|  |  |
| --- | --- |
| Audit Ref No: |  |
| Clinical Audit Report | |
| ICHT Assurance Assessments:   |  |  | | --- | --- | | **Substantial Assurance** | Based upon the auditors findings there is a robust series of internal controls in place, which at the time of review were being consistently applied. | | **Reasonable Assurance** | Based upon the auditors findings there is a series of controls in place, however they are not achieved in a continuous and effective manner. Improvements are required to enhance the adequacy and effectiveness of the controls to mitigate risks. | | **Limited Assurance** | Based upon the auditors findings the controls in place are not sufficient to ensure that risks are managed effectively. Significant improvements are required to improve the adequacy and effectiveness of the controls. | | **No Assurance** | Based upon the auditors findings there is a fundamental breakdown or absence of core internal controls so the organization cannot rely upon them to manage risks effectively. Immediate action is required to improve the adequacy and effectiveness of controls. | | |
| Audit Title: |  |
| **Report Author/ Audit Lead:** |  |
| **Audit Sponsor:** |  |
| **Audit Collection Period:** |  |
| **Which committee will the findings be presented to:** |  |
| **Audit Presentation Date:** |  |
| **EXECUTIVE SUMMARY** | |
| **Overall ICHT Assurance Assessment:**  *Insert colour code from above.* | Choose an item. |
| **Audit Background:** |  |
| **Key Findings:** | * Xxx * Xxx |
| **Action Points:**  *List all actions under the correct priority headings accordingly – refer to grading’s below.* | |  |  |  | | --- | --- | --- | | Urgent | Important | Routine | | A1:  A2: | A1:  A2: | A1:  A2: | |
| **Action plan priority grading’s:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Urgent** | Fundamental control issue on which action should be taken immediately | **Important** | Control issue on which action should be taken at the earliest opportunity | **Routine** | Control issue on which action should be taken. | | |

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| Audit Ref No: | | |  | | | | | |
| Action Plan | | | | | | | | |
| Audit Title: | | |  | | | | | |
| **Report Author/ Audit Lead:** | | |  | | | | | |
| **Audit Sponsor:** | | |  | | | | | |
| **Which committee was the actions plan signed off:** | | |  | | | | | |
| **Sign-off Date:** | | |  | | | | | |
| **SMART/Management Action Plan/ Recommendations** | | | | | | | | |
| **Action plan priority grading’s:**   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **Urgent** | Fundamental control issue on which action should be taken immediately | **2** | **Important** | Control issue on which action should be taken at the earliest opportunity | **3** | **Routine** | Control issue on which action should be taken. | | | | | | | | | |
| **Ref.** | **Gap identified/Risk area** | **Recommendation** | | **Action** | **Priority** | **Action Lead/ Owner** | **Implementation/Completion Date** | **Management Comments**  (How will you know that actions are completed?) |
| **1.** |  |  | |  | **Choose an item.** |  |  |  |
| **2.** |  |  | |  | **Choose an item.** |  |  |  |
| **3.** |  |  | |  | Choose an item. |  |  |  |
| **Notes:** | |  | | | | | | |

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| Audit Ref No: |  | |
| Detailed Findings of the Audit | | |
| AUDIT TITLE: | |  |
| Introduction | | |
|  | | |
| Aims and Objectives | | |
|  | | |
| Methodology | | |
|  | | |
| Key Findings & Results | | |
| |  |  |  | | --- | --- | --- | | **Clinical Standard/Policy/Guideline Statement**  *(standard/policy/guideline statement you are measuring against)* | **ICHT Compliance** | **Key Findings & Results** | | **1.** | Choose an item. |  | | **2.** | Choose an item. |  | | **3.** | Choose an item. |  | | **Incidental Findings to Note:** |  | | | | |
| Results Analysis/ Discussion | | |
|  | | |
| Conclusions | | |
| |  | | --- | | Reflection on local practice: | | * Xxx |  |  | | --- | | Key strengths identified: | | * Xxx |  |  | | --- | | Key areas for improvement: | | * Xxx | | | |
| Recommendations | | |
|  | | |
| References & Appendices *\*Appendices, such collection tool, questionnaires etc, must be included in this report.* |  | |
| Feedback of Findings | | |
| Who will receive the report for noting? |  | |
| How and when will they receive the report/findings? |  | |
| Planned Re-audit | | |
| Will you be re-auditing? | Choose an item. | |
| Proposed re-audit date? |  | |
| Who will be supporting the re-audit? |  | |