

Clinical audit matrix January 2015

Progress level 0-6 →	0 No	1 Basic level – principle accepted and commitment to action	2 Early progress in development	3 Firm progress in development	4 Results being achieved	5 Maturity – comprehensive assurance in place	6 Exemplar
Key Elements							
Alignment of clinical audit strategy to broader strategic interests	No	Our focus on the mandatory national clinical audits needs to be complemented by beneficial local audits	We are developing a strategy to complement national audits with strategically beneficial local audits	Our clinical audit team works with others within our local economy to coordinate clinical audit with other areas of strategic planning and activity	Our team operates within the wider quality improvement framework of our organisation all seeking to align financial and quality objectives to improve services	All quality improvement is embedded in our broader clinical governance strategy, aligned to our broader strategic interests, and the local health and social care economy	Our strategy articulates our approach to prioritising and resourcing national, economy wide and internal clinical quality improvement
Suitability of clinical audit	No	Clinical audit is our standard quality improvement tool	We consider a few other quality improvement tools but have identified clinical audit as standard	We consider other quality improvement tools but clinical audit is our preferred methodology as the best tool given that we have a clinical audit team	We consider other quality improvement tools for the issues at hand but have found clinical audit to be most cost-effective as we have skills and confidence in the methodology of the process	We are using a variety of quality improvement tools, clinical audit being used where its methodology is the most suitable to assess the issue at hand with the resources and skills we dedicate to it	A suite of quality improvement tools are used regularly. Our best-fit protocol articulates which methodology to use when. We have developed skills in all methods used
Balancing national and local priorities	No	We recognise that we are trying to cover too many areas with our clinical audit programme resulting in incomplete cycles	We have reviewed our clinical audit programme to identify key areas to complement the national clinical audits to comprehensively assess our current service delivery	Our audits committee has identified local priorities to complement the national clinical audit to deliver assurance in key areas of concern	Our audit committee has developed an audit programme to fit our needs, with a balance of national and local focus. We are reactive to pressures impacting on the local economy plans	Our board's strategy addresses economy-wide themes of care and patient concerns. Effective use of the results and development of an improvement plan delivers a return on the investment for our wider economy	The rolling clinical audit programme is segmented into national, local and internal priorities and is stratified for impact so that we invest our resources to enable improvement in our community
Strategic planning of clinical audit	No	Our number of new audits prevent us from re-auditing old ones, and creates a backlog	We review the length and costing of the clinical audits we conduct and seek agreement on how to make these processes more effective	We have reviewed how we can use audit data more intelligently to improve outcomes, especially in areas where standards have not been met	We analyse clinical audit data systematically and conduct re-audits in areas where standards have not been met to ensure an improvement in the quality of our services	We operate a rolling audit programme, which covers all areas on an on-going basis. We ensure we prioritise beyond the annual cycle	Our three-year programme has the capacity to engage stakeholders and react to issues that come up in-year, and to achieve sustainable and reported improvement
Prioritisation	No	We recognise that we cannot commit enough resources to the number of clinical audits we are currently conducting	We are reviewing our clinical audit strategy including costing to assess which areas should be prioritised to make better use of clinical audits	The quality improvement team has agreed with the board which areas should be prioritised to address key issues and to best complement national clinical audit	We have a set of criteria to assess which areas to prioritise in clinical audit to address specific local risks while ensuring a comprehensive approach to quality improvement	Decisions to prioritise issues for clinical audit are based on a test with criteria that have been agreed with the board, and we ensure that we have the capacity to complete the full audit cycle	We realise that priorities change through national, economy and local drivers of quality intelligence. We have a dynamic prioritisation process that weights requirements against planned delivery

Professionalisation	No	We only conduct clinical audit in areas where national guidance sets out clearly what constitutes an unacceptable variation	The board has agreed on how we determine unacceptable variation in all areas. Lack of national standards prevents us from implementing an audit of certain local areas	The board supports how we determine unacceptable variation in all areas. Where national standards are not available we set local standards using comparisons to set and evaluate performance	The board has agreed unacceptable variation in all areas and has identified major trigger points for escalation. Where national standards are not available they seek assurance of comparisons and peer agreement on standards	The board determines materiality and trigger points for escalation with benchmarking with norms & emerging practice. Local standard setting facilitates audit in priority areas involving other organisations	Clinical audit standards and outcomes have been peer-reviewed and received accreditation as a standard for best practice
External relationships	No	We recognise that our accountability for a patient's care does not end when they have left our organisation	In our prioritised areas, we contact other relevant healthcare providers where there is a handover of care	We work with other health and social care providers when this is required but recognise that the success of this often depends on the engagement of individuals	We routinely work with other relevant health and social care providers where there is a handover of care to assess the quality of both the handover and our service	Our quality improvement programme is focussed on the patient pathway. Partnerships with other providers/ commissioners has proven to improve overall care in our community	We actively contribute to the health and social care economies improvement programme, engage with other providers and commissioners across care pathways, and peer-review our approach
Patient, public and stakeholder involvement (PPI)	No	The results of our clinical audits are publicly available and we disseminate a summary of them to commissioners and stakeholders	We recognise the need to engage patients and the general public more in our quality improvement strategy	Following HQIP and CQC guidance, we are developing opportunities for patients, stakeholders and the public to get involved in our clinical audit process at various stages	We invite patient and stakeholder representatives and Healthwatch to our quality improvement meetings. Our reports have become more patient-friendly and a summary is disseminated to stakeholders and patients	We encourage patient representative organisations to participate in projects. A comprehensible summary of our patient-friendly reports are communicated through many channels i.e. website, ward notice boards, patient forums	We use various PPI tools, to ensure co-design such as a Patient Panel, that ensure involvement of patients and Healthwatch in selection of topics, data collection through to implementation of the improvement plan
Digitalisation and information sharing	No	We publish the outcome statistics of national clinical audits, but also share outcomes of local clinical audits only with partner organisations/commissioners	We sometimes share our results with local partners (providers/commissioners). Outcome statistics of our national clinical audits are published online	We share our results with local partners. We are reviewing our current data system and are seeking opportunities to improve our digitalisation of data	Improvements in our digitalisation of data and processes are making it easier to share data within our organisation and with other providers and commissioners	We share our results with local partners, clinical and patient networks. We always ensure the use of a patient's NHS number when digitally recording data and continuously work on improving our digitalisation strategy	We routinely review our digital data to inform our and partner improvement activities. We regularly share results with our clinical networks and our partners and hold health and social care economy wide improvement events
Education and training	No	We train clinical audit staff and others in the quality improvement team. Junior doctor clinical audit quality improvement projects are a training exercise to be completed	We recognise the importance of training opportunities for all members of staff involved in the clinical audit cycle to understand statutory guidance and how to use clinical audit most effectively	Clinical audit is covered in our inductions and further learning material is provided by the organisation. Junior doctor clinical audit quality improvement projects are supported by the quality improvement (QI) team	Broadening our education and training approach to quality improvement is showing greater staff engagement in planning, conducting and evaluating clinical audits. Junior doctor clinical audit/ quality improvement projects are supported by the QI team and their suggestions are welcomed	Clinical audit is an important feature of our induction and further training programmes on clinical governance. Junior doctor clinical audit/quality improvement projects are a valuable resource, and focus on issues that have been identified as benefiting from examination	We have an on-going plan to ensure all of our staff have the right knowledge to undertake improvement, whatever their role. We participate in health and social care economy education and training events to facilitate the development of health and social care economy improvement programmes