# National Emergency Laparotomy Audit

**Project Board Meeting 5**

**Minutes of the meeting held on Wednesday 24 February 2015, 14:00-16.00**

**at the Royal College of Anaesthetists**

**In attendance:**

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| Dr William Harrop-Griffiths | Chair, AAGBI |
| Dr Liam BrennanMiss Gillian Tierney | RCoAASGBI |
| Dr Dave Murray | National Clinical Lead |
| Dr Yvonne SiloveMr Daniel Devitt | HQIPHQIP |
| Professor Mike Grocott | Project Team Chair |
| Ms Sharon Drake | Director, RCoA |
| Mr Jose LourtieMr Dimitri PapadimitriouDr David CromwellDr Matt Oliver | Project AdministratorResearch Team AdministratorProject Team Methodologist/RCSResearch Fellow |

**Apologies:**

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| Ms Lauren OsborneMr Iain AndersonMs Lucy Lloyd-Scott | Patient RepresentativeASGBIICNARC |

1. **Introductions and apologies**

Chair welcomed everyone to the 5th Project Board Meeting and introductions were made.

1. **Declaration of interests**

In additional to all previously stated declarations of interest William Harrop-Griffiths explained that as he is no longer the current President of the Association of Anaesthetists of Great Britain and Ireland (AAGBI) and will soon become a member of the Royal College of Anaesthetists Council. He felt he may no longer be an appropriate candidate for Chair of the NELA Project Board. The Board agreed to readdress the issue later on in the meeting.

1. **Minutes of previous meeting.**

It was agreed that the minutes were an accurate record of the previous Project Board meeting. Liam Brennan confirmed that he will be replacing Dr Debbie Nolan as the RCoA representative on the Board.

1. **Project Manager’s Report**

Jose Lourtie went through the highlight report that had been prepared in consultation with the NELA Project Team.

**Highlight Report -**

* Patient Audit:
	+ Jose Lourtie provided the Board with a summary of the progress of the patient audit over the last five months. This included hospital activity leading up to the Year 1 deadline for hospitals to enter and complete cases, final case ascertainment numbers for the first year of the Patient Audit and progress achieved in Year 2 of the Patient Audit thus far. A graph was presented to the Board demonstrating how the audit had surpassed the target case ascertainment figures for the first year. William Harrop-Griffith asked what would happen to the roughly 2,500 incomplete Year 1 cases that remain on the web tool, with Jose Lourtie explaining that sites can still go back and complete these cases should they choose.
	+ The Project Team is continuing to try to raise clinical engagement in the audit, currently targeting surgical events so as to increase surgeon involvement in NELA. Gillian Tierney asked who was currently performing the data entry, with Jose Lourtie explaining that it varies from site to site. Some hospitals have a small team of dedicated participants entering the patient data and others a larger number of participants across clinical and audit teams. The Board agreed the Project Team needs to focus heavily on developing a culture through which patient data are entered automatically on the NELA web tool once it becomes available.
	+ The Project Team is in the process of developing a ‘dashboard’ for the online web tool, a system by which each hospital’s results are fed back to them along with audit national averages. The first part of the dashboard will focus on patient demographics and case ascertainment numbers, while the second part will demonstrate to sites how often they are meeting key Quality Improvement indicators. Dave Murray explained that a number of web tool users have still not exported their site’s NELA data, thus making the role of the dashboard that much more important.
	+ The first Patient Report is currently in the process of being written, with members of the Project Team meeting regularly to analyse the data and receiving feedback from members of the Clinical Reference Group through a series of webinars. Gillian Tierney asked if the report will be presenting consultant specific results, with Dave Murray explaining that this will not be the case. Jose Lourtie explained that while the Patient Report will be published online, EBPOM 2015 will be used as a ‘launch’ event.
	+ Upon submitting data linkage applications to the HSCIC in December 2014 the Project Team was informed that the application process had changed and is therefore now resubmitting the updated forms.
	+ Quality Improvement Following Organisational Audit:
	+ An Organisational Audit Action Plan was designed by the Project Team and distributed to participating sites so as to make sure they are meeting recommendations made in the Organisational Report.
	+ A questionnaire was created and sent to local NELA leads so as to collect their feedback on the way the audit is being run and ways in which its processes could be improved. The Project Team also asked hospitals with an integrated care pathway for emergency laparotomy in place to share them with the audit, with the pathways being published on the NELA website so as to assist hospitals looking to create their own pathway by giving them examples of what has worked for their fellow audit participants.
* Other Updates
	+ The Project Team has been informed by HQIP that NHS England has confirmed that they can offer NELA the opportunity to apply for a potential two-year extension for the project and are now in the process of preparing to apply for this. Members of the Team having just discussed the application process with representatives from HQIP prior to the Project Board meeting. NELA also took part in the HQIP Audit of Audits, from which actions to produce an ‘Audit Manual’ and Audit Protocol’ have arisen.
	+ Jose Lourtie confirmed that NELA had just had its Section 251 renewal accepted.
	+ The Project Team has been working with the Burden Advice and Assessment Service (BAAS) to ensure that the data collection demands the audit places on participating sites are not excessive. The Team is currently waiting for the BAAS team to meet with HQIP to discuss the role of National Audit. David Cromwell felt that in its current form the BAAS process was slowing down clinical audit and hindering its effectiveness in collecting patient data.
	+ The NELA Outlier Policy was finalised by the Project Team in December 2014 and shared with the participating sites.
	+ Jose Lourtie went over the audit’s communications strategy leading up to the Patient Report publication. The RCoA Communications Manager, Ms Sonia Larsen, is in the process of putting together a communications strategy for the upcoming months, with NELA constantly updating participants on its latest news using its website and Twitter.
	+ EPOCH
	+ The Project Team continues to provide data entry support to the EPOCH sites, five of which are in Scotland and are therefore not taking part in the audit.
	+ HQIP Deliverables
	+ Jose Lourtie provided the Project Board with a list of deliverables that had been delivered and key milestones reached since the last Board meeting. He also confirmed that the audit’s finances currently show a slight underspend with additional funding to go towards IT and Data Linkage elements in the coming months.
	+ William Harrop-Griffiths asked about deliverable 2.7 that, despite having a planned delivery date of August 2014, is still presented as being ongoing. Jose Lourtie explained that the deliverable had been met by the planned delivery date but that collecting feedback from the audit and reporting to key stakeholders is an ongoing target for the Project Team.
1. **Organisational Audit**

Dave Murray provided the Board with an overview of Quality Improvement initiatives launched following the publication of the Organisational Report, siting previously mentioned actions such as making pathway examples viewable on the NELA website and developing the dashboard.

He explained that following the Report publication, fifteen of the participating hospitals do not have 24-hour access to radiologists’ reporting, the Royal College of Radiologists have followed up with these sites to confirm the published results. Each site’s response has been compiled and the Project Team is currently working with the RCR on finalising an addendum to the Organisational Report which clarifies these fifteen sites’ results. Once approved the addendum will be published on the NELA website alongside the full report.

Dave Murray addressed a query which had been raised by an Associate Specialist regarding the appropriateness of staff and associate specialist (SAS) grade doctors in delivering anaesthesia for emergency laparotomy. The concern regards whether the NELA recommendations may suggest that SAS doctors do not have a role to play in leading the delivery of care to patients undergoing emergency laparotomy and the implications that this may have for clinical service delivery. Mike Grocott explained that NELA can only audit against the current standards and is not in a position to set them. William Harrop-Griffiths explained that it may be useful to change the wording on the NELA standards slightly to clarify this point.

Liam Brennan left the meeting

1. **Patient Audit**

Dave Murray explained that in putting together the Patient Report the Project Team will need to be very careful to balance the clear results of the report with the political implications that comes with them. Yvonne Silove agreed and stressed the importance of achieving that balance from an HQIP perspective. William Harrop-Griffiths asked whether the Report will be simply publishing the findings of the audit or if it will be making key recommendations. Dave Murray explained that recommendations will be made and despite trying to keep the politics of the Report to a minimum, political conclusions will inevitably be drawn.

Gillian Tierney stressed the importance of having surgical input when writing the Patient Report and outlining its key recommendations. Yvonne Silove asked whether the results of the Patient Audit will link back to the results of the Organisational Audit, thus seeing if the hospitals who had met the majority of the recommendations made in the initial report were in fact performing better on a patient level. Mike Grocott explained that the Project Team has yet to decide if this will be included in the first Patient Report.

Matt Oliver gave a presentation on the initial findings of the patient data analysis focusing on the following points:

* + Dates for which cases had been entered
	+ Patient age, urgency of surgery and pre-operative risk
	+ Inpatient mortality
	+ Outcome measures:
		- * + Presence of a consultant surgeon/anaesthetist
				+ ‘Day of the week’ for surgery
				+ Sites ranked by presence of consultants
	+ Hospital level outcomes

 Matt Oliver then presented a funnel plot demonstrating sites’ mortality figures after the first six months’ worth of data, showing just one outlying hospital. Dave Murray felt that this kind of graph would not be useful in the report as it would not motivate sites to improve their results and recommended adding an upper quartile to the funnel plot. William Harrop-Griffiths stressed the importance of outlying hospitals, such as the one present on the graph, being notifying of their outlier status well in advance of the Report’s publication so as to have the opportunity to prepare a response. Mike Grocott agreed and requested that the issue be added to the agenda for the upcoming Project Team meeting.

1. **Patient Involvement with NELA**

Jose Lourtie explained that Matt Oliver will be attending the upcoming RCoA Lay Committee meeting in March 2015 so as to discuss ways in which the audit can further engage with emergency laparotomy patients. Mike Grocott expressed the Project Team’s desire to make the Patient Report patient-friendly and easily understandable so as to not require a separate report specifically for patients. Yvonne Silove assured the Board that the audit’s PREM requirement is not currently a priority and does not need to be top of the Project Team’s deliverables.

1. **EPOCH/ ELPQuiC Update**

Mike Grocott gave a brief update on both EPOCH and ELPQuiC, explaining that ELPQuiC had now been completed and showed improvement in quality of care and that EPOCH is ongoing with recruitment scheduled to end in October 2015. He explained that lack of engagement in NELA and in the data entry process remains the largest risk for EPOCH as they are relying on the audit to collect patient data.

1. **HQIP Contract Renewal**

William Harrop-Griffiths explained that this had already been covered during the meeting.

1. **Project Board Views on Future Direction of the Audit**

Mike Grocott explained that the Patient Report will provide sites with specific recommendations on how to achieve Quality Improvement. The Project Team are currently looking at key patient outcomes in order to determine the main messages that can be taken away from the Patient Audit. Yvonne Silove asked the Project Team to think about whether they would feel comfortable having a draft version of the Report ready by late April to present to the contract reapplication committee. She felt that it would be a very useful tool in ensuring that the contract is extended.

Dimitri Papadimitriou presented the first stages of the case ascertainment/patient demographics side of the web tool dashboard. The rest of the Board agreed that the information provided in the dashboard looked good and could prove to be a useful resource to local NELA hospital leads. Yvonne Silove stressed the importance of getting hospital audit departments using the dashboard.

Mike Grocott explained that following the publication of the first Patient Report the Project Team hopes to move towards more regular publications, with less emphasis on an ‘annual tome’ schedule.

1. **Communications and Strategy Plan**

Sharon Drake confirmed that once Sonia Larsen’s communication plan for the Patient Report publication has been finalised it will be distributed to members of the Project Board for review.

1. **AOB**
* Making Project Board meeting minutes publically available –Yvonne Silove explained that this is an initiative to have come out of the Audit of Audits. William Harrop-Griffiths explained that he could see no issue with making the meeting minutes public, with the rest of the Project Board agreeing
* Duration of tenure on the Project Board – William Harrop-Griffiths explained that he feels regularly changing the members of the Project Board is crucial to it fulfilling its obligations most effectively. It was agreed that going forward each representative on the Board would have a one year tenure which would then be renewable up to three years
* Scientific publications – William Harrop-Griffiths explained that the Project Team need to think carefully about which journals they would like to select for publication in order for the publications to have the highest impact possible. Mike Grocott explained that the Project Team will discuss which publications would be best to promote the audit’s Quality Improvement goals. He asked how HQIP feel about open access publications, with Yvonne Silove explaining that HQIP do not have the funding for it and so it would be the Project Team that is financially responsible. William Harrop-Griffiths felt that open access publications would be useful and should be added to the communications strategy for the Report
* Project Board Chair – William Harrop-Griffiths explained that due to the conflict of interest expressed at the beginning of the meeting he felt he was no longer an appropriate candidate to act as the Chair of the NELA Project Board. It was agreed that the Project Team will draw up a list of recommendations for a replacement and present it to the Board so that a decision can be made before the next meeting in September. Mike Grocott expressed his deepest thanks to William Harrop-Griffiths on behalf of the Project Team and the rest of the Project Board for his contribution to the audit over the last two and a half years
1. **Next Meeting**

*Date and time of next meeting are yet to be confirmed*