

# National Advisory Group for Clinical Audit & Enquiries

## Consultation on Future of Audit staff in Trusts

Note from Sarah: this a copy of the form I will complete and return to NAGCAE – please don't respond to them directly.

Please return to [michael.clarke@rlbuht.nhs.uk](mailto:michael.clarke@rlbuht.nhs.uk) by Wednesday, 22<sup>nd</sup> August 2012.

The full document can be downloaded from [www.dh.gov.uk/health/2012/07/audit-staff/](http://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
Q5	Do you agree this would be helpful?	Yes
Q6	Do you agree this would be helpful?	Yes
Q7	Do you agree this would be helpful?	Yes
Q8	Do you agree this would be helpful?	Yes
Q9	What is your view of each component in the proposal?	1. Agree, particularly around the need for a collective team approach between clinical and non-clinical staff and also the need to send a consistent message that audit should be viewed as an important tool in providing high quality care. Audit is all too often viewed as an obstacle or 'tick-box' exercise, rather than a

		<p>valuable quality tool.</p> <p>2. Agree, although ideally staff will be sufficient for the volume of workload, permanent and valued. All too often experienced staff are lost through unrealistic demands and expectations, inadequate support, inappropriate management or a combination of all. Clinical and non-clinical members should be viewed as essential.</p> <p>3. Agree</p> <p>4. Agree in principle, although current reality would likely mean additional workload be placed upon already overworked teams</p> <p>5. Agree. Also think that it should be necessary for national clinical audit suppliers (and other commissioners) to have some sort of mandatory facilitation between each other to determine if they are crossing boundaries into other projects. All too often, similar audit data needs to be collected in accordance to slightly differing guidelines, essentially meaning that twice as much needs to be provided. This impacts on resources across the trust, not just audit / quality, but also clinical</p>
Q10	Do you have suggestions for other components?	