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| **Clinical Audit Proposal Form** | | | | | | | | |
| **Please ensure you submit data collection tools, questionnaires or letters with this clinical audit proposal form. Without this information we are unable to process your clinical audit proposal.**  **To ensure that your clinical audit meets directorate clinical audit priorities, we will forward your clinical audit proposal to your Clinical Director and your Divisional Governance Lead who will assess your clinical audit proposal and decide whether you are able to undertake your proposed clinical audit.**  **Our commitment to you is that we will help ensure that you receive a rapid response to your clinical audit proposal.**  **Once approved by the Clinical Director, the corporate clinical audit team will register your audit and inform you that you are able to undertake your audit.**  **If the answer to any of the Information Governance checklist questions is ‘No’ then it is the responsibility of the Audit sponsor and Lead to obtain additional IG advice and approval before starting your audit. Contact the Information Governance team at** [imperial.informationgovernanceadvice@nhs.net](mailto:imperial.informationgovernanceadvice@nhs.net)  **Please email** [imperial.audit@nhs.net](mailto:imperial.audit@nhs.net) **with any questions about the clinical audit process.** | | | | | | | | |
| 1. **Audit Title:** | National audit of Non-Melanoma Skin Cancer excisions by Plastic Surgery in the United Kingdom (NMSC: PlastUK) | | | | | | | |
| **Audit Rationale:** | National Guidelines/Standards | | | | | | | |
| **Audit Location:** | CXH | | | | | | | |
| **Trust Priority:** | National Clinical Audit/Enquiry | | | | | | | |
| **Directorate/Specialty:** | Plastic Surgery | | | | | | | |
| **Start Date:** | 11th February 2020 | | | | **Completion date:** | | 31st July 2020 | |
| **Audit Aims/Objectives:**  *What are the expected benefits of the audit?* | To conduct a national audit of the treatment of non-melanoma skin cancer by Plastic Surgery units within the UK. This will establish the incomplete excision rate, early complications (bleeding, infection, graft/flap failure) and further management of incomplete excisions (re-excision, referral for radiotherapy) on a national scale. | | | | | | | |
| **Name of the Directorate clinical standard/ guideline/policy which you will help to deliver against:** | The clinical standard is the worldwide incomplete excision rate for surgical excision of non-melanoma skin cancer. This has previously been determined by two national audits by Dermatology:   * Keith DJ, de Berker DA, Bray AP, et al. British Association of Dermatologists' national audit on nonmelanoma skin cancer excision, 2014. Clin Exp Dermatol 2017: 42: 46-53. * Keith DJ, Bray AP, Brain A, et al. British Association of Dermatologists (BAD) National Audit on Non-Melanoma Skin Cancer Excision 2016 in collaboration with the Royal College of Pathologists. Clin Exp Dermatol 2019. | | | | | | | |
| 1. **Audit Lead / Applicant Details** | | | | | | | | |
| **Full Name:** | |  | | | | | | |
| **Job Title:** | |  | | | | | | |
| **Email:** | |  | | | | | | |
| 1. **Audit Sponsor** | | | | | | | | |
| **Full Name:** | | | **Professor Abhilash Jain** | | | | | |
| **Job Title:** | | | **Consultant Plastic and Hand Surgeon, Imperial Collage Healthcare NHS Trust, London**  **Associate Professor of Plastic Surgery, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS), University of Oxford**  **Founder of Reconstructive Surgery Trials Network (RSTN)** | | | | | |
| **Email:** | | | [**abhilash.jain@nhs.net**](mailto:abhilash.jain@nhs.net) | | | | | |
| 1. **Information Governance Requirements - Checklist**   **(If you are able to answer Yes or N/A to all of these questions then your audit proposal can proceed without formal Information Governance team approval otherwise you should contact the Information Governance Team** | | | | | | | | |
| 1. **If patient paper records are used, will they ONLY be stored on secure Trust premises (e.g. locked offices)?** | | | | | | | | **Yes** |
| 1. **Where Personal Confidential Data (PCD) is recorded on a spread-sheet or database; please confirm that this will only be stored on the Trust infrastructure in a secure area accessible only to those within the clinical team.**   **YES -** *‘I confirm that I will never store information on a personal drive or on a non-networked workstation; this includes the network of a non-Trust third party (including Imperial College London), a home PC or Laptop or any memory stick or mobile device.* | | | | | | | | **Yes** |
| 1. **Where PCD is transferred by email this will only be between nhs.net to nhs.net accounts**   *(Transfer between nhs.net to another email server, or using other email servers is not permitted)* | | | | | | | | **Yes** |
| 1. **I confirm that PCD will not be transferred out with the clinical team or department (e.g. external organisations/ Royal Colleges) – this is any information that may be used to identify an individual patient or carer?**   *(The clinical team includes those with a direct care relationship with the patient or working within the department responsible for the patient)* | | | | | | | | **Yes** |
| 1. **Will patient data be de-identified?**   *‘De-identification’ is the process of removing elements of the data such that the individual cannot be identified. Names, addresses, dates of birth, NHS numbers, full postcodes and National Insurance Numbers should not be used*  *The use of the Medical Record Number (MRN) as the sole identifier is acceptable for audit within the clinical team or department. Please see the guidance for further advice.* | | | | | | | | **Yes** |
| 1. **Will the PII only be stored until the finalised audit report is presented?** | | | | | | | | **Yes** |
| **If PCD is retained beyond finalisation of the report, please state the reason for this, planned date of deletion/destruction and name of the responsible clinician/manager.** | | | | | | | | |
| **Data will be anonymized and then updated to a secure REDCap database for final analysis. Local data will not be held past the end of the audit time period.** | | | | | | | | |
| 1. **Approval and Registration (to be completed by Clinical Director and Corporate Patient safety and Effectiveness team)** | | | | | | | | |
| **Clinical Director approving proposal:** | | |  | | | | | |
| **Date approved by Clinical Director:** | | |  | | | | | |
| **Proposal Registered by:** | | |  | | | | | |
| **Registration Date:** | | |  | | | | | |
| **IG Approval Required?** | | |  | **If yes, IG Ref No.** | |  | | |
| **Audit Ref No:** | | |  | | | | | |