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

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

FAQ

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]) and in reporting research studies (e.g. STROBE[2], SQUIRE[3]).

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

[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.
[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.
[3] 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. 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.

IPR and copyright

Contents

Domain 1: Organisational information

1.1. The name of the programme

(in full and if applicable, the acronym used)

National Clinical Audit of Psychosis (NCAP) – EIP spotlight audit

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/NCAP

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

Not currently available on the website, due to be published in 2019.

Domain 2: Aims and objectives

2.1. Overall aim

Note:

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

The National Clinical Audit of Psychosis (NCAP) is a three-year improvement programme which aims to increase the quality of care that NHS Mental Health Trusts in England and Health Boards in Wales provide to people with psychosis. Commissioned by the Healthcare Quality Improvement Partnership on behalf of NHS England, NCAP is the next phase in the development of the **National Audit of Schizophrenia**. The scope of the audit has been extended to include both inpatient and community care provided for people with a broader group of severe mental health problems. In years two and three of the audit, the focus will change to Early Intervention in Psychosis services. Key areas of performance include the assessment and treatment of physical health, health promotion, prescribing practice, use of evidence-based psychological treatments and access to services at times of crisis.

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[4].

The quality improvement objectives of the programme are to:

1. Increase the proportion of people on the caseload of EIP teams who receive treatment in accordance with the Early Intervention in Psychosis Access and Waiting Times standard.

[4] 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*)

This includes both the timescale for commencing treatment in a specialist EIP service from referral, and treatment with a NICE-approved care package.

Domain 3: Governance and programme delivery

3.1. Organogram

NCAP project managment structur

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

- British Association for Psychopharmacology (BAP)
  - www.bap.org.uk
  - "The BAP is a learned society and registered charity. It promotes research and education in psychopharmacology and related areas, and brings together people in academia, health services, and industry. Formed in 1974, it is the largest such national association in Europe, and the second largest in the world.
  - The BAP is represented on the project steering group and provides input into the programme design and outputs."
- British Psychological Society (BPS)
  - www.bps.org.uk
  - "The British Psychological Society is a registered charity which acts as the representative body for psychology and psychologists in the UK, and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline."
  - The BPS is represented on the project steering group and provides input into the programme design and outputs.
- Care Quality Commission (CQC)
  - www.cqc.org.uk
  - "We're the independent regulator of health and adult social care in England. We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve. The

CQC is represented on the project steering group and provides input into the programme design and outputs."

- College of Mental Health Pharmacy (CMHP)
  - www.cmhp.org.uk
  - "The College of Mental Health Pharmacy (CMHP) is a charity which aims to benefit individual care through advancing education and research in the practice of mental health pharmacy. We also promote and disseminate research for the public benefit, in all aspects of that subject."
  - The CMHP is represented on the project steering group and provides input into the programme design and outputs.
- Mind
  - www.mind.org.uk
  - "We provide advice and support to empower anyone experiencing a mental health problem. We campaign to improve services, raise awareness and promote understanding."
  - Mind is represented on the project steering group and provides input into the programme design and outputs.
- NHS England
  - www.england.nhs.uk
  - "NHS England leads the National Health Service (NHS) in England. We set the priorities and direction of the NHS and encourage and inform the national debate to improve health and care."
  - NHS England is represented on the project steering group and provides input into the programme design and outputs.
- NHS Benchmarking
  - www.nhsbenchmarking.nhs.uk
  - "Our mission is to support members to improve the quality of health and social care services through the use of our unique, high value benchmarking service, by sharing excellent practice, and to inform national policy."
  - NHS Benchmarking is represented on the project steering group and provides input into the programme design and outputs
- Prescribing Observatory for Mental Health (POMH-UK)
  - www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/pomh/aboutpomh-uk.aspx
  - "Since 2005, POMH-UK has helped clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management. Services that are members of POMH-UK take part in audit-based Quality Improvement Programmes (QIPs), which focus on specific topics within mental health prescribing."
  - POMH-UK is represented on the project steering group and provides input into the programme design and outputs.
- Public Health Department Wales
  - www.publichealthwales.wales.nhs.uk
  - "Public Health Wales is the national public health agency in Wales and exists to protect and improve health and wellbeing and reduce health inequalities for people in Wales. We are part of the NHS and report to the Cabinet Secretary for Health, Well-being and Sport in the Welsh Government."
  - The Public Health Department Wales is represented on the project steering group and provides input into the programme design and outputs.
- Rethink Mental Illness
  - www.rethink.org

- "We provide expert, accredited advice and information to everyone affected by mental health problems. We campaign nationally for policy change, and locally for the support people need."
- Rethink Mental Illness is represented on the project steering group and provides input into the programme design and outputs. In addition, Rethink Mental Illness is subcontracted to design lay reports, facilitate patient reference groups and help with the design and dissemination of the service user survey.

- Royal College of General Practitioners (RCGP)
  - www.rcgp.org.uk
  - "We are the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice."
  - The RCGP is represented on the project steering group and provides input into the programme design and outputs.
- Royal College of Nursing (RCN)
  - www.rcn.org.uk
  - "The RCN is a membership organisation of more than 435,000 registered nurses, midwives, health care assistants and nursing students. We are both a professional body, carrying out work on nursing standards, education and practice, and a trade union."
  - The RCN is represented on the project steering group and provides input into the programme design and outputs.

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 audit is governed by a steering group which meets twice a year. The steering group for the core audit is chaired by Professor Paul French and Professor Jo Smith, joint Clinical advisors to the audit.
Steering group members are asked to give advice regarding:

- Final formulation of the audit standards, taken from the NICE and other relevant, evidence-based guidelines.
- Measurement tools and approaches that are most appropriate for measuring practice and outcomes against the audit standards.
- Marketing and promotion to ensure maximum sign-up to the audit and dissemination of the findings.
- Amendments and development of audit methodology.
- Interpretation and reporting of the audit data and findings.
- Recommendations from the audit to improve practice.
- Follow-up work between iterations of the audit.

The Implementation Group is responsible for delivering the programme and ensuring the quality and accuracy of the data and project outputs. Members are listed below:
NCAP project team members as listed in the organogram under section 3.1 of this document
Director of the CCQI and Senior Programme Manager as listed in the organogram under section 3.1 of this document
NCAP clinical advisors (Professor Paul French and Professor Jo Smith)
Service user advisor (TBC)

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

Advisory group members are required to declare conflicts of interest and this is reviewed at each meeting – this is a standard agenda item. The Royal College of Psychiatrists has a standard COI policy for all committee and steering group meetings. A copy is available on request.

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

NCAP process data under Article 6(1)(e) of the General Data Protection Regulation (GDPR) which allows for the processing of data where this is carried out in the public interest or in the exercise of official authority vested in our data controller, HQIP.

Patient consent is not required for data collection as part of the NCAP EIP spotlight audit as pseudonymised data are collected the purposes of service improvement and aggregate data are reported. NCAP operates under the ethical guidelines for clinical audit which can be found on the following web page:
https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits.aspx

Our privacy notice can be found on the following web page:
https://www.rcpsych.ac.uk/aboutthecollege/dataprotection/privacynoticenationalaudits.aspx

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)
The Information Governance Toolkit is currently being finalised.

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

Patients and carers are involved by:

- A service user advisor is contracted to the audit to provide input into all aspects of the audit including methodology and design, reports and dissemination at key events.
- There is carer input into the steering group via a member who is also a carer of a person with psychosis.
- Rethink Mental Illness are contracted to the audit to hold service user reference groups to review the findings and feed into the lay report and case studies.
- Rethink Mental Illness will develop a patient-friendly lay report which will include infographics of data from the audit.

Clinicians are involved by:

- Deriving key metrics from evidence-based standards for the care of people with psychosis.
- Being involved in the design of the audit tool and audit methodology.
- Interpreting the data from the audit from a clinical perspective.
- Presenting key findings from the audit at the professional annual conference.
- Report write-up.

Domain 6: Methods

6.1. Data flow diagrams

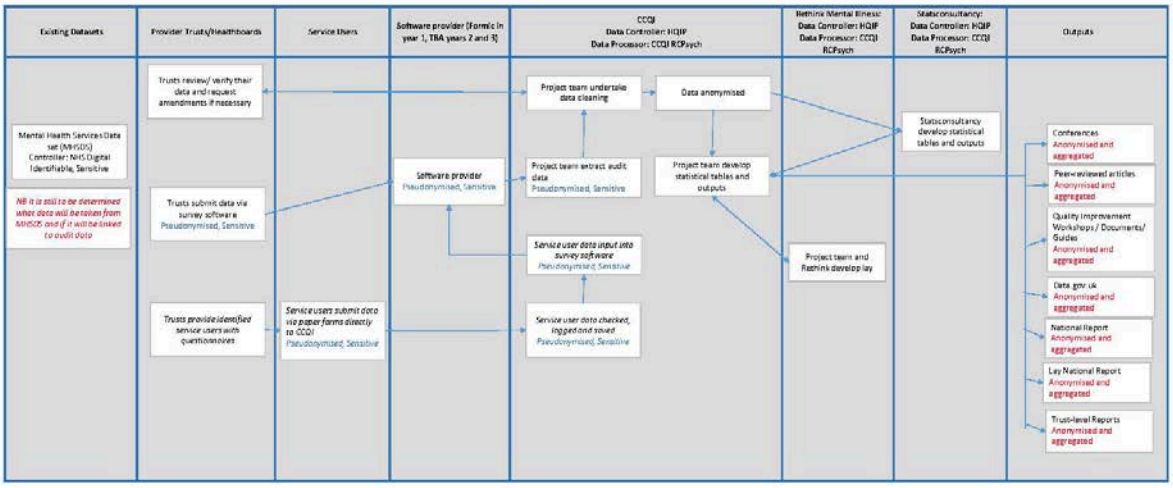
Note:

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:

National Clincial Audit of Psychosis
Data flow chart for Years 1-3 (May 2017- April 2020)



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*.

6.2. The population sampled for data collection

Eligibility criteria for patients:

- Patients aged 14-65 years, who are on the caseload of the EIP team*.
- If the service is part of a larger team (integrated into a CMHT, for example) please only count those on the EIP caseload.
- The person has:
    - First Episode Psychosis (FEP)
- On the team's caseload for 6 months or more at the census date (1 February 2018) and still on the caseload in September 2018 when the list of patients is submitted to the NCAP team for sampling.
- Patients who are experiencing psychotic symptoms due to an organic cause, for example, brain diseases such as Huntingdon's and Parkinson's disease, HIV or syphilis, dementia, or brain tumours or cysts should not be included in the sample.

* There are no EIP teams in some Health Boards. Where this was the case, Health Boards were asked to identify patients meeting all other eligibility criteria.

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

All EIP teams in England and all Health Boards in Wales are expected to submit data for the EIP spotlight audit.

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.

A list of the standards for which data will be collected can be found on the website, https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/nationalauditofpsychosis/resourcesforaudit.aspx

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

Clinical data will be collected by audit staff and clinical personnel within participating organisations and Health Boards and entered into a secure online webtool designed specifically for the audit.

A PDF of the data collection tool will be available to download from the NCAP website in 2019.

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.

The data collection period will run 1 - 31 October 2018 and the online data entry period will run 1 - 30 November 2018.

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
The report is expected to be published in June 2019, eight months after data collection. A breakdown of steps can be found below: 1 – 31 October 2018: data collection 1 – 30 November 2018: sites submit data 1 – 31 December 2018: NCAP identifies data cleaning queries 4 January 2019: NCAP team contact sites with data cleaning queries 1 February 2019: deadline for sites to respond to data cleaning queries February – March 2019: NCAP team finalise dataset March – April 2019: NCAP team write report April - May 2019: HQIP process for report sign off June 2019: report published

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.
The standards and outcome indicator for the audit can be found on the NCAP webpage: https://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/nationalclinicalaudits/nationalauditofpsychosis/resourcesforaudit.aspx

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

The quality measures were defined to measure the Early Intervention in Psychosis Access and Waiting Time Standard (NHS England, the National Collaborating Centre for Mental Health and the National Institute for Health and Care Excellence (NICE) (2016). *Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance.* London: NHS England.)

6.10. Case ascertainment

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

Teams will be asked to provide data on a random sample of a maximum 100 patients per team, or in the case of Welsh Health Boards with no EIP service, a maximum 100 patients per Health Board. The sample size was determined by power analysis.

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

Data analysis for the EIP spotlight audit will take place February – March 2019.

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

No linkage will be 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

An extensive data cleaning process is planned for data accuracy. Organisations and Health Boards will be sent copies of their final cleaned data sets.

A random number of services will be visited in 2019 for quality assurance of the data submitted.

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

The audit designs and produces individual feedback for:

- Patients and carers
- CCGs and Health Boards
- Clinical teams
- The Care Quality Commission

7.2. Editorial independence

Note.

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

As an independently commissioned programme, the contents of the outputs are written by the NCAP team and quality assured by the advisory group through the governance processes described in previous sections.

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

The audit provides feedback for the following types of participant:

- Clinical teams, quality improvement and governance personnel, CQC, Chief Executives, Medical Directors and CCGs:
    - National report with benchmarking data to see national and local variation.
    - Executive summary
    - Local reports comparing team performance against national performance
    - Quality improvement webinars

- Members of the public and patients: A lay report with summary data included in infographic form, including case studies.
- Presentation of data to clinical audiences at relevant meetings and conferences.

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.

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

The report for the EIP spotlight audit is due to be published in June 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

The audit compares the performance of each participating Organisation and Health Board against the national average, and benchmarks each of these services against each other to provide a picture of national variation.

Local reports will provide a breakdown of the results per team, and benchmark these against the national and Trust/Organisation/Health Board average.

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

The audit supports participants in QI by providing quality improvement webinars to introduce QI methodology aimed at stimulating local quality improvement and action plans.