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?]	Partially. Undoubtedly the 'hardest' part of clinical audit is introducing change so it's no surprise that the emphasis is often on things which are easy. Sometimes audits are undertaken which lack rigour and are of poor quality but there is a need to balance the need for rigour against an overly technical approach which makes a dry subject even less welcoming for staff who want to get involved with it. It is best not to overcomplicate things! The national clinical audits I have been involved with were very time consuming and required a lot of information to be collected. There is a need to rein this in where possible and ensure national audits are well designed and serve a useful purpose given how time intensive they are.
Q2	Do you agree that the current situation is not sustainable?	No. Although there is scope for improvement and shifting the emphasis of audit activity. I also think it is helpful to boost the knowledge and skill set of audit staff and give more status to the profession. But I don't think there is a case for saying things are unsustainable.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Yes. The term 'clinical audit' does not help and has some negative connotations. I think having audit staff embedded in clinical teams, divisions etc is better than having a discrete audit department. Clinical audit can also be isolated from wider 'quality' oriented activity rather than integrated with it which is not desirable. I also agree that having more of an emphasis on developing the skills and knowledge for quality improvement among a wider range of staff is helpful as ownership of the process by clinical staff is key for delivering change.

Q4	Do you agree this would be helpful?	I agree with the points made and think articulating these more clearly could be helpful but there needs to be a more concrete set of proposals about how to do this.
Q5	Do you agree this would be helpful?	Not sure of what is being proposed. The consultation document emphasise what staff 'need to understand' but doesn't say how this understanding will be achieved.
Q6	Do you agree this would be helpful?	Partially. Not sure what integrating data for quality assessment with 'the data needs of clinical care' means? Definitely agree that audit staff need to be more closely aligned with clinical staff with greater involvement and engagement of clinicians. Agree that clinical audit should be situated within a broader quality team or department.
Q7	Do you agree this would be helpful?	Yes. Developing the skills and expertise of staff is valuable – being able to facilitate change is a key skill.
Q8	Do you agree this would be helpful?	Yes. Mechanisms for sharing audit best practice and benchmarking need to be developed and improved. Clinical Audit Knowledge Exchange (CAKE) was much vaunted but badly designed and implemented. It seems to have died a death. Any future online system would need to be developed in conjunction with trusts based on what trusts identify would be helpful not developed centrally in isolation.
Q9	What is your view of each component in the proposal?	1. Agree with this. 2. Agree that clinical ownership and leadership is key. Agree that limited capacity of central teams to undertake work so operate best as a source of specialist advice, support, guidance etc. 3. Agree. 4. Not sure what Academic Health Science Networks are and what capacity there would be to assist with these. 5. Agree and also streamline the number of national clinical audits trusts are required to undertake.
Q10	Do you have suggestions for other components?	No, but developing skills and expertise of staff is key. Also important to link clinical audit with broader quality focused work.