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. I am a senior SpR level clinician and I actually agree fully with their concerns.
Q2	Do you agree that the current situation is not sustainable?	With the cuts biting through is more likely to affect non-frontline staff. The audit staff are under considerable pressure.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Agree. Most of the times the audits are done under the pressure of meeting a training requirement. This leads to poor quality, quick-in, quick-out audits.
Q4	Do you agree this would be helpful?	Yes. Some suggestions: 1. Clinical lead in audit should define national/ Royal College recommended audits as a departmental priority. 2. Re-audits to complete the loop after change implementation should be built in into the 6-12 monthly plan. 2. New trainees coming in get a choice of picking up and finishing the data collection in a time-bund manner. They should be allowed study leave days to be able to do this. 3. After data input, Database analysis should be automated. Using analysis software (Surveymonkey, as an example) should be discussed at induction. 4. Lead clinician/lead audit facilitator SpR should take responsibility at this stage for recommendations/presentation at an appropriate level.
Q5	Do you agree this would be helpful?	Quality assessment might be slightly difficult to negotiate in the clinical setting (s). Surgical or Cardiology may seek more resources. I think it is entirely appropriate to give national level audits top priority. Discussed above.

Q6	Do you agree this would be helpful?	Well, I would have certainly wanted to believe that this is already happening. Audit is a very important pillar of our clinical governance standards and underpins safe and effective patient care. Clinicians cannot absolve themselves of any quality improvement program. The audit dept is there to facilitate the process, not initiate it. I have already agreed without he idea that study leave should be allowed to trainees for departmentally-led audit data collection/ analysis. Clinical Vs Non-clinical is a good idea.
Q7	Do you agree this would be helpful?	Useful yes. All NHS staff should go on to such courses. But the paramount problem is going to be funding.
Q8	Do you agree this would be helpful?	Yes. All audit recommendations and data collection forms/Data analysis tools (But obviously no patient data) should be made available on the Trust website. Useful for patients to know that their local NHS Trust complies with national audits/meets or does not meet standards etc. Also gives clinicians in the region and beyond the chance to improve and build upon their own capacities. No local Hospital copyright should be allowed on audits. It should be NHS (region) copyright.

Q9	What is your view of each component in the proposal?	1. Agree with all 4: Though I will add that if you look at the 'action plan' at the end of an audit: There are quality improvement issues addressed. Quality assessment is the audit itself. 2. Some Trusts run a CASC (Clinical Audit Support Committee): I am a member and represent the Anaesthetics Dept. 3. Potential pitfall: There could be an aggregate of hundreds of local/regional/ national policies affecting each of the departments within a hospital setting. While a broad understanding is ok, it will become very burdensome. Also, each audit comes up with its own: Why? How? etc. Cost would be the limiting factor in courses: Leadership/management/teaching: Something should be done in-house. There are excellent clinical teachers who are honorary lecturers etc. Trust should utilise their SPA's for organising these locally-led courses. 4. Fully agree: All audit works undertaken should be of high-quality, national level standard. 5. Discussed before: All audit recommendations/data collection sample forms (But not actual patient data) should be made available online. Only NHS (regional) copyright should be followed.
Q10	Do you have suggestions for other components?	As discussed under individual headings.