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 is plenty of guidance on which clinical audit projects are mandatory. Clinicians may be confused by letters sent specifically to them but we in the clinical audit and effectiveness team are not confused. Pressure on our resources does limit our ability to go out to meet clinicians to provide support. We do currently have good knowledge and skills however the reduction in budget means that we would struggle to provide that leave of training to new staff if we were to have any. National audits are often of poor quality and do not appropriately reflect the care we provide. We do not undertake any data collection. This is all done by clinicians.
Q2	Do you agree that the current situation is not sustainable?	The continued cost pressures are not sustainable but this is true of the wider NHS, not just clinical audit.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	The term 'clinical audit' is unhelpful. However the very fact that we work in a team or 'department' allows us to share good practice and support each other. Therefore it is an advantage not a hindrance. Clinical audit staff have been involved in regional networks for many years but the advent of HQIP has made the need for these networks lessen. This is because HQIP now performs many of the functions of the networks it identifying national issues related to clinical audit. It has become more and more difficult to engage with clinical audit staff on a regional basis as the networks have less to offer now that there is HQIP It should not be clinical audit staff who are redesigning services, it's the clinical staff so I fail to see what wheels or tyres we are inventing. There is significant progress being made with trust staff understanding quality improvement with the introduction of quality accounts and several other national initiatives.

Q4	Do you agree this would be helpful?	There is a need to separate projects into those that are undertaken to provide assurance eg to show that NICE guidance is implemented, and those undertaken with a view to improving services ie clinical audit projects.
Q5	Do you agree this would be helpful?	No. The clinical audit team in my trust do not collect any data. However I don't think the team have any trouble with the concepts outlined here anyway.
Q6	Do you agree this would be helpful?	In my trust the clinical audit team used to be part of a larger quality improvement team. However this team has now all been made redundant except for the last few clinical audit staff, of which I am one. We now take on some of the functions of our departed colleagues, including the clinical governance facilitators. So changing our name to quality facilitators would be a truer reflection of what we do. This would also allow us to diversify further, improving our prospects and making us more useful to our trust.
Q7	Do you agree this would be helpful?	Yes. We need to improved clinical audit staff knowledge of other quality improvement activities to extend our skills.
Q8	Do you agree this would be helpful?	Historically clinical audit staff have been good at sharing learning. We have been active members of regional professional networks. Now that there is more emphasis on trusts as business units there is less willingness to share. This comes from management, not clinical audit staff.
Q9	What is your view of each component in the proposal?	1. Agree 2. Clinical audit staff should be re-named quality facilitators to better reflect the role they currently undertake and reduce the confusion caused by the word audit. 3. Agree 4. There is a limit to this in the new business environment. Also this ignores work already done in this area by HQIP and regional networks.
Q10	Do you have suggestions for other components?	