

CLINICAL AUDIT PROPOSAL FORM (Version 6.0)

PLEASE COMPLETE ALL SECTIONS – FAILURE TO DO SO WILL RESULT IN DELAY

1.1	Division / Speciality/Department (Acute) _____
1.2	Locality / Service (Community) _____
1.3	Audit Lead (Print Name) _____ Position/Grade _____ Tel & Bleep No. _____ E-mail Address: _____
1.4	Senior Audit Supervisor (Print Name) _____ Tel & Bleep No. _____
2.1	New audit: <input type="checkbox"/> Re-audit: <input type="checkbox"/> Pre-audit: <input type="checkbox"/> Trust Audit Priority – (1,2,3 or 4): _____ (See CORP/PROC/561)
2.2	Evidence Base/Reference standards: NSF, NICE, CQC, Clinical Effectiveness, Royal College, Literature Search, CQUIN, Contract, NHSLA, CNST Other – please specify..... (Please circle and attach relevant documentation)
3.1	Audit Title: _____
3.2	Objectives: _____
4.1	Audit Start Date..(dd/mm/yy)..... Data collection to be completed by ...(dd/mm/yy)..... Planned presentation at Speciality Audit Meeting date..(dd/mm/yy)..... Planned presentation at Divisional Governance Meeting date..(dd/mm/yy)..... Audit completion date..(not including any action plan dates) (dd/mm/yy).....
5.1	Audit sample size: _____
5.2	Time period to be assessed: From: _____ To: _____
5.3	Please attach Data Collection Proforma and Target Standards (failure to attach these will result in delay)
6.1	Public and Patient Involvement Applicable: <input type="checkbox"/> Not applicable: <input type="checkbox"/>
6.2	Please indicate how patients and/or relatives/carers are to be involved in the audit: Identification of audit topic <input type="checkbox"/> Evaluation of audit findings <input type="checkbox"/> Audit design <input type="checkbox"/> Review/Dissemination of results <input type="checkbox"/> Assistance with carrying out the audit <input type="checkbox"/> Input into Action Plan <input type="checkbox"/>

Audits have a greater chance of leading to improvements in patient care if all staff likely to be affected by the audit process itself, or by the service changes which might follow results analysis, are involved in the project from the start. If this audit affects anyone outside your speciality/directorate, please list those affected below in section 7.1 and attach all relevant supporting correspondence.

7.1	INTERNAL (within the trust)	EXTERNAL (outside the trust)

7.2	Multi-disciplinary audit team (All participants must be listed)			
	Name	Job Title	Team / Division	Tel & Bleep No.

Confidentiality: The use of clinical audit data should follow the Trust's code of practice for undertaking clinical audit.

8.1 **Resource Implications**

Please indicate below the assistance you require from the Clinical Audit Department:

Assistance with Construction of data collection proforma <input type="checkbox"/>	Assistance with construction of database or spreadsheet <input type="checkbox"/>	Assistance with identification of sample <input type="checkbox"/>
Case note retrieval <input type="checkbox"/>	Advice on Report Completion <input type="checkbox"/>	Other <input type="checkbox"/> (Please explain below)

8.2 **Please tick (may be more than one)**

Is this audit linked to a risk to the trust, patient, staff or visitor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this audit linked to risk of litigation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this audit a result of previous or potential complaint	Yes <input type="checkbox"/>	No <input type="checkbox"/>
None of the above	Yes <input type="checkbox"/>	

8.3 **Please tick if this audit links to any /all the NHS Outcomes frameworks as below(may be more than one)**

Domain 1. Preventing people from dying prematurely	Yes <input type="checkbox"/>
Domain 2 . Enhancing quality of life for people with long term conditions	Yes <input type="checkbox"/>
Domain 3. Helping people to recover from episodes of ill health or following injury	Yes <input type="checkbox"/>
Domain 4. Ensuring that people have a positive experience of care .	Yes <input type="checkbox"/>
Domian 5. Treating and caring for people in a safe environment and protecting them from avoidable harm	Yes <input type="checkbox"/>

The speciality/departmental clinical audit lead or head of locality must sign below and complete the tick box confirming that the Head of Department/Locality are aware of, and support this audit proposal.

9.1 SIGNED: _____

9.2 PRINT NAME: _____ Date _____

Head of Department (Acute Trust) or Head of Locality (ALTC) is aware and supportive

If the proposal is made after 1st April 2013 the relevant DIVISIONAL DIRECTOR must sign below to confirm that the audit is in line with the trust's expressed aims, objectives and strategic direction:

9.3 SIGNED: _____

PRINT NAME: _____ Date _____

Do you intend to publish results after presentation Yes No Unknown

(Divisional approval must be given before any publication of audit results/report)

For Office use

Date received in Department..... Date of Clinical Audit Review Panel.....

Speciality audit lead signature correct Yes No

Divisional Director signature correct Yes No

Evidence Base/Reference Standards Guidelines identified and attached

Key Milestone Dates Identified Data collection proforma approved

Target Standards identified Approval Granted Yes No

If 'No' amendment request sent Date.....

Date amendment response received.....

Date of 2nd Clinical Audit Review Panel if not initially approved.....

Date Approved _____ Signed by CARP Member _____ Print Name.....

