The state of clinical audit

8th annual survey
Summary report
August, 2018

Clinical Audit
SUPPORT CENTRE

Background

Since December 2010 the Clinical Audit Support Centre (CASC) have conducted an annual survey aimed at healthcare staff with an interest in clinical audit. CASC introduced the survey to help measure the Chief Medial Officer's "reinvigoration of clinical audit" initiative that was launched in 2006. CASC devised the online survey and now have eight years of comparable data. CASC set up the online questionnaire via SurveyMonkey and various invites to participate were sent out in December 2017. For example, CASC sent an e-postcard at the start of December to a random selection of more than 1,000 individuals with an interest in clinical audit inviting them to participate. Thereafter the survey was widely publicised via a range of clinical audit resources, networks and services. The survey was open from the start of December to Christmas Eve 2017.

It should be noted that it is CASC policy to conduct all healthcare surveys in a confidential manner and respondents were not asked to provide any personally identifiable data. In previous years CASC have developed long and detailed reports featuring all of the results, but it is clear that this approach is no longer suitable for our audience in 2018, many of whom have limited time to read external documents. With this in mind, we have significantly changed our reporting format for 2018. This report is more professional than previous documents and much shorter. It highlights key findings and will be backed up with a series of one-page infographics.

Response rate & respondents

A total of 175 returns were received. Given that individuals may have forwarded the initial e-postcard to other colleagues or been made aware of the survey via a number of different routes it is impossible to calculate the exact response rate.

Equally, it is not known how many people work in clinical audit or who have responsibilities for clinical audit. The response rate of 175 returns represents a small drop from the 218 received in 2016 and the 182 in 2015, but is a significant increase on the 101 returns in 2014. This is the eighth consecutive year with more than 100 responses. We know of no comparable study of clinical audit that has the consistency, longevity or return rate of this survey.

As stated above, minimal personal data was collected as part of the survey. Respondents were asked a number of broad demographic questions, as follows:
1. How would you classify yourself (possible answers: "clinical audit professional", "clinical governance professional with responsibility for clinical audit", "clinician with interest/responsibility for clinical audit", "quality improvement professional with responsibility for clinical audit", or "other").
2. How long have you worked in clinical audit? (possible answers in years: "Less than 5 years", "6-10 years", "11-15 years" or "16+ years").
3. What sector do you work in? (possible answers: "acute care", "ambulance", "community", "mental health", "partnership", "primary care" or "other".

Of the 175 respondents for question 1, the vast majority (64.6%) classified themselves as a "clinical audit professional". The majority of respondents (56.7%) had worked in clinical audit for 10 years or less. The majority of respondents stated that they worked in "acute care" (61.4%). Throughout the survey the quality of responses was high with very few missed answers.

Section 1: Demographic results

The following section, provides results for the three "demographic" questions in the survey. Therefore, this page gives details of the data collected in terms of who the respondents to the survey are.

Q1 How would you classify yourself?

All 175 respondents answered Q1:

Clinical audit professional	(113)	64.6%
Clinical governance professional with responsibility for clinical audit	(19)	10.9%
Quality improvement professional with responsibility for clinical audit	(18)	10.3%
Clinician with interest/responsibility for clinical audit	(13)	7.4%
Other	(12)	6.9%

Q2 How long have you worked in clinical audit?

4 respondents marked this answer as "not applicable", leaving n=171 who answered Q2:

Less than 5 years	(56)	32.7%
6 to 10 years	(41)	24.0%
11 to 15 years	(34)	20.0%
16 years or more	(40)	23.4%

Q3 What sector do you work in?

All 175 respondents answered Q3:

Acute care	(105)	61.4%
Ambulance	(4)	2.3%
Community	(8)	4.9%
Mental health	(26)	15.2
Partnership (community and mental health)	(15)	8.8%
Primary Care	(2)	1.2%
Other*	(11)	6.4%

*The other answers listed for Q3 were as follows: "Medical Royal College", "Not for profit NHS contracted organisation", "Special Health Authority", "Community and Mental Health" x2 (so both should be classified as option 5 above), "Social Enterprise Community and Mental Health provider" (so should be classified as option 5 above), "ALB", "Research", "Integrated Care Organisation", "Acute and Community" and "Clinical Audit".

Therefore, we can conclude: "community" appeared in 27 responses (15.4%) and "mental health" appeared in 44 responses (25.1%).

Section 2: Main results

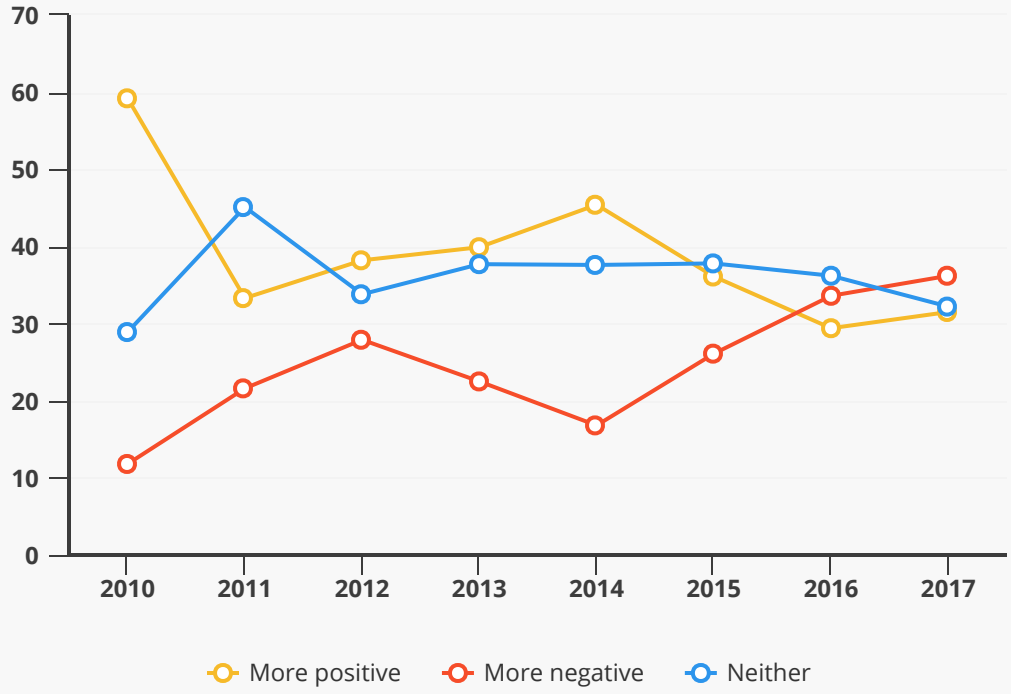
The following section, provides results for the majority of the questions that were asked as part of the CASC survey.

Q4 Do you feel more positive or more negative about clinical audit than you did a year ago?

4 respondents did not reply to this question, leaving n=171 who answered Q4:

More positive	(54)	31.6%
More negative	(62)	36.3%
Neither more positive/negative	(55)	32.2%

The graph below illustrates the significant changes in results over the last eight years. When the survey was first carried out in 2010, 59.2% of respondents answered this question "more positive" compared to just 11.8% "more negative". However, over time the proportion of positive and negative answers have converged and for the first time in 2016, the proportion of negative answers exceeded positive responses. 2017 data highlights that the negative responses continue to outweigh positive replies and for the first time ever the negative replies also sit above the proportion answering "neither positive or negative".



Q5 Do you still intend to work in clinical audit in 5 years/or have responsibilities for clinical audit in five years time?

5 respondents did not reply to this question, leaving n=170 who answered Q5:

Yes	(94)	55.3%
No	(76)	44.7%

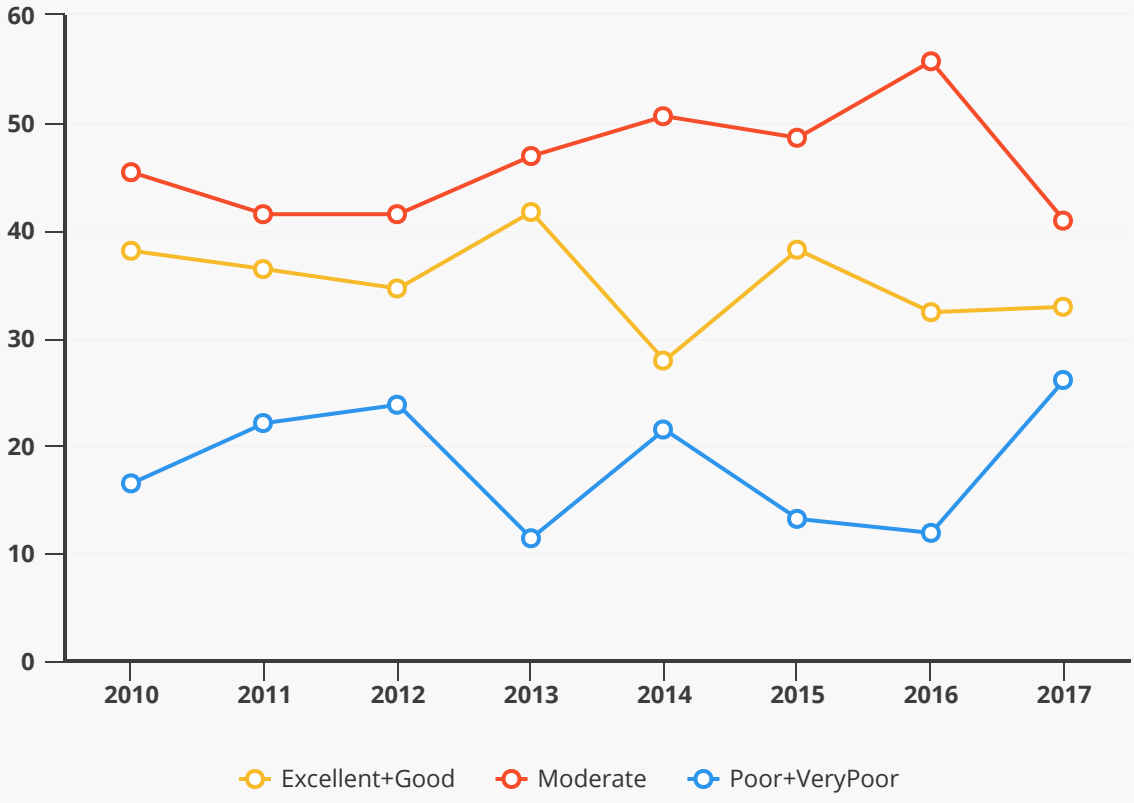
Q5 results were almost identical in 2017 to 2016 when 55% answered "yes". The survey was first run in 2010 and the "yes" total was 75%. "Yes" replies have declined gradually over the last 8 years.

Q6 Overall, how would you rate the quality of National Clinical Audit (NCA) projects that you have taken part in?

26 respondents did not answer Q6. 7 skipped the question while a further 19 marked the "not applicable - I have not taken part in national audits" option. Results for the remaining 149 respondents are as follows:

Excellent	(8)	5.4%
Good	(41)	27.5%
Moderate	(61)	40.9%
Poor	(26)	17.5%
Very poor	(13)	8.7%

The graph below shows for the eighth consecutive year the highest response to this question (even when "excellent" + "good" and "poor" + "very poor" responses were grouped together) was "moderate" (40.9%). Results are consistent across the eight years of data collection. Interestingly the results for 2017 are very similar to those reported between 2011 and 2012.



Q7a What do you consider to be the most effective national clinical audit?

All respondents were given the opportunity to provide qualitative data in relation to this question in the survey. In total, 78 respondents (44.6%) provided details of a national clinical audit in response to Q7a. Those NCAs receiving 3 nominations or more are listed below:

Sentinel Stroke National Audit Programme (SSNAP)	19
Prescribing in Mental Health Services (POMH)*	10
College of Emergency Medicine Audits (RCEM)*	9
National Emergency Laparotomy Audit (NELA)	8
National Hip Fracture Database	8
National Chronic Obstructive Pulmonary Disease Audit	6
Trauma Audit and Research Network (TARN)	4

For the eighth consecutive year SSNAP received the most nominations in response to this question. Results for 2016 were similar to 2017 with no change in the top four national audits other than the ranking order. In 2016, NELA ranked second, POMH third and RCEM fourth. *It should be noted that both POMH and RCEM audits feature in the above list, but it must be appreciated that these relate to a bundle of national audits projects.

Q7b What do you consider to be the least effective national clinical audit?

As per Q7a, all respondents were given the opportunity to provide qualitative data in relation to this question. In total, 79 respondents (45.1%) provided details of a national clinical audit in response to Q7b. Those NCAs receiving 3 nominations or more are listed below:

National Clinical Audit of Psychosis	27
Seven Day Service Audit^	6
National Head and Neck Cancer Audit (HANA)	6
National Diabetes Audit^	6
Myocardial Ischaemia National Audit Project (MINAP)	5
Inflammatory Bowel Disease Audit	4
National Chronic Obstructive Pulmonary Disease Audit	3
UK Renal Registry	3

Unlike the "most effective national clinical audit" category, results for "least effective national clinical audit" are far less static. The National Clinical Audit Of Psychosis received an unprecedented number of nominations (27) in 2017. Of the list of eight NCAs that received 3 or more nominations, four returned three or more votes in 2016: National Diabetes Audit (6), MINAP (5), HANA (3) and the Seven Day Service Audit (3). ^It should be noted that the "Seven Day Service Audit" is better known as the "National Seven Day Services National Self-Assessment Tool" and the National Diabetes Audit relates to a bundle of audits that focus on patients with diabetes.

Q8 In your opinion, which are the more effective at improving patient care?

21 respondents did not answer, leaving n=154 for Q8:

Local clinical audit	(124)	80.5%
National clinical audit	(30)	19.5%

For the eighth consecutive year, local clinical outscored national clinical audit by a significant margin. The result for 2017 is very similar to previous years. Indeed, since the first survey in 2010 the results for local clinical have been between 78.4% (2010) and 86.9% (2012).

Q9 How is clinical audit managed in your organisation (e.g. data entry/analysis)?

24 respondents skipped question 9, leaving n=151. The 151 respondents who answered this question were asked to "tick all responses that apply" so respondents were able to give multiple answers in the event that they use a range of resources. We have listed all answers below that were identified by more than 10 respondents:

Excel	(138)	91.3%
Access	(44)	29.1%
SurveyMonkey	(41)	27.2%
Formic	(19)	12.6%
Snap	(14)	9.3%
SPSS	(12)	7.9%
Other^	(34)	22.5%

Since the survey was established, Excel has achieved the top result every year. Indeed, this year's result mark the biggest ever gap between the first ranked resource (Excel - 91.3%) and the second ranked resource (Access 29.1%) at 62.2%! Historically, Access has always ranked second (other than in 2017 when SurveyMonkey was runner-up to Excel). The biggest change that we have seen over time has been the rise of SurveyMonkey. This did not receive any votes until 2013 and has attained 27% or more for the last two years. ^Of those marking "other" there was little commonality: 5 answered "Sharepoint", 2 answered "Smart Survey".

Q10 To your best knowledge or best approximation, what proportion of local clinical audits initiated in your organisation result in a re-audit being carried out?

26 respondents skipped this question, leaving n=148:

0% to 20%	(37)	24.8%
21% to 40%	(56)	37.6%
41% to 60%	(38)	25.5%
61% to 80%	(11)	7.4%
81% to 100%	(7)	4.7%

Q11 To your best knowledge or best approximation, what proportion of local clinical audits initiated in your organisation result in a financial cost saving (after time spent conducting the audit project has also been deducted)?

42 respondents skipped this question, leaving n=133:

0% to 20%	(105)	79.0%
21% to 40%	(22)	16.5%
41% to 60%	(5)	3.8%
61% to 80%	(1)	0.8%
81% to 100%	(0)	0%

The results for Q11 show remarkable consistency over the eight years we have been conducting the survey. It is clear that very few local audits result in financial cost savings.

Q12 Which of the clinical audit resources do you use and how do you rate them?

27 respondents skipped this question, leaving n=148:

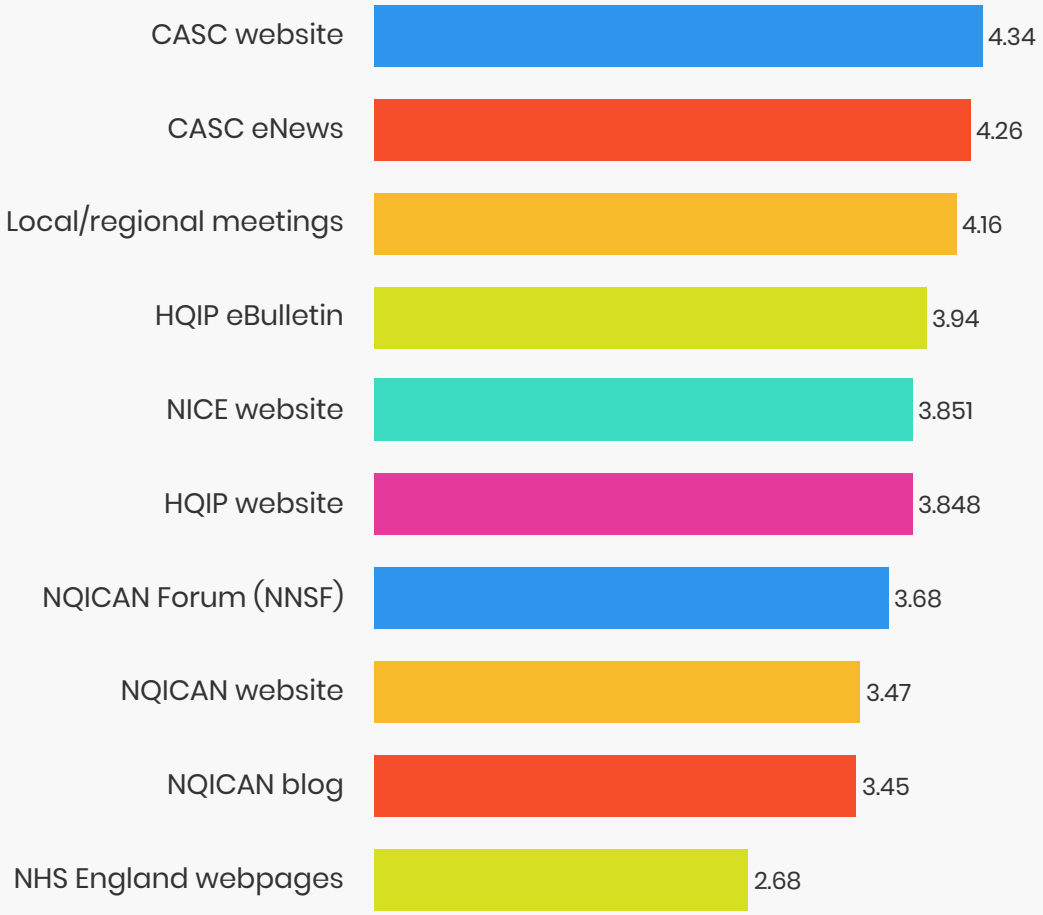
HQIP eBulletin	(140)	94.6%
HQIP website	(138)	93.2%
NICE website	(134)	90.5%
Local/regional network meetings	(131)	88.5%
CASC website	(103)	69.6%
CASC eNews	(96)	64.9%
NQICAN website	(91)	61.5%
NQICAN Forum (NNSF)	(87)	58.8%
NHS England Clinical Audit webpages	(77)	52.0%
NQICAN blog	(69)	46.6%

As in previous years resources by HQIP and NICE scored most highly in relation to this question. Interestingly the top seven resources for 2017 were the same as 2016 but in a very slightly different order: in 2016, HQIP website ranked 1, NICE website 2 and HQIP eBulletin 3. The only other change was that in 2016 the CASC eNews was above the CASC website.

NQICAN (National Quality Improvement and Clinical Audit Network) deserve special mention as their new resources have started to gain interest across the audit and quality improvement community. Indeed, NQICAN's National Networking and Sharing Forum (NNSF) was only launched in September 2017, but received more votes than NQICAN's established blog and almost as many votes as the network's main website. In addition, in terms of the "usefulness" rating (see overleaf), the NNSF rated higher than both the more established NQICAN website and blog.

Q12 (continued) Ratings for the clinical audit resources (see page 9):

The table below ranks various resources listed in Q12 in order of "usefulness". As part of Q12, respondents were asked to rate all resources they used from "very useful" to "not useful at all". Respondents were given five options to select and we have generated an average score per resource. For example, "very useful" scored 5 points, "useful" scored 4 points, etc. We then divided the total number of points for each resource by the number of responses to generate a "usefulness score" of between 1 and 5.



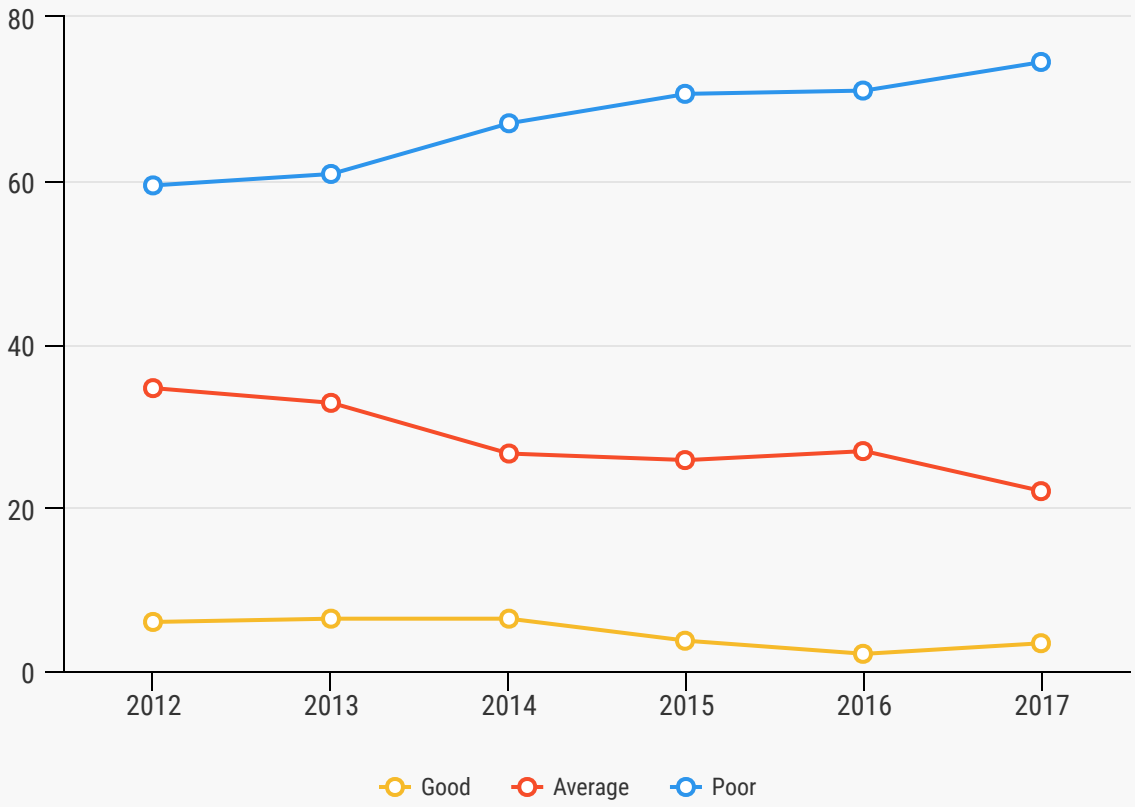
Results for 2017 are similar to those reported in 2016 when CASC eNews ranked 1, local/regional meetings ranked 2 and CASC eNews ranked 3. With the exception of the NHS England webpages, all resources listed above were viewed positively by respondents as a score of 3 is the mid-point, i.e. 3 is the value that relates to all responses marked "average". A number of resources scored above 4, the value that equated to "useful" in the survey.

Q13 Over the last 12 months, how would you rate the level of patient involvement in clinical audits you have taken part in/facilitated?

27 respondents skipped this question, leaving n=149:

Good, patients are heavily involved in clinical audit	(5)	3.4%
Average, patients are involved in some aspects of clinical audit	(33)	22.1%
Poor, patients are rarely involved in clinical audit	(111)	74.5%

This question was introduced in 2012 as CASC wanted to measure views on patient involvement as this was first recommended by the Department of Health in 1994. In addition, recent HQIP best practice documents have highlighted the need to involve patients directly in clinical audit. Results in the graph below illustrate that for our surveys since 2012 the majority of respondents rate patient involvement in clinical audit as "poor". Indeed, one should note that the number of respondents rating patient involvement in clinical audit as "poor" is continuing to rise year-on-year and reached a survey high of 74.5% in 2017.

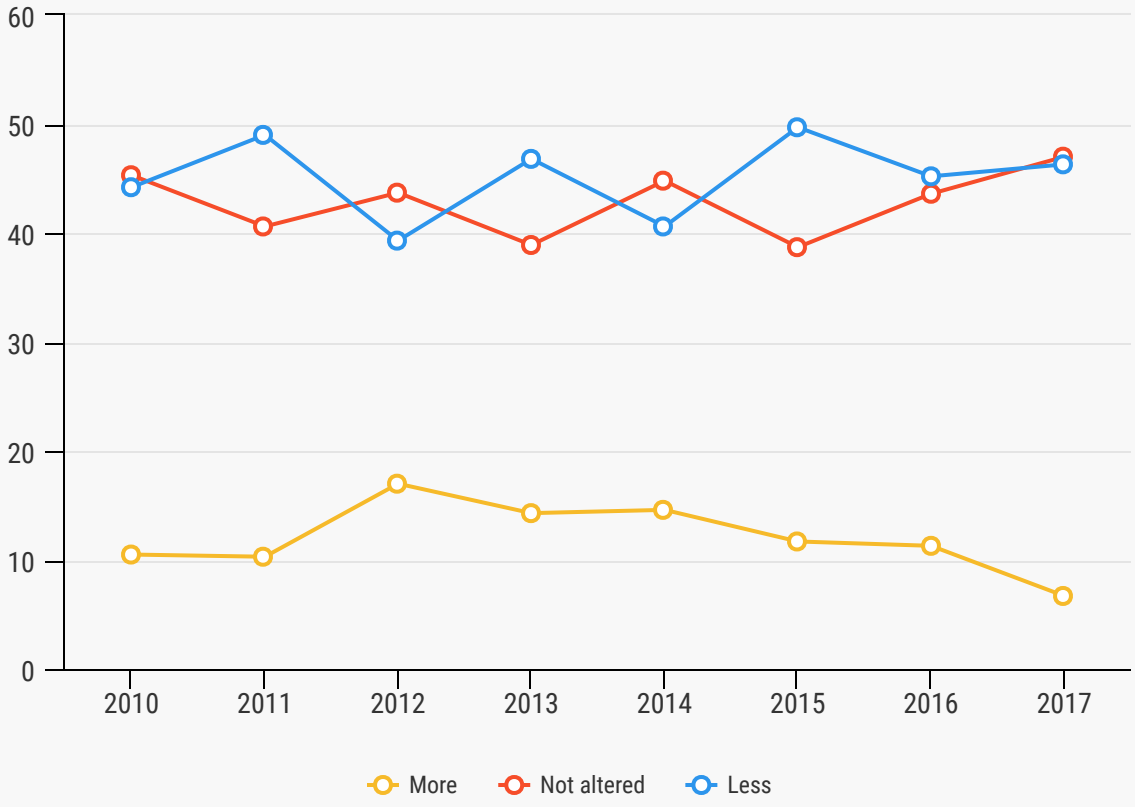


Q14 Over the last 12 months, what change has there been in the way clinical audit is resourced in your organisation?

26 respondents skipped this question, leaving n=149:

More resources available to support clinical audit	(10)	6.7%
Resources for clinical audit have not altered significantly	(70)	47.0%
Less resources available to support clinical audit	(69)	46.3%

As noted previously, one of the main reasons for setting up this survey in 2010 was to attain measurable data in relation to the "reinvigoration of local and national clinical audit". The graph below highlights that since 2010 respondents are reporting that resources for clinical audit in their organisation are not on the increase:



Respondents reporting "more" resources peaked at 17% in 2012 but this has declined in each subsequent year to a new low of 6.7% in 2017. Looking specifically at the gap between those reporting "more resources" compared to those reporting "less resources" the differential of 39.4% is the highest since the survey commenced in 2010 and is nearly double the 22.3% reported in 2012 and significantly above 26% in 2014.

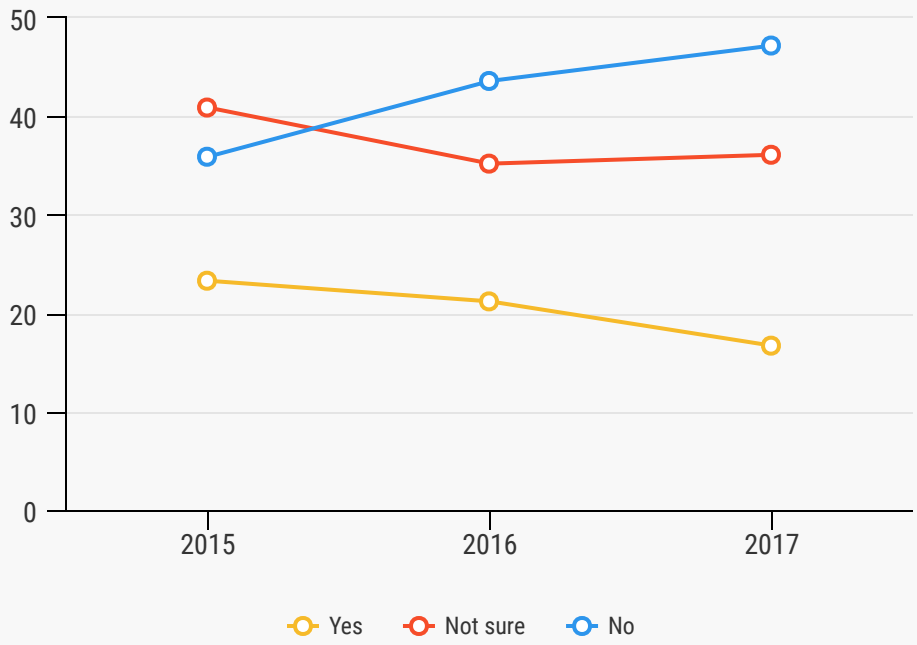
Q15a Ten years ago Sir Liam Donaldson stated that both national and local clinical audit needed to be reinvigorated. From a personal perspective do you think this objective has been achieved?

For national clinical audit:

31 respondents did not answer this part of Q15, leaving a total of n=144:

Yes, reinvigorated	(24)	16.7%
Not sure	(52)	36.1%
No, not reinvigorated	(68)	47.2%

This question was first introduced into the survey in 2015 as this marked the tenth anniversary of Sir Liam Donaldson's call to "reinvigorate" clinical audit. The graph below illustrates the results for the last three surveys from 2015 to 2017:



Results show a level of consistency, although three surveys over two years represents a much smaller data-set compared to other questions in this survey. However, it is concerning to note that the number of respondents that answered "yes, reinvigorated" has dropped to a low of 16.7% in 2017. This on the back of considerable public funding over the last decade for national clinical audit projects.

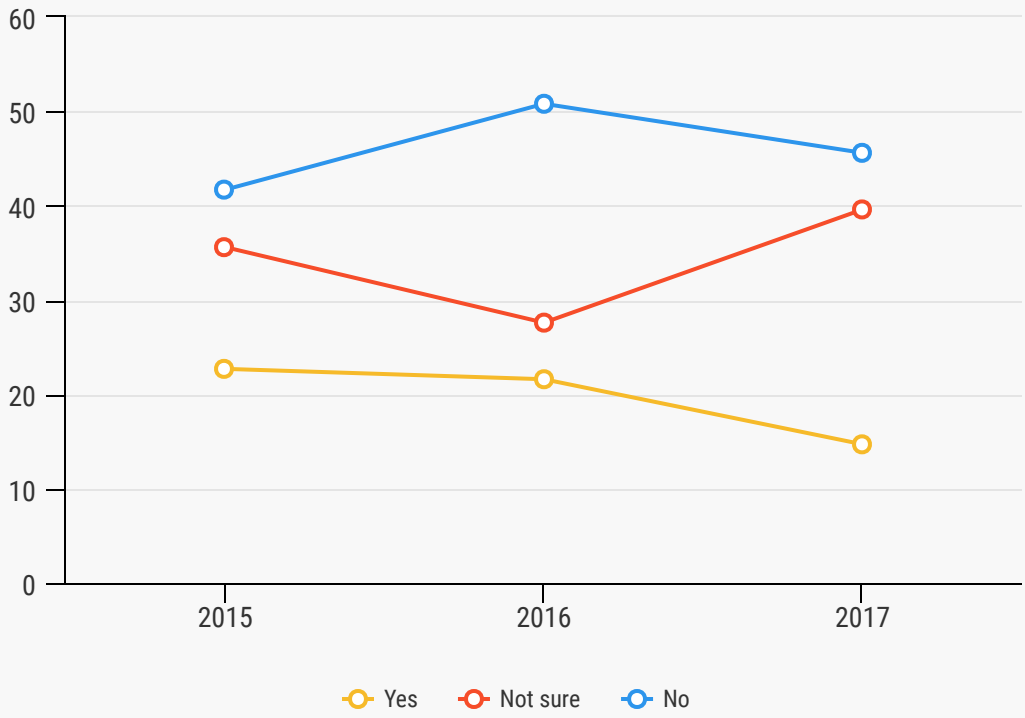
Q15b Ten years ago Sir Liam Donaldson stated that both national and local clinical audit needed to be reinvigorated. From a personal perspective do you think this objective has been achieved?

For local clinical audit:

26 respondents did not answer this part of Q15, leaving a total of n=149:

Yes, reinvigorated	(22)	14.8%
Not sure	(59)	39.6%
No, not reinvigorated	(68)	45.6%

This question was first introduced into the survey in 2015 as this marked the tenth anniversary of Sir Liam Donaldson's call to "reinvigorate" clinical audit. The graph below illustrates the results for the last three surveys from 2015 to 2017:



Results show a level of consistency, although three surveys over two years represents a much smaller data-set compared to other questions in this survey. However, it is concerning to note that the number of respondents that answered "yes, reinvigorated" has dropped to a low of 14.8% in 2017. If one compares the results with those relating to the reinvigoration of national audit (see previous page), it becomes clear that respondents viewpoints on the reinvigoration of local and national audit are remarkably similar.

Given the rise in social media we added a series of questions in relation to Twitter in 2014. We noted increasing numbers of national teams and local clinical audit professionals using Twitter more regularly to convey key messages and hence the decision to add a number of basic questions in the survey to help measure the impact of social media via Twitter:

Q16 Do you have a Twitter account?

25 respondents skipped this question, leaving n=150:

Yes	(61)	40.7%
No	(89)	59.3%

Interestingly, the result for 2017 shows a 10.6% drop in the number of survey respondents reporting that they have a Twitter account.

Q17 Do you tweet on clinical audit?

Of the 61 respondents that answered "Yes" to Q16, the results were as follows:

Yes	(35)	57.4%
No	(26)	42.6%

The results for 2016 and 2017 are very similar: 56.7% answered "yes" in 2016.

Q18 Which of these Twitter accounts do you follow?

The following list provides details of the most "popular" Twitter accounts:

Healthcare Quality Improvement Partnership	53
Clinical Audit Support Centre	52
National Quality Improvement and Clinical Audit Network	47

Q18 (continued) Ratings for the Twitter accounts:

The graphic below ranks various resources listed in Q18 in order of "usefulness". As part of Q18, respondents were asked to rate all resources they used from "very useful" to "not useful at all". Respondents were given five options to select and we have generated an average score per resource. For example, "very useful" scored 5 points, "useful" scored 4 points etc. The "usefulness score" is generated by dividing total points by number of responses.

Section 3: Conclusions and limitations

The Clinical Audit Support Centre would like to pay thanks to:

1) All those who took time to complete the online survey
2) All those organisations such as HQIP, NQICAN and regional clinical audit networks who helped to promote the survey.

The CASC Directors, consider that the results of this survey provide a highly accurate picture of the state of clinical audit in the UK at the time when the data was collected (December 2017). We acknowledge that there are some limitations and the response rate could be higher, but for eight years running we received over 100 returns Also, we note that there may be some bias towards Clinical Audit Support Centre given that respondents effectively return their survey to CASC. For example, ratings for "usefulness" of clinical audit resources (Q12) and ratings for "usefulness" of clinical audit twitter accounts (Q18) are likely to be biased in favour of CASC.

The 2017 report marks a significant change in the way we are reporting data from the survey. This report is much more succinct than previous offerings so as to enable readers to review the key findings in a more timely manner. However, we will pass qualitative (free text) data that is particularly relevant onto NHS England, the Healthcare Quality Improvement Partnership and the National Quality Improvement and Clinical Audit Network. These three organisations collectively fund clinical audit at a national level, have been charged with reinvigorating local and national clinical audit, commission the national clinical audit programme and link with the regional clinical audit networks that represent and support local audit professionals. We will leave it to them how they act on the results and who they share this additional information with.

We will also provide one-page infographics that supplement this report and share these via our website www.clinicalauditsupport.com, our Twitter account (@cascleicester) and on the NQICAN Forum (NNSF). These measures will help raise further awareness of the survey and allow for constructive further discussions.

Conflicts of interest

We consider that CASC have no conflicts of interest in relation to this survey. CASC are not involved in any national clinical audit and members receive no central funding from NHS England, HQIP or any similar national body.

Further questions and advice

If you have any further questions in relation to this survey and report then please contact us via info@clinicalauditsupport.com. If you are considering undertaking a similar survey on clinical audit we very much welcome this and would be willing to offer free advice where possible. As it stands, very little measurement appears to have been undertaken at a local, regional or national level when it comes to the subject and performance of clinical audit.