



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, 7 July 2016

In attendance:

Name		Position in Committee	Apologies
Adrian Boyle	AB	Chair, QEC	
Mary Dawood	MD	Nurse Representative	
Sarah Finlay (by telephone)	SF	Toxicology	
Simon Howes	SH	Policy Research, RCEM	
Jon Jones	JJ	Chair, Major Trauma	
Jeff Keep	JJ	Chair, S&A	
Sam McIntyre	SM	Secretariat, RCEM	
Tandeep Phull	TP	Secretariat, RCEM	
Derek Prentice	DP	Chair, LAG	
Emma Redfern	ER	Chair, Safer Care	
Simon Smith	SS	Chair, Best Practice	
Mohbub Uddin	MU	Secretariat, RCEM	
Unconfirmed apologies:			

Minutes

1. Welcome, apologies and declarations of conflicts of interest

AB welcomed members and informed the group SF will be joining the meeting via teleconference.

AB declared a potential conflict of interest: he is now the Director of Cambridge Clinical Analytics.

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

Minutes of the previous meeting on the 21st April 2016 were approved by members.

Updates to previous action points:

Work stream	Action	Action by:	Progress:
SC	ER to discuss standardised mortality review form project with RCP and feedback to AB	ER	ER provided update. 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.
SC	ER to investigate mental health harm in the	ER	DONE - findings suggested no

	incident data, especially relating to CYP. The committee felt this may include delays exacerbated by a lack of observation space		correlation between mental health in incident data to CYP. ACTION: AH to conduct a mental health survey.
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	
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 ACTION: JK to draft introductory text for the webpage that will host the audit datasets and circulate to QEC for approval.
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 ACTION: SM to promote the publication of new Consultant sign-off standards through the RCEM newsletter and other social media channels.
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
Trauma	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	SM	Ongoing
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	All	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	Ongoing
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: http://doodle.com/poll/sv87ims4e7u3w42d	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	→ Due to start Spring/Summer 2016
Best Practice	Early pregnancy bleeding statement – check progress with RCOG endorsement and publish	SM	→ SM to seek AEPU and RCOG endorsement
QEC	Lead the design of a study day focussing on Challenging patients , with support from SM/MU	FW	→ FW to organise for 2017.
Best Practice	Liaise with Chris Walsh and produce podcasts , prioritising the Alcohol, Mental Health and the MCA toolkits	FW	RCEMlearning & FOAMED due to merge. Process to initiate new content: contact local FOAM lead to organise & record

			SM to distribute list of FOAM leads: www.rcemfoamed.co.uk/about/ → FW to contact appropriate FOAM lead
QEC	Development a short course in interventional psychiatry for trainees , with potential for consultants to also attend	KMJ & AH	Update requested from KMJ. KMJ looking at launching at a conference later in 2016. → KMJ to keep RCEM updated on progress.
S&A	Draft business case and technical specification for rapid cycle audit	JK	All 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. ER & NL to send example to JK → JK to draft for next meeting
S&A	Review committee membership (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 brain injured patients (trauma and stroke)	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 APLS and ATLS for AB to raise with Major Trauma for advice on RCEM position	MJ	To discuss at meeting
QEC	AB to discuss one-page guidance on section 136 progress with AH	AB	In progress

3. Discussion items

a) To review: RCEM guide to QI (AB)

AB sought the QEC's advice on the *RCEM guide to QI*. Members were generally happy with the current edition. It was suggested that more graphics could be included as well as reference to 'Runners, Repeaters, Strangers'. The QEC was advised that the HQIP website is a useful source of resources. The QEC was advised that the guide should not refer to QI as a money-saving activity. Rather, its focus should be on improving the quality of care provided to patients.

ACTION: ER to send AB examples of communication in the ED for inclusion in the RCEM guide to QI.

ACTION: All to submit to AB further examples, ideas and suggestions for inclusion in the RCEM guide to QI.

b) Forward planning

i. 2017 study days

SM advised the QEC about the new study day booking protocol that was issued by the Events team. Members were informed that bookings for 2017 events will need to be made by the end of August 2016. The following study days have been planned for 2017:

- Trauma – date to be confirmed
- Safer Care – date to be confirmed and duty of candour to be included as a topic
- Alcohol – SS to follow up progress with study day organiser FW and to consider postponing until 2018
- Challenging Patients - SS to follow up progress with study day organiser FW and to consider postponing until 2018
- Mental Health -
- Adolescent – SM to follow up progress with study day organiser MJ

Members noted that the last edition of the QIP study day will run in October 2016.

ACTION: All organisers to submit respective dates of study days using the new events booking protocol.

ii. QEC and subcommittee work streams for 2017 and beyond

Members were generally happy to continue with the current work plan.

JK felt that there needs to be further discussion around the work of S&A. AB suggested involving more QI experts. JK informed that he has already approached interested parties who may need to be co-opted as new subcommittee members. JK was advised to develop the audit programme into a more effective QI tool. MD suggested S&A to be renamed 'Audit and QI'.

ER is working to make the Safer Care Subcommittee more effective to improve the dissemination of information to all stakeholders. ER would like to recruit one additional member.

ACTION: AB to update the QECC terms of reference.

ACTION: JK to recruit 2 new members for the S&A.

ACTION: ER to recruit 1 new member for Safer Care.

c) NICE consultations

AB informed members that this does not need to be discussed at the QEC meeting, as this can be dealt with via email by AB as they arise.

d) Duty of Candour – update on position statement

The position statement is being developed by Safer Care. Members suggested duty of candour as a safer care study day topic.

e) Leaders' day (29 Nov 2016. RMS)- presentation on quality indicators and measuring success

AB informed the QEC that he will be giving the above presentation.

4. Update on committee membership and new appointments

a) QEC

Discussed under other items.

b) S&A

Discussed under other items.

c) Major Trauma

JJ requested for a trainee member to join his committee and possibly 1 LAG representative too.

d) Safer Care

Discussed under other items.

e) Recruitment of mental health crisis care and police work rep for QEC

Recruitment efforts continue and AB has identified a potentially suitable new member.

f) Potential to restructure under new RCEM President – ideas and suggestions

Members were advised that RCEM workstreams and committees will potentially be restructured.

ACTION: All to submit potential committee restructuring ideas and suggestion.

ACTION: All Chairs to appoint committee/subcommittee/group Deputy Chairs and provide training to ease the transition of responsibilities.

5. Updates (for info only)

a) QEC update (AB)

AB will remain as chair of QEC for the next 3 years

b) Safer care update (ER)

QEC was informed that a safety alert was issued in July 2016. NEWS position statement has been published and sent to all Members and Fellows.

ACTION: SM to publicise the NEWS position statement using appropriate media, including Twitter.

c) Standards & Audit update (JK)

i. 2016/17 audit overview

QEC were informed that the piloting of online forms for Asthma, Consultant Sign-off and Sepsis audits is currently being rolled out. Registration is now open and data entry will open on 1 August 2016.

ACTION: SM and all Chairs to promote the audits via Twitter and other social media to ensure high volume of submissions.

ii. Ideas for 2017/18 audit topics

Homelessness was suggested as a topic for 2017/18 audits. However, QEC thought this would be a challenging topic on which to collect correct data, particularly as a new audit methodology is planned to be introduced. It was agreed that RCEM is not ready to audit this topic in 2017/18.

Members suggested the following audit topics for 2017/18:

- Procedural sedation

- Abdominal pain in adults (includes vital signs and emerging laparotomy)
- Feverish children

ACTION: JK to consult and obtain agreement from S&A on 2017/18 audit topics.

iii. Rapid cycle progress

JK outlined in a presentation the draft business case for National QIPs and sought comments from QEC. He described the rapid cycle audit methodology and explained how this might work for EM. It is intended that future audits will be more user-friendly with more interaction and engagement.

QEC felt that the audit specification appears to be broad. It was suggested that the results of a previous, robust RCEM audit should be used as the basis for future rapid cycle audits and that there should be a facility to record free text comments.

d) Best Practice (SS)

SS provided an update to the QEC – please refer to attachment.

i. Update on recruiting alcohol champions

Suitable candidates have not yet been identified for this position.

ii. The Pharmacist's Role in the Emergency Department

AB presented the position statement and it was approved by the QEC for publication.

ACTION: SM to publish The Pharmacist's Role in the Emergency Department position statement.

iii. Referral

The draft *Standards of Referral from Emergency Medicine to Inpatient Teams* best practice guideline was presented to the QEC. Members reviewed the document and suggested that it should be more evidence-based. It was agreed to remove the background section and that it would be ready for publication with a few other minor amendments. QEC agreed that the revised document could be approved by Chair's action and then published.

ACTION: SS to revise the Standards of Referral from Emergency Medicine to Inpatient Teams best practice guideline, obtain approval of the final version from the QEC Chair and then arrange publication.

iv. Ownership of patients (inc responsibility for test results whilst waiting for transfers)

The *Scoping document for RCEM QEC: Clinical Responsibility for Patients within the Emergency Department* was presented to the QEC. Members commented that the document should be more patient-focused and to consider citing ER's work on patient deterioration. The examples in the document are useful for non-emergency medics.

ACTION: SS to revise the Scoping document for RCEM QEC: Clinical Responsibility for Patients within the Emergency Department, obtain approval of the final version from the QEC Chair and then arrange publication.

e) Lay Advisory Group (DP)

DP reported an offer of research funding, which was welcomed, but was advised to notify the appropriate research committee.

f) Major Trauma Committee (JJ)

QEC were informed that most of the speakers for the study day have been confirmed.

At the request of the President, JJ and David Skinner have been involved in combining the 5 separate NICE trauma care guidances into a single summarised document. Advice is to be sought from the President about whether the guidance should be made available through the RCEM website.

Work on blood transfusions is ongoing.

Work on developing C-Spine guidance is ongoing and will be published when it is ready.

Work continues on developing the guidance for trauma networks on how to address the issue of traumatic cardiac arrests in the trauma unit.

Work to develop trauma team member training is ongoing.

The work on the use of trauma CT in adults is to be revived but this may be best considered vis-à-vis work already being done by NICE.

JJ was advised to consider using TARN data as a means to drive QI and to include as a topic for the study day.

ACTION: JJ to seek advice from the President and, if agreed, to place a link to the summarised NICE trauma care guidance within the external guidelines section of the RCEM website.

ACTION: SM to publish the C-Spine guidance (social media not needed).

ACTION: JJ to liaise with TARN to identify and compile a list of helpful standards.

g) Information sharing to prevent community violence

Information Sharing to Prevent Community Violence, which is now known as Information Sharing to Tackle Violence (ISTV), is running another training event in the autumn.

h) Toxicology

SF advised that Joe Grindley is the Toxicology Chair and that he will be attending future QEC meetings.

ABD guidelines have been published and that the Body Packers and Stuffers document is being revised.

AB suggested that the Toxicology website is to be incorporated within the main website and not as a standalone entity.

SF is drafting a process for reporting users of novel psychoactive substances. This is not intended to be a compulsory requirement but as an alternative to the 'yellow card' system, which is intended to be used for prescription drugs. AB expressed reservations about creating a new process as this may not be the best way forward.

SF has made minor revisions to the antidote availability guidelines.

Toxicology requires 2/3 additional members selected.

ACTION: SM to liaise with Joe Grindley to incorporate the Toxicology pages within the main RCEM website.

ACTION: SM to provide Aaron Haile's contact details, for SF to liaise with whilst developing the process for reporting users of novel psychoactive substances.

ACTION: MU to publish the revised 2016 version of the antidote availability guidelines on the RCEM website, which are to be supplied by SF.

ACTION: SF to recruit members for the Toxicology group.

6. Feedback from external activity

a) Mental Health (inc crisis care workshop with mind 6th July)

A workshop was held in conjunction with the charity mind, CoP, RCPsych.

The national concordat will finish in September 2016, after which regional concordats will continue the work.

b) Alcohol

Zul Mirza has been attending the meetings of the Alcohol Alliance and RCEM continues to be a subscription paying member.

c) DH Mental Capacity Act

A guidance document on Consented Capacity is being drafted and is likely to be ready by autumn 2016.

d) RCUK Working Group on CPR decisions form

No update was received.

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

Discussed under other items.

7. Study days

a) Upcoming:

- i. QIP – 10 Oct 2016
- ii. Major trauma – 28 Nov 2016
- iii. The Really Useful Guide to Leading and Managing your ED – 12-13 Dec 2016
- iv. Challenging patients – TBC Spring 2017 (FW)
- v. Safer care – TBC 2017
- vi. Forward planning for 2017 – what study days do we want?

Items 7a)i-vi Discussed under item 3bi, above.

8. Future meeting dates:

- a) QEC large – 16 Nov (Subcommittees 1000-12.00, large QEC 13.00-17.00)
- b) QEC small – 12th Jan 2017 (pm)
- c) QEC large – 26th April 2017
- d) QEC small – 13th July 2017 (pm)
- e) QEC large – 11th Oct 2017

9. AOB

a) SH – Elderly Care

SH briefed the QEC regarding research that he wishes to conduct on elderly care provisions. He advised that although life expectancy has increased, elderly people experienced less healthy or disability-free days. He estimated that there were less hospital beds for geriatric patients and that the rate of admissions has slowed in recent times.

SH has requested funding from the Executive for research into geriatric hospital bed occupancy rates, length of stay, impact on patients and the impact that all of this has on the healthcare system. This is also help to determine the range and depth of social care provision currently available. SH would like to present the findings to relevant politicians to raise awareness of elderly care provisions.

ACTION: All to volunteer and notify SM if they would be able to assist SH with research on elderly care provision.

b) Lung Cancer Support Group

JK is engaged with a lung cancer support group who have offered to work with EDs. JK will evaluate the offer and feedback if, and what level of, involvement can be established with this group. It was suggested that the group's work may be referred to within the Palliative Care best practice guideline.

ACTION: JK to update QEC if and how EDs can engage with the lung cancer support group.

c) Sepsis Toolkit

Together with the UK Sepsis Trust, the toolkit has been updated, incorporating the NICE recommendations. It has been sent to NICE for their approval, after which it will need to be approved by the QEC before publication.

ACTION: JK to obtain QEC approval by Chair's action of the sepsis toolkit and arrange publication.

d) Mental Health Simulation Course

AB informed members that a Teaching Fellow presented a simulation course on mental health in EDs and is keen to work with RCEM.

ACTION: JK to liaise on behalf of RCEM with the organiser of the mental health simulation course and establish a working relationship.

ACTION POINT SUMMARY

Work stream	Action	Action by:	Progress:
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 st 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 st 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 RCEM guide to QI .	ER	
QEC	Submit to AB further examples, ideas and suggestions for inclusion in the RCEM guide to QI .	All	
QEC	Submit respective dates of study days using the new events booking protocol.	All organisers	By the end of August 2016
QEC	Update the QECC terms of reference .	AB	
S&A	Recruit 2 new members for the S&A.	JK	
SC	Recruit 1 new member for Safer Care.	ER	
QEC	Submit potential committee restructuring ideas and suggestions.	All	
QEC	Appoint committee/subcommittee/group Deputy Chairs and provide training to ease the transition of responsibilities.	All Chairs	
SC	Publicise the NEWS position statement using appropriate media, including Twitter.	SM	
QEC	To promote the audits 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 audit topics .	JK	
BP	Publish The Pharmacist's Role in the Emergency Department position statement.	SM	
BP	Revise the Standards of Referral from Emergency Medicine to Inpatient Teams best practice guideline, obtain approval of the final version from the QEC Chair and then arrange publication.	SS	
BP	Revise the Scoping document for RCEM QEC: Clinical Responsibility for Patients within the Emergency Department , 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 NICE trauma care guidance within the external guidelines section of the RCEM website.	JJ	
Trauma	Publish the C-Spine guidance (social media not needed).	SM	

Trauma	Liaise with TARN to identify and compile a list of helpful standards.	JJ	
Toxicology	Liaise with Joe Grindley 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 novel psychoactive substances .	SM	
Toxicology	Publish the revised 2016 version of the antidote availability guidelines on the RCEM website, which are to be supplied by SF.	MU	
Toxicology	Recruit members for the Toxicology group.	SF	
QEC	Volunteer and notify SM if they would be able to assist SH with research on elderly care provision .	All	By September 2016
QEC	Update QEC if and how EDs can engage with the lung cancer support group .	JK	
QEC	To obtain QEC approval by Chair's action of the sepsis toolkit and arrange publication.	JK	
QEC	Liaise on behalf of RCEM with the organiser of the mental health simulation course and establish a working relationship.	JK	
Action points from previous meetings			
Trauma	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	SM	Ongoing
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	Ongoing
SC / BP	Develop position statement on duty of candour	ER, JF	Ongoing
BP	Anne Hicks to lead on reviewing and revising the mental health toolkit in Spring 2016 with support as necessary	AH & SS	→ Due to start Spring/Summer 2016
Best Practice	Early pregnancy bleeding statement – check progress with RCOG endorsement and publish	SM	→ SM to seek AEPU and RCOG endorsement
QEC	Lead the design of a study day focussing on Challenging patients , with support from SM/MU	FW	→ FW to organise for 2017.
Best Practice	Liaise with Chris Walsh and produce podcasts , prioritising the Alcohol, Mental Health and the MCA toolkits	FW	RCEMlearning & FOAMED due to merge. Governance recently re-structured, dispensing with regional leads. Info about the new set-up can be found here . All proposals for new submissions are submitted there, and reviewed by a member of the editorial board. SM to distribute list of FOAM leads: (see above update) → FW to contact appropriate FOAM lead

QEC	Develop a short course in interventional psychiatry for trainees , with potential for consultants to also attend	KMJ & AH	→ KMJ to keep RCEM updated on progress.
S&A	Draft business case and technical specification for rapid cycle audit	JK	All 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. ER & NL to send example to JK → JK to draft for next meeting
S&A	Review committee membership (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 brain injured patients (trauma and stroke)	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 APLS and ATLS for AB to raise with Major Trauma for advice on RCEM position	MJ	To discuss at meeting
QEC	AB to discuss one-page guidance on section 136 progress with AH	AB	In progress