

Australian Community Industry Alliance (ACIA) Policy - Audit Report Template

This Policy is available to Certification Bodies for use when undertaking ACIS audits.

This document shall be read in conjunction with the Australian Community Industry Certification Scheme 5.0 (ACICS 5.0) and the Australian Community Industry Standards 5.0 (ACIS 5.0).

A Certification Body is required to comply with this Policy if requested to do so in writing by ACIA (ACICS 5.0). This Policy is not mandatory unless that request has been made by ACIA.

The Audit Report Template identifies the following:

- The minimum requirements for content.
- The order of content.

The Audit Report Template does not prescribe formatting and does not limit the Certification Body from adding additional content.

Certification Bodies shall focus on ensuring their audit reports:

- Conform to relevant auditing Standards and ACICS 5.0.
- Are consistent with other equivalent audit reports.
- Are in plain English.
- Demonstrate engagement with Clients.
- Demonstrate observation of service delivery reflecting processes in place.
- Provide sufficient detail of evidence to demonstrate conformance. This includes demonstrating corroboration of evidence, triangulated where possible, from a variety of reliable sources.
- Provide adequate narrative to support findings of conformance and non-conformance.
- Are provided to the Service Provider in a non-editable format, once finalised.

Audit Report Template Requirements	
Minimum content required to be in audit report	Further information
<p>Title Page</p> <ul style="list-style-type: none"> • Name of Service Provider and Certification Body. • Type of Audit Report (e.g. ACIS 5.0 Certification, ACIS 5.0 Surveillance, ACIS 5.0 Provisional (No Clients)). 	<ul style="list-style-type: none"> • Information on the title page shall be clear and allow the reader to easily identify the Service Provider, Certification Body, type of audit report).
<p>Contents Page</p>	<ul style="list-style-type: none"> • No further comments.

Audit Report Template Requirements	
Minimum content required to be in audit report	Further information
<ul style="list-style-type: none"> The minimum content categories listed in this policy document are identified by being bolded in aqua. 	
<p>Audit Plan</p> <ul style="list-style-type: none"> Service Provider legal and business names, ABN. Type of review (Certification, Surveillance, ACIS 5.0 Provisional (No Clients)). Period of Certification. Certification Standards in scope and what was covered in audit. Main location where onsite audit was conducted. Sites in scope and sites/places visited (including breakdown if relevant). Clients in scope and numbers in sample (including breakdown if relevant). Staff in scope and numbers interviewed (including breakdown if relevant). Identification of previous non-conformances included in the audit (referencing previous audit report, standard and quality indicator). Equivalence being relied on for audit (high level summary). Details of any remote auditing, including rationale. Details of deviations from the original audit plan. Audit team and technical expert names. 	<ul style="list-style-type: none"> Tabular form is desirable to support readability. <ul style="list-style-type: none"> The tables should provide sufficient information to indicate the initial scope and changes made during the audit process. The breakdown for Sites/places should include numbers relevant to: <ul style="list-style-type: none"> Client home (noting that a home is not considered a Site for the purposes of ACIS). Site – Head office (no services to Clients provided). Site – Head office/service site. Site: Provider facility. Other. The breakdown for Clients should include numbers relevant to: <ul style="list-style-type: none"> Scheme Funders (icare, MAIB, etc) Privately funded Clients. NDIS Participants (if relied on due to equivalence provisions). Other. The breakdown for Clients should indicate which categories are relevant (numbers are not required): <ul style="list-style-type: none"> Client <ul style="list-style-type: none"> Acquired brain injury Spinal cord Injury Ventilator dependent Significant vision impairment Significant hearing impairment Severe burns Intellectual disability Dementia Autism

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	<ul style="list-style-type: none"> ○ Mental health ○ Pain management ○ Other <p>Age</p> <ul style="list-style-type: none"> ○ As per Scheme documentation <p>Cultural characteristics</p> <ul style="list-style-type: none"> ○ Aboriginal or Torres Strait Islander ○ CALD ○ LGBTIQA+ ○ Other <ul style="list-style-type: none"> • The breakdown for Staff should include numbers relevant to: <ul style="list-style-type: none"> ○ Executive ○ Management ○ Coordinators ○ Support Workers ○ Administrative ○ Other. • The information regarding equivalence shall include: <ul style="list-style-type: none"> ○ The Audit and report being relied on (with sufficient detail to reference the report). ○ The Certification period that the audit/report relates to. ○ Details confirming the audit was conducted at the same time or within the last 6 months. ○ Copy of the report.
<p>Certification Recommendation and Conditions</p> <ul style="list-style-type: none"> • Statement of Certification and Conditions. 	<ul style="list-style-type: none"> • The recommendation should clearly state: <ul style="list-style-type: none"> ○ The Certification being awarded. ○ Relevant dates and period. ○ Conditions (where relevant). • Conditions may include (not are not limited to): <ul style="list-style-type: none"> ○ Notifying the Certification Body within 3 months of relevant services commencing (for Provisional (no clients) Certification)

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	<p>so that a site visit and audit can be organised.</p> <ul style="list-style-type: none"> ○ Providing corrective action evidence by a specified date. ○ A subsequent site visit to further review a specific function or Standard.
<p>Summary of Corrective Actions</p> <ul style="list-style-type: none"> ● A list of corrective actions, including: <ul style="list-style-type: none"> ○ Referencing the standard and quality indicator(s) the action relates to. ○ Identification of whether the non-conformance is major or minor. ○ The corrective action that was agreed with the Service Provider. ○ The deadline for the corrective action to be resolved. ● A statement confirming the Certification Body's acceptance of the corrective action(s) as being appropriate to resolving the non-conformance. 	<ul style="list-style-type: none"> ● Tabular form is desirable to support readability.
<p>Executive Summary</p> <ul style="list-style-type: none"> ● To include high level discussion of audit, including: <ul style="list-style-type: none"> ○ Remote auditing (identifying team members on site and remote). ○ Description of Service Provider and scope of service. ○ Summary of observations of conformance against standards – positive and negative observations. ○ Discussion of critical or extremes risks identified during audit. ○ Discussion of best practice practices. ○ Discussion of non-conformances and Service Provider's corrective actions. ○ Discussion of previous non-conformances (to confirm resolution or not). ○ Discussion of major changes or initiatives relevant to the Service Provider. 	<ul style="list-style-type: none"> ● Should be 1-2 pages. ● If a Technical Expert is involved in the audit and they have expressed views that have not been resolved prior to finalising the report, those differences in views shall be discussed in the executive summary.

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<ul style="list-style-type: none"> ○ Discussion of any deviations from the original audit plan. ○ Discussion of Certification decision and any conditions applied. 	
<p>Summary of ratings</p> <ul style="list-style-type: none"> ● Ratings for each standard and quality indicator. ● Legend of ratings. 	<ul style="list-style-type: none"> ● Tabular form is desirable to support readability. <ul style="list-style-type: none"> ○ Rating based on equivalence shall be identified, indicating whether full or partial equivalence was applied. ● The legend of ratings should be consistent with Scheme documentation.
<p>Audit team and conflicts of interest</p> <ul style="list-style-type: none"> ● Details of audit team (names, lead auditor, skills/qualifications, details of any remote auditing undertaken). ● Details of technical expert (qualifications and involvement in audit). ● Declaration regarding perceived or conflicts of interest. ● Declaration confirming competencies of audit team. ● If remote auditing was undertaken, document reasoning. 	<ul style="list-style-type: none"> ● If there are no conflicts of interest, a nil response shall be included in the audit report. ● If there are conflicts of interest, content regarding communication, management and approval of conflict shall be documented in the report.
<p>Attendance to Opening and Closing Meetings</p> <ul style="list-style-type: none"> ● List of people attending opening and closing meetings including Service Provider and audit team. 	<ul style="list-style-type: none"> ● Identification of remote attendance should be included.
<p>Core Standards</p> <ol style="list-style-type: none"> 1. Rights and Responsibilities 2. Corporate Governance 3. Clinical Governance 4. Service Delivery 5. Service Environment <p>Supplementary Standards</p> <ol style="list-style-type: none"> 6. Complex Physical Support 7. Complex Behaviour Support 8. Mental Health Support 9. Assistive Technology 	<ul style="list-style-type: none"> ● Each Standard shall include: <ul style="list-style-type: none"> ○ Rating attained – against standard and quality indicator. ○ Details of equivalence (standard being relied on and equivalence statement). <ul style="list-style-type: none"> ○ Sufficient detail regarding the equivalence should be included to allow a reader to locate the Standard, quality indicator (if relevant) and commentary. ○ Summary of evidence relied on. ○ Summary of self-assessment narrative and evidence provided.

Audit Report Template Requirements	
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	<ul style="list-style-type: none"> ○ Information regarding the audit work undertaken and evidence reviewed. ○ Discussion of conformance and non-conformances (where relevant).
<p>Next Audit</p> <ul style="list-style-type: none"> ● Identify the details of the next Audit (e.g. Certification, Surveillance) and due date. ● Identify the process and responsibilities for organising the next audit. ● Identify what standards are expected to be in scope for the next audit. ● Identify whether there are corrective actions to be included in the next audit. 	<ul style="list-style-type: none"> ● Ensure it is clear to the Service Provider what responsibility they have in organising the next audit and the relevant timing.