

# 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](mailto: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/](http://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. Audit is starting to be used to monitor and gather information for performance KPIs rather than to learn and improve practice.
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?]	<p>We don't agree with all of the analysis, see below.</p> <p>Agree there is misuse of the word audit and lack of understanding.</p> <p>Don't agree with statement that national audits only completed for local data, our Trust has to undertake a lot of additional work on the national reports to make them usable for clinicians/ doctors to identify improvements.</p> <p>The Trust uses the national audit results for comparisons, however there is still a tendency to be "top in class" rather than look at aiming for 100% for each standard.</p> <p>National audits should include acceptable targets for standards.</p> <p>Agree with asking Trusts to submit their action plans for national audits, which could lead to being able to access support/ funding for making improvements.</p> <p>Agree with getting audit staff to be based/ linked with services. There are pros and cons of audit staff being separate and based in services, however more benefits with audit staff being based with services.</p> <p>Don't agree with statement about isolation of staff and quality improvement skills of clinicians.</p>
Q4	Do you agree this would be helpful?	<p>a) agree with key components.</p> <p>b) agree with multi approaches, however the audit team in our Trust already works towards this approach to look at all aspects of quality</p>

		<p>assessment and improvement.</p> <p>c)</p> <p>i) yes need to streamline systems in use</p> <p>ii) yes</p> <p>iii) N/A in our Trust the audit staff are based within a quality department, which does work as a model.</p> <p>iv) the audit staff already work within a quality department, however this doesn't mean the budget is amalgamated. We don't feel the issue is about bringing together budgets but commitment and leadership from senior level in Trust to manage staff and budgets coherently.</p> <p>v) do not agree</p> <p>vi) agree</p>
Q5	Do you agree this would be helpful?	See above
Q6	Do you agree this would be helpful?	See above
Q7	Do you agree this would be helpful?	See above
Q8	Do you agree this would be helpful?	We have a concern with the proposal of making the audit role more of a general quality improvement facilitator role which could dilute and lose some valuable clinical audit skills.
Q9	What is your view of each component in the proposal?	No comment
Q10	Do you have suggestions for other components?	The Trust feels both audit staff and clinicians should be undertaking tasks to assess and improve the quality of practice. Audit staff should lead and support work and not just facilitate or project manage.