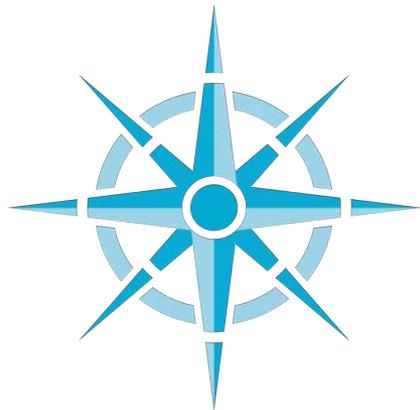


# Improving National Clinical Audit

## 29 September 2020



**Clinical Audit**  
SUPPORT CENTRE

**Clinical Audit Support Centre**

**We are putting National Clinical Audit under the spotlight!**

PLEASE JOIN US FOR THE 3rd CASC 'LEARN AT LUNCH' VIRTUAL EVENT

**'IMPROVING NATIONAL CLINICAL AUDIT'**

TUESDAY 29 SEPTEMBER 2020  
12.30PM TO 2PM

**Featuring Marina Otley and Roger Simpson:  
Information for participation: Do national clinical audits provide adequate project plan information?**

To book your place simply email your details to: [info@clinicalauditsupport.com](mailto:info@clinicalauditsupport.com)

# Clinical Audit Support Centre

- Business established in 2006
- Based in Leicestershire
- Provide support and guidance in audit, QI and patient safety
- Our courses are QCA approved and accredited
- We undertake a varied range of work:
  - Accredited training in RCA, Significant Event Audit, Clinical Audit, QI
  - Undertake clinical audits, QI projects and patient surveys
  - Hold service-level agreements with various healthcare providers
  - Run educational events and update sessions for NHS/healthcare staff
  - Work particularly closely with children's hospice and vets
  - Publish our work as much as possible
- One Director is a magistrate, the other has been a PPG chairman
- Monthly e-newsletter
- Website – [www.clinicalauditsupport.com](http://www.clinicalauditsupport.com)
- Follow us on twitter: @cascleicester



# New QI blog



 CASC  5 minutes ago • 5 min 

## Clinical Audit's sticky questions

We should warn you now, this blog isn't really a blog. Indeed, what follows will make very odd, disjointed, peculiar but nevertheless fas...

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0 views Write a comment 

Google: clinical audit + **wix**

# Marina Otley and Roger Simpson EMCAIN



**Information for participation: do national clinical audits provide adequate project plan information?**

### All audits should have as a minimum:

- a. Explicit standards and criteria which the audit is to address, with links/rationale to where these have been developed e.g. NICE Guidance or Royal College.
- b. A robust methodology, including defined start, end and data submission dates.
- c. A clear data set.
- d. Exactly what the guidance for inclusion is and what data will take priority for completing the data set. E.g. HES data used to fill gaps where no information is provided or pathology systems will populate data items x, y and z if that data item is not populated by the data sent in the national audit report.
- e. Clear and demonstrable specifications as to where they are using subsidiary information in an audit.
- f. A fit for purpose audit tool / proforma (word and pdf copy) which should exactly match online web tools and spread sheets.
- g. Working systems (or delay the audit start date).
- h. An IT system that is compatible with those used by trusts to collect data OR be able to accept information in another format (front end to manually input data / a template spread sheet).
- i. Reasonable time frames to sign up and participate in the audit.
- j. Agreed time frames for responding to user queries.
- k. Clear supporting information and contacts.
- l. The ability for trusts to download the data they have submitted at any point in time.
- m. Timely reporting once data collection time frame is completed.

### All audits should NOT:

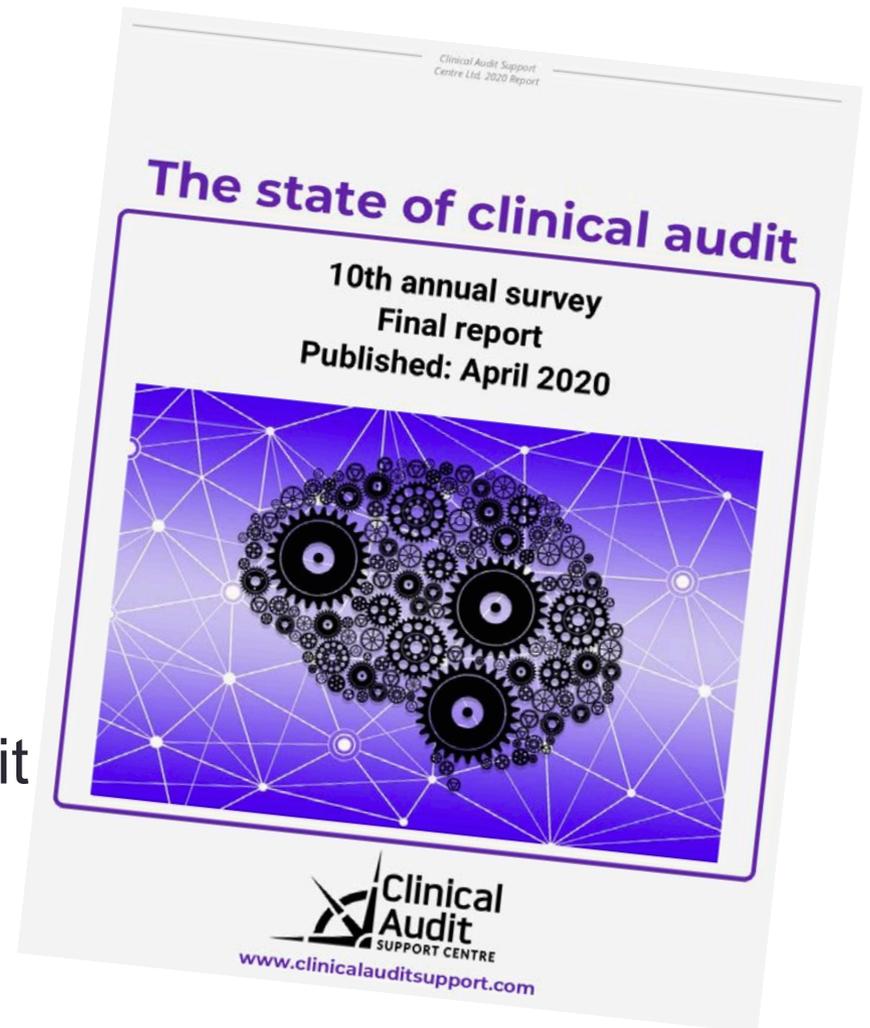
- Change the data set, or other core part of the audit, part way through the originally identified audit time frame for submission (including changes to the data collection proforma).



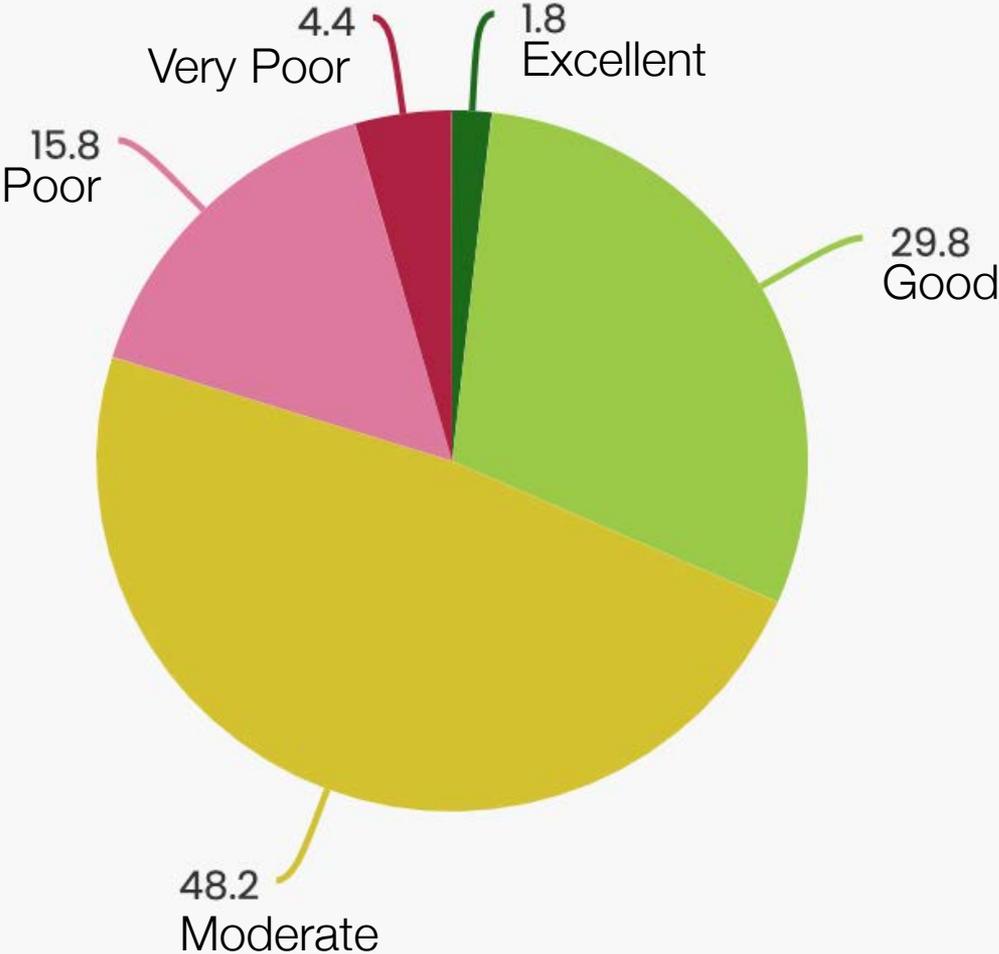
## Yorkshire and Humber Effectiveness and Audit Regional Network: NCA Feedback and Escalation Mechanisms (2015)

# CASC's talk

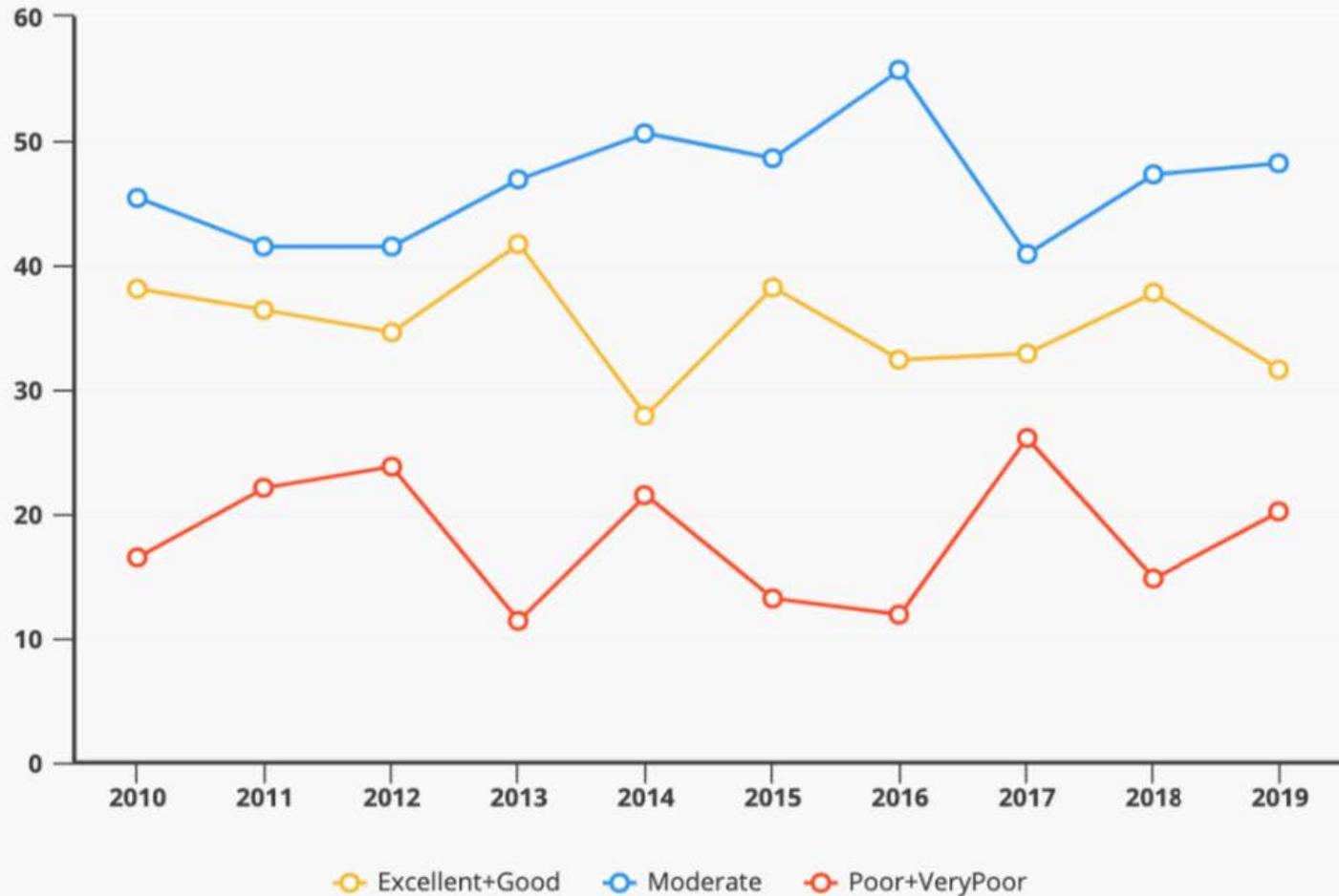
- National data from our annual survey
  - Overall rating
  - Most effective NCA
  - More or less NCAs?
- Reinvigoration results
- Free-text feedback
- Link results to the clinical audit reinvigoration programme



Q: Overall, how would you rate the quality of National Clinical Audit projects that you have taken part in?



Q: Overall, how would you rate the quality of National Clinical Audit projects that you have taken part in?



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



**SSNAP**

**Sentinel Stroke National  
Audit Programme**



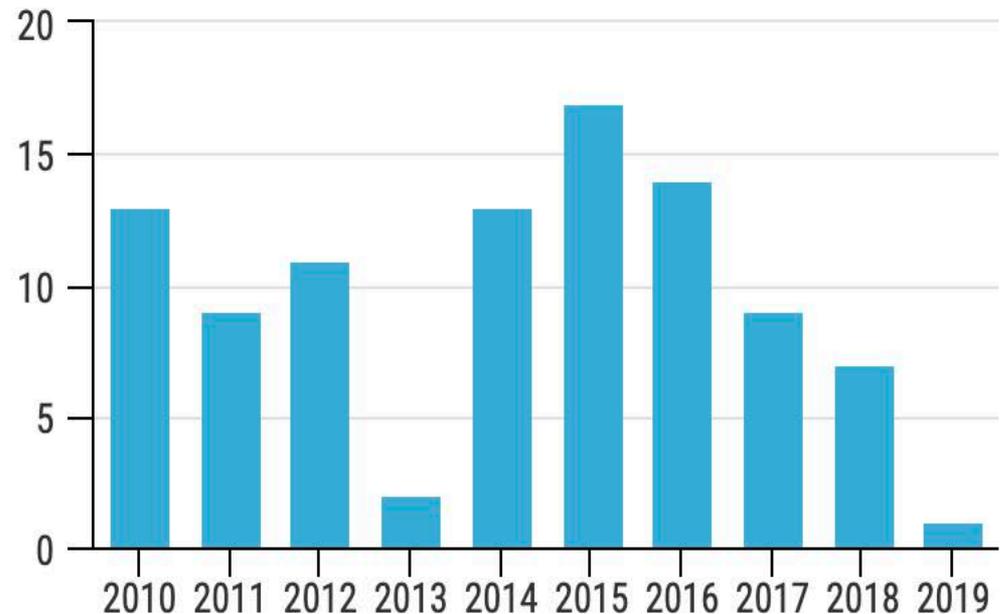
# What do you consider to be the most effective NCA?

Voted most effective national audit

## HALL OF FAME

2010: National Sentinel Stroke Audit  
2011: National Sentinel Stroke Audit  
2012: National Sentinel Stroke Audit  
2013: National Sentinel Stroke Audit  
2014: Sentinel Stroke National Audit Programme  
2015: Sentinel Stroke National Audit Programme  
2016: Sentinel Stroke National Audit Programme  
2017: Sentinel Stroke National Audit Programme  
2018: Sentinel Stroke National Audit Programme  
2019: Sentinel Stroke National Audit Programme

Since the survey began in 2010 the Stroke Audit has always been voted the 'most effective NCA'. With the exception of 2013, the Stroke Audit has always held a commanding lead over the NCA which ranked in 2nd place.



■ Votes ahead of 2nd placed NCA



FAQs

Information for Patients

Mailing List

Text size

Aa

Aa

[NELA](#) > [News](#) > HQIP Quality Improvement Awards 2014 - NELA Scoops National Award

## HQIP Quality Improvement Awards 2014 - NELA Scoops National Award

The Royal College of Anaesthetists and the National Institute of Academic Anaesthesia picked up a national award for NELA under the category of 'Partnership Working with Professional Stakeholders' at the HQIP Quality Improvement Awards Dinner on Monday 3 November.

The Quality Improvement Awards marked the climax of day one of the HQIP conference, where delegates voted for a 'local' and 'national' winner in four categories via a poster competition.

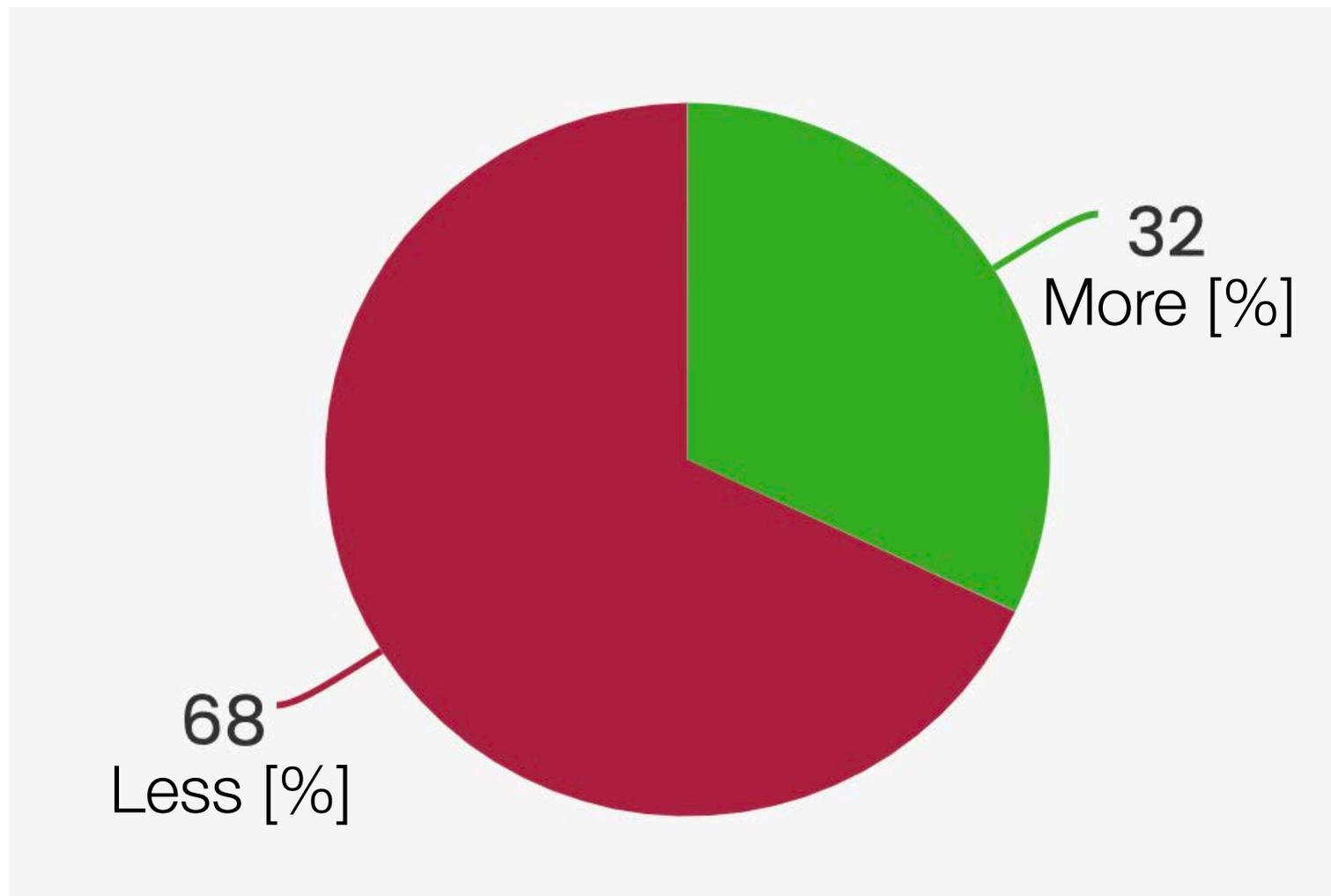
The healthcare broadcaster Vivienne Parry OBE, who presented the award to the NELA Team highlighted NELA's 100% participation rate for eligible hospitals (191 hospitals) and the number of cases (20,000) that have been entered so far as an exceptional achievement for the first year of our data collection.

A huge thanks goes to all the NELA Local Leads as well as all members of the hospital teams who have participated in the Patient Audit and worked tirelessly to help us reach this important milestone.

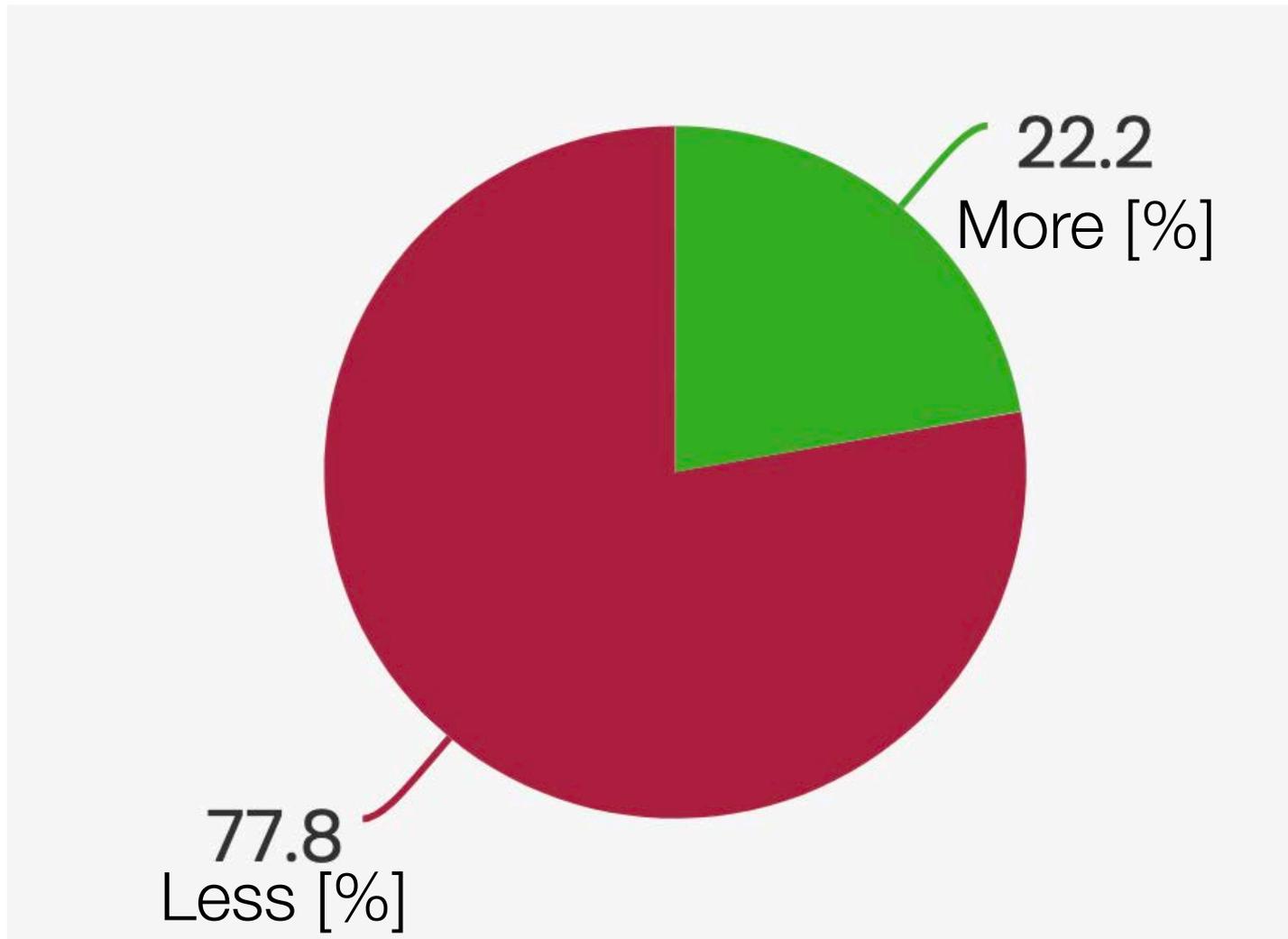


NELA HQIP Award

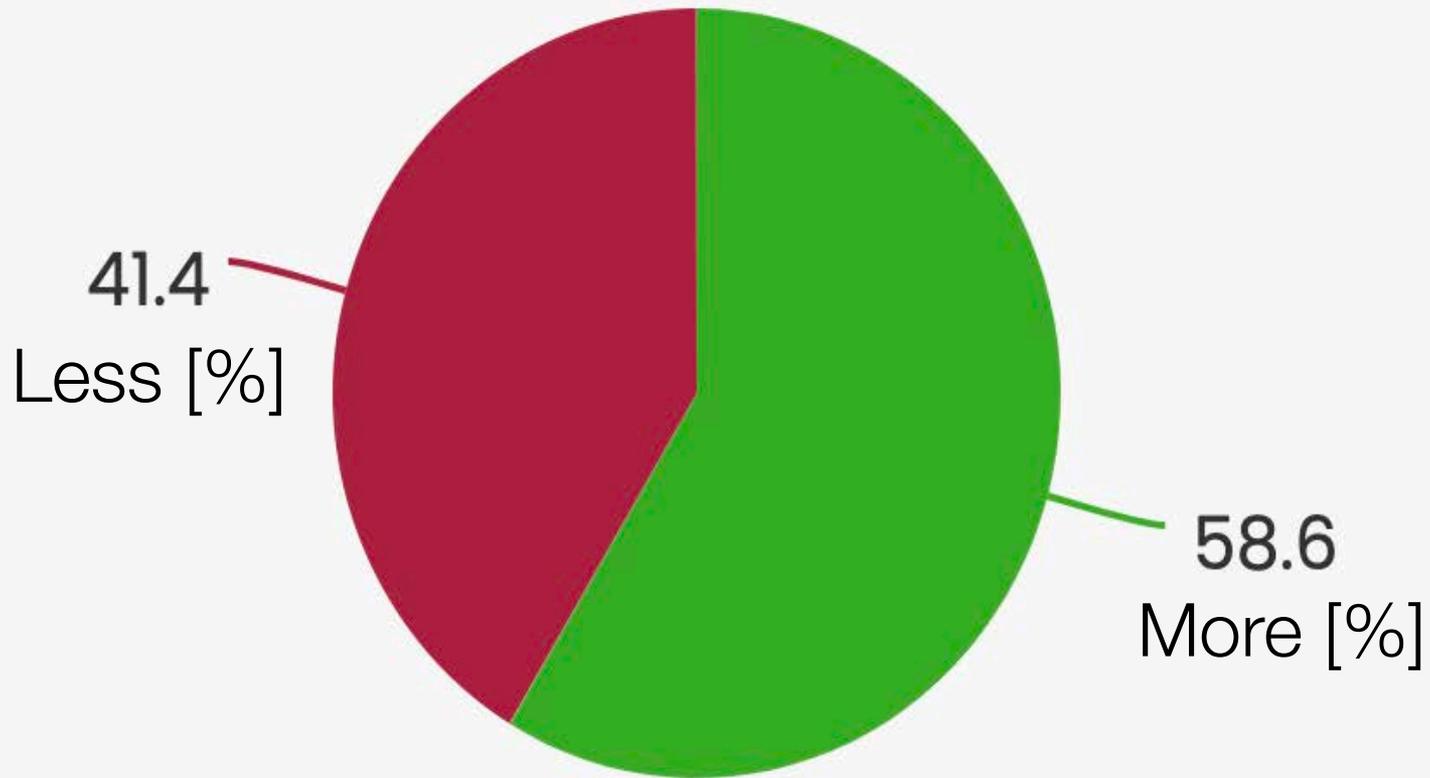
Q: Within your current organisation, would you like more or less national clinical audits made available?



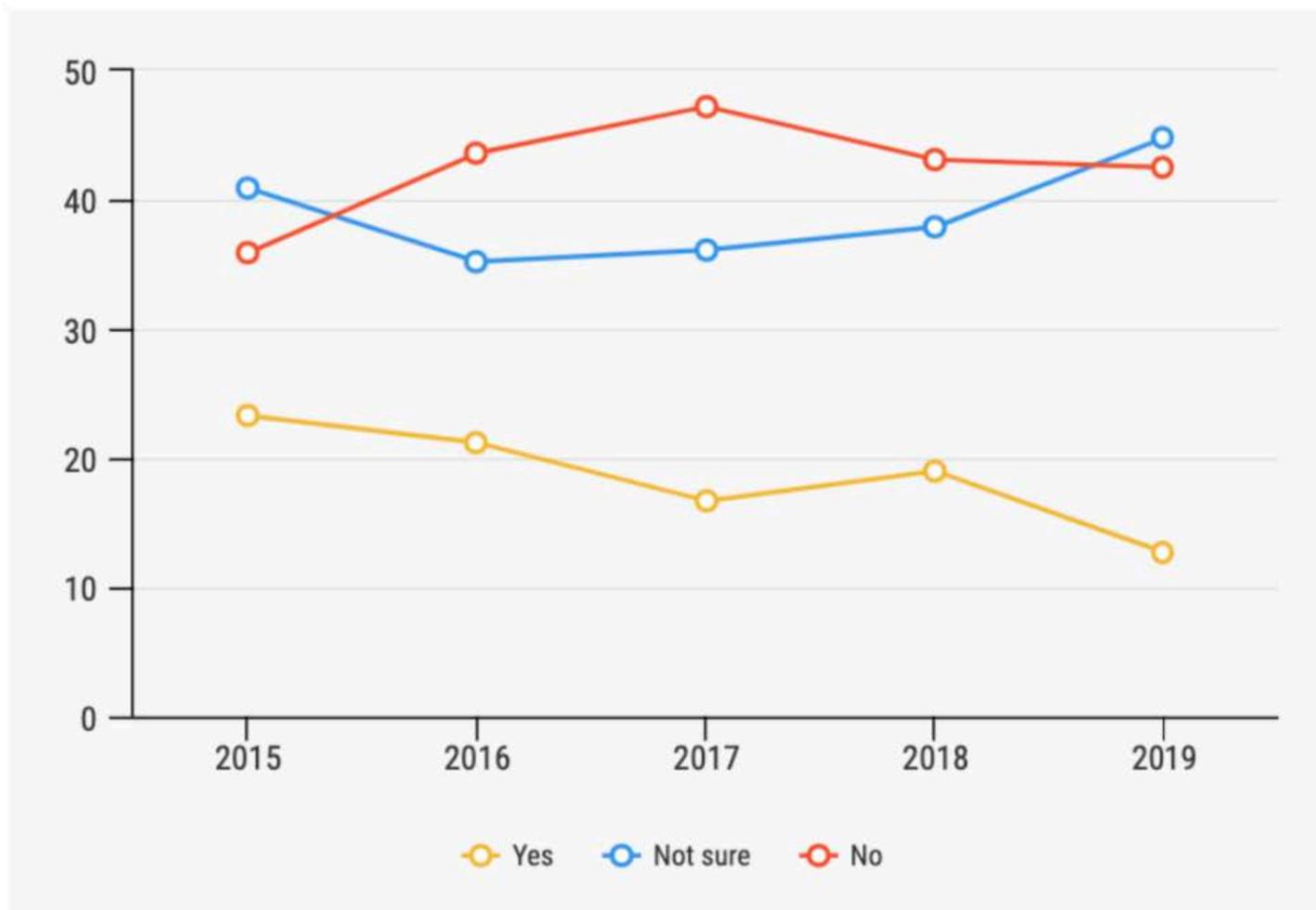
Q: Within your current organisation, would you like more or less national clinical audits made available?  
[Acute Trusts only]



Q: Within your current organisation, would you like more or less national clinical audits made available?  
[Non-Acute Trusts]

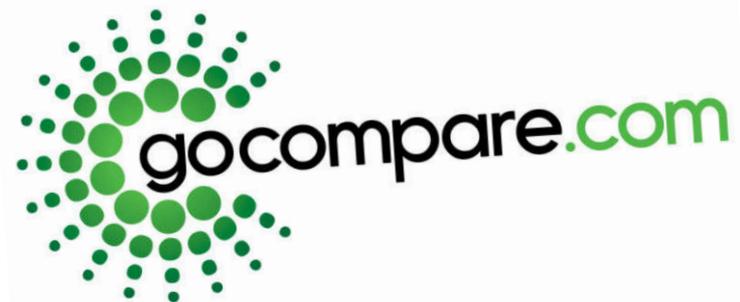


Q: Ten years ago, Sir Liam Donaldson stated that **national** clinical audit needed to be reinvigorated. From a personal perspective, do you think this objective has been achieved?



# National clinical audit: best attribute [90 comments]

- Benchmarking or comparing appeared in **50** separate comments. ‘Benchmarking’ [39 separate comments] plus ‘comparing’ [11 separate comments]
- ‘Improve’ or ‘improving’ appeared in 9 comments
- Thereafter, the themes were hard to spot but you can view all comments as submitted via the Appendix in the report



# Examples of 'benchmarking' and/or 'compare' comments

- 'ability to benchmark'
- 'national benchmarking'
- 'ability to benchmark against rest of the country'
- 'being able to compare against other sites'
- 'benchmarking which can drive quality'
- 'being able to benchmark against other providers'
- 'comparison with other Trusts'
- 'comparison and shared learning'
- 'national comparison of performance enabling weaknesses to be easily identified locally'



# National clinical audit: one change [88 comments]

- 'Data' appeared in **30** separate comments
- 'Report/reporting' appeared in **25** separate comments
- Thereafter, the themes were hard to spot but you can view all comments as submitted via the Appendix in the report



# Focusing more on 'data'

## [30 comments]

- 'amount of data to collect'
- 'we are drowning in data'
- 'collect only data that is needed for the audit'
- 'less data burden'
- 'avoid duplication of data collection'
- 'less burden to collate the data'
- 'less data collection'
- 'less data burden'
- 'a move away from continuous data collection to short focused ones'



**Robin  
Burgess,  
HQIP Chief  
Executive  
(2011 HQIP  
conference in  
Manchester)**



## The new climate – opportunities and threats

### Opportunities

- **Outcomes:** Political interest in audit as a means of measuring and improving outcomes
- **Transparency:** Ability for audit to show patients how good services are
- Requirements to report on participation in audit and the changes that result
- Revalidation
- **Financial climate:** Value of audit in QIPP

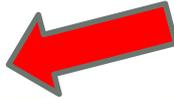
### Threats

- Lack of funding for local audit/service changes
- Burden of national audit
- Continuance of poor quality audit practice undermining its image
- GP interest in audit?

**Professor  
Mike Bramble,  
(2011 HQIP  
conference in  
Manchester)**



## NATIONAL CLINICAL AUDITS

- **No strategy**
  - Royal Colleges
  - Specialist Societies
  - DoH
  - NICE
- **Unfocussed**
- **Increasing burden** 
  - Number of audits continues to increase (30+)
- **Onerous re audit**
  - Too early
  - Too frequent
  - No “light touch” for high performing Trusts
  - No training programme or support for Trusts underperforming



## National audits 'drain' NHS resources

31 January, 2017 By [Sharon Brennan](#)

- Local audit network criticises increasing burden of national audit programme
- The annual survey of audits finds negative perception outweighs positive for the first time
- Concerns include lack of timely data reporting, poor methodology and incompatible IT infrastructure

The national audit programme is a "drain" on hospital trusts' resources when projects are "poorly designed or insufficiently robust", a regional audit network has warned.

The Yorkshire effectiveness and audit regional network has [submitted a paper](#) to the Healthcare Quality Improvement Partnership, which said the taxpayer could save "considerable sums of money" if a minimum audit criteria was followed.

YEARN intends to share its recommendations to "national bodies" responsible for commissioning and providing audits and has already escalated its concerns to the National Quality Improvement and Clinical Audit Network, the independent body representing networks such as YEARN. The paper said it recommends that any audit not meeting its criteria "should not form part of the national programme".

The paper comes at the same time as an annual survey of clinical auditors found that negative perceptions of audits outweighed positive for the first time since the survey launched in 2010. In 2015-16 the differential between whether auditors felt more or less positive about clinical audits fell to -4.2, compared to 10 in 2015 and 47.4 in 2010.

Of the 218 responses to the survey carried out by the Clinical Audit Support Centre, 77 per cent of acute trust respondents wanted less auditing, while 63 per cent of community and mental trust respondents wanted more.

CASC director Stephen Ashmore said: "We have met many trust auditors and clinicians that have told us that there are simply too many national audits. We are told trusts are stretched with no more capacity in the system and yet still have to spend a lot of time generating data that is often slow to be benchmarked and reported back."

The qualitative responses to the survey included anonymous comments that "[audits] are seen as too much work for too little return"; "they do not influence change on a scale that justifies the resource"; and "national audits are driving out local projects which typically lead to the biggest improvements in patient care".

Mr Ashmore also said there are few national audits for community, mental health, primary and social care, which is unbalanced and "does not mirror how healthcare is delivered in 2017".



# Focusing more on 'report/reporting' [25 comments]

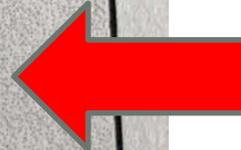
- 'more timely reports'
- 'delays in reporting'
- 'improved timescales on reporting'
- 'takes ages to report on'
- 'quicker reporting'
- 'speedier reports'
- 'quicker reporting of results'
- 'more timely, consistent and localised reports'
- 'publication of national reports sooner to allow for improvement'



# Reporting (1)

## Essentials for High Quality National Audit

- Always pilot the questionnaire
- Build in validation to the audit tool
- Feedback results rapidly – audit data goes off very quickly
- Disseminate results widely and provide help and support to encourage support
- Re-audit and then keep going



**Professor Tony Rudd**, Programme Director at SSNAP  
'Balancing local and national audit priorities' (2008)

# Reporting (2)

**Let's start by making national audit better**

- **National Audit must:**
- **Help the cycle be completed – it must enable action as well as measurement, re-auditing as necessary**
- **Involve patients at all stages**
- **Be linkable to local organisational strategic priorities and owned by senior management as part of their integrated governance**
- **Cover the whole care pathway where appropriate**
- **Must not be research**
- **Be carried out with enthusiasm and energy**
- **It must be quick enough in returning results**



 **HQIP**  
Healthcare Quality Improvement Partnership

**Robin Burgess, HQIP CEO 'CA and Quality Improvement – what next?' (2010)**

## One other free-text question

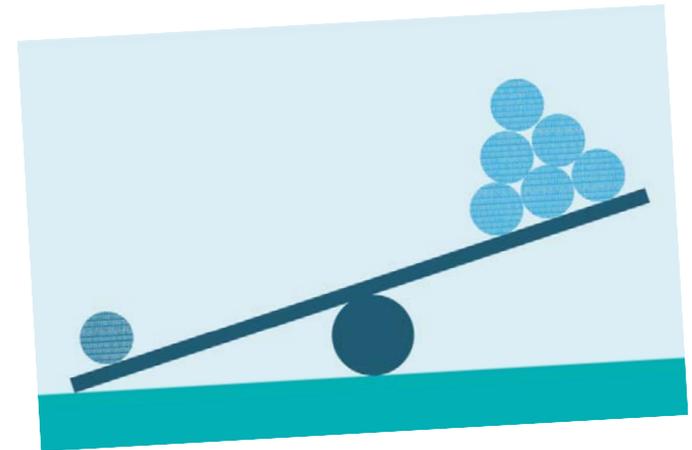
Do you have any additional comments you would like to add in relation to the reinvigoration of clinical audit?



# Imbalance of programme

## [9 comments]

- ‘most national audits are tailored to the acute settings’
- ‘community services get very few applicable NCAs’
- ‘I work in a partnership trust so we have access to very few NCAs’
- ‘I work in MH. Very few relevant national audits’
- ‘Current bias towards acute hospitals’
- ‘I would like to see more national projects developed for community care’
- ‘the audits do not cover our services’
- ‘there are no national audits specifically designed for primary care’



## Robin Burgess, HQIP Chief Executive (2008)



## The results?

- A more responsive, more effective suite of national audits which lead to proven improvements in quality of care
- A greater diversity of national audits funded by several sources
- Development work on registries/clinical databases to help them become better QI tools, becoming part of a spectrum of data led sources supporting quality improvement, managed alongside audits
- 'Selling' of audit and its value for QI
- Better linkage between national audit and local practitioners
- Higher quality local audit practice
- Better supported, trained and motivated local audit staff

**Professor  
Nick Black,  
Chairman of  
NAGCAE  
(2009 HQIP  
conference at  
the Belfry)**

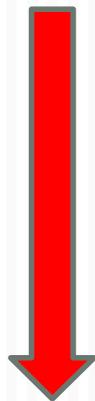


## Strategy 6: broad portfolio

- Introduction of local audit support and activities (centrally funded from NCAPOP)

### National clinical audits

- Wider range of conditions and health care interventions
- Introducing audits focused on primary care (adult/Type II diabetes) and inclusion of social care (nutrition in inpatients/residents)



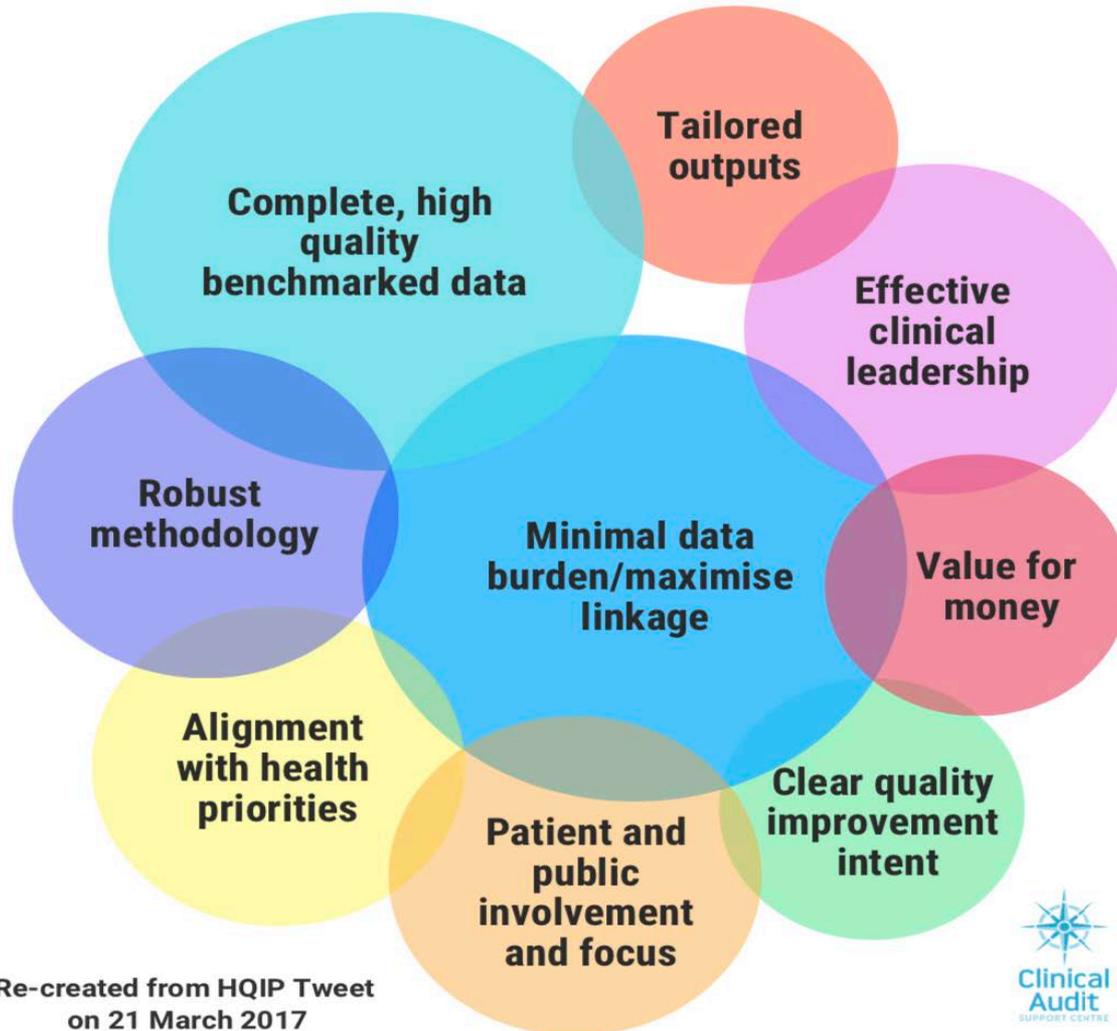
**Mandy Smith,  
member of HQIP  
Local Quality  
Improvement  
Development  
Team (2011 HQIP  
conference in  
Manchester)**



## Future developments

- *'The Department will extend national clinical audit to support clinicians across a much wider range of treatments and conditions'*
- 37 proposals for new topics submitted in response to invitation on the HQIP website
- Final decisions on which to commission will be taken by the D of H on advice from NCAAG
- Subscription funding for some NCAPOP audits
- Greater emphasis on driving improvement not just documenting achievement

# HQIP Commissioning Principles for National Clinical Audits



Re-created from HQIP Tweet  
on 21 March 2017

**HQIP  
Stakeholder  
Survey 2012,  
Overall impact  
section.**

**Highlighting  
current real  
issues people  
have with HQIP  
commissioned  
national audits**



- “there are still far too many national audits which are not clinical audit”
- [There is a need to] “commission national audits that are more relevant and useful for Trusts not just collecting data”
- “more and more national audits are being commissioned which is destroying the ability for Trusts to participate in local audit’

# Thanks and what next...?

- We will email you with a link to a Survey Monkey evaluation
- We will send you a link to our new Zoom webpage [to access slides, film and poll results from today]
- Run a further session on NCAs and invite HQIP, NHS England, NQICAN to participate

