

## **Policy on public reporting for the National Clinical Audit and Patient Outcomes Programme (NCAPOP)**

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## Purpose of this guidance

This policy should be read as a list of general principles of the reporting expectations for the NCAPOP. For each project, the first point of reference should be the HQIP contract which sets out some or all of the project's individual requirements. This guidance may be useful if some details were not included at the time the contract was drawn up. It also outlines HQIP's expectations moving forwards for new contracts, extended or re-procured projects. This policy is in addition to the Standard Reporting Procedure (SRP).

## Types of report expected for NCAPOP projects and summary of content guidelines:

### Annual public report:

- **General:** Project teams should adhere to HQIP's Standard Reporting Procedure (SRP).
- **Editorial summary:** All reports to be written and designed using representative and accurate but accessible language and design, suitable for public and patients, other lay readers, clinicians and other healthcare professionals.
- **Transparency summary:** All reports to provide as granular comparative results as is reasonable and achievable while remaining statistically robust and accurate. In all but exceptional circumstances this is expected to mean publishing results to at least Trust level from the outset, and progressing to publishing at clinical service and then team level at the earliest opportunity when data quality supports this. Where possible, individual clinician data and results should be included alongside clinical team data.
- **Full details:** For details of content, editorial style and rationales behind these requirements, please see 'General Principles' below.
- **Currency of data:** Data should be publicly reported within six months of the data collection schedule ending.

### Public and Patient Guide (PPG):

- **General:** All projects to produce a PPG simultaneously with the annual reports. Language and design to be accurate and representative of main report but accessible to the lay reader. In addition to main findings from the full annual report, all PPGs to contain suitable information including:
- **Introduction** explaining the objectives of the report, the reporting period it covers and details of the project team responsible
- **Glossary** (which must be extended from any glossary contained in main annual report as necessary)

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### **Public and Patient Guide (PPG ) continued:**

- **Frequently asked questions (FAQs)** All projects to consider providing basic but comprehensive explanations to the main information about the project (its objectives and implementations for instance, the condition the report is concerned with and information regarding how that condition is likely be treated in practice.
- **Contact details** including the project team, HQIP's plus other relevant NHS, social care and third sector support organisations.

### **Interim reporting**

- Where possible, each project should consider providing interim updates (for instance monthly, quarterly, biannually) in line with data/results produced by the project. To be produced in line with the editorial styles detailed above and below and made available online via the project's dedicated web presence (more details below).
- Users who have submitted data to a project (via a web tool) must be able to access the submitted data as soon as is reasonably practicable.

### **Publicly availability**

- All reports produced by NCAPOP projects commissioned from 2012 onwards, should be available in the public domain. The only exceptions would be reports containing the results of audit development and piloting projects, and those providing non-comparative data back to each of the contributing services.

## General reporting principles for all NCAPOP-related publications and websites:

<i>General Principles</i>	<i>Explanation</i>
1. Plain language	All reports to be written in plain language with explanations and definitions included as appropriate and relevant to topic being reported.
2. Dates	All reports (annual, PPG, interim etc) to include publication year and month on the cover and clearly label this. Additionally, all reports to make clear data collection period for reports on cover and within relevant areas of the report.
3. Audience identification	If separate sections of the report are aimed at different audiences, these must be appropriately signposted. Once again the language of the report should reflect the expected and target audience.
4. Executive summaries	Provide a short summary suitable for all audiences. The summary should illustrate all key messages for all audiences – for instance, service providers, NHS management, patients and the public, other lay readers such as media. This summary should help relevant audiences identify and prioritise actions. In all cases, the summary should outline clearly the purpose, results and ongoing benefits of the project.
5. Standards being measured	The standards being measured by the audit should be identified and listed clearly as well as the all audit tools used for the data collections relevant to the report. The report should clearly illustrate providers' individual performances against the standards chosen as well as the overall national performances against each standard.
6. Wales	Where relevant, separate Welsh data analyses to be included and compared with English results, with separate recommendations for Wales. Consideration must be given to necessary translation.
7. Sample sizes	The size of the sample should be clearly identified in the report, and in tables, with any inclusion and exclusion rules explained. Comment on the confidence with which the report's recommendations have been reached, given the level of data completeness and accuracy.
8. Statistical analysis	Reports should include confidence intervals (CI) and/or other appropriate statistical results to support any recommendations made or statements about differences in performance (or it may be appropriate to refer to a more detailed report containing the statistics). Tables should state each sub-group's sample size, and give confidence intervals or other guidance as to level of certainty. The use of graphical representation relevant to the audience should also be considered.
9. Participation and case ascertainment rates	All reports to include an annexe naming participants <b>and</b> eligible but non-participating organisations, in order that patients and other lay readers know whether their local Trust has taken the opportunity to audit the quality of their care and the proportion of relevant information provided for each report. This data will also be submitted at the same time as the final report and included in HQIP online tool PARCAR (participation and case ascertainment rates).

<i>General Principles</i>	<i>Explanation</i>
10. Transparency of data	All data and results should be openly published, so patients and the wider public understand the quality of the care being offered and are able to ask Trusts and clinical teams how they plan to put right any deficiencies identified via the audit.
11. Granularity of data	The data should be published to the most detailed level of granularity relevant to the topic being measured, as long as the data quality is robust enough to support this. In addition to providing a table of results for each named participating organisation, presentation by sub-group might be included: <ul style="list-style-type: none"> <li>● Key levels appropriate for the topic, e.g. SHA, network, PCT</li> <li>● Demographic sub-groups such as ethnicity, gender, deprivation</li> <li>● Any key organisational measures you have (e.g. presence/absence of a specialist service coordinator)</li> <li>● Clinical team</li> <li>● Individual clinician</li> </ul>
12. Key indicators	Always highlight the most important findings and results in the Executive Summary. Consider creating devices such as overall scores or indicators of quality. Particularly in the PPGs, results to be presented to allow patients to consider whether local services appear safe and effective (consider presentational elements such as bullet points and reference other relevant report sections such as glossaries or FAQs). Where relevant, allow for comparison between other local providers.
13. Recommendations	If recommendations are included, ensure they: <ul style="list-style-type: none"> <li>● Follow clearly from the findings</li> <li>● Are SMART (specific, measurable, achievable, realistic, time-limited – and identified as the responsibility of a specific service to address)</li> <li>● Address the key findings</li> </ul>
14. Improvement	Reports should comment on the scope for improvement identified by the audit results, and what is being done to foster that. If too early to report on those achievements, comment on arrangements in place to foster improvement. This could include referring to programmes of work outside the audit project. A useful device is to include case studies describing improvements to patient care/services achieved by local participants acting on the audit's findings.
15. Glossary	Each report should include a glossary, to explain and identify technical terms, acronyms, procedure names and any other commonly used words or phrases, which may not be immediately understandable to the lay reader. Good previous examples include the National Stroke Audit Programme reports, and the National Joint Registry's annual report and PPG (copies of these reports are available online).
16. Online coverage	All projects should have a dedicated webpage for the audit and its reports. Where more than one organisation make up the project team, the lead organisation should create this page and partner organisations should, at least, make clear links to it from their own websites. This page should link to the HQIP website and HQIP will create reciprocal links to these pages (see point 17).

<i>General Principles</i>	<i>Explanation</i>
17. Online content	<p>Content for the dedicated project webpage should include information covering:</p> <ol style="list-style-type: none"> <li>1. Audit scope and design, to include: <ul style="list-style-type: none"> <li>• Dates of current contract and duration of programme since inception</li> <li>• Funding body</li> <li>• Geographical cover of the audit</li> <li>• Aims and objectives</li> <li>• Audit design including any modular structure</li> <li>• Consent model or section 251 approval status</li> <li>• Full dataset collected</li> </ul> </li> <li>2. Audit timelines, to include: <ul style="list-style-type: none"> <li>• Anticipated timings of data collection</li> <li>• Anticipated timings of public reports.</li> </ul> </li> <li>3. Key project documents, to include: <ul style="list-style-type: none"> <li>• All audit tools</li> <li>• All supporting / guidance documents</li> <li>• Information to clarify how individual data elements map to the relevant standard or guideline and vice versa</li> <li>• All public reports</li> </ul> </li> </ol> <p>Plus relevant contact details for the project and links to key stakeholders.</p>
18. HQIP/NCAPOP acknowledgements	<p>The dedicated webpage, hard-copy and digital versions of annual reports, interim reports or related publications such as patient guides, to include the HQIP logo and HQIP boilerplate text. When online, the HQIP logo must be linked to <a href="#">the main NCAPOP area on the HQIP website.</a></p>