



Clinical Audit Census 2023

*Report published in May 2024 by
Clinical Audit Support Centre*



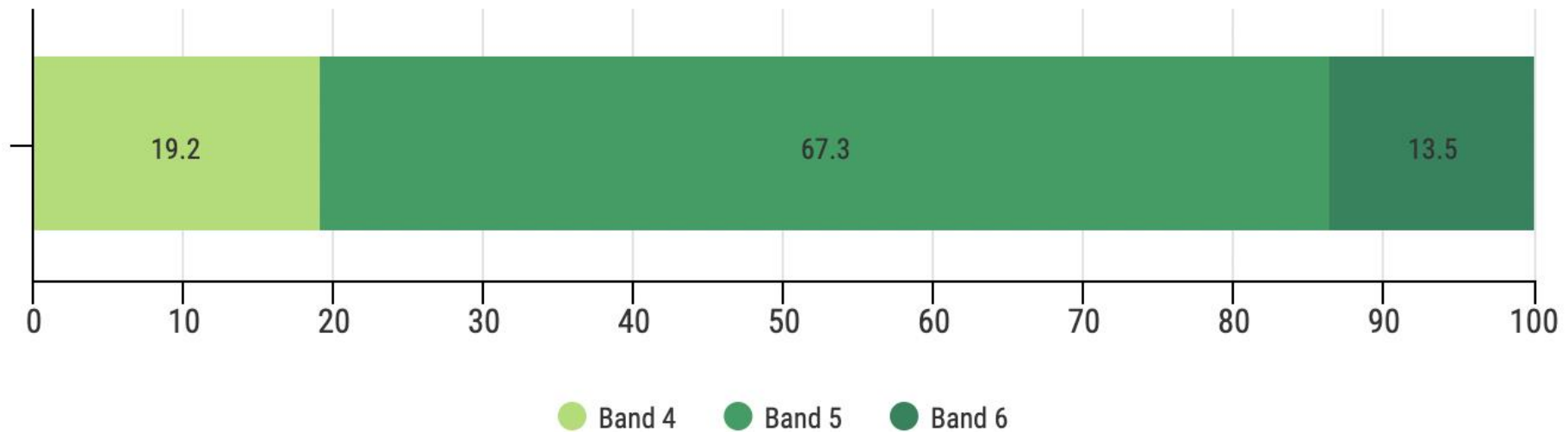
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Why the need for a census?



- Never been a piece of work like this (to our knowledge)
- Size of audit team is often a talking point
- *'I am a team of one'*
- Pay bandings for audit staff feel messy and inconsistent
- Emergence of QI has added further complications

Old CASC data: Clinical Audit Facilitator



*Data from CASC Jobs Bulletin (n=52)

Our initial concerns...



- How would people feel about being asked for sensitive data by two commercial companies?
- Would other clinical audit 'leaders' disapprove of the census?

What we decided...



- Make the survey voluntary
- Promise to all those taking part that their data would be kept confidential
- Make our plans for this work clear prior to launch...

What we did...



- CASC and AMaT discussed the need for the census
- Agreed this would be useful
- AMaT drafted a set of questions
- CASC reviewed initial draft
- Other CA experts were then asked for their input
- AMaT set up an online survey to enable data capture

Launch: 18 May 2023



Summer 2023



- After the initial launch at AMaT conference
- Periodic reminders of the survey via CASC e-News
- Mentioned via Twitter but link never shared there
- Closed survey end of August 2023

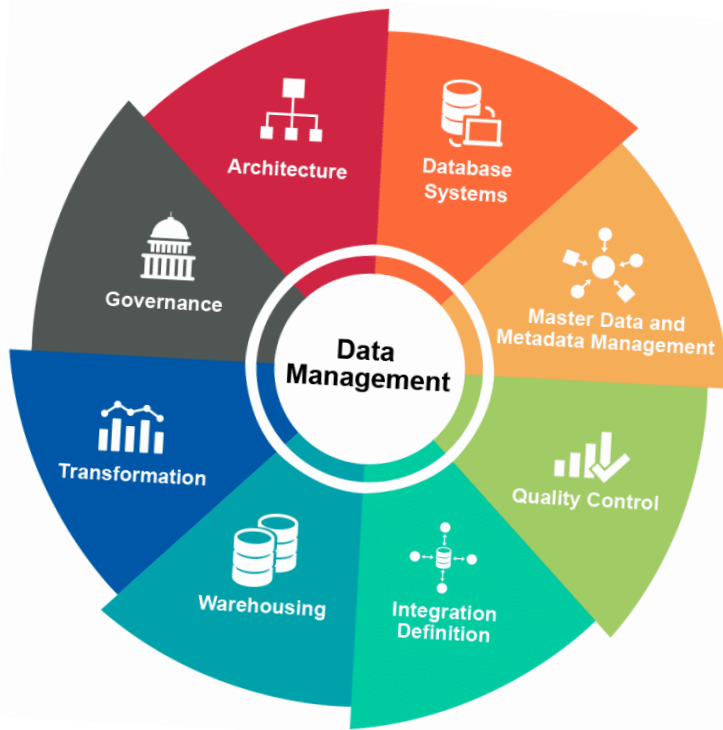
Responses



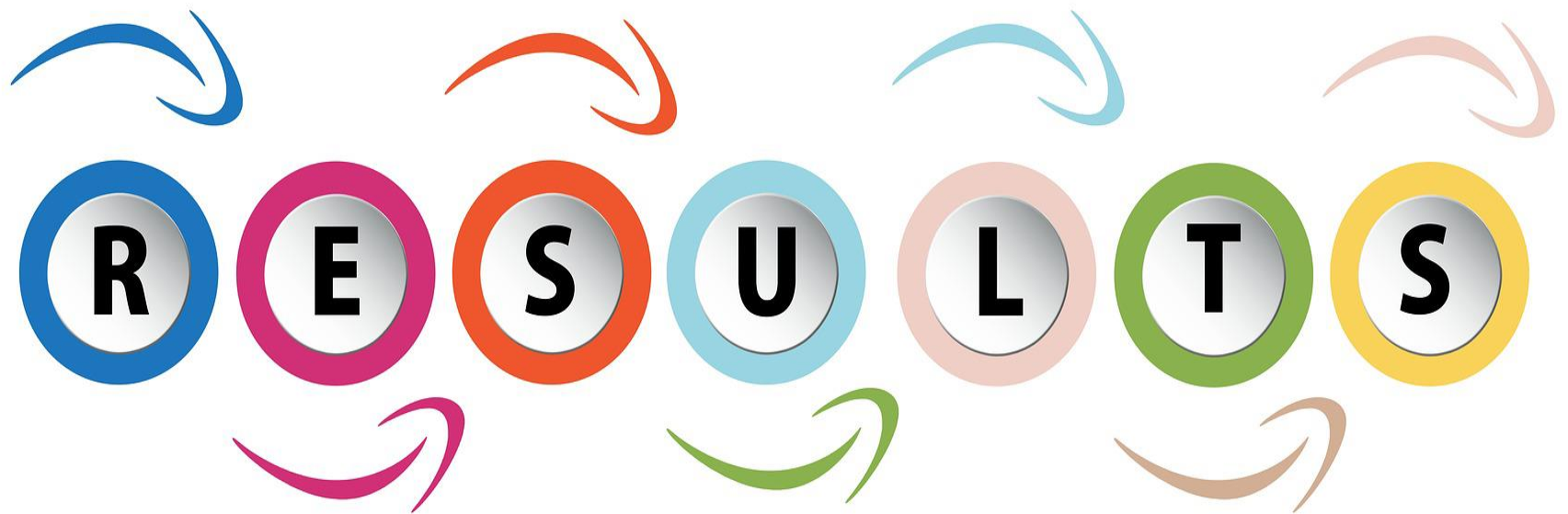
- 41 responses in total
- One Trust replied 3 times!! Asked to select single response
- **39 total responses**
- 34 from NHS Trusts*
- 5 from non-NHS
- High quality returns, i.e. complete responses

*1 NHS specialist organisation

Data management



- AMaT managed the survey
- Excel outputs shared with CASC team
- CASC anonymized all data-sets
- CASC checked data for accuracy / errors
- NHS / commercial data all provided a random identifier, e.g. Trust A, Com A, etc.



***NHS only: unless noted!**

What do NHS CA Teams look like?

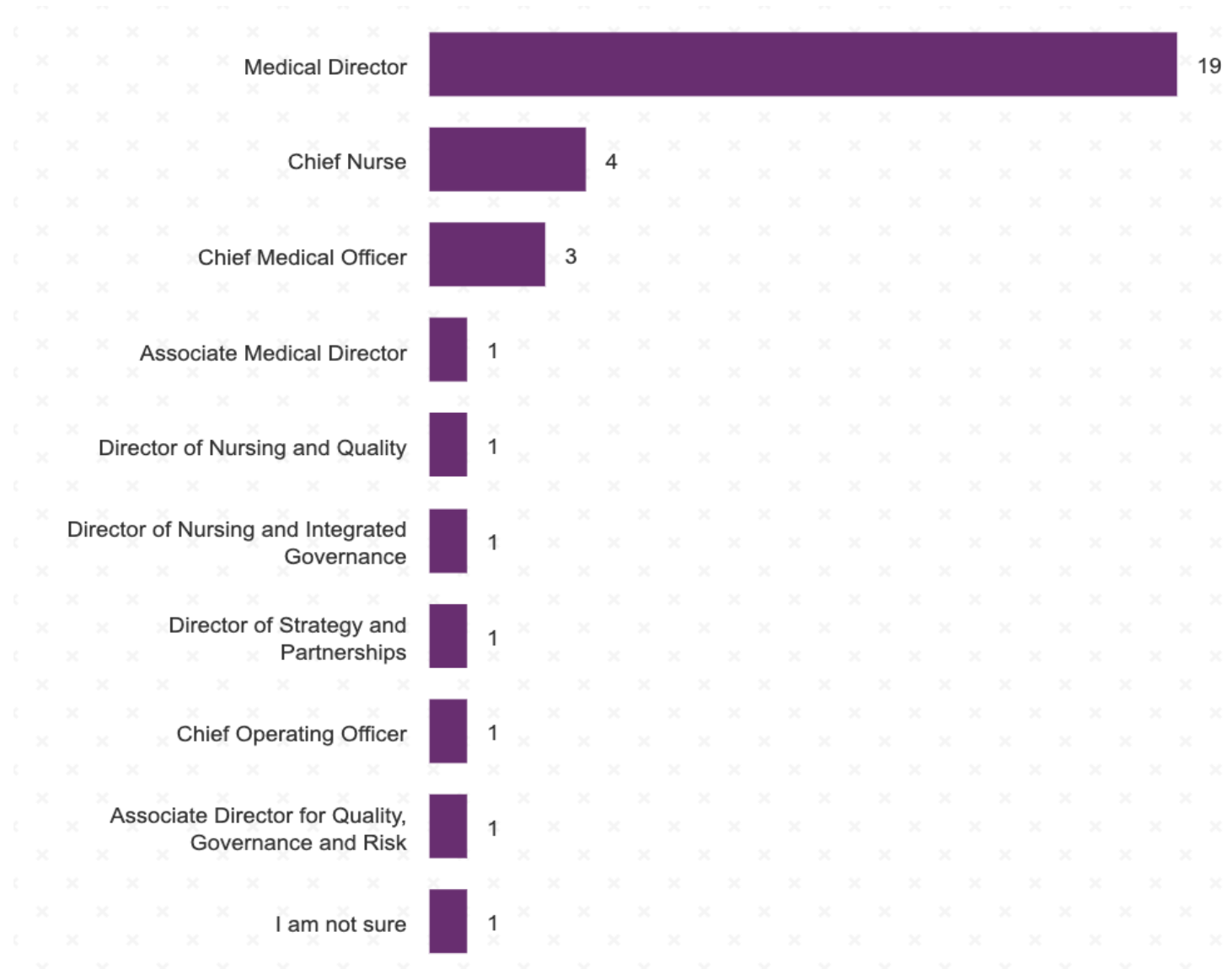


Names of Teams



- 21/34 (62%) include the word 'audit'
- 17/34 (50%) include the word 'effectiveness'
- 8/34 (24%) include the words 'audit' and 'effectiveness'
- 6/34 (18%) include the word 'improvement'

Who has corporate responsibility for CA?





STELLA VIG

 @svig2

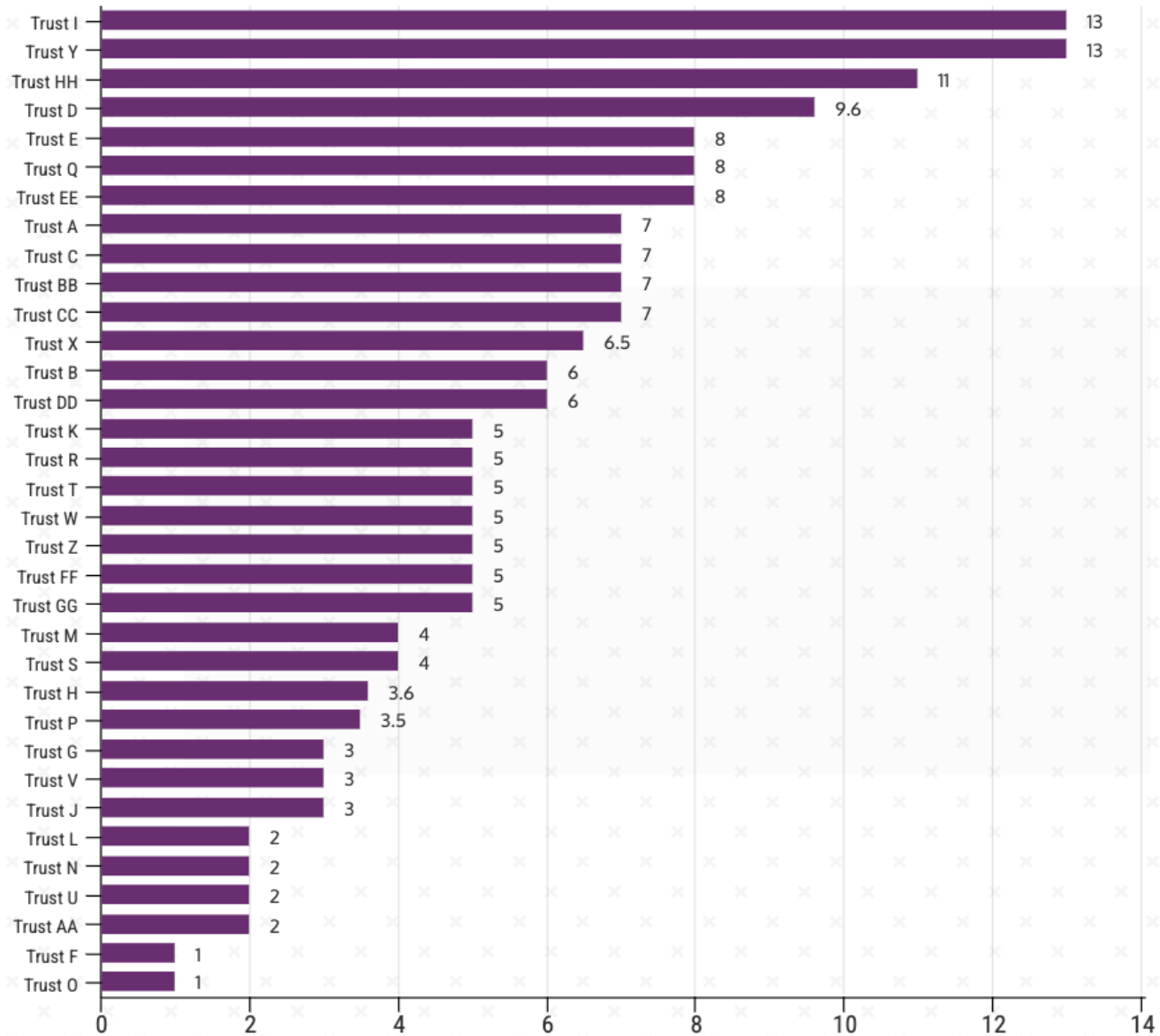
**National Medical Director for Secondary Care
NHS England**

Your Medical Director should be providing leadership for audit in the same way they do for research and development.

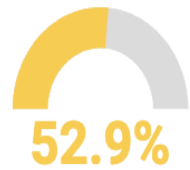
**H HEALTHCARE
CONFERENCES UK**

Clinical Audit for Improvement Summit 2024

Size of CA Support



CASC & AMaT 2023 Census Clinical Audit Job Bandings by NHS Trusts



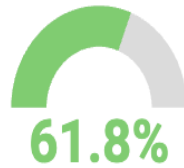
Band 8

18 out of 34 Trusts who completed the census (52.9%) stated that they employed a Band 8. In total, there were 18 Band 8 jobs noted in the census, i.e. no Trust employed more than one Band 8 staff member.



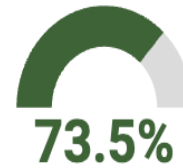
Band 7

20/34 Trusts (58.8%) employed one or more Band 7. Across those 20 Trusts, there were a total of 22.8 WTE Band 7 clinical audit staff.



Band 6

21/34 Trusts (61.8%) employed one or more Band 6. Across the 21 Trusts, there were a total of 36.8 WTE Band 6 clinical audit staff.



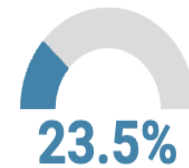
Band 5

25/34 Trusts (73.5%) employed one or more Band 5. Across the 25 Trusts, there were a total of 54.1 WTE Band 5 clinical audit staff. This represents the most WTE staff in one job banding across the census.



Band 4

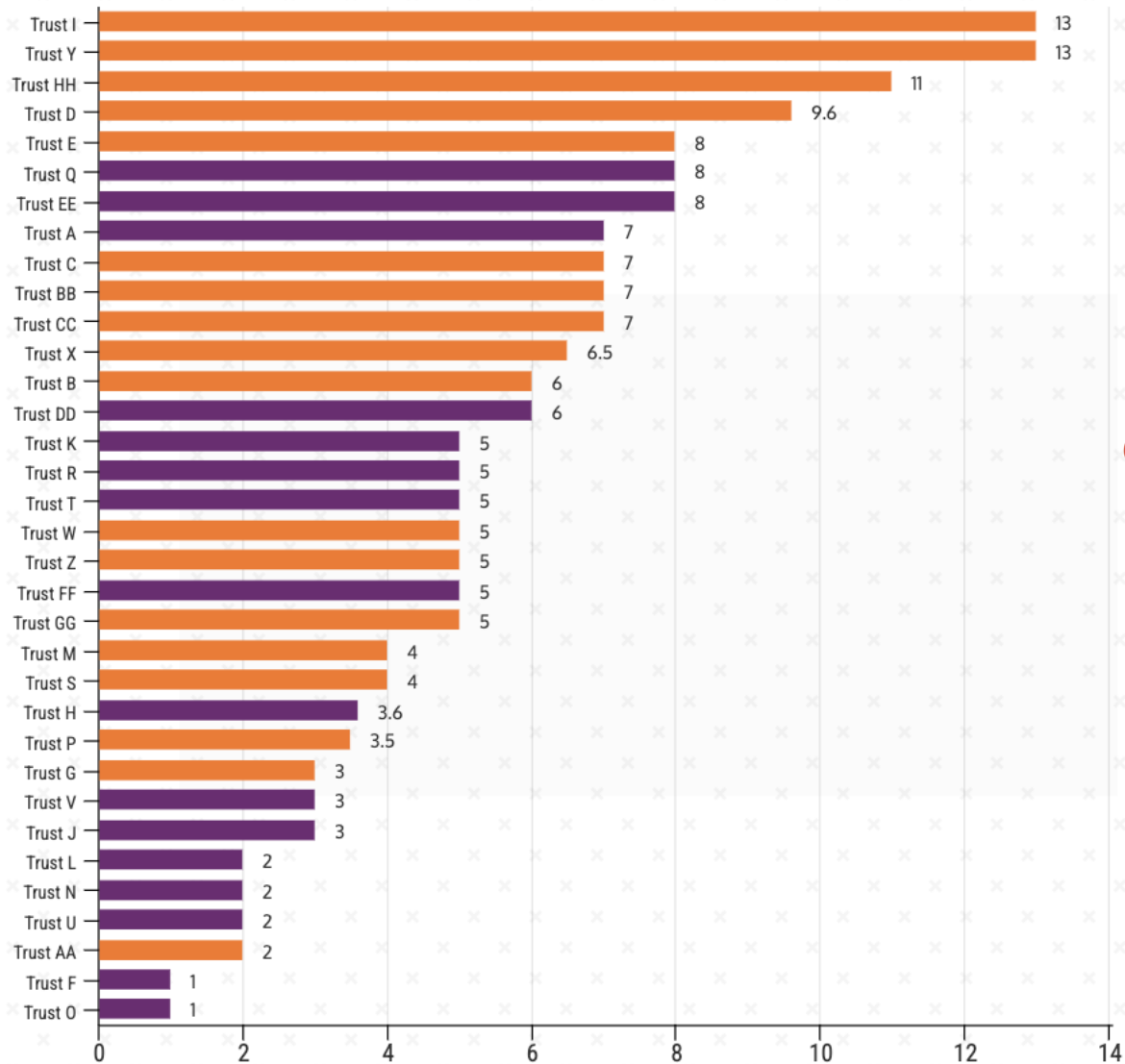
17/34 Trusts (50.0%) employed one or more Band 4. Across the 17 Trusts, there were a total of 37.5 WTE Band 4 clinical audit staff.



Band 3

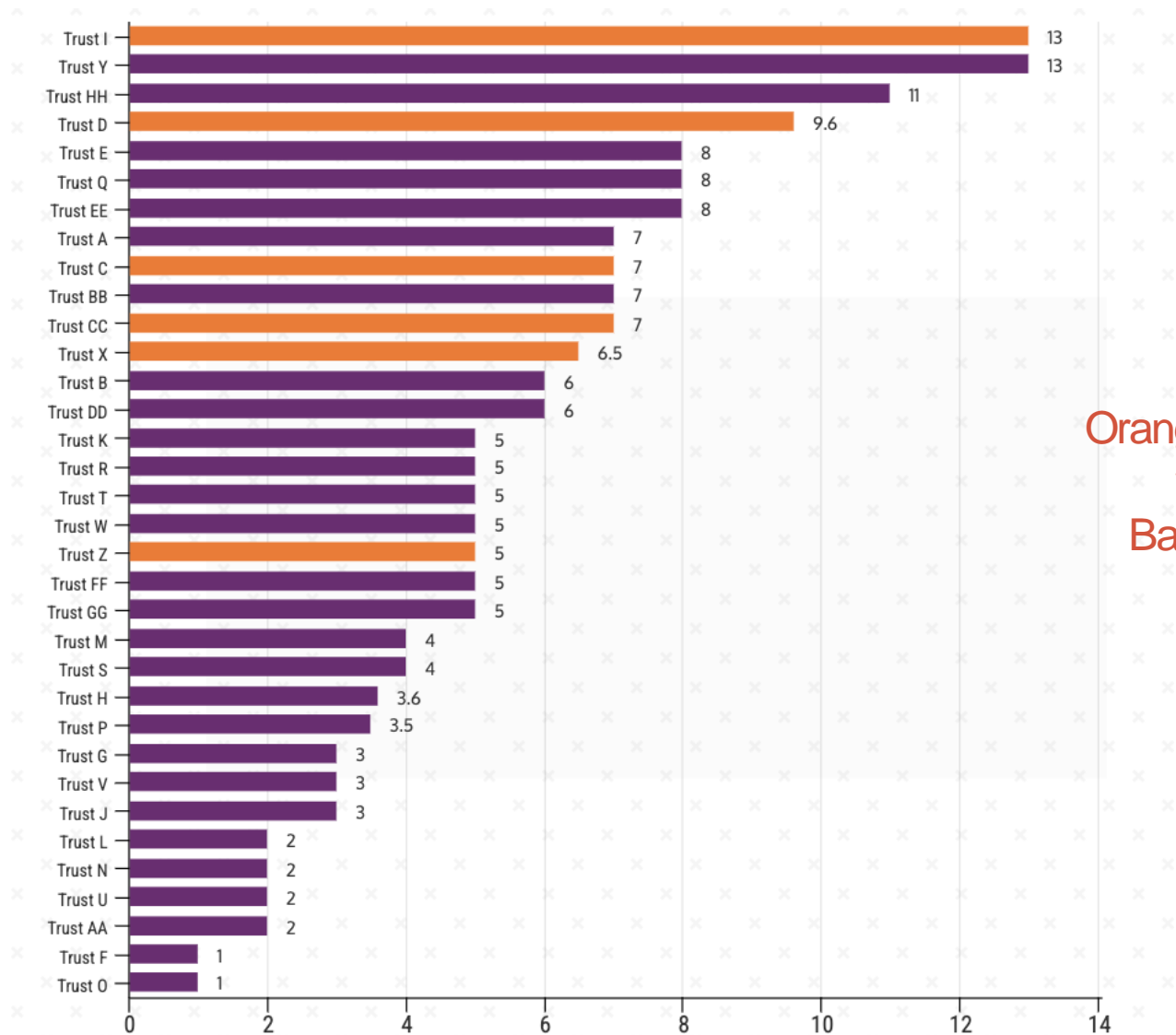
8/34 Trusts (23.5%) employed one or more Band 3. Across the 9 Trusts, there were a total of 12 WTE Band 3 clinical audit staff.

Trusts with a Band 8 CA



Orange = Trusts with a Band 8

Trusts with a Band 7 & 8 CA

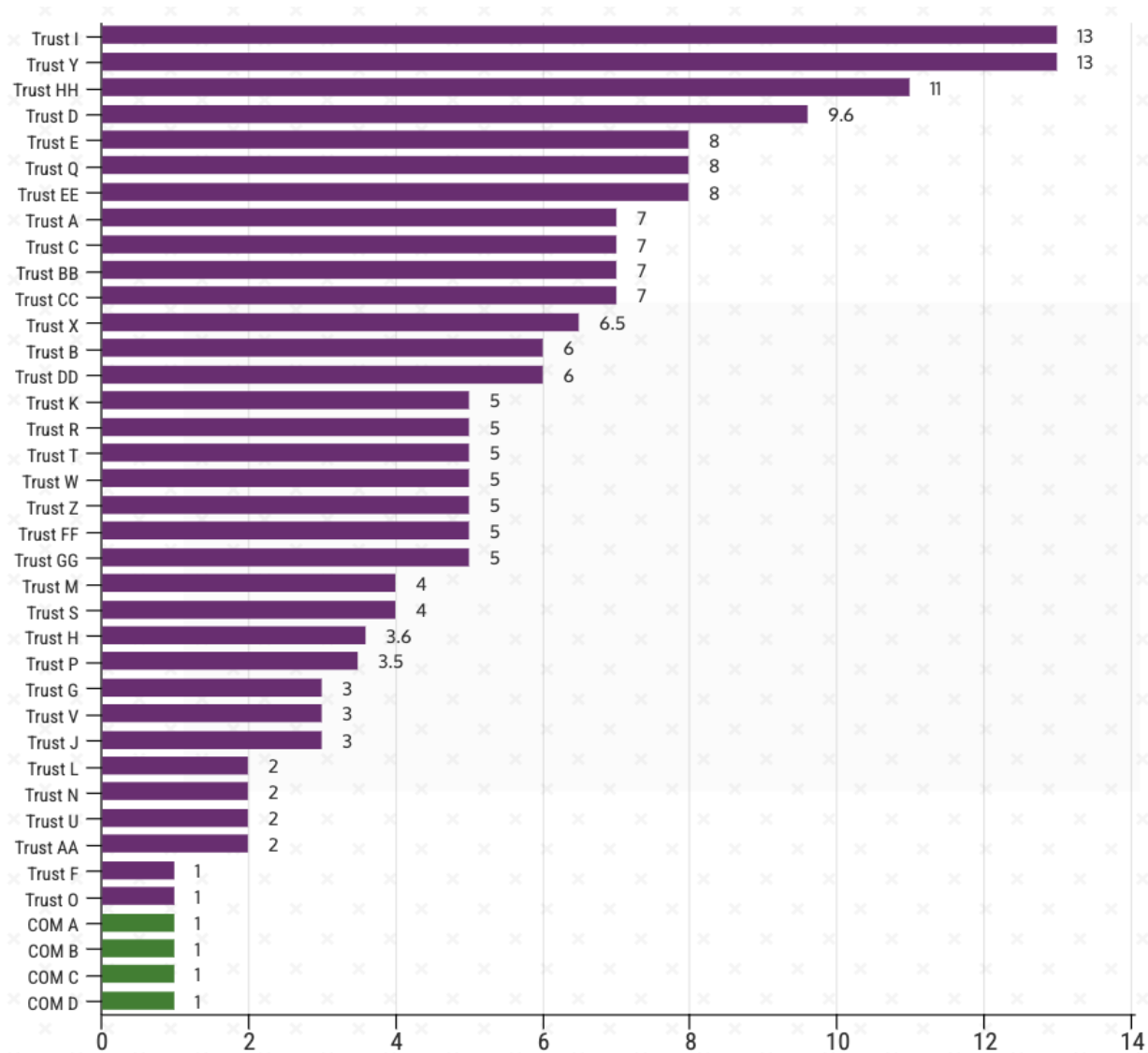


Orange = Trusts
with a
Band 7 & 8

Adding in data for non-NHS Teams



Size of CA Support: all organisations



Note: no data could be added for **COM E**: stated 'other banding' in their return, but no details of number of staff

Clinical Audit Project Support

Do you provide support for	No. of organisations	%
Regular reporting and progress reports	32	94.1
Project advice	34	100.0
Project support: data collection	24	70.6
Project support: data analysis	28	82.4
Project support: report writing	24	70.6
Project support: action planning advice	30	88.2

Clinical Audit Support Provided

Do you provide support for	No. of organisations	%
Clinical audit	34	100.0
National clinical audit	33	97.1*
Nurse assurance audits	19	55.9
Infection prevention audits	16	47.1
Pharmacy audits	17	50
NCEPOD	27	79.4*

Please note



- Quantitative data options were either ‘Yes’ or ‘No’
- 1 NHS organisation did not support ‘national clinical audit’
- On closer inspection, this organisation is not eligible to carry out any NCAs
- We should have provided ‘not applicable’ options

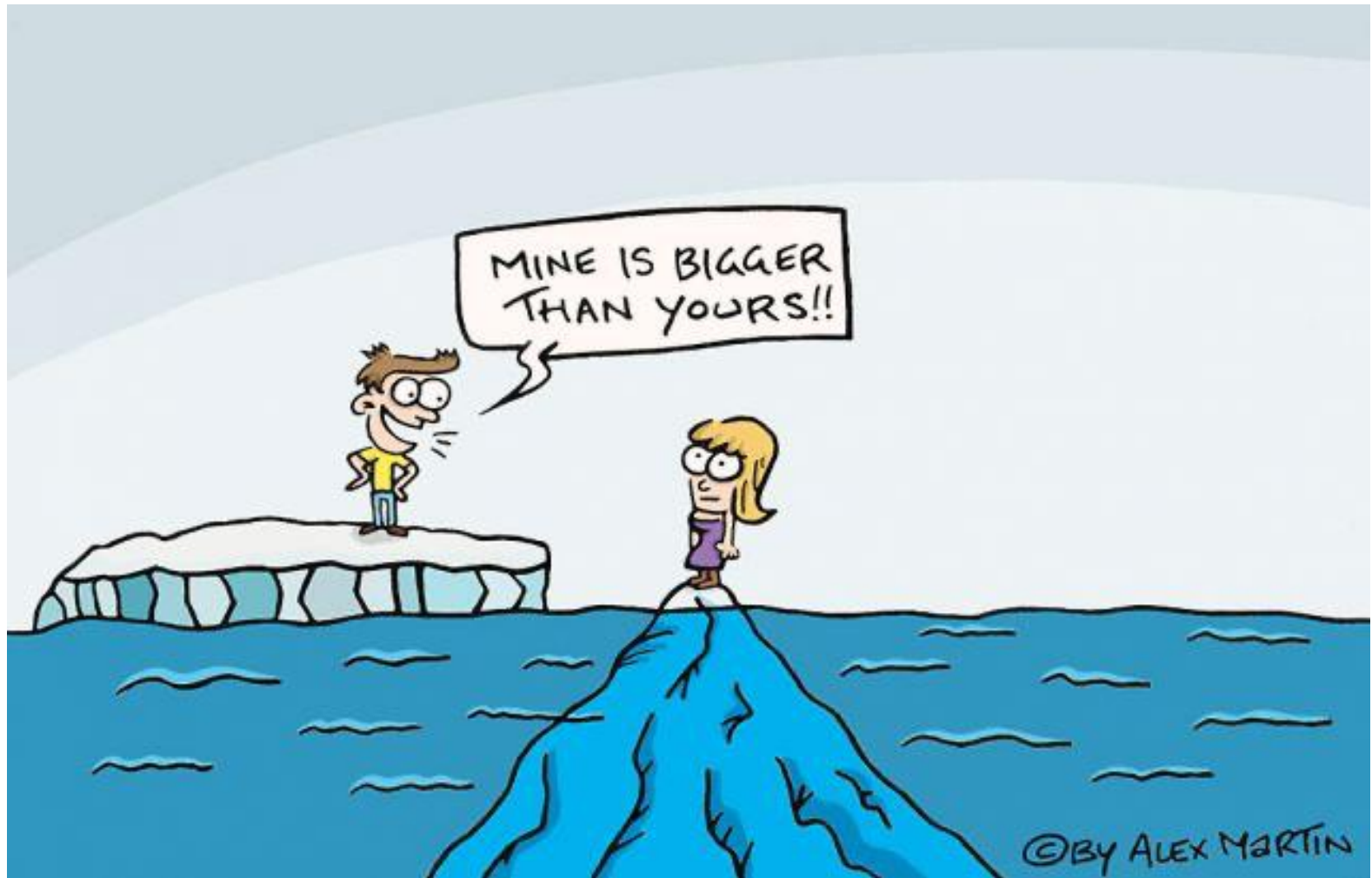
Other Support Provided

Do you provide support for	No. of organisations	%
NICE compliance activity	28	82.4
Support with baseline assessment, e.g. NICE	27	79.4
Mortality reviews	11	32.4
Morbidity reviews	5	14.7
GIRFT	5	14.7
Service evaluations	25	73.5
Quality improvement projects	17	50.0

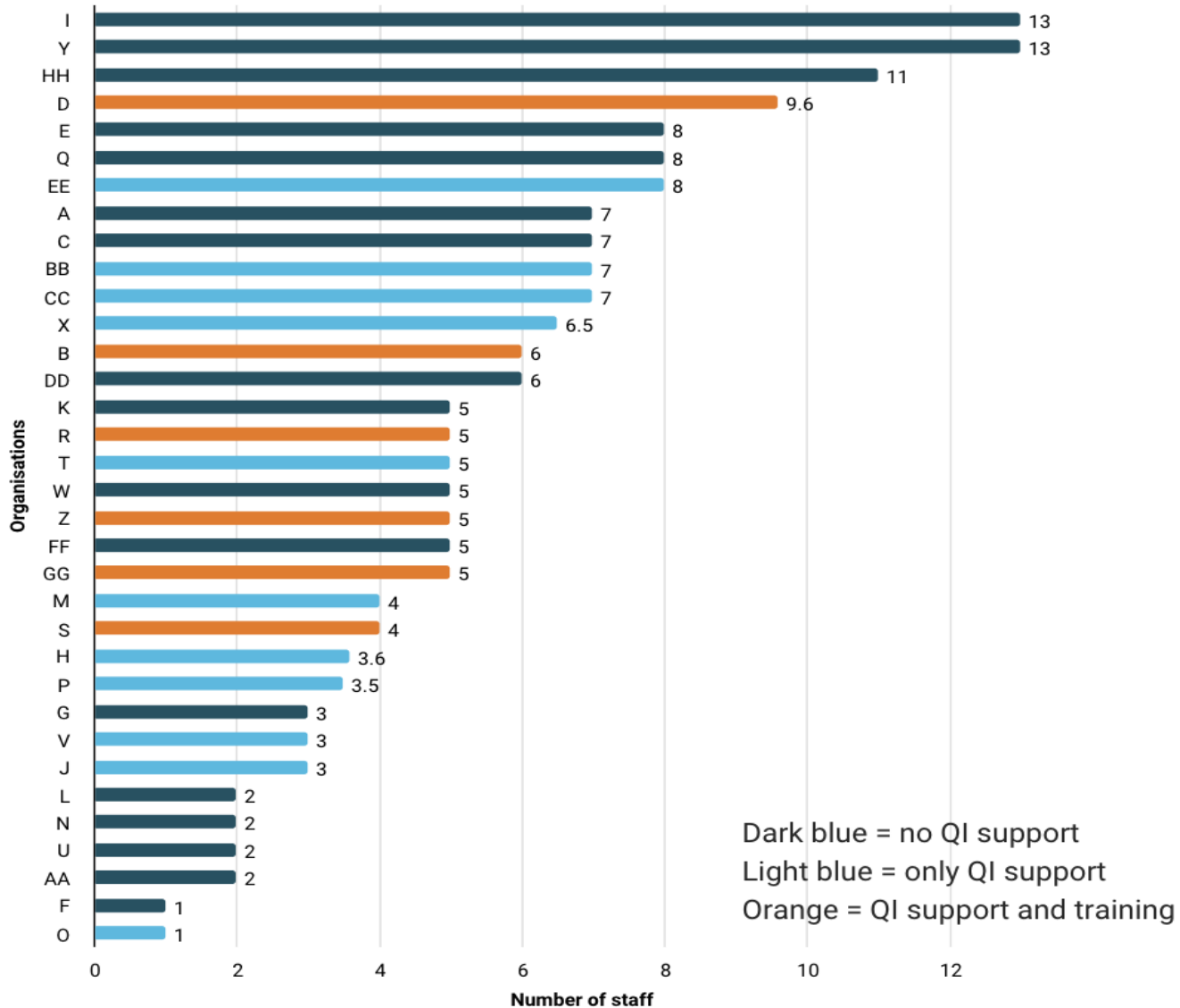
Training Support Provided

Do you provide support for	No. of organisations	%
Clinical audit training	31	91.2
Quality improvement training	6	17.6
Wider systems training, e.g. AMaT	11	32.4

Does size matter?



Support for QI



CLINICAL AUDIT JOB TITLES BY BANDING



Discussion time..

What are your thoughts on what you have heard so far?



CHALLENGE



Challenges identified: Capacity / resourcing (n=20)

16 ranked this as their No.1 challenge

- Under-resourced for a Trust of this size
- Resources
- Understaffing
- Lack of resources to support the mass of continuous national audit submission requirements
- Capacity and resources
- Lack of staff, huge workload for a very small team
- Lack of capacity to proactively support staff with local / individual projects due to breadth of portfolio and staff resource
- Number of staff in department
- Keeping up with sheer amount of audits and actions
- Workload capacity including support for improvement projects and delivering QI education
- Time - people power to undertake audit work
- Small team: 1.5 persons supporting 140 teams (approx.)
- Resource / staffing
- Not enough resource or capacity within the CA team
- Capacity to support all the workstreams
- Staffing capacity - a few years ago we were just the audit team, then we absorbed service evaluations from R&D and have been made the QI team as well, with no extra resource / staff

Challenges identified: Engagement (n=18)

10 ranked this as their No.1 challenge

- Clinical engagement
- Lack of engagement
- Senior clinician engagement and involvement of clinical audit
- Engagement at all levels - effectiveness is a 'necessary evil!'
- Clinical engagement and ownership of clinical quality and its supporting frameworks
- Getting engagement from clinical staff other than the junior doctors
- Engagement in audit and with the clinical audit team
- Engagement
- We would like to increase patient engagement further
- *Lack of engagement and enthusiasm from some staff, e.g. medics*
- *Engagement and ownership*
- *Engagement with staff to supervise the audits*
- *Gaining clinical engagement for national clinical audits*

Challenges identified: QI / profile (n=13)

0 ranked this as their No.1 challenge

- *How we effectively link in with the Continuous Improvement Team*
- *Lack of integration with related activities, e.g. QI, assurance, risk, research, performance*
- *Not included in key organisational projects from the beginning (or at all) even when there is a clear role e.g., PSIRF, QI colleagues are given primacy instead*
- *Seen as an assurance function not an improvement function*
- *Wider team (Quality team) communication and trust communication*
- *Poor links with higher profile quality-related depts, e.g. Patient Safety*
- *Interaction with other Quality related functions*
- *Non-alignment of quality functions within trust - silo working within the quality silo itself*
- *Ensuring that Audit is valued as an improvement tool*
- *Not enough recognition and value for CA work and involvement in comparison to QI*
- *Competing demands with other QI activity*
- *Lack of coordination and co-relation between audit and QI teams*
- *Top level - the board and senior managers don't understand true QI methodology*

Challenges identified: Actions (n=9)

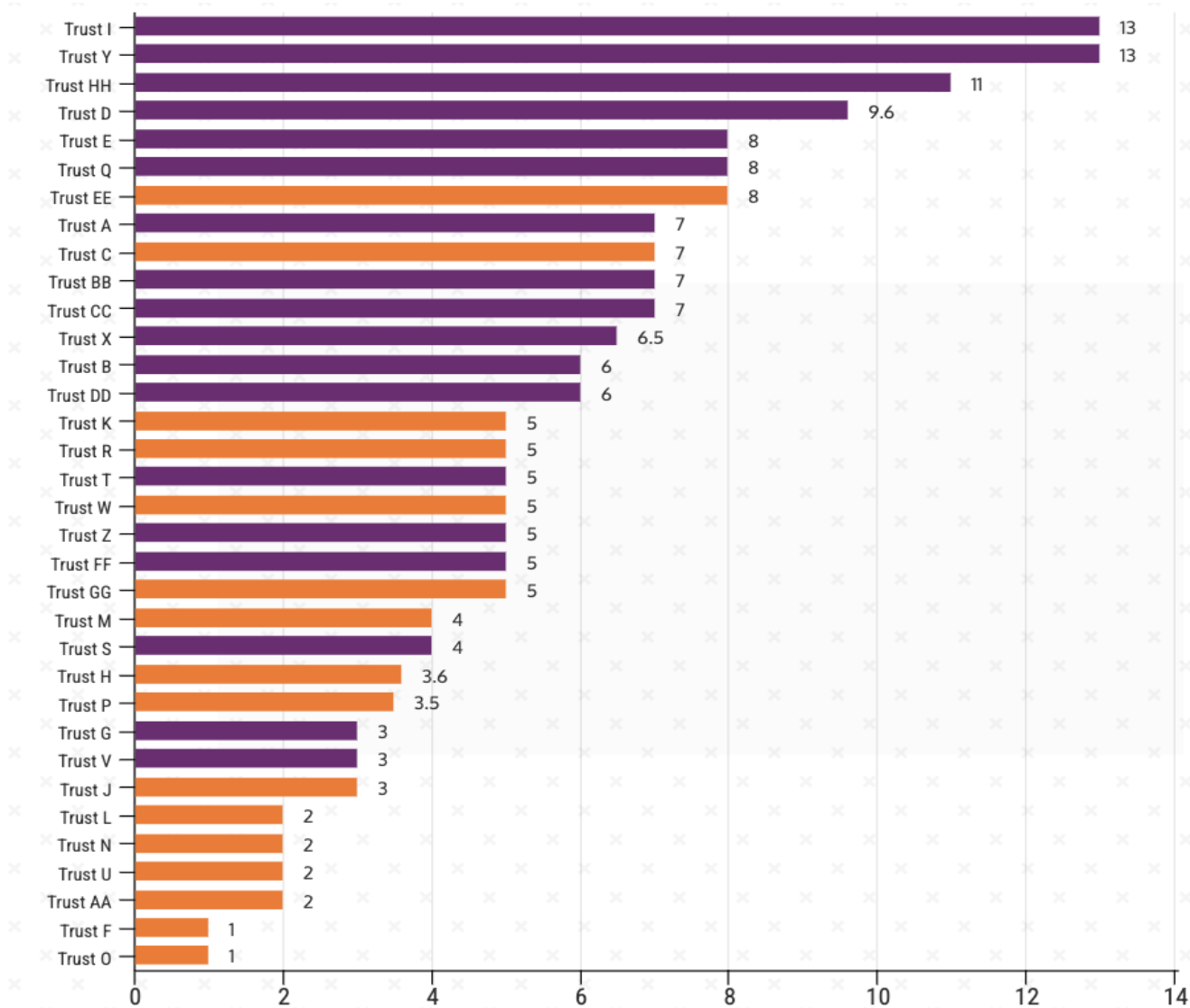
2 ranked this as their No.1 challenge

- Monitoring actions in response to clinical audit results
- *Closing the loop and actions*
- *Keeping up with the sheer amount of audits and actions*
- *Effective action plans*
- *Gaining impact as individuals are reluctant to take responsibility for actions*
- *Encouraging colleagues to use improvement tools in order to ensure actions are taken on the back of audit findings*
- *Fulfilling action plans*
- *Closing audits - getting timely responses on audit reports and QIP actions*
- *Challenge from higher levels - why are so many projects overdue / why are so many actions overdue?*

More on challenges...

Challenge	Number of comments	Number ranked 1
1. Capacity and resourcing	20	16
2. Engagement	18	10
3. Issues with quality improvement	13	0
4. Action planning	9	2


'Capacity' challenges v size of team



Orange = Trusts identifying 'capacity' as their No.1 challenge



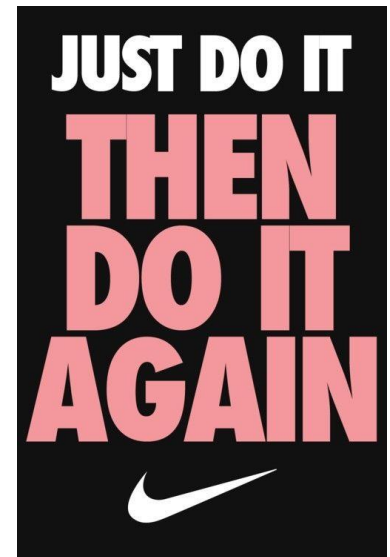
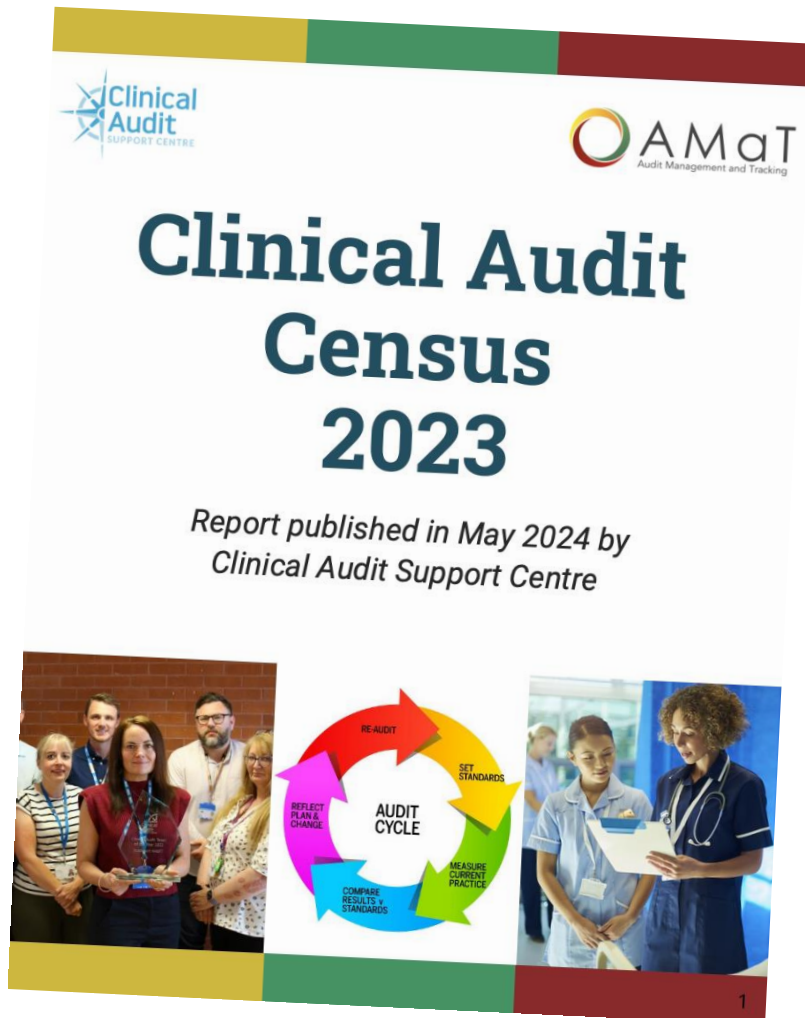
STELLA VIG

 @svig2

**National Medical Director for Secondary Care
NHS England**

The world of clinical audit has grown and grown. It is sometimes not the most or the best resourced department within an organisation because sometimes it is difficult for organisations to see where the value lies in the clinical audit team, but they are an essential part of what we do and without them I think providers fail, so I think this is really important.

Next steps for us...



CASC CA Jobs Directory

[START COURSE](#)

This web resource has been set up by Stephen and Tracy from the Clinical Audit Support Centre. The purpose of this website is to share clinical audit job descriptions with members of the clinical audit community. Over the years we have frequently been asked for audit job descriptions and while we would expect other leaders to have created this resources, nothing has been forthcoming and so we have set this up ourselves.

For more information...



@cascleicester

@TrackedbyAMaT



Thank You!