



CLINICAL AUDIT AWARENESS WEEK 2025


CELEBRATING OUR CLINICAL AUDIT HEROES!

PATIENT & PUBLIC INVOLVEMENT

12:30-13:45




CAAW25 L&L programme

Date	Mon 2 June	Tues 3 June	Weds 4 June	Thurs 5 June	Fri 6 June
Topic	Patient Safety	Patient & Public Involvement	Healthcare Inequalities	Influencing Change	Efficiencies
Key speakers	Hester (NHSE) 	Kim Rezel (HQIP)	Danny Keenan (HQIP)	Sam Riley (NHSE)	Dr Theresa Barnes (RCP)

All online, 12:30-13:45

Today's agenda

1. 
Introduction


2. 
Key speakers

3. 
Clinical Audit Hero
winner announced

4. 
Winner
presentation

5. 
Q&A

6. 
Evaluation

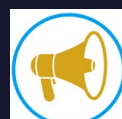
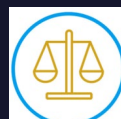
7. 
Close and
celebrate
#CAAW25!

Introduction

2024.



Bold & Ambitious



2025.



Value & Impact



#CAAW24 Take Aways

Getting patients involved in a QI at the beginning of the project

How different projects collect information, involve service users as expert patients

How important the participation of lived experience is

Being open to record honestly the areas where standards are not being met and doing something about it. Listening to service users and carers

The large volume of participants interested in patient and public involvement and the opportunities for sharing learning and ideas

The winning presentations both great, and something the NHS needs to focus on more

Patient, service user, carer engagement is a positive experience for all involved

Actual co-production is essential. It is not just a rubber stamp of approval from experts that is needed

Power of clinical audit

Motivated to promote more and more patient involvement in the organisation

It is heartening that more and more organisations are effectively engaged with and utilising co-production to make tangible and real impact and improvement across healthcare

Excellent session, patients, carers and support individuals are so important and have valuable experience to "tap" into

PPI is so important, patients deserve so much more from the healthcare system

Great Collaborative working to improve patient experiences

Involvement from the beginning.

NHS Review (2024)

1. Amplify the patient voice

2. Embed PPI in Service Design

3. Shift to Community-Led Models

4. Support for Staff-Patient Collaboration

5. Transparency and Accountability

Rebuild Trust

Improve Care Quality

Responsive To the People



Maximise The Impact

#CAAW25

A hospital plans to audit diabetes care. Patients with diabetes are invited to a workshop to share their experiences and help identify key areas for improvement, such as access to foot care or education on insulin use.

- Topics that matter most to patients
- Focusses on patient priorities
- Co-develop the aims & objectives
- Run a focus group or a survey
- Steering Group Member

Planning & Preparation

Measuring Performance

- Agree which standards are important
- Identify what good care looks like
- Co-design experience surveys
- Involved in a Pilot

In a mental health service audit, service users help design a patient satisfaction questionnaire. They ensure the language is accessible and that it includes questions about dignity, respect, and involvement in care decisions.

Following changes to improve communication in maternity care, a group of recent mothers is invited to review whether the changes have made a difference. Their feedback is used to refine staff training and patient information materials.

- Measure the impact on patient experience
- Are new practices working?
- Follow up surveys or focus groups
- Share the project with the wider public

Sustaining Improvement

Implementing Change

- Review the findings
- Co-develop action plans based on lived experience
- Share the findings with patient stories for impact

After an audit reveals long waiting times in a cancer clinic, patients co-develop a new appointment scheduling system. Their input helps prioritise continuity of care and reduce anxiety during waiting periods



HQIP

Healthcare Quality
Improvement Partnership



#CAAW25

Every patient matters

Experts by experience



Maximise The Value & Impact

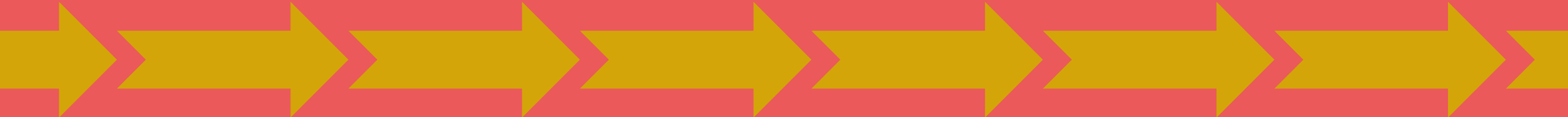
Improve Safety Of Care

Efficient Use Of Resources

Reduce Health Inequalities

Shared Ownership of Health Outcomes

Key speakers



Healthcare Quality Improvement Partnership (HQIP)

Key Speakers

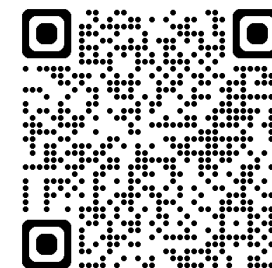
Kim Rezel - Head of Patient and Carer Engagement

Meg Hill – SUN member

Sandie Woods – SUN member

Find out more about all #CAAW25 activities and releases, scan the QR code or go to:

www.hqip.org.uk/clinical-audit-awareness-week



Clinical Audit Awareness Week 2025 featuring the Clinical Audit Heroes awards

www.hqip.org.uk/clinical-audit-awareness-week #CAAW25

In collaboration with:

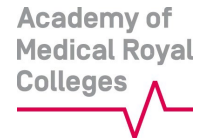


HQIP

Healthcare Quality
Improvement Partnership

- Who is HQIP
- HQIP's Service User Network (SUN)
- Why is PPI important
- Focus group in May
 - Advocacy in healthcare
 - Shared Decision Making
- Highlights from each discussion

Who is Healthcare Quality Improvement Partnership (HQIP)?



Our vision: enabling those who commission, deliver and receive healthcare to measure and improve services



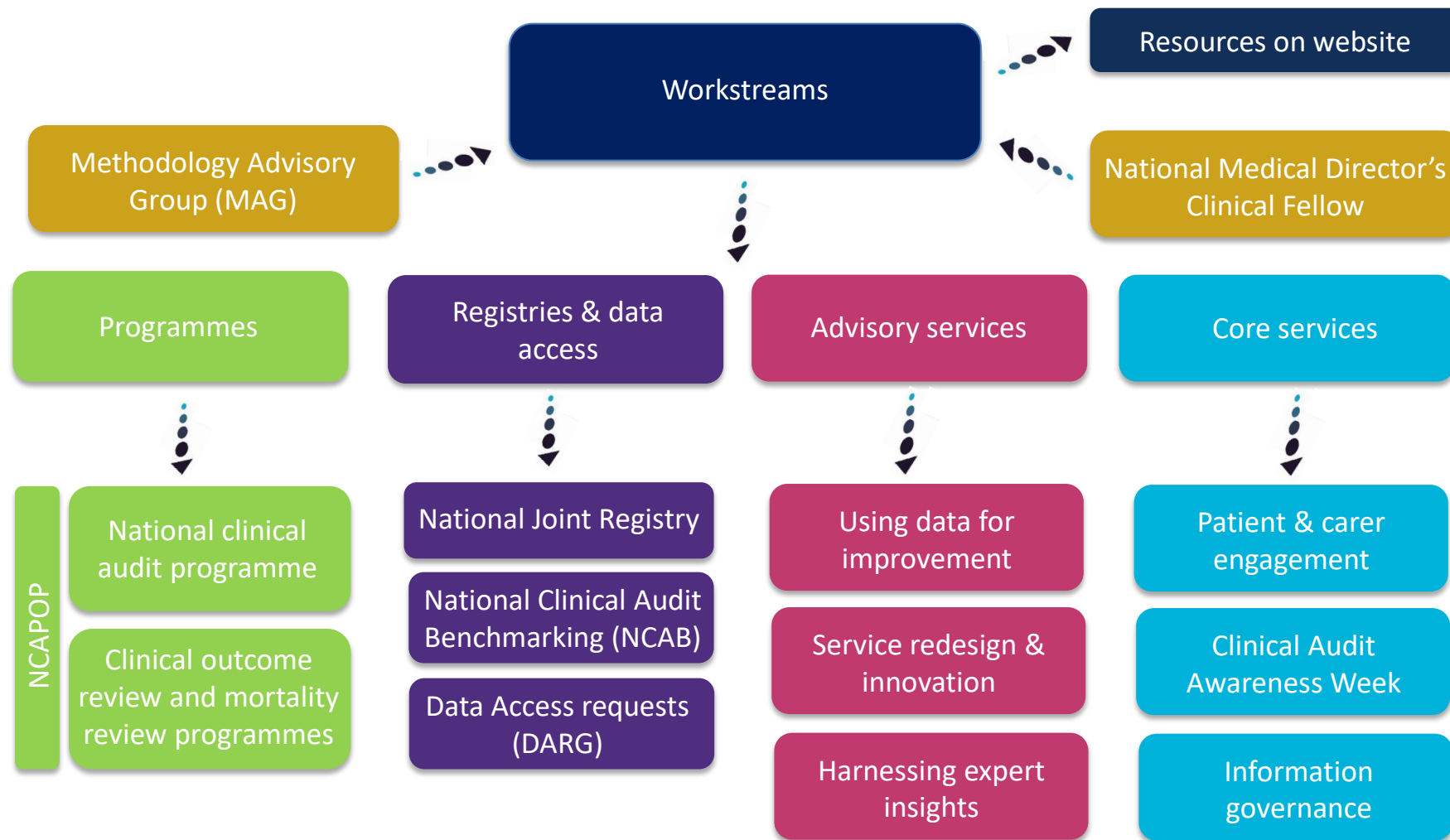
Our values: independent, working in partnership with patients and health professionals to improve practice



Our history: established in 2008 and governed by the AoMRC and the RCN



About HQIP





HQIP's SUN

- Change of approach in 2023
- Removed formality
- Online sign up
 - Interests
 - Demographic data
- No obligations
- Information to support engagement
- Payment for involvement
- Working in partnership
 - [involvement policy](#)



<https://www.hqip.org.uk/involving-patients/service-user-network/>



HQIP's Service User Network (SUN)

Gender

Female	Male	Non-binary	Transgender	Prefer not to say
68%	27%	2%	2%	1%

Ethnicity

Asian	Black	Mixed	Other White	White English	Prefer not to say
13%	6%	5%	11%	62%	3%

Disability – 28%
Neurodivergence – 32%
Hearing loss – 8%

Age

65+	50-65	40-49	30-39	18-29
17%	33%	21%	15%	14%

The benefits of Patient and Public Involvement (PPI)



ENHANCES
HEALTHCARE
IMPROVEMENT



ENSURES DIVERSE
PERSPECTIVES ARE
INCLUDED



STRENGTHENS
TRANSPARENCY AND
INCLUSIVITY

“ True productivity lies
in listening to the
people we serve. ”
Lord Darzi



Clinical Audit Awareness Week 2025 featuring the Clinical Audit Heroes awards

www.hqip.org.uk/clinical-audit-awareness-week #CAAW25

In collaboration with:



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The Darzi Triad; the elements are interdependent

Activated, engaged patients enjoy better health
and safer, more effective healthcare

Eg: Doyle C, Lennox L, Bell D. BMJ
Open 2013;3:e001570.
doi:10.1136/bmjopen-2012-001570



THEMES



PATIENT ADVOCACY IN HEALTHCARE

https://youtu.be/GqEzUPQ6M_c



SHARED DECISION MAKING

<https://www.youtube.com/watch?v=W4ybDpAiRNo>



Clinical Audit Awareness Week 2025 featuring the Clinical Audit Heroes awards

www.hqip.org.uk/clinical-audit-awareness-week #CAAW25

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Theme 1 - Questions

Why do you want to be involved as a patient advocate in healthcare?

Is there a difference when volunteering locally versus national involvement?

Do you participate when there is no payment involved?

What are you most asked about as patient advocates – eg. experience, resources, policy, treatment pathways?

What else would you like to say about patient and public involvement opportunities?



Clinical Audit Awareness Week 2025 featuring the Clinical Audit Heroes awards

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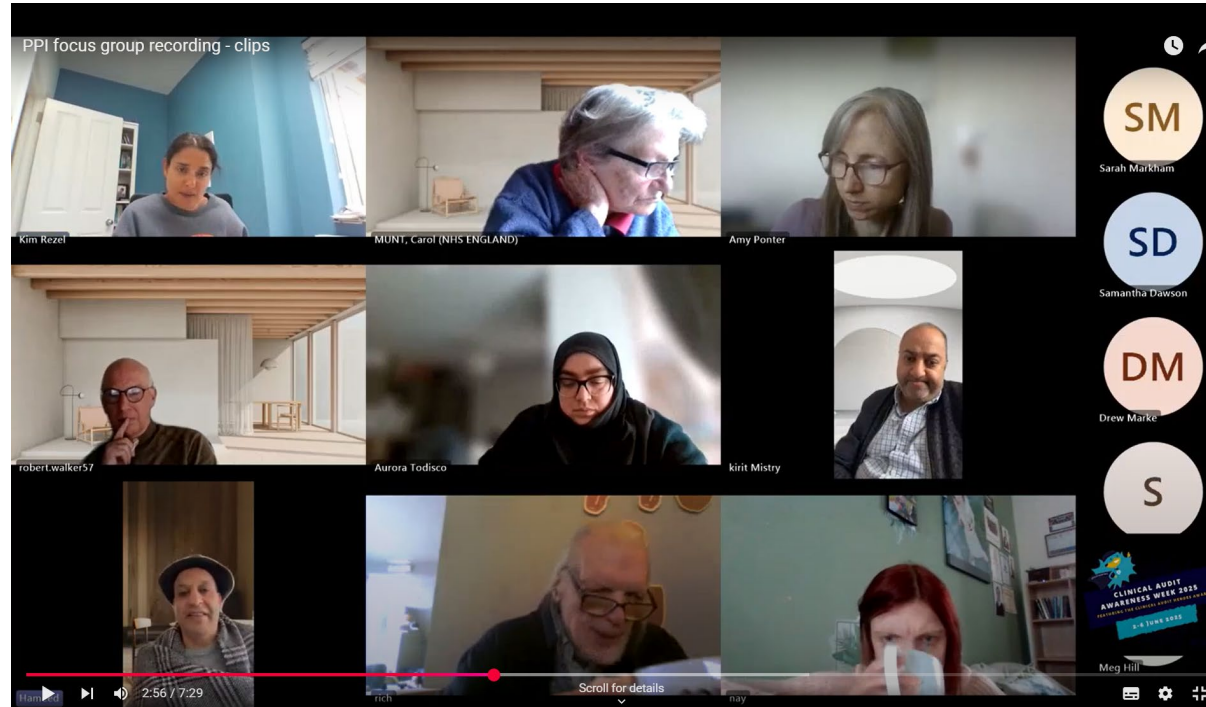
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Video clip: Patient advocacy in healthcare

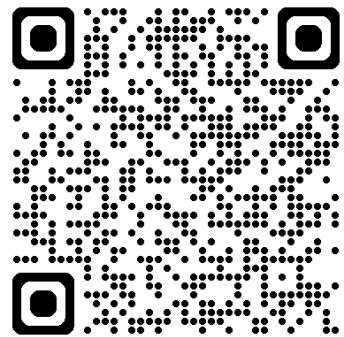


<https://www.youtube.com/watch?v=On8zdXJT0Z4>

Video clip: Patient advocacy in healthcare



- https://youtu.be/GqEzUPQ6M_c





Participant responses

CHALLENGE

IMPROVE

ADVOCATE

“Locally there is need for development of people, a way of empowering them and elevating their voices as involvement is often insufficient in PPIE at this level.”

“If charities are involved, then this can create stronger links from a local to national level and create change which is more significant.”

“It is a responsibility of all seeking lived experience involvement to do all they are able to reach the right people, no matter where they are.”

Patient advocacy in healthcare

- Experts by experience are still experts – treat them as such:
 - Their condition/situation
 - Remuneration for time and expertise
 - A seat at the table – not perched on a stool that's been brought in at the last minute





THEMES



**PATIENT ADVOCACY IN
HEALTHCARE**



**SHARED DECISION
MAKING**



Person-centred care is ***just good care***

GMC Good Medical Practice, NMC Code of Practice (etc)



An ethical

A professional standard

A clinic-legal obligation



Theme 2 - Questions

Do you feel that your healthcare professionals introduced choice into discussions with you about how to manage your health concern/condition?

How were you supported to make decisions? Were you aware that decision making tools are available and if so were you offered these to help you to make decisions?

Did you feel that you were involved in reaching a joint decision with your healthcare professional?

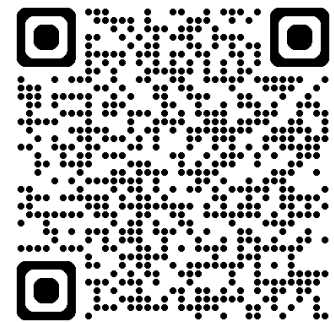
What could be shared with healthcare professionals to improve how we truly achieve shared decision making?

Do you have examples of where it worked well?

Video clip: Shared decision making



- <https://www.youtube.com/watch?v=W4ybDpAiRNo>





Please rate the following statements about today's consultation.

Please mark the box like this ☒ with a ball point pen. If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good was the practitioner at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
1) Making you feel at ease (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect; not cold or abrupt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Letting you tell your "story" (giving you time to fully describe your condition in your own words; not interrupting, rushing or diverting you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Really listening (paying close attention to what you were saying; not looking at the notes or computer as you were talking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Being interested in you as a whole person (asking/knowing relevant details about your life, your situation; not treating you as "just a number")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fully understanding your concerns (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Being positive (having a positive approach and a positive attitude; being honest but not negative about your problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Explaining things clearly (fully answering your questions; explaining clearly, giving you adequate information; not being vague)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Helping you to take control (exploring with you what you can do to improve you health yourself; encouraging rather than "lecturing" you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The CARE measure

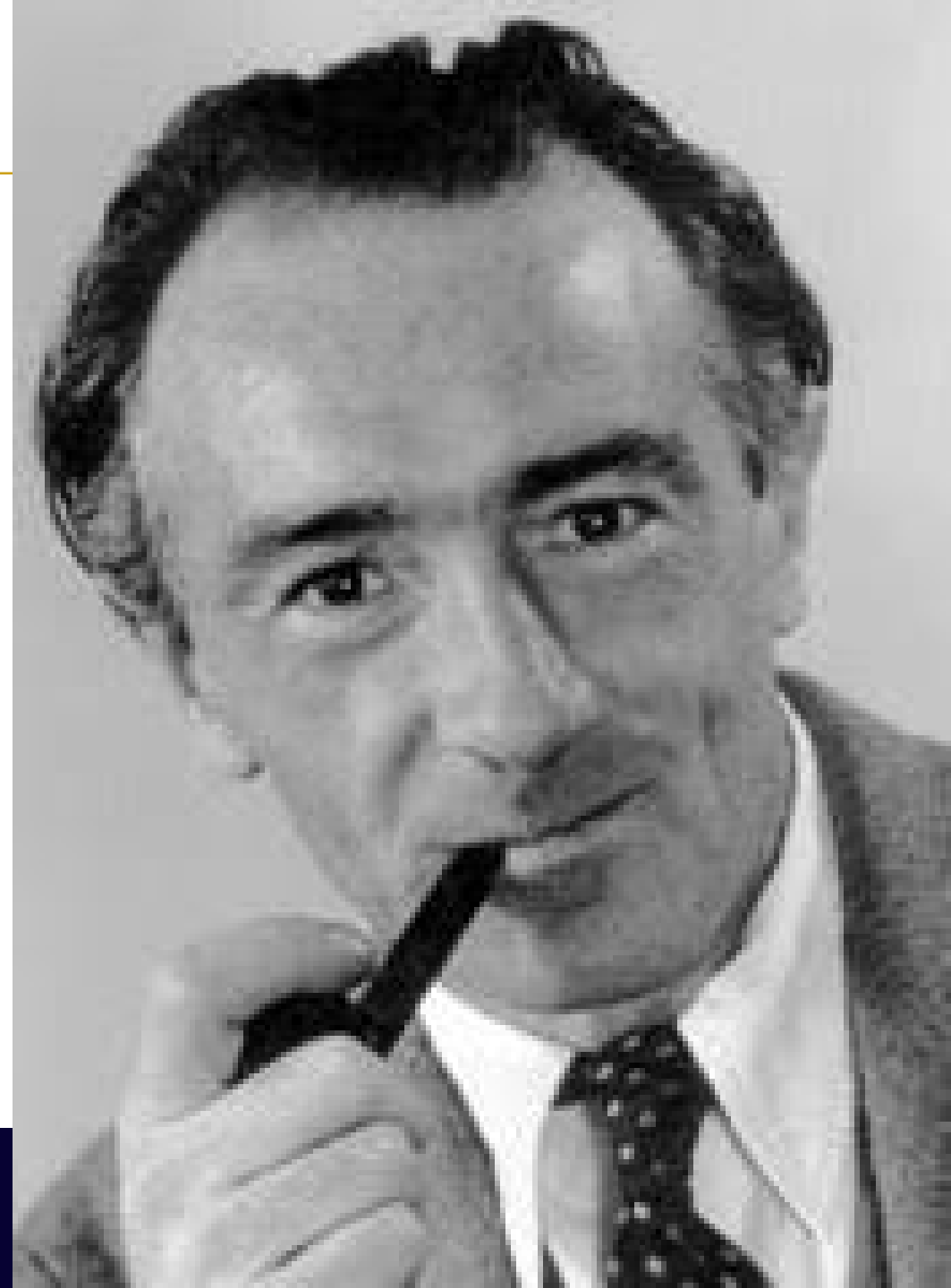


Archie Cochrane. 1943

'I put him in my room as he was moribund and screaming.....

I had no morphine, just aspirin. I felt desperate; I knew no Russian.....I sat down and took him in my arms and he stopped screaming at once. He died peacefully in my arms a few hours later.

It wasn't really the injuries that led to his screaming; it was the loneliness'



What matters...



Incorporation of individual patient values and preferences into care processes

Process/treatment values and preferences

Outcome values and preferences

How to reliably implement person-centred care to the highest possible quality standard...

1. Understand transformational ('culture') change
2. Commit to continuous improvement
3. Teach empathy
4. Co-produce everything...





Participant responses

Clinicians can be intimidating and do not listen

Humility can go a long way to enable 'outside of the box' thinking, but very few clinicians embrace this

I try to attend appointments fully informed and prepared, which can sometimes lead to decisions about my care that I'm more happy with

We need full information about our care in a language we can understand and this is not always provided

Shared Decision Making

Shared decision making still means the patient making the decision

Personalised conversations

Supporting informed decision making is a skill

System failure to support shared decision making

“As a clinician, having thorough, evidence-based conversations benefits staff by improving communication, reducing uncertainty, enhancing job satisfaction, and fostering a stronger therapeutic partnership.”

Abby, midwife



Thank you.

How are you going to involve patients more in your organisation?





www.hqip.org.uk/clinical-audit-awareness-week



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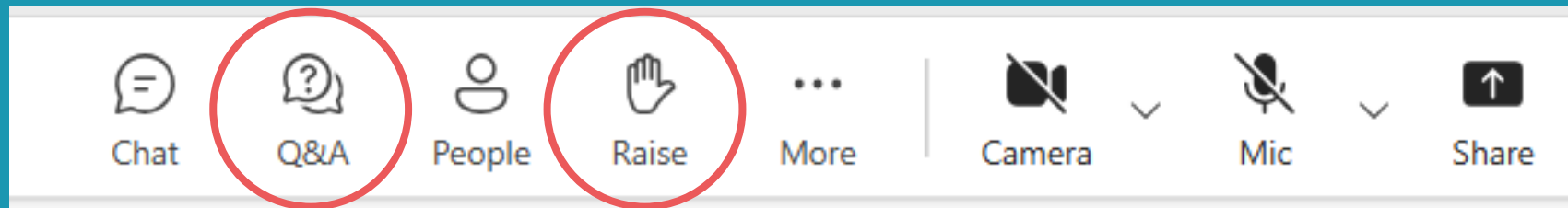
HQIP

Healthcare Quality
Improvement Partnership

Q&A for our Key Speakers



Raise your hand and when selected, we will enable your mic and camera so you can take yourself off mute and ask your question



Submit a written
question via Q&A



Our Clinical Audit Hero winners...



Patient and Public Involvement Hero

Runner-up



Patient Experience Team *University Hospitals Sussex*



University Hospitals Sussex
NHS Foundation Trust

Special thanks to the generous support of our funder....

my University Hospitals Sussex

And to the co-creator and reviewer of the Welcome Standards....

healthwatch

Executive Sponsor: Maggie Davies, Chief Nurse

Senior Responsible Officer: Nicole Chavandra, Director of Patient Experience, Engagement and Involvement

Programme Director and Trainer: Jacqueline Clarke-Mapp, Assistant Director Patient Experience Strategy & Improvement

Find out more about the Welcome Standards...
www.uhsussex.nhs.uk/welcome-standards

Excellence in patient services

Project: Welcome Standards

Patient and Public Involvement Hero

Winner

Lisa Wilson

Quality Lead and Occupational Therapist
Telford and Wrekin Community Mental Health
Service

Midlands Partnership NHS Foundation Trust



Project: Triangle of Care, Carer Engagement
within Shropshire Telford & Wrekin Community
Mental Health



Patient and Public Involvement Hero

Winner

NCAP Service User and Carer Reference Group

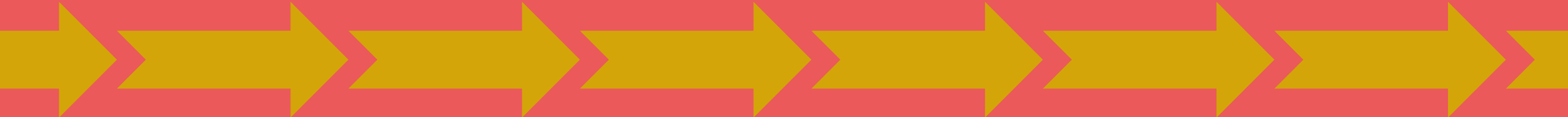
National Clinical Audit of Psychosis
Royal College of Psychiatrists and McPin Foundation



Project: State of the Nation report 2024 (Audit of early intervention in psychosis provision in England and Wales 22/23 and 23/24)

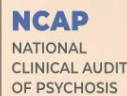


Winner presentation



State of the Nation Report 2024

Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24



Publication date February 2025.

HQIP Clinical Audit Heroes Award: Winner National Clinical Audit of Psychosis (NCAP) SUCRG PPI Award



- Presenters on behalf of NCAP SUCRG
- Dr Vanessa Pinfold: McPin Foundation SUCRG Facilitator
- Dr Veenu Gupta: Service user Advisor

"This is a road near my house that I often walk on. Walking in this area would help me collect my thoughts and provide comfort. I really like the trees and greenery next to the road." ~ Ava Begga Front Cover Design

NCAP Team

NCAP Project Team

Gaia Bove (Programme Manager – maternity cover)
Aimee Morris (Programme Manager)
Carmen Chasse (Deputy Programme Manager)
Bryan Choi (Project Officer)
Dr Alan Quirk (Head of Clinical Audit and Research)
Prof Dasha Nicholls (Clinical & Strategic Director, CCQI)

NCAP Advisors

Prof Jo Smith OBE (Clinical advisor)
Dr Paul French (Clinical advisor)
Dr Veenu Gupta (Service user advisor)

Service User and Carer Reference Group

Stephen Ash (Service user member)
Jason Grant (Service user member)
Iona Edwards (Service user member)
Ros Savege (Carer member)
Janet Seale (Carer member)
Hayley Tennant (Carer member)
Dr Vanessa Pinfold (Group facilitator, McPin Foundation)
Ashley Williams (McPin Foundation)

Quality Improvement (QI) coaches

Maureen McGeorge (QI Consultant)
Sadhbh Fitzgerald (QI Coach)



Structure of NCAP

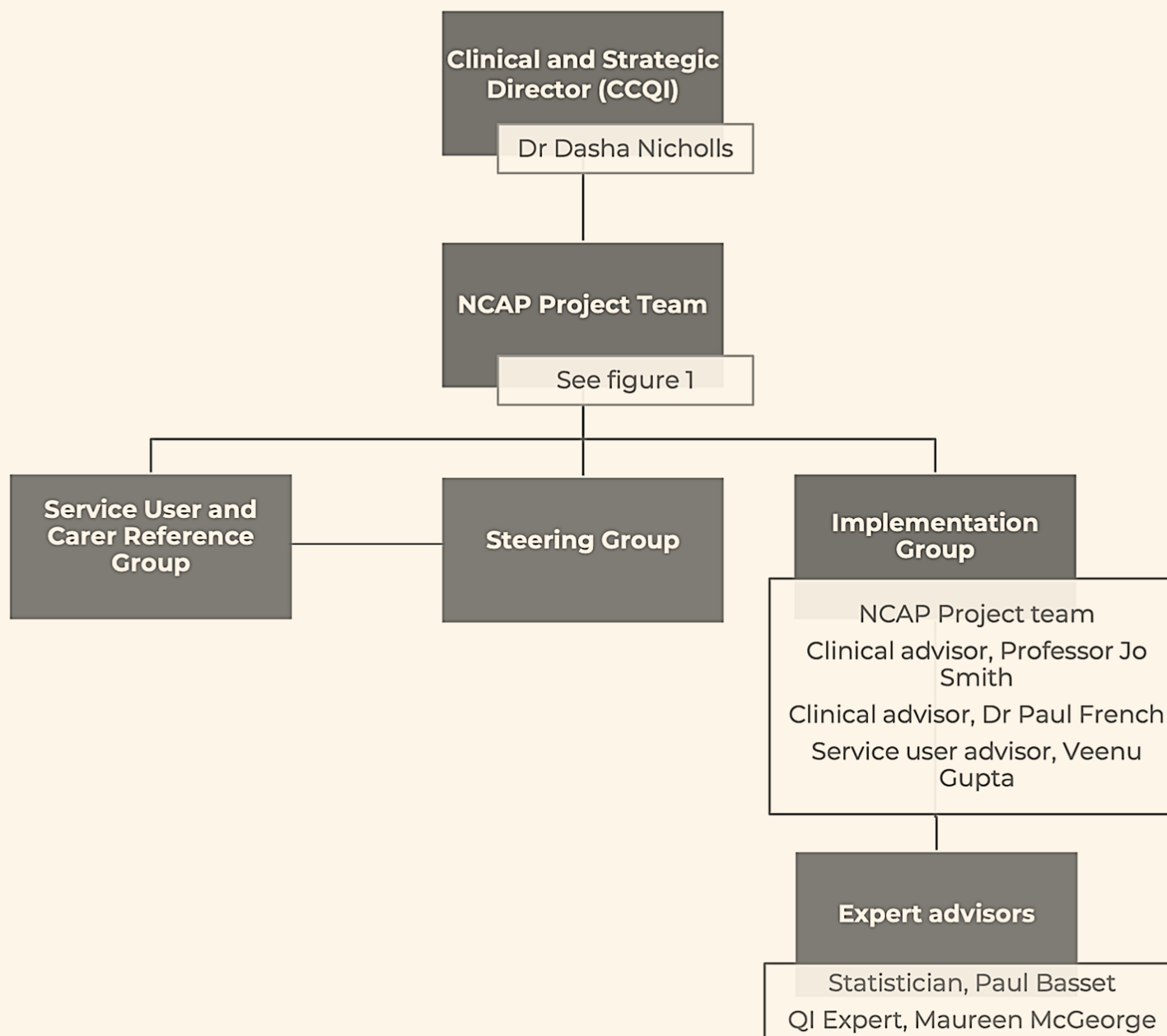


Table 1: England EIP team performance against each audit standard and across time

		Change over time (%)					
Audit Year	Performing Well (L3 Target)	2018/19 (n=9,527)	2019/20 (n=10,560)	2020/21 (n=10,033)	2021/22 (n=10,557)	2022/23* (n=10,196)	2023/24 (n=10,386)
Total Number of Trusts		57	55	55	54	52*	54
Standard 1: Timely Access	≥60%	76	74	72	72	73	70
Standard 2: Cognitive behavioural therapy for psychosis	≥24%	46	49	46	46	49	50
Standard 3: Family intervention	≥16%	22	21	21	21	29	29
Standard 4: Prescribing of Clozapine	N/A	54	52	50	52	60	60
Standard 5: Supported employment and education programmes	≥20%	28	31	31	32	38	39
Standard 6: Physical health screening	N/A	64	75	70	80	88	85
Standard 7: Physical health interventions					71	85	79
Standard 8: Carer-focused education and support programmes							
Outcome measures recording							

Why EIP improvement matters

“For me, it is about giving people a chance to participate in life. Experiencing a psychotic episode is not a joke and many people do not make it back from that experience. So, if we can improve services incrementally over time, more people will be able to find meaning and purpose after psychosis.” Jason



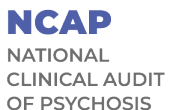
What is the National Clinical Audit of Psychosis (NCAP)?

- We audit early intervention in psychosis services across England, Wales and Ireland against standards.
- We essentially collect data from EIP teams to identify the frequency of when specific services are provided to EIP patients.
- These standards have been coproduced.
- When teams see their performance over time it can help them identify how well they are doing as a service, compare across services which can help drive quality of service provision.



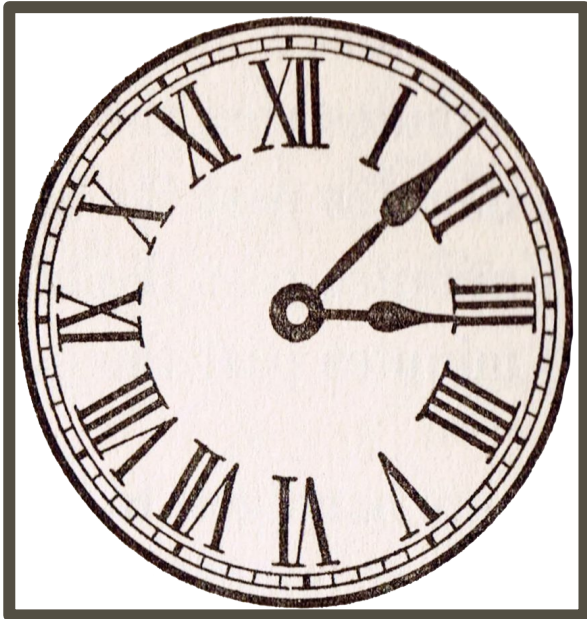
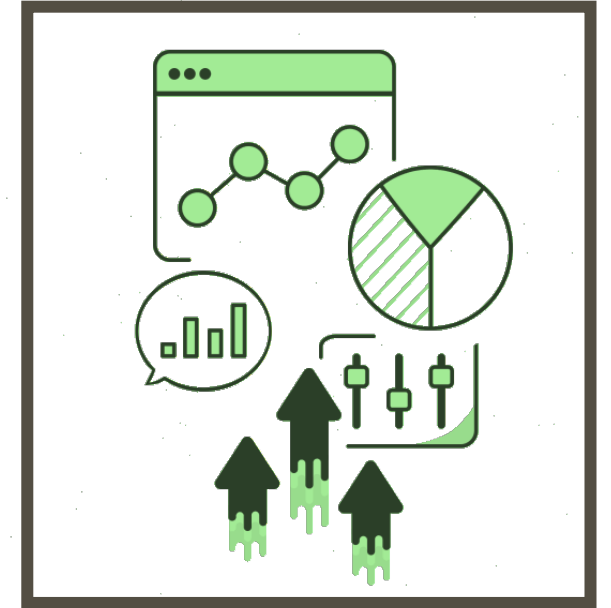
How do we draw on PPI in the NCAP Audit?

- Service user advisor role
 - Has experience of psychosis and of EIP services
 - Attends implementation meetings with project team where decisions are made.
 - Represents own views and the views of the SUCRG of how the audit can measure things important to service users and carers, how to drive quality of data collection and discusses ethical issues.
 - Attends steering group meetings with EIP leads, NHS England, Clinicians and those with lived experience to shape the direction of the audit and to discuss complex decisions.
- Service user and Carer group (SUCRG)
Facilitated by McPin Foundation
 - Monthly meetings to drive momentum and connection
 - All members have experiences of EIP services: 3 service user representatives and 3 carer representatives
 - 2 members attend steering group on a rotational basis
 - Adds additional lived experience perspectives, greater representation of diverse views and adds power and peer support to the service user advisor



The Challenges of Working in the NCAP SUCRG and How we Produced the State of the Nation Report 2024

- Strict criteria for the State of the Nation Report. Only 10 pages, coproduced with clinical advisors, service user advisor, SUCRG, Project team and Steering group.
- Reporting on important data and identifying key recommendations
- There were significant delays in data access which made it difficult to coordinate a report.



- We were presented with audit data across standards for 2023/2024.
- We needed to decide what the most important data to report on were from our lived experience perspectives whilst negotiating clinician, project team and NHS England perspectives.
- We asked for several data cuts to view the data in different ways to help us understand the data.
- We decided important data to report on via discussion and whether services were or were not providing equitable access to services.
- We brought the data to life by identifying why it matters.

Why CYP EIP matters

“Supporting children and young people experiencing psychosis is so important. It starts with awareness – from schools, Universities, GPs – but the next step is timely access to EIP services. Without timely, skilled support, the path to recovery can become far more difficult.” Ros



Why EIP improvement matters



“It’s good to see that Wales is steadily improving on most indicators, but it’s concerning that CBT has gone down that much. It makes me wonder if they’re offering it or not. I wasn’t offered it [CBTp] when I was under the service. It’s about knowing what is available.” Stephen

“Family intervention was a safe space for us all where we could explore issues that were too hard to talk about at home, it helped us to better understand the challenges of living with psychosis. Without it I don’t think we would have made it through the first year.” Ros

Identifying what to report on

Why regional differences matter



“I feel that waiting times should be reduced across the country, enabling us to access appropriate therapies like CBT as soon as possible. Availability of CBT shouldn’t be dependent on where you live and should be offered to as many service users as possible as soon as we need it.” Iona

Why measuring health inequalities matters: “It’s important the audit measures these health inequalities because then service providers can respond by encouraging equitable access to services across those from different intersections.” Veenu



What has it felt like to work for NCAP SUCRG?

It has been a wonderful experience working with the SUCRG. Being able to reflect on my time experiencing a psychotic episode and accessing Early Intervention Service with a group of people who really 'get it', has been transformational in my personal trajectory towards healing.

A hard question to answer as I have had many differing thoughts. At times, I have felt very remote from the "real" work, we have only a limited remit and that is frustrating. I am a bigger picture person and find it hard to be in a box.

In the meetings, I have felt welcomed, listened to and appreciated. This has made them a good experience, particularly with the input of McPin.



HQIP

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NCAP
NATIONAL
CLINICAL AUDIT
OF PSYCHOSIS

This audit report covers England and Wales. There are several key messages and five specific recommendations.

EIP teams are encouraged to:

- Use audit data to inform Quality Improvement (QI) initiatives to improve and counter decline in performance. National Clinical Audit of Psychosis (NCAP) offers QI training support and a learning collaborative to support teams to introduce changes in practice.
- Regularly review routine data documentation and coding to ensure it is accurate and reliable, particularly with the planned shift to routine data collection for Early Intervention in Psychosis (EIP) teams in England and Wales.
- Use coproduction – involve people with lived experience of psychosis and carers in the development, delivery, review and improvement of EIP care.

NHSE and Welsh Assembly are encouraged to:

- Consider including at-risk mental states (ARMS) in future performance metrics to reflect evolving EIP care standards.

The audit identified five recommendations for NHSE/ICBs and Welsh Health Boards to improve EIP care delivery.

1

Focus on sustaining performance; notably around timely access and addressing factors affecting delivery of NICE concordant EIP and ARMS provision across all age groups, particularly Family Intervention (FI) in England, Cognitive Behavioural Therapy for psychosis (CBTp) in Wales and CBT for ARMS in England and Wales.



2

Improve lipid measurement screening in England and referral for blood pressure treatment by an appropriate clinician in response to elevated cardiovascular risk when completing physical health checks in both England and Wales.



3

Routinely use standard nationally agreed outcome measures (DIALOG and ReQoL for Wales; DIALOG, ReQoL and GBO for England) and use of outcome measures data to evaluate EIP outcomes in England and Wales.



4

Continue to record and monitor which interventions get offered to whom. Actively seek to address health inequalities both in offer and take-up related to regional and health board variation, gender, ethnicity or age in both England and Wales.



5

Ensure the National Institute for Health and Care Excellence (NICE) recommended specialist EIP and ARMS interventions and care are available to Children and Young People (CYP) with First Episode Psychosis (FEP) and ARMS (England and Wales).





How to Improve the NCAP SUCRG?

The SUCRG could be improved by having more members. It would also be nice to have an annual event when we bring together the EIP services for a day of reflection and sharing good practice.

Online meetings are convenient and easy but meeting face to face is very valuable, even if once or twice a year. I know it's expensive, but I feel the college should value the improved relationships.



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CLINICAL AUDIT
OF PSYCHOSIS



NCAP in the Future Will Move Towards Routinely Collected Data: Hopes for the Future

...a request not to lose sight of ...the individuals with first episode psychosis and their families that the Early Intervention in Psychosis (EIP) model is supporting when we reduce the discussion down to SNOMED codes, data drops and flows.

Each code entered reflects an important intervention either for individuals or their family members (or both) in this EIP model. The current focus on capturing care activities through codes ...reduces everything, including patient identities, to a set of numbers but we need to keep in mind the people and the interventions that sit behind each code entered....this is not about data but about people and their treatment experiences and outcomes.

~ Prof Jo Smith, Former Clinical Advisor NCAP

Goodbye and Farewell: An End of An Era

Outgoing clinical advisors

(8 years in post):

Prof Jo Smith

Dr Paul French

Outgoing service user advisor

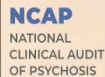
(6.5 years in post):

Dr Veenu Gupta



State of the Nation Report 2024

Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24



Publication date February 2025.



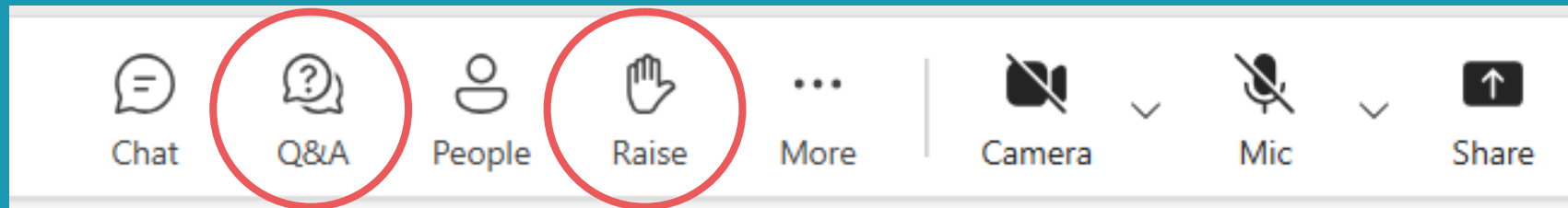
CLINICAL AUDIT HEROES AWARD
WINNERS FOR PPI: NCAP SUCRG THE
STATE OF THE NATION REPORT

Royal College of Psychiatrists (2025) State of the Nation Report: Audit of Early Intervention in Psychosis Provision in England and Wales in 2022/23 and 2023/24. London: Healthcare Quality Improvement Partnership.
https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/ncap-library/state-of-the-nation-report-2024--d4-04022025.pdf?sfvrsn=48c4f7df_5

Q&A for our Winners



Raise your hand and when selected, we will enable your mic and camera so you can take yourself off mute and ask your question



Submit a written
question via Q&A

Evaluation and close



How was this event?



#CAAW25 - Patient & Public Involvement

Take away challenges

How will this Clinical Audit add **value**? How will it support **patient & public involvement**?

What metrics will be utilised to evidence **impact** on improving **patient & public involvement** overtime?

What do we already have that we can utilise differently?

- Are we maximising the impact of participation in current Clinical Audits across pathways & systems?
- How can we make better use of real time integrated data to drive improvements across pathways & systems?



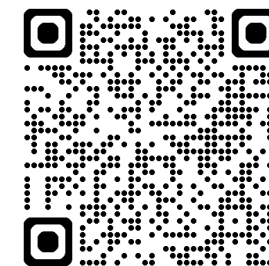
Join tomorrow's lunch and learn!

Date	Mon 2 June	Tues 3 June	Weds 4 June	Thurs 5 June	Fri 6 June
Topic	Patient Safety	Patient & Public Involvement	Healthcare Inequalities	Influencing Change	Efficiencies
Register					

All online, 12:30-13:45

Upcoming Clinical Audit Awareness Week activities

- **SIGN UP for tomorrow's Lunch & Learn on Wed 4 June, 12.30pm – 1.45pm**
Healthcare Inequalities
With key speaker: HQIP's Medical Director, Danny Keenan, and N-QI-CAN
- **SIGN UP for tomorrow's live webinar and Q&A on Wed 4 June, 1.45pm – 2.30pm**
Better cardiovascular care through data
With CVDPREVENT's Dr Peter Green and Liz Corteville; and The King's Fund's Dr Veena Raleigh
- **WATCH A NEW video series release (or the podcast versions) – available on [HQIP's website](#) now!**
Patient Engagement series: Patient Advocacy in Healthcare and Shared Decision Making
With HQIP's Kim Rezel, and members of HQIP's Service User Network
- **READ a new blog – available on [HQIP's website](#) now!**
Listening to marginalised voices in maternity care, helping to reduce health inequalities
- Find out more about all #CAAW25 activities and releases (event recordings, resources, case studies, etc)
Scan the QR code or go to: www.hqip.org.uk/clinical-audit-awareness-week
- For those on social media, please share your **#CAAW25** updates!



Clinical Audit Awareness Week 2025 featuring the Clinical Audit Heroes awards
www.hqip.org.uk/clinical-audit-awareness-week #CAAW25

In collaboration with:



HQIP

Healthcare Quality
Improvement Partnership

Share CAAW activity with us

N-QI-CAN

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 nqi.can1@nhs.net

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 Healthcare Quality
Improvement Partnership