



# 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, 29 October 2015

## In attendance:

### Name

Dorothy Apakama  
Glyn Barnett  
Robin Beal  
Adrian Boyle  
Anne Frampton  
Sarah Finlay  
Simon Howes  
Michelle Jacobs  
Sally Jones  
Jeff Keep  
Kevin Mackway-Jones  
Zulfiquar Mirza  
Derek Prentice  
Emma Redfern  
Sue Robinson  
Elizabeth Saunders  
Simon Smith  
Rob Stacey  
Sian Thomas  
Mohbub Uddin  
Sally-Anne Wilson

DA  
GB  
RB  
AB  
AF  
SF  
SH  
MJ  
SJ  
JK  
KMJ  
ZM  
DP  
ER  
SR  
ES  
SS  
RS  
ST  
MU  
SAW

### Position in Committee

Best Practice  
QEC  
Best Practice  
Chair  
Standards & Audit  
Toxicology  
RCEM Research  
Best Practice  
Safer Care  
Standards & Audit  
GEMNet Chair  
Best Practice  
LAG Representative  
Safer Care  
Safer Care  
Safer Care  
Chair, Best Practice  
Standards & Audit  
Best Practice  
Administration  
Safer Care

## Apologies received from:

Jay Banerjee  
Niall Collum  
Mary Dawood  
James France  
Carole Gavin  
Sophie Graber  
Anne Hicks  
John Keaney  
Nicola Littlewood  
Sam McIntyre  
Robert Pinate  
Shammi Ramlakhan  
Sue Robinson  
Dhakshinamoorthy Vijayasankar  
Anne Welling  
Martin Wiese

JB  
NC  
MD  
JF  
CG  
SG  
AH  
JK  
NL  
SM  
RP  
SR  
SR  
DV  
AW  
MW

### Position in Committee

Standards & Audit  
QEC  
Safer Care  
Best Practice  
Best Practice  
FASSGEM  
Best Practice; Standards & Audit  
Safer Care  
Standards & Audit  
Administration  
Best Practice  
Safer Care  
Co-Chair Safer Care  
Best Practice  
Standards & Audit  
Standards & Audit

1. **a) Welcome, apologies and declarations of conflicts of interest**

AB welcomed attendees to the meeting and noted apologies received. No potential conflict of interest was declared.

**b) Previous minutes and updates on action points not covered elsewhere in the agenda**

The minutes of the last meeting were agreed.

Action points not covered elsewhere in the agenda:

- **MH toolkit**  
***ACTION: AH & SS to review and revised MH toolkit as necessary next year – MU to send a reminder.***
- **Early pregnancy bleeding**  
***ACTION: SM to early pregnancy bleeding statement – check progress with RCOG endorsement and publish.***
- **Acute Ischemic Stroke and Intravenous Thrombolysis**  
Please see item 10.g), below.  
***ACTION: AB to make final edits in liaison with JF before publishing RCEM Acute Ischemic Stroke and Intravenous Thrombolysis position statement***
- **NICE topic prioritisation**  
The study is ongoing. So far 12 substantial responses have been received and 20 are required for the study to be considered as being representative.  
***ACTION: KMJ to resend link by email for the Delphi study on NICE topic prioritisation and all members requested to participate.***
- **NCEPOD**  
Topics for this year have been submitted.  
***ACTION: ER to initiate discussions with Safer Care in anticipation of request by NCEPOD next year for the suggestion of further topics.***
- **Tricky Patients**  
The proposed study day is planned to be held in June/July 2016. It is to include a topic about medically unexplained symptoms. All members are to submit other topic ideas to FW. The QEC recommended that the title of the study day be reconsidered, as some consider 'tricky patients' to be an inappropriate description of this group of patients.  
***ACTION: FW to lead the design of a study day focussing on Challenging Patients, with support from SM/MU.***
- **Mental Health Toolkit**  
***ACTION: AH to promote mental health toolkit by podcast/vodcast – AB to speak with AH and Simon Laing.***
- **Short Course in Interventional Psychiatry**  
Work to develop the course is ongoing.  
***ACTION: KMJ & AH to develop a short course in interventional psychiatry for trainees, with potential for consultants to also attend.***
- **Choosing Wisely**  
The topics have been submitted. Choosing Wisely is an initiative that aims to reduce ineffective treatments.
- **Meeting with L2S2 to discuss rapid cycle audit proposal**

The meeting is now planned to take place in December 2016 after discussions with the S&A subcommittee.

**c) Update on committee recruitment, ToRs, etc**

It was noted that attendances at sub-committee meetings were not regular and the relevant Chairs may wish to consider reviewing the membership.

**ACTION: Review committee membership (SM to provide membership information and attendance record).**

**2 Winter Flow (Simon Howes)**

Simon Howe (SH), Policy Researcher, provided the QEC an overview of the project.

In October 2015, RCEM launched the Winter Flow Project to look at system-wide pressures impacting on the emergency care system over the winter of 2015/16.

The purpose of the work is to look at how hospitals' performance against the four hour standard should not be seen in isolation, but should be seen alongside other important metrics such as: how many acute beds are available in the hospital; how many elective operations had to be cancelled; and how many delayed discharges are there at any given time.

RCEM is collecting data from over 40 Trusts/health boards from October 2015 to March 2016, who are providing the figures on the metrics above. The data collected will shed light on the pressures emergency departments face this winter, and will help RCEM speak authoritatively on the issues facing the UK's emergency departments.

The data is being reported on a quarterly and a biannual basis. Weekly snapshots are obtained of the number of beds in service per week, the number of elective surgeries being cancelled, the number of delayed transfers of care (DTOC), as well as 4 hour performance figures. The data collected thus far are comparable to previous years.

It was suggested that letters from Regional Board Chairs to EDs would help improve engagement with the project. SH asked QEC for assistance from someone who has appropriate expertise to help with analysing the context of the project.

**ACTION: SH to send AB more information about the Winter Flow project so that appropriate assistance and support may be arranged.**

**3. RCUK working group on CPR decision**

The QEC received a paper and noted that work is ongoing.

**4. Draft QI webpage**

The members received a paper outlining the proposed layout of the webpage. The committee was happy for the page to go live but welcomed further comments and suggestions. Members were asked to submit a good case study to include in the page.

**ACTION: SM to add link to BMJ QI webpage from the RCEM QI webpage, publish QI page.**

**5. Rapid cycle audit: business case**

The Chair of the Standards and Audit Subcommittee provided a brief overview of the business case that will be drafted in due course. It was explained that audits should be a part of a quality improvement (QI) project and not just a quality assurance exercise. QI projects should be more evidence based and RCEM will endeavour to provide EDs the tools to achieve this aim.

The QEC was also informed that 3 audits topics for the 2016/17 cycle will be chosen by the end of November 2016, following which pilots will be conducted.

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

## 6. Homelessness audit

The QEC were informed that the pilot audit is currently running. Members agreed that identification of suitable cases for inclusion in the audit will be easy. The committee will consider whether to conduct a full audit depending on the outcome of the pilot, with the report scheduled for publication by the end of December 2015.

## 7. Requests and matters arising:

### a) updating guidance on the transfer of brain injured patients (trauma and stroke)

**ACTION: MU to ask Jason Kendall to provide progress report on updating guidance on the transfer of brain injured patients (trauma and stroke)**

### b) urgent care review

The review has been commissioned by NHS England. It will be measuring:

1. staff experience
2. patient experience
3. clinical outcomes

Members were asked to volunteer to assist with the review.

### c) unknown patients guidance

This item was not discussed.

### d) NCAPOP asthma audit

JK has been asked to monitor developments and to continue scoping. If relevant to RCEM, the matter will be reconsidered in the future.

### e) Sepsis working group

The QEC was informed of the following:

- o NCEPOD report was ready and will be launched at the end of November 2015. The report's impact on RCEM will then be assessed before taking matters forward.
- o CQUIN was running and will continue to do so until next year. Its remit may undergo slight amendments. QEC will be kept informed of developments.
- o APPG report has been published.
- o UK Sepsis Trust will be producing toolkits.
- o NHS England has a very large sepsis working group and RCEM is represented. RCEM aims to ensure that its work in this area remains consistent with everything that NHS England does. Further, anything RCEM produces in relation to sepsis must be transferable to the devolved nations.

### f) patient feedback document

This item was not discussed.

### g) NHS England regional offices - improved access to liaison mental health services in emergency departments

This item was not discussed.

### h) 4 areas approach: suicide – request to co-produce concise version for use in triage

Members felt that the proposal was complicated, does not have a strong underlying evidence base and, therefore, might not be suitable for use in triage. It will be too difficult to implement in its current form.

**ACTION: SM to inform Connecting with People that RCEM does not wish to become involved in further development of the document 4 areas approach: suicide**

**i) All-Party Parliamentary Group on Alcohol Harm - inquiry into the 'Impact of Alcohol on the Emergency Services'**

The report has been launched and it found that there was significant impact on individuals. The report made a number of recommendations and it can be found at the following link:

<http://www.ias.org.uk/uploads/IAS%20report%20low%20res.pdf>

**ACTION: SM to supply copy of the All-Party Parliamentary Group on Alcohol Harm inquiry report on 'Impact of Alcohol on the Emergency Services' to Quality Team to make available on the QEC webpage**

**ACTION: MU/SF to create a Drugs and Alcohol page on the RCEM website, include the toolkit and ABD**

**8. Crowding guideline – Delphi findings**

The guidelines have now been published.

**ACTION: MU to inform SDDC about it now being responsible for the crowding guidelines, inherited from the QEC.**

**9. JLA update**

Detailed information about the James Lind Alliance Priority Setting Partnership can be found at the link below:

[https://secure.rcem.ac.uk/Shop-Floor/Research/Research%20Priority%20Setting%20Partnership%20\(James%20Lind%20Alliance\)/](https://secure.rcem.ac.uk/Shop-Floor/Research/Research%20Priority%20Setting%20Partnership%20(James%20Lind%20Alliance)/)

Members were asked to submit potential research questions, topics and ideas, which can be done through the above link.

**ACTION: MU to circulate JLA web link to membership and all are requested to submit potential research questions.**

**10. BP guidance:**

**a) Pharmacological agents for sedation**

Further editing is required before publication. Members felt that it was too long.

**b) Standards of referral from emergency medicine to inpatient teams**

Further editing is required before publication. Members felt that it was too long.

**c) Management of investigation results in the Emergency Department**

Further editing is required before publication. Members suggested seeking endorsement by, amongst others, RCR, RCPATH, RCGP, etc, before publication. The guidelines should address duty of candour. Members advised to consider merging these guidelines with *Management of Radiology Results in the Emergency Department* guidelines.

**d) Reducing redundant activity in the acute setting**

Further editing is required before publication. It was suggested that the appendix should be a part of the main body of the document. Members were asked to suggest tests that are not normally core business that can be referred to in the document. AB will approve final document by Chair's action.

**e) Management of Radiology Results in the Emergency Department**

Please refer to item 7.c), above.

**f) Patient information**

Further editing is required before publication.

**g) Acute Ischaemic Stroke and Intravenous Thrombolysis**

The position statement was broadly supportive of MHRA. Please see item 1.b), 3<sup>rd</sup> bullet point, above.

**h) Patients in custody**

The document has been sent to the Faculty of Forensic Medicine to be endorsed but still awaiting response.

**11. Feedback from external activity**

**a) DA – House of Lords**

**ACTION: DA to prepare Mental Health Capacity assessment document, along with a covering letter, for submission to the relevant DoH committee, which will need prior approval by AB and Cliff Mann.**

**b) SHOT**

RCEM has a representative in place.

**c) Concordat**

RCEM is being represented by Catherine Hayhurst. Members were informed that since the Concordat it is felt that more patients were presenting to EDs when they should perhaps be taken to police stations.

**ACTION: All to supply AB data on mental health patients for presentation at the Concordat – AB will email, detailing specific data requirements.**

**d) Reducing variability in outcomes for patients undergoing emergency general surgery**

A working group has been set up and SAW will represent RCEM.

**e) Mental health**

Please see items 11.a) and 11.c), above.

**12. Reports from Sub-Committee chairs (for info only)**

**a) Safer Care update**

- The subcommittee undertook to work closely with regional board chairs improve representation.
- Safer Care will collaborate with Best Practice when drafting documents.

**ACTION: ER to submit comments on NICE document Preventing excess winter deaths and morbidity.**

**ACTION: ER to produce Safety toolkit podcast.**

**b) Standards & Audit update**

The subcommittee is considering how audit reports are to be presented in the public domain and to possibly include a 'lay summary'. Members were asked to submit ideas to make the reports more 'user-friendly', to improve their appearance as well as their contents. The subcommittee is considering asking EDs to submit their action plans that are based on the findings of the audit reports.

**ACTION: All to submit suggestions for future audit report formats**

**c) Best Practice**

**ACTION: FW to liaise with Chris Walsh and produce podcasts, prioritising the Alcohol, Mental Health and the MCA toolkits.**

**ACTION: FW to liaise with AB to run a sponsored study day to attract alcohol champions.**

**d) Major Trauma Committee**

The subcommittee was created on request to fill the gaps that appeared as a consequence of changes instigated by NHS England. It will be chaired by Jon Jones and the first meeting will be held in the New Year.

**ACTION: all to suggest items for the Major Trauma Subcommittee workplan.**

**ACTION: MJ to provide a list of 'differences' between APLS and ATLS for AB to raise with Major Trauma for advice on RCEM position.**

#### **e) Toxicology**

The Chair presented the subcommittee's workplan.

The subcommittee will coordinate the toxicology material currently available on the website.

MHRA are reviewing their guidance on paracetamol poisoning and the RCEM do have representatives in place.

**ACTION: All to contact Sarah Finlay if interested in getting involved with the general work of the Toxicology subcommittee or the MSc Emergency Medicine Toxicology course.**

**ACTION: SF to edit the Toxicology subcommittee workplan to make it more College-relevant.**

### **13. Study days**

**a) Violence reduction training event – 20 Oct 2015**

**b) Mental health – date now changed to 22 Feb 2016 (was 26th Nov 2015)**

**c) Crowding regional events – Cardiff, Wales, 12 Feb 2016**

**d) QIP – 16 November 2015 at RCEM**

**e) Clinical leaders day – 1 December 2015 in London**

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

Regarding items a)-f), above, the QEC noted the dates. Item d) is sold out.

#### **g) Tricky patients**

The study day, renamed as Challenging Patients, is being developed and QEC will be kept informed of progress. Please see item 1.b), 6<sup>th</sup> bullet point, above.

### **14. Future meeting dates:**

**a) 4 Feb 2016 (small QEC 10.00-13.00)**

The date of the next meeting was noted.

**ACTION: SM to consider rescheduling future meetings to avoid clashing with school holidays.**

### **15. AOB**

**ACTION: All to submit ideas to Zul Mirza to include in careers talk to potential emergency medicine recruits.**