Response to 'Consultation on Future of Audit staff in Trusts'

From our experience of working in a clinical audit environment, overall this assessment reflects a number of key issues that our department faces which prevents the clinical audit function having the maximum impact on improving patient care.

Q1: We agree with the concerns outlined in the consultation document, in particular we can identify with:

- being subject to too many priorities from numerous external organisations and internal pressures (we have found the HQIP guidance on programme development to be highly beneficial in guiding us through the planning/prioritising processes)
- Insufficient resource, (this has been a major issue within our Trust with the budget gradually being cut until the team was reduced from 7 to 2/3 staff. During 2012, the Department secured resource (i.e. administrative support on a part time basis and an automated scanning system to reduce the time taken to input data) via an opportunity recognised through the CQUIN work pressures. Obtaining this resource was not an easy task!
- Insufficient support, there was little support for the department obtaining resource form the wider team despite the obvious need, however the department persevered in isolation and was successful. Support from the Trust Board members has been intermittent with some board members being very supportive.
- Insufficient ownership and engagement by clinicians, historically the audit department has taken on responsibility for managing and facilitating all audit within the Trust. There is little ownership and accountability by audit leads, no feedback at the Trust Audit Group on their audit activity. The department faces an apathy and unwillingness of some clinical audit leads to communicate with the department on audit projects.
- There is too much collecting data for the sake of collecting data and then doing nothing with it.
- In addition to the concerns already highlighted within the consultation document, a big area of concern is the effectiveness of action planning processes within the Trust (improving action planning processes has been identified as a workstream within the team and now that we have secured resource and staffing we can turn our focus to this)

Q2: The current environment is not sustainable as soon as audit becomes a tick box exercise rather than about improving practice it seems less valuable. There have been definite improvements in the clinical audit arrangements over the past 12 months however there is more work to be done to:

- Improve understanding/awareness of clinical audit (which we hope we will achieve via the reintroduction of our regular training sessions)
- Encourage senior executives to support audit
- Ensure that Directorates are held accountable for their audit activity via the audit leads
- Improving the action planning processes to ensure that improvements in the provision of care occurs

Q3: There is most definitely a lack of understanding about what clinical audit actually is and is often confused with research/service improvement exercises etc. This misperception of clinical audit permeates through all grades of staff (we very much hope to address this by the reintroduction of training sessions, we plan to hold sessions for Directorate clinical audit lead/exec team). The separation of audit staff from clinical staff remains an issue and it is not clear how this can be resolved. Training is key to solve many of the underlying issues. We also offer weekly drop in sessions for clinical staff who are undertaking a clinical audit. We regularly promote the sessions and encourage attendance.

Q4: Totally agree with the two distinct activities outlined in the document, the Trust is more proficient at the quality assessment activity but further work is required on the quality improvement activity.

Q6: Yes. Greater integration of staff-groups would improve the way departments run. Everyone should be aware of their individual responsibilities. There is a definite need in this Trust for greater engagement between the clinical audit team and clinical staff.

Q7: Yes, I am all for developing audit staff skills but I think that there needs to be care taken that expertise in pure clinical audit is not lost or that the skills and knowledge of audit staff in their role as clinical auditors is not diluted. I think that we have to mindful that audit staff do not become 'jack of all trades, master of none'

Q8: We have good relationship with a local Trust audit department but this is informal. We also have been a member of a local audit network (we had to suspend attendance at the meetings due to reduced staffing levels but intend to re-instigate attendance now that we have better staffing levels). We would welcome more formal opportunities to network and share best practice with other audit teams.

Q9: Recognition and acceptance of four fundamental issues – totally agree with these issues which once accepted will lay foundations for better more effective ways of working but I think that the challenge will lie in the methods to be used in order to ensure that these fundamental principles are accepted.

Development of Quality Departments – in agreement with the principle we are looking at developing a more integrated governance function within the Trust which will focus on quality assessment and improvement processes and bring together complaints, legal, governance and audit staff. Quality department/faculties seem to be a natural progression of this.

Training opportunities – the three main strands of training suggested sound excellent and fit for purpose. Several questions spring to mind though including:

- Who will be responsible for providing the training?
- Where can the training be accessed?
- Will there be a cost for attending the training? Some Trusts have had an embargo on anyone attending training as part of cost saving measures
- Will there be an evaluation of the impact of the training received?

Establishment of multi-Trust initiatives – anything that can be undertaken to strengthen the role/profile and effectiveness of audit departments can only be a favourable thing.

National clinical audit suppliers – some of the national bodies are more effective than others at providing timely feedback on the validity of data. For some national audits, the Trust is left waiting for reports for significant periods of time. For relationships to improve between national bodies and Trusts regular feedback needs to be received and also timely reports received. A team member will be attending a free HQIP workshop on national clinical audits and how to translate the results into a local action plan to help facilitate improvements.