**Clinical Audit & Effectiveness Registration Form**

***This form is a Mandatory requirement for all projects that are registered onto the Audit Programme***

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| **Audit/Project Title:** |  | | | **Audit Ref No** | ***Clinical Audit Use Only*** |
| **Audit Lead Name:** |  | **Job Title:** |  | **Date of Submission** | ***Clinical Audit Use Only*** |
| **Email:** |  | | | **Tel/Ext/Bleep** |  |
| **Department:** |  | | | **Division** | *Choose an item.* |

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| **1. Which of the following elements does your project relate to?** |  | **2. Quality Impact Analysis** | | **No Relevance (0)** | **Some Relevance (1)** | **Almost meet (2)** | **Fully Meets (3)** | ***Clinical Audit Use Only*** |
| Mandatory NCAPOP Audit (National Clinical Audit Programme) |  | High Frequency/Volume | |  |  |  |  |  |
| Commissioning Contract Audit |  | High Cost | |  |  |  |  | \* |
| National Confidential Enquiry - MBRRACE-UK |  | High Risk | |  |  |  |  | \* |
| National Confidential Enquiry - NCEPOD |  | Potential for change | |  |  |  |  | \* |
| Dr Foster Investigation |  | Evidence based standards | |  |  |  |  | \* |
| Mortality Review |  | Direct Involvement with patients | |  |  |  |  |  |
| CQC Alert CQC Action Plan |  | Wide variation in practice | |  |  |  |  |  |
| CQUIN Quality Accounts |  | Multidisciplinary project | |  |  |  |  |  |
| Aims to improve efficiency |  | Interface Project | |  |  |  |  | \* |
| Area of local concern |  | **3. What are the aims and Objectives of your project?** | | | | | |  |
| Clinical Governance Plan objective |  | **Aims:** | | | | | | |
| Demonstrate Compliance with regulation |  | **Objectives:** | **1.**  **2.**  **3.** | | | | | |
| Demonstrate Compliance with local policy |  |
| Demonstrate Compliance with external accreditation |  | **4. Criteria and Standards.** *(please continue on a separate sheet if necessary)* | | | | | | |
| Link to NICE – Ref No: |  | **Criterion** | | | | | **Standard** | **Exceptions** |
| Non-Mandatory National Audit |  | *e.g. All patients should have a smoking status recorded on admission* | | | | | *e.g. 100%* | *e.g. Infants/babies* |
| Regional – With whom: |  | **1.** | | | | |  |  |
| Risk Register Serious Incident |  | **2.** | | | | |  |  |
| Complaint |  | **3.** | | | | |  |  |
| Re-Audit *(Evidence of the previous actions must be submitted)* |  | **4.** | | | | |  |  |
| Other |  | **5.** | | | | |  |  |

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| **5. Sampling** | |  | **6. Data Collection** | |
| What sampling method are you going to include? | Random Consecutive |  | Who will be collecting the data? | |
| What will be the sampling period? | Retrospective Concurrent |  | Where is the data going to be obtained from? | |
| What will be your sample size? *No. of Patients* | Sample period? *dd/mm/yy – dd/mm/yy* |  | Start data collection: *dd/mm/yy* | Finish data collection: *dd/mm/yy* |

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| **7. Analysis, Reporting, Presenting – Completion Date/Deadline** | | | |
| Deadline to Input data: | *dd/mm/yy* | Deadline to Submit Local Report: | *dd/mm/yy* |
| Deadline to Analyse data: | *dd/mm/yy* | Expected date to Present Results: | *dd/mm/yy* |

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| **8. What support is required with your project?** | | | |
| No help required | Identify patients | Development of data collection tool | Basic Data analysis |
| General advice on audit methods | Case note retrieval (where available) | Data input | Preparation of draft report |

**Approval**

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| **APPROVAL –** *(Local audits must be channelled through the approval process within the Division prior to registering onto the audit programme).* |
| Yes - Specialty / Division:  ***If your audit involves another specialty/division, please confirm this has been discussed and approved by the appropriate clinical lead.***  *Date:* |
| ***Signed -*** *Head of Service: Date:*  ***I confirm that this audit/project has been approved.***  ***Signed -*** *Divisional Lead: Date:* |

***Approving Signatories –*** *please note, to avoid projects becoming overdue/withdrawn at a later date, you should assess this for relevance against the Service/Division’s current priorities; by approving this project you also agree to ensure it is completed by the required deadline using the correct divisional governance processes. Projects relating to clinician interest only do not require to be registered.*

**Checklist**

Ensure all the fields on this form are completed

Determine relevant deadline dates are realistic and achievable – for national audits, a local report is required within 3 months post publication of the national report.

Identify/inform/liaise with key individuals who are going to be involved in the project

**Next steps**

In order to ensure the audit/project progresses on schedule, Audit/Project leads should –

Submit completed registration form to Divisional Governance Facilitator to review Quality Impact Analysis and channel through the divisional approval process

Ensure the audit is captured on the department governance/team agenda for local monitoring

Finalise the report – Summarising key assurances, areas for development, recommendations and associated actions

Identify risks where there are gaps in service/poor performance and escalating accordingly

Present the findings at department governance/performance meeting and to agree/finalise actions and report

Channel local report through Divisional governance for approval and sign off

Submit final/approved copy of the report to clinical audit department

Ensure the action plan is monitored via your department for implementation and collation of evidence

Ensure the action plan evidence is submitted to the clinical audit department in order to close of the audit on the programme

Inform the approving signatories and the clinical audit department if your audit becomes delayed

**For further information please contact the Clinical Audit Department or your Divisional Governance Facilitator.**