

Project Board Meeting 16

Monday 12th April 2021, 11:00-13:00
(Teleconference) at the Royal College of Anaesthetists

Members:

Dr Paul Clyburn	Project Board Outgoing Chair, AAGBI
Mr Iain Anderson	Project Board Incoming Chair, ASGBI
Ms Emma Skipper	HQIP
Mr Oliver Potter	HQIP
Ms Lynn Smith	Patient Representative
Dr David Cromwell	NELA Project Team Methodologist/RCS
Dr Dave Murray	NELA Project Team Chair
Ms Lyndsay Pearce	NELA Surgical Lead
Ms Carly Melbourne	Associate Director of Clinical Quality and Research
Mr Jose Lourtie	Head of Research, RCoA
Ms Christine Taylor	Research Manager, RCoA
Ms Karen Williams	Audit and Research Team Administrator

Apologies

Ms Sharon Drake	Director of Clinical Quality and Research, RCoA
Dr Sarah Hare	NELA National Clinical Lead
Dr Carolyn Johnston	NELA QI Lead
Dr William Harrop-Griffiths	RCoA
Mr John Abercrombie	Royal College of Surgeons
Dr Gillian Tierney	ASGBI

NELA PB/ 12.04/ 1 Introductions and apologies

Dr Clyburn welcomed the group and introductions were made.

NELA PB/ 12.04/ 2 Declaration of interests

There were no conflicts of interests declared.

NELA PB/ 12.04/ 3 Minutes of previous meeting

The minutes of the previous meeting held on 03/11/20 accepted with no amendments.

- Action: Dr Murray and Mirek Skrypak to pick up DARF discussion outside of meeting.
Dr Murray noted that there are ongoing discussions around research activity, but there have been no new applications, so the team can pick this up at a later date.

NELA PB/ 12.04/ 4a Project Report

Ms Taylor provided an update from the Highlight Report.

Main highlights include:

- The interim report on the impact of COVID-19 on Emergency Laparotomies was published in March 2021. Results showed a 20% reduction in surgeries, standards maintained and there was a higher risk of mortality in the COVID population.
- Year 7 NELA data collection is complete, Year 8 is ongoing.
- The team have recruited a new surgical and research lead, Ms Lyndsey Pearce, who has taken over from Ms Sonia Lockwood who has stepped down to take on another role at ASGBI.

Overview of Patient Audit

- Data collection for Year 7 concluded on 30th Nov 2020. Data entry ended in January 2021.
- The team have worked with HQIP on overall reporting timelines.
- Final report due to be published in November this year.
- Year 8 data collection started December 1st 2020. Ms Taylor noted that there has been a drop in cases completed; although data collection is largely on track, we are further behind than where we were last year. This will be monitored moving forward.

Overview of Quality Improvement

- Ms Taylor noted that the team are working on a plan for QI Webinars throughout the year.
- A webinar took place on the 22nd March looking at 'How to make the most of your NELA data and accessing the data for research'.
- The next webinar will be on the 19th April looking at how NELA is moving on from COVID-19 and will be led by Dr Hare.
- Quarterly reports still ongoing.
- No further changes have been made to the dashboard.
- Ongoing discussion with Northern Ireland to bring them into the audit.
- Data linkage – data sharing agreement with NHS Digital will expire at the end of the year and the team will work to get that extended.

Collaborations

- FLO-ELA project still ongoing.
- There are two data applications going through review.
 - Optimized survival prediction after emergency laparotomy using machine learning: approved and submitted to HQIP
 - LACES2 trial- discussions are still ongoing

HQIP

- Contract with HQIP ends in November 2022.
- CQC reporting: update to metrics including a metric of care of the elderly and inclusion of BPT-like metric.
- Working to close the budget for the first three years of the contract period.
- RCoA planning on being closed for the foreseeable future.

NELA PB/ 12.04/ 5 Patient Audit

a. COVID-19

Dr Murray gave an update to the board on the findings of the COVID-19 report. Dr Murray noted that during the COVID period, hospitals managed to maintain standards of care; however, there was a slight drop in critical care admission but not as much as anticipated, given the impact on critical care from COVID. Dr Murray also explained that mortality for patients with COVID-19 was 25% greater than what the NELA risk score would have predicted. Dr Murray also noted that mortality had improved for COVID negative patients. Overall, there was less surgery happening during this time and overall length of stay decreased. Dr Murray explained that this might be due to people being discharged from hospital quicker. Dr Murray noted that there are a few areas worthy of unpicking further in the annual report.

Dr Anderson thanked the team for the report and noted that it was well received amongst the surgical community. Dr Murray noted that it was put out to the media but would have been nice if

the mainstream press picked it up, as the results would have been reassuring to the public. Dr Clyburn queried whether there was a missed opportunity for publishing the report more broadly. Mr Lourtie noted that the RCoA put out a press release and that the report launch was promoted via various RCoA media platforms. Dr Anderson noted that for future reports, it might be worth understanding nuances around dissemination so that key messages are not lost. Dr Murray agreed but noted that this is a tricky area to negotiate, as NELA is multi-disciplinary. Dr Murray explained that NELA has tried to coordinate joint press releases with other Colleges in the past, however, the process can be lengthy and difficult, as it needs review by all relevant Comms departments. Dr Murray explained that there are opportunities for other Colleges to issue their own press releases and commentaries on reports, but the content is then harder to control.

b. Year 7 Patient Audit

Dr Murray explained that the Year 7 patient audit is currently being analysed. Dr Murray noted one of the key things this report will address is the impact of COVID-19 on emergency laparotomies and whether the reduction in numbers is a true reflection of the number of surgeries. Dr Murray also noted that presentation of data and comparison to previous years will not be straightforward. Dr Murray noted that the report would also need to assess the impact on the mortality analysis, given that the normal outlier report may be distorted by COVID-19. Dr Murray noted that some regions have been affected more by COVID-19, but may have been able to manage better due to a higher number of critical care beds. Dr Murray noted that this would be difficult to unpick and we may need access to data that we don't currently have. Dr Anderson agreed and mentioned that it may be difficult to know how to report the data. Dr Murray noted that additional data may not be entirely available within the timeframes we need and we may need to assess things from a timeline perspective, in terms of peaks of the pandemic. Dr Murray asked Ms Skipper how other studies are dealing with this. Ms Skipper explained that other audits are just getting to this phase and are looking through the data they have available and what may be feasible based on this. Ms Skipper noted that in terms of outliers, there is an updated policy on the HQIP website. Ms Skipper noted that it might be worth discussing with NHS England what is feasible as there is no current structure for how this would look from a HQIP perspective.

Dr Murray queried with Ms Skipper what the communication was regarding how National Clinical Audit and Patient Outcomes Programmes (NCAPOP) should manage data collection during COVID-19. Ms Skipper explained that non-mandated programmes were encouraged to carry on where they could as long as it was not at the expense of frontline care. Ms Skipper noted varying levels of continued participation. Dr Murray asked if NELA was mandated to continue data collection and Ms Skipper indicated that she would look into this. Dr Pearce noted that this is an important question and noted that it is important to reporting case ascertainment accurately. Ms Pearce expressed some concerns with writing a report basing the interpretation on just the data without seeing a national framework. Ms Pearce suggested that it would be helpful to get some guidance on the methodology for COVID-19 reporting prior to looking at the dataset. Dr Murray noted that there is a methodology group at HQIP in which this question can be raised.

ACTION - Ms Skipper to review COVID-19 reporting with NHS England to get sense of how data should be reported.

ACTION – Ms Skipper to find out if NELA was mandated to continue data collection during COVID-19 or not.

ACTION – Ms Skipper to see if HQIP methodology group can review issues related to COVID-19 reporting and how to account for COVID-19 in the annual reporting.

c. Year 8 Patient Audit

Covered above in Highlight Report.

NELA PB/ 12.04/ 6 Future Development of NELA

a. QI & QA Activity

Dr Murray explained that QA activity has remained relatively straightforward and follows guidance set by NHS England. Dr Murray noted that in terms of QI, NELA is continuing to develop the dashboard and produce quarterly reports that are all publically available. Dr Murray noted that a lot of the information in the annual report is already published in the quarterly reports and therefore the annual report becomes less relevant. Dr Murray noted that one could argue that the annual report is no longer necessary, freeing up time to produce more focussed reports. Dr Murray noted that this would give us an opportunity to improve patient care by highlighting other important metrics. Ms Skipper noted that there is appetite within HQIP for different outputs moving forward and noted that she would follow this up with HQIP to see what may be feasible for this year and future reports.

ACTION – Ms Skipper to review annual reporting requirements with HQIP to see if there is scope for shorter, focussed reports in future.

b. Patient Engagement

Ms Taylor gave an update on the PPI group, noting that there was an initial meeting back in November. Ms Taylor explained that Dr Hare has been working to widen the scope of the patient group and has been in contact with The Oxford BRC PPI advisory group to determine how best we can involve patients. Ms Pearce explained that there was a benefit of collaborating with other patient groups to broaden our experience.

c. Exponentially Weighted Moving Average Mortality Charts (EWMA)

Dr Murray gave an update on EWMA. Dr Murray explained that the alerts provided a live risk-adjusted mortality and are intended to act as an early warning for trusts if mortality exceeds control limits. Dr Murray noted that there is the option of sending automated emails to trusts when the control limit is breached, but we are yet to determine how we deal with this in regards to NHS England and HQIP's outlier policy and to what extent EWMA would be reportable to CQC. Ms Skipper noted that the work NELA is doing on EWMA is ground-breaking and it would be beneficial to arrange a call with Iain Woolhouse who manages the detection and management of outliers for National Clinical Audits.

ACTION – Ms Skipper to arrange call between NELA and Ian Woolhouse to discuss EWMA alerts and the outlier policy.

NELA PB/ 12.04/ 7 Research Activity Updates

a. Internal Secondary Analysis

Dr Murray noted that several fellows are doing work looking at different processes, which are all available on the website. Dr Murray noted that Dr LJ Spurling is looking at the days alive and out of hospital (DAOH) measure, which is a composite measure of initial hospital stay following surgery, any subsequent hospital admissions and mortality. Dr Murray noted that this could be a good new reporting metric alongside mortality as it better reflects patient experience.

b. External Collaborations

Dr Murray noted that FLO-ELA is ongoing and LACES2 is under discussion. Dr Murray noted that NELA have also been approached by candidates for letters of support for HTA funding.

NELA PB/ 12.04/ 8 Communications Strategy and Plan

Dr Murray noted that this is a standing item and it is important to disseminate NELA through respective organisations. Ms Taylor noted that the Communications Strategy will be updated soon for the current contract year.

Socioeconomic status (SES)

Dr Murray updated the team on the work that Dr Tom Poulton has been doing on socioeconomic status on the standards of care and outcomes of patients undergoing emergency abdominal surgery. Dr Murray noted that SES does have an impact on outcome but we haven't explored how to utilise this alongside hospital mortality rates. Dr Murray noted that it could be added to the risk adjustment model, but this allows for worse outcomes. Dr Murray noted that it may be useful to report SES alongside annual reporting to add context. Dr Anderson agreed that this is an important topic and we should come up with a plan for how to include SES in reports. Ms Skipper noted that she would check across other audits to see how they handle SES.

ACTION – Ms Skipper to review how other audits use SES in their reporting.

Ms Taylor noted that she would send out a Doodle poll to find a date for the next meeting. Mr Lourtie thanked Dr Clyburn for the work he has done chairing the Project Board.

Agenda Item	Action	Responsible	Due
Year 7 Patient Audit	To review COVID-19 reporting with NHS England to get sense of how data should be reported.	Ms Skipper	
	To find out if NELA was mandated to continue data collection during COVID-19 or not.	Ms Skipper	
	To see if HQIP methodology group can review issues related to COVID-19 reporting and how to account for COVID-19 in the annual reporting.	Ms Skipper	
Future Development of NELA	To review annual reporting requirements with HQIP to see if there is scope for shorter, focussed reports in future.	Ms Skipper	
	To arrange call between NELA and Ian Woolhouse to discuss EWMA alerts and the outlier policy.	Ms Skipper	
AOB	To review how other audits use SES in their reporting.	Ms Skipper	