



# National Clinical Audit of Specialist Rehabilitation following major Injury (NCASRI)

## Communication plan

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## 1. Introduction

### 1.1 Purpose

The purpose of this document is to set out the communication policy and guidance concerning The National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCA). It describes how and how often we will communicate internally and externally in order to facilitate engagement and a clear the flow of information.

The policy is focused on a low volume - high complex area that is specialist level rehabilitation services, and therefore aims to reach and engage key people using a 'vertical communication structure'

### 1.2 Objectives

The policy will help us to be consistent in our communications strategy throughout the audit.

The specific objectives are:

1. To inform the key groups about NCA by developing two-way flow of communication with all partners
2. To keep all relevant parties up to date with relevant information on news, progress, findings, ensuring they are aware of the challenges and understand their contribution to the NCA
3. To communicate clear and transparent at each stage of the NCA development, including the information on decision-making and outcomes
4. To provide easily accessible, reliable and relevant information on the quality of clinical services, where robust information is available
5. To empower all staff, patients and public to provide feedback and suggest ways to deliver better and safer services for patients and their families
6. To build loyal and lasting relationships and confidence in the rehabilitation and trauma services through active patient, public and staff engagement
7. To hold regular meetings

**Key groups** that have been identified as priorities are:

- Clinicians – trauma and rehabilitation specialists and consultants,
- Commissioners of rehabilitation and trauma services – NHS England and clinical commissioning groups
- patient groups their family and carers and PPI patients
- media

Other stakeholders are

- General public

- Researchers, Academics and data managers
- Chief executive and
- Provider managers, services planners
- Department of Health.

### 1.3 Scope

The scope is restricted to the activities related to the National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs Following Major Injury which are incorporated in the tender documentation, and communications to all approved interested parties.

### 1.4 Derivation

The strategy has been derived from the following:

- the NCA tender documentation (in particular the project management group structure and the risk register);
- existing communication plans including those of British Society of Rehabilitation Medicine (BSRM) and Trauma Audit and Research Network (TARN);
- informal discussions with stakeholders.

### 1.5 Quality criteria

The quality criteria established for the delivery of the strategy are as follows:

- The time, effort and resources required to carry out the activities have been allowed for in the Project Plan;
- The formality, content and frequency of communication is reasonable for the project's anticipated outputs and level of complexity;
- The strategy incorporates the utilisation of other corporate communication facilities (e.g., TARN, BSRM) where appropriate, such as the (e-)newsletter and meetings

Communications activities will comply with standards: timely (relevant to be interpreted in the correct context), clear and transparent (plain language, not open to misinterpretation), accessible (for example, easy read formats), responsive (two –way feedback based), corporate (keeping in line with the HQIP guidance and BSRM and TARN communication strategy) and targeted (the right message to the right audience).

## 2. Communication method

**Channels of communication** to promote the project will include NCA website, external websites (TARN and UKROC), social networking sites (The Cicely Saunders Institute has an active Twitter account (@CSI\_KCL)), local and regional/national media, teleconferences, (e-)newsletters, article publications and annual reports.

**Methods of keeping informed and engaging in key communication** with various health stakeholders:

Use existing meetings (such as British Society for Rehabilitation Medicine meetings and equivalent Trauma groups) and committees to explain developments, issues, plans, future consultations etc. and respond to questions and concerns

Both UKROC (<http://www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/research/studies/ukroc/>) and TARN (<https://www.tarn.ac.uk/>) have websites through which we will provide regular updates on the status of the project, preliminary results etc. The UKROC website is housed on the Cicely Saunders Institute page of the KCL website. We will include information for patients/public as well as updates for professionals (clinicians, commissioners, NHS managers, academics). We will contact relevant patient organisations (eg Headway, the Spinal Cord Injuries Association, Limbless Association) to invite a link from their websites

Presentations at local health events and roadshows in five locations that will cover England: North-west, North-east, Midlands, Manchester and London

Regular updates will also be provided to the NHSE CRGs for Major Trauma and Specialist Rehabilitation for dissemination to commissioners in the CCGs and Local Area Teams

Regular update item on agendas and frequent face-to-face tailored briefings

Visits, seminars, electronic meeting platforms including Webinar, workshops, information events to develop involvement and learn from knowledge and capabilities, one-day events to feedback data

Posters and leaflets to encourage clinical staff to identify and approach patients.

Presentation to key groups such as executive teams

The audit findings and methodology will have interest beyond the UK. We will seek early opportunities to disseminate our methodology and findings at international conferences and other networking opportunities. We will publish our proposed methodology and findings in the academic literature including journals relating to both rehabilitation and trauma

### 3. Key communication activities

Activity	Purpose	Audience
Develop the project press release in consultation with HQIP.	To inform about the audit	Patients, clinicians, providers, commissioners, general public, media
Develop publicity material for advertising the audit	To inform about the audit	Patients, clinicians, providers, commissioners, general public
Establish the NCA project website, linked with TARN and UKROC websites.	To inform about the audit - the main method of communication. Links will be provided to and from the HQIP website.	Project participants and its management team, HQIP and the wider world.
Identify and contact a lead clinician for each trauma network and rehabilitation unit level 1 and 2	To provide a first point of contact for communicating with each unit	Clinicians
Identify and contact a lead clinician for Defence Medical Services and Wales	To provide a first point of contact for communications	Clinicians
Identify and contact Trust Caldicott Guardians	To inform about the audit and obtain approval	Trust Caldicott Guardians
Write and send out a direct mailshot	To inform and promote support of the audit	NHS trusts, stakeholders
Write articles for inclusion in the e(newsletter)	Promote the audit to members	BSRM, TARN
Create information pack on audit to use at training workshops	Promote audit	Defence medical services, Wales providers
Regular reminders to clinicians during data collection	Remind clinicians to participate	Clinicians
Regular updates on the UKROC and TARN websites	Continue promotion of the audit, inform of the results	Patients, clinicians, commissioners, general public
Annual conferences	Disseminate findings and promote implementation of results	Patients, clinicians, commissioners, general public
Annual regional meetings	Disseminate findings and promote implementation of results	Patients, clinicians, commissioners, general public

The **feedback for local trusts** will be informative (to allow a comparison with the national average performance and against good practice standards), timely, corrective (data quality, for instance completeness), downloadable and manipulable (the full, by-trust, dataset available to participating trusts for online manipulation) and widespread (access will be given, in addition to the nominated clinical lead, to other local stakeholders). We will also provide feedback more widely to patients, the public, commissioners and boards.

We will provide on annual basis, a **national public report** that will be written and designed in a language understandable not only by clinicians but also by patients and carers, the public and other interested non-clinical parties. The document will aim to answer areas as highlighted by the HQIP Communication and Reporting Policy, in relation to clinical issues, expected standards for the services, variation in service quality and recommendations how to improve services. The report will be accompanied by a **Public and Patient Guide** accessible to the lay reader.

The report will be published on the NCASRI web page

<http://www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/about/rehabilitation/National-Clinical-Audit.aspx>

The First Year Audit Report can be found on this website from 00:01 28 October 2016.

The report will be posted to leads from all Major Trauma Centres, and level 1 and 2 rehabilitation services after the 28<sup>th</sup> October. The pdf report will be sent to all Major Trauma Centre leads, Trust managers, Network managers, Audit managers and Medical Directors for UKROC and level 1 and 2 rehabilitation services, Chief nurses from Trusts within Trauma Networks and for UKROC level 1 and 2 rehabilitation services, Chief Executives for UKROC level 1 and 2 rehabilitation services, Chief Executives of Trust within Trauma Networks, UKROC consultants, UKROC commissioners and audit staff

The **publications and the NCA website** will follow the HQIP general reporting principles for public reporting for all National Clinical Audit and Patient Outcomes Programme. This includes information on dates/ study time periods, clear targeted audience, executive summary, standards being measured, separate Welsh data analysis, detailed statistical analysis plan, transparency and granularity of data relevant to the topic being measured, recommendations and scope for improvement and glossary.

We will draw up a policy and process for how to deal with academic requests for **access to information**.

We will use standard wording for acknowledging **HQIP** and, following request for approval, we will use the HQIP logo on the reports and leaflets.