

# **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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<b>FAQ</b>
<b>Who should complete the tool?</b>
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.
<b>What is the tool for?</b>
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.
<b>What type of information is contained within UPCARE?</b>
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 <sup>1</sup> ) and in reporting research studies (e.g. STROBE <sup>2</sup> , SQUIRE <sup>3</sup> ).
<b>Who is the intended audience for the tool?</b>
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: <ul style="list-style-type: none"> <li>• Patients / Carers / Public / Patient representative organisations</li> <li>• Clinicians / Allied health professionals / Healthcare providers / Multi-disciplinary teams / Primary, secondary and tertiary care providers</li> <li>• National agencies</li> <li>• Commissioners</li> <li>• Healthcare regulators</li> </ul>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> SQUIRE stands for Standards for Quality Improvement Reporting Excellence. See <http://www.squire-statement.org/>, last accessed 24 April 2018.

## FAQ (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. Meetings 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.

### IPR and copyright

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## Domain 1. Organisational information

### 1.1. The name of the programme

National Clinical Audit of Anxiety and Depression (NCAAD)

### 1.2. The name of the organisation carrying out the programme

Royal College of Psychiatrists

### 1.3. Main website for the programme

[www.rcpsych.ac.uk/ncaad](http://www.rcpsych.ac.uk/ncaad)

### 1.4. Date of publication and version number of the tool on your website

22 June 2018 2018 Baseline V1

## Domain 2. Aims and objectives

### 2.1. Overall aim

Note: A short description of the overall aim(s) of the programme

The NCAAD is a three-year improvement programme, which was established to improve the quality of NHS-funded care provided to service users with an anxiety and/or depressive disorder within secondary care services in England. The programme will focus on both in-patient and outpatient services.

### 2.2. Quality improvement objectives

Note: A list or description of the key quality improvement (QI) objectives of the programme. A brief rationale for how the QI objectives were chosen. Please take into consideration evidence to support the QI objectives, including the COMET (Core Outcome Measures in Effectiveness Trials) initiative<sup>4</sup>.

The objects of the NCAAD are:

- To enable Trusts/organisations to improve the delivery of care to service users receiving treatment for an anxiety and/or depressive disorder in secondary care services;
- To provide comparative data on the quality of care provided by Trusts/organisations to service users with an anxiety and/or depressive disorders;
- To provide comparative data on service user outcomes following treatment;
- To facilitate the development of effective quality improvement initiatives and share examples of best practice, enabling Trusts/organisations to make the best use of audit data.

<sup>4</sup> The COMET initiative, established through funding from the Medical Research Council (MRC) North West Hub for Trials Methodology brings together people who are interested in developing and applying agreed standardised sets of outcomes known as core outcome sets (COS). The COMET website states that *'These [COS] sets should represent the minimum that should be measured and reported in all clinical trials, audits of practice or other forms of research for a specific condition.'* (<http://www.comet-initiative.org/about/overview>, accessed 24 April 2018). COMET has an online database of projects, trials, research etc., which can be searched to identify COS in a particular health area or population. The use of COMET and COS is endorsed by organisations such as the Health Research Authority (HRA), the National Institute for Health Research (NIHR), Cochrane Collaboration and other national and international organisations. See <http://www.comet-initiative.org/> for full information (last accessed 24 April 2018)

## Domain 3. Governance and programme delivery

### 3.1. Organogram

Note: Please attach a diagram (e.g. organogram) describing how the programme is organised

The diagram should demonstrate lines of accountability and responsibility, and include all governance groups, e.g. project team, Board, patient and public involvement, clinical reference groups, steering groups.



NCAAD  
Organogram

### 3.2. Organisations involved in delivering the programme

Note: A list of organisations with a formal role in delivering the programme. This includes organisations which:

- Are contracted to carry out elements of the programme
- Have a formal role in governing or steering the programme

For each organisation list:

- Name
- Website URL if available
- A description of its role in the programme

Roles:

- Steering Group – Advises the programme on audit standards, tools, reporting, interpretation etc.
- Implementation Group – Decision making input into all aspects of the programme including audit standards, tools, reporting, interpretation etc., coordinating other expert input and design and delivery of the audit.

Organisation	Description	Role
Association for Behavioural Couples Therapy (ABCT) <a href="http://www.abct.org">www.abct.org</a>	Multidisciplinary organisation for the treatment of human problems through application of behavioural and cognitive principles	<b>Governance</b> Member of the Psychological Therapies Spotlight Steering group.
British Association for Behavioural and Cognitive Psychotherapies (BABCP) <a href="http://www.babcp.com">www.babcp.com</a>	A multi-disciplinary interest group for people involved in the practice and theory of behavioural and cognitive psychotherapy.	<b>Governance</b> Member of the Psychological Therapies Spotlight Steering group.
British Association for Counselling and Psychotherapy (BACP) <a href="http://www.bacp.org.uk">www.bacp.org.uk</a>	Professional association of counselling and psychotherapy. Raise ethical and professional standards of counselling.	<b>Governance</b> Member of the Core audit and Psychological Therapies Spotlight Steering groups.
British Psychoanalytic Council (BPC) <a href="http://www.bpc.org.uk">www.bpc.org.uk</a>	Professional association and voluntary regulator of the psychoanalytic psychotherapy profession	<b>Governance</b> Member of the Psychological Therapies Spotlight Steering group.

<p>British Psychological Society (BPS)  <a href="http://www.bps.org.uk">www.bps.org.uk</a></p>	<p>Representative body for psychology and psychologists in the UK, and responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.</p>	<p><b>Governance</b>                  Partner organisation for the delivery of the Psychological Therapies Spotlight. Sits on implementation group, steering groups for the core audit and psychological therapies spotlight audit.</p>
<p>EMDR UK &amp; Ireland  <a href="http://www.emdrassociation.org.uk">www.emdrassociation.org.uk</a></p>	<p>Professional Association of EMDR clinicians and researchers seeking the highest standards for the clinical practice of EMDR in the United Kingdom and Ireland.</p>	<p><b>Governance</b>                  Member of the Psychological Therapies Spotlight Steering group.</p>
<p>Interpersonal Psychotherapy UK Network (IPT UK)  <a href="http://www.iptuk.net">www.iptuk.net</a></p>	<p>Network of interpersonal psychotherapy practitioners and researchers</p>	<p><b>Governance</b>                  Member of the Psychological Therapies Spotlight Steering group.</p>
<p>Healthcare Quality Improvement Partnership (HQIP)  <a href="http://www.hqip.org.uk">www.hqip.org.uk</a></p>		<p><b>Funder</b>                  Sits on the Steering groups for the core audit and psychological therapies spotlight.</p>
<p>Mind  <a href="http://www.mind.org.uk">www.mind.org.uk</a></p>	<p>Charity for people experiencing mental health difficulties. Aim to improve services, raise awareness and understanding</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>NHS England  <a href="http://www.england.nhs.uk">www.england.nhs.uk</a></p>	<p>Leads the NHS in England.</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>Royal College of Psychiatrists' (RCPsych) Faculty of Medical Psychotherapy  <a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a></p>	<p>Representative for the range of psychotherapeutic practice within psychiatry.</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>Rethink Mental Illness  <a href="http://www.rethink.org">www.rethink.org</a></p>	<p>National mental health charity providing information, services &amp; a strong voice for everyone affected by mental illness</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>Society for Psychotherapy Research  <a href="http://www.psychotherapyresearch.org">www.psychotherapyresearch.org</a></p>	<p>International, multidisciplinary scientific association devoted to research on psychotherapy.</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>United Kingdom Council for Psychotherapy (UKCP)  <a href="http://www.ukcp.org.uk">www.ukcp.org.uk</a></p>	<p>Body for the education, training and accreditation of psychotherapists and psychotherapeutic counsellors.</p>	<p><b>Governance</b>                  Member of the core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>Universities Psychotherapy &amp; Counselling Association (UPCA)  <a href="http://www.ukca.org.uk">www.ukca.org.uk</a></p>	<p>Association for the development of psychotherapy training.</p>	<p><b>Governance</b>                  Member of the Psychological Therapies Spotlight Steering group.</p>
<p>Anxiety UK  <a href="http://www.anxietyuk.org.uk">www.anxietyuk.org.uk</a></p>	<p>User led charity for people suffering with agoraphobia and associated anxiety disorders.</p>	<p><b>Governance</b>                  Member of the Core audit and Psychological Therapies Spotlight Steering groups.</p>
<p>British Association of Social Workers (BASW)  <a href="http://www.basw.co.uk">www.basw.co.uk</a></p>	<p>Professional membership organisation for social work</p>	<p><b>Governance</b>                  Member of the core audit steering group</p>
<p>Care Quality Commission (CQC)  <a href="http://www.cqc.org.uk">www.cqc.org.uk</a></p>	<p>Regulator of all health and social care services in England</p>	<p><b>Governance</b>                  Member of the core audit steering group</p>

Carers Trust <a href="http://www.carers.org">www.carers.org</a>	Charity working to improve support, services and recognition for carers	<b>Governance</b> Member of the core audit steering group
McPin Foundation <a href="http://www.mcpin.org">www.mcpin.org</a>	Mental health research charity which puts lived experience at heart of their work.	<b>Governance / Subcontractor</b> Member of the Core audit and Psychological Therapies Spotlight Steering groups. Subcontractor producing the service user and carer/easy read reports and communications for the core audit and spotlight audits
Mental Health Foundation <a href="http://www.mentalhealth.org.uk">www.mentalhealth.org.uk</a>	UK charity for mental health. Aims to prevent, find and address sources of mental health problems.	<b>Governance</b> Member of the core audit steering group
National Collaborating Centre for Mental Health (NCCMH) <a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>	Development of evidence-based guidance and reviews to support the delivery of high-quality mental health care.	<b>Governance</b> Member of the core audit steering group
Prescribing Observatory of Mental Health (POMH) <a href="http://www.rcpsych.ac.uk/pomh">www.rcpsych.ac.uk/pomh</a>	Audit programme which helps services monitor and improve prescribing practice	<b>Governance</b> Member of the core audit steering group
Royal College of General Practitioners (RCGP) <a href="http://www.rcgp.org.uk">www.rcgp.org.uk</a>	Professional membership body for family doctors in the UK and overseas	<b>Governance</b> Member of the core audit steering group
Royal College of Nursing (RCN) <a href="http://www.rcn.org.uk">www.rcn.org.uk</a>	Nursing union and professional body	<b>Governance</b> Member of the core audit steering group
Royal College of Psychiatrists' (RCPsych) General Adult Faculty <a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>	Specialist group for RCPsych members practicing adult psychiatry	<b>Governance</b> Member of the core audit steering group
Statsconsultancy Ltd <a href="http://www.statsconsultancy.co.uk">www.statsconsultancy.co.uk</a>	Freelance statistical consultancy company	<b>Subcontractor</b> Sub-contractor providing specialised analysis and support
Service User Adviser		<b>Governance / Subcontractor</b> Member of the Core audit and Psychological Therapies Spotlight Steering groups, and Implementation Group. Sub-contractor providing advice on the scope, design and reporting of the audit

### 3.3. Governance arrangements

Note: Governance of the project should include representatives from all key stakeholders. Please describe the governance arrangements including:

- A list of individuals within each governance group described in the organogram (or the URL of where this information is available on the programme website)
- The process used for sign-off indicating that the audit or registry data/feedback/reports have been quality assured and are ready for release
- If available, the URL to publicly published meeting/Board minutes (e.g. by a board or steering group)

The NCAAD has the following governance groups:

- **Implementation Group:** Includes the Director of CCQI, Senior Programme Manager for Audits and Research, Clinical Advisor for NCAAD core audit, Clinical Advisor for

NCAAD Psychological Therapies Spotlight, Service User Lead and the NCAAD project team.

- **CCQI Governance Board:** Includes the Senior Associate Director for CCQI, Director of CCQI, President of the Royal College of Psychiatrists, Chief Executive, Dean, Trainee representative, Finance and Operations Director

The audit has a steering group for each of the core audit and psychological therapies spotlight. These groups are advisory, and suggestions and decisions are ratified by the NCAAD Implementation Group.

### 3.4. Declarations and Conflicts of interest

Note: Evidence that declarations and conflicts of interest have been considered, declared and where appropriate, mitigated appropriately:

- DOI / COI process and policy outlining how DOI and potential conflicts of interest are identified and managed
- A web URL to the publicly published DOI/COI register for all individuals involved in the programme and where appropriate, information about how these have been mitigated

Example:

“The policy and register of declaration and conflicts of interest for the programme is published at [www.healthaudit.org/COI](http://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.

Conflict of Interest and confidentiality forms are completed yearly by every member of the steering group, implementation group and project staff, reviewed by the NCAAD team and action is taken as appropriate.

Declarations of conflict of interests are a standing item on every agenda. Where conflicts are declared, these are assessed by the NCAAD team and the Chair of the meeting who notes the conflict and takes appropriate action if necessary which may include asking the individual to absent themselves for part of the meeting.

We do not publish our conflicts of interest register.

## Domain 4: Information security, governance and ethics

### 4.1. The legal basis of the data collection

Note:

A description of the legal basis for the data collection, specific to each country where the data are collected. Examples include:

- Informed consent
- Section 251 (NHS Health and Social Care Act 2006) approval
- Other types of patient controlled data permission

This could include links to:

- Consent forms
- Information provided to patients about participation and usage of data
- Further information about how patients can control the use of their data
- Information about ethical committee review

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](http://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"

NCAAD collects information based on the following legal bases:

- Consent (for service user and therapist surveys);
- Article 6 (1) (e) and article 9 (2) (i) of the General Data Protection Regulations

We do not collect patient identifiable information at the present time.

#### **4.2. Information governance and information security**

Note:

Include:

- The Information Governance Toolkit score and URL to the organisation's Information Governance Toolkit Assessment Report
- If the IG toolkit score is less than satisfactory, indicate how the organisation is improving its security processes to achieve a satisfactory score and when the programme will be re-assessed
- Details of any other information governance and security accreditations achieved by the registry (e.g. ISO 27001)

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)"

The NHS Digital Data Security and Protection Toolkit was submitted in March 2019. We have completed an internal GDPR, IG and DP project over recent months and submitted information to HQIP via our toolkit.

## Domain 5: Stakeholder engagement

### 5.1. Approaches to involving stakeholders

Note: A description of how stakeholders are involved in designing and carrying out the programme

Examples of types of involvement that might be listed here include:

- Designing the programme
- Selecting quality metrics
- Defining aims and objectives
- Setting priorities
- Collecting data
- Contributing to data analysis and interpretation
- Governance
- Disseminating feedback and communications

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"

### Service User and Carer Input

The views, skills and experience of people who use services, and their family, friend or carer are vital to the success of the audit, and the audit proposal was developed with their input.

NCAAD has subcontracted a Service User Advisor to advise on the scope, design and the reporting of the audit, as well as have decision making input through membership of the Implementation Group and Steering Group. Alongside this, she will Chair a Service User and Carer Reference Group. The Service User and Carer Reference Group will use their views, skills and experience to provide advice and guidance on all aspects of the audit.

The audit will also collaborate with the McPin Foundation to ensure that each stage of the audit responds to the needs of people with anxiety and depression, as well as their family, friend or carer. The McPin Foundation improve the quality of mental health research and development by putting lived experience of people affected by mental health problems at

the heart of their work. NCAAD, the Service User and Carer Reference Group and Service User Advisor will work with the McPin Foundation to produce lay reports, and other materials to disseminate the findings of the audit and raise awareness of best practice. A series of activities aimed at publicising the audit will be planned alongside the publication of the full and lay reports.

The NCAAD Steering Groups include representatives from the McPin Foundation, Mind, Rethink Mental Illness and Anxiety UK, all of whom will raise awareness through their existing networks and fora.

### **Clinician Input**

Clinicians are active members of our Steering and Implementation Groups. A wide range of professional groups are represented on the groups including psychiatrists, nurses, social workers, psychologists and psychotherapists. A number of clinicians who have a special interest/research expertise in various areas are also included such as those in psychopharmacology, shared decision making and psychotherapy.

Day-to-day clinician input is via the Clinical Advisors, Professor David Baldwin and Dr Lorna Farquharson, and the Director of the CCQI, Professor Mike Crawford.

### **Organisational Stakeholders**

Professional and service user organisations are represented at Steering Groups and Implementation Groups. The range of professional organisations include the Royal College of Psychiatrists, Royal College of Nursing, British Psychological Society, the UK Council for Psychotherapy, Royal College of Occupational Therapists. Representatives from McPin, Rethink Mental Illness, Mind, Anxiety UK and the Carers Trust also sit on the steering groups.

## Domain 6: Methods

### 6.1. Data flow diagrams

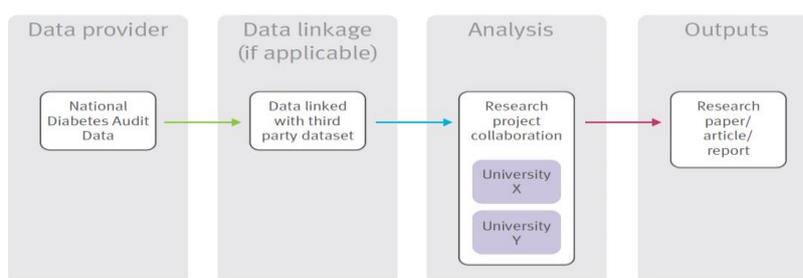
Note:

A data flow diagram showing each data flow into and out of the audit/registry. The diagram should indicate:

- What organisations are flowing data in/out of the programme
- What data items are within each data flow in/out of the programme
- The legal basis for each data flow, e.g. section 251, consent

Example:

#### Appendix 1: Example data flow diagram



Key:

- Green = Personal data (S251)
- Orange = Personal data (consented collection or other)
- Blue = Limited access de-identified data
- Pink = Anonymised data
- Italics* = Future data linkage

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.



Data Flow Diagram

[https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-data-protection-impact-assessment-version-1-1.pdf?sfvrsn=ac3809e8\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-data-protection-impact-assessment-version-1-1.pdf?sfvrsn=ac3809e8_2)

### 6.2. The population sampled for data collection

Note:

A description of the patient population or sampling frame for data collection. This might include:

- Details of inclusion and exclusion criteria
- Standard nomenclature to define patient populations (e.g. ICD codes, SNOMED terms)

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]"

The NCAAD covers England only.

Registration was invited from all NHS Trusts with mental health services. Service users selected for the Audit of Practice (case note review) were sampled from service users aged 16 years old and over (no upper age limit), admitted to an inpatient ward between 01 April 2017 and 30 September 2017, with a primary coding indicating anxiety and/or depressive symptoms within the following ICD10 categories:

- F32: Depressive episode excluding F32.3 (severe depressive episode with psychotic symptoms);
- F33: Recurrent depressive disorder excluding F33.3 (recurrent depressive disorder, current episode severe with psychotic symptoms);
- F34: Persistent mood (affective) disorders;
- F38: Other mood (affective) disorders;
- F39: Unspecified mood (affective) disorders excluding affective psychosis;
- F40: Phobic anxiety disorders excluding F40.2 (specific (isolated) phobias);
- F41: Other anxiety disorders;
- F42: Obsessive Compulsive Disorder;
- F43: Reaction to severe stress and adjustment disorders;
- F44 Dissociative (conversion) disorders.

### 6.3. Geographical coverage of data collection

Note:

A description of the geographical coverage of the data collection. Include details of both:

- geographical areas eligible for inclusion
- geographical areas that actually participated in data collection

This could include:

- A text description of coverage
- An illustration or map to visualise the coverage
- Summary data
- Links to data files containing geographical identifiers

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](http://www.healthaudit.org.uk/participation)"

All eligible mental health and care Trusts in England signed up to participate. Of the acute NHS Trusts providing mental health services, none had a sufficient number of eligible service users to allow for reliable data reporting and analysis, and were therefore excluded from data collection and reporting at a national level although were offered support to undertake their own local audit process.

Private providers who have provided care to NHS patients and/or private providers with privately funded patients were encouraged to register with a number taking up the opportunity.

#### 6.4. Dataset for data collection

Note:

A list (or web URL to online documentation such as a data dictionary) of the items included in the data collection

State how the dataset chosen aligns with the QI objectives and COMET Core Outcome Sets (COS) as described in section 2.2.

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) "



Data Collection  
Tool

[https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-audit-of-practice-tool.pdf?sfvrsn=874643e3\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-audit-of-practice-tool.pdf?sfvrsn=874643e3_2)

#### 6.5. Methods of data collection and sources of data

Note:

A description (or web URL to online documentation) of how the data were collected and the sources of data.

Examples include:

- Online, e.g. webtool or portal
- Retrospective case record review
- Linkage to existing data sources
- Extracts of administrative data
- Surveys
- Extractions from electronic health records

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....."

A retrospective case record audit was conducted by individuals within the Trust/organisation. Data were collected by individuals in the Trust/organisation (either clinical audit staff or clinicians) and entered onto a secure online webtool.

#### **6.6. Time period of data collection**

Note:

The time period for data collection, using a start date (DD/MM/YYYY) and end date as applicable. For a continuous prospective data collection then this may only be a start date.

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"

Data were collected for between 04 June 2018 and 09 September 2018 for service users admitted between 01 April 2017 and 30 September 2017.

#### **6.7. Time lag between data collection and feedback**

Note:

A description of the time lag between data collection and feedback to participants in the programme – try and be as specific as possible

If 'real time' please describe exactly what this means, e.g. monthly, daily, minute-by-minute

This could also include details about time intervals for the various steps between data collection and feedback/publication such as waiting for linked data to be supplied or for sign off

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."

Data are due to be reported on Thursday 10 October 2019.

The time from the last service user included and the planned publication was 13 months.

#### **6.8. Quality measures included in feedback**

Note:

A list (or web URL to online documentation) of the quality measures reported by the programme

Provide a mapping to classify these as:

- Process metrics
- Outcome metrics
- Organisational/structure metrics

Please state what metrics are provided at trust level and how often this trust level information is made available, e.g. quarterly, 6-monthly. If 'real time' please describe exactly what this means, e.g. monthly, daily.

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](http://www.healthaudit.org.uk/measures). The dataset maps each quality metric as a process, outcome or organisational measure"

<https://www.rcpsych.ac.uk/improving-care/ccqi/national-clinical-audits/national-clinical-audit-of-anxiety-and-depression/resources-for-core-audit>

## 6.9. Evidence base for quality measures

Note:

A list or description of the sources of evidence used to define the quality metrics. Examples include:

- Clinical guidance (e.g. NICE guidance)
- Clinical standards
- Systematic reviews
- Professional society recommendations
- Policy documents
- Clinical trials

Example:

"The quality measures were defined to measure:

- NICE quality standard QS22

NICE clinical guideline CG33"

The following NICE documents were used to inform the audit standards:

1. National Institute for Health and Care Excellence (NICE). Service User Experience in Adult Mental Health: Improving the Experience of Care for People Using Adult NHS Mental Health Services (CG136). 2011.
2. —. Common Mental Health Problems: Identification and Pathways to Care (CG123). 2011.
3. —. Depression in Adults: Recognition and Management (CG90). 2009.
4. —. Generalised Anxiety Disorder and Panic Disorder in Adults: Management (CG113). 2001.

5. —. Depression in Adults: Treatment and Management (In Development – GID–CGWAVE0725). 2017.
6. —. Anxiety Disorders – Quality Standard (QS53). 2014.
7. —. Depression in Children and Young People: Identification and Management. 2005.
8. —. Transition between Inpatient Mental Health Settings and Community or Care Home Settings (NG53). 2016.

#### **6.10. Case ascertainment**

Note:

Describe the level of case ascertainment achieved. Include links or detail for additional information about methodology

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"

To be confirmed

#### **6.11. Data analysis**

Note:

A description (or web URL to online documentation) of the methods of data analysis. Important considerations in the analysis of audit and registry data include:

- Missing data, and how these were handled
- Sources of measurement error and bias, and how these were addressed
- Methods and algorithms used for:
  - case mix adjustment
  - benchmarking
  - outlier detection
  - visualising and interpreting time series data
- Algorithms and statistical models used to process data

This might include:

- References for peer reviewed publications of methods used in the data analysis
- Links to:
  - analytical code
  - more detailed descriptions of the methods already published elsewhere

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](http://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](http://www.healthaudit.org/mortality) and have been published at *BMJQS* 2016;14:88-94"

#### Data Handling and Analysis

All data were entered using Snap Survey Software via secure webpages. Data were analysed using IBM SPSS Statistics 21, Stata, or Microsoft Excel 2016.

#### Data Cleaning

The NCAAD team checked submitted cases against the eligibility criteria, as well as for duplicate cases, missing data and unexpected values. Data which appeared to have been entered in error were followed up by asking audit staff in Trusts to check if correct data had been submitted.

Following initial analysis, a second round of data cleaning was undertaken to clarify any potential data entry errors.

#### Changes Made to the Data

During the process of data management, the following changes were made:

- When it was possible to identify data entry errors with a high degree of confidence, responses were amended. Where it was not possible to identify an error with a high degree of confidence, no change was made;
- Where there were clear errors, for example, the follow-up date falling before referral date, and Trusts did not respond to the query, the data were changed to 'unknown/not documented'.

#### Quality Assurance

##### Inter-rater Reliability

We asked all services to re-audit five case notes from the submitted sample using a second auditor, so that matching case notes could be compared for reliability. The results of this analysis are published on the audit website.

##### Quality Assurance Visits

Three Trusts were randomly selected to take part in quality assurance visits, during which members of the NCAAD team carried out a random check of ten sets of the case notes submitted for the audit. Further information about this process can be found on the audit website.

#### Outliers

The outlier policy can be found on the NCAAD website. It has been informed by the Healthcare Quality Improvement Partnership and Department of Health guidance on outliers (2011).

We contacted all mental health services that were outliers prior to the publication of this report.

## 6.12. Data linkage

Note:

A description of any data linkage carried out as part of the audit or registry. Include details of:

- Data sources
- Methods of linkage
- Evaluation of the quality of data linkage

If no data linkage carried out, state "No linkage performed"

This could include details about the impact of patient opt outs where these apply, e.g. the proportion of patients before and after opt outs are applied; changes in key characteristics of patient group following opt out such as gender, ethnicity

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 "

No linkage performed.

### **6.13. Validation and data quality**

Note:

A description of how data quality and analyses have been validated. Examples of validation include:

- Piloting and refining data collection methods and dataset changes
- Building in validation processes at the point of data entry
- Validation by clinical teams
- Data cleaning
- Statistical analyses of data quality (e.g. missing data)
- Validation of statistical models and algorithms
- Quality assurance and unit testing of analytical code

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](http://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"

### **Data Completeness & Accuracy**

The Audit of Practice tool will have mandatory data collection fields, individuals will be prompted to enter missing information before they can move onto next page. This will reduce the likelihood of data entry errors.

The NCAAD team will visit a random sample of participating Trusts/organisations in **late 2018** to review both how the sampling methodology has been used for the core audit, and perform data quality checks. They will do this by comparing a random sample of case notes to information received from the Trusts/organisation in the core audit to check the reliability of the data.

Participating Trusts/organisations will also be requested to complete inter-rater reliability checks on 5 of the eligible cases. This will involve two different individuals (e.g. clinicians) making two distinct entries for the same service users to ensure the information provided is accurate.

NCAAD has a robust outlier policy which reflects the guidance provided by HQIP. More information can be found here: [https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-outlier-policy-v1-3.pdf?sfvrsn=d6bfb6d0\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncaad-documents/ncaad-outlier-policy-v1-3.pdf?sfvrsn=d6bfb6d0_2)

## Domain 7: Outputs

### 7.1. The intended users or audience for the outputs

Note:

A list or description of the intended users or audience of feedback data produced by the programme. Examples include:

- Clinical commissioning groups or Health Boards
- Specialist commissioners
- Trust/hospital boards
- Clinical teams
- Individual clinicians
- General public
- Patients
- Carers
- Policy makers
- Politicians
- Media
- National agencies

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”

The report is designed for the use of:

- Senior clinicians
- Health policy makers
- Commissioners
- Audit leads
- Researchers
- Other relevant stakeholders to help understand and improve these services.

### 7.2. Editorial independence

Note.

A statement about the independence of the programme in regards to the content, e.g. findings, recommendations.

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.’

NCAAD is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England and is part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). It is managed by the Royal College of Psychiatrists’ (RCPsych) Centre for Quality Improvement (CCQI), working in close partnership with professional, service user and carer representatives including:

- Anxiety UK;
- British Psychological Society;
- Care Quality Commission;
- Carers Trust;
- Healthcare Quality Improvement Partnership;
- The McPin Foundation;
- Mind;
- Rethink Mental Illness;
- The Royal College of General Practitioners;
- The Royal College of Nursing;
- RCPsych.

Representatives from partner organisations collaborating in the audit comprise our Steering Group, together with four representatives with experiences of living or supporting someone living with anxiety and depression, and the audit Project Team.

### **7.3 The modalities of feedback and outputs**

Note:

A description of how data are fed back to participants of the programme

Please also describe how outputs are agreed, i.e. the quality assurance process within the programme such as Board sign off.

Examples of types of feedback commonly used in audits and registries include:

- Summary written reports
- Comprehensive written reports
- Online feedback
- 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

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. ”

Data will be fed back to the participants of the programme through national and local reports and quality improvement workshops.

The report was quality assured at team level before submission to the Steering Group for sign off. Sign off is required before submission of the report to HQIP.

## 7.4 Recommendations

Note:

The programme, in making specific recommendations about how to improve the quality or safety of healthcare services should provide a web URL to any documents making recommendations to participants

As a general principal, recommendations should:

- be specific, action oriented, and tailored to the intended audience
- agreed and signed off through an agreed process
- reviewed (e.g. annually)
- be underpinned by evidence and be supported by data collected by the programme
- be designed to have impact

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](http://www.auditreport.org)”

Recommendations will be available in the report which will be published in Autumn 2019.

## 7.5 Comparators and benchmarking

Note:

A description or list of if/how performance is compared between healthcare providers or areas, and the benchmark against which performance is measured.

This should provide a high level overview of how comparisons are made using the programme data, not a detailed list of all indicators and how they are individually used to benchmark or compare performance.

Examples of benchmarks include:

- National
- International
- Regional
- Organisational
- Clinical team
- Individual clinician
- Audit/registry standards
- Relative benchmarks (e.g. top 10%)
- Temporal (e.g. changes over time)
- Results from randomised controlled trials

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)”

To be confirmed

## 7.6 Motivating and planning quality improvement

Note:

A short description of the approaches the programme uses to motivate and support quality improvement.

Programmes are not expected to provide a bespoke service to support trusts to interpret the findings or recommendations. The programme should, however, provide information in a format that is easy to digest and ready to use for the intended audience.

Examples of approaches include:

- Recommendations for action
- Action plans
- Education and training
- Supporting peer learning
- Providing positive feedback
- Workshops
- Including motivating statements as part of feedback

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”

To be confirmed