

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?]	<p>I am a clinical audit facilitator working in an acute Trust within a clinical team, with no links to a clinical audit department, and therefore my comments on this document are limited and need to be viewed in the light of my role. My role does not encompass the national clinical audit programme. For these reasons I cannot comment on the demands on clinical audit departments as most do not apply to my clinical team, but agree that the knowledge and skills of audit staff generally need to be increased. I have no means of keeping up-to-date on wider policy initiatives other than the press as there is nothing coming down the management line. I find the link to informatics very weak. There needs to be much stronger links with information departments, given that we are supposed to be linked to this in the career structure and the constant need to obtain accurate data.</p> <p>I work in a small clinical team which is fully engaged with clinical audit so lack of ownership by clinicians is not an issue. It is true that I am diverted to other tasks – sometimes assisting with research etc but don't see that as a big problem. In a small clinical team it is not possible to lay down strict boundaries.</p> <p>I agree that there is sometimes too much emphasis on data collection, but we try to find ways around this. I do agree, however, that my role has been deprofessionalised in a clinical team which does not understand how to use the skills and knowledge appropriately. The use of I.T. data capture software would help considerably but it is expensive and out of the question for my team to purchase.</p>
Q2	Do you agree that the current situation is not sustainable?	

Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	I find the concept of the “audit department” in the Trust I work for most unhelpful. My post was created to work within a clinical team and is not supported by the Trust Clinical Audit department. Consequently I am not allowed to receive any information or training from them and find this unhelpful. It also contributes to a sense of isolation, and needs to change if quality improvement is to be supported throughout the Trust. I am therefore totally dependent on HQIP for training and information and have found this resource invaluable. There needs to be someone at a high level in the Trust who embraces all clinical audit staff, not just those sitting in clinical audit departments. Other professions have successfully created professional bodies and I am most disappointed that the idea of a professional body for clinical audit will not go ahead, which might have helped reduce the sense of isolation.
Q4	Do you agree this would be helpful?	
Q5	Do you agree this would be helpful?	
Q6	Do you agree this would be helpful?	<p>Generally in my team the data collection is part of routine care and the clinical audit function is integrated with clinical services. With regard to organisational structure, I am unsure where the boundaries would lie between managers and clinical audit staff in effecting quality/service improvement.</p> <p>Agree that both clinical and non-clinical aspects of care should be embraced.</p>
Q7	Do you agree this would be helpful?	I agree that enhancements to the role are long overdue. As clinicians become more competent in clinical audit/Q.I the role of clinical audit staff needs to adapt. I am very supportive of the idea of developing behavioural skills and gaining knowledge of national policy developments. For the reasons mentioned above, any support, training and guidance will need to be communicated via HQIP as I have no other means of receiving information.

Q8	Do you agree this would be helpful?	Much more sharing of experiences would be welcome. I would like to see examples of audits/quality improvement from other Trusts and would welcome collaboration with other bodies.
Q9	What is your view of each component in the proposal?	Would welcome all the training opportunities as stated.
Q10	Do you have suggestions for other components?	General management training, in addition to the topics suggested.