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CRANE Database Meeting: Making It Better Session

7 February 2022

1. Background

The CRANE Database 2021 Annual Report applied the new Outlier Policy[1] to identify cleft services as positive or negative outliers in relation to consent verification, data completeness, and process and outcome indicators. This process allows teams to reflect on the data captured by all cleft services and improve the reliability of the outcomes that we as a community are able to present for all stakeholders.

Recognising the benefits and challenges of this process – of implementing the new outlier process for the first time in late 2021 – the CRANE project team hosted a 'Making It Better' session.

This session was open to all cleft service team members, and particularly relevant to those involved in submission of data to the CRANE Database for yearly CRANE reporting and for quarterly SSQ Dashboard submissions.

This document provides a summary of the key points and suggestions raised at the consultation meeting.

1.1. Attendees

The meeting was facilitated by Craig Russell (CR), Jibby Medina (JM) and Sophie Butterworth (SB) from the CRANE project team and was attended by a total of 57 people: 53 representatives from different specialties within all regional cleft services (see **Table 1**) and 4 CRANE team members. Five of the representatives from different specialties within the regional cleft services gave presentations based on their experiences.

Table 1. Number of attendees by cleft service

Cleft Services – in England, Wales and Northern Ireland	Number of attendees
Newcastle	4
Leeds	1
Liverpool	7
Manchester	3
Liverpool & Manchester affiliations	1
Trent	2
West Midlands	2
Cleft Net East	5
North Thames	3 (GOSH) & 5 (Broomfield/Essex)
The Spires	2 (Salisbury) & 2 (Oxford)
South Wales	3
South West	4
Evelina London	3
Northern Ireland	2
Scotland	4
CRANE Project Team	4
Total	**57**

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[1] Approved by the Cleft Development Group 1 April 2021.

1.2. Aims & objectives

Provide stakeholders with an opportunity to share views on the new outlier process - first experienced and reported on in 2021. Including:

- Barriers to data submission faced by cleft services with negative outlier status for some indicators, and
- learning lessons from services achieving positive outlier status
    - particularly for consent verification and outcome data completeness indicators.

2. Presentations[2]

The sections below summarise the points covered by each speaker.

2.1. Craig Russell – Welcome and introduction [Slides available]

- CRANE Database overview and history.
- CRANE team members and staffing (all members work on CRANE for 0.6 WTE or less per week).
- Outlier policy.
- Aims and objectives for the day.

2.2. Peter Hodgkinson – on consent verification and outcome data completeness (Newcastle)

- Highlighted that Newcastle have a fully funded and fully staffed cleft service.
- Decided not to collect audit data on existing patients at that time, instead started from scratch with new patients to ensure this was right.
- Newcastle have a stable team with retention of staff.
- Importance of specialist nurses gaining consent and building trust with families from early on in the pathway was important.
- Important to have data collection built in to routine practice.
- Data co-ordinator role very important. They have a single data co-ordinator to input all data in Newcastle.

2.3. Jeanette Moody– on facial growth outcome data completeness (Manchester)

- Given responsibility of collecting facial growth data.
- Team effort involved.
- Co-ordinator provides a list of children to be audited for that year, confirming the diagnosis is correct and exclusions or transfers are checked.
- Dedicated audit clinics booked at 5 years and 4 months.
- Have central meeting room for clinicians to discuss prior to clinic starting who sees which patient and writes this on a whiteboard.
- Photographer attends the clinic – stops patient's getting 'lost' on way to photography.
- Two sets of models made immediately so have one ready to send for external validation.
- She collates all of the records at the end of the audit year and chases families that do not attend.

2.4. Lorraine Britton – on speech outcome data completeness (Trent)

Highlighted that recording of speech data in the UK is leading.

- Before 2009 nobody had any idea of what was an acceptable speech outcome.

Focused on three levels of data completeness

1) Number of eligible cases – SLT's still report to NHS England separately. Need syndromic status to be reported on CRANE as current variation between centres is large.

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[2] Dianne Phare – was scheduled to speak on consent verification (Manchester) – provided apologies. We look forward to hearing from her experience at a future session.

2) Percentage of eligible cases accounted for - Start spreadsheet with 5 year olds that are due to be audited, regularly update this, identify ones with no outcome data and seek reasons why, identify missing data (has shared this at CEN meeting with SLTs). Need to improve missing data as currently wide variation (0% to 19%) between centres and variability in reason data not collected field (14-36%).

3) Percentage of eligible cases for whom speech outcome data is reported - Need coordinated approach with cleft coordinator, admin team and SLT to achieve this. Write to parents at age 5 to expect an appointment. Aim to book clinic appointment at 5 years 6 months so time to catch again if miss an appointment. Have a stable SLT team with 5 CAPS-A trained listeners. Have regular listening days – every 2 months, minimum of 6 per year listening to 10-15 cases per day. No one excluded if can comply.

2.5. Vanessa Hammond – on psychology outcome data completeness (South Wales) [Slides available]

Non-psychology aspects:

- Have dedicated 5 year-old MDT clinics; prioritised so staff do not take annual leave at these times.
- Admin staff work hard to bring everyone before age 6, with multiple calls and reminders if DNA.
- One team member responsible for inputting data.

Psychology aspects:

- SDQ sent out with appointment letter and screening tool to increase relevance.
- Admin in clinic ask for forms on arrival and have spares if people forget.
- Clinical psychologist and assistant psychologist present for audit clinics therefore can help complete forms if required to.
- Assistant psychologist scores and records the SDQs and TIM scores and adds to electronic records. This is then checked by clinical psychologist who gives form with CRANE data to admin.
- One person checks for missing outcome data prior to submissions for the annual report.

2.6. Jason Neil-Dwyer – on the process used to respond to the CRANE outlier process (Nottingham) [Slides available]

Discussed experience of being a negative outlier in the past and steps taken to try and overcome this.

- Problems identified at three levels.
    1) Data recording
    2) Process level
    3) Resource level

Shared experience of escalating concerns to the provider trust and commissioning body, using the risk register and clinical risk forms to ensure that each had shared ownership of the outlying issue and bought into and shared the responsibility for delivering the service action plan.

- Outlier response from CRANE was helpful in this process to summarize the data, provide context in which to defend the resource, identify where local resource was insufficient in comparison to other centres and create action plan.

3. Summary of main discussion points

3.1. Factors identified that may contribute to positive outlier status

- Fully funded cleft service.
- Fully staffed cleft service.
- Stable team environment and retention of staff.
- Shared team values with data collection built in to routine practice from early on.
- Dedicated data co-ordinator or named responsible person to input data.

- Dedicated MDT audit clinic.
- Thorough system in place to get patients to attend at correct time point.
- Regular team meetings.
- Open conversations within the team.
- Treating all members of the team equally.

3.2. Factors identified that may contribute to negative outlier status

- Lack of funding for staff / resources.
- Problems identifying who collects and records the data.
- Problems recruiting / retaining staff.

3.3. Training of new members of staff

- High turnover of staff in some areas
- Assistant psychology staff in short-term role – do not always enter the data correctly
- Absence from role and untrained members of staff required to step in
- Not always given a handover or information on how to use CRANE Database
- Do not always know how to work out which patients are missing data
- Previous assumption that newly appointed senior staff would be fully aware of CRANE and responsibilities for ensuring consent verification / data collection and entry. – not always the case

4. Recap of recent and upcoming CRANE developments (Jibby Medina and Craig Russell)

The capture of
- Syndromes and additional diagnoses – January 2021
- Ethnicity – March 2021
- Developmental Defects of Enamel (DDE) – February 2022

Key resources
- [Guides](#) – such as those supporting exports and transfers (by push pull)
- Videos

Becoming a UK-wide audit (including Scotland)

5. Next steps

- Services were encouraged to access key [resources](#) on the CRANE website to help achieve good levels of data completeness and accuracy in advance of the following upcoming data submission deadlines:
  - Friday 25 February 2022 - Q3 2021/22 Dashboard
  - Friday 1 April 2022 - for preliminary report (previously known as audit day report)
- New video demonstrations are being produced for service users (to be found under [resources](#)).
- Facilitate / encourage buddy systems for new team members – if not possible locally to give a handover and signal to key documents then CRANE can be approached to facilitate this.
- When resource allows, the CRANE team plan to hold Quarterly Q and A sessions (hopefully by 2023/24) – and encourage new staff members to attend these, as well as existing team members to attend for refresher / updates.

Next planned meeting 9th May 2022 – 10.30 to 12.00

Contact the CRANE team at crane@rcseng.ac.uk to express interest in attending.

Teams are welcome to provide further feedback via crane@rcseng.ac.uk.