium 25 September 2025 Crowne Plaza Belfast</p> <p>NIAS</p> <p>[redacted] advised just agreed data sharing relating to cross border and issues with registration.</p>	<p>ACTION 3 ADD TO MM REVIEW</p> <p>ACTION 4 CLARIFY AGE-APPROPRIATE REGIONAL GUIDANCE</p> <p> RAFT 2025 Save the date.pdf</p> <p> NIPATS.pdf</p>
7	<p>AHP/Nursing update Covered in item 4 – clinical lead update</p>	
8	<p>Lessons Learnt Next MM 01 July 2025, no further updates.</p>	
9	<p>AOB</p> <p>[redacted] - New coast guard agency want meeting regarding new helicopter, will update after meeting.</p> <p>[redacted] advised of the very successful multi agency child death event held this month, which will be repeated.</p>	
10	<p>Date for next meeting TBC</p>	