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# Clinical and Care Audit Registration Form

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| * Each section of this document should be briefly completed with bullet points where possible as it will form the basis of your report
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**\*Guidance notes available at the end**

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| **Reference number** (to be completed by audit team once project has been approved): |
| **Audit Title:** |  |
| **Date of Submission:** |  |
| **Service:** |  |
| **Audit Lead:** |  |
| **Tel:** |  | **Email:** |  |
| \*Reason for Audit (tick all that apply): |
| National Priority  | () National Service Framework() NICE() National audit() SIGN or College guidelines ( ) Other (specify): |
| CQC Regulation | This audit relates to the following CQC Regulations (specify): |
| Regional Priority | ( ) Operating Framework( ) Other (specify): |
| Local Priority  | ( ) Contract requirements ( ) Organisational Business Plan() Service Development Plan( ) Quality Accounts Topic( ) Quality Improvement Programme() Affects a large number of service users() Involves a higher than usual risk() Reflects an identified quality concern() Existence of evidence on clinical effectiveness() Has potential for improving effectiveness() Considered a costly intervention/service() Established audit project/re-audit() Other (specify): |
| Support required from the clinical audit department with this audit? | () None – no help required( ) Help with identifying evidence for audit() General advice on audit methods() Development of audit standards() Development of data collection tool | ( ) Sampling () Data input() Data analysis() Presentation( ) Publication() Other *(specify):* |

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| **Approximate start and end dates** | **Start Date:** **End Date:**  |
| \*Audit Objectives  |  |
| **\*Who will need to be involved and what will their role be?** |  |
| **\*Audit standards** | Please complete the table on pg 4 |
| **\*What evidence are standards based on?** |  |
| **Stakeholders** | Who are your stakeholders **e.g.**GWH/Drs/Patients/Clients/Carers/Social workers/Therapists/etc:() Stakeholders have been informed |
| **Data Source** (tick all that apply) | () Health and Social Care records() Computer held information()Service user experience () Other (specify): |
| **\*Method of data collection** (e.g. questionnaire/data collection proforma/ electronic data)**Who will be collecting the data?** | Collected by:  | () Retrospective data() Prospective data |
| **\*Sample Size** |  |
| **Sampling Method**  |  |
| **Data Analysis**Who will be analysing the data? |  |
| **Audit Results**To whom will results be presented? | () Stakeholders () Service Users () Operational Managers ( ) CQC Registered Managers | () Care Team() Local/regional/ presentation ( ) CSMT() Other, specify: |
| **Who will be responsible for drawing up an action plan and ensuring it is carried through?** |  |
| **Identify any potential barriers to change i.e. financial/capacity/people** |  |
| **Do you intend to re-audit if necessary, if so, when?** | () N/A() 6 months | () 12 months() Other, specify: |

Audit Lead signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_

Operational Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_

**NOTE: E-mail evidence that the operational manager agrees with the audit will suffice**

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| **Please complete each section of the form and return to: LOUISE Campion, Principla Officer for Health and Well-Being, Room 1.46, Civic Offices, Euclid Street, SN1 2JH** **By e-mail to:** **lcampion@swindon.gov.uk****Contact Number:01793 465324/ 07500959188** |

**If this project is approved, the information on this form will be entered onto the SBC Children’s Community Health annual Audit monitoring spreadsheet. You will be asked to complete a Report form once the results of your audit are known and a Change Monitoring form six months later. These will also be entered on the database to provide reports through our governance pathway.**

**Standards and Criteria**

* A standard describes the level of care we expect patients to receive
* A criterion is an explicit statement describing the area of care that is being measured
* For each criterion you will need to set compliance targets
* Exceptions: there may be **acceptable** reasons for not meeting the criteria, either due to unforeseen circumstances or to meet the individual clinical needs of the patient

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| **Standard** | **Criteria** | **Compliance** | **Exceptions** |
| ***Example:*** *Hands will be decontaminated corrected and in a timely manner using a cleansing agent to reduce risk of cross infection*  | * *There is easy access to the hand wash basin*
* *No wrist watches, stoned rings or other wrist jewellery are worn during clinical procedures*
 | *85%* | *None*  |
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**Guidance Notes for the Completion of the Clinical Audit Registration Form**

Please use these notes to help you complete the form. If you require any further assistance, please contact Louise Campion, lcampion@swindon.gov.uk

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| **Audit Title:** | Describe the subject of the audit as completely as possible |
| **Reason for Audit:**  | Why am I doing this audit? Is it a National or Regional priority? Do the reasons for undertaking the audit project include the high volume, cost or risk associated with the topic area; the existence of evidence of a serious quality problem in the topic area; evidence on effectiveness; or the likelihood of a significant and achievable quality improvement in the topic area? |
| **Audit Objectives:**  | What outcome(s) do I want from my audit? These must be measurable and specific i.e. what are you trying to achieve by undertaking this audit. Clear objectives will enable you to focus project activity (“To ensure that….” “To determine if…”) i.e. to ensure my staff are complying with the Clinical Records policy |
| **Who will need to be involved and what will their role be?** | All those who can influence change, or whom change will potentially impact upon should be involved, or at least informed. Feeling of ownership and involvement improves co-operation. This may mean spending time organising initial meetings to get the audit off the ground, but it will pay off in the long run. |
| **Audit Standards:**  | A standard is the basis for measurement by which the accuracy or quality of something is judged. Please list the standards of care along with any exceptions. These are used to evaluate your care. N.B. A **standard** of care is a statement describing what should be done or what should be happening. An **exception** is any clinically acceptable reason why the standard of care will not be met |
| **What evidence are standards based on?** | Authoritative guidelines e.g. NICE, Royal Colleges, The Cochrane Library, research articles in clinical journals  |
| **Audit Support:**  | There is specialist audit support available to assist with planning audits and facilitating the completion of the audit cycle. |
| **Consultation:**  | Indicate whether the audit involves patients/clients/carers or other professionals. You should **not** audit other people’s work without their consent. Please indicate whether the agreement of other professionals has been obtained to carry out this audit. Audits have a greater chance of success if all staff likely to be affected by the audit process or the changes identified, are involved at the outset. |
| **Audit Method:**  | Indicate the audit method and the source(s) of the data to be used for the audit. Indicate the proposed sample size, an approximate start and end date for the audit project and specify how you intend to share the results of your audit. |
| **Data Collection:** | Ensure that the person(s) collecting the data know they’re collecting it, agree to do so, and feel involved in the audit. Otherwise, data is unlikely to be accurate or complete.You have two choices, either to look back at what has been done before (**retrospective**) or to collect data as each subject is treated (**prospective**).  |
| **Sample Size:** | If you are unsure about your sample size, please speak to the Principal officer for health and Well-Being. |