

Clinical audit report — template

Two pages maximum. If it is longer, nobody reads it.

Section	What goes in it	Your text
Title	What was audited, where, and over what period. One line.	
Why this audit	The problem, in two sentences. What made you look.	
Standard	What, how much, and where the standard comes from. Include the source. State that the target was agreed BEFORE data collection.	
Method	Sample (consecutive? how many? which patients?), data source, who collected it, over what dates. Say plainly what the sample missed.	
Results	The number against the standard. Broken down BY ELEMENT and BY WARD — never one aggregate percentage. One chart is better than one table; one table is better than three.	
Why the gap	The two or three causes you actually identified, with the evidence for each. Describe the system, never individuals.	
Actions	Each with a named owner and a date. An action without both is an aspiration.	
Re-audit	When, by whom, and using the same method so the numbers are comparable.	

Action plan

#	Finding	Action	Owner (name)	By when	How we will know it worked
1					
2					

#	Finding	Action	Owner (name)	By when	How we will know it worked
3					
4					

Before you present it

☐	Is every finding paired with a proposed action, an owner and a date?
☐	Have I broken the results down by element and by ward?
☐	Have I removed every individual's name?
☐	Am I presenting this IN PERSON, not by email?
☐	Have I brought the causes, not just the number?
☐	Have I stated honestly what my sample missed?
☐	Is the re-audit date in someone's diary before I leave the room?

Feedback that lands is timely, specific, non-punitive, comparative and actionable. “Compliance is 34% and this is unacceptable” produces defence of the past. “Compliance is 34% against our 95% standard; three causes account for most of the gap; here are three actions with owners” produces a design discussion. The second one moves the number.