

CHAIRMAN'S INTRODUCTION TO THE ANNUAL AUDIT REPORT FOR UBHT

This is the third and last Annual Report of the United Bristol Healthcare Trust Medical Audit Committee (MAC). From the spring of 1994 the Committee will be modified to include both nursing and paramedical representatives and will have as its remit, the enlarged responsibility for clinical rather than medical audit. It should be remembered that pursuance of clinical audit does not equate with cessation of medical audit. The latter is an integral part of the former and its continuance as part of the whole has been recommended by National Government..

In the last 12 months audit has been accepted as an integral and essential part of clinical activities in the Trust. Information on the extensive audit activities and projects together with their effects on clinical practice is included in the pages of this report which is arranged as before by specialty. Each specialty group has been responsible for the production of their section of this report and the majority of their returns have been made within the frameworks created by the Medical Audit Committee. During 1993 the Committee has encouraged specialties, divisions and directorates to move towards audit processes that embraced a wider congregation than the medical staff. An orderly and organised approach to the prosecution of audit has been encouraged by the Committee which has recommended certain very basic minimum standards for the conduct of audit. These standards have been mainly concerned with the allocation of resources of time and staff. While there has been general agreement from purchasers and providers across the South West Region that a half a day per month is an appropriate expenditure of time on audit it has taken the UBHT three years to accept this recommendation of its MAC. The change from medical audit to clinical audit with the inevitable increased involvement of non medical staff will therefore increase the total resource commitment to audit.

The Regional Audit Team visit to the United Bristol Healthcare Trust was an important event in the audit year. It gave us an opportunity to "see ourselves as others see us". The visiting team comprised Dr. Charles Shaw, the Director of the Bristol Clinical Audit Unit and Miss Nicola Cowie, the Regional Clinical Audit Co-ordinator. The report drawn up by these two skilled, knowledgeable and experienced members of the South West Region's Audit Staff forms part of this 1993 Annual Report. Many of their observations are perceptive and helpful. They will hopefully be a guide to the Medical Audit Committee's successor, the UBHT Clinical Audit Committee, when it comes to define its own role and objectives. The devolutionary process which has lain at the heart of the Trust's operational philosophy has, in the past, made it quite difficult for the Audit Committee to influence and record audit activities.

The Regional Audit Team observed, the Audit Committee has no budget and is not made up of clinical directors. It has had therefore no direct power and has had to work by persuasion. It seems likely that these parameters and limitations will also be a frame within which the new Clinical Audit Committee will work. The new Committee may well wish to establish a role in the co-ordination of audit projects across the Trust. It may also wish to play some part in the assessment of the quality and effect of audit projects. These objectives are highly desirable but will remain difficult to achieve unless some agreement can be made between senior management and the Clinical Audit Committee as to the future of audit in the UBHT. Whatever that decision may ultimately be, it is to be hoped that the original educational role envisaged for audit by National Government will not be lost. If audit were to become simply another method of contract monitoring we shall all have wasted the opportunity of improving the quality of our patients' care by improving our understanding of our own problems and others achievements.