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?]	Clinical audit has remained focused on facilitating the process, ensuring the Clinical Audit Department (CAD) Team are able to provide individuals with support, advice and training on undertaking clinical audit (national and local), e.g. project outline including objectives, standards, simple statistical analysis of audit, report writing and changing practice. The CAD team look after clinical audit and the NICE programme within the Trust. The CAD Manager is a member of the Trust Questionnaire Review Panel. I agree that: • nationally there is a lack of clarity regarding mandatory requirements and conflicting priorities. • The national programme needs improvement (being supported by work of HQIP) • There is an inadequate resource for the CAD. I do not agree with the assessment for our Trust as the CAD: • Has sufficient support from management, Senior Executive and Trust Board. • Has clear remit, not being drawn into other mandatory, statutory activities, e.g. revalidation, performance management or diverted to other activities, e.g. risk management or compliance. This is further supported and prioritised by the Clinical Audit Policy and Strategy. • Do not undertake clinical audits, but support clinical teams in taking forward. • Has a clear focus on completing the clinical audit cycle. The Team are able to provide individuals with support, advice and training on undertaking clinical audit (national and local), e.g. project outline including objectives, standards, simple statistical analysis of audit, report writing and changing practice.
Q2	Do you agree that the current situation is not sustainable?	With our existing Trust set up, I do believe that the situation is sustainable, however inadequate resource for CAD as listed above. However, I can see the natural progression to include the whole team supporting: patient satisfaction questionnaires; NICE programme; Confidential Enquiries.
Q3	Do you agree with this analysis of the	I agree broadly with the analysis of the underlying reasons for the current situation, but:

	underlying reasons for the current situation?]	• feel that the existing Trust set up provides a good basis for further improvement due to the points stated above (Q1).
Q4	Do you agree this would be helpful?	I agree that addressing the following would be helpful: • Explicit definition and recognition of the two key components of achieving quality: quality assessment; quality improvement. • Recognition of different contributions: national clinical audit suppliers; audit staff in trusts.
Q5	Do you agree this would be helpful?	Yes, I agree this would be helpful.
Q6	Do you agree this would be helpful?	I agree this would be helpful, but: 1. Feel that the existing Trust set up does not encourage boundaries, with facilitation key to moving forward quality projects. I believe the existing Trust set up provides a good basis for further improvement as suggested due to the points stated above (Q1).
Q7	Do you agree this would be helpful?	Yes I agree this would be helpful.
Q8	Do you agree this would be helpful?	Yes I agree this would be helpful.
Q9	What is your view of each component in the proposal?	1. I agree. "**Recognition and accept the four fundamental issues:** • The advantage of distinguishing the two key aspects of achieving high quality services: quality assessment and quality improvement • The complementary benefits of and need for both local and national clinical audits • That quality is the collective responsibility of clinicians, managers and audit staff • That clinicians and managers must accept that they are responsible for assessing and improving the quality of the clinical service they run". 2. I agree. **Development of Quality Departments.** • "Departments will require good leadership (based on ability not profession) and direct access to the Trust Board via a recognised executive Board member. • The role of departmental staff is to provide specialist advice, facilitate activities and guide quality assessment and improvement. It is not to undertake the tasks themselves as that is not feasible given the limited capacity of such Departments and need for quality to be addressed and owned by those responsible for any given clinical service in a Trust"

		3. I agree. **Training opportunities.** • With the suggestions below regarding statistics and cohort. 4. I agree. **Establishment of multi-Trust initiatives.** 5. I agree. **National Clinical audit Suppliers.**
Q10	Do you have suggestions for other components?	To include the following: • simple analysis and understanding of cohorts within the training component. • Maximising use of existing electronic data sources, e.g. EPR or CAMIS, minimising burden of data collection and integration into live patient data. • Build into programme an ethos to follow through of the audit cycle, enabling staff / junior staff to follow through with change in practice rather than another stand alone clinical audit. • Establish Trust links with supporting quality elements, e.g. research; NICE; revalidation to further support learning cycle.