clinical audit
SUPPORT CENTRE

RAISING STANDARDS IN CLINICAL AUDIT

The State of clinical audit

Results of the December 2015 online survey

Report published August 2016

www.clinicalauditsupport.com

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. CASC devised the online survey and now have six years of comparable data. CASC set up the online questionnaire via Survey Monkey and various invites to participate were sent out in December 2015. 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 and services. The survey was open from the start of December to 24th December.

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.

CASC also aim to provide complete transparency when conducting the annual survey and view the results as belonging to the clinical audit community. With this in mind all comments received via the survey are included in the appendicies. Comments made by respondents (see appendix 1 to 5) have been left as they were submitted (i.e. no alterations to grammar or spellings). Where the exact same comment has been received we have grouped these together. All unique comments are displayed individually.

Response rate

A total of 182 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 response rate.

Equally, it is not known how many people work in clinical audit or who have responsibilities for clinical audit. The 2015 response rate of 182 returns represents a significant increase on the 101 returns received in 2014. This is the sixth consecutive year with more than 100 respondents.

The respondents

As stated above, minimal personal data was collected as part of the survey. Respondents were asked a number of broad demographic questions:

1) How would you classify yourself? (possible answers were 'clinical audit professional', 'clinical governance professional with responsibility for clinical audit', 'clinician with interest/responsibility for audit', 'quality improvement professional with responsibility for audit', or 'other'.)

2) How long have you worked in clinical audit? (possible answers were '1-5 years', '6-10 years', '11-15 years' and '16 years or more')

3) What sector do you work in? (possible answers were 'Acute Care', 'Ambulance Trust', 'Community Health', 'Mental Health', 'Primary Care', or 'other').

Of 182 respondents for question 1, the vast majority (65.8%) classified themselves as 'clinical audit professionals'. The majority of respondents (52.8%) had worked in clinical audit for less than 10 years. The majority of respondents stated that they worked in acute care (57.5%). Throughout the survey the quality of responses was high with few missed answers noted.

Q1. How would you classify yourself?

1 respondent did not answer question 1. Of the remaining 181:

Clinical audit professional	(119)	65.8%
Quality improvement professional with responsibility for audit	(25)	13.8%
Clinical governance professional with responsibility for audit	(24)	13.3%
Clinician with interest/responsibility for audit	(3)	1.7%
Other (see appendix 1)	(10)	5.5%

Q2. How long have you worked in clinical audit?

All 182 respondents answered question 2. Results as follows:

1-5 years	(44)	24.2%
6-10 years	(52)	28.6%
11-15 years	(47)	25.8%
16 years or more	(39)	21.4%

Q3. What sector do you work in?

1 respondent did not answer Q3. Of the remaining 181:

Acute Care	(104)	57.5%
Ambulance Trust	(3)	1.7%
Community Health	(19)	10.5%
Mental Health	(19)	10.5%
Primary Care	(2)	1.1%
Other (see appendix 2)	(34)	18.8%

Please note, the second highest response to question 3 is 'other' (n=34) and appendix 2 provides full details. Analysis of the 'other' respondents shows that 16 included 'community' in their answer, 11 included 'mental health' in their answer, 6 included 'acute' in their answer and 2 included 'primary care' in their response. 3 respondents mentioned 'social care' in their answer and two were from Clinical Commissioning Groups.

Therefore, in total over 60% of respondents to the survey stated they had some involvement in acute care.

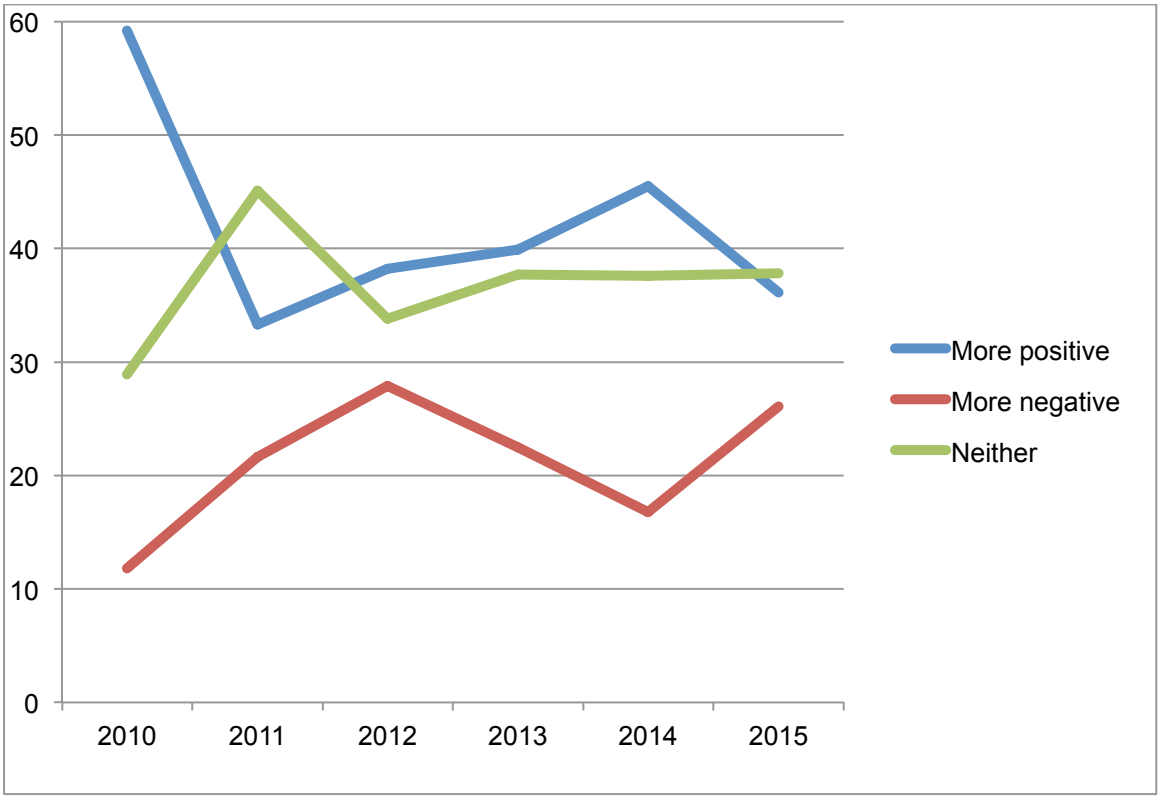
Results

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

2 respondents did not reply to question 4. Of the remaining 180 respondents:

More positive	(65)	36.1%
More negative	(47)	26.1%
Neither positive/negative	(68)	37.8%

Results for 2015 show the number of 'more negative' responses increasing from 16.8% in 2014 to 26.1% in 2015. It is disappointing to see a drop in those reporting that they felt 'more positive' towards clinical audit in the last 12 months from 45.5% in 2014 to 36.1% in 2015. The graph below illustrates all results from 2010 and it is noticeable that results from 2015 are almost identical to 2012:



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

3 respondents did not answer Q5. Of the remaining 179:

Yes	(99)	55.3%
No	(80)	44.7%

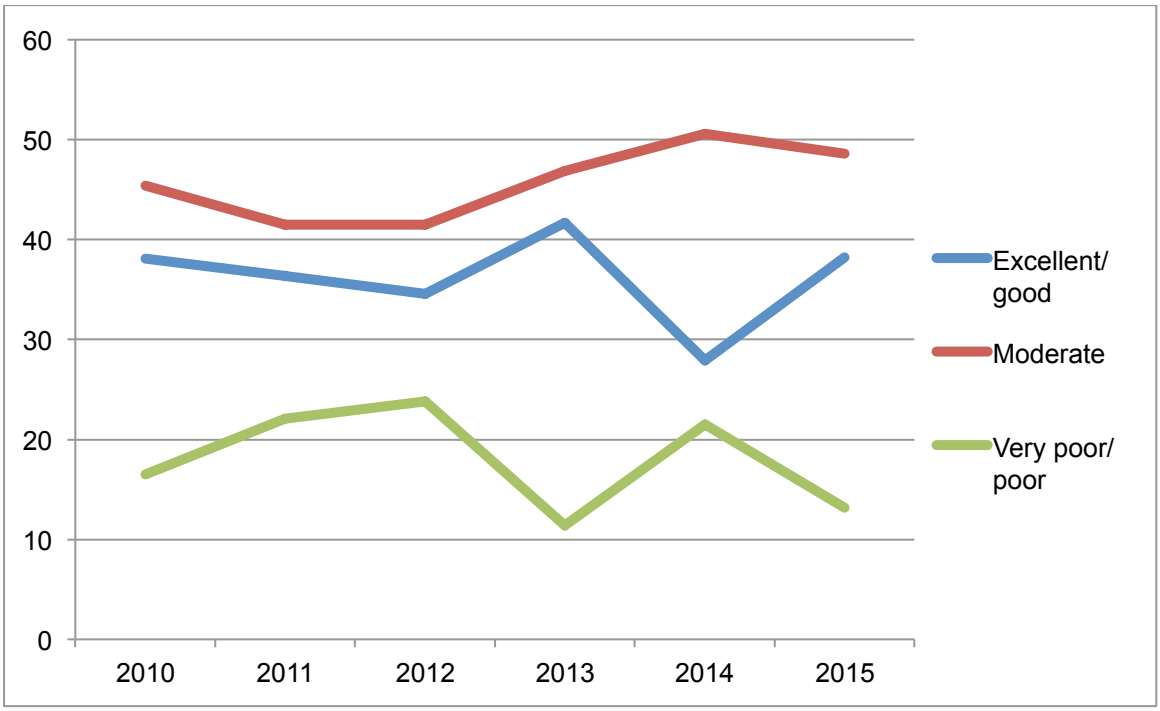
Results for 2015 represent the smallest proportion of respondents in the history of the survey (55.3%) to state that they still intend to work in clinical audit in 5 years. The first survey in 2010 resulted in 75% of respondents answering 'yes' to Q5.

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

38 respondents did not answer Q6. 3 skipped the question, while a further 35 marked the 'not applicable – I have not taken part in national audits' option. Results for the remaining 144 respondents are as follows:

Excellent	(4)	2.8%
Good	(51)	35.4%
Moderate	(70)	48.6%
Poor	(13)	9.0%
Very poor	(6)	4.2%

The chart below shows that for the sixth consecutive year the highest response to this question (even when 'excellent' + 'good' and 'very poor' + 'poor' responses were grouped together) was 'moderate' (48.6%). The graph below illustrates results from 2010 to 2015. Interestingly, results for 2010 are very similar to the results reported in 2015:



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

A total of 105 qualitative responses were received that named a national audit. A number of responses did not focus on a specific national audit project. For example, comments included: 'N/A', 'not sure', etc. A small number of replies named more than one national audit, e.g. 'SSNAP, NAS'. In the instances where multiple NCA's were identified, each named audit was allocated a single vote.

The following NCA's gained 3 votes or more:

Sentinel Stroke National Audit Programme (SSNAP)	26
Falls and Fragility Fracture Audit Programme (FFFAP)	9*
College of Emergency Medicine Audits (CEM)	8*
National Audit of Schizophrenia	7
National Emergency Laparotomy Audit (NELA)	7
Prescribing in Mental Health Services (POMH)	6*
MINAP (Myocardial Ischaemia National Audit Project)	5
National Hip Fractures Database	5
National Audit of Intermediate Care	4
Inflammatory Bowel Disease Audit	3
National Neonatal Audit Programme	3
UK Parkinson's Audit	3

Once again, the results for this question show overwhelming support for the SSNAP audit. Indeed, SSNAP topped our poll for the sixth consecutive year and gained more votes than audits ranked 2nd, 3rd, 4th and 5th combined. However, it is encouraging to see 12 audits gain at least three votes in response to this question in 2015 (in 2014 there were just 6 NCAs that achieved this mark). **It must be noted that both FFFAP, CEM and POMH audits feature in the list above, but it should be appreciated that these relate to a bundle of national clinical audits.*

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

A total of 66 qualitative responses were received. A number of responses did not focus on a specific national audit project. For example, comments included: 'no comment', 'unsure', etc. A very small number of replies named more than one national audit, e.g. '… NBOCAP/PROMS'. In the instances where multiple NCA's were identified, each named national audit was allocated a single vote.

The following NCA's gained at least 3 votes:

National Audit for Rheumatoid and Early Inflammatory Arthritis	10
End of Life Care Audit	7
National Audit of Intermediate Care	5
Sentinel Stroke National Audit Programme (SSNAP)	4
National Bowel Cancer Audit	3

The results above show that respondents spread their votes widely in response to Q7b. Indeed, only five national audits gained three or more votes. The National Audit for Rheumatoid and Early Inflammatory Arthritis ranked joint 3rd (with 3 votes) in 2014, but received 10 votes in 2015. The End of Life Care audit ranked 2nd with 7 votes followed by the National Audit of Intermediate Care (this ranked joint 3rd in 2014 with 3 votes).

For information, a complete list of responses for questions 7a and 7b can be found in appendix 3 and 4.

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

10 respondents did not answer Q8. Of the remaining 172:

Local audits	(145)	84.3%
National audits	(27)	15.7%

For the sixth consecutive year, local audit outscored national audit by a considerable margin. The 2015 result of 84.3% for 'local audit' is the second highest percentage ever recorded (86.9% in 2012) and represents an increase from 79.6% last year.

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

9 of the respondents did not answer question 9. The 173 respondents who completed the survey were asked to 'tick all responses that apply' and their results are shown below:

Excel	(157)	90.8%	
Access	(42)	24.3%	
Survey Monkey	(38)	22.0%	
*Other	(28)	16.2%	(see appendix 5 for full details)
Formic	(25)	14.5%	
Snap	(24)	13.9%	
SPSS	(17)	9.8%	
Keypoint	(6)	3.5%	
CRT Viewpoint	(4)	2.3%	
Teleform	(3)	1.7%	

**It should be noted via the 'other' option, 7 respondents (4%) stated 'Meridian'.*

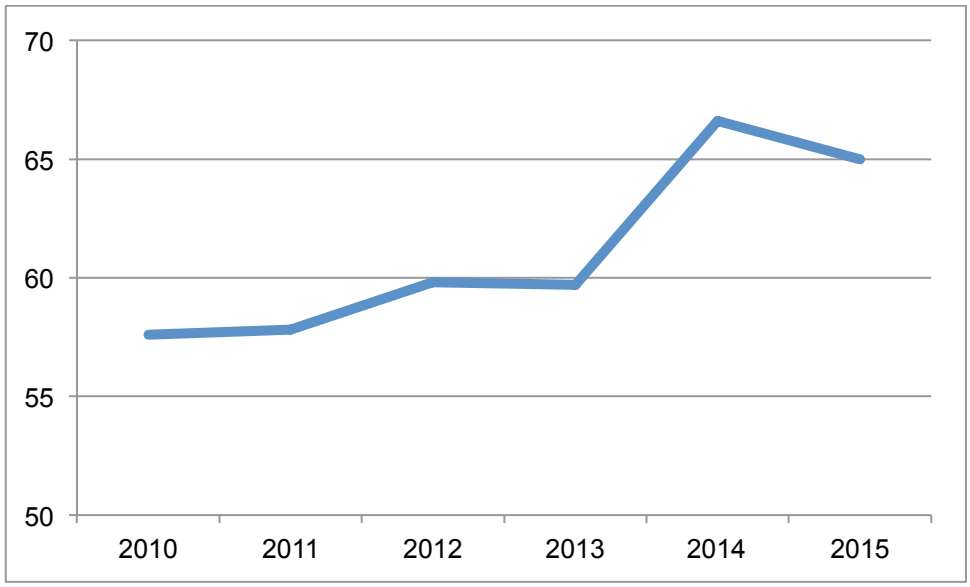
Since the survey was established, Excel has consistently achieved a top result of no less than 89% (2011) in this category. Access has achieved the second place behind Excel in all six years but appears to be dropping from a high of 54.1% (2010) to just 24.3% in 2015. Use of Survey Monkey peaked at (24.1% in 2012), dropped to 16.2% (2014) then bounced-back to 22% in 2015.

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

16 respondents did not answer question 10. Of the remaining 166:

0-20%	(47)	28.3%
21-40%	(61)	36.8%
41-60%	(33)	19.9%
61-80%	(13)	7.8%
81-100%	(12)	7.2%

Results for question 10 remain remarkably consistent over the six years that the survey has been carried out. The graph (below) illustrates the combined percentages of respondents answering 0-20% and 21-40%. Over the course of the survey this result has been in a 10% corridor from a low of 57.6% in 2010 to a high of 66.6% in 2014. It is good to see an increase in those reporting a re-audit rate of between 81-100% from 2.2% (2014) to 7.2% in 2015.



Q11. To your 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)?

35 respondents did not answer Q11. Of the remaining 147:

0-20%	(106)	72.1%
21-40%	(33)	22.5%
41-60%	(6)	4.1%
61-80%	(2)	1.4%
81-100%	(0)	0%

The results provided in relation to question 11 show remarkable consistency over the six years of the survey. It is clear that very few local audits focus on financial cost savings.

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

A total of 166 respondents answered Q12. Each respondent could rate as many resources as they wanted to. The following list provides details of the resources that received the most responses:

NICE website	(151)	91.0%
HQIP website	(150)	90.4%
HQIP eBulletin	(145)	87.3%
Local/regional clinical audit meetings	(135)	81.3%

CASC website	(101)	60.8%
CASC eNews	(89)	53.6%
Clinical Audit Tools website	(78)	47.0%
NQICAN website	(60)	36.1%
NAGCAE webpages on NHSE website	(59)	35.5%
CASC eJournal	(55)	33.1%
Online journal of clinical audits	(44)	26.5%

As in previous years resources from NICE and HQIP scored highly in relation to this question, with the NICE website just leading HQIP website for most used clinical audit resource (HQIP website rated highest in 2014). It is noticeable that for the fifth year in succession, 'local/regional clinical audit meetings' placed fourth on the list.

Ratings for clinical audit resources:

The table below ranks various resources in order of "usefulness". Places one through to four featured four resources managed by the Clinical Audit Support Centre (all attaining very similar ratings). There were a couple of notable slips with 'local/national audit meetings' most prominent: sliding from 1st place in 2014 with a 4.1 rating down to 6th place and a 3.94 rating in 2015.

Resource	Total replies	Not at all useful	Not useful	Average	Useful	Very Useful	Score*
CASC website	101	1	1	18	54	27	4.039
Clinical Audit Tools website	78	1	1	15	38	23	4.038
CASC eNews	89	1	1	17	46	24	4.02
CASC eJournal	55	1	1	9	30	14	4.00
HQIP Bulletin	145	2	5	27	73	38	3.97
Local/regional audit meetings	135	5	6	23	59	42	3.94
NICE website	151	3	5	42	66	35	3.83
HQIP website	150	5	8	43	60	34	3.73
Online journal of clinical audits	44	1	1	21	17	4	3.59
NQICAN website	60	8	10	25	16	6	3.12
NAGCAE webpages on DH website	59	10	10	25	15	4	2.97

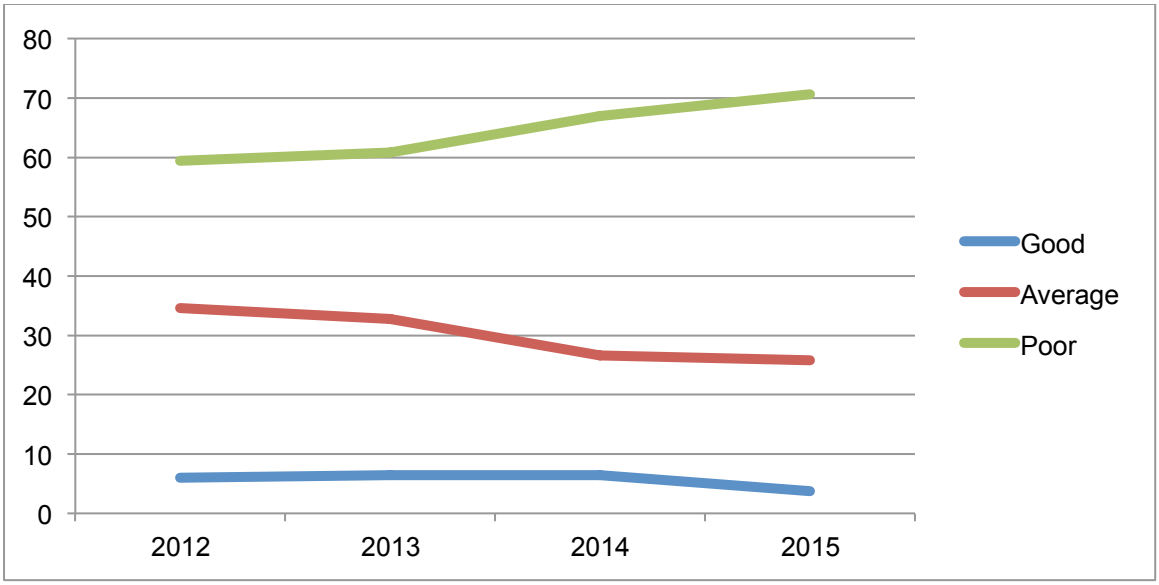
Please note: the score for each resource was calculated using the following formula: 5 points for a 'very useful' response, 4 for 'useful', 3 for 'average', 2 for 'not useful' and 1 for 'not useful at all'. Total scores were then divided by the number of replies for each resource to attain an overall rating score.

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

19 respondents did not answer Q13. Of the remaining 163:

Poor – patients are rarely involved in audit	(115)	70.6%
Average – patients are involved in some aspects of audit	(42)	25.8%
Good – patients are heavily involved in audit	(6)	3.7%

This question was introduced in the 2012 survey as CASC wanted to measure views on patient involvement in clinical audit as this was first recommended by the Department of Health in 1994 and has been championed in recent years. Results from 2012-15 are shown in the graph below and identify a worrying trend with those rating patient involvement in clinical audit as 'poor' rising year on year to a new high of 70.6% in 2015 (see green line).



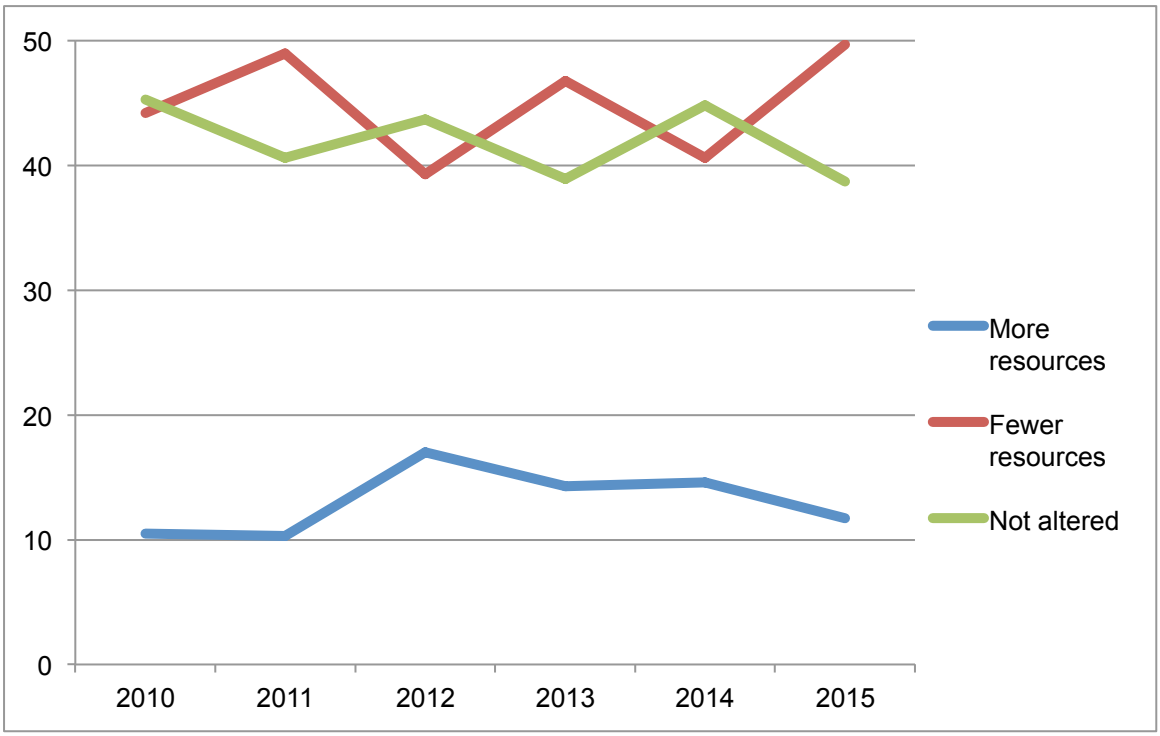
Q14. Over the last 12 months, what change has there been in the way clinical audit is resourced in your organisation?

19 respondents did not answer Q14. Of the remaining 163:

More resources available to support audit	(19)	11.7%
Fewer resources available to support audit	(81)	49.7%
Resources for audit have not altered significantly	(63)	38.7%

Once again, remarkably consistent results have been attained in response to Q14 looking at resourcing for clinical audit. For example, despite small fluctuations those stating they have 'more resources to support clinical audit than 12 months previously' have scored between 10% and 17% in all six annual surveys conducted by CASC between 2010-15. The line-graph below illustrates results from 2010-15 with perhaps the main other noticeable feature being the 'zig-zag' effect each year between responses rated as 'fewer resources' and 'resources not altering significantly'. The concern for those who work in clinical audit will be that in 2015, those stating they had 'fewer resources available to support audit'

reaching a survey high of 49.7%. Indeed, it is disappointing to report that less than one in eight respondents to this question identified that they had 'more resources available to support audit' than 12 months ago, compared to almost 1 in 2 who identified they had 'less resources'.



Questions 15-17 were added to the 2014 survey and have been retained to see how those involved in clinical audit are using Twitter to share information.

Q15. Do you have a twitter account?

16 respondents did not answer Q15. Of the remaining 166:

Yes	(61)	36.8%
No	(105)	63.2%

Results were almost identical to 2014: 36.1% 'yes' and 63.9% 'no'.

Q16. Do you tweet on clinical audit?

Of those 61 respondents who stated they had a twitter account (see Q15) the results were as follows:

Yes	(24)	39.3%
No	(37)	60.7%

In 2014, just 28.6% of those with a Twitter account tweeted on clinical audit.

Q17. Which of the following clinical audit twitter accounts do you use and how do you rate them?

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

HQIP twitter 32
CASC twitter 29
NQICAN twitter 21

Ratings for clinical audit twitter accounts:

Twitter account	Users	Not at all useful	Not useful	Average	Useful	Very Useful	Score*
CASC	29	2	0	5	11	11	4.0
HQIP	32	2	1	13	12	4	3.47
NQICAN	21	3	3	5	6	4	3.24

Please note: the score for each resource was calculated using the following formula: 5 points for a 'very useful' response, 4 for 'useful', 3 for 'average', 2 for 'not useful' and 1 for 'not useful at all'. Total scores were then divided by the number of replies for each resource to attain an overall rating score.

For the second year running, respondents identified HQIP's twitter as the most used, but CASC's twitter as the highest rated.

Questions 18-19 were added in 2015 given that at the time of this survey (December 2015) the ten-year anniversary of Sir Liam Donaldson's call to 'reinvigorate local and national clinical audit' was approaching.

Q18. Ten years ago Sir Liam Donaldson stated 'local clinical audit needs to be reinvigorated'. From a personal perspective do you think this objective has been achieved?

19 respondents did not answer Q18. Results for the remaining 163:

Yes, reinvigorated (37) 22.7%
Not sure (58) 35.6%
No, not reinvigorated (68) 41.7%

Q19. Ten years ago Sir Liam Donaldson stated 'national clinical audit needs to be reinvigorated'. From a personal perspective do you think this objective has been achieved?

23 respondents did not answer Q19. Results for the remaining 159:

Yes, reinvigorated (37) 23.3%
Not sure (65) 40.9%
No, not reinvigorated (57) 35.9%

Results for questions 18 and 19 clearly show that respondents consider that neither local nor national clinical audit have been reinvigorated over the last ten years. That view is stronger towards local clinical audit with a 19% margin between those who voted 'yes' and those who voted 'no'. For national clinical audit the margin between 'yes' and 'no' is 12.6%.

CASC summary

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 bodies 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 2015). We acknowledge that there are some limitations and the response rate could be higher, although the 182 respondents for 2015 represent a marked increase on the 101 in 2015. Also, we note that there may be some bias towards Clinical Audit Support Centre (CASC) 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 (Q17) are likely to biased in favour of CASC.

The next step for this report is for the CASC team to make these results available to as many clinical audit and quality improvement professionals as possible. In essence the study represents the views of those working in clinical audit and therefore we consider that this publication belongs to them. In addition, CASC will endeavour to circulate this report to a range of national organisations with a responsibility for clinical audit in the UK. With this in mind the results will be sent to NHS England, National Advisory Group for Clinical Audit and Enquiries, Healthcare Quality Improvement Partnership and the National Quality Improvement and Clinical Audit Network. We invite feedback and comments from these organisations and CASC will publish these once they have been received.

On a final note, the CASC Directors try hard not to pass comment on the results and simply provide a factual account of the data. However, we welcome broad discussion on the report and welcome comments via Twitter (@cascleicester) and via other clinical audit and quality improvement networks and forums.

Information on the appendix:

This survey is undertaken in CASC time and CASC receive no funding for carrying out this work. CASC believe that surveys should be conducted in a fully transparent manner and therefore in addition to providing the quantitative data this report also includes all comments provided by respondents. For information, we have not altered any comments and they appear in the format submitted - hence typos, spelling and grammatical errors are included. Comments have been placed in alphabetical order. Where comments have been duplicated they are grouped together. All unique comments appear individually in each appendix.

Appendix 1: Further responses for those who replied 'other' in Q1:

- Audit facilitator – not just clinical as we're a health and social care organisation
- Business Analyst
- CCG Lead for Quality
- Clinical Audit Facilitator
- Clinical Audit Facilitator – is that a professional?
- Clinical Effectiveness professional
- Manager with clinical audit specialty
- NICE Manager
- Quality Assurance professional with responsibility for audit
- With an aim to incorporate and embed quality improvement.

Appendix 2: Further responses for those who replied 'other' in Q3:

- Acute, community and mental health
- All areas of health and social care
- Both acute and community
- Both community and mental health
- CCG
- Combined acute, community and social care trust
- Combined health, mental health, primary care
- Combined mental health and community health trust
- Community and acute
- Community and mental health (x2)
- Community health, mental health and learning disabilities
- Commissioning (CCG)
- Foundation Trust covering acute and community
- Health and social care trust – Northern Ireland
- Hospice
- Integrated acute and community
- Integrated mental health and community health
- Learning disability
- Mental and community health
- Mixed care setting
- National
- National charity
- Our organisation is a social enterprise and provides community adult, mental health, CAMHs and children's services and some social care

- Regulation
- SHA
- Specialist authority
- Tertiary.

Appendix 3: Full responses of those who provided an answer to Q7a 'What do you consider to be the most effective national audit?'

- Anti D audit
- Any POMH-UK audits
- As a community provider we only participate in a couple of national audits
- As a community Trust we participate in very few National audits but the most effective has been - Parkinsons Disease
- As mental health limited audits refer to us. Only joined the team recently so still finding out what national audits are relevant to us
- As we are a small Trust we are currently only taking part in 3 national audit. The National Rheumatoid audit seems to collect alot of data for a long period of time where our clinicians are too busy to complete all parts. PROMS and NJR audits seem to be going well
- Benchmarking ones, like the Intermediate Care Audit
- BTS, SSNAP ones are quite good
- Cardiometabolic monitoring
- CEM Audits (x2)
- Clear comparison of results table including in the audit report. Individual Trust report available to each Trust for dissemination and discussion internally
- College of emergency medicine
- College of emergency medicine audits
- COPD (x2)
- Dementia
- Diabetes programme
- Don't know (x2)
- Falls
- FFFap
- For our Trust - National Cardiac Arrest Audit. Easy to embed locally what is recgonised Nationally. NCEPOD studies - although not audit but nevertheless a Qualtiy Account - are also well received
- For our trust the National Audit of Schizophrenia has had the biggest impact
- From a local persepective, the three anuual Royal College of Emergency Medicine projects
- Gives local view as well as national view
- Heavy Menstrual Bleeding Audit
- Hip Fracture audit. It has its faults but changes have been made unlike MINAP, nothing ever comes of it
- Hip fractures
- I couldn't say
- I do not have enough experience with national audit to provide a well reasoned answer but in my limited experience I have found the Royal College of Emergency Medicine audits to be the most effective

- I feel that the national registries often offer a suitable way of benchmarking performance against other areas. Some national audits have little benefit with no suggested recommendations and their annual reports are designed for members of the public only and do not offer feedback to Trusts. Those that offer organisational/unit reports are preferred
- I have not worked in clinical audit long enough to compare
- I have only been in post a year and have yet to see the audit cycle through. Unable to answer at this point
- I haven't ever come across one that I think is worth diddly
- IBD
- IBD audit
- MINAP (x4)
- Minap is useful
- NAIC
- NAS
- NAS and SSNAP
- National Audit of Dementia/ Care of the Dying
- National Audit of Inpatient Falls
- National Audit for Intermediate Care (x2)
- National Audit of Schizophrenia (x2)
- National Care of the Dying
- National Confidential Inquiry - Manchester University
- National Diabetes Inpatient Audit
- National Emergency Laparotomy Audit
- National falls audit
- National Hip Fracture
- National IBD
- National Stroke Audit (x2)
- NELA (x5)
- NELA is one that stands out. I like the monthly updates and regular, clear communications they provide. The audit tool is easily accesible too
- NHFD (x2)
- No comment: difficult to assess effectiveness as very few community health national audits
- None (x2)
- Not much part of my job role
- Not sure (x2)
- NNAP (x2)
- One where the details of the audit are clearly published and accessible. Some national audit websites are poor
- Ones which produce there report quickly
- RCPsych are usually very helpful as a team
- Parkinson Audit - staff excellent - very understanding/very helpful - database input easy to follow
- Parkinsons
- Probably the Sentinal Stroke National Audit Programme
- POMH
- POMH audits (x3)
- POMH-UK
- PROMs
- Royal College of Emergancy Medicine audits

- Safety Thermometer
- Schizophrenia
- Sentinal Stroke Audit Programme
- Sentinal Stroke National Audit Programme, National Bowel Cancer Audit
- Several are getting better but would plump for TARN just ahead of SSNAP
- SSNAP (x12)
- SSNAP. Established NCA that our clinicians all take seriously
- Ssnap, lung cancer
- SSNAP, NAS
- SSNAP (strokes)
- Stroke (x2)
- The BTS programme of national audits
- The CEM audits always appear best in their format and that they tailor the report to each site it is sent out to
- UK TARN
- Unsure
- Unsure, it takes so long to get results back.

Appendix 4: Full responses of those who provided an answer to Q7b 'What do you consider to be the least effective national audit?'

- All
- All BTS audits
- All have value
- All registries
- All the rest (answer for 'most effective' NCA was SSNAP)
- Any that publish regional data and not Trust specific outcomes
- Any which are not true audits e.g. National Joint Registry
- Bronchiectasis
- Can't single out one specifically
- Cancer Audits as they do lean towards research
- Communication with GPs
- Coronary Angioplasty/National Audit of PCI
- Criteria is sometimes questionable
- DAHNO
- DAHNO - cost the most and for what? We don't even provide surgery and still have to pay full cost
- Diabetes
- Diabetes Foot Audit
- Dk
- Don't know
- EIA audit
- End of Life Audit is not an audit
- End of life care audit
- End of life care audit is hideously time consuming
- End of life care audit is of a very poor quality indeed
- End of life care. Ridiculous amount of data to collect and no obvious audit standards to measure current care against
- EOLC
- Epilepsy 12
- Falls

- Hard to say at the moment as we also participate in physical health national audits and they are still in progress
- I couldn't say but those audits that just produce national benchmarks are of little value to local services who contribute data
- I have not worked in clinical audit long enough to compare
- IBD (x2)
- Intermediate Care (x2)
- Mental Health Audit (medication)
- Mental Health CQUIN audit
- MINAP
- MINAP. A lot of work and not much comes out of it. But the worst by far is the National Head Injury undertaken years ago but the report has only recently been published!
- Most of the others - too specific for acutes and little for community based Trusts with community hospitals
- N
- N/A (x2)
- Nation Rheumatoid Arthritis Audit
- National Audit of Intermediate Care
- National Audit of Intermediate Care (don't think it should have audit in the title)
- National Audit of memory Clinics
- National Audit of Schizophrenia
- National Bowel Cancer Audit
- National Bowel cancer audit programme (NBOCAP)
- National Diabetes
- National Diabetes Audit (Primary Care)
- National emergency laparotomy and early inflammatory arthritis. The scope is too large on both of them
- National Rheumatoid and Early Inflammatory Arthritis
- NCEPOD
- NELA (x2)
- New opthalmology project and the methodology
- NHSBT - blood transufion audits
- NJR
- No comment
- No feedback after the data collection
- None
- None comes to mind, it depends so much on the clinical team responsible and their level of engagement
- Not sure (x5)
- Often too much in the datasets and look at too many outcomes. Those that are most effective are themed (like the style of NCEPOD enquiries). Also the HQIP quality account list is not maintained accurately or frequently enough to reflect the changes to those participating - example BTS audits not running
- OG cancer
- Ones which don't produce their reports quickly
- Parkinsons (x2)
- PROMS

- Quality Accounts that bypass our department such as NAOGC / NBOCAP/PROMS that are then published and we have no handle on the results and what that means for us locally.... TARN is also a 'bugbear' as we are not a Trauma Unit but still expected to enter excess n=252 cases per year (from medical notes, not electronic). The results are not utilised or learnt from
- Ra
- Reporting format
- Rheumatoid and early inflammatory arthritis
- Rheumatoid and Early Inflammatory Arthritis - Our Rheumatology team do not have enough resources to participate in this fully
- Rheumatoid Arthritis
- Rheumatology arthritis audit
- Rheumatology audit
- Royal college of physican audits - bad ewbsite with not enough information
- Several candidates, I think I would go with any that only collect information not measuring against standards only other sites!
- SNAP
- SSNAP (x3)
- So many to list, but I will go with community aquaired pneumonia
- Still finding out knowledge re mental health participation in national audit
- The bar is set quite high for this award. National Rheumatoid must take some beating for all round god awful dreadfulness though
- The blood audits are very poor
- The British Association of Dermatologists conduct National Audits for which they seldom publish a report, citing new guidelines as the endpoint of the data collection
- The End of Life Care audit is a very important topic, but was very difficult to complete in terms of guidance that was left open to interpretation
- The National Audit of Intermediate Care
- Too many to choose, the NCAPOP audits don't follow an audit methodology (aka they are quasi research). Truly awful, time consuming and don't result in improvement
- Unsure (x4)
- Unsure, as the reports take so long to reach us
- Unsure. Difficult or annoying doesn't equate to "ineffective"
- What do you consider to be the least effective national audit?

Appendix 5: Further responses for those who replied ‘other’ in Q9:

- Collected by medical/nursing staff and analysed by them
- Data capture on sharepoint
- Data capture on spreadsheet
- Datix
- Elesurvey (Keysurvey)
- In-house database
- In-house development
- Internal Ourspace system which has survey capabilities
- Meridian (x7)
- Ourspace Survey Tool (exports to excel)
- Paper (x2)

- PSPP
- Questback, like SurveyMonkey only not as good
- RaTE
- Sharepoint
- Some services use paper
- Sphinx
- STATA
- Varies from provider to provider
- We oversee our commissioned service audits so as a range of data capture systems are used
- Webforms within clinical portal
- Web based tool
- Web tool developed for trustwide use
- Word, paper.