The state of clinical audit

9th annual survey
Interim report
February 2019

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 2018. 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 2018.

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. This year we amended the survey and withdrew a number of questions. We took this decision as it is clear that in 2018/19 staff time is precious and thus we wanted to reduce the burden on those completing the survey. Equally, by reducing the length of the survey we have been able to analyse the data and produce a report in record time. For example, last year we published the survey report in August 2018, whereas this year was have produced this interim report within six weeks of closing the survey. We believe people value rapid feedback.

Response rate & respondents

Participation in the survey is optional. A total of 183 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 183 returns represents a small increase compared to the 175 received in 2017. It should be noted that this is the ninth consecutive year with more than 100 responses. The 183 returns in 2018 is second only to the 218 returns attained in 2016. We know of no comparable study of clinical audit that has the consistency, longevity or return rate of our 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 183 respondents for section 1, the vast majority (59.6%) classified themselves as a "clinical audit professional". The majority of respondents (55.9%) had worked in clinical audit for 10 years or less. The majority of respondents stated that they worked in "acute care" (55.3%). Throughout the survey the quality of responses was extremely 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 183 respondents answered Q1:

Clinical audit professional	(109)	59.6%
Clinical governance professional with responsibility for clinical audit	(29)	15.9%
Quality improvement professional with responsibility for clinical audit	(25)	13.7%
Clinician with interest/responsibility for clinical audit	(6)	3.3%
Other*	(14)	7.7%

*In most cases, those who answered "other" to Q1, were clinical audit or governance professionals, but who clearly wanted to give precise details of their specific role. For example, answers included: "Research and Clinical Audit Manager", "Clinical governance professional with interest in audit", "Clinical Effectiveness Department Manager", "Clinical Audit and Compliance Officer", etc.

Q2 How long have you worked in clinical audit?

6 respondents marked this answer as "not applicable", leaving n=177 who answered Q2:

Less than 5 years	(63)	35.6%
6 to 10 years	(36)	20.3%
11 to 15 years	(41)	23.2%
16 years or more	(37)	20.9%

Q3 What sector do you work in?

2 respondents did not reply to this question, leaving n=181 who answered Q3:

Acute care	(100)	55.3%
Ambulance	(7)	3.9%
Community	(16)	8.8%
Mental health	(16)	8.8%
Partnership (community and mental health)	(13)	7.2%
Primary Care	(2)	1.1%
Other*	(27)	14.9%

*There were a wide range of "other" answers listed for Q3 including: "Hospice" (x3), "Integrated Care Organisation" (x3), "Private Healthcare" (x2), , "Commissioning Support Unit", "Medical Royal College", "Urgent Care Out of Hours", "National Audit", "Regulator", etc. This underlines the wide range of respondents that took time to complete the survey.

Section 2: Main results

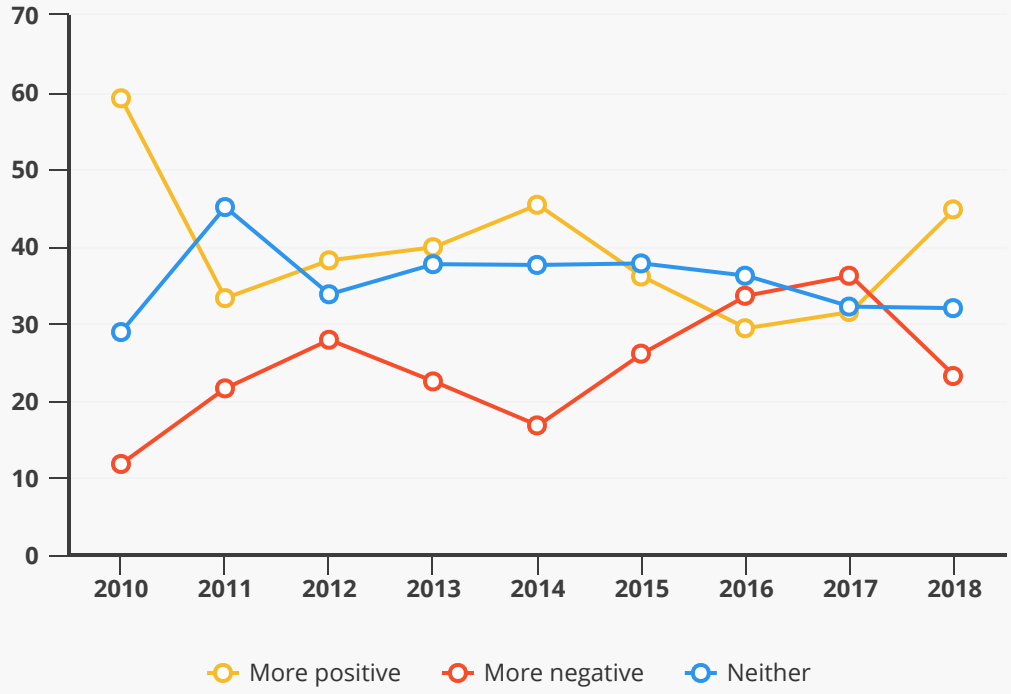
The following section, provides results for the majority of the questions that were asked as part of the CASC survey.

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

2 respondents did not reply to this question, leaving n=181 who answered Q4:

More positive	(81)	44.8%
More negative	(42)	23.2%
Neither more positive/negative	(58)	32.0%

The graph below illustrates the significant changes in results over the last nine surveys. 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, in subsequent years the proportion of "more negative" responses increased significantly. Indeed, in both 2016 and 2017 more respondents answered "more negative" than "more positive". In 2018 we can report a big swing back to "more positive", as illustrated below. The 44.8% "more positive" returns (for 2018) is the 3rd highest score in 9 surveys and the highest by a considerable margin since 2014.



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

3 respondents did not reply to this question, leaving n=180 who answered Q5:

Yes	(118)	65.6%
No	(62)	34.4%

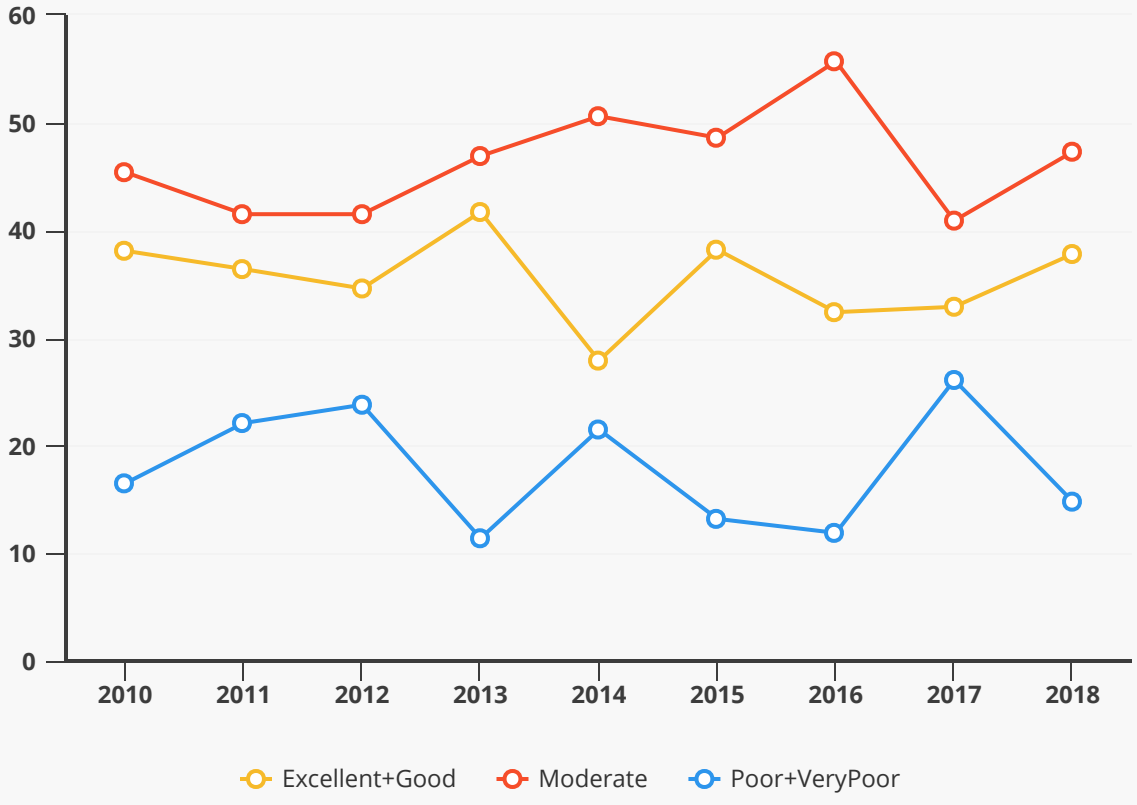
65.6% of respondents for Q5 stated they intended to work in audit in 5 years. This represents a 10.3% improvement compared to 2017 and is the highest "Yes" result since 2011.

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

35 respondents did not answer Q6 (6 skipped the question while a further 29 marked the "not applicable - I have not taken part in national audits" option). Results for the remaining 148 respondents are as follows:

Excellent	(7)	4.7%
Good	(49)	33.1%
Moderate	(70)	47.3%
Poor	(19)	12.8%
Very poor	(3)	2.0%

The graph below shows for the ninth consecutive survey the highest response to this question (even when "excellent" + "good" and "poor" + "very poor" responses were grouped together) was "moderate" (47.3%). Results are consistent across the eight years of data collection and this is shown by the fact that none of the lines on the graph have ever over-lapped! Results for 2018 convey a slight improvement when compared to 2017 (e.g. "excellent" and "good" up from 32.9% in 2017 to 37.8% in 2018).



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. Note: 35 respondents did not answer Q6, leaving 148 eligible to answer Q7a and Q7b. 114 of 148 respondents (77%) supplied an answer for Q7a. The following national clinical audits received 3 nominations or more:

Sentinel Stroke National Audit Programme (SSNAP)	22
National Emergency Laparotomy Audit (NELA)	15
College of Emergency Medicine Audits (RCEM)^	7
National Audit of Psychosis NCAP	7
National Chronic Obstructive Pulmonary Disease Audit	6
Prescribing in Mental Health Services (POMH)^	6
Falls and Fragility Fracture Audit Programme (FFFAP)	6
National Hip Fracture Database	5
Trauma Audit and Research Network (TARN)	3
National Audit of Dementia	3

For the ninth consecutive survey, SSNAP received the most nominations in response to this question. Results for 2018 are similar to 2016/17 with NELA, RCEM, COPD, POMH and Hip Fracture Database, all featuring prominently. NCAP is the only significant new entry in the top 5. ^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?

In total, 109 out of 148 respondents (74%) provided details of a national clinical audit in response to Q7b. NCAs receiving 3 nominations or more are listed below:

Seven Day Service Audit^	7
National Diabetes Audit^	7
Myocardial Ischaemia National Audit Project (MINAP)	6
National Clinical Audit of Anxiety and Depression	6
Sentinel Stroke National Audit Programme (SSNAP)	4
End of Life Care Audit	4
National Clinical Audit of Psychosis	3

Historically, NCA's that appear on the 'least effective' list show more variation when compared to the "most effective" NCA list. However, in 2018 there is more consistency with 4 of 7 listed also appearing in 2017 (Seven Day Services Audit, National Diabetes Audit, MINAP and National Clinical Audit of Psychosis). It is noticeable that nominations are much more evenly spread in 2018 when compared to other years, with no NCA receiving more than 7 votes. ^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.

Q8a Within your current organisation, would you like more or less national clinical audits to be made available?

48 respondents did not answer Q8a. Of the remaining 135 respondents, the results were:

More national clinical audits	(52)	38.5%
Less national clinical audits	(83)	61.5%

However, this result is crude and unsophisticated owing to the fact that it includes ALL 135 respondents, but without any appreciation of their workplace. For example, those working within Acute Care are expected to participate in a considerable number of mandatory NCAs. In comparison, those working in community care, mental health and ambulatory care only have access to a relatively small number of NCAs. Therefore, to provide more detailed insights, the results have been broken down further into smaller cohorts of respondents.

82 respondents (out of a possible 100) that stated they worked in acute care, answered Q8a and the results were as follows:

More national clinical audits	(25)	30.5%
Less national clinical audits	(57)	69.5%

In comparison, the results for the 34 respondents (out of a possible 52) working in either mental health, community care or ambulatory care, were as follows:

More national clinical audits	(14)	41.2%
Less national clinical audits	(20)	58.8%

By breaking down the data into small groups, we get a better picture of respondents current views towards national clinical audit/s.

Q8b Further comments in relation to National Clinical Audits

As part of the survey, we also asked respondents for more details opinions/feedback in relation to their wider views on National Clinical Audits. These took the form of three free-text questions, as follows: a) what is the single best attribute of national clinical audits? b) what one change would you make to improve national clinical audits? and c) within your organisation would you like more or less national clinical audits to be made available?

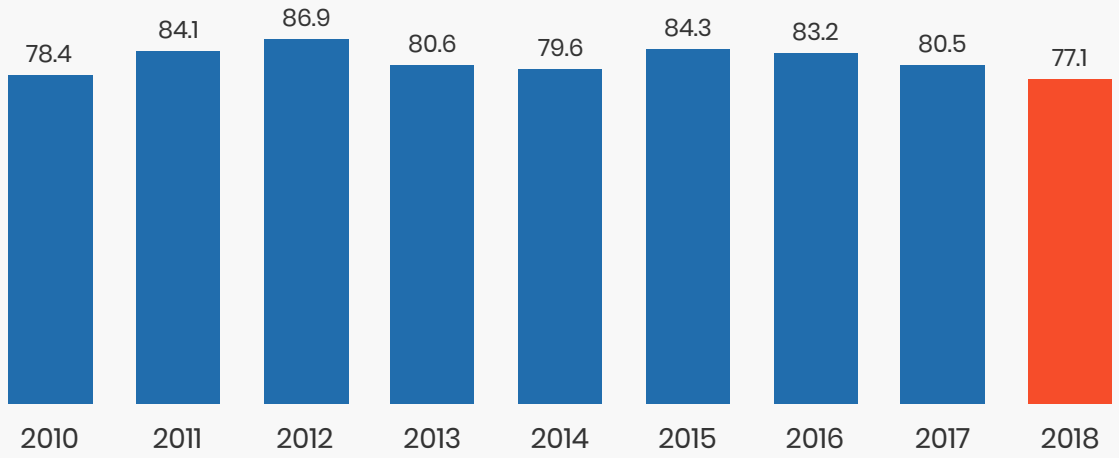
These three free-text questions have proved popular, with most survey respondents choosing to answer and provide feedback. We will attempt to draw out the main themes for each question and include these in the final version of this report.

Q9 In your opinion, which are the more effective at improving patient care?

26 respondents did not answer, leaving n=157 for Q9:

Local clinical audit	(121)	77.1%
National clinical audit	(36)	22.9%

For the ninth consecutive survey, local clinical audit outscored national clinical audit by a significant margin. The result for "local clinical audit" in 2018 is very similar to previous years, although it is the lowest percentage return since the survey commenced in 2010. As the bar-chart below demonstrates, the results have been consistent over nine surveys with results for local clinical audit remaining in a 10% band-width (low of 77.1% in 2018 and a high of 86.9%).



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?

29 respondents skipped this question, leaving n=154:

0% to 20%	(38)	24.7%
21% to 40%	(49)	31.8%
41% to 60%	(44)	28.6%
61% to 80%	(15)	9.7%
81% to 100%	(8)	5.2%

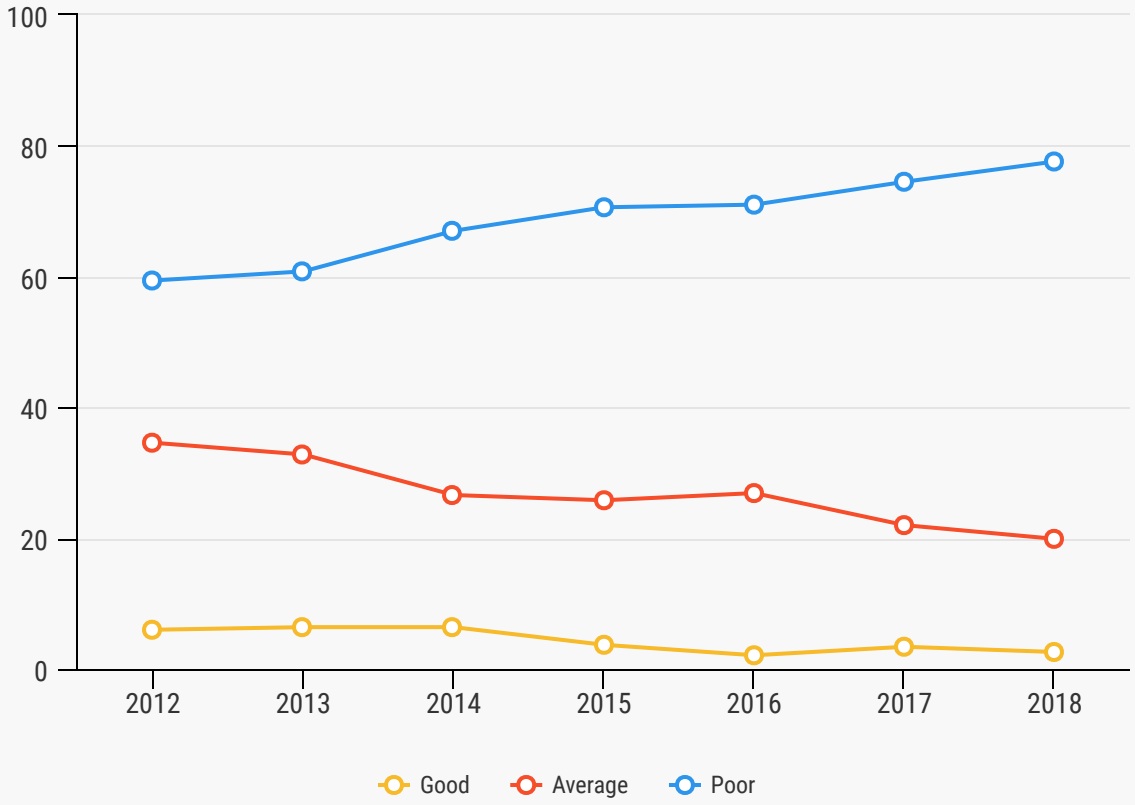
We appreciate that there is subjectivity with Q10, e.g. some teams carry out full-scale re-audits, whereas others conducted targeted re-audits. The results for 2018 are very similar to those reported in previous years and identify there is scope to improve re-audit rates.

Q11 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=156:

Good, patients are heavily involved in clinical audit	(4)	2.6%
Average, patients are involved in some aspects of clinical audit	(31)	19.9%
Poor, patients are rarely involved in clinical audit	(121)	77.6%

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 Healthcare Quality Improvement Partnership (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 77.6% in 2018.

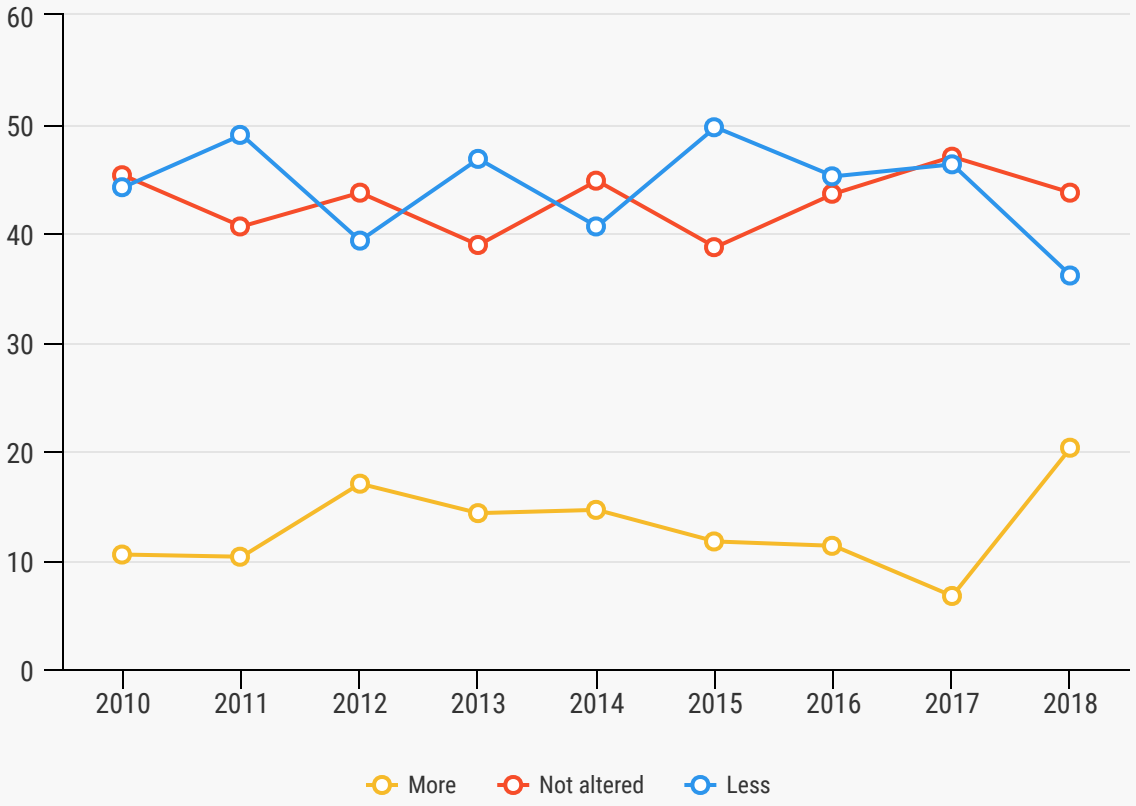


Q12 Over the last 12 months, what change has there been in the way clinical audit is resourced in your organisation?

25 respondents skipped this question, leaving n=158:

More resources available to support clinical audit	(32)	20.3%
Resources for clinical audit have not altered significantly	(57)	36.1%
Less resources available to support clinical audit	(69)	43.7%

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 have not altered dramatically.



However, after 8 consecutive surveys reporting very similar results, in 2018 we have seen a clear and positive shift. For the first time in 9 surveys those reporting that they have "more resources available to support clinical audit" rated above 20%. Indeed, the 20.3% mark attained in 2018 is considerably greater than the all-time low reported in 2017 of just 6.7%. Moreover, if one compares the margin between those reporting "more" and "less" resources compared to 12 months ago, the 15.8% differential in 2018 ("less" = 36.1% and "more" = 20.3%) is considerably better than the next closest result of 22.3%, achieved in 2012 ("less" = 39.3% and "more" = 17.0%). That said, the band-width of results over time remains relatively narrow.

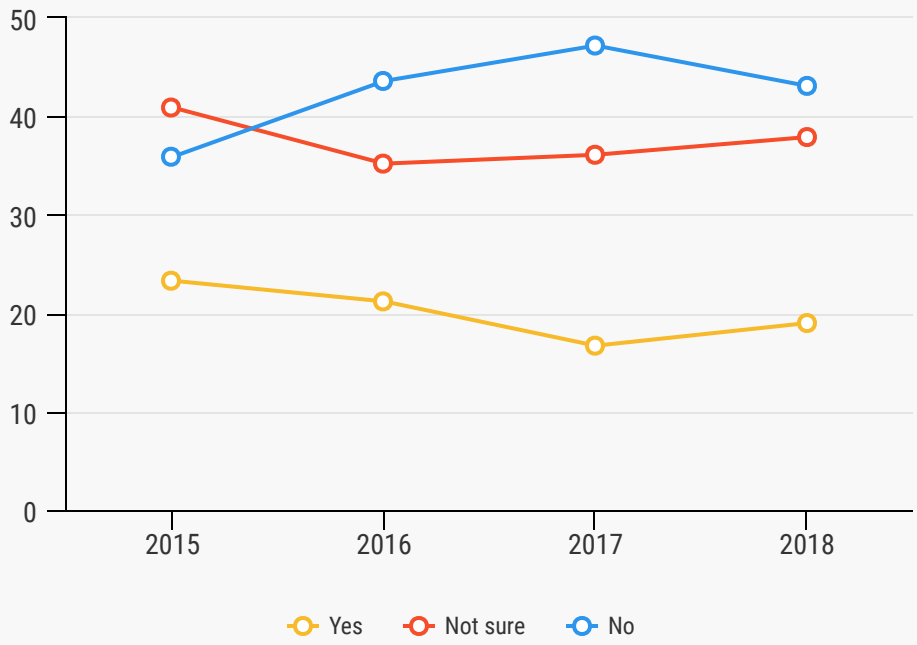
Q13a Ten years ago Sir Liam Donaldson stated that both national and local clinical audit needed to be reinvigorated. From a personal perspective do you think this objective has been achieved?

For national clinical audit:

30 respondents did not answer this part of Q13a, leaving a total of n=153:

Yes, reinvigorated	(29)	19.0%
Not sure	(58)	37.9%
No, not reinvigorated	(66)	43.1%

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 four surveys from 2015 to 2018:



Results show a remarkable level of consistency, although we accept that four surveys over three years represents a much smaller data-set compared to other questions in this survey. Although there is a small improvement of those reporting national clinical audit has been reinvigorated (up from 16.7% in 2017 to 19.0% in 2018), double that number of respondents state that national clinical audit has not been reinvigorated and this has been the case in each of the last three surveys from 2016-18.

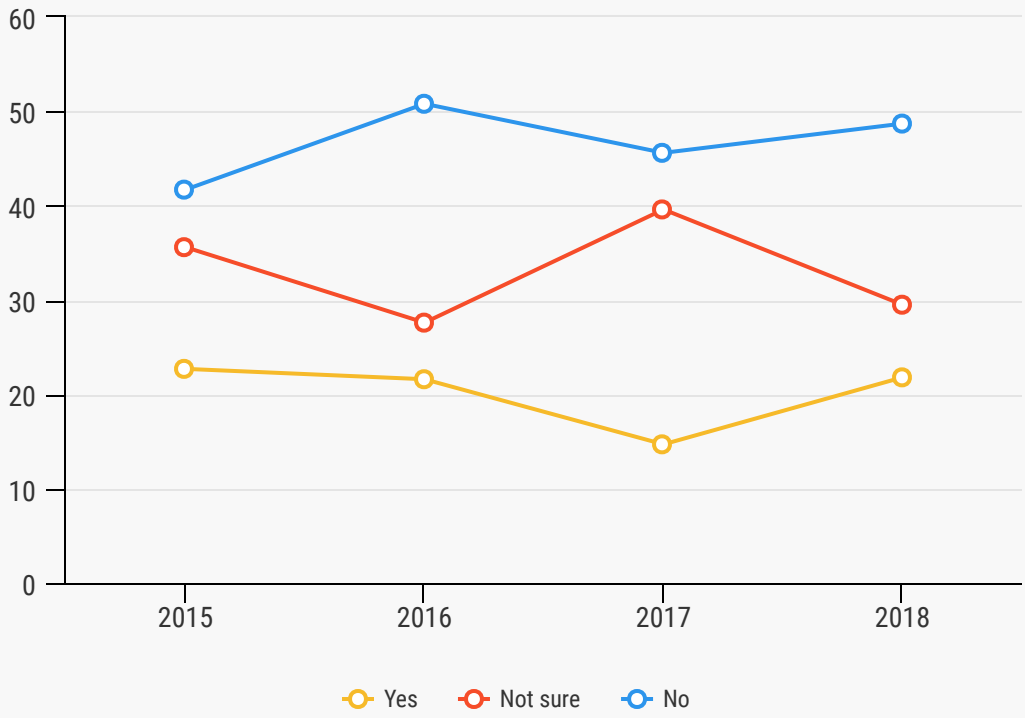
Q13b Ten years ago Sir Liam Donaldson stated that both national and local clinical audit needed to be reinvigorated. From a personal perspective do you think this objective has been achieved?

For local clinical audit:

27 respondents did not answer this part of Q13b, leaving a total of n=156:

Yes, reinvigorated	(34)	21.8%
Not sure	(46)	29.5%
No, not reinvigorated	(76)	48.7%

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 four surveys from 2015 to 2018:



Results show a considerable level of consistency, although we again point out that four surveys over three years represents a much smaller data-set compared to other questions in this survey. Interestingly in 2018 the proportion of those reporting local audit has been reinvigorated jumped from 14.7% in 2017 to 21.8% in 2018. However, those reporting local audit had not been reinvigorated also increased in the same time period, from 45.6% in 2017 to 48.7% in 2018.

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, National Quality Improvement (including Clinical Audit) Network (N-QI-CAN) 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 2018). We acknowledge that there are some limitations and the response rate could be higher, but for nine surveys running (over eight years) we received over 100 returns.

This report marks a significant change in the way we are reporting data from the survey. Content this year is much more succinct so as to enable readers to review the key findings more rapidly. We understand that those working in clinical audit are under extreme pressure and therefore will not value lengthy documents that take a long time to read and compute.

On this theme, we will also provide a number of one-page infographics that will supplement this interim report and we will share these via our website www.clinicalauditsupport.com and Twitter account [@cascleicester]. Infographics are now seen as a great way of getting key data and information across to people in bite-sized chunks that are accessible and quick to review.

The full and final report will be available no later than April 2019. This will include a thematic review of free-text feedback on national clinical audits (see Q8b). We have also been asked by Carl Walker (N-QI-CAN chairman) to provide a more detailed set of results for questions 7a/7b and will do this.

CASC conflict of interest

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

Further information, question and where

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 survey work seems to have been carried out in relation to clinical audit.

Discuss the report and results via the N-QI-CAN forum

We believe this survey provides feedback for the clinical audit community, from the audit community. We welcome further debate and have therefore set up a short discussion thread on the 'help/advice and general discussion' board on the N-QI-CAN forum. Search for 'CASC annual clinical audit survey'.