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?]	Partly. I agree that there are too many demands and not enough resources in the clinical audit departments. This is mainly due to the ever changing list of audits which HQIP release and their real lack of coordination. Which is stopping us from supporting as many local audits, which are just as important.
Q2	Do you agree that the current situation is not sustainable?	Yes. More investment is needed in local clinical audit teams to support them in doing an excellent job. Resource investment is key. Too many demands are being placed on them by a variety of national guidelines.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	No. The title of 'clinical audit department' does not cause confusion or create boundaries in our Trust – changing it would cause confusion. There is a good understanding of the audit department's role in our trust. I also don't agree that audit staff are isolated in individual trusts – we work well with teams in other trusts, connecting via regular network meetings. I also think it is important to have a local dynamic to very clinical audit team.
Q4	Do you agree this would be helpful?	This does not seem like a new vision – this is how our clinical audit department already works. We undertake both high quality national audits and local audit identified in terms of local chosen topics. No, not helpful as is already happening
Q5	Do you agree this would be helpful?	Partly. There is a recognition that audit staff are not simply here to collect and analyse data. They have wide ranging expertise in advertising re local audits.
Q6	Do you agree this would be helpful?	No. I do not think that merging Risk, Complaints / PALS and Clinical Audit into a

		Quality Department would be useful. Each department has their own expertise and remit. Indeed, knowledge should be shared, but not integrated to pool resources and overwork staff. Having a separate clinical audit department does not create obstacles or boundaries in our trust.
Q7	Do you agree this would be helpful?	Yes. More training and guidance would be helpful. However, our trust do already support this in many ways, through leadership courses, computer training courses. The clinical audit team also provide audit training each year to a range of clinicians, not just doctors.
Q8	Do you agree this would be helpful?	Yes, providing we are not forced into mandatory sharing procedures that take time away from existing, important work. This does already happen in some respects, such as regional clinical audit networks.
Q9	What is your view of each component in the proposal?	**1. Recognition and acceptance of four fundamental issues:** This is not new at my current Trust – we already y do this. **2. Development of Quality Departments (or Facilities) in Trusts** I do not agree with this merging of areas. These areas need to interact and share knowledge, but I feel that merging departments would be very detrimental to high quality work. **3. Training opportunities** This is not new. However, more emphasis on training and development opportunities would be valued. **4. Establishment of multi-Trust initiatives** Always a good idea to connect further with other trusts, but each will need to do this in their own way. **5. National clinical audit suppliers** National clinical audit suppliers yes, do need to be more streamlined in their processes and communicate better with individual clinical audit departments.
Q10	Do you have suggestions for other components?	The proposal of a merged Quality department is deeply concerning. This will do nothing to improve the quality of clinical audit work. I

		suspect this would result in staff cuts, cuts in funding as a result of pooling resources and therefore impede on staff ability to support, advise and conduct high quality audits. I really hope that the Department of Health listen to the staff which respond to this, and see the concern that this proposal has brought to our team, and I am sure to many others. Constant radical change is not required to bring improvements to NHS departments, in this case clinical audit.