#  Project Board Meeting 10

**Thursday 22nd February 2018, 14:00-16:00pm**

**1st Floor BJA Library at the Royal College of Anaesthetists**

**Members:**

Mr John Moorehead Chair, ASGBI

Ms Tasneem Hoosain HQIP

Mr John Abercrombie Royal College of Surgeons-On the Phone

Ms Lynn Smith Patient Representative

Ms Kerrie Gemmill ICNARC

Dr Dave Murray Project Team Chair

Dr Sarah Hare National Clinical Lead

Ms Sharon Drake Director of Clinical Quality and Research, RCoA

Mr James Goodwin Head of Research, RCoA

Mr Jose Lourtie NELA Project Manager

Ms Millenn Chiwewe Audit and Research Team Administrator

**Attending:**

Dr Paul Clyburn Incoming Project Board Chair, AAGBI

**Apologies:**

Prof David Cromwell Project Team Methodologist/RCS

Dr William Harrop-Griffiths RCoA

Dr Gillian Tierney ASGBI

Dr Yvonne Silove HQIP

Professor Mike Grocott Anaesthetic Advisor & CRG Chair

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**NELA PB/ 02.18/ 1 Introductions and apologies**

Introductions were made around the table and apologies as noted above.

**NELA PB/ 02.18/ 2 Declaration of interests**

There were no conflicts of interests declared.

**NELA PB/ 02.18/ 3 Minutes of previous meeting**

The minutes of the previous meeting held on 14/09/17 accepted with no amendments. Actions set from the previous meeting were discussed regarding the outlier policy and how hospitals which are alerts or alarms are handled. HQIP is currently looking into this matter further and will feedback.

For the second action a letter was sent through to HQIP outlining the NHS digital data issues.

**NELA PB/ 02.18/ 4 Project Report:**

**Highlight Report – Update**

Mr Lourtie gave an update on changes which have occurred overall on the project since the last project board meeting. Updates mentioned were

-The audit successful in retendering and the new contract period started on the 1st December for Year 5 data collection.

-Changes which were made to the dataset and webtool to improve quality of collection have been activated such the QI questions enabling and disabling options for hospitals to use and for local QI improvement.

-Year 3 report was published on the 13th October 2017, report had an infographic page which was very well responded to.

-Year 3 report was published in the HSJ as an article.

-Data Collection for Year 4 carried on until the 31st January 2018. Data was then exported from the webtool is currently being analysed and will be reported in the next coming months to be published around September 2018.

-Provisional cases which have been analysed have shown similar figures to the previous year.

NELA has hosted over 7 QI workshops across various regions North, South, East and there has been a workshop arranged to take place in London at St Georges Hospital in March 2018. HQIP has requested a continuation of QI work of this type, currently NELA has been considering setting up collaboratives with the AHSN networks.

Data has been uploaded onto NHS digital and currently NELA is waiting to receive HES data in the weeks ahead. PEDW (Welsh Hospital) data has been received and currently case ascertainment figures for the welsh hospital sites are being determined which will be used in the next report. ICNARC data has been successfully linked with NELA and a team is being set up to proceed with the analysis of data. The team is being put together and will be led by Prof Grocott. Data linkage with NASBO has been established.

**Audit Update**

Dr Hare restated the current progress of Year 4 data which is in the preliminary phases. She stated that a shorter report would be published mainly focussing on five areas listed below:

-Discrepancy Reporting (NELA to work in conjunction with the RCR to generate a chapter)

-Risk Scores (predicting risk scores using NELA/Possum and Clinical Judgement)

-Pre-op consultant input.

-Admitting Specialities

-Longer outcomes of Morbidity

NELA is currently working towards the use of the NELA Risk model which will work alongside the introduction of the Best Practice Tariff (BPT) in 2019. Hospital performance for standards met will be rated according to Possum, NELA Score and Clinical Judgement in Year 5, with whichever has the highest score being reported.

BPT to be introduced in April 2019 during this time the high risk surgical document would be also getting published stating that high risk is to be scored at 5%.

Dr Moorehead suggested that discrepancies in CT reports be highlighted especially contradictions between reports generated at consultant level vs those generated by the registrar. Reviewing morbidity associated with the location of discharge was stated as factor to be highlighted in the report and also querying Radiologist who are reporting the outsourced scans

**NELA PB/ 02.18/ 5 Patient Audit**

Year 4 Patient Report discussed as above.

**NELA PB/ 02.18/ 6 Future Development of NELA**

**Deliverables for new contract**

HQIP has changed the approach to deliverables, and have set up a few high level deliverables that will be addressed in a meeting due on the 28th February. As part of the new contract the NELA team are looking to carry out some IT development. The website and web tool will be merged into one site to allow hospitals to compare performance across site and improve user interface.

**QI & QA activity**

Dr Hare outlined that the new contract has specifics on delivery of QI work going forward. There is funding for more workshops activities and NELA has written to the AHSN`s networks to outline methods in which the two can collaborate to move this forward. Teleconference calls have been arranged with the AHSN`s to further discusses collaboration objectives.

Dr Hare reported that it was agreed by the Project Team that alongside the Quarterly Reports NELA would publish exception & excellence reporting. Thiswill be a spreadsheet that allows data to be exported locally and gives outcomes of whether standards have been met and excellence reporting which will flag patients were standards were met or not.

**Patient Engagement**

Dr Hare reported that three sites are setting up support patient focus groups and there NELA team are putting together a toolkit which will provide a set of instructions on how to run the focus groups, this will contain invitation letters and patient information sheets for use at the hospital. A session on shared decision making for EL patients has also been organised. Currently there are 5 patients assisting in the generation of the Year 4 patient report to provide background on what patients having an EL can expect.

**Best Practice Tariff**

Dr Murray updated that the BPT will become active in April 2019, currently it`s with the NHS pricing team who have the metrics of what the BPT will be like and its performance to model pricing structure which will be sent out to the commissioners and hospital sites for comment. The tariff will require that participating hospitals have in place a multidisciplinary pathway for managing emergency laparotomy patients in order for them to access the BPT. Patient level performance judged based on whether hospital are able to meet a set target for consultant presence and admission to critical care. NELA still to determine what pathways should include.

Dr Murray queried NELA producing specific outcome which could be incorporated into GIRFT. Dr Abercrombie expressed interest in discussing routes GIRFT can assist NELA in generating better outcomes.

**Action:** Dr Abercrombie and Dr Murray to discuss further outcomes from NELA which can be included into GIRFT

**NELA PB/ 02.18/ 7 Research Activity Updates**

**Internal Secondary Analysis**

Dr Murray updated the board on the current progress status of the projects NELA is running internally. He stated that a risk adjustment paper had been submitted to the BJA by the CEU. Currently there are three fellows on the NELA project running studies using NELA data to determine organisational determinants of outcome, impact of social deprivation on outcomes and obstetric EL management in pregnant women.

**External Collaborations**

Dr Murray outlined many of the external collaborations that are currently in place. A list of these can be found on the NELA website.

He reported that papers have been submitted for the following studies, small bowel obstruction study and peptic ulcer disease. He reported that the PROMS study was currently being written prior to submission. He highlighted results generated from this study have been interesting and maybe useful in capturing morbidity associated with PROMS and could assist in shared decision making processes. He highlighted several other studies currently collaborating with NELA and their current progress. Dr Murray outlined that NELA data as a resource is being very well used.

There was further discussion regarding the process for accessing NELA data. HQIP emphasising that users need to provide justification for the data they are requesting.

**NELA PB/ 02.18/ 8 Communications Strategy and Plan**

Mr Lourtie stated that the communications and strategy plan was still a standing item, and an updated version would be sent out in preparation for the report**.**

Members were urged to attend meetings and present NELA data as often as possible.

**NELA PB/ 02.18/ 9 AOB**

Dr John Moorehead asked about Republic and Northern Irish participation in the audit. HQIP position is that it is up to the provider (RCoA) to decide how best to do this and ensure that all permissions are in place. Dr Hare highlighted that in principle this is a good idea, but need to decide how best to move this forward.

Dr John Moorhead announced that it was his last Project Board meeting as Chair. He expressed his gratitude and thanks for being part of the board over the past few years.

Dr Murray also gave thanks to Dr Moorehead on behalf of the whole NELA team. Dr Clyburn was official welcomed onto the NELA project board and will take over as the new chair at the next meeting

**NELA PB/ 02.18/ 10**

Date and Time of next meeting to be confirm Ms Chiwewe to set up doodle poll to arrangement meeting for September.

**Action:** Ms Chiwewe to generate doodle poll in order to arrange the next PB meeting.

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| **Agenda Item** | **Action** | **Responsible** | **Due** |
| 6 |  To discuss further outcomes from NELA which can be included into GIRFT | DM/JA |  Next Meeting |
| 10 | Generate doodle poll in order to arrange the next PB meeting. | MC | Next Meeting |