

The Florence Nightingale Award for Excellence in Health and Care Analytics: guidance document

Thank you for considering an application for the Florence Nightingale Award. We've written this document as a guide to writing a successful entry. This should be read alongside the criteria that can be found on the [RSS website](#). This guide sets out the following:

1. A table setting out observations on unsuccessful and successful entries from previous years
2. Links to the entry forms of previous winners and highly commended entries
3. Specific guidance on questions that have historically been scored poorly by the panel

Table of observations

The table below draws out some observations from our review process in the previous years of the awards. These are not hard and fast rules about what makes for a successful entry – but they are offered as potentially useful pointers.

Observations on successful applications in previous Florence Nightingale Award years

There were some common themes in applications that were not successful:

Equality, diversity and inclusion was narrowly considered. We want to understand if and how you've considered issues such as bias and missing data in the datasets, how you've considered the impact of the intervention or project on different patient groups, and how health inequalities might intersect with your work. Other relevant topics here include the accessibility of the analysis' outputs, and consideration to how the diversity of the team might influence its approach.

Lack of evidence of engagement with the right range of partners. There are no hard and fast rules but we tended to look less favourably on applications that were felt to be too narrowly focused on a single organisation, department or professional group than when the application of the work impacted on a wider set of potential stakeholders.

The proposal was too close to an activity that was considered to be work that, while laudable, was considered fairly routine in other organisations. So, applications will need to show how the proposal is additional to business as usual.

A number of aspects were looked on kindly by reviewers:

Thoughtful consideration of engagement and involvement with patients and service users at each stage of the project. Applicants may have tapped into existing patient reference groups, or made specific efforts to engage underserved and seldom-heard groups.

Evidence of engagement with clinicians, managers and end-users. Applicants that described meaningful involvement and co-production with end users of analytics tools were looked upon kindly by the panel.

Projects that published and shared their code, methodology and findings were looked upon favourably by the panel. Adopting open source tools and sharing work promotes peer learning across the system, and facilitates collaborative work. We have expanded upon this in the section below.

Applications that explicitly engaged with senior decision makers in an organisation were well-received. As well as helping with successful implementation of an analytics project, we feel this also helps to articulate the value of good analytics and create demand for the right sort of analysis in future.

Applications that recognised where the gaps in their project were, and described areas for future work or mitigating strategies were well-received.

Entry forms of last year's winning teams

- [Analysing electronic health records to identify prevalence of long COVID - EAVE II Long COVID Team](#)
- [Liverpool COVID SMART mass testing evaluation and CIPHA analytic legacy - University of Liverpool in partnership with NHS Cheshire & Merseyside, Liverpool City Region Combined Authority \(Civic Data Cooperative\), Liverpool City Council, and Mersey Care NHS Foundation Trust.](#)

Open Analytics

Many analytics teams are beginning to adopt ways of working that make their analytics more transparent and reproducible. Open analytics, which has long been standard practice across government, helps address a couple of challenges faced by the health and care system:

- Open analytics breaks down the barriers between traditionally siloed analysts, helping teams share their work and engage in peer learning. Being able to trouble shoot with colleagues across the system who have undertaken similar work is a positive way to promote development and innovation. Sharing your code, whether it's a work in progress or the finished article, can be daunting, but many teams are working to shift their culture to one of openness because of the benefits it brings. It makes us all better analysts if we can learn from one another.
- Open analytics can reduce 'analytical waste'. Many of us face the same thorny issues and challenges, no matter which ICS, care provider or commissioner we're working within. This leads to duplication of efforts as neighbouring teams solve the same problem in different ways. "Build it once and share it to everyone" ([Goldacre et al. 2020](#)) is an approach that will reduce duplication, free capacity and promote innovation.

Fiona Grimm, Principle Data Analyst at The Health Foundation, wrote [a guide](#) to sharing code safely on GitHub. It describes her team's journey and explains, amongst other things, what you'll need to know about licensing (in order for others to use or modify code, you must add a license specifying what they can or can't do with it, protecting you by limiting your liability and warranty) and keeping sensitive data safe. Often, those that are reluctant to share their code express concerns about these two issues, so do read to find out more. Fiona also describes the tools and principles that her team use in their open analytics journey.

Chris Beeley, Senior Data Scientist at Nottingham Healthcare NHS Trust, wrote a blog on licensing [here](#). It describes what open-source means, and goes into more detail on the different kinds of software licenses you might like to consider. Chris is a Senior Fellow in the NHS-R Community, which aims to support the learning, application and exploitation of R and other open source tools. NHS-R has an active [Slack channel](#) and holds many workshops and training sessions for free, so do find out more about what they could offer you.

The Government Statistical Service have produced a [checklist](#) of the basics for making spreadsheets accessible. This checklist itself was developed in the open before publishing.

Equality, Diversity and Inclusion

Each of us is learning more every day about how to better promote equality, achieve diversity and practice inclusion through our roles. As analysts, equality, diversity and inclusion (ED&I) intersect with our work in many ways. The linking of data across the system and development and use of data-driven tools to address urgent problems in the health and care system offers an opportunity to identify and address health

inequalities and improve care for all, and it is important that we recognise teams that have actively striven to realise those benefits. We have invited applicants to describe how they have considered ED&I within their wider team (those undertaking and receiving the analysis), in terms of those people for whom the analysis impacts (for instance, patients and the public), and also those people whose data was incorporated in the analysis. We hope that this is a helpful prompt to applicants to consider issues such as missing data, assumptions and bias, accessibility, unintended consequences and ethics.

The UK Statistics Authority's National Statistician's Data Ethics Advisory Committee has published an [ethics self-assessment tool](#) that provides a framework to review the ethics of a research project throughout its lifecycle. Their six principles are a useful place to begin to learn about ethical risks and mitigations when using data.

The Office for National Statistics's [Equality Impact Assessment](#) for the 2021 Census is another example of best practice by a public facing organisation, as is their [thorough response](#) to a FOI regarding how they met the Equality Act 2010.

In previous years the judging panel has looked kindly on applicants that recognise where their project had gaps, and describe mitigation strategies and future work that would address them.

We would like to thank Zoë Turner, Non-Executive Director of the Association of Professional Healthcare Analysts and their Lead for Equality, Diversity and Inclusion, for her input on this section.