**All Wales Pathology Audit**

|  |  |
| --- | --- |
| **Audit Title:** | |
| **Lead Auditor:** | **Audit date(s):** |
| Please indicate if **Local / Regional / National Audit:**  Wales Region  Please indicate which hospital & location or region  **ABMU Cwm Taf HB**  **BCUHB Aneurin Bevan HB**  **C&V UHB Hywel Dda HB** | **Report Author:**  Name:  Email: |
| **Background:** | |
| **Aims of the Audit:** | |
| **Standards and criteria:** | |
| **Audit Method:** | |

|  |
| --- |
| **Results** |
| **Audit Recommendations / Standards:** |
| **Acton Plan:** |
| **Please indicate to whom and when audit presented &/or circulated:** |
| **Audit recommendations / standards ratified by … and when:** |
| **Date of audit report:** |
| **References:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT ACTION PLAN:** | | | | | | |
| **Audit Recommendation** | **Objective** | **Action** | **Time scale** | **Barriers and Constraints** | **Outcome** | **Monitoring** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |