

# CCQI National Audit Data Burden Reduction Strategy 2025

## Introduction

The College Centre for Quality Improvement (CCQI) is responsible for delivering three national clinical audits under the National Clinical Audit and Patient Outcomes Programme (NCAPOP) commissioned by the Health Quality Improvement Partnership (HQIP) on behalf of NHS England and the Welsh Government.

This document details the CCQI's data burden reduction strategy for its NCAPOP projects and their participants. The audits covered by this strategy are:

- [National Audit of Dementia \(NAD\)](#)
- [National Clinical Audit of Psychosis \(NCAP\)](#)
- [National Audit of Eating Disorders \(NAED\)](#)

## Objectives

### **Reduce data collection burden**

Data collection processes and staffing, time and costs all contribute to the associated audit burden. This plan aims to reduce these burdens for clinicians and audit teams, enabling resources to be redirected towards patient care.

### **Maximise the utilisation of routine data**

Where possible, the national audits will use data submitted as part of routine clinical care available through pre-existing and centrally held datasets to avoid redundant data collection and duplication.

### **Improve data quality**

To enable the use of routine data for the purpose of audit, the audit programmes are supporting services to ensure high-quality data submissions whilst minimising the burden for healthcare providers.

## Strategy

### **Audit Design**

Each audit is developed in collaboration with relevant stakeholder groups including clinicians, patients, carers, charities and governing bodies where relevant. Collaboration helps to ensure that all metrics and data items collected are of importance to stakeholders and allow for meaningful audit outcomes.

Audit design is an iterative exercise. Items should be easily available / collected routinely as part of the care provided. Their selection should be evidence-based and deemed essential for analysis (e.g. patient demographics and characteristics) or to achieve the reporting objectives of the audit.

We invite audit stakeholder groups to proactively review clinical datasets each year to understand what metrics and outcomes are most important. Audit projects seek ongoing feedback through conversations with services and these insights inform dataset updates.

We will keep our datasets consistent wherever possible to ensure updates are kept to a minimum. However, we make changes to align with the following:

- Ensuring every metric is clearly mapped to evidence-based standards and guidance and is updated in line with any annual changes to guidance.
- Retiring metrics that are no longer applicable to the quality improvement aims of the project or where there have been sustained improvements in patient outcomes.
- Removing data fields that no longer contribute to a metric to maintain dataset relevance and efficiency.

The audits work to a commissioner- and funder- specified approval process for all key metrics and datasets. Any necessary data cleaning takes place within a distinct window using user-friendly spreadsheets provided with guidance, to avoid unnecessary and ongoing communications with teams.

### **Datasets**

Where necessary data is available via routinely collected datasets, the audits will use these data sources to avoid the burden of duplicate bespoke data collection. The following routine datasets are currently used by the audits:

- Mental Health Service Dataset (MHSDS)
- Hospital Episode Statistics (HES)
- Office for National Statistics (ONS)

Each audit dataset is streamlined to include only the data fields necessary to measure key metrics. Every data field requested or acquired will be identified in the analysis plan as necessary for one or more published reports or dashboards.

We undertake to keep bespoke data collection to a minimum. However, data collected at the service level will likely require bespoke collection for e.g. service mapping activities. Where this occurs, the data items collected will be directly related to the audit's aims and objectives. Where possible, question formats will match that of previously completed questionnaires and NHS nomenclature to reduce burden and allow for comparison.

### **Data platforms**

We pilot all data collection and display platforms during development, to be intuitive and have in-built logical checks and other tools to reduce burden and provide excellent user experience.

Data platforms are user tested by relevant stakeholder groups before launch. We collate feedback gathered to ensure that the features, including the metrics display and data download, are user friendly and lend themselves to use in quality improvement work. The platforms are built in collaboration with third-party providers Crown LTD and Athera.

### **Processes to support services**

Each audit programme has its own unique quality improvement offer for providers that is specific to its respective field and healthcare improvement strategy. This includes hosting webinars and workshops to support teams with data submission and understand challenges.

Where data items used for audit are controlled by NHS England, the audits will collaborate with NHS England colleagues to ensure that appropriate guidance on routine data submission is available to teams. We produce clear and succinct guidance documents for bespoke data collection for the benefit of participants.

For data accessed via online data platforms, we create guidance documents and videos to support user navigation and data access.

### **Conclusion**

The CCQI is committed to reducing data burden for providers required to participate in NCAPOP audits delivered at the Royal College of Psychiatrists. We will continue to implement the steps outlined above to streamline data collection and submission processes.

This strategy is reviewed annually to ensure it is kept up to date and there is transparency with all stakeholders about the ambitions and commitment to reduce data burden to healthcare providers.

We welcome feedback and suggestions for other steps we can take to reduce data burden. Please reach out to us on: [CCQI@RPCpsych.ac.uk](mailto:CCQI@RPCpsych.ac.uk).