

Clinical audit: a brave new world?

Spring 2011

Overview

Monitor has made it clear that clinical audit is a key part of the assessment of the quality of provider organisations and integral to the Quality Governance framework. The Audit Commission also identified clinical audit as a underused function in their recent report for NHS boards entitled 'Taking it on Trust'.

Clinical audit - a brief history

Clinical audit has long been a part of the provider landscape. Consultant job plans often clearly express the need to carry out clinical audits. Consultants have used clinical audit to improve their services. Many GPs have used clinical audits to support peer improvement and review. The Royal Colleges and the BMA very much support clinical audit as an effective tool for clinical improvement and peer learning.

Yet despite all the successes there is real sense that the true value of clinical audit is yet to be realised. Individual improvement cannot be easily translated into organisational gain. Best practice is shared but in an inconsistent and incoherent way. Management and boards have yet to see the value of clinical audit in a structured way which clearly adds quality and financial value to the organisation.

What are the main issues?

- **Planning is not risk based** - Modern financial and governance audit is driven by statutory requirements and the Assurance Framework. If it is not a risk or a statutory requirement then it does not get audited. Clinical audit is not driven by an organisational risk assessment. Our research shows that the planned volume and nature of clinical audit has little to do with the size and complexity of the organisational or the historic risks associated with the services. Often clinical audit is driven by clinical interest and focus which adds value to individual services but little to the organisation as a whole.
- **Execution is not consistent** - There is no consistent national, regional or even local template for the delivery and execution of clinical audit. There are no specified requirements in respect of the individuals or teams carrying out the work. There are no templates for reporting, no requirement to develop action orientated recommendations with priority significance or timescales.
- **Reporting is not consistent or transparent** - We have identified a myriad of methods by which the results of clinical audit are reported. Sometimes it is almost an entirely internal process to the consultant and his team, sometimes there is wider learning within a directorate. The medical director rarely has a consistent

overview of outcomes. We have seen some reports to the committees responsible for clinical governance but rarely as a high profile agenda item with a focus on achieving organisational learning and change.

- **Results are not fed into organisational risk assessment** - We see many examples where individuals or groups learn from clinical audit and adjust their practice accordingly. However, we see virtually no examples where the results of clinical audit feedback into the board's risk assessment and business planning.

What needs to be done?

In our view for clinical audit to have the maximum effect it needs to be an organisation wide activity driven by a robust risk assessment. There needs to be a culture shift in what NHS providers see as the purpose of clinical audit. The sum in terms of organisational benefit must add up to more than the individual parts.

As a process, we see little difference between clinical and internal audit and would therefore expect to see:

- a risk based plan for the whole trust based on discussions with key stakeholders and approved by the appropriate board committee
- accredited professionals authorised to carry out clinical audits
- leadership arrangements in the trust set out clearly. We see this an area where the medical director is placed to lead and encourage colleagues and take board level responsibility for the effective delivery of the annual clinical audit plan
- a reporting template with prioritised action plans
- quarterly reporting to the relevant board committee
- a robust process for the follow up and checking of agreed recommendations
- the audit committee using clinical audit findings as a key source of assurance to support the Statement on Internal Control.

Monitor is making this a key priority and audit committees are required to have an overview of clinical audit in reaching and assessment of a trust's overall assurance framework.

Who should I contact?

Grant Thornton will continue to issue briefing notes in the interests of wider awareness, and we intend to hold a variety of other promotional and thought-development events. For further information:

Paul Dossett
Partner
T 020 7728 3180
E paul.dossett@gt.uk.com