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?]	**Agree** The points raised can be recognised nationally. However, all of these issues were present from the inception of regular patient related auditing (initially titled Medical audit, causing implicit ownership issues)
Q2	Do you agree that the current situation is not sustainable?	**No** the current situation could continue as is, but the concerns mentioned would remain. The Clinical Audit Teams (hereafter referred to as CATs in this document) is a key part of the NHS. Trusts currently should address the need for improvement by providing adequate staffing, clarity of purpose and improved governance on behalf of CATs. One example would be Foundation Programme doctors being advised to do reviews rather than new audits, as part of their training requirement. Also, they could conduct these reviews/audits using separate admin support (e.g. the consultant's secretary or ward clerk). The title and role of CAT staff is universally understood & valued by clinicians.
Q3	Do you agree with this analysis of the underlying reasons for the current situation?]	**No** Most NHS Trusts have built up sufficient Clinical Governance expertise to guide & support C A Ts (who are generally managed by staff with access to clinical knowledge and the authority to address the issues mentioned in this analysis)
Q4	Do you agree this would be helpful?	**Please see response to Q3.** The distinction between national clinical data collection & that at Trust level is superficial because the latter feeds the former & CATs are best placed to supply both
Q5	Do you agree this would be helpful?	**No** Clinicians (especially nursing & medical staff) already use CATs to provide data for making the case re service improvement or redesign. If "reinventing the wheel" does occur, then it is the prerogative of NHS staff in general and not confined to CATs, who simply reflect this approach but can also challenge it, using external searches as evidence.

Q6	Do you agree this would be helpful?	**No,** Most NHS Trusts are already working with modern efficiency tools , such as lean methodology, and cross organisational activity, e.g “Virtual wards” (managing patients between community & acute settings), CATs can thus be appropriately involved in analysis of the data collected by the clinicians involved.
Q7	Do you agree this would be helpful?	**NOT NEEDED**, As most clinicians already network externally and partake in clinical speciality groups/discussions. These tend to involve CATs, as the experts in how data can be collected & shared efficiently,
Q8	Do you agree this would be helpful?	**NO**.Please see answer to Q7 Also new and emerging organisations do generally have access to CATs, as part of shared resourcing or via specifically appointed staff.
Q9	What is your view of each component in the proposal?	**They are all appropriate.** However these already exist in most Trusts, though often under other names (such as patient/client customer service) with the aim of promoting quality and eliminating errors in patient care, being paramount.
Q10	Do you have suggestions for other components?	**YES** CATS would benefit from greater access to uniform data collection facilities across the NHS. Then they could contribute on a national scale whilst remaining integral to their local Trust’s clinical practice auditing work