

Appendix 4: Audit Form
Audit Form

Start date:	End date:	Acknowledgement sent:	Please tick all that apply
Title of audit: Mental Capacity Act Compliance			Type of audit? Cancer? <input type="checkbox"/> Local <input type="checkbox"/> SWICS <input type="checkbox"/> Regional <input type="checkbox"/> CSCCN <input type="checkbox"/> National <input type="checkbox"/> Peer review <input type="checkbox"/> Re-audit <input type="checkbox"/> * Other <input type="checkbox"/> Trust-wide <input type="checkbox"/> Mortality surveillance <input type="checkbox"/> Expanded Practice Protocol <input type="checkbox"/> Changes from previous audit implemented <input type="checkbox"/>
Objective: To review clinical practice and decision making			National Audit? Health Commission <input type="checkbox"/> NCEPOD: <input type="checkbox"/> NSF: <input type="checkbox"/> NICE No: NICE type: CG <input type="checkbox"/> TA <input type="checkbox"/> IPG <input type="checkbox"/> NICE title:
Background: To ensure Mental Capacity Act Code of Practice and framework is used to decision make for patients deemed to lack capacity .			Trust Commission? Clin Gov Op Group <input type="checkbox"/> Clin Gov Committee <input type="checkbox"/> Clinical Risk Group <input type="checkbox"/> Other, specify..... <input type="checkbox"/> Trust audit programme* <input type="checkbox"/> Department audit programme <input type="checkbox"/> Serious incident or clinical review <input type="checkbox"/> Multiprofessional <input type="checkbox"/> Patient Involvement <input type="checkbox"/> Resources needed? * priority given Medical records No <input type="checkbox"/> PDA / Formic <input type="checkbox"/> Funding for locum cover <input type="checkbox"/> Data entry* <input type="checkbox"/> Data Analysis* <input type="checkbox"/> Report* <input type="checkbox"/> Supported by CAD <input type="checkbox"/>
Method: Review of Health Care Records			Pilot planned <input type="checkbox"/>

Audit standards	Percentage	Exceptions	Evidence	Definition
Is there evidence the patient may have lacked capacity during admission?	100%	Patient had capacity		Documentation check of all health care records
If yes to No 1, evidence of a decision related capacity assessment	100%	Patient had capacity		Documentation check of all health care records
If yes to No 1, evidence of a Best Interest Decision	100%	Patient had capacity or no serious treatment/ accommodation decisions made		Documentation check of all health care records
If yes to No 1, evidence of family/ friends/ carers involved in Best Interest decision	100%	Patient had capacity or no family/ friends/ carers		Documentation check of all health care records
If yes to No 1, evidence of an IMCA involved if no family/ friends/ carers	100%	Patient had capacity or had family/ friends/ carers		Documentation check of all health care records
If yes to No 1, evidence that the 'least restrictive' option is taken	100%	Patient had capacity or no serious treatment/ accommodation changes made		Documentation check of all health care records

Who is responsible for the production and implementation of the action plan resulting from this audit? (Senior Manager / Consultant)

Printed name: Gill Cobham

Signature:.....

Department: Quality Directorate Ext: 2814

Printed name(s) of project lead (for certificates)

1.....Signature:.....Ext / bleep

2.....Signature:.....Ext / bleep