

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
Q2	Do you agree that the current situation is not sustainable?	Yes
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Yes
Q4	Do you agree this would be helpful?	Yes Focus on locally chosen topics for quality assessment and quality improvement will definitely help
Q5	Do you agree this would be helpful?	Yes Success in improving quality will come about through a combination of local and national interventions
Q6	Do you agree this would be helpful?	Yes Data collection for quality assessment needs to be integrated with the data needs of clinical care. Greater engagement of clinicians will help establish the prestige and status of quality assessment and improvement. Inclusion of the clinicians and managers would help enhance the prestige and influence of quality assessment and improvement and contribute to strengthening leadership in this field. The integrated organisational arrangement would have the advantage of aligning explicit

		<p>funding for quality assessment and improvement with other funding.</p> <p>Embrace both clinical and non-clinical aspects of care. Improvements in quality are just as likely to arise from organisational change as from change to clinical practice</p>
Q7	Do you agree this would be helpful?	<p>Yes</p> <p>Enhancements in the roles and responsibilities of audit staff in Trusts will require support, training and guidance</p>
Q8	Do you agree this would be helpful?	<p>Yes</p> <p>Most definitely</p> <p>There is a need to increase the number of opportunities for Trusts to learn from one another. More cross collaborative working should be fostered to share learning and good working practices to meet the requirements for patients across the entire care pathway meaning that links need to be made with Acute Trusts and Community Trusts.</p>
Q9	What is your view of each component in the proposal?	<p><u>Recognition and acceptance of four fundamental issues</u></p> <p>I think quality assessment and quality improvement are interrelated as quality can't be improved without quality assessment, hence should stay as part of quality improvement process.</p> <p>Local audits are more useful than the National ones as they provide opportunity to rectify the issues locally and in a timely fashion. Local audits provide more real time data which will then inform actions which can be implemented almost immediately.</p> <p>National Audits take months to reflect the results which is not timely and is frustrating for leads as it may be many months after the audit that recommendations become available. Implementation of actions is therefore significantly delayed and in the current economic climate of increased fast paced change within an organisation – this is not acceptable. For example, the National audit of Psychological Therapies audit will now no longer be conducted as we are losing this service within our Trust and we will not be able to implement findings from the national report, whereas if we had the information promptly we</p>

		<p>could have addressed issues prior to service change to have made a greater impact for the benefit of patients.</p> <p>National audits are also important to compare performance between various organisations. Although this information must be assessed in the context of case ascertainment.</p> <p>Quality is considered the responsibility of clinical audit staff however it is the collective responsibility of Clinicians, Managers and Audit staff.</p> <p><u>Development of Quality Departments (or Facilities) in Trusts</u> Quality Department should be strengthened within the Trust. The role of departmental staff should be to provide specialist advice, facilitate activities and guide quality assessment and improvement incorporating the statutory and mandatory requirements to support Quality improvement plans.</p> <p><u>Training opportunities</u> More opportunities for training should be made available to clinical audit staff in order to polish facilitation, project management, leadership and change management skills.</p> <p><u>Establishment of multi-Trust initiatives</u> Quality Departments need to contribute to 'regional' and national activities in order to learn from various organisations at a wider level and ensure that adequate sharing of information takes place.</p> <p><u>National clinical audit suppliers</u> Need to speed up and improve the ways and extent to which they provide Trusts with feedback on quality and facilitate improvement through well-established means.</p> <p>Need to provide rigorous audit tools – some questions are so woolly and open to interpretation that you would think the results would then be meaningless.</p> <p>Make audit tools simpler to collect info so that reporting can be achieved quickly.</p>
Q10	Do you have suggestions for other components?	Improve the function of NCA suppliers as Tools need rigorous assessment prior to National release. Some questions on NCA tools are so ambiguous and woolly and need to be

		<p>meticulously scrutinised as the information received will not accurately reflect what is required as it will be misinterpreted.</p> <p>Keep the audits simple. This will allow speedier analysis,</p>
--	--	--