

# Understanding Practice in Clinical Audit and Registries tool: UPCARE-tool

A protocol to describe the key features of clinical audits and registries

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| F**AQ** |
| **Who should complete the tool?** |
| This tool is designed to be completed by individuals and organisations planning and implementing clinical audits and registries. It has been specifically designed for national clinical audits and registries commissioned by the Healthcare Quality Improvement Programme (HQIP; Part of the National Health Service in England) as part of the National Clinical Audit and Patient Outcome Programme (NCAPOP), but can be adapted and used by audits and registries in other settings. |
| **What is the tool for?** |
| The tool is a protocol for audits and registries. It has been designed to provide a “one-stop” summary of the key information about how clinical audits and registries have been designed and carried out. It is expected that this will be published openly for anyone to view, and help users of audit/registry data and audit/registry participants understand the methods, evaluate the quality and robustness of the data, and find information and data that is most relevant to them. For national clinical audits and registries commissioned by HQIP, the intention is that publishing this information openly will reduce the requirement for reporting ad hoc and contract monitoring data and information to HQIP and other national agencies. |
| **What type of information is contained within UPCARE?** |
| It is intended that the responses to the tool are factual and written concisely. Where possible, documents can be embedded and hyperlinks provided if information is published elsewhere. This document is intended to be a complete account of the information for the audit or registry. Please be vigilant about keeping any links included in the document up to date so readers can access full information about the audit or registry.  This tool is not intended to be used to formally “score” the quality of the responses. The design of this tool has been inspired by reporting checklists used for clinical guidelines (e.g. AGREE[[1]](#footnote-2)) and in reporting research studies (e.g. STROBE[[2]](#footnote-3), SQUIRE[[3]](#footnote-4)). |
| **Who is the intended audience for the tool?** |
| The information contained within the UPCARE tool will enable audit and registry stakeholders to access in one place and in a standard format key information about the audit/registry and evaluate the integrity and robustness of the audit.  Examples of audit/registry stakeholders include:   * Patients / Carers / Public / Patient representative organisations * Clinicians / Allied health professionals / Healthcare providers / Multi-disciplinary teams / Primary, secondary and tertiary care providers * National agencies * Commissioners * Healthcare regulators |

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| **F**AQ (cont’d) |
| **How should the responses be written?** |
| Please try and write responses clearly as this will help to make the tool accessible and useful. Some tips and suggestions for writing clearly include:   * avoiding technical jargon where possible * using short paragraphs and bullet points * using the “active” voice rather than passive * keeping sentences short   Where information is published openly elsewhere please provide links and references rather than duplicating information that is already available |
| **When and how often should I complete the tool?** |
| The tool is intended to provide accurate and up to date information about the audit/registry, and so can be updated whenever and however frequently it is relevant to do so. For national clinical audits and registries commissioned by HQIP it is intended that the tool is updated annually, although audits can update the tool more frequently if they wish to.  Each version of the tool should include a date of publication and version number. |
| **Where should the completed UPCARE report be published?** |
| The completed tool should be published online e.g. on the website for the audit or registry. |
| **How was UPCARE designed?** |
| HQIP commission, manage and develop the NCAPOP (National Clinical Audit and Patient Outcomes Programme) under contract from NHS England and devolved nations. The work was led by HQIP who set up a Methodological Advisory Group (MAG) consisting of methodological, statistical and quality improvement experts. Meeting were held on a six monthly basis and the structure and content of the eight quality domains and their key items were agreed by the MAG. The tool was piloted by 5 programmes within the NCAPOP and re-edited in light of comments received. Other comments received by MAG members was also considered as part of the re-editing process. The final version of the UPCARE tool was signed off by the HQIP MAG and will be reviewed annually. |
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| Domain 1: Organisational information |

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| The name of the programme |
| National Emergency Laparotomy Audit (NELA) |

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| The name of the organisation carrying out the programme |
| The Royal College of Anaesthetists |

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| Main website for the programme |
| <https://www.nela.org.uk/> |

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| Date of publication and version number of the tool on your website |
| 2018 – Version 1 - <https://www.nela.org.uk/Audit-info-Documents#pt> |

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| Domain 2: Aims and objectives |

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| Overall aim |
| The aim of the audit is to enable the improvement of the quality of care for patients undergoing emergency laparotomy through the provision of high quality comparative data from all providers of emergency laparotomy. |
| Example:  "The aim of the audit programme is to improve the effectiveness, safety and experience of care provided to patients admitted to hospital in England. Current provision of care varies widely between hospitals, with only 52% of acute hospitals meeting the quality standards set by….  The programme aims to help healthcare organisations provide the best care in Europe for patients with XXX by 2020" |

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| Quality improvement objectives |
| Quality Improvement Objectives include:   * Disseminating information on how quality improvement can be carried out to spread knowledge to local sites * Firm commitment to quality improvement principles, led by a NELA QI lead * Dissemination of slidesets, individualised hospital reports and audit action plans * Cross-specialty collaborative working * Sharing best practice * Increased use of NELA data locally for Quality Improvement projects * High levels of engagement in NELA * Improvements in delivery of patient care * Reduction in average length of stay * Reduction in mortality. |
| Example:  "The quality improvement objectives of the programme are to:   1. Increase the proportion of patients receiving NICE recommended treatment for XX [clinical area]. The objectives align with the COMET initiative and Core Outcome Sets (COS) identified from work in this clinical area. 2. Reduce the time from assessment to intervention/procedure [clinical area] 3. Increase the proportion of staff trained to assess the mental health of patients at admission” |
| Domain 3: Governance and programme delivery |

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| Organogram |
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| Organisations involved in delivering the programme |
| **Sub-contractor Organisations:**   * Clinical Effectiveness Unit at the Royal College of Surgeons of England (RCS) - <https://www.rcseng.ac.uk/> * Net Solving - <https://www.netsolving.com/home>   **Main Stakeholder Organisations:**   * Royal College of Anaesthetists (RCoA) - <https://www.rcoa.ac.uk/> * Royal College of Surgeons of England (RCS) - <https://www.rcseng.ac.uk/> * Net Solving - <https://www.netsolving.com/home> * Intensive Care National Audit & Research Centre (ICNARC) - <https://www.icnarc.org/> * Association of Anaesthetists of Great Britain and Ireland (AAGBI) - <https://www.aagbi.org> * Association of Surgeons of Great Britain and Ireland (ASGBI) - [www.asgbi.org.uk](http://www.asgbi.org.uk) * HQIP   **Members of Clinical Reference Group:**   * Age Anaesthesia Association (AAA) - <https://www.ageanaesthesia.com/> * Association of Anaesthetists of Great Britain and Ireland (AAGBI) - <https://www.aagbi.org> * Association for Perioperative Practice (AfPP) - <https://www.afpp.org.uk/home> * Association of Surgeons of Great Britain and Ireland (ASGBI) - [www.asgbi.org.uk](http://www.asgbi.org.uk) * British Geriatric Society (BGS) - <https://www.bgs.ac.uk/> * Emergency Laparotomy Network (ELN) - <https://www.networks.nhs.uk/nhs-networks/emergency-laparotomy-network> * Intensive Care Society (ICS) - <https://intensivecarenetwork.com/> * Intensive Care National Audit & Research Centre (ICNARC) - <https://www.icnarc.org/> * Faculty of Intensive Care Medicine (FICM) - <https://www.ficm.ac.uk/> * Royal College of Anaesthetists (RCoA) - <https://www.rcoa.ac.uk/> * Royal College of Emergency Medicine (RCEM) - <https://www.rcem.ac.uk/> * Royal College of Nursing (RCN) - <https://www.rcn.org.uk/> * Royal College of Radiologists (RCR) - <https://www.rcr.ac.uk/> * Royal College of Surgeons of England (RCS) - <https://www.rcseng.ac.uk/> |
| Example:  "National Charity for Patient Outcomes  www.healthcharity.org  The leading national charity for patient outcomes in the UK, campaigning for better care, supporting survivors and help to fund research into new treatments. The charity is a member of the Steering group and helped to co-design the programme" |

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| Governance arrangements |
| - <https://www.nela.org.uk/NELA_Team#pt>  - <https://www.nela.org.uk/NELA_ClinicalReferenceGroup#pt>  - <https://www.nela.org.uk/NELAProjectBoard#pt>  Project Board minutes can be found here – <https://www.nela.org.uk/Project-Board-Minutes#pt> |
| Example:  "The audit is governed by a Programme Board, which meets 3 times a year. The group is chaired by XXX and includes the following list of organisations and individuals [LIST]. The board is responsible for overseeing the audit and providing oversight and advice to the programme. The board is the guarantor of the data from the audit and is responsible for signing off the annual report. The chair of the Programme Board is the accountable officer of the programme.  The Operations Group reports to the Programme Board and is responsible for delivering the programme. It includes members with expertise in quality improvement (XX WTE), data analysis (XX WTE), patient engagement (XX WTE), clinical informatics (XX WTE) and project management (XX WTE).  The Board minutes with actions are in the public domain. Decisions are only taken at meetings where meetings are quorate. There is a process for reviewing membership to ensure an active Board, quorate meetings and which leads the direction of the programme" |

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| Declarations and Conflicts of interest |
| * This is carried out at the beginning of each meeting. |
| Example:  “The policy and register of declaration and conflicts of interest for the programme is published at www.healthaudit.org/COI. All DOI are collected in advance of meetings and decisions regarding whether a COI exists and appropriate actions are made by the Chair. Any new DOI are also requested at each meeting as a standing agenda item. All DOI and COI are comprehensively documented in a publicly available register. |
| Domain 4: Information security, governance and ethics |

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| The legal basis of the data collection |
| - <https://bit.ly/2GHC7uf>  - <https://www.nela.org.uk/Patient-Information#pt> |
| Example:  "The registry has approval under section 251 of the NHS Health and Social Care Act 2006 to collect identifiable data without consent (CAG approval number XXXXXXXX). Patients can opt out of data collection by contacting their local clinical team or notifying the registry directly at www.healthregistry.org/patients"  “Patients provide informed consent to have their data included in the registry. Consent is obtained by clinical teams prior to surgery. The consent form and information factsheet proved to patients is available at this URL” |

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| Information governance and information security |
| Link to IG Toolkit page - <https://goo.gl/BRXG69>  Version 14.1 (2017-18) Score - 73% Publication date - 29/03/2018 Next submission - March 2019 |
| Example:  “The Information Governance Toolkit score achieved on DATE was xx% (satisfactory). This indicates that the programme can be trusted to handle personal information securely. The link is [www.xxxx.xxxx.xxx](http://www.xxxx.xxxx.xxx) “ |

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| Domain 5: Stakeholder engagement |

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| Approaches to involving stakeholders |
| The Clinical Reference Group(CRG) and Project Board(PB) includes stakeholder organisations, clinicians and patient/lay input. It is made up of relevant clinical professionals and speciality stakeholders and has direct input into the design and conduct of the audit. Senior representative(s) from the CRG sit on the Project Board  The CRG & PB consists of representatives from partner organisations as well as other stakeholders including patients. The CRG & PB acts in an advisory capacity to the Project Team, providing speciality specific advice, and lay advice as appropriate.  The CRG & PB reviews the audit design regularly and reviews drafts of any reports and recommendations issued. The CRG meets every 12 months, with additional communications by email/teleconference/webinar when necessary  We have been scoping and are including patient and public representatives on the NELA Project Team as a way of ensuring the patient voice is heard at the heart of the project. We have also been scoping the creation and running PPI user group meetings. |
| Example:  "Patients and carers are involved by:   * Carrying out focus groups of patients to help select quality metrics * Including patients and carers in the multi-stakeholder workshop carried out to co-design the programme * Two patients are members of the Steering Group providing strategy and governance to the programme * Working with the National Charity of XXX to develop patient friendly infographics of data from the audit   Clinicians are involved by:   * Presenting key findings from the audit at the professional annual conference * Carrying out an online survey to help identify and select quality metrics" |

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| Domain 6: Methods |

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| Data flow diagrams |

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| Example:    Ref: Accessing National Clinical Audit and Patient Outcomes Programme (NCAPOP) data: Guidance for applicants and data providers (v2). Healthcare Quality Improvement Partnership (HQIP), March 2017, <https://www.hqip.org.uk/wp-content/uploads/2018/03/hqip-accessing-ncapop-data-guidance-for-applicants-and-data-providers-v2.pdf>, *last accessed 4 May 2018*. |

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| The population sampled for data collection |
| - <https://bit.ly/2N4ss1S>  - <https://www.nela.org.uk/NELADocs#pt> |
| Example:  "Patients living in England with a new diagnosis of lung cancer"  "Patients aged ≥18 years admitted to hospital in England or Wales with acute ischaemic stroke [ICD 10: I63] |
| Geographical coverage of data collection |
| NELA covers the care received by adult patients having emergency bowel surgery at 183 hospitals (most recent report) in England and Wales. |
| Example:  "All GP practices in England were eligible to contribute to data collection. Between 1st January 2016 and 31st December 2016, 58% (n= XXX) of GP practices submitted data"  "Maps A and B visualise the CCGs which were eligible (A) and actually participated (B) in data collection. Of 100 eligible CCGs, 92 (92%) participated in data collection. The list of participating CCGs is published at www.healthaudit.org.uk/participation" |

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| Dataset for data collection |
| - <https://bit.ly/2BAI7l7>  - <https://www.nela.org.uk/NELADocs#pt>  NELA collects a comprehensive data set that allows us to fulfil a quality assurance and quality improvement function. In addition to an annual report that benchmarks hospital performance, NELA also produces quarterly benchmarking reports for each hospital that enables them to monitor their performance across the key recommended standards of care on a more frequent basis. |
| Example:  "The core dataset for data collection is published at [www.healthaudit.org/dataset](http://www.healthaudit.org/dataset). The COMET database was searched and the core dataset chosen for this audit aligns with the Core Outcome Sets (COS) from studies in this clinical area.  “The dataset for the time period XXXX-XXXX is published on [www.data.gov](http://www.data.gov) “ |

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| Methods of data collection and sources of data |
| Data is collected prospectively via an online data collection web-tool so that patient data can be entered directly into the audit database - <https://data.nela.org.uk/>  NELA data is linked to other sources of routine data including Critical Care Data (Intensive Care National Audit and Research Centre (ICNARC) case mix programme), Bowel Cancer Data (National Bowel Cancer Audit/Upper Gastro-intestinal Cancer Audit) and Hospital Episode Statistics (mortality data). |
| Example:  "Clinical data were collected by clinical teams and entered into a secure online webtool designed specifically for the registry"  "Data were extracted from HL7 compliant electronic healthcare records by ...."  "Patient reported outcome measures were collected by postal survey. This was carried out by...."  “Data were extracted from Hospital Episode Statistics and linked using…..” |

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| Time period of data collection |
| The audit started prospective data collection in 01/12/2013 |
| Example:  "Data were collected for patients admitted to hospital between 01/02/2016 and 31/03/2016"  “The audit started prospective data collection in 01/01/2010” |

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| Time lag between data collection and feedback |
| Annual Reports:   * These are state of the nation reports and include all metrics including risk adjusted mortality and are published 9 months after data collection has ended and 7 months after data entry has concluded.   These involve going through the process of submitting to NHSE & Welsh Government.  Quarterly Reports:   * Published within a month of the end of each quarter and provides feedback on Key Metrics   Real-time:   * Real-time data is available on key metrics on the NELA webtool. Every time a patient is entered, the data is updated. It includes comparison to a National average. |
| Example:  "Participants receive real time (updated daily) feedback of data via the audit webtool. Benchmarking data are updated every 24 hours, allowing hospitals to compare their performance with others in each region"  "Feedback is via an annual report which is published 6 months after the end of data collection. The lag between data collection for patients included in the report ranges from 4 months to 16 months"  "The time from report submission to commissioners and funders on DATE, to publication of the report was 11 weeks." |

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| Quality measures included in feedback |
| These can be found in the Reports page of the NELA website - <https://www.nela.org.uk/reports>  Other reports and real-time data can be found on the NELA Webtool - <https://data.nela.org.uk/Reports/Hospital-reports.aspx>  Work is currently ongoing to merge these two websites and resources. |
| Example:  "The outcome measures reported by the programme are:   * 90 day case mix adjusted survival * 7 day post-surgical wound infection rate * Patient satisfaction"   “The following list of process measures are provided to participating hospitals through an online dashboard that is updated daily….”  "Quality measures reported by the programme are published at a dataset at www.healthaudit.org.uk/measures. The dataset maps each quality metric as a process, outcome or organisational measure" |
| Evidence base for quality measures |
| NELA will audit delivery of care against existing standards. These have been drawn from the following publications and documents - <https://www.nela.org.uk/Standards-Documents#pt> |
| Example:  “The quality measures were defined to measure:   * NICE quality standard QS22 * NICE clinical guideline CG33” |

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| Case ascertainment |
| Case Ascertainment in the most recent annual report was estimated to be 83% as compared to Hospital Episode Statistics data.  More information and methodology for estimating can be found here - <https://www.nela.org.uk/Case-Ascertainment-Queries#pt> |
| Examples:  "Case ascertainment was estimated to be 85% as compared to Hospital Episode Statistics data. The methodology for estimating case ascertainment is described in full at URL" |

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| Data analysis |
| Data analysis methods and data quality can be found in the Annual Report - <https://www.nela.org.uk/reports>  Further technical documents covering the development of the Risk Adjustment Model and Data analysis can also be found on the same webpage - <https://www.nela.org.uk/reports>  Outlier policy and explanation attached here :     * <https://www.nela.org.uk/NELADocs#pt> * <https://bit.ly/2ByAtI0> |
| Examples:  "The methods used to clean and analyse the audit are described on pages 12-18 for the Annual Report at www.healthaudit.org/annualreport/2016"  "Mortality outliers were identified using standardised hospital mortality ratios and funnel plots. Details of the case mix adjustment model and the methodology used to identify outliers are available at www.healthaudit.org/mortality and have been published at BMJQS 2016;14:88-94" |

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| Data linkage |
| NELA only shares patient-level data following a strict governance procedure to ensure compliance with the General Data Protection Regulation (GDPR).  NELA has permission to link patient-level data with other national databases on a case-by-case basis.  NELA holds a current Data Sharing Agreement with  - NHS Digital for the English hospital data (Hospital Episode Statistics)  - Office for National Statistics (ONS) for the death register  - National Wales Informatics Service (NWIS) for the Welsh hospital data (Patient Episode Database for Wales (PEDW))  - Intensive Care National Audit & Research Centre (ICNARC) for critical care data  Linkage with HES data enables NELA to compare the number of records submitted to NELA with the number recorded retrospectively in HES to ensure high data quality. This linkage also enables analyses on the associations between those undergoing emergency laparotomies and other medical conditions. Linking with ONS data allows NELA to report mortality rates in the first 30 days after patients are admitted to hospital.  Linkage with PEDW data enables NELA to compare the number of records submitted to NELA with the number recorded retrospectively in PEDW data to ensure high data quality.  Linking NELA data to ICNARC data allows longer-term analysis into critical care data.  Researchers may apply to NELA’s Data Controller (the Healthcare Quality Improvement Partnership, HQIP), for access to NELA data. |
| Examples:  "Patient level data were linked to ONS death certificate data in order to obtain date of death and causes of death. Data were linked using NHS number and date of birth. Linkage was carried out by NHS Digital, who provided Health Audit with a linked dataset after removal of patient identifiers. 5% of patients were not matched by NHS number " |
| Validation and data quality |
| Data quality chapter in annual report – <https://www.nela.org.uk/reports>  The online webtool has various elements of validation built into it to ensure that data is accurate.  We carry out data linkage with ONS to ensure accuracy of data.  Prior to audit starting and during any changes made to webtool, dataset etc a testing and piloting phase is gone through to ensure all systems are working as they should. |
| Examples:  "A validation study was carried out to evaluate the accuracy of data entry. This used double entry and retrospective case note review to check the accuracy of the data provided by hospitals to the audit. Further details are available at www.healthaudit.org/validation"  "The algorithm used to estimate case mix adjusted survival rates has been externally validated. Further details are available at BMJQS 2015;12:22-26"  "X% of cases are selected monthly for validation to ensure consistency of coding among the audit team" |

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| Domain 7: Outputs |
| The intended users or audience for the outputs |
| The audit produces feedback aimed at various stakeholders including:   * The NELA Project Team * Royal Colleges and other professional stakeholders * Commissioners, Hospital CEO/MDs * Clinical Directors and leadership teams * NELA leads * Multidisciplinary clinical teams * Patients, families and public. * Politicians * Media * CQC * GIRFT * AHSN’s |
| Example:  “The audit designs and produces individual feedback for:   * Patients and carers * STP footprints in England * CCGs and Health Boards * Clinical teams * The Care Quality Commission” |

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| Editorial independence |
| The content of outputs including findings, recommendations etc are written by the NELA Project Team with expert input from the NELA CRG and overseen by the NELA Project Board.  Governance processes have been described in previous section. |
| Example:    ‘As an independently commissioned programme, the contents of the outputs are written by XXX and quality assured by the Board through the governance processes described in previous sections.’ |

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| The modalities of feedback and outputs |
| Feedback and outputs are provided by:  • Summary written reports  • Comprehensive written reports  • Online feedback   * Website * Newsletters   • Dashboards  • Slidesets  • Data visualisations  • Infographics  • Data tables  • Interactive tools  • Maps  • Meetings and workshops  • Professional conferences  • Verbal feedback by a national peer  • Verbal feedback by a local peer  • Information resources for patients (e.g. NHS Choices)  • Data that will be adapted and synthesised by other organisations (e.g. CQC) and programmes (e.g. GIRFT)  • Press releases  • Case studies  • Examples of best practice  All outputs are discussed at Project Team level and a communications plan is signed off at project board level. |
| Example:  “The audit provides feedback for the following types of participant:   * Patients and carers: An “Easy Access” written annual report; annual set of infographics * Clinicians: Real time feedback through online dashboard for their hospital/trust and their individual performance; slide sets of benchmarking data and run charts; comprehensive annual report; regional peer review workshops * CCGs and health boards: Written summary report; Data files (csv) with data presented at CCG and Trust level”   “The report is quality assured at team level before submission to the Board for sign off. Sign off is required before submission of the report to commissioners/HQIP. ” |

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| Recommendations |
| Recommendations can be found in Annual Report and also on a standalone document found here - <https://www.nela.org.uk/reports>  Examples include:  “The audit made 12 recommendations for hospitals, clinicians and commissioners in the Annual Report. The link to the report is www.auditreport.org” |

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| Comparators and benchmarking |
| The audit published hospital level data which allows participants to compare performance on a:   * National * Regional * Local   It also publishes against established standards  Going forward we will be publishing at AHSN level. |
| Example:  “The audit provides comparative performance data for hospitals. Each hospital has performance measured against:   * Other hospitals in the region * All hospitals in England * Previous performance data for the hospital showing changes over time (run charts)” |

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| Motivating and planning quality improvement |
| The project provides participatns with assistance on how to carry out local Quality Improvement initiatives, including:   * Creating online videos – * Actions Plans * Running regional workshops * Sharing good practice via website * Running QI Poster competitions aimed at trainees to make use of the NELA data locally * Working with other projects and providing data to be used in local QI work (EPOCH, ELC, EmPROMS, ALPINE etc)   There are various QI initiatives that the project has been supporting:   * Regional QI Workshops * Linking with AHSN’s * Linking with Emergency Laparotomy Collaborative * Continue to formalise Data Access Process / Support collaborations * Collect feedback from key audit stakeholders including patients, local audit staff and clinicians. * Scope targeted reports for different stakeholders * NELA will be exploring the production of rolling hospital mortality rates to facilitate earlier identification of improving or worsening mortality. * QI Videos * QI Prizes to encourage trainees to make use of NELA data for QI work |
| Example:  “The audit supports participants in QI by:   * Providing online training materials in data interpretation and PDSA * Highlighting areas of improved performance through the online dashboard * Linking hospitals into peer networks to share learning and experience” |

1. AGREE stands for the Appraisal of Guidelines for Research & Evaluation. See <https://www.agreetrust.org/about-the-agree-enterprise/introduction-to-agree-ii/>, last accessed 24 April 2018. [↑](#footnote-ref-2)
2. STROBE stands for Strengthening the Reporting of Observational Studies in Epidemiology. See <https://www.strobe-statement.org/index.php?id=strobe-home>, last accessed 24 April 2018. [↑](#footnote-ref-3)
3. SQUIRE stands for Standards for Quality Improvement Reporting Excellence. See <http://www.squire-statement.org/>, last accessed 24 April 2018. [↑](#footnote-ref-4)