

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?]	There are undoubted concerns, especially about staff numbers. The role and responsibilities of Audit staff has been far from clear. My audit department has structure and drives quality audits and helps me as my departmental audit lead to produce a sensible and meaningful plan for audits.
Q2	Do you agree that the current situation is not sustainable?	I agree, just doing audits for the sake of it as they used to be done is not sustainable. With few exceptions, the situation in Trusts is ineffective and unsustainable.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Yes, though I am unsure that even senior clinicians have a clear understanding of what QI is. This highlights many of the reasons that the present arrangements are ineffective.
Q4	Do you agree this would be helpful?	Yes, as part of a large education package. It is still vague, and requires specifics (agenda, defined outputs, targets).
Q5	Do you agree this would be helpful?	Yes, but how is this to be achieved? Trust management (and less so clinicians) will need to be educated significantly.
Q6	Do you agree this would be helpful?	These measures would be helpful. I couldn't help wondering whilst I read this section why you don't consider a closer integration with clinical coding and data collection. Quality improvement is a Trust responsibility and requires measures of effectiveness.
Q7	Do you agree this would be helpful?	Definitely. Each clinical specialty needs a Quality lead with allocated sessions (not necessarily Clinical Director) and defined output.
Q8	Do you agree this would be helpful?	Yes, but the learning would be more to assess ways in which audit is done. Whilst some audit results may be transferable across trusts and regions care would need to be taken with some. A web repository might be a good idea, perhaps launched at a national conference.

Q9	What is your view of each component in the proposal?	Generally supportive, but unconvinced about the need for (Quality) Department to advise but not do the work. This runs the risk of repeating current situation. Trained individuals need to work with designated specialty clinical leads to deliver agreed output.
Q10	Do you have suggestions for other components?	Closer liaison with coding. National launch of audit/QI project sharing website. Consideration of mandating Trusts to perform proper QI projects with establishment of continuous measurement systems. Need to promote College or specialty development of meaningful outcome data sets (including Patient Reported Outcomes Measures). These will enable comparison, benchmarking, and improvement. RCOG is promoting a Quality Observatory approach using nationally available outcomes and providing an annual report of obstetric performance and some aspects of gynaecological care.