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?]	Agree with (annotated): Too many demands from numerous sources (with a lack of clarity as to which are mandatory and how to determine priorities – difficult even though the Trust has tried to establish systems) Insufficient resources and skills: Value of some (many) audits questioned: Insufficient ownership and engagement by (some) clinicians (excellent commitment by others): Diverted to undertake other activities: Disagree, but recognise the problem in many Trusts, with Insufficient support from management, senior executives and Trust Boards exhibited through:
Q2	Do you agree that the current situation is not sustainable?	Like all Trust services Clinical Audit has required constantly to change and adapt. Our trust has managed this quite well but the pressure for change will not diminish and ongoing re-design will be essential to continued success
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Agree with: *1. Understanding of what 'clinical audit' is varies: the term may be more of a hindrance than a help* *Qualified agreement with:* *5. Quality improvement skills and knowledge of clinicians and managers poorly developed – better in our trust than in many places but still has a long way to go* *2. Multiplicity of approaches to improving quality is not sufficiently appreciated – This is less true in our trust than many places but the focus of 'Clinical Audit' is still too much oriented to measurement and not enough to change management* *3. Concept of an 'audit department': creates unhelpful boundaries – there need in my view to be softer boundaries and ideally some functional integration between IM & T, Clinical Audit and QI* *4. Isolation of audit staff in individual Trusts: risks reinventing the wheel (or flat tyre) – I believe that better training and skills networking in clinical quality performance measurement and Quality Improvement change management would yield benefits if a vehicle could be developed that was generic yet integrated with*

		and jointly owned by powerful clinical specialty stakeholders
Q4	Do you agree this would be helpful?	See previous answers
Q5	Do you agree this would be helpful?	Trusts do need to recognise that multiple approaches to QA & QI are needed. Where they are well designed (and I would be the first to assert that come national audit datasets are bloated with items of dubious value) I think national audits are an efficient, rigorous and valuable measurement mechanism so long as Trusts invest in ensuring that the relevant services review the outputs and deliver action plans as part of core service delivery management
Q6	Do you agree this would be helpful?	Yes
Q7	Do you agree this would be helpful?	My own view is that by and large the staff employed in 'clinical audit departments could with development deliver 'technical knowledge and expertise (eg project management, data collection and validation, data analysis)' but are unlikely to be able to provide the key determinant of successful improvement 'leadership and facilitation of change' and will struggle with acquiring 'a knowledge of national policy developments regarding quality assessment and improvement (an increasingly complex picture)' sufficient to influence their organisations
Q8	Do you agree this would be helpful?	All these can be helpful IF there is strong clinical leadership and senior management commitment
Q9	What is your view of each component in the proposal?	1. & 2. – 'no brainers' 3. needs to include clinical staff and management 4. Great idea but given entrenched organisational silo cultures within NHS requires inspirational leadership and outstanding high level management 5. Undoubtedly there need to be much better NCA customer – supplier relationships and suppliers need to be 'customer focussed' and adopt user guided development paths. However, equally, clinical providers and their organisations need to recognise the enormous QA/QI benefits for the efficiency and effectiveness of NCAs (and indeed local audits) of investing in and adapting to electronic medical records with structured components that support quality measurement datasets
Q10	Do you have suggestions for other components?	