

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. I have an additional concern which is that there is a preference for dashboards (nursing) and measurement for change (doctors) rather than the robust data that requires more effort to collect. Although both are useful tools they are currently being used to undermine clinical audit.
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?]	<ol style="list-style-type: none">1. I have always believed that clinical audit is an unfortunate term and think this should have been changed as part of the re-invigoration process.2. I agree.3. This is not applicable in my Trust. Clinical Audit Officers are allocated to specific directorates and although managed corporately they are seen as part of the specialities with the directorate.4. We are fortunate in my area to have a very good working relationship with our colleagues in primary care and the community. However because of pressures of work we often talk about cross boundary audits but never quite get around to it.5. I full agree with this comment and would go further and say that this applies at all levels within the Trust including those who should be providing leadership.
Q4	Do you agree this would be helpful?	Yes. Currently the balance between these two components is wrong. There is too much emphasis on national audit at the expense of local audit.
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?	I have some concerns about this. Links with research organisations where the methodology is robust is to be encouraged. However some organisations (NHS Institute for Innovation & Improvement) have promoted methodologies which are contrary to the basic principles of clinical audit i.e. representative sample size, meaningful and robust data.
Q9	What is your view of each component in the proposal?	I completely agree with all components except that most audit department already have an executive director but that doesn't necessarily improve access to the trust Board. A non executive to act a "champion" would be a welcome addition.
Q10	Do you have suggestions for other components?	I would like to see a return to ring fenced funding for clinical audit based on the number of clinical staff within the organisation I think the Consultation Document is a very comprehensive document which is an accurate reflection of what is happening across the NHS. I believe the proposals for improvement address the major issues. All we need now is a Clinical Audit CQUIN.