

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
Q2	Do you agree that the current situation is not sustainable?	Clinical audit needs to be embedded in practice. There is a risk that by having separate audit departments you negate this – exclusion through inclusion. While it is important to have resources (specifically in the form of staff) available to support audit, a separate audit department may not be sustainable/ the right approach for the future.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	<ol style="list-style-type: none"> 1. I think the definition of clinical audit is very clear. However, it may be more useful to combine clinical audit with quality improvement and look at audit as one mechanism. The lines between audit, research and service evaluation can often be blurred and lead to many quality improvement projects falling through the gaps. (particularly service evaluation) 2. As above – clinical audit as a tool for quality improvement 3. Agree – see q2 4. ? 5. More training on audit and quality improvement for all staff would be useful
Q4	Do you agree this would be helpful?	I don't understand what changes in approach you are suggesting from this description.
Q5	Do you agree this would be helpful?	National and local work needs to be more closely connected.
Q6	Do you agree this would be helpful?	This is similar to the process we have at our trust. We don't have a separate clinical audit

		department, clinical audit falls under clinical governance. We have a Clinical Audit Group made up of a mixture of professional groups and representatives from each trust geographical area who monitor audit across the trust.
Q7	Do you agree this would be helpful?	Yes it would be helpful to train more professions in audit, and to train existing audit staff in a wider area – like other methods of quality improvement, providing training etc to expand the role.
Q8	Do you agree this would be helpful?	Definitely. This would be really useful and something that is lacking currently. Audit networks, the opportunity to meet other Mental mental health trusts and an area to benchmark data would be invaluable to us as a trust.
Q9	What is your view of each component in the proposal?	Quality departments would be more effective than separate audit departments
Q10	Do you have suggestions for other components?	I would also like to add that it would be useful to see more national audits for mental health to allow opportunities for benchmarking.