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/

Response from Royal College of Physicians of Edinburgh

Q1	Do you agree with this assessment of the current concerns of audit staff in Trust?	Agree. Such departments are under threat as Trusts struggle to protect clinical budgets. A disproportionate amount of resource can be targeted to national projects based on retrospective analysis of data. More investment is required in "smart" systems to capture clinical data prospectively and improve the timeliness of feedback. Audit staff should be valued for their professional expertise and supported by administrative staff for the more routine aspects of quality projects.
Q2	Do you agree that the current situation is not sustainable?	Disagree. Current situation is sustainable but less than ideal. At this time of financial pressure and significant change, supporting the development of clinical audit teams may have a lower priority than other services. Revalidation may generate a wake-up call for management regarding the need to support effective clinical audit, and a cost pressure not explicitly mentioned is the need for more SPA time in clinical contracts to support audit for revalidation. The term "audit staff" is outdated in many hospitals where generic quality improvement and safety departments already incorporate audit teams. We believe the more traditional departments should be encouraged to follow the innovators and is unclear how prevalent the problem is at present within Trusts in England.
Q3	Do you agree with this analysis of the underlying reasons for the current	Largely agree. Clinicians are trained to expect to undertake audit, and it is now a routine and professional responsibility under revalidation.

	situation?	This appears not to be recognised as valuable by some middle and senior managers. Also, the limited audit capacity available can be used to demonstrate compliance with national targets, leaving many clinical departments with limited access to expertise and support for their specialty issues. Clinical audit professionals should be valued for their particular expertise within a wider multi-disciplinary team tackling clinically relevant problems.
Q4	Do you agree this would be helpful?	Agree. But audit teams need to support both advisory and administrative roles if the required level of audit is to be delivered by clinicians who are increasingly pressed for time. The focus requires realignment to integrate audit teams into clinical departments and divisions so they become part of the strategic core and contribute to annual plans and performance reports. This team-working will support the commitment by clinicians to improve clinical data recording and improve the relevance of audit data.
Q5	Do you agree this would be helpful?	Agree.
Q6	Do you agree this would be helpful?	Agree. Maintaining separate departments will result in audit teams always being pursued for tasks by different teams rather than being part of the team that is driving quality improvement. Audit teams can never drive up quality by themselves - this must be clinically led and supported by audit staff with the systems expertise. Clinical staff need to be committed to the capture of accurate data, but insufficient time and workload pressures get in the way. Audit needs to be clinically led, supported by others with dedicated time to deliver the ground work. Retaining a large central department may be less effective than devolving smaller teams to departments/divisions where they will feel part of the local quality improvement effort.
Q7	Do you agree this would be helpful?	In part - it is important to recognise the value of staff at all levels within clinical audit and ensure

		administrative support is available in addition to the input of experienced audit professionals. A multi-disciplinary approach is necessary for quality improvement, sharing perspectives and transfer of skills. Creating a career path for audit teams is important but funding at this time presents a major challenge.
Q8	Do you agree this would be helpful?	Agree, but only if the funding is available to support departments which may have been a soft target for cuts. Facilitating more regional approaches will help to promote learning and innovation in quality improvement. Standards for audits have been developed by HQIP and others, and networking may prevent duplication of effort.
Q9	What is your view of each component in the proposal?	Good practice already exists in terms of implementation of the 4 fundamentals and should be more widely promoted to demonstrate the benefits of such an approach. Central quality departments could replicate the separatist problems of audit teams - quality has to be owned locally. At a time of financial constraint, training and development resources must be managed carefully against local QI priorities. The balance of national and local contributions needs to be carefully managed because resources for audit are scarce. Faster effective feedback from national audit is to be encouraged to keep the work clinically relevant and to drive improvement for patient care.
Q10	Do you have suggestions for other components?	We note that the consultation makes no mention of HQIP and the role of a central body offering expertise nationally and facilitating key national audits. The consultation makes no mention of the place of audit in discussions between commissioners and providers and how this influences service tariffs. Funding the development of effective audit is a major concern at this time.