



Project Board Meeting 15
Tuesday 3rd November 2020, 14:00-16:00pm
(Teleconference) at the Royal College of Anaesthetists

Members:

Dr Paul Clyburn	Project Board Chair, AAGBI
Mr Mirek Skrypak	HQIP
Mr Oliver Potter	HQIP
Dr William Harrop-Griffiths	RCoA
Mr John Abercrombie	Royal College of Surgeons
Dr Gillian Tierney	ASGBI
Ms Lynne Smith	Patient Representative
Dr David Cromwell	NELA Project Team Methodologist/RCS
Dr Dave Murray	NELA Project Team Chair
Dr Sarah Hare	NELA National Clinical Lead
Dr Carolyn Johnston	NELA QI Lead
Ms Sonia Lockwood	NELA Surgical Lead
Ms Sharon Drake	Director of Clinical Quality and Research, RCoA
Ms Carly Melbourne	Associate Director of Clinical Quality and Research
Mr Jose Lourtie	Head of Research, RCoA
Ms Karen Williams	Audit and Research Team Administrator

NELA PB/ 03.11/ 1 Introductions and apologies

Introductions made around the table.

NELA PB/ 03.11/ 2 Declaration of interests

There were no conflicts of interests declared.

NELA PB/ 03.11/ 3 Minutes of previous meeting

The minutes of the previous meeting held on 13/05/20 accepted with no amendments.

- Actions will be discussed during the meeting.

NELA PB/ 03.11/ 4a Project Report

Highlight Report

Jose Lourtie went through the highlight report outlining developments that have taken place since the last Project Board Meeting. Overall, the project continues to progress well and these were the main points covered:

- Sixth patient report ready to be published on the 12th November and the final prep is being made to publish it on the website and send to participants.
- Currently in 7th year of data collection which ends at the end of November.
- The project team have been making changes and updates to the 8th year of data collection, which starts in December. NELA extended until November 2022.
- Christine Taylor will be starting and taking over from Jose as NELA project manager in the next month.
- Following the COVID surge, case ascertainment has slowly started to rise again. Overall, the numbers are holding up in terms of case ascertainment.
- Additional COVID questions added to the dataset and are now being reported by sites.
- Data linkage: NHS Digital contact extension approved. Also ready to implement the national patient opt-out.

NELA PB/ 03.11/ 5 Patient Audit

a. COVID-19

Sarah Hare presented to the group some of the data regarding the impact of COVID-19 on patients requiring emergency laparotomies. She noted that in March case ascertainment dropped off quite drastically. There were only 17,000 cases recorded within the dataset compared to over 21,000 last year. Sarah noted that we do not know whether it reflects a genuine reduction in cases or time constraints of busy staff. From the graphs, it is easy to spot when the pandemic began.

Dave Murray suggested having a discussion with Mirek on what report we may publish to get the COVID data out there. No real answer yet but it will be important that we can publish the data far sooner than waiting for the annual report to come around as it will be important to get the data published before we enter another wave. Timescales may be an issue, but we cannot wait for an annual report to produce this data.

Mirek noted that there is the potential that the COVID period masks the performance from the normal analysis dependant on what the results look like. Mirek suggested following a COVID19 standard reporting process that may be quicker to review. Some providers have been able to produce the report quite quickly (2-3 weeks or up to a month) once Dave and Sarah ascertain how they would like to share this information in the public domain. Lynne Smith queried whether there is a comms plan in relation to any aspect of the report. There might be some interest on the impact of COVID and the data could inform other projects.

b. Year 6 Patient Audit

Sarah Hare and Sonia Lockwood presented to the group an overview of the analysis to date of the draft year six report.

Sarah Hare gave an update on the key aspects of the report:

- Highlight the fact that there are inconsistent indications for antibiotics
- Roadmap remains in the report
- Key messages and recommendations (3, 4, 5 aiming at embracing multidisciplinary teams)
- Key message 3 reflects on high-risk patients and mortality as they have a longer length of stay. These may be patients that have bowel issues or are frail
- Key message 4 (patients that come through the emergency department)
- Key message 5: a position statement and comms plan to talk with council at Royal College of Radiology as recommended
- Key message 6 (frailty, how we can develop this message further)

Lynne Smith queried how frailty is assessed. Sarah noted that frailty is being assessed using the Rockwood scoring system. The patient will not know that they are having a frailty assessment. Carolyn Johnston explained that you need the capability, opportunity and motivation and in terms of outcomes, we have worked on all three. We have worked on education and we have an easy usable tool. Dave explained that frailty is in the pathway and is part of the best practice tariff. You need to have in place a multidisciplinary pathway.

c. Year 8 Patient Audit

Sarah Hare noted that the Year 8 patient audit is confirmed. The report will contain clear COVID questions and updated questions on frailty and questions on CT scanning. The audit will launch on December 1st.

Dave Murray noted that the COVID questions we were trying to link were not feasible, we were hoping it would act as a benchmark but it is challenging to pursue.

d. Outlier discussion

Nothing to report

NELA PB/ 03.11/ 6 Future Development of NELA

Dave Murray discussed the extension process noting that the contract has now been extended for a further two years. The general principle is that activity continues in the same vein as previous years. Dave Murray noted that we will have delivered the three years at the end of November. Approval for a further two years gives us an opportunity to outline the scope of work for the next two years. Dave noted that EWMA charts have now been introduced, - risk adjusted mortality in a real time fashion. This will allow us to do more focussed analysis, a shorter annual report and issue bulletins on where we find more focussed trends.

a. NELA Future Reports

The Project Team are at the stage of pulling together the outcome chapter, quarterly reports and reporting through COVID-19, QI activity, patient engagement & best practice.

c & d. QI & QA Activity

Carolyn Johnston gave an update on QI activities. The key updates include that the data has moved on to real time through the dashboard. The sepsis data has improved, and we are making sure local leads know how to access this. Carolyn also mentioned that we would be disseminating advice and a webinar to show local leads how to use Netsolving which usually has a cost involved with it.

e. Patient Engagement

Sarah Hare gave an update on patient engagement. She explained that patients are willing to talk about their experiences and we will link that into the NELA process measures. We are setting up a patient group and a date for a workshop to discuss what their involvement will be.

f. Best Practice Tariff

Dave Murray gave an update on the best practice tariff noting that it was originally commissioned to run for a year but has been extended to February. The tariff was suspended from April to July this year because of COVID. The plan is to continue to April and we are not sure if it will continue after that.

NELA PB/ 03.11/ 5 Research Activity Updates

Dave Murray gave an update on NELA research activity, analysis and collaboration with external entities. Dave noted that there is a process to be followed in order to secure access to the data. Dave noted that the NELA team could analyse data. However, anything above that needs to follow the data access request process. For externals, this may be challenging as most of them ask for the full dataset. Dave noted that it might be helpful from a HQIP perspective to have an amendment request. Many of the requests are around organisational processes. There are many peer review publications in the process and we still have close contact through stakeholders and the clinical reference group.

Mirek queried whether there is a DARF amendment process where you do not have to resubmit the form if you need some additional data. Mirek and Dave will pick this up outside of the meeting.

ACTION - Mirek and Dave to pick up DARF Form discussion outside of the meeting.

NELA PB/ 03.11/ 9 AOB

Mirek noted that Emma Skipper would take over as the NELA sponsor in terms of supporting HQIP.

Agenda Item	Action	Responsible	Due
Research Activity Updates	To pick up DARF Form discussion outside of the meeting.	Mirek Skrypak Dave Murray	Next Meeting