**Audit report form**

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| **Audit Title** |  |
| **Name of lead author/**  **participants** |  |
| **Date of Completion** |  |

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| **Meetings to which this report will be/has been presented** | | | |
| Meeting Name | Meeting Date | Chair of the Meeting | Outcome  i.e. Approved / Partially Approved / Referred |
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| **EXECUTIVE SUMMARY** |
| * Summarise in non-technical terms the aims, methodology and results. Limit this summary to a maximum of 250 words. * **Include key findings, actions, proposed recommendations and highlight exceptions – positive / negative / if the Trust is an outlier. Specifically also state:** If avoidable mortality or morbidity was identified; If any other care quality concerns were identified; Who you propose to share the report with – a speciality group or highlight for Trustwide dissemination; If you propose that a Trust wide alert is required and/or inclusion within your Division/Trust risk register; Your key recommendations for changing practice. |
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| **MAIN REPORT** |
| **Aims / Objectives** |
| Refer to the relevant guidance e.g. NICE/ Royal College standards/ BSH |
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| **Methodology** | |
| **Audit Period** The date the audit was undertaken Month, Year |  |
| **Data Period** The period of data that has been audited Month(s), Year(s) |  |
| **Publication Date** Month, Year  [for national clinical audits this should be the date of publication of site specific reports or national report] |  |
| **Data Source** Number of patients / percentage of population |  |
| **Limitations / Method issues which might impact on the results** |  |
| **Inclusion / Exclusion criteria** Describe patient / site criteria and rationale. Eligible Trust services included / excluded. |  |

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| **Results** |
| You should include here any identified avoidable morbidity/mortality. Key findings should be entered into the table below as bullet points. Highlight in bold, areas of good practice / concerns. Always include the numerator and denominator used to calculate a percentage. The final three columns in the table, if applicable, are to benchmark against previous years’ results with arrows indicating improvement or detriment (use the alternative symbol if comparative data is not available). These columns could be revised to benchmark against other areas e.g. National findings (use ‘Compliance – National’ as heading in place of one of the ‘Compliance 20\*\*’columns). |
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| **Criterion** [what you are auditing] | **Standard %**  [expected level of compliance] | **No. of Cases**  **Audited** | **Compliance**  **20\*\*** [year] | **Compliance**  **20\*\*** [year] | 🡹🡻**[[1]](#footnote-1)** |
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| **Risks** |
| Consider whether any clinical risks identified by the clinical audit need to be added to the Local Risk Register. If the identified risk cannot be immediately mitigated it should be added to the relevant Divisional / Directorate / CSU Risk Register and a risk assessment needed. Please list any risks added to the Risk Register here along with the reference number, if applicable. |
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| **‘SMART’[[2]](#footnote-2) Action Plan** | | | | | | | | |
| **No.** | **Current Trust Position [results from audit]** | **Recommendation for Improvement** | **Action to be taken** | **Evidence of Action** | **Responsible Person** | **Date Action to be completed by** | **Communication** | **R.A.G. Action completion status[[3]](#footnote-3)** |
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| **Schedule for Re-audit** |
| State if a re-audit is required and if so when this is scheduled for and who will be responsible. |
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| **Appendix** |
| * Include a copy of the audit tool used to collect data * Other relevant papers, publications, previous audits, NICE guidance etc. |

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   | **Key** | **meeting standard** (colour) **- Improvement compared to previous result** (symbol) |
   | 🡹 | meets std. – result improved |
   | 🡻 | meets std. – result declined |
   | ⬄ | meets std. – no movement |
   | ◼ | meets std. – no comparative data |
   | 🡹 | not meeting std. – result improved |
   | 🡻 | not meeting std. – result declined |
   | ⬄ | not meeting std. – no movement |
   | ◼ | not meeting std. – no comparative data |

   [↑](#footnote-ref-1)
2. SMART: Actions should be Specific, Measurable, Achievable, Realistic and Time restricted [↑](#footnote-ref-2)
3. R.A.G Action Completion Status: R (Red) – Action not started, A (Amber) – Action Underway, G (Green) – Action Complete [↑](#footnote-ref-3)