



NACSA Project Board Meeting

18 October 2013 10:30 – 12:00

Minutes

Present:

Name	Initials	Role	Organisation
Ben Bridgewater	BB	Consultant Cardiothoracic Surgeon	UHSM
Rebecca Cosgriff	RC	NACSA Project Manager	NICOR
Joel Dunning	JD	Consultant Cardiothoracic Surgeon	JCUH
Graeme Hickey	GH	Biostatistician	NIBHI
Simon Kendall	SK	Consultant Cardiothoracic Surgeon	JCUH
Julie Sanders	JS	NICOR Chief Operating Officer	NICOR
Stuart Grant	SG	Honorary clinical research fellow	UHSM
Tracey Smailes	TS	Database manager	JCUH

Action

1. Apologies

Apologies were received from Philip Kimberley and Emmanuel Lazaridis.

2. Minutes of the last meeting

The minutes were agreed to be an accurate record of the meeting.

Matters arising

NACSA User Guide

SG stated that he is approximately half way through adding in clinical detail to this document, and will continue to work on it. RC reported that this item was chased by HQIP at the last contract review meeting. It would be ideal to launch the user guide at the next database managers meeting in March 2014.

- First draft of the user guide to be prepared for approval at the next project board

RC/SG

Best practice sharing

At the last database manager's meeting in March 2013 it was suggested that there should be an online forum where database managers can network and share ideas outside of the annual face-to-face meeting. RC reported that a database manager's forum has been set up on HQIP's National Clinical Audit Forum (NCAF). Although the functionality of NCAF is limited, it allows database managers to view documents, receive events and alerts as we all take part in discussions. The NCAF group is already populated with best practice sharing tools from three hospitals and has been publicised to database managers.

PREMS

RC reported that she has not had time to draft the PREMS funding proposal to HQIP, but

will aim to do so in time for the next project board. Input will be sought from the new NICOR PPE Coordinator, Carol Porteous, who has experience of submitting funding proposals for involving patients.

- RC to draft PREMS funding proposal
- Carol Porteous to be invited to join the next NACSA project board meeting

RC
RC

Validation checks

RC has agreed additional lotus notes validation checks with SM and will forward these to GH for comment.

RC

3. Minimum Dataset Requirements

JS reported that the Risk and Governance Working Group have requested that each audit define a minimum data quality standard. This is a data submission standard of data quality that NICOR will accept from Trusts. The idea being that if Trusts don't meet the standard, they be notified and given an opportunity to improve the data quality within a defined time period. If data quality is not brought in line with the minimum standard after the deadline their data is not used within the analysis and they be named as data quality outliers within the report. The specifics are yet to be detailed but this is the basis of the plan.

RC explained that the spreadsheet disseminated prior to the meeting lists the core fields and approximate data completeness based on un-cleaned data.

BB explained that NACSA already has a robust procedure for dealing with data quality issues, including several rounds of validation prior to publication and the method of assuming risk factor not present or patient deceased where relevant data are incomplete or conflicting. As data quality issues may be indicative of issues with clinical quality, taking poor performing hospitals out of analysis could introduce a bias and alter the benchmarks for other units.

JS stated that at which point hospitals should be excluded from analysis is for discussion, and may be informed by the NACSA procedures.

RC felt that the forthcoming user guide should help to improve data quality, and TS reported that 'soft errors' such as missing data should go into import logs to assist data completeness.

- A draft SRP for data quality to be drawn up for the next meeting.

BB/RC/
GH/SG

4. Patient representative

RC reported that Mike Fisher has had to stand down as NACSA patient representative due to ill health. A card has been sent on behalf of the group, who expressed gratitude for Mike's contribution and wished him well.

It was discussed at the last project board that there should be two patient representatives on the project board, to lessen the burden on each member and help to ensure that at least one patient is able to attend each meeting. The NICOR PPE Coordinator should be able to facilitate recruitment of two patient representatives for the NACSA project board.

RC to liaise with CP regarding patient recruitment ahead of the next meeting.

RC

5. Presenting data to patients

RC is to set up a meeting with Lightmedia, CP, patient representatives and GH to amend appearance and interactivity of graphs on the SCTS portal to ensure they are more patient friendly.

RC

6. Database manager's meeting 2014

The next database manager's meeting will be held in Edinburgh on Wednesday 12 March 2014. Database managers have already been asked to save the date, and advised that attendance fees will be paid and travel subsidised by NICOR.

SK suggested that travel subsidy should be banded by location, so that those furthest away have access to the most funding. The group agreed that, although this would take some time to calculate, that this is worthwhile to maximise attendance.

Feedback from last year's meeting was largely positive. The morning 'activity and practice' session was very useful, and database manager's voiced a preference for more time for workshops over a long lunch and presentations in the afternoon.

It was suggested that a Q&A session with BB, JS, GH and RC on the panel might be useful. RC suggested that database manager's unable to attend the meeting should be able to submit questions beforehand, and the session should be recorded and uploaded to the NICOR website if possible.

- RC to arrange setup of panel and recording

RC

7. Project development updates

a. Governance tool

Since the first presentation of consultant-level data as funnel plots the methodology for presenting such data has evolved, and it is now necessary for the confidence interval to be adjusted for each individual surgeon. As it is not practical for multiple confidence intervals to be displayed on one graph, in future graphical representations of consultant-level mortality rates must be displayed individually, with only one consultant on each plot.

This requirement has necessitated development work on the governance tool, delaying its release. The latest version is currently undergoing testing and will be launched ASAP.

GH reported that the exclusions on the governance tool do not currently match those for governance reporting. BB asked that GH ensure that these do match up before the tool is launched.

- GH to liaise with NWeH to ensure that exclusions on the governance tool match the SCTS portal analysis

GH

GH stated that the governance tool is over sensitive, as it does not adjust for over-dispersion as with the governance analysis published on the SCTS portal. The group expressed concern that this may cause undue alarm but it was felt that the tool should not be delayed further. Analysis will only be available to hospital staff approved by the clinical lead, and the risk of

misinterpretation by NHS staff must be minimised by a clear communications strategy.

b. iData app

GH reported that the iOS version of the app is being updated to function within iOS7, and will be submitted to apple in the w/c 21 October.

The web app is finished, compatible with IE and ready for launch. Lightmedia are to host the web domain with Evo Host managing the hosting for the app itself. Lightmedia will await instruction to 'go live' before the web application is published. The group stated that the web app should be live and ready to use before the launch is announced.

An email will be sent out by SK to all SCTS members announcing the launch, and the group discussed how it could be publicised to the wider national and international medical community.

JD stated that it could be publicised via CTS.net and heart.org, and other specialist associations could also be contacted to ensure that the web app is publicised to their membership. The app can also be publicised via the HQIP and Clinical Audit Support Community (CASC) newsletters.

BB reported that discussions are ongoing regarding adapting the app for use on the AVR/TAVI datasets. This is due to be discussed at the next TAVI steering group on 23 October 2013.

c. Blue Book for Patients

The Blue Book for patients has now been launched, and has received positive feedback from NHS England, patients, surgeons, cardiologists, and the HQIP contract extension panel.

RC queried whether this should be an annual publication but the group agreed that, as the report was a mission statement rather than a analysis reporting mechanism, that there will unlikely be a need to publish an update next year. All analysis is now hosted online and updated biannually/quarterly.

8. NACSA contract extension update

JS reported that all HQIP commissioned NICOR audit have been granted a two year contract extension. After this time the audits will be put out for competitive tender. NICOR are awaiting detailed feedback from HQIP, as well as confirmation of funding amounts. This information should be received within the next two weeks.

HQIP will request that a revised list of deliverables are written in light of feedback, which is likely to focus on shared directives and planning across all NICOR audits.

9. Any other business

Outlier policy

JS reported that a NICOR-wide outlier policy is in development, which will be informed by the SCTS outlier policy and the DoH guidance on managing outliers. The SCTS policy will be received in light of the NICOR-wide process once it is issued to ensure that all requirements are met.

BB stated that there will likely always be a need for some specialty specific elements to an outlier management policy.

UCL review

JS outlined the UCL review process, and that the final report is expected towards the end of November 2013. All clinicians in all NICOR steering groups/project boards have been contacted for their input.

It is likely that memorandums of understanding will be drawn up between NICOR and all participating Trusts and relevant specialist associations.

PHD/MSc projects

There are plans to further NICOR's research ambitions by providing PHD and MSc projects to UCL students.

Surgeon representation on congenital steering group

SK stated that there should be increased surgical representation on the congenital heart disease audit steering group. JS stated that this will be discussed in detail at the congenital meeting next year, which is likely to take place one evening during the SCTS annual meeting in March 2014.

Proposed date of next meeting: **Friday 17 January 2014**