

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/

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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 & No. It isn't sustainable if Trust are genuinely committed to quality. But if they see quality as a 'desirable' rather than 'essential' function, an add-on rather than generic, then it probably would be sustainable. It is about honesty – all Trusts will <i>tell</i> you that quality is essential, but it is often only lip-service. |
| Q3 | Do you agree with this analysis of the underlying reasons for the current situation?] | Yes, but..... I was training a group of new entrants last month, and a couple of people challenged me on 'quality'. Their view was that many new NHS staff (nurses etc), use the NHS training route as a means to gain qualifications, and progress as career nurses / management. They are less focussed on quality, reflection, compassion etc, and there has been a shift away from training these aspects of the job. I'm not sure that this is the case, but, if it is true, this needs to be addressed. In the past, clinical staff have always been able to raise the profile of these things, against what has often been seen as the targets driven agenda, but if clinicians are losing those skills / the desire to challenge, the 'quality agenda' will slip even further down the list of priorities. |
| Q4 | Do you agree this would be helpful? | Yes |
| Q5 | Do you agree this would be helpful? | Yes |

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| Q6 | Do you agree this would be helpful? | Yes |
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| Q7 | Do you agree this would be helpful? | Yes |
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| Q8 | Do you agree this would be helpful? | <p>Unsure.</p> <p>The NHS is a hugely changing environment. You have to recognise that, for smaller organisations sharing what could be commercially sensitive data is not an option. It is probably less of an issue to larger, acute Foundation Trusts, but, for us, our competitors are snapping at our heels, and sharing info that they could access would be suicide. We are no different from say, BUPA now, and I doubt if you would be expecting BUPA to engage in this.</p> <p>I am fully committed to collaboration and shared learning, but I have to be mindful of the commercially-driven agenda that the government has created, and the detrimental impact that sharing information could have on us.</p> |
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| Q9 | What is your view of each component in the proposal? | In agreement, with the exception of number 4, which I think needs thinking about very carefully, in the light of the changing landscape of the NHS. |
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| Q10 | Do you have suggestions for other components? | Not specifically, just around the whole area of the fragmenting NHS, and what that means for smaller businesses like mine. |