

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?]	No. I think there is a very good understanding of what clinical audit is, but often a reluctance to admit it because staff don't have the time to do it. I don't believe that an artificial boundary is created by having an audit dept or that this would be a significant impediment. I don't believe our trust has lack of clinician & management improvement skills & knowledge; the problem is with motivation & opportunity.
Q4	Do you agree this would be helpful?	Yes, but this is already well understood at this trust and often put into practice. It is not lack of understanding or clarification that is the major barrier to effective audit, but time & resources.
Q5	Do you agree this would be helpful?	No, I think it's insulting to suggest that local audit staff do not realise the potential value of large datasets or national audits. This point fails to recognise that, due to their own design and processes, some large datasets/national audits are routinely NOT used to generate improvements, and are not well respected by senior specialist clinicians.
Q6	Do you agree this would be helpful?	No, this proposal would seriously endanger audit specialist expertise, strategy and coordination. It would be diluted in favour of a knee jerk response to patient safety incidents and financial cost saving projects. Creation of a large dept would encourage trusts to reduce the overall funding and make cuts. I don't believe that the patient perspective of QI would be changed at all.

Q7	Do you agree this would be helpful?	Not particularly. In our trust existing skills, qualifications and training are adequate for audit staff to perform and develop their roles to a high standard and become leaders of quality. However, more resources and opportunities are always welcome, especially in these times when training budgets are restricted.
Q8	Do you agree this would be helpful?	Yes, if it can really be made to happen. There have been many regional and national groups before, who have tried to support or coordinate clinical audit, but they have not been effective in developing strong networks. For instance, I think the regional public health observatories are a valuable resource, but are not well used or even recognised. Also, how does your proposal fit with the increasing privatisation and competition within the NHS?
Q9	What is your view of each component in the proposal?	I agree with your four fundamental issues in principle. I disagree with component 2, regarding development of Quality depts. For the reasons stated in question 6 above. Also, I am strongly opposed to the proposal that staff do not undertake the tasks themselves, as this would undermine our skills, knowledge, job satisfaction and influence to create improvements. I agree with component 3, re training, but feel this is of limited value. I agree with component 4, but regional/national networks need to be properly resourced and supportive towards local trusts. I agree with component 5.
Q10	Do you have suggestions for other components?	Stop the constant reorganisations and let us do our work!