

# 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/)

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| 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?] | No  |
| Q4 | Do you agree this would be helpful?   | No  |
| Q5 | Do you agree this would be helpful?   | No  |
| Q6 | Do you agree this would be helpful?   | No  |
| Q7 | Do you agree this would be helpful?   | No  |
| Q8 | Do you agree this would be helpful?   | No  |
| Q9 | What is your view of each component in the proposal?                                  | <p>1. The term is not the issue, mandatory activities have high jacked the term with performance management, and this will only exacerbate the issue by calling everything "quality" which is an extremely broad term which encompasses most activities.</p> <p>2. This can only be addressed once the DH recognises the difference between quality and tick box data collection. Changing a clinical audit dept into a quality department does not address the fundamental issue that the same data is having to be reported in a slightly</p> |

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|     |   | <p>different way to the Commissioners, SHA's, DH which has little demonstrable evidence of improving the quality of care provided to the patient.</p> <p>3. Training opportunities have been provided by HQIP which encompass those in your proposal. Your proposal reads as if clinical audit staffs are the panacea for quality.</p> <p>4. I thought that this was the purpose of the Quality Observatories which have had limited success at demonstrating quality improvement. Is this not just rebranding?</p> <p>5. Completely agree.</p>            |
| Q10 | Do you have suggestions for other components? | <p>6. National Clinical Audits</p> <p>The number of national clinical audits needs to be reduced. Very few provide Trusts with the opportunity to provide quality improvement to patients. The burden is vast and the value not measured in terms of cost and quality. Clinicians have disengaged as support is unable to be provided for local audit/issues. Clinical audit staff and clinicians have become data collectors. The balance needs to be addressed to ensure clinical audit/quality staff have the necessary skills to become 'leaders'.</p> |