

Clinical Advisory Group (CAG)

Date	19 th November 2024
Facilitator/Chair	[REDACTED]
Attendees	[REDACTED]
Apologies	[REDACTED]

ACTIONS Aug 24 follow up

Description	Assigned to	Due by
1 Meeting to be arranged of NI/ROI trauma networks, NIAS, NAS and air ambulances to discuss M&M arrangements and approach to learning. Outcome – meeting arranged and cancelled, rearranged and update to be provided once complete	[REDACTED]	complete
2 [REDACTED] to meet with [REDACTED] and [REDACTED] to discuss strategic development of paediatric trauma. Outcome – Complete and attendance to Board completed and follow up Nov 24	[REDACTED]	Complete
4 [REDACTED] to speak to NIAS ICT Manager to set up a Teams Channel for QSPE. Outcome – Members teams in place and in use	[REDACTED]	Complete
5 Consider items for inclusion on NIAS Risk Register for network specific issues Outcome – Agenda item update	[REDACTED]	Complete
6 [REDACTED] circulate SOP for comment/feedback to authors/reviewers and/or reallocate if no longer in previous positions linked to network	[REDACTED]	Complete
7 [REDACTED] communicate updated requirements for Trauma Registry once met with NHS England MTR lead Outcome Ongoing agenda item, update provide	[REDACTED]	Complete
8 Review of TORS – feedback to RS Outcome Complete agenda item AOB	[REDACTED]	Complete

9	Review of Governance framework review extension – any feedback to be sent to [REDACTED] Outcome Complete agenda item AOB	[REDACTED]	Complete
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ACTIONS to be taken forward from 19.11.24

	Description	Assigned to	Due by
1	[REDACTED] to publish approved CPG and follow up outstanding ones that require review/feedback	[REDACTED]	Ongoing
2	[REDACTED] to link in with EOC Manager to ensure up to date Call and send is available and understood by EMD/EOC	[REDACTED]	Complete
3	Review and circulate to teams MTN updated Management of Rib # CPG ava on the MTN website	[REDACTED]	Complete
4	[REDACTED] link in with the leads RE the trauma training course to take forward in partnership and support, where able from a MTN perspective	[REDACTED]	ASAP
5	Review repatriation protocols regionally – update EPIC in place regionally. For follow up next MTN CAG meeting. Information on individual trusts to be provided to [REDACTED] at earliest opportunity	[REDACTED]	ASAP (non-received as of 9.1.24)
6	Review membership RE: TORS	[REDACTED]	20/11/24

Minutes

	Agenda Item	Commentary
1	Welcome	All welcomed by [REDACTED]
2	Apologies	Noted
3	Review of previous minutes	Minutes reviewed and agreed

4	Actions Arising	Previous actions reviewed from meeting – update provided and all complete
5	Clinical Lead Update	████ provided an update on several areas to include Rehabilitation plans and Board engagement following AHP recommendations, there was also reference to data collation covered within these minutes.
6	Risk Management	A discussion RE Risk management was had and █████ advised of the potential for three risks to be included within NIAS as the MTN host. These included reduced ability to provide data via the NHSE Trauma Registry, Impact of reconfiguration of services regionally, and Childrens services not being a formalised MTC. All to be taken forward and discussed at the MTN Board. Any further areas for consideration should be highlighted by the committee members.
7	CPG/SOP Update	CPG were distributed and a number have been reviewed by the authors, committee and approved (as per papers). █████ to finalise and update the website with PDF versions. █████ to follow up any none returns/ unreviewed sops.
8	Data	<p>An update on the current position RE the NHSE Trauma registry took place and progress to date with challenges identified. █████ confirmed data has been collated by the data leads at the trusts and once the system is in place will be initially input from an agreed date range. █████ confirmed the data analyst team are full complement and collating the information ready for go live. Due to complexities in NI data sharing progress has been reduced.</p> <p>████ provided a presentation on a new data collation tool being developed locally to review the regional picture. All welcomed this and feedback positive. More information that has been provided by TT+ve calls that would have been the equivalent of TARN eligible are being collated, recognising a limited data set at this time. Further development and updates were agreed to be shared in due course with any recommendations for inclusion to be communicated. █████ discussed the potential of including rehabilitation to capture the journey for the patient which was agreed to review but may a challenge with this database. Further consideration of how this may be captured is</p>

		required to promote the full patient journey to compliment, once in place, the new national data registry information, specific to NI.
9	Trust Updates by Exception	<p>■■■■ – provided an update RE HEMS consultant recruitment that is currently live on the HSC recruitment website. An update on NIAS recruitment for a consultant paramedic advanced practice was also discussed and a request to include within the membership for this committee once complete. There was also an update RE a new Blood Warming device that had been procured and in use by HEMS with a discussion RE RVH who confirmed procurement, training and a go live date soon.</p> <p>■■■■ – provided a presentation in relation to Belfast Trust MTP. Data to support progress was provided and welcomed. ■■■■ discussed the potential of focus on a further study relating patients with reduced GCS.</p> <p>■■■■ provided an update for SWAH with no trauma specific issues to report. ■■■■ confirmed and will monitor from an MTN perspective – no learning or actions to take forward at this time. ■■■■ was asked to link in with EOC to provide updated call and send guidance. ■■■■ to follow up with EOC Manager and request redistribution and review of the reviewed CPG with all EMD to ensure all were aware and update on the agreed processes.</p>
10	AHP sub-group update	■■■■ provided an update on the AHP subgroup meeting held in October 24. There was a request for all to ensure familiarisation, signposting and distribution to teams (Rib #). The updated CPG is ava on the MTN website.
11	M & M update	An M and M took place with membership attendance. ■■■■ signposted all to the agreed area to review and action, where identified, lessons learnt.
12	SAI update	None noted for this meeting to be reviewed as lessons learnt for any regional learning where identified.
13	AOB	<ul style="list-style-type: none"> • Presentation by ■■■■ – on trauma training - interprofessional, inter speciality trauma team leadership. This was welcomed by all and demonstrated the

		<p>challenges outside of the MTC and learning. All thanked the leads for the presentation and supported in its entirety the need in NI. [REDACTED] to follow up and agree next steps to see how the MTN can support and take forward the valuable work that had been completed to benefit the region.</p> <ul style="list-style-type: none"> • [REDACTED] discussed repatriation, and potential improvements through a more standardised approach. Recognising variations required for each trust with a view to improve times of transfer. Due to EPIC, [REDACTED] suggested waiting to progress as there were certain variances due to this. It was agreed to add to the next agenda with a view to take forward and promote a more streamlined approach. • [REDACTED] discussed positives of Call and send. There had however been potential variances in approach, and it was agreed that discussions at the time should take place with the M +M as a key area to review specifics if any lessons or further reviews were required. • TORs were discussed an agreed by all with a suggestion by DCo that PHA membership could be by exception rather than a mandatory membership. [REDACTED] to liaise with [REDACTED] to explore further 20/11/24 and feedback.
14	Date for next meeting	TBC 2025