***[Q1:Do you agree with this assessment of the current concerns of audit staff in Trust?]***

*While we hear this from audit staff in other Trusts this is not for the most part, the experience in this Trust. Recognition at executive and senior management level that audit should be part of core business has been key. There is a framework for identifying and prioritising audit requirements and audit programmes are performance managed to ensure these priorities are met. Collecting data for audit is mostly done by the clinicians undertaking audit and support is centred on advice, data analysis and project, programme management and training. This has led to some deskilling the support staff in this particular role.*

*I would agree that the value of some audits, particularly Foundation Programme doctors is questionable, however insistence on supervision by senior colleagues and inclusion in these audits in the performance management figures is beginning to have an impact on quality as is empowering support staff to decline questionable audits begun.*

***[Q2: Do you agree that the current situation is not sustainable?]***

*The situation as described in the paper, we agree is unlikely to be sustainable, but within our own Trust we are optimistic that clear ideals, policies and procedures, together with accountability for clinical audit performance made clear, the demand can be successfully managed.*

***[Q3: Do you agree with this analysis of the underlying reasons for the current situation?]***

*1. I do NOT agree that the term "clinical audit" more of a hindrance than any other term e.g. service evaluation or QI. Unwelcome connotations with policing are more likely to occur as a result of the inappropriate use of clinical audit and any other method of QI used inappropriately would have the same negative reaction. I feel very strongly that focussing on the term is unhelpful. It diminishes the real underlying problems and any change of name would only create more confusion than it would resolve.*

*2. I agree that the multiplicity of approaches to improving quality are not always sufficiently appreciated.*

*3. I do not agree that the creation of audit departments per se is responsible for the creation of artificial barriers, although it can contribute to them if there is poor understanding of clinical audit, quality improvement amongst senior management , audit staff , clinicians and the executive,*

*4. Re-inventing the wheel (or flat tyre) is not restricted to audit. Senior managers and service leads need to share experiences of improvement in their specialist areas along side audit staff. Audit staff alone cannot lead on clinical or organisational change.*

*5. I agree that lack of QI skills and knowledge within an organisation can result in little quality improvement as a result of clinical audit and other quality improvement practice.*

***Q4*** *I strongly agree with the new vision as proposed.*

***Q5*** *I strongly agree this is helpful, however lack of understanding is not confined to audit staff and education needs to go beyond the audit staff and into management, up to and including board level.*

***Q6*** *I agree that some of this is helpful in clarifying principles but less helpful in achieving them. Some approaches could be detrimental and I would like to see some evidence that these approaches work before fully endorsing them.*

***Q7*** *I agree that training for audit staff should reflect the role they are expected to fulfil. However I am less sure that they should have responsibility for leading or facilitating change*

*The importance of developing leaders in all areas has to be recognised*

***Q8*** *I agree that Trusts should learn from one another. Engagement in leadership collaboratives should not be confined to audit staff but to all service leaders, however this cannot be another add-on to anyone's role and organisations would have to value it and allow time for individuals to participate.*

***Q9*** *I broadly agree with the proposals as set out but have some reservations particularly around resourcing such changes in the current financial situation.*