



# The Royal College of Emergency Medicine

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The Minutes of the meeting of the **Quality in Emergency Care Committee**, held in the Council Room at 7-9 Breems Buildings on Thursday, **16<sup>th</sup> November 2016, 13.00 – 17.00pm.**

## In attendance:

Name	Initials	Position in Committee
Adrian Boyle	AB	Chair, QEC
Mary Dawood	MD	Nurse Representative
Catherine Hayhurst	CH	
Emma Greenwood	EG	
Jon Jones	JJ	Chair, Major Trauma
Jeff Keep	JJ	Chair, S&A
Sam McIntyre	SM	Secretariat, RCEM
Alex Griffiths	AG	Secretariat, RCEM
Derek Prentice	DP	Chair, LAG
Emma Redfern	ER	Chair, Safer Care
Mohbub Uddin	MH	Secretariat, RCEM
Lizzie Hutchinson	LH	Trainee Representative
Dorothy Apakama	DA	Best Practice
Michelle Jacobs	MJ	Best Practice
Rob Stacey	RS	Standards & Audit
Robert Pinate	RP	Best Practice
Sally Jones	SJ	Safer Care
Sally-Anne Wilson	SAW	Safer Care
Simon Smith	SM	Chair, Best Practice
Glyn Barnett	GB	Safer Care
Elizabeth Saunders	ES	Safer Care
Simon Smith	SS	Chair, Best Practice
Mohbub Uddin	MU	Secretariat, RCEM

**Apologies:** Anne Hicks – stepping down (Chair, Mental Health), Anne Welling – stepping down (Standards & Audit), Dhakshinamoorthy Vijayasankar (Best Practice), John Keaney – stepping down (Safer Care), Nicola Littlewood (Standards & Audit), Sian Thomas, Sophie Graber (FASSGEM), Anne Frampton – stepping down (Standards and Audit), James France (Best Practice)

**Unconfirmed apologies:** Bill Hulse, Caroline Leech, Chris Fitzsimmons, Claire McGroarty, David Hartin, Dean Kerlake, Fiona Wisniacki, Giles Haythornthwaite, Jayne Hilderley, Jennifer Simpson, Lucy Bingham, Magdy Sakr, Martin Wiese, Paul Wallman, Rachael Morris-Smith, Robin Beal, Shammi Ramlakhan, Tom Hurst and Tony Kehoe.

## Minutes

### 1. Welcome, apologies and declarations of conflicts of interest

AB welcomed members and reported no conflict of interest.

### 2. Previous minutes and updates on action points not covered in elsewhere

Johann Grundlingh's name was corrected. Minutes of the previous meeting on the 7<sup>th</sup> July 2016 were approved by the members.

Updates to previous action points:

<b>Work stream</b>	<b>Action</b>	<b>Action by:</b>	<b>Progress:</b>
SC	ER to discuss standardised mortality review form project with RCP and feedback to AB	ER	ER provided update.  <b>ACTION: ER to continue working with RCP to establish standardised mortality review form project's interaction with the Urgent and Emergency Care Review, and to report back the number of expected deaths and the number of reviews that will need to be done. Rolling item.</b>
SC	ER to investigate mental health harm in the incident data, especially relating to CYP. The committee felt this may include delays exacerbated by a lack of observation space	ER	DONE - findings suggested no correlation between mental health in incident data to CYP.  It was reported that AH has stepped down.  <b>UPDATE – in progress. ACTION: SM to reconduct section 136 survey before Christmas</b>
QEC	All to send AB anonymised accounts of mental health related adverse events, including trolley waits, transfers and outcomes	All	DONE
QEC	ER and safer care committee to contribute to draft RCEM QI guide	ER	DONE
QEC	SAW to send AB curriculum trainer notes for use in RCEM QI guide	SAW	DONE
QEC	NL to recommend useful QI courses/resources for RCEM QI guide	NL	The guide has now been published and is available <a href="#">here</a> .
S&A	DP & LAG to review audit report exec summaries for accessibility	DP	DONE
S&A	SM to ensure Procedural sedation report includes recommendations for EDs to use SIVA and NatSSIPS	SM	DONE
BP	SS to ensure sedation guidance includes copies of the checklist and proforma	SS	DONE
S&A	RCEM to publish audit datasets with full named transparency at ED level	SM	Ongoing  <b>ACTION: JK to draft introductory text for the webpage that will host the audit datasets and circulate to QEC for approval.</b>  <b>ACTION: SM to publish data with intro</b>
S&A	RS to explore potential updates to consultant sign-off standards based on incident data with ER, GB & SAW	RS, ER, GB, SAW	DONE
S&A	All to notify SM or MU if able to volunteer as a pilot site for one or more audits	All	DONE
S&A	All to contact JK with suggestions for rapid cycle audit mechanisms or formats	All	DONE

<b>Trauma</b>	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	<b>SM</b>	<i>Ongoing</i>
<b>QEC</b>	SM to notify Gerardine Beckett that AB will re-stand as QEC Chair	<b>SM</b>	<i>DONE</i>
<b>SC</b>	SC committee to disseminate incident learning via safety bulletins and podcasts	<b>ER</b>	<i>DONE</i>
<b>BP</b>	Best Practice to consider developing guidance around ownership of patients, including clarifying responsibility for test results whilst waiting for transfers.	<b>SS</b>	<i>DONE</i>
<b>SC</b>	SC bulletin to highlight NHSLA 'high incident, low cost claims'	<b>ER</b>	<i>DONE</i>
<b>QEC/S&amp;A</b>	QEC to sign-off final 2017/18 topic selection at autumn meeting	<b>All</b>	<i>DONE</i>
<b>BP</b>	JF/SS to circulate updated pharmacist guidance to RCEM Exec for approval prior to publication	<b>JF, SS</b>	<i>DONE</i>
<b>BP</b>	JF/SS to revise ABD guidance	<b>JF, SS</b>	<i>DONE</i>
<b>BP</b>	Committee agreed Chairs action may be taken to publish ABD guidance once revised.	<b>JF/SS, AB</b>	<i>DONE</i>
<b>BP</b>	JF to send final sedation guidance to SM for circulation to S&A	<b>JF</b>	<i>DONE</i>
<b>BP / S&amp;A</b>	SM to publish sedation guidance with Procedural Sedation audit	<b>SM</b>	<i>DONE</i>
<b>BP</b>	SM to obtain CoP endorsement of Patients in police custody guidance prior to publication	<b>SM</b>	<i>DONE</i>
<b>BP</b>	Referral guidance to be revised for review at next QEC meeting	<b>SS</b>	<i>DONE</i>
<b>Trauma</b>	SM to format and publish cervical spine guidance	<b>SM</b>	<i>DONE</i>
<b>Trauma</b>	JJ to remove reference to 'code red' in Trauma Team Leader competency document	<b>JJ</b>	<i>Ongoing</i>
<b>Trauma</b>	Trauma Team Leader competency document to be reviewed by the Dean, then published	<b>AB, SM</b>	<i>Ongoing</i>
<b>QEC</b>	CH to provide update on CPR decisions to be circulated	<b>CH</b>	<i>Ongoing</i>
<b>QEC</b>	SAW to continue attending NELA steering group and feeding back via QEC update form	<b>SAW</b>	<i>DONE</i>
<b>QEC</b>	SAW to ask NELA to confirm that this will be time of arrival at hospital in the next round of data collection.	<b>SAW</b>	<i>DONE</i>
<b>BP / QEC</b>	SS/AB to consider whether a position statement is required to raise awareness of the time targets for antibiotics	<b>SS, AB</b>	<i>DONE</i>
<b>QEC / Trauma</b>	All to contact JJ to volunteer as speaker at trauma study day	<b>All</b>	<i>DONE</i>
<b>QEC</b>	Chairs to contact Ian Higginson or SM to volunteer as speaker at 'How to manage and lead your ED' study day	<b>AB, ER, SS, JK, JJ, SF</b>	<i>DONE</i>
<b>QEC / SC</b>	ER to discuss potential safer care study day dates and topics with SM	<b>ER</b>	<i>DONE</i>
<b>QEC</b>	AB to discuss potential crowding study day dates and locations with Ian Higginson	<b>AB</b>	<i>DONE</i>
<b>QEC</b>	MJ to coordinate podcast to summarise learning from adolescent study day	<b>MJ</b>	<i>DONE</i>

QEC	All to provide availability for potential new QEC autumn dates at: <a href="http://doodle.com/poll/sv87ims4e7u3w42d">http://doodle.com/poll/sv87ims4e7u3w42d</a>	All	DONE
SC/ BP	ER and JF to develop position statement on duty of candour	ER, JF	Ongoing
QEC	SM to notify NCEPOD that MJ and GB have been nominated as case note reviewers	SM	DONE
BP	Anne Hicks to lead on reviewing and revising the mental health toolkit in Spring 2016 with support as necessary	AH & SS	AH has now stepped down as mental health lead.  <b>ACTION: new mental health lead to review toolkit early 2017</b>
Best Practice	<b>Early pregnancy bleeding</b> statement – check progress with RCOG endorsement and publish	SM	→ <b>SM</b> to seek AEPU and RCOG endorsement
QEC	Lead the design of a study day focussing on <b>Challenging patients</b> , with support from SM/MU	FW	→ <b>FW</b> to organise for 2017.
Best Practice	Liaise with Chris Walsh and produce <b>podcasts</b> , prioritising the <b>Alcohol, Mental Health and the MCA toolkits</b>	FW	RCEM learning & FOAMED due to merge. Process to initiate new content: contact local FOAM lead to organise & record <b>SM</b> to distribute list of FOAM leads: <a href="http://www.rcemfoamed.co.uk/about/">www.rcemfoamed.co.uk/about/</a> → <b>FW</b> to contact appropriate FOAM lead
QEC	Development a <b>short course in interventional psychiatry for trainees</b> , with potential for consultants to also attend	KMJ & AH	<b>Update requested from KMJ.</b> <b>KMJ</b> looking at launching at a conference later in 2016. → <b>KMJ</b> to keep RCEM updated on progress.
S&A	Draft business case and technical specification for <b>rapid cycle audit</b>	JK	<b>All</b> to send ideas & examples of similar systems to JK to develop specs. ER reported creating rapid cycle system for safety checklist. NL reported Scottish patient safety team have rapid cycle run charts for sepsis. <b>ER &amp; NL</b> to send example to <b>JK</b> → <b>JK</b> to draft for next meeting
S&A	Review <b>committee membership</b> (SM to provide membership information and attendance record)	JK	→ Next meeting
QEC	Ask Jason Kendall to provide progress report on updating guidance on the transfer of <b>brain injured patients (trauma and stroke)</b>	MU	Meeting 22/4/16 to revise draft. Updated version due to be sent to QEC soon after for review.
Tox	SS & SF to request FFLM endorsement for ABD guidance	SS & SF	ABD document has been submitted to Royal Society – approval awaited. The Met police and FFLM are co-badging it so they are also keen to get it approved and published.
Best Practice	Liaise with AB to run a sponsored study day to attract alcohol champions	FW	No update
Major Trauma	Provide a list of 'differences' between <b>APLS</b> and <b>ATLS</b> for AB to raise with Major Trauma for advice on RCEM position	MJ	DONE
QEC	AB to discuss one-page guidance on section 136 progress with AH	AB	In progress

### 3. Discussion items

#### a) Committee strategy alignment with RCEM strategy 2020 (AB)

All Chairs are to review the current membership structure, and where possible, remove inactive members to help alleviate financial pressure obtained after the recent purchase of the Ayres Street building.

**ACTION: all chairs to review membership**

#### b) Committee and subcommittee structure (AB)

AB informed QEC that Anne Hicks, has stepped down as mental health lead and therefore a replacement must be appointed.

The committee supported AB's proposal to create a new mental health sub-committee.

JK discussed the opportunity of a rebranding for the Standard and Audits Committee, and to change the name to Quality Assurance & Improvement sub-committee. The rebranding will be in keeping with the long-term vision of the committee. This was supported by the committee.

**ACTION: AB to take structure proposal to Council to ratify.**

#### c) RCEM guide to QI - published (AB)

The [RCEM guide to QI](#) has gone live and can be updated as and when needed.

#### d) Clinical Audit

##### i) 2016/2017 audit report template (JK)

JK reported several points: Firstly, the new audit report templates have been reviewed and the first cut of data will be ready in January. Secondly, S&A proposed having each audit lead write the audit commentaries rather than outsourcing this. By keeping this piece of work in house, the Quality Team will invest the savings into designing a more professional looking report.

The committee was happy with the 26<sup>th</sup> May 2017 as the deadline for the final reports to be published.

**ACTION: SM to send report design quote to JK - DONE**

##### ii) 2017/2018 ratification of topic selection (JK)

JK proposed to QEC the 2017/2018 audit topics to complement the current Safer Care and Best Practice workstreams. There were: Procedural Sedation, Fractured Neck of Femur (#NoF) and Pain in Children.

It was discussed that for #NoF, guidance on missed fractures and radiology should be included. For Pain in Children, safeguarding and best practice related guidance should be tied in.

The three topics were agreed by QEC.

**ACTION: SM to submit all three audits for inclusion on the Quality Accounts list - DONE**

Pain in Children would be a suitable topic for the first QIP under the new QA&I subcommittee

### iii) Rapid cycle audit business case (JK)

QA&I are to write a specification for the new IT system. The specification should focus on the following areas: real time data, annotatable run charts, be more interactive, printable, available online, and potential have capacity to store local action plans and minutes.

**ACTION: JK to supervise the new IT system specification writing.**

SS confirmed that that QIP candidates can use national QIPs for exam purposes.

### e) Risk Register

AB said that the onus is on QEC to choose items to go on the risk register. Topics discussed include:

- Audits that are not on the Quality Account can cause financial implications.
- An exam candidate that feels guidance is contradictory or unfair.
- An RCEM guidance document resulting in harm
- Safety alert not circulated appropriately.
- RCEM providing standards that are too high and/or ED's not following guidance or standards. It is very important to make sure that a disclaimer is on all RCEM guidance.

**ACTION: AB to review all standards and archive those that are no longer current or relevant.**

**ACTION: SM to submit risks to Gordon - DONE**

### f) RAT – Initial assessment of ED patients

Discussion took place about who should undertake the initial assessment of patient. DP expressed a concern with the assessment with regards to the navigation section (p3) that states navigation 'may be performed by a non-clinician'. QEC agreed that it should only be done by an appropriate clinician, and the re-direction should not occur without a clinical assessment.

**ACTION: AB is to raise concerns with SDDC via Higgi and copy in ER.**

## 4. External discussion items:

### a) Safelives national evaluation of hospital-based domestic abuse services

AB said this was a great piece of work and the College is happy to support, endorse and tweet. However, there will not be a college logo due to the lack of Emergency Medicine involvement.

**ACTION: SM to tweet endorsement and put a piece in the next issue of the College newsletter - DONE**

### b) The legal status of informal patients brought to A&E for Mental Health Assessment

Legislation is changing and it was proposed that section 5.2 should be extended to include ED's. QEC feels the problem is with resources and capacity, not legislation. RCPsych's opinion is that legislative changes are not necessary as the MCA covers this.

**ACTION: AB is to offer a phone discussion on the legal status of informal patients brought to A&E for Mental Health Assessment, including the proposed mental health sub-committee members.**

### c) Mental Health Crisis Care Concordat

National work has stopped. DoH has nominal responsibility and is hosting the website.

**ACTION: AB to state RCEM's position, including results of the annual s136 survey when available**

**d) System wide outcome measures for urgent and emergency care networks**

Not discussed

**ACTION: SM to circulate system wide outcome measures for urgent and emergency care networks to QEC.**

**e) Brain injury WP (request update from Jason Kendall)**

No update

**f) NICE suspected neurological conditions guideline engagement**

QEC sought volunteers and JK volunteered to do this.

**ACTION: JK to volunteer from NICE suspected neurological conditions guideline engagement.**

**g) Memorandum of Understanding between NHS England and the Police**

MoU sought to revise the amount of time taken to obtain a witness statement, aiming for 21 days.

**ACTION: SS to ask RB and AB will action MoU between NHS England and police.**

**h) DH safeguarding children stakeholder group.**

SJ volunteered to do this.

**ACTION: SM to send SJ the necessary information on DH safeguarding children stakeholder group.**

**i) Complex Regional Pain Syndrome in adults: UK guidelines for diagnosis, referral and management in primary and secondary care.**

**ACTION: CH volunteered to do Complex Regional Pain Syndrome in adults.**

**j) GMC confidentiality guidance on reporting gunshot and knife wounds.**

Guidance has been revised to require ED risk assessment in the public interest. It was discussed that the documents need to be revised to include Irish assessment. The guidance only covers gun and knife crime, and therefore misses beating, acid and other attacks. QEC felt that including vignettes would be helpful, despite the risk that they could mistakenly be considered as standards.

**ACTION: Any additional comments on GMC confidentiality guidance to be sent to AB, to be conveyed to GMC.**

## 5. Updates

**a) QEC update**

No update.

**b) Safer care update**

ER provided QEC an update on the progress of the data analysis, undertaken with SAW and GB.

- Two recent safety alerts have been published: Dentures and Phenytoin. They have been helpful for trainees and well received and circulated in UK EDs and internationally.

**NRLS data analysis revealed:**

- 3 deaths due to delay of care.
- Head pain in elderly
- Patient waiting for AED had catastrophic GI bleed while waiting.
- Increase in crowding issues
- Long-term medicine not being administered if patient waits for extended period in ED e.g. Parkinson patients.
- Imaging is requested to expedite care and handed over to the next team, but if a non-presenting condition or incidental findings are discovered they are not always acted upon.

Discussions were had over concerns with results requesting and the series of systematic problems occurring, and how best to disseminate this information. There were several suggestions by QEC: ER proposed to issue safety alerts at the study day in May 2017. AB suggested releasing another podcast. CH suggested a regular feature in the EMJ supplement.

**ACTION: QEC is to consider how best to disseminate safety this information and email SM & ER.**

**ACTION: SM to contact Lisa Summers and Diana Hulbert at EMJ about the possibility of including newflashes in the EMJ supplement**

NCEPOD – RCEM submitted a request for elderly abdominal pain with other organisations.

**ACTION: ER to think about future topics for NCEPOD to be submitted next April.**

**Update from the weekend harm analysis:**

SAW's 4<sup>th</sup> year medical students, Lyndsey Emberson and Christian Dunnett, dialled in to discuss their presentation on 'Are Emergency Department incidents more likely to occur at the weekend?'

**Key findings:**

- Incidents are more likely to occur on a weekday than weekend, based on equal 7-day distribution.
- Consultant input not recorded in cases. RCEM recommend 32% of the time.

**Recommendations:**

- Improve initial assessment of Elderly patients.
- Address the lack of consultant sign-off for complex patients.
- Assess options to reduce departmental crowding.

**c) Standards and Audit updates**

JK asked QEC for ideas on alternative summary charts to be included in the audit reports for next year.

It was also noted that QEC did not accept the homelessness audit as a topic for next year because the standards were not robust enough. Best practice could consider homelessness as a topic for guidance next year

**d) Best Practice**

- FGM guidance developed by Dr Richard Fawcett
  - Not ready for publication and needs future revisions
  - To be published by Chair's action once amendments made



**ACTION: SS to check with Tom Hughes/Aaron Haile that data collection items referred to are included in the ECDS**

**ACTION: AB to notify Richard Fawcett of required amendments**

- Role of Pharmacists – not ready for publication

**ACTION: Role of pharmacists is to be checked and sent to AB for approval.**

- Information for patients – ready to be published

**ACTION: SM to format Information for patients and publish**

- Referral standards – ready to be published

**ACTION: SM to format Referral standards and publish**

- MCA: Minor amendments required, ready for publication once received.

**ACTION: SM to format MCA and publish once final version received with a major launch including podcase, social media, press statement and newsletter article**

Ideas for new best practice guidance included aortic dissection, and a NatSSIPS style guidance & checklist for invasive procedures, including when to use e.g. for specific procedures.

**ACTION: JJ to draft a list of procedures and small QEC to review and approve once drafted.**

**e) Major Trauma Committee (JJ)**

JJ reported the following points:

- There is now a Lay representative on the Committee.
- Paediatric collar guidance is nearly ready to publish.
- Paediatric trauma imaging: positive start and to be co-badged by RCR.
- Trauma lead competencies/attributes are to be discussed at tomorrow's curriculum meeting.
- There is a study day coming up on 28/11/2016 which is fully booked
- Position statement on resuscitative thoracotomy has been drafted.
- Liaising with TARN to generate and push forwards with quality improvements.

**ACTION: QEC to email topics for the Major Trauma committee to consider.**

**f) Toxicology**

AB was approached by the BBC on the topic of legal highs.

**g) Lay Advisory Group (DP)**

DP updated on the current work of the LAG.

**6. Updates**

**a) Mental Health**

AH to be awarded a medal at the Diploma ceremony in recognition for work in mental health.

S136 has increased from 18K – 23K in one year.

**b) Alcohol**

No update from ZM.

Evidence was provided to the parliamentary group that no improvements have been observed.

**c) DH Mental Capacity Act**

Dorothy is attending a Mental Health Awareness Day hosted by Baroness Finlay.

**d) RCUK Working Group on CPR decisions form**

It was mentioned that there is a new form to be introduced in Feb 2017 regarding preferences for ceiling of treatment and resuscitation, while the patient has the capacity.

**ACTION: CH to draft press statement on new CPR form (approx. 200 words) for the Feb 2017 launch**

**e) National Emergency Laparotomy Audit (Sally-Anne Wilson)**

SAW reported this was the 4<sup>th</sup> year of organisational audit. Last year, time zero was ill-defined, now this is defined as the time of first arrival at the hospital. It was also mentioned that the entry point is now captured, for example: ED/GP/on the ward.

There are increased concerns with regards to outsourcing radiology, such as missing important issues. No data are captured on non-theatre cases. It was also reported that NELA would be interested in our NCEPOD topic on abdominal pain if accepted.

**7. Study Days**

**a) Upcoming:**

- i. Major Trauma: Study day is going ahead.
- ii. Mental Health: Conversation required with AH to see if this event is still going ahead.  
**ACTION: SM to discuss Mental Health study day progress with AH.**
- iii. Crowding – Wales: This is now called leadership and Taj will be attending.
- iv. Safer Care: Currently this is being done.
- v. Challenging patients:  
**ACTION: SS is to email FW to confirm whether Challenging patients study day is going ahead, otherwise to cancel.**
- vi. Major Trauma: this is not being run by the major trauma committee. JJ offered to advise on speakers.  
**ACTION: JJ to liaise regarding potential trauma speakers.**
- vii. Alcohol: This is to be cancelled.  
**ACTION: SM to cancel the alcohol study day**
- viii. Major Trauma in the trauma unit: The date of this study day may need to be changed if this clashes with exams at the new Ayres Street Office.
- ix. QIP – AB to record podcast to explain the new QI guide.  
**ACTION: AB to record podcast on new RCEM QI guide.**
- x. Adolescent study day – 27 March, led by MJ

**8. Future meeting dates:**

**a) Upcoming:**

- A. QEC small – 12<sup>th</sup> January 2017 (pm)
- B. QEC large – 26<sup>th</sup> April 2017
- C. QEC small – 13<sup>th</sup> July 2017 (pm)
- D. QEC large – 11<sup>th</sup> October 2017

**9. AOB**

- JJ reported that the patient safety alert template is being drafted by ER and Phil Moss.  
**ACTION: ER to take chairs action to publish patient safety alert template when ready**
- SM and AB asked QEC to email over any Jubilee celebration ideas that tie in with or promote committee work.

### ACTION POINT SUMMARY

Work stream	Action	Action by:	Progress:
QEC	All chairs to review membership	All	
QEC	AB to take structure proposal to Council to ratify	AB	
S&A	SM to send report design quote to JK	SM	Done
S&A	SM to submit all three audits for inclusion on the Quality Accounts list	SM	Done
S&A	JK to supervise the new IT system specification writing	JK	
QEC	AB to review all standards and archive those that are no longer current or relevant.	AB	
QEC	SM to submit risks to Gordon	SM	Done
SC	AB is to raise concerns with SDDC via Higgi and copy in ER	AB	
QEC	SM to tweet endorsement and put a piece in the next issue of the College newsletter	SM	Done
QEC	AB is to offer a phone discussion on the legal status of informal patients brought to A&E for Mental Health Assessment, including the proposed mental health sub-committee members	AB	
QEC	AB to state RCEM's position, including results of the annual s136 survey when available	AB	
QEC	SM to circulate system wide outcome measures for urgent and emergency care networks to QEC	SM	
QEC	JK to volunteer from NICE suspected neurological conditions guideline engagement	JK	
QEC	SS to ask RB and AB will action MoU between NHS England and police	SS	DONE – CoP are satisfied that our existing guidance remains valid
QEC	SM to send SJ the necessary information on DH safeguarding children stakeholder group	SM	
QEC	CH volunteered to do Complex Regional Pain Syndrome in adults	CH	

QEC	Any additional comments on GMC confidentiality guidance to be sent to AB, to be conveyed to GMC	All	
SC/QEC	QEC is to consider how best to disseminate safety this information and email SM & ER.	All	
SC	SM to contact Lisa Summers and Diana Hulbert at EMJ about the possibility of including newsflashes in the EMJ supplement	SM	
BP	SS to check with Tom Hughes/Aaron Haile that data collection items referred to are included in the ECDS	SS	
BP	AB to notify Richard Fawcett of required amendments	AB	
BP	Role of pharmacists is to be checked and sent to AB for approval	SS	
BP	SM to format Information for patients and publish	SM	
BP	SM to format Referral standards and publish	SM	
BP	SM to format MCA and publish once final version received with a major launch including podcase, social media, press statement and newsletter article	SM	Formatted
BP	JJ to draft a list of procedures and small QEC to review and approve once drafted	JJ	
MT	QEC to email topics for the Major Trauma committee to consider	All	
QEC	CH to draft press statement on new CPR form (approx. 200 words) for the Feb 2017 launch	CH	
QEC	SM to discuss Mental Health study day progress with AH	SM	
QEC	SS is to email FW to confirm whether Challenging patients study day is going ahead, otherwise to cancel.	SS	
QEC	JJ to liaise regarding potential trauma speakers	JJ	
QEC	SM to cancel the alcohol study day	SM	Done
QEC	AB to record podcast on new RCEM QI guide	AB	
SC	ER to take chairs action to publish patient safety alert template when ready	ER	
<b>Work stream</b>	<b>Action</b>	<b>Action by:</b>	<b>Progress:</b>
SC	Continue working with RCP to establish standardised mortality review form project's interaction with the Urgent and Emergency Care Review, and to report back the number of expected deaths and the number of reviews that will need to be done.	ER	
QEC	Conduct a mental health survey.	AH	By 1 <sup>st</sup> week of September 2016
S&A	Draft introductory text for the webpage that will host the audit datasets and circulate to QEC for approval.	JK	By 1 <sup>st</sup> August 2016

S&A	Promote the publication of new Consultant sign-off standards through the RCEM newsletter and other social media channels.	SM	
QEC	Send AB examples of communication in the ED for inclusion in the <b>RCEM guide to QI</b> .	ER	
QEC	Submit to AB further examples, ideas and suggestions for inclusion in the <b>RCEM guide to QI</b> .	All	
QEC	Submit respective <b>dates of study days</b> using the new events booking protocol.	All organisers	By the end of August 2016
QEC	Update the <b>QECC terms of reference</b> .	AB	
S&A	<b>Recruit 2 new members</b> for the S&A.	JK	
SC	<b>Recruit 1 new member</b> for Safer Care.	ER	
QEC	Submit potential <b>committee restructuring</b> ideas and suggestions.	All	
QEC	<b>Appoint</b> committee/subcommittee/group <b>Deputy Chairs</b> and provide training to ease the transition of responsibilities.	All Chairs	
SC	Publicise the <b>NEWS position statement</b> using appropriate media, including Twitter.	SM	
QEC	To <b>promote the audits</b> via Twitter and other social media to ensure high volume of submissions.	SM and all Chairs	
S&A	Consult and obtain agreement from S&A on 2017/18 <b>audit topics</b> .	JK	
BP	Publish <b>The Pharmacist's Role in the Emergency Department</b> position statement.	SM	
BP	Revise the <b>Standards of Referral from Emergency Medicine to Inpatient Teams</b> best practice guideline, obtain approval of the final version from the QEC Chair and then arrange publication.	SS	
BP	Revise the <b>Scoping document for RCEM QEC: Clinical Responsibility for Patients within the Emergency Department</b> , obtain approval of the final version from the QEC Chair and then arrange publication.	SS	
Trauma	Seek advice from the President and, if agreed, to place a link to the summarised <b>NICE trauma care guidance</b> within the external guidelines section of the RCEM website.	JJ	
Trauma	Publish the <b>C-Spine guidance</b> (social media not needed).	SM	
Trauma	Liaise with <b>TARN</b> to identify and compile a list of helpful standards.	JJ	
Toxicology	Liaise with Johann Grundlingh to incorporate the Toxicology pages within the main RCEM website.	SM	
Toxicology	Provide Aaron Haille's contact details, for SF to liaise with whilst developing the process for reporting users of <b>novel psychoactive substances</b> .	SM	
Toxicology	Publish the revised 2016 version of the <b>antidote availability guidelines</b> on the RCEM website, which are to be supplied by SF.	MU	
Toxicology	<b>Recruit members</b> for the <b>Toxicology</b> group.	SF	
QEC	Volunteer and notify SM if they would be able to assist SH with <b>research on elderly care provision</b> .	All	By September 2016
QEC	Update QEC if and how EDs can engage with the <b>lung cancer support group</b> .	JK	
QEC	To obtain QEC approval by Chair's action of the <b>sepsis toolkit</b> and arrange publication.	JK	

<b>QEC</b>	Liaise on behalf of RCEM with the organiser of the <b>mental health simulation course</b> and establish a working relationship.	<b>JK</b>	
<b>Action points from previous meetings</b>			
<b>Trauma</b>	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	<b>SM</b>	Ongoing
<b>Trauma</b>	JJ to remove reference to 'code red' in Trauma Team Leader competency document	<b>JJ</b>	Ongoing
<b>Trauma</b>	Trauma Team Leader competency document to be reviewed by the Dean, then published	<b>AB, SM</b>	Ongoing
<b>QEC</b>	CH to provide update on CPR decisions to be circulated	<b>CH</b>	Ongoing
<b>SC / BP</b>	Develop position statement on duty of candour	<b>ER, JF</b>	Ongoing
<b>BP</b>	Anne Hicks to lead on reviewing and revising the mental health toolkit in Spring 2016 with support as necessary	<b>AH &amp; SS</b>	→ Due to start Spring/Summer 2016
<b>Best Practice</b>	<b>Early pregnancy bleeding</b> statement – check progress with RCOG endorsement and publish	<b>SM</b>	→ <b>SM</b> to seek AEPU and RCOG endorsement
<b>QEC</b>	Lead the design of a study day focussing on <b>Challenging patients</b> , with support from SM/MU	<b>FW</b>	→ <b>FW</b> to organise for 2017.
<b>Best Practice</b>	Liaise with Chris Walsh and produce <b>podcasts</b> , prioritising the <b>Alcohol, Mental Health and the MCA toolkits</b>	<b>FW</b>	RCEMlearning & FOAMED due to merge. Governance recently re-structured, dispensing with regional leads. Info about the new set-up can be found <a href="#">here</a> . All proposals for new submissions are submitted there, and reviewed by a member of the editorial board.  <b>SM</b> to distribute list of FOAM leads: (see above update) → <b>FW</b> to contact appropriate FOAM lead
<b>QEC</b>	Develop a <b>short course in interventional psychiatry for trainees</b> , with potential for consultants to also attend	<b>KMJ &amp; AH</b>	→ <b>KMJ</b> to keep RCEM updated on progress.
<b>S&amp;A</b>	Draft business case and technical specification for <b>rapid cycle audit</b>	<b>JK</b>	<b>All</b> to send ideas & examples of similar systems to JK to develop specs. ER reported creating rapid cycle system for safety checklist. NL reported Scottish patient safety team have rapid cycle run charts for sepsis. <b>ER &amp; NL</b> to send example to <b>JK</b>

			→ <b>JK</b> to draft for next meeting
<b>S&amp;A</b>	Review <b>committee membership</b> (SM to provide membership information and attendance record)	<b>JK</b>	→ Next meeting
<b>QEC</b>	Ask Jason Kendall to provide progress report on updating guidance on the transfer of <b>brain injured patients (trauma and stroke)</b>	<b>MU</b>	Meeting 22/4/16 to revise draft. Updated version due to be sent to QEC soon after for review.
<b>Tox</b>	SS & SF to request FFLM endorsement for ABD guidance	<b>SS &amp; SF</b>	ABD document has been submitted to Royal Society – approval awaited. The Met police and FFLM are co-badging it so they are also keen to get it approved and published.
<b>Best Practice</b>	Liaise with AB to run a sponsored study day to attract alcohol champions	<b>FW</b>	No update
<b>Major Trauma</b>	Provide a list of 'differences' between <b>APLS</b> and <b>ATLS</b> for AB to raise with Major Trauma for advice on RCEM position	<b>MJ</b>	To discuss at meeting
<b>QEC</b>	AB to discuss one-page guidance on section 136 progress with AH	<b>AB</b>	In progress