

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?]	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, I don't think clinicians actually understand that audit is a tool to improve and sustain the health of their patients. They think it is a way for the Trust/Organisation to police them.
Q4	Do you agree this would be helpful?	Yes, quality assessment and improvement should go hand in hand as that it is part of the problem too, clinicians don't understand that they need to continue the audit cycle to continuously improve healthcare. Most think once they have seen the results of the data that's it and the proof is in the amount of re-audits that take place and the quality of them.
Q5	Do you agree this would be helpful?	Yes, Feedback and ideas for improvement are essential for NCA, as audit staff do think they are just data collecting and never seeing any improvements, and if the staff are thinking like that then so are clinicians.
Q6	Do you agree this would be helpful?	Yes, integration is key to the survival of audit departments. More support from Senior clinicians is also needed when it comes to junior doctors audit projects and ensuring completion. Audit has always been separated from everything else where I have worked, even separate buildings.
Q7	Do you agree this would be helpful?	Yes
Q8	Do you agree this would be helpful?	Yes, but is also been tried using CAKE and I don't think that worked, I just feel sometimes

		people are intimidated sharing the results. In our network we have tried many times but its very people will share.
Q9	What is your view of each component in the proposal?	<ol style="list-style-type: none"> 1. I don't think that quality assessment and quality improvement should be separated as this could result in just data being collected which is not we want, it has to enforced that they go hand in hand. 2. Great idea, what about a lay member for patient perspective. 3. Great idea, however Trusts needs to provide the time to complete it. 4. Yes I agree 5. Yes I agree
Q10	Do you have suggestions for other components?	