

Guidance for use with the Clinical Audit Notification Form

This form is to be used to notify the Quality Improvement Team of clinical audits that are planned, in progress or completed, so they can be entered on the Trust's Clinical Audit Database.

What is the Database for?

The purpose of the database is:

- To enable CMTs to record their audit activity
- To enable other CMTs to see an overview of audit projects so that, if similar work is planned, it will prevent unnecessary 're-inventing of the wheel'
- To enable lessons learned from projects to be shared across the Trust
- To inform annual reports and reports to external organisations (e.g. the annual clinical audit report; Healthcare Commission reviews)

Our intention is that the database will be accessible via the intranet, and thus avoid the need for CMTs to develop their own databases. In the interim period before access to the database has been piloted via the intranet, this form should be used to notify us of your audits.

What will we do with your information?

The details you submit will be entered onto the Trust Clinical Audit Database which will hold details of audit projects that are being / have been undertaken across the Trust.

Only summary information and contact details for each audit will be available to others within the Trust. Detailed or sensitive information – e.g. on outcomes – will be restricted to the relevant CMT and the Quality Improvement Team.

When should you complete this form?

Please complete the first side of this form when you are planning, or have started, an audit – we can then enter the information onto the database so others are aware if, for example, they are planning something similar.

If you have already completed your audit then please fill in both sides of the form.

Follow-up

Around three months after your project is due to be completed, you may receive a request from us for you to complete a short description of the outcomes and changes that have occurred as a result of your project (unless we already have this information) – this will be to ensure that the details held on the database are as complete as possible, and that the resource remains highly useful to Trust staff.

When completed, you should return the form to:

Angela Legge
Deputy Quality Improvement Manager
Quality Improvement Team
2nd Floor
Trust HQ
SJUH
(fax: 64099)

Or email to Angela.Legge@leeds.th.nhs.uk

If you require any help in completing the form, please contact Angela on 65450.

Clinical Audit Notification Form

Project Title	
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Name of Project Sponsor <small>(must be full-time member of staff)</small>	Position	Specialty
Name of Person Undertaking the Audit <small>(if different from above)</small>	Position	Contact Details <small>(Telephone/Bleep/Email)</small>

Is the project:- National Regional Local Part of CMT Audit Programme

Does it relate to any of the following?

- | | | | |
|---|--------------------------|-----------------------|--------------------------|
| NICE | <input type="checkbox"/> | CMT Priority | <input type="checkbox"/> |
| Royal Colleges / Chartered Society Guidance | <input type="checkbox"/> | Complaints | <input type="checkbox"/> |
| Health Improvement Programmes | <input type="checkbox"/> | Clinical Incident | <input type="checkbox"/> |
| Clinical Risk Assessment | <input type="checkbox"/> | External Stakeholders | <input type="checkbox"/> |
| National Service Framework | <input type="checkbox"/> | | |
| Other (please state) _____ | | | |

Is this an ongoing audit? i.e. data continuously collected (year on year) Yes No

Is the project cross-site? Yes No

What professions are involved?

Medical Nursing Allied Health Professionals Multi-Professional

What other CMTs are / will be affected? _____

What is the main aim of the Audit?	
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What are the main objectives of the Audit? <small>(e.g. what standards are you are auditing against?)</small>	
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Start Date ____ / ____ / ____

Estimated Completion Date ____ / ____ / ____

Please return this completed form to the Quality Improvement Team, 2nd Floor, Trust HQ, SJUH

Please complete this page for completed audits

Main findings :

Proposed/Resulting Service changes :

Status of the Changes

Completed Ongoing Other (please state) _____

Lessons for Others

Date of implementation of service changes: _____ / _____ / _____

Date of re-audit if applicable: _____ / _____ / _____

Thank you for taking the time to complete this form

Office Use

Date Received _____ / _____ / _____ Database Number _____ Outcome _____