



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, 21 April 2016

In attendance:

Name		Position in Committee	Apologies
Adrian Boyle	AB	Chair, QEC	Anne Hicks
Derek Prentice	DP	Chair, LAG	Dorothy Apakama
Dhakshinamoorthy Vijayasankar	DV	Member	Jeff Keep
Emma Redfern	ER	Chair, Safer Care	Emma Greenwood
Glyn Barnett	GB	Member	Mary Dawood
James France	JF	Acting Chair, Best Practice	Heather Jarman
Jon Jones	JJ	Chair, Major Trauma	Simon Smith
Julia Gamston (attending on behalf of Mary Dawood)	JG	Member	Anne Frampton
Lizzie Hutchinson	LH	Member	Anne Welling
Michelle Jacobs	MJ	Member	Zulfiquar Mirza
Nicola Littlewood	NL	Member	Fiona Wisniacki
Rob Stacey	RS	Acting Chair, S&A	Sarah Finlay
Sally Jones	SJ	Member	Elizabeth Saunders
Sally-Anne Wilson	SAW	Member	John Keaney
Sian Thomas	ST	Member	Catherine Hayhurst
Sophie Graber	SG	Member	
Sam McIntyre	SM	Secretariat, RCEM	
Mohbub Uddin	MU	Secretariat, RCEM	

Unconfirmed apologies:
Bill Hulse, Claire McGroarty, Giles Haythornthwaite, Jennifer Simpson, Lucy Bingham, Magdy Sakr, Martin Wiese, Rachael Morris-Smith, Robert Pinate, Robin Beal, Shammi Ramlakhan

Minutes

1. Welcome, apologies and declarations of conflicts of interest

It was noted that the meeting clashes with ICEM, therefore higher than usual numbers of apologies were received. No new Col declared.

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

Minutes correction: SDDC is represented by its Chair at RCEM Council, not Executive as previously stated.

Updates to previous action points:

Work stream	Action	Action by:	Progress:
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	Resend link by email for the Delphi study on NICE topic prioritisation and all members requested to participate	KMJ	DONE – frequent attenders and suggestions from JJ discussed
Safer Care	Initiate discussions with Safer Care in anticipation of request by NCEPOD next	ER	DONE – dissection and abdominal pain in older people discussed

	year for the suggestion of further topics		
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	Development a short course in interventional psychiatry for trainees , with potential for consultants to also attend	KMJ & AH	DONE - Update requested from KMJ. KMJ informed Secretary on 22 April 2016 that this course, currently called APEx, is on track for launch in September 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	
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
QEC	Consider rescheduling future meetings to avoid clashing with school holidays	SM	SM to rescheduled Autumn QEC outside school holidays All to indicate availability here: http://doodle.com/poll/sv87ims4e7u3w42d

3. Discussion items

a) System wide outcome measures for urgent and emergency care networks

Presentation developed by NHSE outlining the U&E care measures and performance management. The committee wish to feedback to following comments to the Executive:

- The term 'unnecessary attenders' felt to be pejorative and should be amended
- Mortality data is difficult for EDs to collect retrospectively. Mortality reviews are part of the contract in some places, e.g. Wales. ER reported an RCP initiative working with Datix to produce a standardised mortality review form

ACTION: ER to discuss standardised mortality review form project with RCP and feedback to AB

- Desire for coroners reports to be shared with EDs to promote learning

- Flow and occupancy needs to apply to the whole hospital
- The committee does not support collecting data on patient experience indicators when they are acknowledged as being non-evidence based.

b) Mental health

i. Crisis care concordat (SM)

The most recent concordat meeting discussed the following points relevant to EM:

- second concordat action plan due to be published early this summer
- four year plan to ensure liaison psych is available in 100% EDs, with 50% of these available 24/7
- 5yfv for mental health includes better data on performance and outcomes, with a focus on people with personality disorders in EDs and access for children and young people (CYP). PHE currently consulting on potential measures, Aaron Haile and Tom Hughes (Informatics Chair) responding to consultation on behalf of the College.
- NHSE developing a 'directory of services' to highlight local alternatives to ED.

ACTION: 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

ACTION: all to send AB anonymised accounts of mental health related adverse events, including trolley waits, transfers and outcomes

ii. Mental Capacity Action Day & forum (DA paper)

Written update provided by DA. The committee praised the excellent progress made in this area by DA.

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

Trainees now conduct QIPs instead of CTRs. AB has drafted guidance on QI methods for consultants and trainees, as this overlaps with education the guidance will be signed off by QEC, the Dean, Training and standards Committee and the Education Committee.

The committee gave the following feedback:

- More use of pictures and diagrams in the final draft, including run charts
- Support for including a wider range of methodologies than PDSA and IHI model for improvement
- Concerns that six-sigma is not appropriate for human interactions and complex environments
- Desire to address culture and team willingness for QI, including interactions with the wider hospital
- Discussed potential for names QI lead (similar to initiatives in safer care and trauma). Consultant competencies are being supported by QIP study days. The committee queried if the expectation is that all consultants are expected to be competent in QI – this was confirmed, however it was acknowledged that in practice the lead is likely to be the same person as the audit clinical lead.
- Higher trainee competencies taken directly from AoMRC document
- Global trigger tool not felt to be useful for EDs

ACTION: ER and safer care committee to contribute to draft RCEM QI guide

ACTION: SAW to send AB curriculum trainer notes for use in RCEM QI guide

- Include signposting to QI training courses & existing resources

ACTION: NL to recommend useful QI courses/resources for RCEM QI guide

- Consider creating a FOAM summary

d) Clinical audit

i. 2015/16 audit reports (RS on behalf of JK)

- All three reports are due to be published in May. The S&A committee reviewed the draft procedural sedation report in detail this morning. VTE and vital signs to be reviewed by S&A by 10 May.
- Discussed producing a separate lay summary, decided instead to make the existing executive summary accessible to lay readers.

ACTION: DP & LAG to review audit report exec summaries for accessibility

- Procedural sedation report to include recommendations for EDs to use SIVA as a general safety checklist and NatSSIPS as the sedation specific checklist/proforma

ACTION: SM to ensure Procedural sedation report includes recommendations for EDs to use SIVA and NatSSIPS

- Best practice sedation guidance to be published same time as audit report. Guidance to include copies of the checklist and proforma

ACTION: SS to ensure sedation guidance includes copies of the checklist and proforma

- Open data: discussed the options for publishing the open audit data. Decided to publish with full transparency; EDs named against data records.

ACTION: RCEM to publish audit datasets with full named transparency at ED level

ii. 2016/17 audit standards (RS on behalf of JK)

Individuals have been assigned to lead on developing the three 2016/17 audits:

- Asthma – NL
- Consultant sign-off - RS
- Sepsis – JK

The standards are currently being reviewed to ensure compliance with recent NICE guidelines and evidence, draft standards are to be completed by the end of May. The committee discussed potentially changing the consultant sign-off standards based on findings from the Safer Care Committee analysis of incident data

ACTION: RS to explore potential updates to consultant sign-off standards based on incident data with ER, GB & SAW

Piloting is due to begin in June, volunteer sites to pilot one or more audits are welcomed.

ACTION: all to notify SM or MU if able to volunteer as a pilot site for one or more audits

e) Rapid cycle audit business case – call for ideas and suggestions to support QI (SM on behalf of JK)

All encouraged to consider potential mechanisms and formats for the rapid cycle audit data presentation based on experience with similar systems.

ACTION: all to contact JK with suggestions for rapid cycle audit mechanisms or formats

f) NICE consultations:

i. NICE quality standard topic engagement exercise - falls prevention (suggestions with potential to improve the quality of falls prevention)

Discussed the submission to NICE regarding ideas to improve falls prevention. All thanked for their contributions.

ii. Stakeholder registrations

AB to continue to advise on RCEM involvement in NICE consultations.

g) To approve: RCEM response to RCR imaging in paediatric trauma guidelines

JJ provided the background and an overview. The committee approved publication, pending RCR endorsement

ACTION: SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.

h) Brain Injury WP – guidance drafted, due to be finalised 22 April (Jason Kendall)

Written update from Jason Kendall that the group are meeting 22 April to finalise the draft, which is expected to be circulated soon after.

i) Delphi study on NICE topic prioritisation – update from Chairs on discussions with their committee members (all chairs)

Frequent attenders and crowding discussed as topic priorities.

4. Update on committee membership and ratification of new appointments (SM)

a) QEC

AB confirmed intention to re-stand as QECC Chair for a second term, this was supported by the committee.

ACTION: SM to notify Gerardine Beckett that AB will re-stand as QEC Chair

b) S&A

Currently advertising for a general member and a QI expert.

c) major trauma

Currently advertising for a trainee member.

d) safer care

Currently advertising for a general member, a trainee and regional reps.

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

Currently advertising for a new member with expertise in mental health crisis care and working with the police. Once appointed this member is expected to sit on QEC & Best Practice.

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

The committee discussed the potential to restructure QECC and sub-committees with the appointment of the new RCEM President. Suggestions included:

- Moving away from physical meetings to more phone and online meetings
- Considering either changing S&A to 'quality assurance and improvement' or creating a new sub-committee focussed on quality improvement.

5. Updates (for info only)

a) QEC update

No additional updates

b) Safer care update (ER)

The committee has been analysing incident data, focussing on reviewing moderate harms to death. Current themes include: handover, rapid deterioration, missed hip fractures in elderly patients, head and neck injuries and patient ownership where delays of transfer occur.

ACTION: SC committee to disseminate incident learning via safety bulletins and podcasts.

The committee discussed a need for guidance regarding patient ownership. Guidance to be consistent with the crowding guidance - which states that patients become the responsibility of a ward once transferred, thus implying ED responsibility of patients while physically located in the ED.

ACTION: Best Practice to consider developing guidance around ownership of patients, including clarifying responsibility for test results whilst waiting for transfers.

NHSLA are currently doing work on 'high incident, low cost claims'.

ACTION: SC bulletin to highlight NHSLA 'high incident, low cost claims'.

c) Standards & Audit update (RS)

2016/17 audit topics confirmed as Asthma (adult and paediatric), Consultant sign-off, and Sepsis. Potential 2017/18 audit topics include homelessness and a re-audit of the Procedural Sedation audit.

ACTION: QEC to sign-off final 2017/18 topic selection at autumn meeting.

d) Best Practice (JF)

i. Update on recruiting alcohol champions

No update.

ii. The Pharmacist's Role and the Emergency Department

QECC approved publication of the updated version, subject to approval from RCEM Exec.

ACTION: JF/SS to circulate updated pharmacist guidance to RCEM Exec for approval prior to publication.

iii. Management of Acute Behavioural Disturbance (ABD) (inc co-badging)

Requires further work on the recommendations. Concern that the patient population may require clarification to prevent be misunderstanding.

ACTION: JF/SS to revise ABD guidance

ACTION: Committee agreed Chairs action may be taken to publish ABD guidance once revised.

iv. Pharmacological Agents for Procedural Sedation and Analgesia

Approved for publication with the Procedural Sedation audit once formatted.

ACTION: JF to send final sedation guidance to SM for circulation to S&A

ACTION: SM to publish sedation guidance with Procedural Sedation audit

v. Emergency Department Patients in Police Custody

Not yet endorsed by the College of Policing

ACTION: SM to obtain CoP endorsement of Patients in police custody guidance prior to publication

vi. Referral

This guidance was developed to address difficult working relationships/environment arising from a lack of clarity regarding referral. Further work on this guidance is required:

- Concern expressed regarding standard 2; diagnosis is not always possible
- Should make reference to SBAR
- Not felt to foster good collegial working
- Should include guidance on deteriorating patients
- Concerns about ICU requiring patients to be stabilised

ACTION: Referral guidance to be revised for review at next QEC meeting.

e) Lay Advisory Group (DP)

New members have been inducted into the work of the College and allocated to committees. DP to remain as member of QEC. AB confirmed that LAG members were welcome to contribute to or observe the QEC or any of the sub-committee meetings.

f) Major Trauma Committee (JJ)

i. Paediatric trauma - stabilisation of the cervical spine

This topic is the subject of a recent publication in the Journal of Bone and Joint Surgery, guidance is required due to conflicts in evidence about management. Approved for publication once formatted.

ACTION: SM to format and publish cervical spine guidance

ii. Trauma Team Leader competency document

The committee noted that not all trauma team leaders are in EM, although the majority are. Chris Moran is very supportive of this work. The RCS trauma in orthopaedics lead praised the document,

there is a desire to make it intercollegiate with RCS, RCoA and ICM endorsement. Decided not to include TARN knowledge as a competency after discussion. Only minor edits required.

ACTION: JJ to remove reference to 'code red' in Trauma Team Leader competency document

Approved for publication once approved by RCEM Dean. The committee was undecided whether to publish under the workforce or curriculum section of the website.

ACTION: Trauma Team Leader competency document to be reviewed by the Dean, then published

g) Information sharing to prevent community violence

No update but AB continues to attend group meetings.

h) Toxicology

See written update from SF.

6. Feedback from external activity

a) Mental Health

AB sits on RCPsych's mental health access group and has recommended a 4 hour target for referral.

b) Alcohol

No update.

c) DH Mental Capacity Act

See written update from DA.

d) RCUK Working Group on CPR decisions form

No update.

ACTION: CH to provide update on CPR decisions to be circulated

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

SAW sits on the NELA steering groups as EM rep. The latest report executive summary can be downloaded [here](#).

ACTION: SAW to continue attending NELA steering group and feeding back via QEC update form.

The committee is keen to work with NELA to improve time to antibiotics, and any other areas overlapping with EM. Clarity is required on whether NELA's 'time to antibiotics' data begins at the time of admission or time of arrival at hospital.

ACTION: SAW to ask NELA to confirm that this will be time of arrival at hospital in the next round of data collection.

ACTION: SS/AB to consider whether a position statement is required to raise awareness of the time targets for antibiotics

7. Study days

a) Upcoming:

i. QIP – 10 Oct 2016

ii. Major trauma – 28 Nov 2016

The study day should include elements of QI. Speakers are currently being sought, volunteers should contact JJ. There is the potential to use a free venue in Coventry (via JJ) if this is not held in London.

ACTION: all to contact JJ to volunteer as speaker at trauma study day

iii. How to manage and lead your ED – 12-13 Dec 2016

This will be an exciting two-day event. Speakers are currently being sought, Chairs are encouraged to volunteer by contacting Ian Higginson or SM.

ACTION: Chairs to contact Ian Higginson or SM to volunteer as speaker at 'How to manage and lead your ED' study day

iv. Challenging patients – TBC Spring 2017 (FW)

No update.

v. Forward planning for 2017

Safer care plan to hold a study day in 2017.

ACTION: ER to discuss potential safer care study day dates and topics with SM

Desire for a crowding study day in 2017.

ACTION: AB to discuss potential crowding study day dates and locations with Ian Higginson

b) Completed:

i. Mental health – 22 Feb (SM to feedback)

The study day featured some high profile speakers, including the Geraldine Strathdee, NHS England and a very well received service user and carer.

ii. Crowding regional events – Wales 12 Feb

Desire for another crowding study day in 2017.

iii. QIP – 13 April 2016

The study day remains popular and has received good feedback from attendees.

iv. **Clinical leaders day – 1 December 2015 in London**

v. **Adolescent services – 24 February 2016 at RCEM**

Good feedback from attendees. There is a desire to summarise study learning in a podcast for wider dissemination.

ACTION: MJ to coordinate podcast to summarise learning from adolescent study day

8. **Future meeting dates:**

- a) QEC small - 7 July 2016, 11:00-14:00
- b) QEC large - 27 Oct (Subcommittees 1000-12.00, large QEC 13.00-17.00)

This date is due to be rescheduled to avoid school holidays.

ACTION: all to provide availability for potential new QEC autumn dates at:

<http://doodle.com/poll/sv87ims4e7u3w42d>

- c) QEC small – 12th Jan 2017 (pm)
- d) QEC large – 26th April 2017
- e) QEC small – 13th July 2017 (pm)
- f) QEC large – 11th Oct 2017

9. **AOB**

a) **Duty of candour**

RCR recently published a controversial statement on the responsibilities of specialties regarding duty of candour. The committee felt the need for a joint RCEM position statement from the Safer Care and Best Practice Committees to clarify our position.

ACTION: ER and JF to develop position statement on duty of candour

b) **NCEPOD mental health case reviews**

NCEPOD are seeking two EM advisor case note reviewers for a new study on young people's mental health. MJ and GB volunteered, with RS as third reviewer if required.

ACTION: SM to notify NCEPOD that MJ and GB have been nominated as case note reviewers

ACTION POINT SUMMARY

Work stream	Action	Action by:	Progress:
SC	ER to discuss standardised mortality review form project with RCP and feedback to AB	ER	
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	
QEC	all to send AB anonymised accounts of mental health related adverse events, including trolley waits, transfers and outcomes	All	
QEC	ER and safer care committee to contribute to draft RCEM QI guide	ER	
QEC	SAW to send AB curriculum trainer notes for use in RCEM QI guide	SAW	
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	
S&A	SM to ensure Procedural sedation report includes recommendations for EDs to use SIVA and NatSSIPS	SM	
BP	SS to ensure sedation guidance includes copies of the checklist and proforma	SS	
S&A	RCEM to publish audit datasets with full named transparency at ED level	SM	
S&A	RS to explore potential updates to consultant sign-off standards based on incident data with ER, GB & SAW	RS, ER, GB, SAW	
S&A	all to notify SM or MU if able to volunteer as a pilot site for one or more audits	All	

S&A	all to contact JK with suggestions for rapid cycle audit mechanisms or formats	All	
Trauma	SM to format imaging in paediatric trauma as RCEM position statement and seek RCR endorsement prior to publication.	SM	
QEC	SM to notify Gerardine Beckett that AB will re-stand as QEC Chair	SM	
SC	SC committee to disseminate incident learning via safety bulletins and podcasts	ER	
BP	Best Practice to consider developing guidance around ownership of patients, including clarifying responsibility for test results whilst waiting for transfers.	SS	
SC	SC bulletin to highlight NHSLA 'high incident, low cost claims'	ER	
QEC/ S&A	QEC to sign-off final 2017/18 topic selection at autumn meeting	All	
BP	JF/SS to circulate updated pharmacist guidance to RCEM Exec for approval prior to publication	JF, SS	
BP	JF/SS to revise ABD guidance	JF, SS	
BP	Committee agreed Chairs action may be taken to publish ABD guidance once revised.	JF/SS, AB	
BP	JF to send final sedation guidance to SM for circulation to S&A	JF	
BP / S&A	SM to publish sedation guidance with Procedural Sedation audit	SM	
BP	SM to obtain CoP endorsement of Patients in police custody guidance prior to publication	SM	
BP	Referral guidance to be revised for review at next QEC meeting	SS	
Trauma	SM to format and publish cervical spine guidance	SM	
Trauma	JJ to remove reference to 'code red' in Trauma Team Leader competency document	JJ	
Trauma	Trauma Team Leader competency document to be reviewed by the Dean, then published	AB, SM	
QEC	CH to provide update on CPR decisions to be circulated	CH	
QEC	SAW to continue attending NELA steering group and feeding back via QEC update form	SAW	
QEC	SAW to ask NELA to confirm that this will be time of arrival at hospital in the next round of data collection.	SAW	
BP / QEC	SS/AB to consider whether a position statement is required to raise awareness of the time targets for antibiotics	SS, AB	
QEC / Trauma	all to contact JJ to volunteer as speaker at trauma study day	All	
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	
QEC / SC	ER to discuss potential safer care study day dates and topics with SM	ER	
QEC	AB to discuss potential crowding study day dates and locations with Ian Higginson	AB	
QEC	MJ to coordinate podcast to summarise learning from adolescent study day	MJ	
QEC	all to provide availability for potential new QEC autumn dates at: http://doodle.com/poll/sv87ims4e7u3w42d	All	

SC/ BP	ER and JF to develop position statement on duty of candour	ER, JF	
QEC	SM to notify NCEPOD that MJ and GB have been nominated as case note reviewers	SM	
Action points from previous meetings			
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
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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.
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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
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