**TEMPLATE**

**Clinical Audit Report**

**CA-00-0000: [Enter Report Name]**

**Report [Enter DRAFT or FINAL, Version and Date]**

|  |  |
| --- | --- |
| **Description** | **Date** |
| Draft Report Issued: |  |
| Draft Report Approved (**Enter name of** Committee / Group meeting): |  |
| Final Report Signed-off (**Enter name of** Committee / Group meeting): |  |

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|  |  |
| --- | --- |
| **Overall Level of Compliance** | **Enter:** Compliant, Partially Compliant or Non-Compliant |
| **Mitigated Risk Rating** | **Enter:** High, Moderate, Low or Very Low |

# **REPORT DISTRIBUTION**

Distribution of the report is as follows: [must include all those listed as having action to take in the results and action plan as well as relevant Director or Associate Director]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Information and/or Action** | **Draft Report** | **Final Report** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Clinical Audit Manager |  | **x** | **x** |
|  | Risk Manager |  |  | **x** |

# **CONTACT**

**[Enter Name of Audit Lead]**

**[Enter Job Title of Audit Lead]**

**1 INTRODUCTION**

1.1 In accordance with the agreed Clinical Audit Programme for the financial year [Enter financial year] a clinical audit on [Enter audit title], has been undertaken.

1.2 [Enter the background details of the clinical audit i.e. why it was identified as a priority and by whom, if it is in respect of concerns raised in a previous audit or serious incident etc.]

1.3 This report summarises the audit results and incorporates an action plan which details any action agreed. It should be noted that completion of agreed action is to be monitored by the [Enter the Body / Committee] following the submission of the report for review and approval by [Enter name of Audit Sponsor].

2 **WORK UNDERTAKEN**

2.1 **Audit Objectives**

The main objective of the audit are [Enter details and any reference to standards being assessed against]

2.2 **Audit Scope and Methodology**

Sample selection

[Enter criteria details on sample number of patients / records and service areas in the assessment]

Data collection

Data reviewed in this audit was taken from the period between [Enter start date] to [Enter end date]. Records audited were obtain from [Enter details i.e. RiO or case-notes]

Data analysis

Compliance results of this audit are graded on a traffic light system as shown below:

|  |  |  |
| --- | --- | --- |
| **Colour Code** | **Score** | **Grading** |
|  | 90 – 100% | Compliant |
|  | 80 – 89% | Partially Compliant |
|  | 0 – 79% | Non Compliant |

Quality review

A quality review on the results of this audit was undertaken by [Enter Name] to provide assurance on the accuracy of the findings in this report.

2.3 **Link to National Standards, Trust Policies and Procedures**

The following National standards, Trust policies, guidance and procedures were considered under this audit:

[Enter details]

2.4 **ACKNOWLEDGEMENT**

[Use this paragraph if you wish to thank the officers involved in this review for their assistance and co-operation during the course of the audit]

**3 CONCLUSION**

3.1 Based on the work undertaken, the Trust is

[Enter the overall compliance level verified by the audit, either ‘Compliant, Partially Compliant or Non-Compliant’ and provide summarised details on how that conclusion was reached]

3.2 Key risks identified in the review

[Enter key risks identified from the outcomes detailed at Section 4 in the results and action plan, this should be those areas which came out as non-compliant against the standard audited]

| Action Plan Point | Standard | Compliance  Attained |
| --- | --- | --- |
|  |  | % |
|  |  | % |
|  |  | % |
|  |  | % |

3.3 The main actions to be taken in response to the key risks are:

|  |  |
| --- | --- |
| Action Plan Point | Agreed Actions |
|  |  |
|  |  |
|  |  |

### 4 RESULTS AND ACTION PLAN

The audit results, and an assessment of their risks, have been summarised and are detailed in a table format, with risks being rated in accordance with the Trust’s own risk management strategy as summarised below. The risks as identified have been considered and appropriate actions, with timescales for implementing these actions, are included in the plan in order to minimise or mitigate these risks.

Risk has been reconsidered to reflect the implementation of agreed actions and a mitigated risk rating is also provided in the results and action plan.

Risk Rating Key:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Consequence Score** | | | | |
| **Likelihood** | **1.**  **Insignificant** | **2.**  **Minor** | **3.**  **Moderate** | **4.**  **Major** | **5.**  **Catastrophic** |
| 1 – **Rare**  Not expected to occur  0-9% Result | 1  Very Low | 2  Very Low | 3  Very Low | 4  Very Low | 5  Very Low |
| 2 – **Unlikely**  Occurs infrequently  10-29% Result | 2  Very Low | 4  Very Low | 6  Low | 8  Low | 10  Low |
| 3 – **Possible**  Once or twice a year  30-59% Result | 3  Very Low | 6  Low | 9  Low | 12  Moderate | 15  Moderate |
| 4 – **Likely**  Hazard will occur but is not persistent.  60-89% Result | 4  Very Low | 8  Low | 12  Moderate | 16  Moderate | 20  High |
| 5 –**Almost Certain**  Constant threat is custom and practice  90-100% | 5  Very Low | 10  Low | 15  Moderate | 20  High | 25  High |

**Results and Action Plan**

| **Point** | **Standards, Results and Risks** | **Risk Rating** | | | **Agreed Action to be taken** | **Responsible Person**  **Target Date** | **Residual Risk Rating** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **L** | **C** | **R** |
| 4.1 | Enter a summarised title of the standard being reported  Standard  Enter details of the standard and where it is taken from i.e. Trust policy, paragraph etc.  Result  Enter the compliance outcome verified against the standard  Risk  Enter details of the risks involved in not complying with the standard | 3 | 4 | **12** | Actions must be directly in response to the results reported in relation to a specific standard and they must have an impact on improving services and practices | Name the person responsible for ensuring the action is completed and stipulate the date it must be implemented by | Reconsider the risk rating taking the impact of the action agreed into account |
| 4.2 |  |  |  |  |  |  |  |
| 4.3 |  |  |  |  |  |  |  |
| 4.4 |  |  |  |  |  |  |  |
| 4.5 |  |  |  |  |  |  |  |
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| 4.9 |  |  |  |  |  |  |  |
| 4.10 |  |  |  |  |  |  |  |

**[Add any Additional Details / Summary Tables / Graphs or Presentation as Appendices]**