

# 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 2 July 2015.

## In attendance:

Name		Position in Committee
Jay Banerjee	JB	Chair, Standards & Audit
Adrian Boyle	AB	Chair
Jeff Keep	JK	Standards & Audit
Kevin Mackway-Jones	KMJ	GEMNet Chair
Sam McIntyre	SM	Administration
Simon Smith	SS	Chair, Best Practice
Mohbub Uddin	MU	Administration

## Apologies received from:

		Position in Committee
Derek Prentice	DP	LAG Representative
Sue Robinson	SR	Co-Chair Safer Care

## 1. Welcome and Apologies

AB welcomed everyone to the meeting and noted apologies received. AB declared a potential conflict of interest as he is involved in information sharing to prevent community violence. KMJ declared that he is the Chair of the Advanced Life Support Group (ALSG).

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

The minutes of the last meeting were agreed with 1 change:

1. Minute 5.f), to remove the words "The group," and "have been set up".

The committee was informed that all minutes are to be published online.

Action points not covered elsewhere in the agenda:

- **Online publication of minutes**  
**ACTION: SM to publish minutes online once approved.**
- **Early pregnancy bleeding statement**  
**ACTION: SM to check progress with RCOG endorsement and publish.**
- **Crowding**  
**ACTION: AB to lead Delphi process on crowding interventions and exit block timings or occupancy.**  
**ACTION: SM to add Nuffield publication on A&E flow to RCEM crowding page, and ensure correct international organisation names.**
- **Guidelines document**  
**ACTION: SM to add guidelines document to BP webpage for easy access.**
- **Governance of test results**  
**ACTION: SS to draft and publish position statement on governance of test results, including liaison with RCPATH.**
- **Tricky patients**  
A study day is to be held in 2016, offering a minimum of 6 hours of learning.

**ACTION: FW to lead the design of a study day focussing on tricky patients, with support from SM/MU.**

- **Acute Ischemic Stroke and Intravenous Thrombolysis**

**ACTION: JF/SS to publish RCEM Acute Ischemic Stroke and Intravenous Thrombolysis position statement as a response to MHRA review (PENDED).**

- **MDEC - Informatics**

**ACTION: All comments or questions regarding MDEC Individual contributions from QECC members encouraged.**

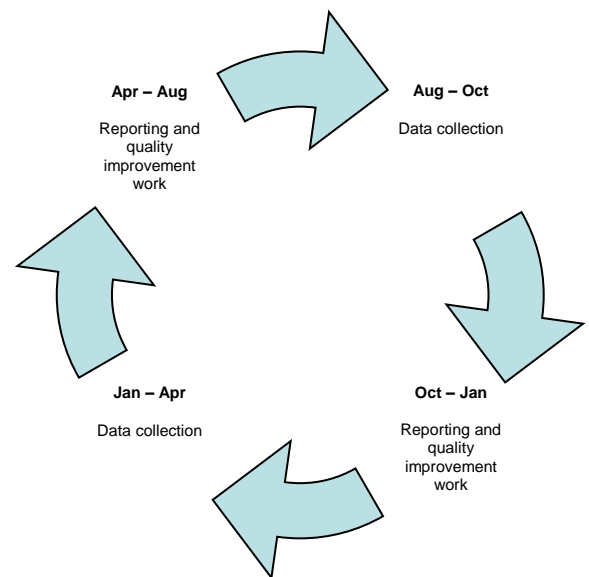
- **PREM**

**ACTION: AB/DP/MW/JK to form working group to draft detailed proposal for PREM.**

### 3. Discussion items:

#### a) **Audit strategy**

Taken to the executive by AB. AB to prepare a business case for financial feasibility. Intend 2016/17 implementation with re-audits of simple topics e.g. pain and #NoF. QEC considered sample size and felt that it was appropriate. Operational aspects, such as reporting, still need to be finalised. All information will be made publicly available, it should therefore, be made more user friendly. As well as providing access to csv files, provisions should be made for data to be available in other formats, including run charts and an interactive map allowing filtering by region and peers. PHE data was suggested as a good example.



**ACTION: JK to draft business case and technical specification for rapid cycle audit by October.**

**ACTION: JK, AB, SM (Gordon Miles) to meet with L2S2 to discuss rapid cycle audit proposal.**

#### b) **Audit standard grading: paracetamol overdose & asthma in children**

The QEC decided that all paracetamol standards are to be graded as developmental (previous grades: Standards 1-2 – fundamental; Standards 3-5 – developmental). All asthma standards are to remain the same: Standard 1 – fundamental; Standards 2-6 – developmental.

**ACTION: SM to revise standards grading for paracetamol overdose and asthma in children, notify CQC.**

#### c) **Shine health foundation scaling**

The QEC reviewed the project update and were pleased with progress.

#### d) **College of Policing & FFLM comments/revisions on detainee document**

The Committee sought more time to consider a response. When ready, AB will provide comments by taking Chair's action.

#### e) **Health visitors in the ED**

The QEC considered the paper and felt that the RCEM guidelines were satisfactory.

#### f) **Committee membership and chairs**

The QEC asked the subcommittees to plan for the succession of members and Chairs. The subcommittee Chairs are to identify those who are not actively involved or do not regularly attend meetings and consider terminating their membership.

It was noted that JB's and RB's/SR's tenures as Chairs of the Standards and Audit Subcommittee and Safer Care Subcommittee, respectively, have now come to an end. They were thanked for their contributions and the QEC wished them well in their future endeavours. JK succeeds JB as Chair of S&A Committee.

Safer Care Committee will recruit a new Chair from the committee membership.

**ACTION: JK to review committee membership (SM to send membership information and attendance record).**

**ACTION: SM to send ToR and committee guidance to SS.**

**g) Crowding and exit block**

Discussed under item 2, above.

**h) James Lind Alliance**

The College, in partnership with the James Lind Alliance, will be conducting a research Priority Setting Partnership. The QEC sought volunteers to join the Steering Group and Local Champions.

**ACTION: SM to notify DP and LAG of James Lind Alliance call for steering group members.**

**ACTION: SM to notify academic trainees of James Lind Alliance call for steering group members.**

**i) Right patient, right place**

Members supported the paper and were asked to suggest further groups of patients that should not attend EDs for inclusion in the paper.

**ACTION: all to suggest patient groups for inclusion.**

**4. Updates (for info only)**

**a) QEC update**

Nothing further to add.

**b) Safer care update**

Already discussed above.

**c) Standards & Audit update**

The committee were informed that registrations for the 2015/16 clinical audits had opened on 26 June 2015. The registration form completed by the EDs stipulated that the data will be made publicly available.

**d) Best Practice**

- Patient and public involvement guidelines are to be written in conjunction with the Lay Advisory Group.
- Drafting of the redundant activity document is ongoing and is due to be completed by Autumn 2015.
- Ophthalmology guidelines are slowly progressing but aspects of this will be covered within the *Right Place, Right Patient* document.
- Paediatric sedation is scheduled to be drafted by the end of Autumn 2015.
- Work on the referral standards are ongoing, anticipate good links with Safer Care handover work.
- Domestic Abuse guidelines are due to be revised in 2018. FW is to lead the revision. It was also suggested that the current guidelines may be better suited as a toolkit and to include references to vulnerable adults.

**ACTION: AH/SS to review and revise MH toolkit as necessary next year.**

**e) Major Trauma Committee**

The remit of the Major Trauma Committee will be to set standards and to advise, and it is expected that it will influence the CRG. It is also to advise on how to use TARN reports to best benefit.

**ACTION: SM/AB to invite Jon Jones to join Core QEC.**

**f) Information sharing to prevent community violence**

There are now 10 violence reduction nurses across the UK. The QEC considered offering a training event for the members and regional representatives.

**ACTION: discuss at next meeting.**

**g) Toxicology**

The QEC sought the subcommittee's workplan and expressed an interest for it to produce antidote availability guidance.

**ACTION: SM to request Toxicology group workplan from Johann Grundlingh.**

**5. Feedback from external activity**

**a) Mental Health**

- AH and AB responded to recent media coverage of mental health crisis care and to the CQC report. Patients continue to present at EDs as they have no other place to go and this is frustrating for all parties.
- AB is to speak at the clinical leaders day, planned to be held in November 2015.
- KMJ is setting up a new acute emergency mental health group.
- The College is working with the Royal College of Psychiatrists to train psychiatrists to co-assess patients in the ED. Clarity on roles of EM practitioners and psychiatrists will be sought.
- KMJ and AH were asked to develop a CPD accredited course.

**ACTION: AH to Promote mental health toolkit by podcast/vodcast.**

**ACTION: KMJ & AH to develop a short course in interventional psychiatry for trainees, with potential for consultants to also attend.**

**ACTION: AB & KMJ to consider blog on the non-sexy elements of EM**

**ACTION: FW to lead tricky patient study day with support from SM/MU**

**b) Alcohol**

QEC approved the payment of the membership fee for Alcohol Healthcare Alliance as this allows the College to influence alcohol related policies.

**c) House of Lords Select Committee on Mental Capacity Act**

**ACTION: DA to edit Mental Capacity Act guidelines document.**

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

The QEC were informed that a large committee has started work on the form and that it supported the initiative. Further updates will be provided at future meetings.

**ACTION: SM to add RCUK working group on CPR decision to next agenda.**

**6. Requests to QEC**

**a) Speaker for Emergency Medical Services Conference – in London on 21 Jan 2016**

Please see item 6.g), below.

**b) Speakers for Patients First – in London on 12-13 November 2015**

**ACTION: AB to speak with a rep from ESIS, possibly about crowding or exit block.**

**c) PLAN rep and deputy**

The QEC asked for the roles to be advertised to its membership and FW is to be approached with a personal request to volunteer.

**d) NCEPOD call for topics**

The members suggested the following topics:

- subarachnoid haemorrhage
- aortic dissection
- AAA
- delirium

The Safer Care Subcommittee will lead on this workstream once a new Chair has been appointed.

**ACTION: All/SR/RB to suggest topics for NCEPOD, with Safer Care leading the submission.**

**e) NICE prioritisation exercise**

**ACTION: KMJ to progress Delphi study on NICE topic prioritisation.**

**f) Choosing Wisely**

The Academy of Medical Royal Colleges has launched a major new initiative to identify and to raise awareness of commonly used interventions and treatments whose necessity should be questioned and discussed. The QEC have been asked to produce the top 5 Choosing Wisely Recommendations within the EM specialty. The Best Practice Subcommittee has been asked to make additional suggestions to those made by members at the QEC meeting:

- Blood tests/repeating chemistry
- CT requests (especially CT heads)
- U&E
- Eye light
- ED review clinic
- Fracture clinic
- Radial buckle fractures
- Blood cultures

**ACTION: AB to coordinate submission of Choosing Wisely topics.**

**g) Speaker for a joint HCUK and Larrey Society Event: The EMS Conference 2016: The Future of Emergency Medical Services – 21 January 2016 in London (suggested topic: Developing new ways of measuring quality of emergency medical services or crowding/exit block)**

**ACTION: KMJ to speak at HCUK/Larrey Society conference on 21 Jan 2016.**

**7. Study days**

**a) Mental Health – 26th Nov 2015**

Arrangements are in place for the event to proceed. The QEC were presented the programme.

**b) Crowding regional events – 9th July 2015, Manchester. Wales – date TBC, Feb?**

Arrangements are in place for the event in Manchester to proceed.

**ACTION: AB is to arrange date in Wales.**

**c) QIP - 16 November 2015 at RCEM**

Arrangements are in place for the event to proceed. The QEC were presented the programme and considered whether to market the event to trainees.

**ACTION: SS to draft blurb to add to QIP study day programme, send to SM to publish.**

**d) Clinical leaders day**

AB will speak on mental health at the event, with media interest anticipated.

**e) Adolescent services – 24 February 2016 at RCEM**

8. **Future meeting dates:**
  - a) **29 Oct 2015 (Subcommittees 10.00-12.00, large QEC 13.00-17.00)**
  - b) **Potential 2016 dates**  
***ACTION: SM to circulate proposed 2016 meeting dates.***
  
9. **AOB**
  - a) **National Safety Standards for Invasive Procedures (NatSSIPs)**  
This needs to be discussed with the Safer Care Subcommittee.  
***ACTION: AB & RB to meet to discuss NatSSIPS.***
  
  - b) **Sepsis CQUIN**  
This is now up and running. The QEC considered the best ways to publicise to fellows and members.  
***ACTION: JK/SM to publicise the sepsis CQUIN to fellows and members via the RCEM newsletter, Twitter and LinkedIn, including link to NHS England information.***