HQIP
Healthcare Quality Improvement Partnership


# National Clinical Audit and Patient Outcomes Programme

# Reporting for impact guidance

March 2016

# Contents

# 1 How to use this guide and its purpose

The National Clinical Audit and Patient Outcomes Programme (NCAPOP) covers 30+ national audits and six Clinical Outcome Review Programmes, commissioned by HQIP on behalf of NHS England and other devolved nations.

HQIP's vision is to improve health outcomes by enabling those who commission, deliver and receive healthcare to measure and improve our healthcare services. This document has been written for NCAPOP service providers to help support the development of high-quality reports that meet the needs of key audiences and achieve maximum impact in terms of supporting improvements to patient care.

Each audit and outcome review programme has unique features and approaches that will need to be accommodated and these will dictate the final shape and content of each national report. This guidance is not intended to be prescriptive but provides a framework for the potential structure and format of reports. Within this document we have highlighted elements of reporting that are contractual policy and must be followed, while other elements are for guidance only.

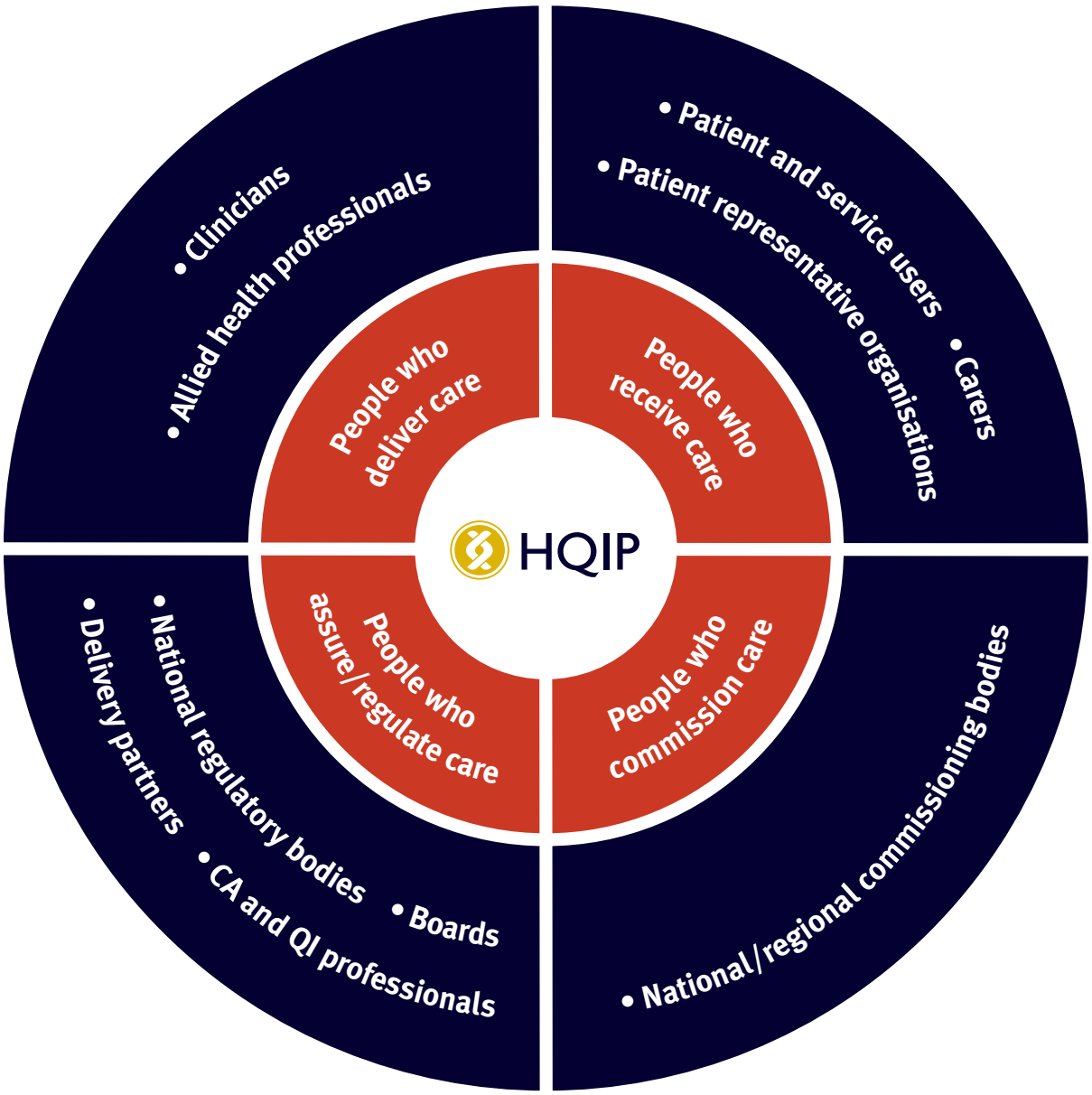
# 2 Audiences

Awareness of intended readerships ensures report content is tailored to meet the needs of those audiences. HQIP has identified the following four key audiences for NCAPOP reports:

- **People who receive care:** including patients and carers
- **People who deliver care:** including clinicians, allied health professionals, trust boards
- **People who commission care:** including NHS England, Welsh Government, other devolved authorities, CCG/CSUs
- **People who regulate care:** including CQC, Monitor, TDA, clinical audit and quality improvement professionals

| Audience | What do they need to see in an NCAPOP report? |
|---|---|
| **People who receive care:** patients, carers, patient representative organisations | • Content in a format understandable by someone without a clinical background<br>• The question(s) the audit is answering<br>• Key findings<br>• Report recommendations and the audience they are targeted at<br>• How their local hospital compares to others in terms of quality of care<br>• Assurance on how patient confidentiality was maintained |
| **People who deliver care:** clinicians, allied health professionals, clinical audit/QI professionals, Boards, delivery partners | • The clinical question(s) the audit is answering<br>• Key findings<br>• How is the Trust/Health Board/unit/service team performing, in terms of the quality of care delivered over time (or before and after a specific intervention), benchmarked against other providers and/or a set standard<br>• What recommendations does the report make to support improvements in the specific topic area and which audience is each recommendation targeted at<br>• What tools/guidance/support is available to support local quality improvement action planning |
| **People who commission care:** NHS England, CCG/CSUs | • The clinical area covered and the question(s) the audit is answering<br>• Key findings<br>• How is the Trust/Health Board/unit/service team performing, in terms of the quality of care delivered over time (or before and after a specific intervention), benchmarked against other providers and/or a set standard<br>• What recommendations does the report make to support improvements in the specific topic area<br>• What tools/guidance/support is available to support local quality improvement action planning |
| **People who regulate care:** CQC, Monitor, TDA | • The clinical area covered and the clinical question(s) the audit is answering<br>• Key findings<br>• How is the Trust/Health Board/unit/service team performing, in terms of the quality of care delivered over time (or before and after a specific intervention), benchmarked against other providers and/or a set standard<br>• Are any Trust/Health Board/unit/service teams highlighted as falling below the recommended standards and what are the recommended actions for these organisations/teams<br>• What recommendations does the audit make to support quality improvements in the specific topic area<br>• What tools/guidance/support is available to support local quality improvement action planning |

**Figure 1: HQIP and NCAPOP's four audiences**



# 3 Scheduling for report production

The development of a detailed timetable/Gantt chart will assist in the scheduling of specific activities relating to report production. It will also ensure sufficient time is allowed for the analysis of data and consideration of how this will be presented, development of the narrative, identification of key findings and formulation of recommendations as well as internal peer review.

Ensuring your internal programme board/steering group contains representation of key stakeholders relevant to your topic area will allow early engagement and consultation on findings and the development of recommendations. Such stakeholders could include:

- Service user representation
- Clinical expertise
- Academic/methodological/QI expertise
- Public health representation
- Commissioning representation
- Relevant societies and/or Royal Colleges
- National clinical representation e.g. NCD/specialist clinical network representation

## Scheduling checklist

| Areas to consider |
|---|
| How will analysts and clinicians work together to develop a data analytical plan that ensures analysis of data in relation to the agreed standards and which also responds to the clinical questions posed at the start of the project? |
| Who will be writing the report narrative (report writing group divided across different report sections or a lead single author)? |
| Will there be a separate lay report? Who will be writing this? How will you ensure they engage and liaise with those producing the main report narrative? |
| How will the report be peer reviewed/quality assured internally? |
| How/when will the internal programme board/steering group review and comment on the draft report and who has been authorised to provide final sign off? |
| Has a communications plan been developed, identifying key stakeholders, together with a plan for engagement to support the dissemination of key messages and recommendations further to report publication? |
| What communications support is available to assist the development of key messages and the development of a press release and when do they need to be provided with a draft report? |
| What date does the report need to be submitted to HQIP as per the Standard Reporting Procedure? |
| When does the press release need to be submitted to HQIP as per the Standard Reporting Procedure? |
| How will you ensure that the draft report embargo is maintained throughout your internal peer review process? |
| What support is available for media engagement and media handling? |

# 4 Language and tone

- Reports should be written in plain English and be accessible to both clinical and non-clinical readers
- Key findings and recommendations must be clearly evidenced
- A glossary should be included to explain and identify specific terms, acronyms, procedure names and any other commonly used words or phrases

Good examples include the National Joint Registry's annual report and the National Stroke Audit reports.

*NJR Annual Report: www.njrreports.org.uk/*

*National Stroke Audit report: www.hqip.org.uk/national-programmes/a-z-of-nca/sentinel-stroke-national-audit-project*

# 5 Suggested report structure

## 5.1 Cover page

This should include the publication year and month and also the data collection period. The HQIP logo should sit on the bottom right corner of the report in the correct resolution to allow professional reproduction. Please email the HQIP Communications Team on *communications@hqip.org.uk* for a high resolution JPEG of the logo or any other versions required.

## 5.2 Contents page

This should clearly detail all sections within the report.

## 5.3 Acknowledgements

HQIP has a specified referencing policy that details its position as commissioner, the role of the funding bodies and the programme's place within the wider NCAPOP programme. For access to the full *Referencing Policy* visit: *www.hqip.org.uk/resources/ncapop-referencing-policy*

All partners and stakeholders should be acknowledged.

## 5.4 Introduction

This should outline information on the clinical topic and a description of service provision, the aims of the work programme and the guidelines or standards used. It should also signpost to any related reports where there are a series of reports by the same provider relating to the same topic area eg Diabetes.

## 5.5 Executive summary

This should be concise (ideally less than two pages) and must convey the salient findings and recommendations, using language suitable for all audiences. It should identify:

- The clinical question(s) being answered
- Which guidelines or standards used; NICE guidelines must be referenced where relevant
- A brief description of the data collection process e.g. prospective individual patient level/cohort
- Key data definitions
- The data collection period
- Inclusion and exclusion criteria
- The key findings/messages in priority order
- Key recommendations targeted to specific audience groups e.g. policy makers, service users and families, clinicians, service directors/medical directors, regulators, commissioners, Royal Colleges and societies
- Directly address recommendations from previous reports

## 5.6 Methodology

Clear descriptions of methodologies used should be provided. This should include any inclusion and exclusion criteria defined at both provider participation and case record level.

Details of the sample size should be given. If sampling is applied, the sampling methodology should be described including an assessment of the representativeness of the sample of the overall patient population and consideration of any sampling bias which may have resulted. A table should be provided that defines the standards used, their sources, and their relationship with the audit questions. The following should also be included:

- Hospital/unit/Trust participation
- Case ascertainment
- Data quality and completeness
- Analysis methodology
- Governance including patient involvement
- Small numbers policy
- Outliers policy

## 5.7 Analyses

**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. Alternatively it may be appropriate to refer to a more detailed report containing the statistics. Tables should state each sub-group's sample size, and provide confidence intervals or other guidance as to level of certainty.

**Individual providers' results:** the report should illustrate commissioning area/providers' individual performances against the standards chosen as well as the overall national performances against each standard. The use of graphical representation relevant to the audience should also be considered. Examples of good practice in this area can be found in the following:

*Stroke Report (pages 82-91): www.hqip.org.uk/resources/ssnap-audit-organisational-report-2014*

*MBRRACE UK Perinatal Mortality Data for Trusts and Health Boards: www.hqip.org.uk/resources/mbrrace-uk-perinatal-mortality-surveillance-supplemental-report-2013*

**Granularity of data:** the data should be published to the most appropriate level of granularity relevant to the topic being measured, ensuring adherence to information governance guidance in relation to small numbers. In addition to providing a table of results for each named participating organisation, the following reporting levels might also be considered;

- Reporting by service unit level, commissioning area, network level, local authority
- Reporting by clinical team
- Reporting at individual clinician level
- Reporting by demographic sub-groups, such as ethnicity, gender, deprivation
- Reporting of Key organisational measures (e.g. presence/absence of a specialist service coordinator)

## 5.8 Data from devolved nations and regions

If devolved authority data is included it should be clearly identifiable on a named provider basis as for English providers. NCAPOP governance group members from the devolved nations should be consulted to ensure presentation of the data meets requirements for these nations.

## 5.9 Presentation of data

- All data and results should be openly published
- Consideration should be given to the development and presentation of unit-level benchmarked measures of quality

Some examples include:

- *SSNAP Acute organisational audit report (page 82+): www.hqip.org.uk/resources/ssnap-audit-organisational-report-2014*
- *NJR's Surgeon and Hospital Profile service: www.njrsurgeonhospitalprofile.org.uk/*
- *MBRRACE's Confidential Enquiries into Maternal Deaths and Morbidity 2009-2012 report: www.hqip.org.uk/resources/saving-lives-improving-mothers-care-mbrrace-report-2015*
- *Perinatal Mortality Surveillance report 2013 – supplementary edition: www.hqip.org.uk/resources/mbrrace-uk-perinatal-mortality-surveillance-supplemental-report-2013/*
- If unit-level data is made available online separately to the report this should be identified clearly within the report and a link provided
- All reports must include an appendix naming participants and eligible, but non-participating organisations

## Supporting the presentation of key messages and action planning

- **Infographics:** these help to convey key messages through the use of graphics (see page 13 for examples)
- **Case vignettes:** short, anonymised, personal case studies used in qualitative reports. The National Clinical Enquiry into Patient Outcomes and Death (NCEPOD) carries some 20 case vignettes in its *July 2015 report into gastrointestinal haemorrhage. To read the full report visit: www.hqip.org.uk/resources/severe-gastrointestinal-haemorrhage-report-time-to-get-control/*
- **Case studies:** examples of local care and service provision that have been implemented to support quality improvement in a particular care area. An example of this can be found in the *hip quality improvement programme*: *www.fabnhsstuff.net/2015/02/04/hip-qip-hip-fracture-quality-improvement-programme-northumbria-healthcare-nhs-foundation-trust/*

**Important note: any pictures or graphics used need to be copyright-free and able to be shared and re-used without limitation.**

# 6 HQIP policy documents

HQIP policy documents that form part of your contractual requirement with HQIP are described below:

- **Your NCAPOP contract**
  As well as the topic-specific policies listed below, please revisit your main contract, which will include in its deliverables provision of a communications plan ahead of report publications.
- **Standard Reporting Procedure for NCAPOP**
  *www.hqip.org.uk/resources/srp-for-ncapop*
  The HQIP Standard Reporting Procedure (SRP) outlines the processes and timescales governing the provision of reports, publicity materials and other summary data to HQIP, the provision of data to the Data.gov.uk website and the processes governing the presentation or publication of data in other formats.
- **Referencing policy for NCAPOP news releases and reports**
  *www.hqip.org.uk/resources/ncapop-referencing-policy/*
  Referencing authors, commissioners, and funding for National Clinical Audit Programme and Clinical Outcome Review Programmes news releases and reports.

# 7 Communications planning

For best effect, a clear plan should be developed early in project planning and shared with your communications representatives. To help support wider promotion, the plan should identify key stakeholders, outline plans to engage with them and identify how they could support dissemination.

As well as a press release (PR) for your report, consider and plan how the launch may be supported via social media, live or online event or other channels. And while a PR is regarded as a standard part of promoting your report, also consider which media audiences you are targeting with it. The default position is a general PR suitable for consumer media, healthcare press and other specialists, but in some instances, it may only be suitable to target healthcare/specialist media outlets. Please do discuss with your HQIP project manager as soon as you can if you are considering something other than a general PR for all media channels.

| A simple communications checklist | |
|---|---|
| **Who are your stakeholders? Who are your audiences?** | Although there may be overlap between the two, you will likely have groups that have been part of the process and groups you wish to communicate with once the process is complete. |
| **What key information do they need/would you like them to be aware of, and when?** | Internal stakeholders will need continued updates from the outset including logistical information and progress reports, while media contacts will need clear briefing just ahead of launch. |
| **What are the best channels to communicate with your audiences and are you prepared?** | Consider live events, podcasts, video/ YouTube, press releases and social media. To access some examples of the MBRRACE-UK/ University of Leicester's podcasts and videos visit *www2.le.ac.uk/departments/health-sciences/research/timms/projects/mbrrace-uk*. You can also access examples of the University of Manchester's YouTube films at *www.youtube.com/user/universitymanchester* |
| **Have you identified any likely risks?** | Consider each audience at each stage of the process. Identify any possible risks, decide mitigations to those risks, and keep revisiting this risk log. |

## Press release development, media preparation and media handling

Each report should have a press release that provides an engaging, accurate and informative summary of the report's key findings. Draft press releases should be submitted alongside draft reports as per the HQIP SRP protocol.

### Press release checklist

- The 'Five Ws' model is a good starting point for PR development: who, what, why, where, when. Keep language simple. Provide explanations for medical terms
- Try to keep your press release to two sides of A4 maximum, including footnotes
- Ensure results are evidenced and provide context e.g. provide examples of regional or international differences. State how this year's results compare to last year
- Include a quote from a senior clinical member of the project team. A second quote can be included where adding further weight is appropriate
- Embargoes are common practice, allowing the media time to plan stories ahead of publication, while protecting public release of content. Interviews can also take place during this period, allowing spokespeople more availability for reactive media on day of release. All PRs must be embargoed until a set time on day of report publication and are generally distributed to media 24-48 hours before then. Embargo dates and times should be clearly stated on both the release and in the email header
- Ensure a spokesperson, and preferably two, have been identified in advance. They must be available to speak to the press in advance of the report release and on the day of release. Provide each spokesperson with a Q&A document that lists potential questions and prepared responses so that they are fully briefed

# 8 Report promotion and dissemination

## Service provider webpage

All NCAPOP programmes are required contractually to have a dedicated webpage. Where more than one organisation makes up the project team, the lead organisation should create this and partner organisations should create clear links to the site from their own websites. This page should also link to the HQIP site, with HQIP creating reciprocal links to these.

## Content:

- The audit/programme scope and outline methodological design
- Aims and objectives
- Dates of current contract and duration of programme since inception
- Inclusion and exclusion criteria
- Full dataset collected
- Key definitions
- Funding body(s)
- Geographical cover
- Consent model or section 251 approval status

Timelines, to include:

- Anticipated timings of data collection
- Anticipated timings of public reports

Key project documents, to include:

- All audit tools
- All supporting/guidance documents
- Information to clarify how individual data elements map to the relevant standard or guideline and vice versa
- Relevant contact details for the project

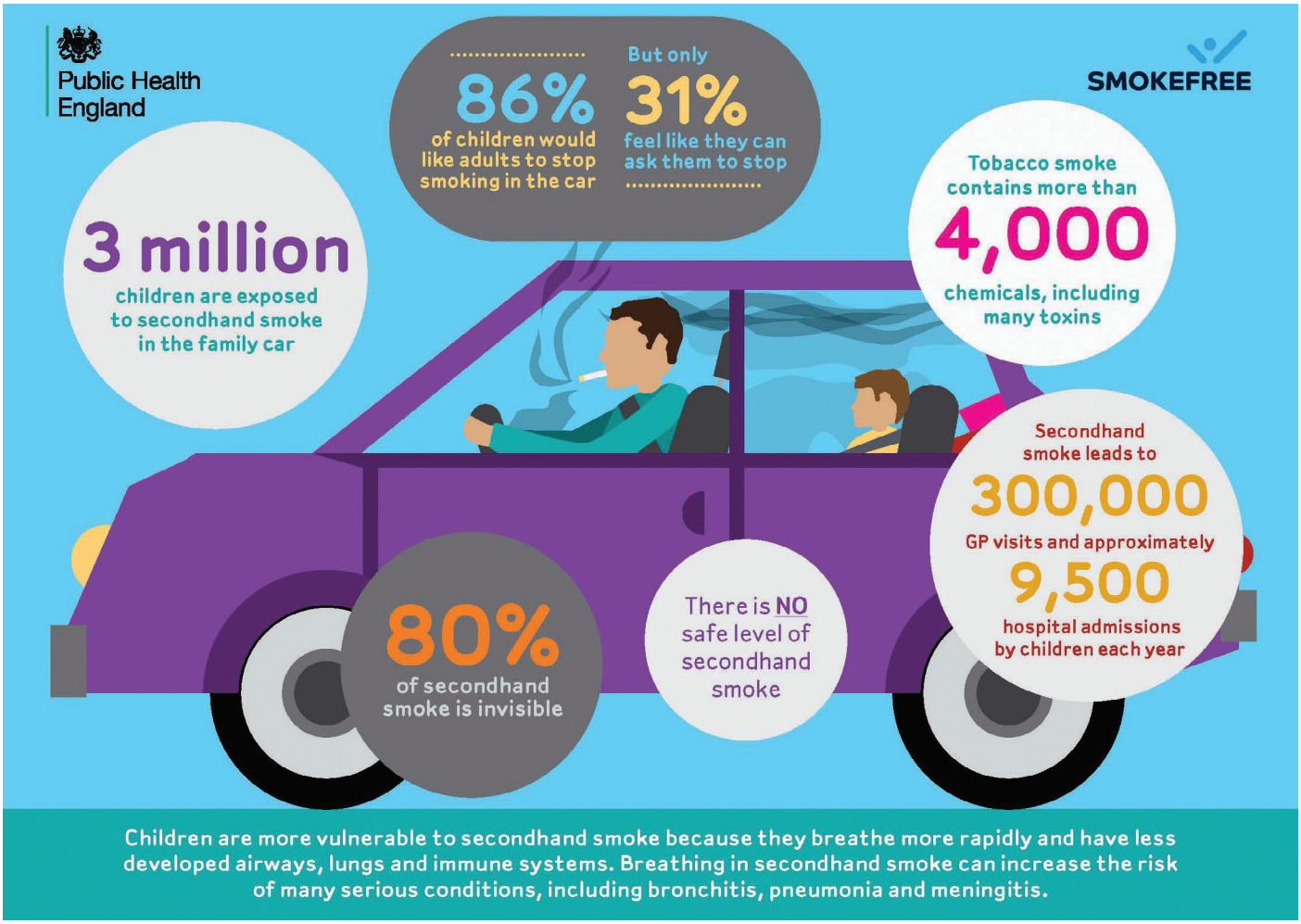
## Launch events and social media

Standalone launch events (for stakeholders and/or media), webinars and regional workshop programmes can be highly impactful ways of reinforcing your key messages at publication time. Numerous highly effective NCAPOP examples of these exist – HQIP's communications team can provide further details and put you in contact. Social media (podcasts, YouTube videos, Twitter, blogs and other channels) can also naturally be used very effectively to disseminate messages.

# 9 Infographics

Infographics are a useful tool to help summarise and convey key messages and data from complex, data-heavy reports. Below are some examples of the effective use of infographics.

## Example 1




*Reference: Public Health England website*

## Example 2

# Key messages from the report 2014

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

## Maternal deaths have decreased

from **11** (2006-08) to **10** (2010-12) per 100,000 women giving birth

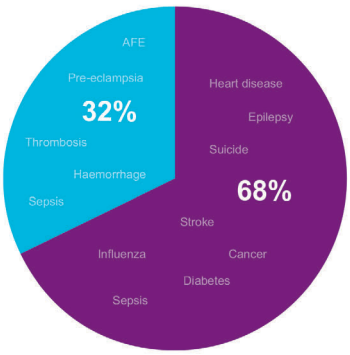
## Causes of mothers' deaths

**Two thirds** of mothers died from medical and mental health problems in pregnancy and **only one third** from direct complications of pregnancy such as bleeding.

**Three quarters** of women who died had medical or mental health problems before they became pregnant.

**Women with pre-existing medical and mental health problems need:**

- Pre-pregnancy advice
- Joint specialist and maternity care




## Think Sepsis

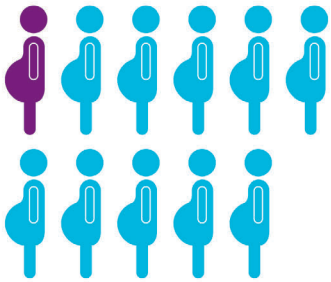
Almost a quarter of women who died had **Sepsis** (severe infection).

**Women with sepsis need:**

- Early diagnosis
- Rapid antibiotics
- Review by senior doctors and midwives

**Prompt treatment and action can make the difference between life and death**

## Prevent Flu



1 in 11 of the women died from **Flu**

More than half of these women's deaths could have been prevented by a flu jab.

**Flu vaccination will save mothers' and babies' lives**

*Reference: MBRRACE UK - Saving lives, improving mothers' care: Lay Summary*

## Example 3


*Reference: Pregnancy care for women with diabetes summary report. Based on findings from the National Pregnancy in Diabetes Audit 2013*


Further information is available at: www.hqip.org.uk

ISBN NO 978-1-907561-09-2

6th Floor, Tenter House, 45 Moorfields, London, EC2Y 9AE

**T** 0207 997 7370 **F** 0207 997 7398
**E** communications@hqip.org.uk

www.hqip.org.uk

Registered Office: 70 Wimpole Street, London W1G 8AX
Registration No. 6498947
Registered Charity Number: 1127049


March 2016