



BASHH Regional Audit Chairs – Connecting BASHH National Audits to Local Quality Improvement and Clinician Revalidation

Owner	BASHH		
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Amendment History

Version	Date	Amendment History
0.1	26 May 2009	Initial draft produced by Hugo McClean and Chris Carne
0.2	03 June 2009	Revision for discussion at BASHH National Audit Group Meeting BASHH NAG Meeting 12 June 09
0.3	15 Sept 2009	Revision following discussion at BASHH NAG Meeting 12 June 09, and with Mark FitzGerald and Mike Abbot
0.4	29 October 09	Current draft following discussion in BASHH NAG Meeting 2 October 2009, where agreement was obtained and decision to insert statement that the workload required for Regional Audit Chairs was, on average, half a programmed activity (two hours) per week
0.5	17 February 2010	Final version after approval by BASHH Board (communicated from Jan Clarke to NAG Chair on 16 February 2010)

Forecast Changes

Anticipated Change	When
Annual Review	January Meeting of the National Audit Group

Reviewers

This document was reviewed by the following:

Name	Affiliation	Date	Version
Chris Carne	Chair BASHH National Audit Group	06/08/2009	0.3
Hugo McClean	Honorary Secretary BASHH National Audit Group	26/09/2009	0.3
Mark FitzGerald	BASHH Clinical Effectiveness Group	22/09/2009	0.3
Mike Abbot	BASHH Clinical Governance Group	15/09/2009	0.3
Chris Carne	Chair BASHH National Audit Group	29/10/2009	0.4
BASHH Board/Jan Clarke		February 2010	0.5

Distribution

To all Genitourinary Medicine/Sexual Health clinics, via BASHH Regional Audit Chairs and BASHH website.

Related Documents

These documents will provide additional information.

Ref no	Title	Version	Accessible on
1	Good Medical Practice. General Medical Council, 2006		www.gmc-uk.org/guidance/good_medical_practice/index.asp
2	Trust, Assurance and Safety – The Regulation of Health Professionals in the 21 st Century. 2007; Department of Health		http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_086430

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Purpose and Summary

The purpose of this document is to describe and support the role of the BASHH Regional Audit Chair in connecting BASHH national audits to regional and local clinical audit and quality improvement. This document provides information to Regional Audit Chairs to help provide evidence of effective chairing, both to their own services and to the BASHH. Additionally, information is provided on how individual practitioners can effectively use the BASHH national audit process and data provision for individual appraisal/specialist recertification and performance review.

Audience

BASHH Regional Audit Chairs, members of Regional Audit Groups, staff working in genitourinary medicine/sexual health clinics, including clinical governance leads and service managers.

Background

Clinical audit is an essential component of quality monitoring and improvement. Provision of evidence from clinical audit is important to service improvement, as well as in individual appraisal and performance review. Individual practitioners may effectively use the BASHH national audit process and outputs to implement practice improvement, and demonstrate practice change. The Regional Audit Chair provides leadership in developing and managing high quality service, both in their regions and at national level.

A major product of the Government review on the fitness of doctors to practice was the Government White Paper *Trust, Assurance and Safety: the regulation of health professionals in the 21st century* which states that: *The recertification component of revalidation will involve the specification of a clear set of standards formulated by each medical Royal College working in collaboration with Specialist Associations and others.* The White Paper also indicates that audit will play an important part in revalidation, and emphasizes the importance of the use of outcome data in relation to teams and individual practitioners. Based on the White Paper, the General Medical Council (GMC) has worked with the Department of Health to produce a new system of relicensure and specialist recertification for doctors. The product of this is a Revised Framework, derived from Good Medical Practice, for revalidation that will lead on to relicensure and specialist recertification. Specialist recertification will be mediated through the relevant Royal College to the GMC. The BASHH is producing a specialty-specific version of the GMC Revised Framework that includes a set of standards, and these will be an important part of future BASHH audits. Corresponding systems are being developed for other healthcare professionals.

Roles of the Regional Audit Chair

1. Attend, or send a deputy, to the BASHH National Audit Group (NAG) Meetings
2. Provide feedback from the Regions on national and regional audit work
3. Disseminate information from NAG Meetings to clinics within respective Regions
4. Facilitate participation by clinics within respective Regions in BASHH national audits
5. Chair at least two Regional Audit Group meetings each year. These meetings should include:
 - a. Presentation of the results of BASHH national audits (see below: Use of the Audit Reports from National Audits)
 - b. Discussion of interventions to improve practice in clinics in respective regions
 - c. Facilitation of regional audits, based on the NAG Audit proformas
 - d. Sharing of other information from the BASHH NAG
 - e. Providing feedback to the BASHH NAG
6. Arrange to have posted the minutes of Regional Audit Group minutes on the respective Region page of the BASHH website
7. Provide an annual report on feedback from the Regions about use of the BASHH national audits
8. Participate in sub-groups of the NAG to plan national audits
9. Participate in sub-groups of the NAG to update the NAG audit proformas
10. Participate in other sub-groups of the NAG for other projects
11. Facilitate discussion about the use of BASHH national audits in the context of relicensure and specialist recertification, and performance review & personal development planning
12. A Regional Audit Chair may occasionally provide advice or support about quality issues to a clinic in their region, when this arises from BASHH audit work, and will be supported by the BASHH NAG in this. However, Regional Audit Chairs have no responsibility for individual clinician or clinic performance.
13. Branch Chairs and Regional Audit Chairs should work closely together to provide regional audit meetings in Branch educational events.
14. Regional Audit Chairs should also work in partnership with local audit groups and resources where appropriate.
15. Regional Audit Chairs should facilitate educational and training opportunities where appropriate.
16. The BASHH NAG recognises that the workload required for Regional Audit Chairs is, on average, half a programmed activity (two hours) per week, and that this should be discussed in relation to job plans, appraisals and clinical excellence award applications.

Composition of Regional Audit Groups

Regional Audit Chairs should facilitate participation by all members of genitourinary medicine/sexual health teams from clinics in their Region. It may be appropriate to involve managers and clerical staff in some work. Regional Audit Groups should discuss patient and

public involvement, possibly involving one of the voluntary groups in their Region, where appropriate. Staff directly involved in patient care, as well as those with executive function who can implement change in clinics should be encouraged to participate.

It is recommended that Regional Audit Chairs compile an email list for communication about regional audit meetings. This email should be sent to clinic audit leads, who, in turn, should relay it to clinical and managerial and administrative staff in each clinic, and (a) lay member(s) where appropriate.

Notification of Regional Audit Meetings should be sent out at least 8 weeks before the date of a future Meeting.

Use of the National & Regional Audit Reports in Regional Audit Meetings and in Clinics

Reports from BASHH national audits are provided as a national aggregate of regional performance data and overall national performance, as well as regional aggregates made up of individual clinic data and overall regional performance. Hence, the BASHH national audits also embrace local audit. They do this by allowing individual clinics to compare performance against other clinics in their region, as well as to regional and national performance and to the BASHH Clinical Effectiveness Group Guidelines. Through these comparisons, the regional data sets provide an impetus for initiating local change.

At Regional Audit Meetings

Regional Audit Chairs should present the findings of regional audit reports and compare these to national performance. Discussion should take place about any variation in performance between clinics in a region, including comparison of clinic policies and performance results in the case note audits. Clinics with good performance in an area of practice could be asked to share their clinic systems/processes that support this performance with the rest of the regional audit meeting.

Additionally, Regional Audit Chairs should disseminate the reports, by email, of both national and regional aggregate data to clinic audit leads.

In clinics

Clinics, in turn, should present and discuss their individual performances in their own service meetings, and compare these to other clinics in their region, as well as to national performance. The National Audit Group recommends that clinic meetings decide on interventions to improve or maintain good practice in their service. Progress on implementing any changes should be a managed process through service meetings, and eventually translate into measurable service improvement or continued good practice.

Use of BASHH national audits for relicensure, specialist recertification and Performance Review & Personal Development Planning

Regional performance data are made up of individual clinic data that allow clinics to compare performance with other clinics in their region, as well as to regional performance. Comparisons can also be made with other regions and to national performance with national audit reports.

Whilst performance of individual practitioners cannot be attributed to national or regional audit data, effective use of the audit process and data output can be made by individuals to demonstrate leadership and participation in a quality process, as well as to provide evidence of developing and delivering improved quality in care.

This development and delivery of care improvement depends on engaging with service quality/governance systems, leading effective teamwork, and leadership through service quality and business meetings.

Individuals may lead/participate in:

- Managing data collection in their clinics
- Learning from audit case notes and data collection
- Reviewing/ improving clinic policies
- Planning and implementing change based on regional and national audit data
- Measure the effect of change
- Designing new or improved services based on audit findings

Examples are shown in the table below:

Examples of individual use of BASHH national audits for relicensure and specialist recertification and Performance Review & Personal Development Planning
<p>('I' refers to a clinician involved in audit work)</p> <p>BASELINE WORK</p> <p>I led in planning the collection of data by my clinic for the BASHH 07 Audit on Management of Chlamydia Infection by bringing this through my service clinical governance/audit meetings. I provided written guidance and support to my team involved in doing this work. This produced a data set of performance measures for our clinic.</p> <p>During data collection I compiled a set of notes about how information recording could be improved, and about prompts to encourage good practice.</p> <p>I presented our clinic performance in the BASHH 07 chlamydia audit in our service audit meeting, and compared our performance against other clinics in the Region and against the guidelines and standard in the BASHH national guideline for chlamydial management. I also presented my appraisal of how information was recorded and what prompts would be useful to encourage good practice. Important findings included: only 40% of cases received written information about chlamydia, and 60% of follow-up of cases was face-to-face in clinics ...</p> <p>INTERVENTIONS:</p> <p>As a result of this presentation and discussion, and by comparing our practice to that of other clinics and the national guideline, it was agreed to change from routine follow-up of cases in clinic to telephone follow-up.</p> <p>I led a process that found our health advisers/nurses working in the role of health advisers dedicated time for telephone follow-up of chlamydial cases. I produced a new proforma in our clinic, including prompts for scheduling follow-up and providing written information. I also led a process to review our provision of written information, including updating and storing of written information in our clinic.</p> <p>RE-AUDIT AND DEMONSTRATION OF PRACTICE IMPROVEMENT</p> <p>I led a re-audit of our management of chlamydia, using the same questions from the BASHH chlamydia audit, to measure the effect of the interventions introduced aimed at improving practice. This has reduced our follow-up in clinic for chlamydial cases from 60% to 20%, freeing up time in clinics to see more patients. By switching to telephone follow-up, our total follow-up rate for chlamydial cases has increased from 70% to 85%. Also, 60% of cases are now recorded as having received written information.</p>

Annual Report from the Regions

As well as posting the minutes of regional audit meetings on the respective Region page of the BASHH website, Regional Audit Chairs should provide an annual summary of the use of BASHH national audits in the Regions, as specified in the **Annual Regional Audit Chair Report – see Appendix 1.**

This report should be submitted to the BASHH NAG Honorary Secretary by 30th April of each Year. On receipt, the BASHH NAG Chair will sign a BASHH Regional Audit Chair Certificate – **see Appendix 2.**

Final 17 Feb 2010

Appendix 1: Annual Regional Audit Chair Report, 1 May 200_ to 30 April 200_
 (A Word version of this appendix accompanies this document. Please expand this form as required)

Regional Audit Chair:	Region:
Please record/comment on each of the following (expand this form as required):	
Number of BASHH National Audit Meetings (Regional Audit Chair or deputy) attended:	
Number of clinics in Region:	
Number of clinics participating in this Year's Audit(s) :	
Number of Regional Audit Group meetings held this Year:	
Please tick whether national, regional or local audit reports for this Year's audit(s) were presented at your Regional Audit Meetings?	National <input type="checkbox"/> Regional <input type="checkbox"/> Local <input type="checkbox"/>
Please record the subject of any regional or local audits, based on the NAG Audit proformas (Please remember to send summaries of these to Mike Walzman for posting on the BASHH website)	
Please record any feedback that have resulted from clinics in your Region taking part in BASHH national and regional audit work, including any: <ul style="list-style-type: none"> • Change in clinics systems • Quantified performance improvement • Any other changes 	
Please confirm that the Minutes of Regional Audit Group Minutes from your Region have been posted on the Region page of the BASHH website	Confirmed <input type="checkbox"/>
Please record any participation in sub-groups of the NAG to plan national audits:	
Please record any participation in sub-groups of the NAG to update the NAG Audit proformas:	
Please record any participation in other sub-groups of the NAG for other projects:	
Please record any discussion you facilitated about the use of BASHH national audits in the context of relicensure and specialist recertification, and Performance Review & Personal Development Planning	
Please record any advice or support about quality issues that you provided to a clinic in your region, where this arose from BASHH audit work (Do not identify clinic or practitioners)	

Appendix 2: Annual Regional Audit Chair Certificate

British Association for Sexual Health & HIV Regional Audit Chair Certificate



Year: 1 May 200 to 30 April 200

This is to certify that <NAME>

Has served on the BASHH National Audit Group and Chaired the <NAME OF REGION> Regional Audit Group, and has provided the following:

(Please paste these in from your Annual Report submission, and forward to the BASHH NAG Chair)

Signed

Chair BASHH National Audit Group

End.