# Project Board Meeting 9: Minutes

Thursday 14th September 2017, 10.30am-12.30pm

8th Floor Meeting Room at the Royal College of Anaesthetists

**Members:**

Mr John Moorehead Chair, ASGBI

Dr Yvonne Silove HQIP

Ms Tasneem Hoosain HQIP

Dr Gillian Tierney ASGBI

Mr John Abercrombie Royal College of Surgeons

Professor David Cromwell Project Team Methodologist/RCS

Ms Lynn Smith Patient Representative

Mr Tim Russell ICNARC

Dr Dave Murray Project Team Chair

**Apologies:**

Dr Jeremy Langton RCoA

Dr Sarah Hare National Clinical Lead

Professor Mike Grocott Anaesthetic Advisor & CRG Chair

Ms Sharon Drake Director of Clinical Quality and Research, RCoA

**In Attendance:**

Mr Jose Lourtie NELA Project Manager

Mr James Goodwin Head of Research, RCoA

Ms Millenn Chiwewe Audit and Research Team Administrator

**NELA PB/ 09.17/ 1 Introductions and apologies**

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

**NELA PB/ 09.17/ 2 Declaration of interests**

There were no conflicts of interests declared.

**NELA PB/ 09.17/ 3 Minutes of the previous meeting**

The minutes of the previous meeting held on 18/01/17 accepted with no amendments

**NELA PB/ 09.17/ 4 Highlight Report**

Jose Lourtie gave a project outline, explaining that overall the project was progressing well since the last project board meeting. The discussion highlighted deliverables which have been achieved or recorded as on-going. Updates included:

* Audit Retender successful, the RCoA to carry on running for 3 years with possibility of extension to 5 years.
* New members of the PT; Clinical Lead (Sarah Hare), Quality Improvement Lead (Carolyn Johnston) and Surgical Fellow (Hannah Boyd –Carson).
* Year 3 Report delays that occurred in publication addressed due to linking data via NHS digital. Report 2nd Draft has been submitted to the NHS England, HQIP and Welsh Government. The patient audit report is now due to be published on the 12th October 2017, which will include the organisational audit data.
* Update on one hospital as an outlier over the course of 2 years during the audit, the hospital was contacted and requested to reanalyse their data for resubmission. Hospital was confirmed as an outlier.
* Quality Improvement measures taken to enhance data quality including quarterly reports generation for individual hospital, 3 QI videos on the NELA website which provide information to hospitals on how to use data to improve care locally. 5 QI regional workshops have been confirmed with a member of the Project Team being allocated to each site. London QI workshop still yet to be confirmed. Poster competition to be held in promotion of QI at the AAGBI conference in 2018.

The data delays which resulted from data provided from NHS Digital was discussed extensively. Highlights addressed that more information should be sought via HQIP from NHS digital to identify why the error occurred, more evidence to be presented to demonstrate internal investigations for the cause and expectations to be stated going forward to avoid error reoccurrence.

HQIP outlier policy reviewed which mentions alarms not alerts. Outlier policy to define clear differences between an alarm and an alert depending on statistical data generated against standard deviation figures. NELA is informing trusts if they are an alert which doesn’t mean they are an outlier. It was confirmed that the CQC are being informed of both Alarms and Alerts prior to publication. Board members agreed that there has to be a process in place about how the CQC handles an alert.

**ACTION: YS to follow up on policy of how hospitals which are alerts or alarms are handled.**

**ACTION: JL to send HQIP timeline and context of NHS Digital Data issues.**

**NELA PB/ 09.17/ 5   Year 3 Patient Report**

The Project Board has had sight of the report but Dave Murray outlined key figures for the Year 3 report. Mortality figures had been reduced from 11.8% to 10.6%, more hospital were rated green for key process measures, 5 out of 9. Consultant presence in the theatre has gone up to 80% for high-risk patients. Challenges addressed were access to theatre within 2hours which has remained static and admissions to critical care for high-risk patients.

Recommendations included in the report are given at high level and more specific clinical level.

**NELA PB/ 09.17/ 6 Future Development of NELA**

1. **Increased Quality Improvement Activity**

Further discussions are due to take place on how to increase the audits QI activity. A NELA Project Team away day is planned and further discussion at the CRG meeting. At the CRG meeting the project team will present plans for the next contract. These plans include developing dataset and creating mandatory metrics for quality assurance, Migration of website and webtool onto a new system and increased online analysis. It was also highlighted that learning disabilities questions and the fragility assessment will be incorporated in the new dataset.

1. Deliverable for new contract

Yvonne Silove explained that there will be an updated deliverables process going forward which should be very clear and more user-friendly. Some of these new deliverables would focus on lay and patient representation and input into the project. It was explained that Sarah Hare has a support group running at Medway hospital for patents who have undergone an EL procedure. The sessions have been very popular and are growing in audiences.

Other discussions centred on alternative data linkage sources to be outlined and consideration of other funding models for NELA beyond the next 5 years.

1. Best Practice Tariff

Dave Murray outlined that a NELA BPT is currently under development. Discussions are ongoing to clarify what cases should be included, criteria and key measures to use to ensure no gaming takes place.

**NELA PB/ 09.17/ 7   Research Collaborations Updates**

Dave Murray outlined the various collaborations and sub-specialty activities being carried out on behalf of NELA:

* NASBO currently being written up for submission with the SGBI and a few other projects.
* EPOCH is currently analysing data collected.
* FLO-ELA is now recruiting using consent through the NELA database.
* NIHR grant being submitted for NELA data linkage to bowel cancer audit.
* Several other projects (ELC, PROMS, ALPINE, ELF and GIRFT) were mentioned. The issue of requests for data access from NELA was highlighted. A process is being put in place to simplify this action which will include some form of Cost Recovery HQIP confirmed that this is a good way forward.

A variety of Secondary analysis from NELA data are taking place. Including; NELA risk scores. Research lead on NELA is in the process of writing a report on organisational determinants contribution on outcomes. Surgical Fellow currently working on defining the impact of social deprivation and distance to the hospital on outcomes.

Dave Murray also provided feedback on trip to Australia and New Zealand and reported of groups who expressed a deep interest in collaborating with NELA.

**NELA PB/ 09.17/ 8   Communications Strategy and Plan.**

Members were asked to highlight any upcoming meetings they are attending or can speak at regarding NELA.

Tim Russell highlighted the ICNARC conference taking place end March/ April 2018

Yvonne Silove mentioned the HQIP Clinical leads meeting on the 29th September 2017

**NELA PB/ 09.17/ 9 AOB**

Tim Russell told the group that he is leaving ICNARC and therefore stepping down from his role on the Project Board. A replacement will be sought at ICNARC.

The Project Board thanked Tim for his work on the Board and contribution to the CRG.

**NELA PB/ 09.17/ 10   Date and Time of next meeting**

TBC – Likely to be some time in February / March 2018

**Actions**

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| **Agenda Item** | **Action** | **Responsible** | **Due** |
| 4 | Follow up on policy of how hospitals which are alerts or alarms are handled | YS | Next Meeting |
| 4 | To send HQIP timeline and context of NHS Digital Data issues. | JL | Next Meeting |