



# 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 Breams Buildings on Thursday, **26<sup>th</sup> April 2017, 13.00 – 17.00pm.**

## In attendance:

Name	Initials	Position in Committee
Adrian Boyle	AB	Chair, QEC
Catherine Hayhurst	CH	Mental health
Derek Prentice	DP	Chair, LAG
Elizabeth Saunders	ES	Safer Care
Emma Redfern	ER	Chair, Safer Care
Fiona Beech	FB	Mental Health
Glyn Barnett	GB	Safer Care
Hooi-Ling Harrison	LH	Best Practice
Jeff Keep	JJ	Chair, S&A
Lizzie Hutchinson	LH	Trainee Representative
Mary Dawood	MD	Nurse Representative
Michelle Jacobs	MJ	Best Practice
Rob Stacey	RS	Standards & Audit
Sally Jones	SJ	Safer Care
Sally-Anne Wilson	SAW	Safer Care
Simon Smith	SM	Chair, Best Practice
Tara Sood	TS	Best Practice
Alex Griffiths	AG	Secretariat, RCEM
Mohbub Uddin	MU	Secretariat, RCEM
Sam McIntyre	SM	Secretariat, RCEM
<b>Apologies:</b> Dhakshinamoorthy Vijayasankar DV (Best Practice), Emma Greenwood EG (Safer Care), James France JF (Best Practice), Jon Jones JJ (Major Trauma), Nicola Littlewood NL (Standards & Audit), Sian Thomas ST (Best Practice), Sophie Graber SG (FASSGEM)		
<b>Unconfirmed apologies:</b> Bill Hulse BH (Safer Care), Claire McGroarty CM (Standards & Audit), Dorothy Apakama DA (Best Practice), Fiona Wisniacki FW (Best Practice), Jayne Hilderley JH (LAG), Martin Wiese MW (Standards & Audit)		

## Minutes

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

AB welcomed members and reported no conflicts of interest.

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

It was noted that SS and MU appears twice on the attendance list. Apart from that, the minutes of the previous meeting held on the 16<sup>th</sup> November 2017 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	DONE
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	Ongoing
QEC	All to send AB anonymised accounts of mental health related adverse events, including trolley waits, transfers and outcomes	AH	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	DONE
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	AH	DONE
S&A	All to contact JK with suggestions for rapid cycle audit mechanisms or formats	AH	DONE
Trauma	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	SM	DONE
QEC	SM to notify Gerardine Beckett that AB will re-stand as QEC Chair	SM	DONE
SC	SC committee to disseminate incident learning via safety bulletins and podcasts	ER	DONE
BP	Best Practice to consider developing guidance around ownership of patients, including clarifying responsibility for test results whilst waiting for transfers.	SS	DONE
SC	SC bulletin to highlight NHSLA 'high incident, low cost claims'	ER	DONE
QEC/ S&A	QEC to sign-off final 2017/18 topic selection at autumn meeting	AH	DONE
BP	JF/SS to circulate updated pharmacist guidance to RCEM Exec for approval prior to publication	JF, SS	DONE
BP	JF/SS to revise ABD guidance	JF, SS	DONE
BP	Committee agreed Chairs action may be taken to publish ABD guidance once revised.	JF/SS, AB	DONE
BP	JF to send final sedation guidance to SM for circulation to S&A	JF	DONE
BP / S&A	SM to publish sedation guidance with Procedural Sedation audit	SM	DONE

BP	SM to obtain CoP endorsement of Patients in police custody guidance prior to publication	SM	DONE
BP	Referral guidance to be revised for review at next QEC meeting	SS	DONE
Trauma	SM to format and publish cervical spine guidance	SM	DONE
Trauma	JJ to remove reference to 'code red' in Trauma Team Leader competency document	JJ	Ongoing
Trauma	Trauma Team Leader competency document to be reviewed by the Dean, then published	AB, SM	Ongoing
QEC	CH to provide update on CPR decisions to be circulated	CH	DONE
QEC	SAW to continue attending NELA steering group and feeding back via QEC update form	SAW	DONE
QEC	SAW to ask NELA to confirm that this will be time of arrival at hospital in the next round of data collection.	SAW	DONE
BP / QEC	SS/AB to consider whether a position statement is required to raise awareness of the time targets for antibiotics	SS, AB	DONE
QEC / Trauma	All to contact JJ to volunteer as speaker at trauma study day	All	DONE
QEC	Chairs to contact Ian Higginson or SM to volunteer as speaker at 'How to manage and lead your ED' study day	AB, ER, SS, JK, JJ, SF	DONE
QEC / SC	ER to discuss potential safer care study day dates and topics with SM	ER	DONE
QEC	AB to discuss potential crowding study day dates and locations with Ian Higginson	AB	DONE
QEC	MJ to coordinate podcast to summarise learning from adolescent study day	MJ	DONE
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
SG/ BP	ER and JF to develop position statement on duty of candour	ER, JF	CANCELLED
QEC	SM to notify NCEPOD that MJ and GB have been nominated as case note reviewers	SM	DONE
Best Practice	<del>Early pregnancy bleeding</del> statement – check progress with RCOG endorsement and publish	SM	DONE
QEC	Lead the design of a study day focussing on <b>Tough cases</b> , with support from SM/MU	CH	→ CH to organise for 2018.
Best Practice	Liaise with Chris Walsh and produce <b>podcasts</b> , prioritising the <b>Mental Health and the MCA toolkits</b>	CH, DA	CH and DA to record interview style podcast with advice from CW
QEC	Development a <b>short course in interventional psychiatry for trainees</b> , with potential for consultants to also attend	KMJ & AH	<b>CANCELLED</b>
S&A	Draft business case and technical specification for <b>rapid cycle audit</b>	JK	Budget bid put forward
S&A	Review <b>committee membership</b> (SM to provide membership information and attendance record)	JK	DONE
QEC	Ask Jason Kendall to provide progress report on updating guidance on the transfer of <b>brain injured patients (trauma and stroke)</b>	MU	CLOSED – Comments submitted, awaiting publication.

<b>Tox</b>	SS & SF to request FFLM endorsement for ABD guidance	SS & SF	CLOSED
<b>Best Practice</b>	Liaise with AB to run a sponsored study day to attract alcohol champions	FW	CANCELLED
<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	MJ	DONE
<b>QEC</b>	AB to discuss one-page guidance on section 136 progress with AH	FB	In progress

### 3. Discussion items

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

It was reported that Mental Health is a sub-committee and not a special interest group (SIG).

**ACTION: SM to amend and request an update the subcommittee structure and diagram**

The Invited Service Review Committee will now be a part of QEC.

**ACTION: AB to contact ISR Chair once appointed**

The Quality Assurance and Improvement Committee wishes to recruit additional members with proven interest in clinical audit and additional interests as follows: paediatric, Northern Ireland.

The Best Practice Committee wishes to recruit a trainee representative and nurse representative.

**ACTION: SM to advertise for new members for Best Practice and QA & I Committees.**

#### b) New SIGs

There were five new SIGs reported:

1. Public Health
2. Frailty and Geriatric
3. Ambulatory Care
4. Major Trauma
5. Toxicology

AB is waiting to hear back from toxicology regarding their workplan and whether the group will continue. All SIG meetings will be virtual. SIG leads are to attend large QEC meetings, and will be represented by the Best Practice Chair at small QEC meetings.

**ACTION: SM to update structure.**

#### c) Committee strategy alignment with RCEM strategy 2020

AB sought comments from the members and there was nothing significant to feedback to Taj. Members were happy with the new committee strategy alignment.

LH had some concerns with regards to homelessness as a Public Health issue. Communicable disease, alcohol prevention, and trauma/injury prevention were discussed.

#### d) Guidance documents due review and revision

There are two documents in existence within Best Practice. Both have undergone an update and are due to be published by SS.

**e) Crowding strategy planning**

It was reported that AB and Ian Higginson are working on reviewing the crowding toolkit and guidance.

ER noted the prevalence of deaths in light of increasing safety incidents resulting from overcrowding. It was reported a large proportion of these deaths were due to cardiac arrests as a result of unidentified care.

AB invited comments from the members and it was discussed to try and quantify the incident data. Stories are also to be sent to AB to help with drafting a narrative for inclusion in the guidance.

Nursing ratios for corridor patients were also discussed. ER noted that Bristol have implemented a 15-minute handover from the ambulance staff to ease pressure.

**ACTION: SAW and ER to send numbers and examples to AB to help create a narrative. These are to be included in the guidance.**

**ACTION: ER is to use the safety newsflashes to signpost the crowding guidance and toolkit. It was noted that this was not suitable as an intervention.**

**ACTION: AB and Ian Higginson to review crowding guidance and toolkit.**

**f) Management and transfer of patients with a diagnosis of ruptured abdominal aortic aneurysm to a specialist vascular centre.**

AB sought volunteers to review this guideline and submit comments to the Vascular Society.

**ACTION: SS and best practice to review guideline and submit comments to vascular society. SM to then publish West Midlands guidance on RCEM local webpage.**

**4. External discussion items**

- a)** RCP standardised mortality review form: ER provided an update to all members. It is now mandatory to review deaths in EDs for all hospitals and quarterly reporting is to take place at board level. The roll out has been accelerated due to political pressure.

The following deaths must be looked at and directed back to the ED to review: all hospital deaths in 24 hours (inc EDs), mental health, learning disability, OOH arrest, EOL. Each case should take 30 minutes per review and there should be 4 to 8 cases every few weeks. This number will increase during the winter.

A tool has been produced by the RCP to be used to help conduct these reviews and staff should be trained in its use.

**ACTION: ER & Becky Maxwell to produce guidance on what to look for when reviewing the notes, how to best use the information obtained from the review and how this learning can be shared with all other services. Guidance to be approved at next QEC**

**ACTION: BM to liaise with JK and obtain example of his Trust's mortality review form.**

- b) FPHEC Immobilisation guidance: JJ to review but It was reported that RCEM will not be endorsing this as we have our own guidance.

**ACTION: JJ to review FPHEC Immobilisation guidance.**

## 5. Sub-committee and SIG updates:

- a) QEC: Nothing to report.
- b) Safer care: ER reported there was a strong focus on NatSSIPs (WHO Invasive Procedures checklist). This is now mandatory for all Trusts. RCEM have a template that can be used and are currently developing the guidance for this.

There are five new safety alerts to be issued:

- Addison's insulin
- Crowding and regular medications
- Insulin - Parkinson's
- Silver trauma (low level)
- GP front door project.

**ACTION: SM to add standard to procedural sedation on using NatSSIPs if appropriate**

**ACTION: ER to liaise with RS regarding linking this with QIP.**

- c) Standard and audit:

- 1) **2016/2017 audit report sign off**: The audit reports were finalised, and the committee reviewed the most recent report drafts and agreed final text edits. The following comments were noted after the review.

**Asthma**: FC's suggestion of adding an icon to indicate areas suitable for QIPs nationally was agreed by the members.

**Consultant sign-off**: It was decided to amend the performance summary chart by adding 4 additional data points for ST4+ review. Standard 3 to be marked as a national QIP.

**Sepsis**: It was decided to amend the chart legends from 'after 4 hours' to 'before leaving the ED', to more accurately report those patients from whom no time was recorded.

**ACTION: SM, AG and MU to make report edits and add QIP icon**

**ACTION: SM and Luke O'Reilly to draft press release for audit reports.**

**ACTION: SM to publish reports on 26<sup>th</sup> May 2017.**

- 2) **2017/2018 audit update**: The standards and audit committee will now be known as Quality Assurance and Improvement committee under the new College structure.

The committee agreed the following topic leads, who will be responsible for reviewing the previous audit standards, audit questions and report writing.

- Fractured neck of femur – Jeff Keep
- Procedural sedation – Rob Stacey
- Pin in children – Nicola Littlewood (if she is able and willing).

All three topics are on the Quality Accounts and the Quality team are currently reviewing the standards and audit questions.

Discussions also took place on how future audits are carried out. For #NOF, it was suggested to add MRI/CT as a question as well as a NatSSIPs. For pain in children, it was suggested to consider aligning standards with best practice guidelines (for example analgesia in 20 minutes).

**ACTION: NL to discuss the pain in children standards with SS.**

- 3) **QIP proposal:** It was discussed that RCEM is looking to change the way audits are carried out in 2017/2018 with a focus on shifting towards piloting QIP projects. Those contributing to the development of the QIP project plan were QI experts FC, SM, AM, and DR.

AB requested 3-5 volunteer sites to pilot the new QIP. Volunteered pilot sites agreed by the members were:

- Bristol RI – ER (as lead contact)
- Airedale, Notts – SAW (as lead contact)
- DGH, wales – SJ (as lead contact)
- Addenbrookes – CH (as lead contact)
- Frimley – GB (as lead contact)
- Gloucestershire - RS

It was noted that trainees can use these as a QIP.

Alternative methods such as PDSA or model for improvement were also discussed with the members. Consideration was given on whether run charts will show data per cycle or per patient. All members to consider and report back to AB.

**ACTION: All to consider and send comments and feedback to AB.**

**ACTION: AB to ask QI group for best QI model to use**

d) Best practice:

- 1) **Pain scale in children:** The reliability of the childrens pain scale has been criticised by James Nirmal et al in the EMJ. SS to update the pain scale and guidance based on the EMJ paper.

**ACTION: SS to make necessary amendments to the pain scale.**

- 2) **Mental Health Toolkit:** The guidelines are in development. Toolkit is on-going piece of work.

**ACTION: CH to review and revise the mental health toolkit.**

- 3) **Guidelines in development are due for review:** SS reported the FGM guidance has been reviewed. Positive feedback was given from the members. However, there were a few alterations to make suggested by the group. These were: remove the illustrations, classifications and remove the recommendations summary.

**ACTION: SS to publish after the alterations have been made.**

**Consent adolescent document:** has been reviewed to ensure consistency with the MCA guidance. GB suggested including a couple of lines about the clinicians thought process involved in deciding to chemically restrain patients. ER suggested including situations where written or verbal consent are appropriate, when to discuss complex cases with a colleague, and GC stabbing guidance.

**ACTION: SS to add in the above changes.**

**Absconding document:** ER informed members that 3 patients killed themselves post absconding. It was discussed to coordinate release of this BPG guidance with relevant safety alerts.

**ACTION: ER to release safety newflash on deaths after absconding on the same day as this.**

**ACTION: SM to publish both documents on the same day.**

**ACTION: SM to send a copy to, Michael Brown, and ask whether this can be endorsed.**

**Emergency department care:** This was developed by Gavin Lloyd. CQC asked outstanding EDs to share good examples. It was also reported to move away from BPG guidance and instead focus on it making it more of a toolkit.

LS suggested publishing a link of 50 things to achieve in ED and was agreed by all members. DP to liaise with lay group members and feedback to SS and AB. Plan is to publish on 12 October and brand as a 50<sup>th</sup> jubilee document.

**ACTION: DP to liaise with lay group members and feedback to SS and AB.**

**ACTION: All to send in information and comments from their Trusts that will help implement.**

e) **Major Trauma Committee:** resuscitative thoracotomy position statement has now been published.

f) **Toxicology:** This group will now be a SIG lead by JG.

**ACTION: MU to copy dialogue to AB and establish future plans.**

g) **Lay Advisory Group:** AB confirmed that LAG members are welcome to attend QEC. It was also reported that the RCPCH are keen to work with RCEM on a joint project to improve feedback from children attending EDs presentation was received.

**ACTION: DP to meet with RCPCH LAG**

**ACTION: DP to feedback progress and decisions and inform the adolescent lead, SJ**

## 6. Feedback from external people:

a) Mental Health: Toolkit is on-going. The NCEPOD report was published in January regarding the lack of care in ED's.

b) Alcohol: AB reported that RCEM contributed to the House of Lords Licensing Laws. It was also noted there are 4 guides to come out. It was noted that these will not affect the College.



- c) DH Mental Capacity act: Documents are being phased out and it was noted that new recommendations will be coming out soon.
- d) RCUK Working Group on CPR decisions form: 'Respect Form' is now published.
- e) National Emergency Laparotomy Audit: SAW reported that the Group met last month and it was the 4<sup>th</sup> year of data collection. The results revealed that deaths in hospital by 30 days improved slightly (9%) after laparotomy due to increased consultant lead care, more risk registers, and improved and outsourced CT scanning facilities.

**ACTION: ER to release a newsflash jointly with NELA.**

## 7. Study Days

### a) Upcoming:

- i. The Safer Care study day due to take place on 6<sup>th</sup> June 2017 was cancelled due to insufficient numbers.
- ii. Major Trauma:
- iii. Alcohol: Cancelled.
- iv. Major trauma in the trauma unit:

### b) Planning 2018 study days:

Public Health – LH January 2018.

Ambulatory Care – date to be confirmed, possibly in February or March 2018.

**ACTION: Ambulatory study days – MU to send Tara GMC domains.**

Safer Care – ER to submit proposal for 2018.

QIP – AB to lead with involvement from SS and JK. The date is still to be confirmed, possibly in June 2018.

Adolescent – MJ to confirm details.

Frequent Attenders – CH has expressed an interest in leading this study day, details to follow.

## 8. Future meeting dates:

### a) Upcoming:

- A. QEC small – 13<sup>th</sup> July 2017 (pm)
- B. QEC large – 11<sup>th</sup> October 2017, Octavia House

## 9. AOB

No other business was discussed.

## ACTION POINT SUMMARY

Work stream	Action	Action by:	Progress:
S&A	JK to supervise the new IT system specification writing	JK	CLOSED
QEC	AB to review all standards and archive those that are no longer current or relevant.	AB	To present at next meeting
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	CLOSED
QEC	AB to state RCEM's position, including results of the annual s136 survey when available	AB	CLOSED
QEC	CH volunteered to do Complex Regional Pain Syndrome in adults	CH	CLOSED
QEC	Any additional comments on GMC confidentiality guidance to be sent to AB, to be conveyed to GMC	All	Communicate to members, then close
SC	SM to contact Lisa Summers and Diana Hulbert at EMJ about the possibility of including newflashes in the EMJ supplement	SM	Link established
BP	SM to format Referral standards and publish	SM	Guidance cancelled
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	DONE
BP	ER to draft a list of NATSSIPs procedures and small QEC to review and approve once drafted	ER	
MT	QEC to email topics for the Major Trauma committee to consider	All	CLOSED
QEC	AB to record podcast on new RCEM QI guide	AB	To do
SC	ER to take chairs action to publish patient safety alert template when ready	ER	CLOSED
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	CLOSED
BP	Publish <b>The Pharmacist's Role in the Emergency Department</b> position statement.	SM	DONE
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	CANCELLED
Trauma	Publish the <b>C-Spine guidance</b> (social media not needed).	SM	DONE
QEC	To obtain QEC approval by Chair's action of the <b>sepsis toolkit</b> and arrange publication.	JK	DONE

**Action points from previous meetings**

**Action points from meeting held on 26<sup>th</sup> April 2017**

<b>QEC</b>	To amend and update the subcommittee structure and diagram	<b>SM</b>	Done
<b>QEC</b>	To contact ISR Chair once appointed	<b>AB</b>	
<b>Best Practice</b>	To advertise for new members for Best Practice and QA & I Committees.	<b>SM</b>	Done
<b>QEC</b>	To update structure.	<b>SAA</b>	Done
<b>Safer Care</b>	To send numbers and examples to AB to help create a narrative. These are to be included in the guidance.	<b>SAW &amp; ER</b>	Done
<b>Safer Care</b>	To use the safety flashes to sign post the crowding guidance and tool kit.	<b>ER</b>	Closed. It was noted that this was not suitable as an intervention.
<b>QEC</b>	To review crowding guidance and toolkit	<b>AB, ER &amp; Ian Higginson</b>	Ongoing (for review by council before publication)
<b>Best Practice</b>	To review guideline and submit comments to vascular society. Then to publish on RCEM website.	<b>SS</b>	Ongoing
<b>QEC</b>	<del>RCP standardised mortality review form: RCEM is to give guidance on what to look for when reviewing the notes, how to best use the information obtained from the review and how this learning can be shared with all other services.</del>	<b>All</b>	CLOSED
<b>QEC</b>	RCP standardised mortality review form: ER's colleague, Becky Maxwell, is to create the form and produce at next QEC.	<b>ER</b>	
<b>QEC</b>	RCP standardised mortality review form: JK to send example to BM	<b>BM &amp; JK</b>	
<b>QEC</b>	<del>FPHEC Immobilisation guidance: JJ to review</del>	<b>JJ</b>	Decision not to endorse
<b>Best Practice</b>	<del>SS from best practice to confirm whether SCC can send crowding tool for escalation.</del>	<b>SS</b>	CLOSED
<b>Safer Care</b>	ER to re-publish the crowding tool and include new ideas discussed.	<b>ER</b>	To be included in toolkit review
<b>QA &amp; I</b>	To make report edits and add QIP icon.	<b>SM, AG &amp; MU</b>	Done
<b>QA &amp; I</b>	To draft press release for audit reports	<b>SM &amp; LO</b>	Done
<b>QA &amp; I</b>	To publish endorsements on 26 <sup>th</sup> May 2017	<b>SM</b>	Done
<b>QA &amp; I</b>	NL to discuss pain in children standard with SS	<b>NL &amp; SM</b>	CLOSED
<b>QA &amp; I</b>	<del>QIP Proposal: All to consider and send comments and feedback to AB</del>	<b>All</b>	CLOSED
<b>QA &amp; I</b>	<del>QIP Proposal: AB to ask QI group for best model or whether a more flexible model is allowed</del>	<b>AP</b>	
<b>Best practice</b>	Pain scale in children: SS to make necessary amendments to the document	<b>SS</b>	To do
<b>Mental health</b>	Review and revise Mental Health Toolkit	<b>KSH</b>	Ongoing

<b>Best practice</b>	<del>Consent adolescent document: SS to add in the above changes</del>	<b>SS</b>	DONE
<b>Safer Care</b>	Absconding document: ER to release safety news alerts on deaths after absconding on the same day as this	<b>ER</b>	To publish
<b>Quality Team</b>	Absconding document: SM to publish both documents on the same day	<b>SM</b>	To publish
<b>Quality Team</b>	<del>Absconding document: SM to send a copy to, Michael Brown, and ask whether this can be endorsed</del>	<b>SM</b>	CANCELLED
<b>LAG</b>	<del>Emergency department care: DP to liaise with lay group members and feedback to SS and AB</del>	<b>DP</b>	Done
<b>QEC</b>	Emergency department care: all to send in information and comments from their Trusts that will help implement	<b>All</b>	AB to make final edits. Chairs action to publish
<b>QEC</b>	<del>Toxicology: MU to copy dialogue to AB and establish future of SIG</del>  Update internally concealed drugs guidance	<b>MU/SM</b>  <b>Tox SIG</b>	SM to recruit SIG members if required
<b>LAG</b>	DP to meet with RCPCH LAG regarding feedback from children attending EDs  DP to feedback progress and decisions and inform the adolescent lead MJ	<b>DP</b>	DP to report at 11 October meeting
<b>Safer Care</b>	<del>ER to release a newsflash jointly with NELA</del>	<b>ER</b>	Done
<b>QEC</b>	<del>Ambulatory study days – MU to send Tara GMC domains</del>	<b>MU</b>	Done