National Advisory Group for Clinical Audit & Enquiries

Consultation on Future of Audit staff in Trusts

Responses to the overall document and to the specific questions should be sent to clinicalaudit@dh.gsi.gov.uk) by Monday 17 September 2012.

The full document can be downloaded from www.dh.gov.uk/health/2012/07/audit-staff/

Q1	Do you agree with this assessment of the current concerns of audit staff in Trust?]	Yes but it doesn't give the whole picture (see my last comment)
Q2	Do you agree that the current situation is not sustainable?	Not sure
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Not sure
Q4	Do you agree this would be helpful?	No
Q5	Do you agree this would be helpful?	Yes
Q6	Do you agree this would be helpful?	Some elements would be helpful. However, formation of a "Quality Department" would be a backward step - you propose combining some functions that would be best NOT combined. Our trust has a "Learning Network" which includes R&D, clinical audit, medical education and training, and does not include some of the Quality Assessment functions that you are suggesting should be included in your proposed "Quality Department". Compliance and clinical audit are in separate divisions and this is I believe the best approach.
Q7	Do you agree this would be helpful?	Yes
Q8	Do you agree this would be helpful?	Yes
Q9	What is your view of each component in the proposal?	1. The advantage of distinguishing the two key aspects of achieving high quality services: quality assessment and quality improvement - *very important to recognise these*

		and keep them separate, i.e., compliance and clinical audit should not be joined in one team or department. The complementary benefits of and need for both local and national clinical audits – *already exists and needs to continue* That quality is the collective responsibility of clinicians, managers and audit staff – *definitely*. That clinicians and managers must accept that they are responsible for assessing and improving the quality of the clinical service they run – *definitely*. 2. Development of Quality Departments (or Facilities) in Trusts – *if I have understood the composition and role correctly I believe the formation of Quality Departments would be detrimental to clinical audit.* 3. If you delete the phrase "Quality Department" and replace with staff involved in quality improvement then I agree with the suggested areas for training. 4. If you delete the phrase "Quality Department" then I broadly agree with the proposal component.
Q10	Do you have suggestions for other components?	I have worked in clinical audit for 20 years and over the years things have changed. My focus used to be on facilitating audit, i.e., advising, training and supporting clinicians to ensure good quality effective clinical audit happens and results in real improvements. Because of increasing workloads and decreasing budgets, corporate clinical audit teams have unfortunately been gradually moving towards focussing on the monitoring of clinical audit rather than the facilitation of clinical audit. I believe the quality of clinical audits being carried out has suffered as a consequence. We need to get back to a situation where skilled clinical audit professionals have the time available (and necessary training) to ensure the clinical audits that happen in their organisation are high quality audits.