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, particularly on national audit and a completely confused picture of priorities at national level.
Q2	Do you agree that the current situation is not sustainable?	Yes. Departments are shrinking as alleged 'priority' projects are spiralling out of control.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	No. It to some extent shifts the blame on clinical audit at Trust level and clinical audit staff in particular. The mis-application of the term 'clinical audit' can be traced to the HQIP programme's inception, when continuous datasets were labelled clinical audit when they clearly are not. Audit departments have been wound down to the detriment of quality improvement work and the national audit programme serves only to fulfil the myriad box-ticking industry of CQC and NHSLA and the rest. The term 'clinical audit' is not unclear. It has been made unclear by those wishing to push continuous datasets.
Q4	Do you agree this would be helpful?	Not really. Winding down of continuous datasets that never lead to improvement would be more desirable. The audit cycle is not broken and doesn't need fixing. It just needs people to stop trying shortcuts or getting stuck in the data collection section.
Q5	Do you agree this would be helpful?	Again, this seems to blame, or at least patronise, local clinical audit staff. National data collection exercises need to start justifying their existence as they are highly disruptive and don't seem to generate quality improvement. More time-limited projects like Stroke and Falls would be preferable at the expense of datasets.
Q6	Do you agree this would be helpful?	No. What would happen in reality is that when the next round of cuts are made, 'quality' staff would be the first to go.
Q7	Do you agree this would be helpful?	Maybe, but it won't happen. People have been talking about professionalising clinical audit staff for years, with little success.

Q8	Do you agree this would be helpful?	This does sound more useful, as long as it is genuinely two-way and audit staff's opinions can shape future direction.
Q9	What is your view of each component in the proposal?	1. Partly agree, though again no mention of a radical re-appraisal of the national audit programme. 2. This will simply not happen in the current financial climate. 3. Again, unlikely in current financial climate where training budgets are zero in practical terms and no providers of such training exist to my knowledge. 4. I think this is a good idea. I was involved in very good multi-trust work around 10 years ago, which died a death when the health authorities were discontinued. 5. This is too weak. The national audit suppliers need to seriously up their game. I recently asked all QA audit suppliers to keep me on their mailing list for significant events like report publication. Only about five did after 3 months and none do now after 12 months. Most datasets rarely have meaningful recommendations and never break for contemplation of results, but resemble never-ending treadmills of data collection with seemingly no point.
Q10	Do you have suggestions for other components?	Someone needs to be defending traditional clinical audit based on the audit cycle. Someone needs to be cutting the national audit programme. And any proposal needs to be anchored in financial reality.