

**Southport and Ormskirk Hospital NHS Trust
Clinical Audit & Governance Department**

Guidance for staff undertaking clinical audit & Audit Plan

Please read the following guidance before undertaking an audit:

Before starting the audit:

- The auditor and audit sponsor agree clear and measurable aims and objectives for the audit.
- The audit must assess compliance with standards or guidelines or address an area of concern. If standards or guidelines do not exist then local guidelines should be produced as a result of the audit.
- The auditor should ensure that any other parties that have a vested interest in the audit are informed of the proposed audit.
- The auditor should meet a member of the clinical audit department to discuss the audit and agree on timeframes i.e. start date, presentation date and end date.
- The auditor should complete an audit plan and obtain the audit sponsors signature.
- The speciality audit lead should sign the audit plan if they agree it is a "worth while" audit topic i.e. of benefit to the patients/ department/ Trust.
- If the audit meets all of the above criteria it will be signed off by the clinical audit & governance manager and registered on the clinical audit database.
- The clinical audit department will send a copy of the signed audit plan, report template and action plan template to the auditor and audit sponsor and then the audit can begin.

During the audit:

- The clinical audit department can provide assistance in identifying patients and retrieving case notes.
- The auditor should keep track of what notes they have reviewed and which notes are still required.
- The clinical audit department can provide advice on data analysis and presentation/ report production.

Following presentation of the audit:

- The auditor should provide a copy of the report/ presentation to the clinical audit department and audit sponsor.
- The auditor and audit sponsor are jointly responsible for the production of an action plan that addresses any issues that are identified in the audit.
- The audit sponsor is responsible for ensuring that all actions on the action plan are undertaken and should complete an end of audit report stating the outcome of the audit and any improvements in practice that have been made.

Please sign below to say that you have read and understand the above information:

Auditor signature:

Date: 9/6/09

Audit sponsor signature:

Date:

Office Use Only: Audit ID No. 1126- Info request no. _____ Forward Plan ☐

**Southport and Ormskirk Hospital NHS Trust
Clinical Audit & Governance Department**

Audit Plan

Please complete this form as fully as possible. The information will be registered on the Clinical Audit Department's database.

Title CARPAL TUNNEL SCORING SYSTEM

Auditor: VEENESH SIVAKARAN Contact no./bleep: 642
THART MANICKAVASAGAR
MRSHEITY, PANDARAJAN, Mr Zyngor.

Email address: t.manickavasagar@nhs.uk Dept: ORTHO

Audit sponsor: MR. SAHAIZ / MR. LON. Division: Surgical

Consideration should be given as to whether the audit covers a multi-disciplinary aspect of care and therefore that other dept's or specialities may have a vested interest in the results. e.g. Pharmacy, Pathology, O.T's, Specialist Nurses, Midwives etc. These may be key to implementing any changes in practice. Please consult with/notify any interested parties at the onset and list below:

<u>Dept/Speciality</u>	<u>Name</u>	<u>Profession</u>

Audit type: (Please tick appropriate box)

NICE ☐ National Service Framework ☐ National Audit ☐ Regional Audit ☐
CHKS ☐ Royal College Guidelines ☐ Care Pathway ☐ Re-audit ☐
Risk ☐ Patient Involvement ☐ Other (please state) Baseline audit

Will you need data from: Pharmacy ☐ Pathology ☐ Other (state) _____

Start date: 15/6/2009 Presentation Date: 1/1 Jan/Feb 2010

END DATE (Audit completed and action plan returned to the Clinical Audit Department)

13/2010

Please state where and to whom the audit results will be presented
(E.g. Clinical Audit Meeting, Departmental Meeting, Medical Unit Meeting, GP Newsletter, etc)

<u>Where to be presented</u>	<u>To whom</u>
<u>ORTHO AUDIT MEETING.</u>	<u>ORTHO TEAM.</u>

Background/Rationale (Why the subject was selected)

- To Design a carpal tunnel scoring system.
- ? To do away with NCS. (Nerve Conduction Studies).

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Aims & Objectives (What questions the audit will address, what you hope to achieve)

- To design a carpal tunnel scoring system
- ? The need for ACS.
- Implement a protocol for treatment / and 2x for carpal tunnel syndrome

Methodology (Prospective or retrospective; case note review/patient questionnaire; in-patients or out-patients)

Prospective.

Data to be collected	Source (e.g. in the case notes)
Prospectively from OPD	

MEASURES TO BE USED IN THE AUDIT

Have local/national standards been set? Yes ☐ No ☒
If yes, please state source below, attach copies or provide web link to the most up-to-date version

Is the audit evidence based? Yes ☒ No ☒
i.e. References to relevant evidence based research, reviews of research and/or expert opinion which defines good practice for your audit topic.

If yes, please state literature source and attach copies

Are guidelines/protocol in use? Yes ☐ No ☒
If yes, please attach copies

Time period for audit sample (dates inclusive): From 15/6/2009 To Jan 2010

Sample size ~~10~~ 50

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It is a requirement that the auditor consults with, and obtains the signatures of, the Consultant sponsor and the Audit Lead before submitting the plan for registration. Audits without these signatures will not be supported.

Consultant Sponsor signature: *[Signature]* *5/6/09*

Date: *5/6/09*

Speciality Audit Lead signature: *[Signature]* *10/6/09*

Date: *10/6/09*

Please return your completed forms to the Clinical Audit Department, SDGH.

If you have any queries about completing this form please telephone the Department on Ext. 4031

Clinical Audit & Governance Manager signature: *[Signature]*

Date: *18/6/09*