**NELA PROJECT BOARD**

**Minutes of the meeting held on Wednesday 24 February 2016**

**10:30am-12:30pm at the Royal College of Anaesthetists**

**Members:**

Mr John Moorehead Chair, ASGBI

Dr David Cromwell Project Team Methodologist/RCS

Ms Tasneem Hoosain HQIP

Mr Tim Russell ICNARC

Dr Gillian Tierney ASGBI

**Apologies:**

Mr John Abercrombie RCS

Mr James Goodwin Research Manager

Dr Jeremy Langton RCoA

Ms Lauren Osborne Patient Representative

Dr Yvonne Silove HQIP

**In Attendance:**

Dr Mike Bassett NELA Research Fellow

Ms Alexandra Brent POM Coordinator

Ms Sharon Drake Direction of Education and Research, RCoA

Professor Mike Grocott Project Team Chair

Mr Jose Lourtie Project Administrator

Dr Dave Murray National Clinical Lead

Mr Dimitri Papadimitriou Research Team Administrator

Dr Tom Poulton NELA Research Fellow

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1. **INTRODUCTIONS AND APOLOGIES**

Mr Moorehead opened the meeting as chair. All attendees introduced themselves.

1. **DECLARATION OF INTERESTS**

All Board members confirmed that they have no interests to declare.

1. **MINUTES OF PREVIOUS MEETING**

It was agreed that the minutes were an accurate record of the previous Project Board meeting.

1. **PROJECT HIGHLIGHT REPORT – 6 MONTH UPDATE**

Mr Lourtie provided the Board with an update on the last six month of the audit:

NELA is now in its fourth year overall and the third year of Patient Data Collection. All deliverables within the first 3 years of the contract have been achieved or are ongoing.

The audit has now entered into the two year extension of the contract which started on 1st December 2015 and will run until 30th November 2017.

**Patient Audit:**

* Soon after the publication of the First Patient Report the Project Team found some inconsistencies between the RAG table data and the final data reported on. This was reported to the Project Board and HQIP and an investigation was carried out, which found that this affected two measures reported and the differences were small. The Project Team withdrew the original Report to update these figures and it was replaced in October 2015 with an updated corrected version.
* The second year of data collection ended on 30th November 2015, participating hospital sites were then given a further two months to ensure their cases were complete and locked and that the data was accurate. The data has now been exported to allow for data cleaning and data analysis to begin.
* 188 hospitals in England and Wales have participated in Year 2 of the Patient Audit, with over 24,500 cases locked
* Year 3 of the Patient Audit began on 1st December 2015

**Quality Improvement and Audit Engagement:**

* The Project Team continues to make changes and improvements to the audit in order to facilitate data entry, improve data quality and encourage local quality improvement.
* A Patient Audit Action Plan has been produced to help NHS trusts review their performance in the Audit and their implementation of the main recommendations from the First Patient Report published in June 2015.
* Following the first phase of the reports Dashboard which focussed on data completion and patient demographics, the second phase was launched in November/December 2015. These new reports provide real-time data on the most important process measures. It allows participating sites to compare their local hospital data to national averages.
* A set of slides and notes for NELA Local Leads to present to their colleagues on the findings of the Patient Audit and Organisational Audit were circulated.
* Excel form of individual hospital data made available to sites on the web tool.
* First Patient Audit data added to Data.gov website.
* Guide for calculating Hospital’s observed/expected mortality ratio published on NELA website.

**Data Linkage:**

* **HSCIC** – After a lengthy process the Project Team has received the required information to upload the NELA data and for data linkage to take place.
* **PEDW –** The process to obtain Welsh Hospital numbers has moved forward and the Project Team has received some data.

**HQIP:**

* The Project Team announced to participating sites that the audit was carrying on for a further 2 years via contact to the NELA leads and Local Administrators and an announcement on the website.
* HQIP Prioritisation process for retendering – This is being revised and will not be taking place this spring. NELA will be involved with discussions to clarify requirements ahead of retendering, likely to start later in 2016.
* The NELA Project Team were approached to participate in an HQIP/CQC initiative to provide some NELA metrics that could be used by the CQC and subsequently on the NHS Choices and MY NHS websites. The Project Team have submitted 6 metrics and is looking to participate in the ‘Tranche 2’ of this work.
* Devolved Nations - NELA Project team spoke to Public Health Northern Ireland following their initial approach about participation in the audit. The Audit also has some Scottish sites that have been participating due to their involvement in the EPOCH trial. An agreement is being put in place so that these sites can continue to enter NELA data beyond the end of EPOCH.
* From the last meeting there has been just one change to the Risk Score. One risk has been downgraded – (Failure of linkage to validation data) this is due to the progress made with linking data with the HSCIC.
* The NELA project finances are currently within targets.
* The NELA Project team have attended several meetings over the last few months to ensure a regular presence at national and local meetings.

**Publications:**

* ‘NELA – improving perioperative care’ - RCoA Bulletin – September 2015
* ‘The Problem with Emergency Laparotomies’ – British Journal of Hospital Medicine – Sept 2015

1. **PATIENT AUDIT**

In discussing the Second NELA Patient Report, Dr Murray explained that outcomes will need to be published. The ongoing delay in having the NELA data linked has the potential to complicate the outlier process, as the Project Team will need to follow the timeline set out in the Outlier Policy. The 11th of April has been identified as the last possible day by which outlying hospitals will need to be contacted. He asked the Board if the outcomes should still be published if a hospital in question does not respond to the Team’s email, with Mr Russell explaining that in ICNARC hospitals are identified as outliers in the report if they do not respond to the initial notification.

Dr Bassett presented the Project Board with a summary of findings from the preliminary analysis of the Year 2 results:

* Over 720 Year 2 cases were removed for not meeting the inclusion criteria
* Less high risk patients are being included in the audit
* More patients are having risk formally assessed preoperatively, with figures increasing on nearly a monthly basis
* Average time to theatre is slightly down for Year 2
* Elderly Care specialist reporting is still very poor
* Overall 30-day inpatient mortality is down
* Average postoperative length of stay is down

The Board agreed that it would be useful to know if mortality has decreased as a result of risk being assessed more often. Dr Murray explained that Iain Anderson is performing a disease-specific analysis which will hopefully answer relevant questions such as this.

1. **2nd ORGANISATIONAL AUDIT**

Dr Murray explained that the Project Team’s plan currently is to repeat the Organisational Audit, this time focusing more closely on the areas that either produced the most amount of variability or that were universally under-reported during the first Report. Dr Cromwell added that aspects of the audit that are found to not affect outcomes and process measures could be used to reshape the existing standards of care.

1. **CQC COLLABORATION**

Dr Murray explained that the NELA Project Team were contacted by the CQC in 2015 and asked for specific metrics relating to the audit; the Project Team has decided on seven key metrics. The CQC will be very careful to see hospitals that have scored ‘red’ in a specific metric as more of a flag from which to start, not an automatic failure. The metrics feeding into the CQC are already reported data rather than ‘real-time’ data.

Mr Moorehead asked if the CQC metrics will be used in commissioning, with Dr Murray indicating that this will most likely be the case.

1. **RESEARCH COLLABORATION**
* EPOCH – Completed their implementations, with reporting due in early summer 2016. The Project Team was happy to find that there was no drop in case ascertainment at hospitals participating in EPOCH once the trial had ended.
* Emergency Laparotomy Collective (ELC) – A follow-up project from ELPQuiC which is taking place at three academic centres in the south of England.
* Goal Directed Fluid Therapy (GDFT) Study – Following EPOCH, the GDFT study will be submitting their applications in April 2016.
1. **FUTURE DIRECTION OF THE AUDIT**

Dr Murray stressed the importance of NELA continuing much more as a Quality Improvement project, as opposed to simply a yearly audit report. Regular online reporting is key to this, with the goal being an automated, individual hospital report system similar to that currently in use by the National Stroke Audit. The current NELA contract is set to expire at the end of November 2017, with the re-tendering process scheduled to begin roughly a year before this.

1. **HQIP**

The Board agreed that this had already been covered.

1. **COMMUNICATIONS STRATEGY AND PLAN**

Professor Grocott assured the Board that most of the communication plan was being delivered by the Project Team. National Reports are being published on an annual basis, Team members are regularly speaking at medical events and conferences and the QI Dashboard has been launched. The plan going forward is to focus on specific individual variables for a short amount of time. For example making a certain month ‘Risk Assessment Month’ and urging participants to focus on preoperative risk assessment during this time.

Dr Murray added that the Project Team is also considering further patient input into the audit, assessing ways in which it can engage on a patient front.

1. **AOB**

Mr Moorehead asked the members of the Project Team if there were any plans to involve any of the devolved nations in the audit, primarily Northern Ireland. Ms Hoosain explained that Section 251 doesn’t cover Northern Ireland, therefore making it illegal for any patient identifiable data to leave the country. A data-flow plan will need to be put together, but until then any plans for including Norther Ireland in NELA will need to be put on hold. When asked about the Republic of Ireland, the Project Team explained that it has received no contact for any Irish hospitals. Mr Moorehead agreed to speak with the Health Minister for Northern Ireland as he felt that clinicians were likely keen to take part, it’s simply political blocks that are preventing the sites.

Ms Drake brought up the possibility of NELA being extended so as to cover children. Ms Hoosain suggested that this could be something that’s looked at for the retendering process, but it will need to be commissioned by NHS England. Mr Moorehead suggested that the Project Team talk to Mr Richard Stewart in Nottingham, as he may be interested in becoming involved.

1. **DATE AND TIME OF NEXT MEETING**

The date and time for the next meeting has not yet been decided, with early September the most likely period. Mr Papadimitriou agreed to send a list of possible dates to Mr Moorehead; once a date has been agreed upon an Outlook invitation will be circulated to the entire Project Board.