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?]	It is true that that is a growing list of `must-do's from external organisations overlap and contradict each other. Some projects, are of very limited value, as they are carried out to tick a box rather than to improve patient care. However, with the introduction of electronic clinical information systems clinical audit staff can't access clinical data. This requires clinicians to collect data for projects, thus helping to promote a greater ownership of both the data and the projects amongst clinicians.
Q2	Do you agree that the current situation is not sustainable?	I agree that there is a growing demand for more and more clinical audits which is not sustainable in the current climate, especially if less clinical audit staff are being employed to facilitate the production of such projects! Resulting in clinicians having to do what clinical audit staff did in facilitating projects thus spending less time seeing patients and working more in their own time. The overall outcome will be less good quality clinical audit projects, as clinicians will opt for caring for their patients rather than doing clinical audit projects of any type of quality, especially on topics that they are not interested in.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	The word `audit' needs to be removed as it is not helpful and its meaning is often misunderstood. We are not isolated; therefore we don't see this as a problem. All NHS trusts are different; therefore this could be a cultural issue for certain trusts. It does not happen everywhere! Because of the above I can't totally agree with the analysis.
Q4	Do you agree this would be helpful?	Yes, We agree to the use of the terms quality assessment and improvement, this would be helpful
Q5	Do you agree this would be helpful?	Not sure, There is already recognition of the need for both National and local approaches to quality assurance and improvement. However

		making the topics of national projects seem relevant to local clinicians can be challenging
Q6	Do you agree this would be helpful?	Not sure, we already have an integrated approach in how we work, however the danger is that if clinical audit funding is integrated with other budgets it might mean the end for the clinical audit staff and reduce the emphasis on measuring practice against evidence based standards and increase the emphasis on other governance processes not directly linked to quality improvement.
Q7	Do you agree this would be helpful?	Yes, I would support the enhancement of clinical audit staff, especially in the application of quality improvement tools and techniques.
Q8	Do you agree this would be helpful?	Yes, we already play a key part in our local clinical audit and effectiveness network, which has and continues to be a very useful and productive forum for learning and development, together with sharing lessons on best practice between clinical audit staff.
Q9	What is your view of each component in the proposal?	1. Agreed 2. We don't have the resources, we would have to be the quality department, however we don't all have the necessary knowledge and skills at the current time to offer a comprehensive quality improvement tools service 3. We would welcome further training if available 4. This would depend on the current pressure of current internal trust work being reduced 5. National clinical audit suppliers must also change the terminology and ways of working to fit in with the move to quality assurance and improvement
Q10	Do you have suggestions for other components?	I am unable to see how the above changes can be implemented effectively without a significant investment in training and the provision of quality improvement products. There is a risk that the promotion of new ways of working, if not suitably coordinated or supported from the centre, will lead to wide variations of clinical audit/quality improvement practice between trusts and sectors as we had in the days before HQIP! I am also not sure how such changes in practice can be made as currently it is not a

		mandatory statutory requirement for all NHS providers to have a clinical audit department with suitability qualified staff, there are only guidelines about what is advisable (e.g. HQIP Guidance for Boards). This has led to a great variation, across the NHS, in both what clinical audit staff do and their qualifications and skills. Even the move to Agenda for Change, which we thought would standardise job roles, has had very little impact, as each trust interpreted the job evaluation process differently. So I remain sceptical about how the proposed changes are going to be implemented and enforced across the NHS in an even and standardised way.