

# Clinical Audit at the Blackpool Teaching Hospitals NHSFT

The Clinical Audit Department at the Blackpool Victoria Hospital fills a number of different functions, an important one of which is to coordinate the involvement of medical trainees in the clinical audit process.

We try to adhere as closely as possible to the NICE definition of clinical audit which is founded on the measurement of local performance against agreed auditable standards for any given component of service provision, followed by the analysis & presentation of results together with any recommendations for change. The division or speciality department in question then generates an action plan to be implemented prior to re-audit after an appropriate interval.

Clinical audit is quite distinct from surveys of current practice in the absence of any agreed standards (service evaluations). Clinical audit is also quite distinct from research that seeks to define best practice. Clinical audit measures local performance against best practice. We are mandated by the Care Quality Commission (CQC) to participate in locally relevant national audit projects, some of which lend themselves to trainee involvement.

Clinical audit is founded upon good practice in information governance and as such the recording of any patient identifiers during the process of data collection is prohibited. In addition, no data should be collected until any given project has been approved and registered on the trust's Clinical Audit Annual Workplan (CAWP).

The full procedure for undertaking clinical audit can be found in the trust's electronic document library registered as CORP/PROC/561. After submission of a clinical audit proposal form (with all sections completed) by the lead auditor for any given project, the clinical audit review panel consider the proposal and give the principle auditor a response at the earliest opportunity, with a copy to the speciality clinical audit lead where appropriate. It is important to note that failure to complete all of the sections on the proposal form inevitably leads to delay in project registration and the commencement of data collection.

Once registration is completed data collection can begin against an agreed projected schedule. After data collection is complete, findings are presented at departmental or divisional level and an agreed action plan prepared (as above)

Trainees are issued a certificate of participation, upon request, any time after the presentation of findings and recommendations has take place.

Trainees are expected to participate in two quality improvement projects (audit, service evaluation, research) each year. The exact nature of that participation depends upon the level of the trainee in question with advanced trainees engaging in all aspects of the audit cycle in contrast to foundation trainees who may fill their training requirement adequately through participation in already established projects.

## **The Proposal Form**

We are currently working with version 6.0 of the clinical audit proposal form. An electronic version of the same is attached below. Further copies can be accessed by entering 'clinical audit' in the drop down search menu on the trust's intranet home page and working through a couple of secondary menus to get to the relevant documents section.

## Speciality/Departmental Clinical Audit Leads

Most specialities/departments have a designated clinical audit lead who acts as an advisory resource in relation to the methodology and layout of proposed projects and who signs off each proposal form before it's submission to the clinical audit department. Speciality leads also meet together periodically as members of the trust's clinical audit group.

Projects are prioritised into one of four categories:

Priority 1 – External mandatory clinical audits (CQC,NICE,NPSA etc)

Priority 2 – Internal clinical audits linked to expressed trust wide priorities and strategic plans

Priority 3 – Speciality/Departmental generated clinical audits

Priority 4 – Individual clinician generated clinical audits

For projects classified as priority 3 or 4, the relevant divisional director's signature must be secured on the proposal form in addition to that of the speciality/departmental clinical audit lead.

## Current Clinical Audit Leads by Speciality/Department

### Unscheduled Care:

Accident & Emergency	- Mr John Argall (Head of Department)
Critical Care	- Dr Rob Downes
Acute Medicine	- Dr Yahyah Al-Najjar
Care of the Elderly	- Dr Mark Taylor
Respiratory Medicine	- Dr Anju Mirakhur
Rheumatology	- Dr Steve Jones
Gastroenterology	- Dr Peter Isaacs
Stroke	- Dr J McIlmoyle
Diabetes & Endocrine	- To be agreed
Haematology	- Dr Mike Macheta
End of Life Care	- Dr A Whitfield

## **Scheduled Care**

Cardiology	- Dr Shajil Chalil
Anaesthetics & Theatre	- Dr Raj Nichani
Cardiothoracic Surgery	- Mr Andrew Duncan
General Surgery	- Mr Ravi (Head of Department)
ENT	- Mr Kazmi (Head of Department)
Orthopaedics & Trauma	- Mr Steven Fewster
Ophthalmology	- Mr William Pollock

## **Families & Child Health**

Neonatology	- Dr Chris Rawlinson
Paediatrics	- Dr Rabin Mohanty
Obstetrics & Gynaecology	- Dr Elizabeth Haslett

## **Clinical Support Services**

Radiology	- Dr Paul Billington
Pathology	- Dr Patankar
Pharmacy	- Ms Vanya Fidling

Dr Richard J M Morgan FRCA

Trust Clinical Audit Lead

July 2014