

# 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](mailto: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/](http://www.dh.gov.uk/health/2012/07/audit-staff/)

The way this form is set out and the other form makes it very confusing so I have amended the form so that you know what I am referring too.

Q1	Do you agree with this assessment of the current concerns of audit staff in Trusts?]	The concerns that are listed are all what we were faced with prior to a lot of work that has been undertaken to get our team and the trust to where it is now strategically. Admittedly there are still areas in development but on the whole the current status of our team and the trust I would not agree
Q2	Do you agree that the current situation is not sustainable?	N/A
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	See below
	The term 'clinical audit' is:	Fine and understood
	<i>2. Multiplicity of approaches to improving quality is not sufficiently appreciated</i>	Do not agree
	<i>3 Concept of an 'audit department': creates unhelpful boundaries</i>	Not at our trust
	<i>Isolation of audit staff in individual Trusts: risks reinventing the wheel (or flat tyre)</i>	Do not feel isolated team is great
	<i>5. Quality improvement skills and knowledge of clinicians and managers poorly developed</i>	This will depend on the clinician
Q4	Do you agree this would be helpful?	It needs breaking down
	Quality assessment	Is already happening
		This is an area which is most difficult to find out

	Quality improvement	what is wrong is one thing successfully treating it and making sustainable change is another – so work in this area would be welcome
	Recognition and reference to these two components will help to clarify the different contributions that the two principal groups of audit staff make:	This makes it sound like national clinical audit run them selves which is not the case. If we focus on local topics how will the national projects get completed?
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?	I don't see it as a proposal I see it as a vision of what is needed and not how it is achieved.
Q10	comments	This seems to be a buy in or not situation. I agree with a lot of the thinking and disagree with some of it but as its been lumped together the responses are to over arching. Basically national audit are normally owned by 1 clinician and a member of the audit team which is not good, it should be owned by the whole of the clinical area relevant to the service they are not spread out enough over the calendar don't allow time to improve in between the collection periods and don't listen to feedback on concerns regarding methodology