

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 Trusts?]	Yes I do agree with the assessment of the current concerns stated. I would like to add that there are other providers of healthcare than just the NHS. As a clinical audit manager within a large healthcare providing charity the concerns raised are almost identical and future support needs to be inclusive of all providers
Q2	Do you agree that the current situation is not sustainable?	With clinical audit becoming a key focus for quality assurance the demands on departments has substantially increased, should this continue then no it is not sustainable
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Yes. Audit is a term widely used from financial audit through to clinical audit and often can be misinterpreted. As the requirements for clinical audit have increased the use of, image, training etc has not developed alongside this. Audit does require better links into the clinical area instead of a central function, a central manager role can ensure consistency and that audits are managed appropriately and are meeting the requirements of the organisation
Q4	Do you agree this would be helpful?	Yes this would be helpful as throughout my years of doing clinical audit the gap has always been in the follow on post audit. Developing the audit role to that of quality improvement allows for this to be better co-ordinated and supported
Q5	Do you agree this would be helpful?	This can only be achieved by a national move to the development and training of audit staff but yes I agree it is essential
Q6	Do you agree this would be helpful?	Yes but I'm not sure how easy it would be to implement. Most governance teams I have worked in now call themselves a Quality Team and focus on all aspects but audit is still seen as a poor relative and not utilised or appreciated. Keeping a centralised team will not breakdown the barriers regardless of what they are called. To better integrate into services

		quality facilitators/auditors etc need to be out in the services
Q7	Do you agree this would be helpful?	I think there needs to be some scoping around this aspect. Many organisations are now moving towards quality facilitator type roles which seem to be what you are describing here. For me audit needs to be joint with this to support the quality role rather than merged.
Q8	Do you agree this would be helpful?	Sharing of practice, tools etc is always a positive move
Q9	What is your view of each component in the proposal?	<ol style="list-style-type: none"> 1. These fundamental issues have been discussed since I have been doing clinical audit (12 years now) but we still seem to struggle to get the message across. We need to have a more national push to aid local auditors 2. As I have already mentioned many organisations have moved towards a quality team instead of the old governance style team. The key for me is getting the team into the services and engaging clinicians in quality improvement. We need to move away from a centralised quality service (although they will need centrally managing) 3. Training is always a key issue. As a new team in my organisation I have been searching for low cost audit training which covers the areas suggested. Organisations will need financial support to enable quality facilitators or auditors to attend training 4. Multi-trust initiatives are essential for sharing good practice. However these need to be broadened outside of the NHS, independent providers need to be recognised for their role in an individuals healthcare 5. I would like to see a larger range of national clinical audits to cover the various healthcare areas such as mental health, learning disability etc. From my experience with national audits services do need better feedback from the suppliers to support improvement
Q10	Do you have suggestions for other components?	<ul style="list-style-type: none"> • I would like to see a move towards a national standard of the clinical auditor role including qualifications. This would

		<p>improve the perception of auditors and enable engagement</p> <ul style="list-style-type: none">• The focus for quality does need to be altered with a move towards prevention is better than cure approach.• Boards need a better understanding of quality and audit's role in providing assurance
--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------