

HSE National Centre for Clinical Audit (NCCA) Staff Experience Survey

Clinical Audit Awareness Week 2023



Title	HSE National Centre for Clinical Audit (NCCA) Staff Experience Survey Clinical Audit Awareness Week 2023
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Survey Dates	2 nd – 25 th June 2023
Report Written	21 st September 2023



Ionad Náisiúnta
d'Iniúchadh Cliniciúil
An Stiúrthóireacht um Ardchaighdeán
agus Sábháilteacht Othar

National Centre
for Clinical Audit
National Quality and Patient
Safety Directorate

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1.0. Background

The role of the HSE National Centre for Clinical Audit is to promote clinical audit as an essential quality and patient safety tool in Irish healthcare. The HSE NCCA aims to lead on the implementation of best practice in clinical audit across the healthcare landscape in Ireland.



Clinical Audit Awareness Week (CAAW) is an annual, national campaign in the UK to promote and celebrate the benefits and impact of clinical audit and quality improvement work in healthcare. It was initiated by the Healthcare Quality Improvement Partnership (HQIP) and the National Quality Improvement (incl. Clinical Audit) Network (N-QI-CAN) in the UK. From 19th – 23rd June 2023, the HSE NCCA co-ordinated celebrations of this week in the Republic of Ireland.

Activities arranged for Clinical Audit Awareness Week included a “Learn at Lunch Webinar” and a social media campaign across Twitter. In addition to this the HSE NCCA also conducted a survey exploring healthcare professional’s experiences in clinical audit. This document reports on the results of that survey.

2.0. Staff Experience Survey

A survey exploring HSE and affiliate staff's experiences with clinical audit was launched on Friday 2nd June at the RCSI Hospital Group Clinical Audit Study Day. The survey was an anonymous, electronic survey, conducted on the Smart Survey platform. It took respondents 3 minutes to complete.

2.1 Aims:

The below graphic describes the aims of the staff experience survey:



2.2 Questionnaire Development

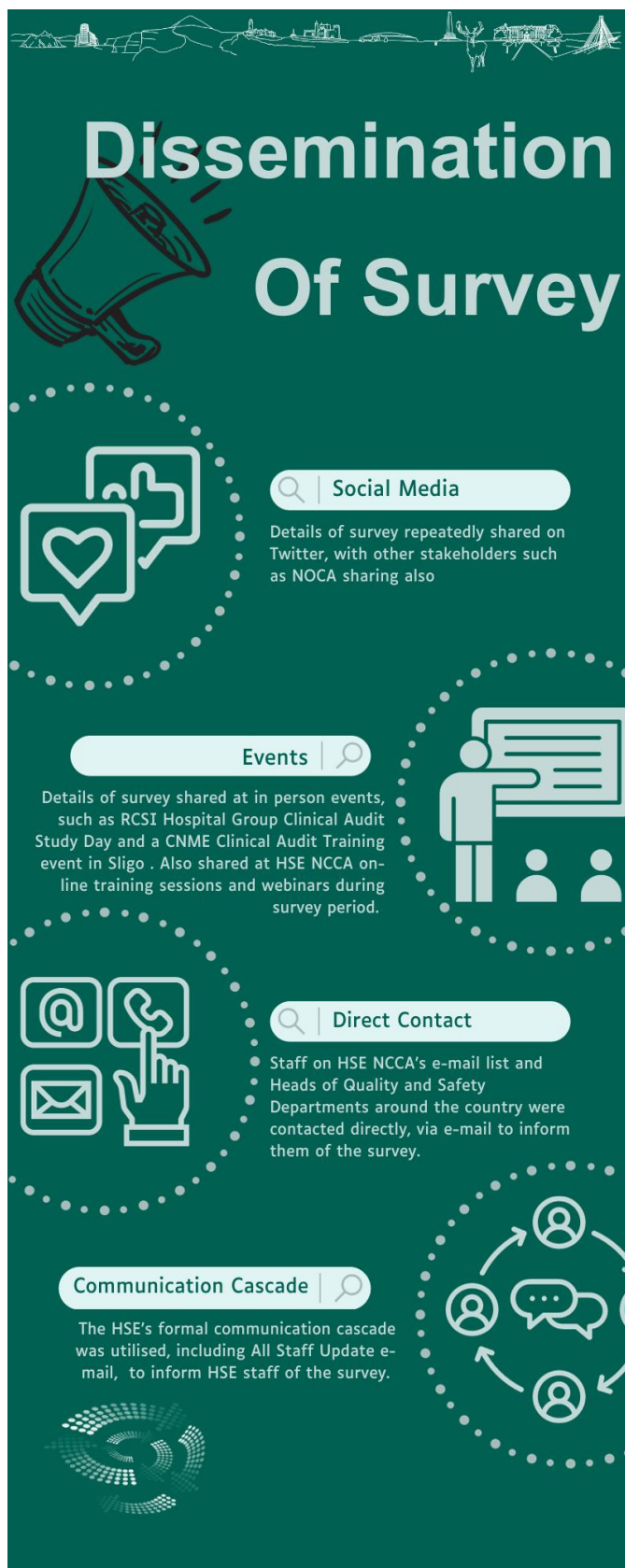
The experience survey questionnaire was designed by members of the HSE NCCA team and was hosted on the Smart Survey platform. The questionnaire was anonymous and took approximately 3 minutes to complete.

The graphic below illustrates the content of the questions within the survey.



2.3 Dissemination:

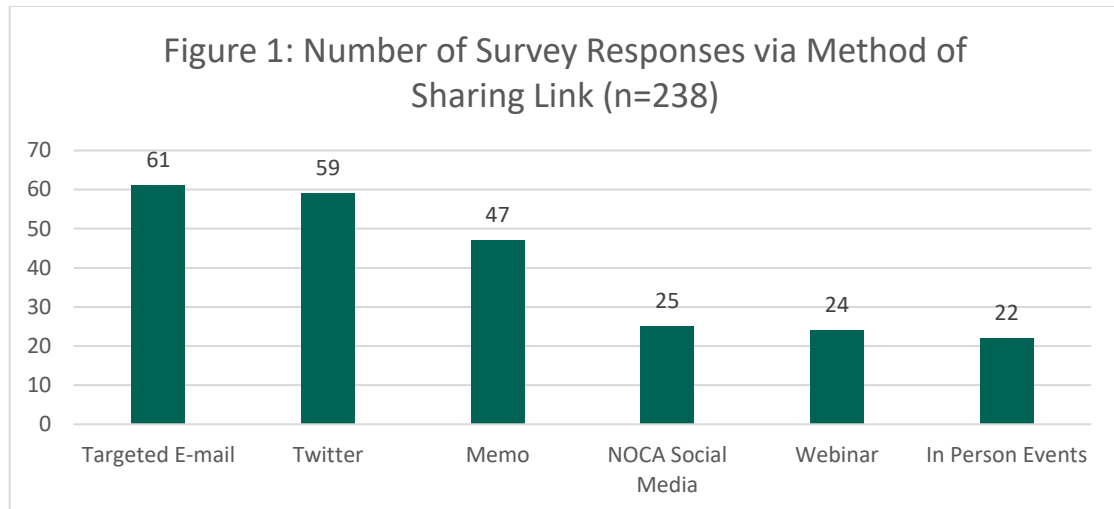
Links to the survey were shared by HSE NCCA with HSE and affiliate staff from 2nd – 23rd June.



2.4 Results:

A total of 238 responses to the survey were completed.

All methods of dissemination resulted in responses being received, however some methods of dissemination were more successful than others (*Figure 1*).



2.4.1 Respondent Profile:

Respondents came from a mix of professional backgrounds (see Figure 2 below).

35% of nurses who replied were of CNM level, 24% were DON/ADON level and 22% were CNS's. 25 of 44 medical respondents were of consultant level. The majority of respondents worked in acute care (54%) and 10% work in community care.

What is your professional background?

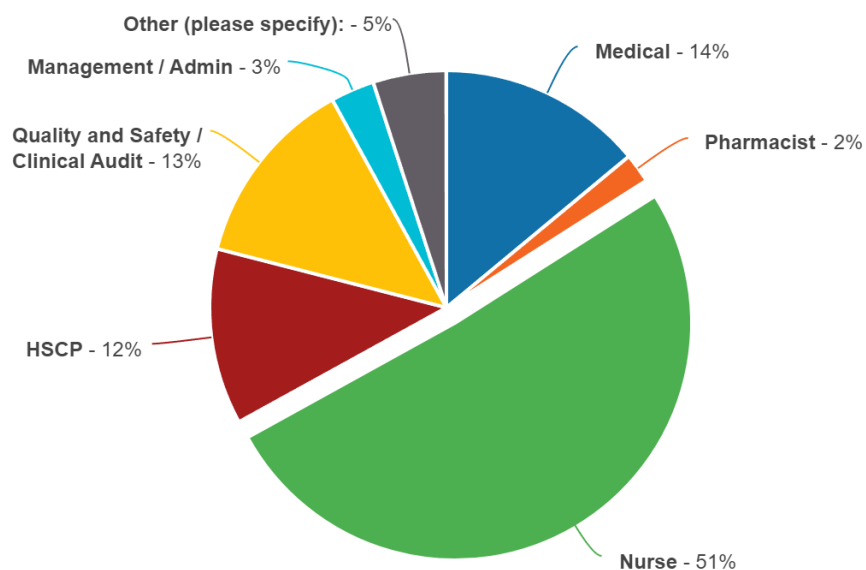


Figure 2: Professional backgrounds of survey respondents

2.4.2 Clinical Audit Experience, Education and Training:

Overall, 88% of respondents had previously been involved in clinical audit. The high rate of involvement in clinical audits is likely more indicative of the dissemination methods utilised, and self-selection bias among respondents, rather than a true reflection of clinical audit involvement amongst all HSE staff. Despite this some key insights can be gained.

Rates of involvement in clinical audit were lower in community settings (77%) compared to acute settings (93%).

All 6 pharmacists who responded to the survey had been involved in a clinical audit. Medical professionals were also highly likely to state they were previously involved in clinical audit (97%), presumably due to professional regulations making their participation in clinical audit mandatory. 86% of nurses and 85% of HSCP's reported having previous involvement in clinical audit.

Overall, only 50% of those who had been involved in a clinical audit had previous training in clinical audit. Of those who responded, 63% of medical staff had received training in clinical audit, compared to 47% of nursing staff. Types of training respondents received varied as per Figure 3 below. Most common was HSeLandD (56%) training, followed by local training (51%), followed by HSE NCCA or CASC training (35%).

What kind of clinical audit training was it?

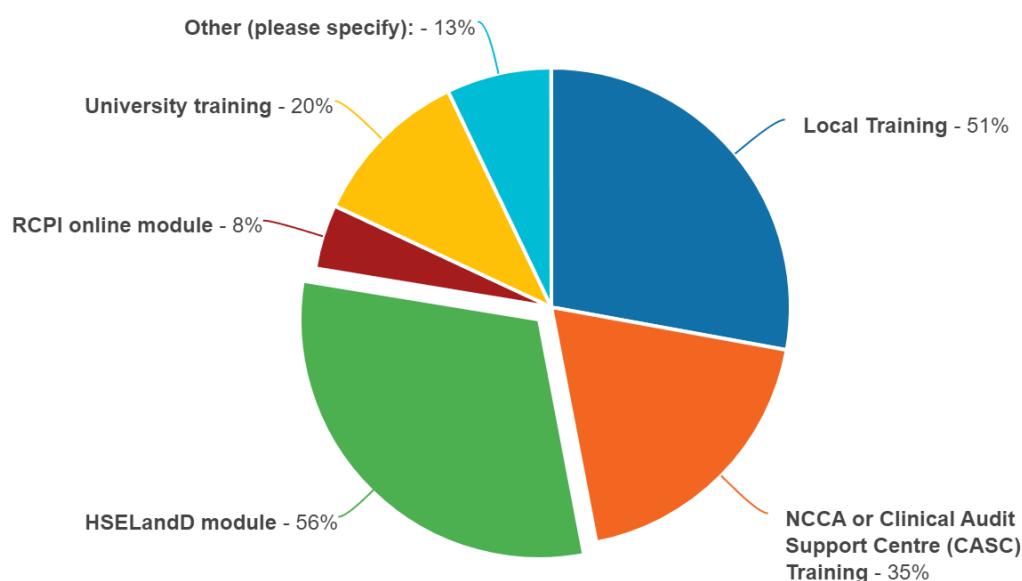


Figure 3: Courses taken by respondents who stated they had received clinical audit training.

Of note, for further training opportunities, 70% of respondents expressed an interest in sessions held virtually, whilst 50% expressed interest in attending in-person sessions.

64% of respondents stated that further training in clinical audit would make them more likely to conduct an audit in the future. 30% of respondents identified lack of knowledge in how to conduct clinical audit as a barrier to them being involved in clinical audit activity. The need for training was illustrated by the fact that 28% of respondents stated that they were unaware of required governance structures for dealing with ethics and GDPR in clinical audits. For example, 25% of people felt that clinical audits require ethical review, whilst 37% of respondents felt patients must explicitly consent for their data to be used in a clinical audit.

Clearly, there is a need for HSE NCCA to continue to provide clinical audit training on an ongoing basis.

2.4.3 Factors influencing involvement in Clinical Audit

The most common motivators for respondents to become involved in clinical audit was “improving quality of care” (83%) and “improving patient safety” (73%). It was more common for respondents to associate clinical audit as a way of identifying “good practice” (64%) than as a way of identifying “bad practice” (58%).

Overall, 43% of respondents stated they became involved in clinical audit for their own continuing development and 10% stated that having a clinical audit to discuss at a job interview was a motivator for them. Both of these factors were higher in replies from medical respondents – 61% and 19% respectively, undoubtedly due to the mandated requirement for medical staff to be involved in clinical audit on an annual basis

The experience survey also explored factors that would make respondents more likely to conduct a clinical audit. This feedback is displayed in Figure 4 below. Access to a clinical audit tool kit of resources including clinical audit tools (76%), data analysis support (73%) and training in clinical audit (65%) were the most commonly identified factors

Which of the below factors would make you more likely to conduct a clinical audit? (Tick all that apply)

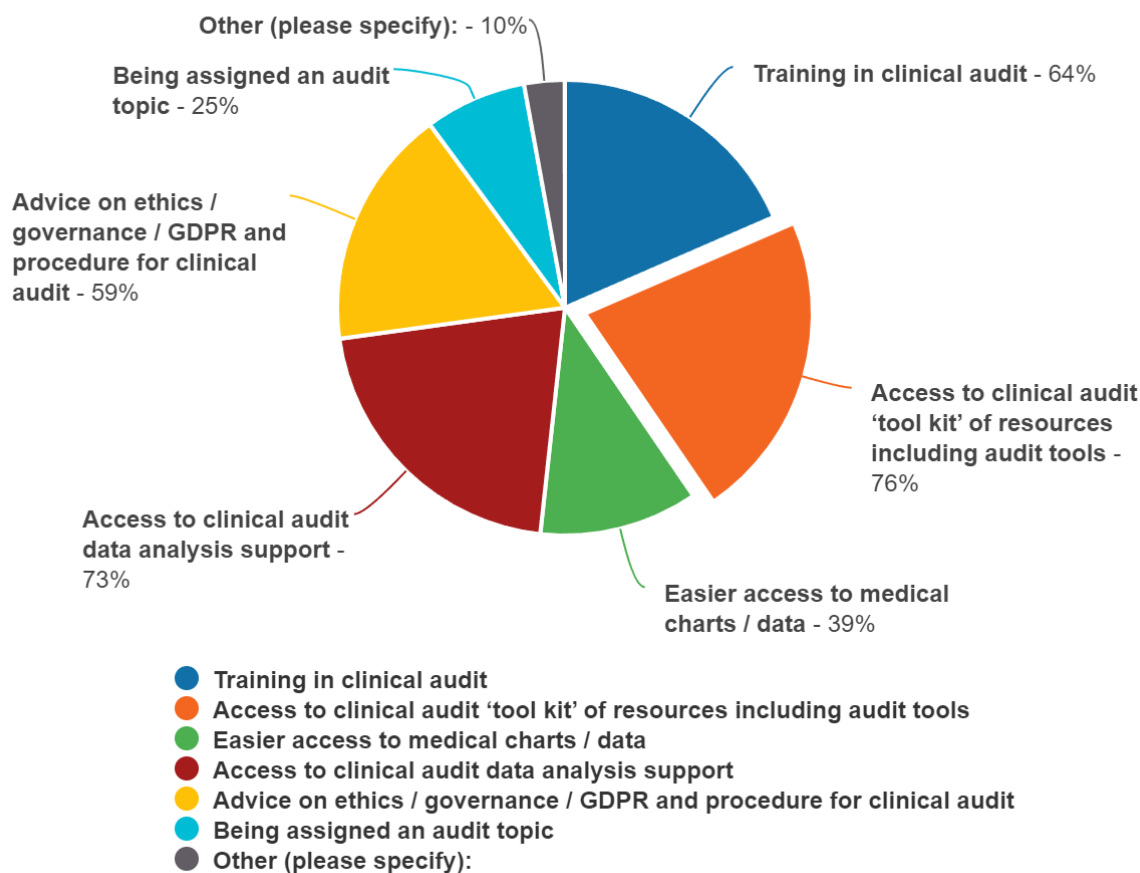


Figure 4: Factors identified by respondents that would make them more likely to be involved in clinical audit.

Time and workload (83%) were identified by the overwhelming majority of respondents as the factor that acted as a barrier that limited their participation in more clinical audit activity. This represents a conflict with the HSE's National Review of Clinical Audit (2019), which recommended that every health service provider organisation should provide protected time and resources to carry out clinical audits, including implementation of improvements and re-audit.

2.4.4 Shared Learning from Clinical Audit

It is essential that clinical audits result in quality improvements and shared learning. 78% of respondents indicated that they had shared the outcomes of their audits with their local team or department. Only 51% of respondents reported their audits to a local clinical audit committee or similar, illustrating a lack of organised local governance structures for clinical audit.

Overall, 37% of respondents had presented their audits as posters or oral presentations at conferences, whilst 12% of respondents had published their clinical audit reports. Both of these figures are significantly higher amongst medical respondents than other professions, with 61% of medical professionals having shared their clinical audits at conferences and 42% having published their findings.

2.5 Learning and Action Plan based on survey results:

Learning from Experience Survey	Action Plan	Status
Response rates indicate that there is a strong interest in engaging with the HSE NCCA amongst all disciplines across the health care systems.	Work on the “Local Governance of Clinical Audit” work-stream to be developed by the HSE NCCA	In progress
Local clinical audit governance structures remain underdeveloped.	Template TOR for Local Clinical Audit Committees developed by HSE NCCA	Complete Available on request
Resources such as a Clinical Audit Toolkit and a GDPR Guidance would be welcomed by staff	Toolkit and GDPR FAQ Document in development. Will be hosted on HSE NCCA website on complete	In progress
A large volume of respondents came from targeted e-mail correspondence	HSE NCCA to build a mailing list. Prompt for staff to join this list will be shared regularly	Complete and Ongoing
Social Media is also an effective tool for communicating with staff	Twitter / X account will continue, LinkedIn account to be established.	Complete and Ongoing
There is a clear requirement for provision of clinical audit training within the HSE	2024 Clinical Audit training schedule to be developed by HSE NCCA	In progress
Both virtual and in-person sessions are valued by healthcare professionals	This should inform the development of the HSE NCCA’s training and education strategy	In progress

In addition to the above, it was shown that medical respondents valued the contribution clinical audit makes to their own CPD and career progression and that they also had received more training in clinical audit than their non-medical peers. Given this, consideration should be given to developing clinical audit in non-medical professions in a similar fashion to how it has been developed amongst doctors.

Additionally, it is acknowledged that clinical audit and the resultant quality improvement initiatives are most effective when conducted by multidisciplinary teams rather than single profession silos. Ways to increase the number of clinical audits conducted across the MDT should be explored.

3. Conclusion

Overall, Clinical Audit Awareness Week 2023 was deemed successful for the HSE NCCA. This was based on high levels of engagement with healthcare professionals across the healthcare system and the multiple opportunities taken to promote HSE NCCA.

The HSE NCCA team would like to thank the people who participated in the survey and other events throughout the week.

Whilst the strategic direction of the HSE NCCA has not changed, information gained during the week will assist with the next steps of supporting local clinical audit, continuing to work with our national clinical audit service providers, such as NOCA, continuing the NCCA training courses 2023, virtually and on HSeLanD and developing the training and education programme for 2024.

In addition to this, the survey results will be shared via social media platforms in an effort to further engage with healthcare professionals and increase the reach of the HSE NCCA's communication strategies.

