

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. The Quality profile of the organisation in terms of 'participation within clinical audit' is increasingly focusing on % 'participation within national audit' rather than evidencing demonstrable improvements in clinical outcomes. Local audit is often compromised, and yet can influence more effective improvements within quality of care
Q2	Do you agree that the current situation is not sustainable?	Yes. There is extreme variance across the UK in Clinical Audit Department establishments. Equally, many Clinical Audit Departments manage additional workloads e.g. NICE Guidance implementation & monitoring compliance; NCEPOD work streams; Clinical Benchmarking such as Dr. Foster/CHKS; Patient safety case reviews; Local Guideline / Policy development which are 'absorbed' into clinical audit establishment and not factored into the staffing requirements to support these functions.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	To some extent – this will depend upon local culture for clinical audit. The impact of EU working directive has been under estimated in the ability of junior staff being able to engage within clinical audit. Junior doctors are often viewed by seniors & managers as having a data collector role rather than the whole process through to completion. This devalues their views on clinical audit being a successful improvement tool.
Q4	Do you agree this would be helpful?	Yes It is paramount that the NHS moves from process driven clinical audit to outcomes based
Q5	Do you agree this would be helpful?	Yes

Q6	Do you agree this would be helpful?	This is already adopted within our organisation. Quality Facilitators demonstrate an integrated approach to improving clinical outcomes, safety and user experience
Q7	Do you agree this would be helpful?	Yes
Q8	Do you agree this would be helpful?	In principle yes – but again would rely on sufficient resource to allow 'time out' from the workplace.
Q9	What is your view of each component in the proposal?	<ol style="list-style-type: none"> 1. This concept needs to be adopted at DH levels to ensure that Trust's are encouraged to embrace this approach 2. Agree 3. Agree 4. Linked with Q8 above 5. NCA suppliers need to be more vigilant in the collection of core data to meet the main objectives of the audit, rather than the collection of secondary data. There appears little insight by the organisers of increasing time constraints for clinical staff – who are often required to collect complex retrospective clinical outcomes data.
Q10	Do you have suggestions for other components?	