LEARN AT LUNCH #3
Improving National Clinical Audit
# 29 SEPTEMBER 2020

Clinical Audit
SUPPORT CENTRE

Overview

This 'learn at lunch' session held on 29 September 2020 and was entitled 'Improving National Clinical Audit'. The session was facilitated by Clinical Audit Support Centre Ltd co-Directors, Stephen Ashmore and Tracy Ruthven and they provided information the results of the CASC annual survey in relation to national clinical audit. Prior to that, guest presenter Marina Otley (Nottingham CityCare Partnership) presented the results of her project conducted with Roger Simpson entitled 'Information for participation: do national clinical audits provide adequate project plan information?'. All slides from the session and a 90 minute recording are available on the CASC website, **here**. You can access the CASC annual survey here. A total of 150 learners signed up to the session with a peak of 103 in attendance.

Marina Otley's talk

Marina outlined the project that she had conducted with Roger Simpson, with the support of a number of volunteers. This set out to examine the quality of information provided to users of national clinical audits. As stated above, the slides for Marina's talk are available on the CASC website. As part of her talk, Marina conducted three polls and the results of these appear below:
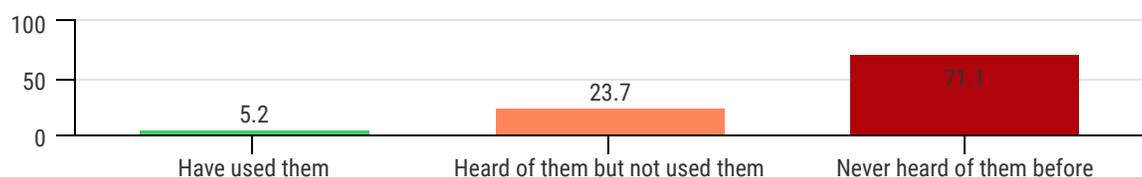
Poll 1: How easy do you find it to determine which national clinical audit applies to your organisation? (n=76):
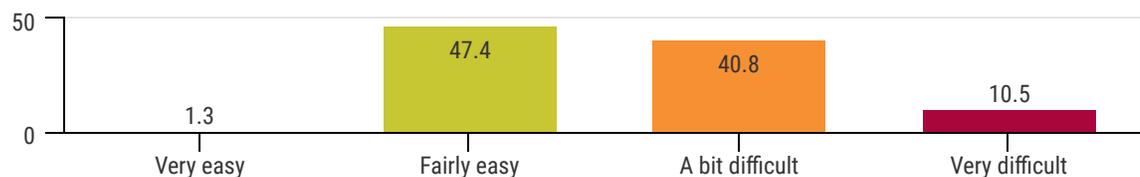
Poll 2: How easily can you find the information you need to plan who/where/when to take part in national clinical audits? (n=76):
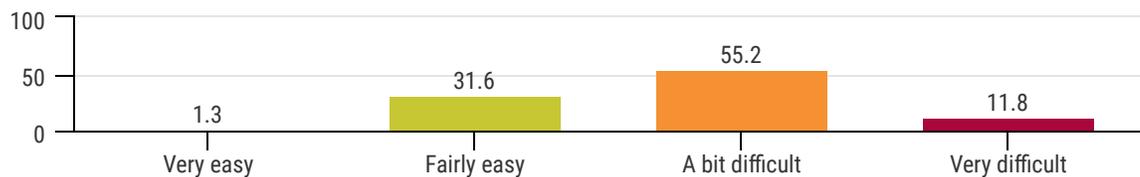

Poll 3: Have you used the completed UPCARE tools on the HQIP directory? (n=76)

CASC talk

Following the presentation by Marina, the CASC co-Directors (Stephen and Tracy) presented further information in relation to national clinical audit. This featured results from the annual CASC clinical audit survey (established in 2010), plus information on Healthcare Quality Improvement Partnership's commissioning principles for national audit and details of national leaders aims and goals for improving national audit, all circa 2008-12. CASC ran a number of polls mainly asking learners to rate current national audits against a number of the HQIP commissioning principles. The response options adopted the Care Quality Commission ratings: outstanding, good, requires improvement and inadequate. Results of the polls are shown below:
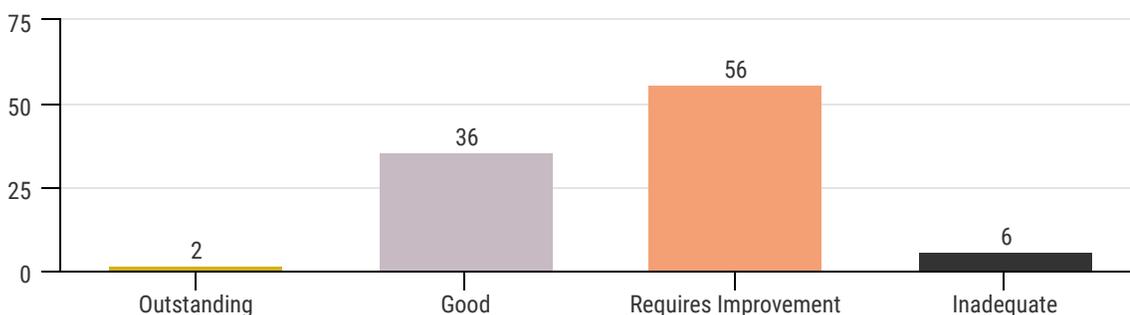
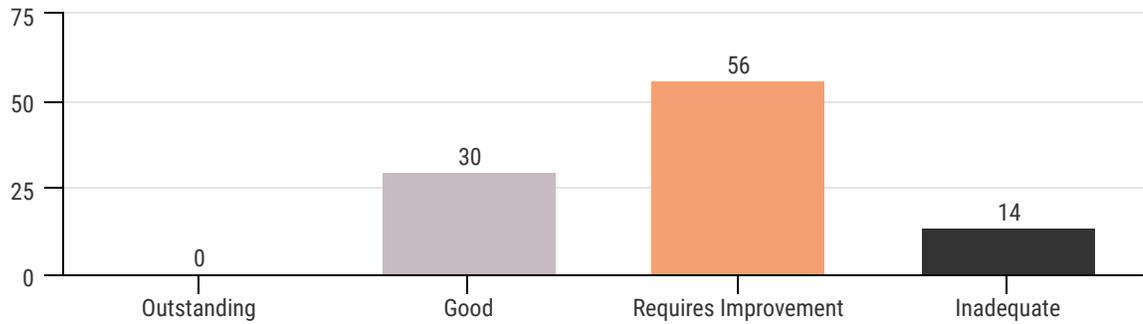Poll 4: Rate National Clinical Audits for minimal data burden (n=50):
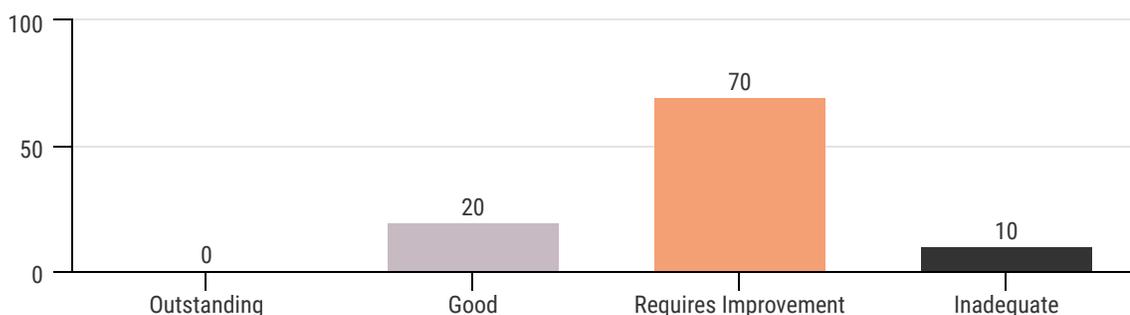
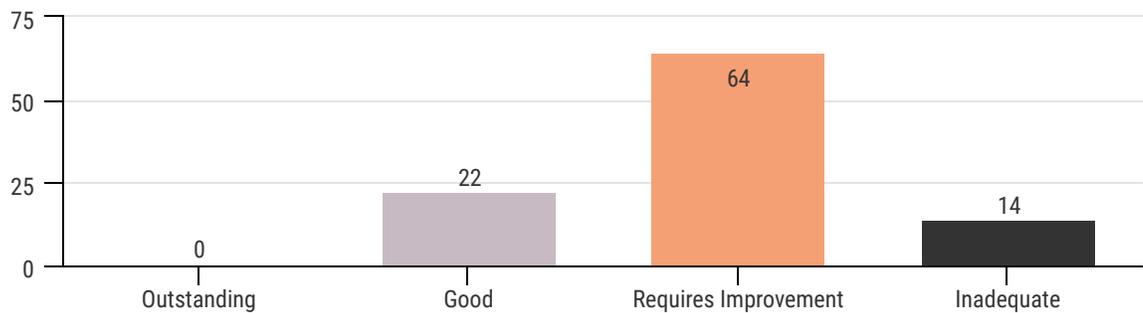Poll 5: Rate National Clinical Audits for complete, high quality data (n=50):
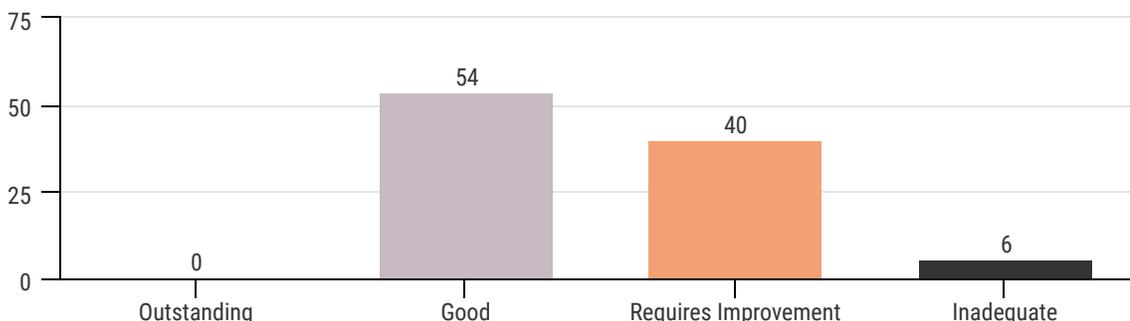
Poll 6: Rate National Clinical Audits robust methodology (n=50):

Please note the next poll is not from HQIP's Commissioning Principles for NCAs, but a common theme that emerged from CASC's annual survey was that data and reports form national audits often take a long time to be shared with participants. As we all know, for effective clinical audit data, needs to be current. Therefore, poll 9 asked those attending to rate national clinical audits for timeliness of reporting.

Poll 9: Rate National Clinical Audits for timeliness of reporting (n=50):
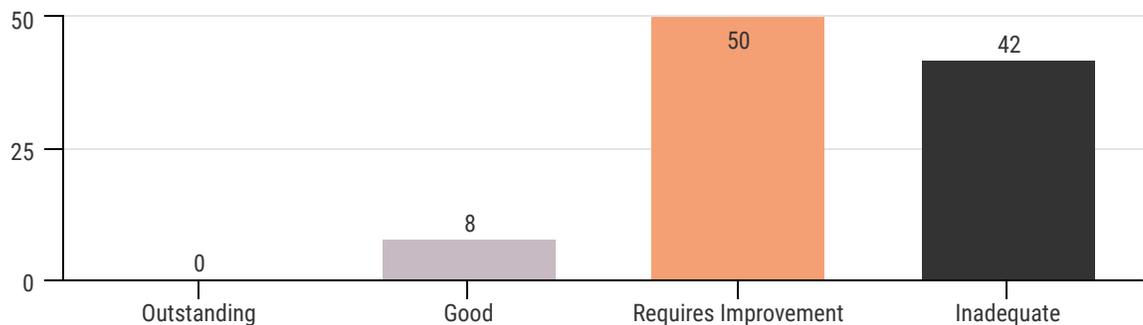
In addition to the previous questions focusing on HQIP's Commissioning Principles for National Audit, we tracked back across lots of key documents in preparation for the talk on improving national audits and came across the 2012 HQIP Stakeholder Survey. This asked users of HQIP's services and national audits for feedback on their work and within it on page 12 there is a section headed 'overall impact' that asks stakeholders for feedback on how HQIPs work could be improved.

On page 12 there are a number of points that have been raised in relation to suggested improvements for national clinical audit. It is noted that these 'reflect the very real issues people have with national audits we are required to commission by the Department of Heath'.

Three comments on this section were noted by us as they relate to ongoing concerns about national clinical audits that we picked up via other documentation published at the time when there was a concerted effort to reinvigorate national audit (2008-12). The comments were as follows:
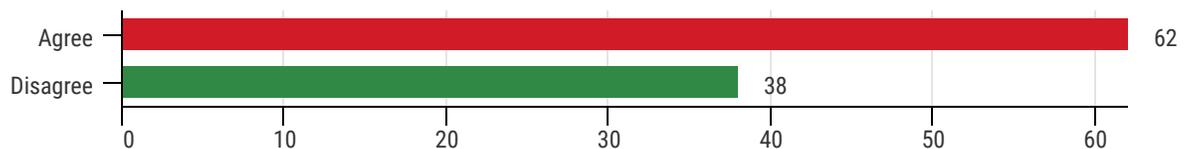
'There are still far too many national 'audits' which are not clinical audit',
'Commission national audits that are more relevant and useful for Trusts not just collecting data' (and)
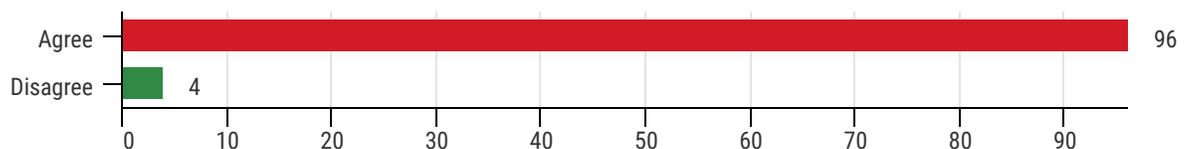*'More and more national audits are being commissioned which is destroying the ability for Trusts to participate in local audit'.*

Given that these ongoing issues were raised in the HQIP Stakeholder Survey in 2012, we asked participants to give feedback on these issues as they now see them in 2020. The results are as follows:
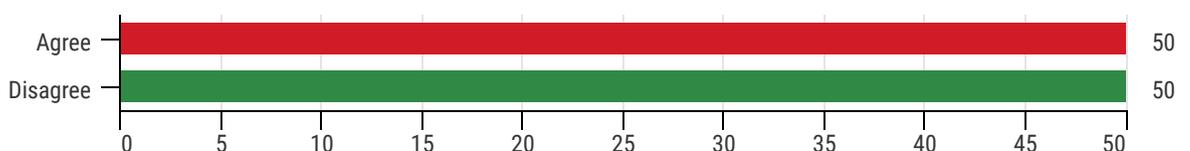
Poll 10: There are still far too many national 'audits' which are not clinical audit (n=50):

Poll 11: [There is a need to] Commission national audits that are more relevant and useful for Trusts not just collecting data' (n=50):

Poll 12: More and more national audits are being commissioned which is destroying the ability for Trusts to participate in local audit. (n=50):

Comments via chat

As part of our learn at lunch sessions we encourage participants to use the chat function to raise questions, share experiences and discuss key issues. This session generated considerable activity via chat and for ease we have broken this down into a number of themes and sections.

Themes in relation to Marina's talk on NCAs providing adequate information for participation:

- It would be useful to know what grade staff need to be at to collect data for particular NCAs (clinical/non-clinical)
- Is is possible for Trusts to work together to quantify staff time taken when participating in NCAs?
- NCAs need to be fully planned and timelines. Very difficult to gain clinical input and ownership at the last minute
- I saw UPCARE when planning my 2020/21programme, but did not know what it was!
- There is limited information online when deciding whether an audit is relevant to your organisation
- We are a community provider and a social enterprise and we have been told we can't take part in a national audit because we are not a Trust.

What have been the best improvements to national clinical audit in the last five years?

- Online tools to enable electronic data submission (x many comments like this)
- Provision of infographics
- Action planning tools
- Better communications. e.g. regular e-newsletters produced by NELA
- The move to continuous data collection so once set up it is easy to participate
- Access to online reporting/charts so you can monitor change in real-time
- More national audits applicable to mental health
- Guides for data collection, local reporting not just national,
- Whenever I have contacted the national teams (in relation to cancer audits) they have been very helpful.

What one change would you suggest to improve national clinical audits?

- Challenging NCA providers to quantify the time required to collect data (even as an estimate)
- Definitely too many [NCAs] in acute trusts and reports have data that is a few years old. Faster turnaround
- Faster reporting from data collection
- Quicker reporting
- Results and reports need to be in real-time as much as possible
- Hard to drive local improvement when national audit reports contain data that is a few years old
- Need time to implement changes before the re-audit starts
- Reduce data burden. National audits seem to be growing year on year
- Smaller and more focused audits. Snapshots
- Need more bespoke tools, e.g. community data is often incorporated into acute submissions
- It would be great if we could have some national audits that cover pathways across multiple organisations
- Study sites and HQIP must engage senior trust management (executive board) more
- More service user involvement
- A single online facility where where you can send data for all your national audits rather than having to enter manually into NHS digital databases. It is extremely time consuming.

Feedback from participants

After the course we sent out a short SurveyMonkey questionnaire to gauge feedback and a total of 34 responses were received. Feedback was mainly qualitative text comments, with one quantitative question. We have shared some of the most interesting free-text comments below in the exact format given. Note: all feedback is anonymous.

How would you rate today's meeting? 10 = very good, 1 = very poor (n=34)
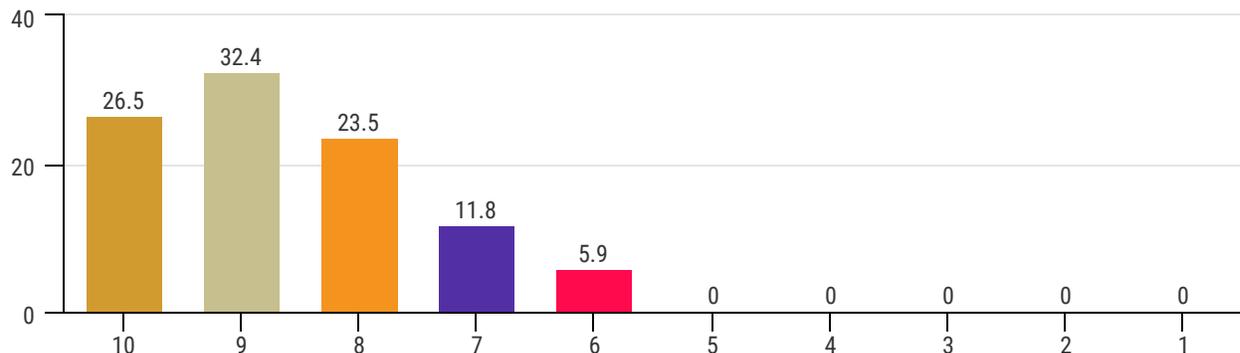
What did you like most about today's meeting?

- Marina's presentation
- Great presentation from Marina and good to get views of others
- Discussion that shows other Trusts encounter the same issues as our own
- Enthusiasm and warmth of presenters, despite online
- Warm, inclusive welcome and friendly facilitation. The use of polls kept the audience engaged
- The great presentations and then the discussions - great to hear from peers
- The interactive chat and polls, was an interesting way to get engagement from the large group
- The inclusion of all attendees.... also, the sharing of project results from other teams and sharing experiences
- I facilitate the majority of national audits for out trust, this can often leave me feeling frustrated...hearing other people's frustrations made me feel that I am not on my own
- Variety of discussion. Chat was excellent. Felt like we were talking openly about NCA problems that persist and have clearly not been fixed by the powers that be
- Useful information and positive atmosphere
- Connect with colleagues across the country.

How could our future meetings be improved?

- I think an hour is enough for most people, just try to keep things really concise
- Stick more closely to time. If you can only join part of the meeting it is frustrating if the item you join for starts late or over-runs
- Shorter session (one hour)
- Clearer guidance re: timing, I thought as per initial email it finished after one hour
- Maybe make them a bit shorter
- HQIP need to engage in these sessions
- Some handouts to have emailed out before the session
- There were some technical issues, e.g. I couldn't vote because the voting buttons weren't available.