



Active Hospitals Clinical Audit Project Proposal Form			
SOURCE of the clinical audit project (Please put an X next to the most relevant reason for the audit)	National Clinical Audit	Specified in CCG Contract	NICE Quality Standard
	NICE Guidance	CQC Essential Standards	NHSLA criteria
	Incident/Complaint/ Claim	Clinical Risk identified on risk register	Other concern re clinical practice
Title			
Clinical Audit Project Lead (Person responsible for quality and completion of project)			
Job Title:		Email:	Telephone:
Description 1. The aspects of care the project is seeking to improve 2. The criteria that are being audited 3. The standard for each criterion			
Location(s) collecting / providing data			
Date audit report expected			
Methodology			
Will the data collection be prospective or retrospective?			
How will the data be collected? (e.g. case note review, patient questionnaire, observation)			
Population to be audited			
Sample size		How selected?	
Resource implications <i>Time (Person days); Other costs (e.g. Medical records, Questionnaires, Postage)?</i>			
User involvement <i>Are patients involved in the project design? How will patients be informed of findings?</i>			
How will any confidentiality issues be addressed			
Approval (Line manager)			
I confirm that this project is appropriate, has been quality assured and is to be added to the Clinical Audit Programme			
Name		Signature	
Job Title		Date	