

## **Criteria for Improvement Initiatives and Audit**

Priority 1: External 'Must Do's'				
Failure to deliver these improvements and audits may carry a penalty for the Trust (either financial or in the form of a failed target or non-compliance with standards). Improvements and audits within this section relate to or support the following priorities:				
1a	•	National Clinical Audit & Patient Outcomes Programme (NCAPOP) required for Quality Accounts (includes National Confidential Enquiries into Patient Outcomes & Death NCEPOD)		
1b	•	NHS England statutory requirements, e.g. infection control monitoring.		
1c	•	Trust Objectives		
1d	•	CQUINS or other commissioner priorities.		
1e	•	New national targets and existing commitments (e.g. participation in heart disease audits, stroke, Myocardial Ischaemia).		

Priority 2: Internal 'Must Do's'			
Organisational clinical priorities: Many of these emanate from Trust governance issues or high profile local initiatives, although no penalties exist.			
2a	Patient Safety issues (including PSA/safety alerts).		
2b	Clinical or Trust Risk issues e.g. serious untoward incidents/adverse incidents/ identified hazards.		
2c	External accreditation schemes, e.g. cancer peer review		
2d	Compliance with CQC outcomes		
2e	NICE guidance and quality standards		

Priority 3				
These initiatives have been identified within Divisions/Specialties/Services as important pieces of work that support the following priorities:				
3a	National audits not part of Quality Accounts (e.g. Royal College initiated)			
3b	Guidance from professional bodies (e.g. Royal College).			
3c	Local guidelines/policies			

Priority 4			
It is important to maintain a degree of locally initiated improvement initiatives by clinical staff; these can lead to real improvements in patient care as well as providing valuable education for junior staff but do not necessarily fall into any of the other categories.			
4a	Other interest		