

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?	Well, many Trust Boards and others will continue to ignore reality and focus on financial savings (but not to their salaries) to the detriment of patient care as many have done for the last 20 years.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	Broadly
Q4	Do you agree this would be helpful?	Yes, if national clinical audits are vastly improved, otherwise Rubbish in Rubbish Out
Q5	Do you agree this would be helpful?	Not if it just allows data trawling. Many National clinical audits are so poor they are a complete waste of time.
Q6	Do you agree this would be helpful?	Not if you continue to call it clinical audit. Improving the role of porters is a management issue. Bringing in clinical staff sounds good but they would be likely to dominate CA staff.
Q7	Do you agree this would be helpful?	Yes, strongly agree, most training for clinical audit is extremely poor.
Q8	Do you agree this would be helpful?	Too many different bodies. You need HQIP to recommend one forum and one CA based journal.
Q9	What is your view of each component in the proposal?	I agree with much of this but the Academic Health Science Network is an irrelevance.
Q10	Do you have suggestions for other components?	A national professional body with entrance and progression by examination. Much better pay for CA staff. National guidance on staff numbers and grades for Trusts of different types and staff. I recognised this overall situation from problems 20 years ago, thanks for catching up.