



# CLINICAL AUDIT AWARENESS WEEK 2025


## CELEBRATING OUR CLINICAL AUDIT HEROES!

**HEALTHCARE INEQUALITIES**

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 (H) 	Danny Keenan (HQIP)	Sam Riley (NHSE)	Dr Theresa Barnes (RCP)

All online, 12:30-13:45

## Today's agenda

**1.**  
Introduction



**2.**  
Key speaker



**3.**  
Clinical Audit Hero  
winner announced



**4.**  
Winner  
presentation



**5.**  
Q&A



**6.**  
Evaluation



**7.**  
Close and  
celebrate  
#CAAW25!

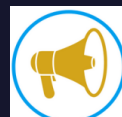


## Introduction

**2024.**



**Bold & Ambitious**



**2025.**



**Value & Impact**



## CAAW – Health Inequalities

The diversity  
and  
difference  
audit and QI  
can make

To be able to ask  
locally in my own  
Trust what we are  
doing for any  
health inequalities

Recognising the  
role of clinical  
audit in  
addressing  
health  
inequalities

Once again -  
excellent  
presentations - lots  
to learn and share  
with my colleagues.  
Thank you very  
much.

I already know a lot on  
Health Inequalities, and  
now I feel more  
confident to use my  
knowledge in a Trust  
using a clinical  
effectiveness approach.

The QI project has a  
lot of transferrable  
learning that I could  
equally apply in the  
area of Falls  
Prevention.

That I need to engage  
with our lead for learning  
disabilities, and also that  
I need to incorporate  
health inequalities  
explicitly in our clinical  
audit strategy.

Key  
involvement  
throughout  
project.

Impact of  
inequality on  
health and life  
expectancy.

An awareness of  
health inequalities  
and how this may  
be evidenced by  
clinical audit and  
quality data  
collection

The scale of the  
differences across the  
spectrum of inequalities  
is much larger than that  
perceived anecdotally  
plus the handling of  
intersectionality issues  
seems a massive  
challenge.

We are all in  
this together  
and together  
we can make a  
difference in  
this complex  
area.

Excellent session - in terms of  
developing action plans,  
trying to identify / adapt  
existing resources (e.g.  
health passport, LD intranet  
information) - realistic  
changes making a big  
difference.

## NHS Review (2024)

**1. Living Longer in Poor Health**

**2. Social Determinants**

**3. Regions & Groups**

**4. Decline in Preventative Measures**

**5. Challenged Health & Care System**

**Physical Health Outcomes**

**Mental Health Outcomes**

**Child & Adolescent Health**

**Older Adult Health**

# Effectively utilising Clinical Audit To Address Health Inequalities

## Improving Blood Pressure Control in Socioeconomically Disadvantaged Populations Through Integrated Primary Care and Community Services

**Aim:** To assess and improve the management of hypertension in patients from deprived areas by addressing social determinants such as access to care, health literacy and lifestyle support

### Criteria:

1. Percentage of of hypertensive patients with controlled blood pressure (<140/90 mmHg)
2. Proportion of patients receiving lifestyle advice (diet, exercise, smoking cessation)
3. Access to follow-up appointments within 4 weeks of diagnosis
4. Referral rates to community support services (e.g., food banks, housing support, exercise programs)

### Data Collection:

- Stratify patients by postcode deprivation index or ethnicity
- Review electronic health records for clinical and social data
- Conduct patient surveys on barriers to care and health literacy

### Improvements:

- Introduce community health navigators to support patients with social needs
- Provide translated educational materials for non-English speakers
- Offer evening/weekend clinics to improve access for working individuals
- Partner with local councils and charities for social prescribing

### Expected Outcomes:

- Improved blood pressure control rates in target populations
- Increased engagement with lifestyle and support services
- Reduced emergency admissions for hypertensive crises
- Better patient satisfaction and self-management confidence

## Challenges

Data & Quality

Engagement & Trust

Capacity

System Collaboration

Commitment to  
Resource Longer Term

Measuring Impact

## Solutions

Improve Data Quality  
& Use

Build Trust &  
Engagement

Support & Train

Partnership Working

Evidence Cost  
Effectiveness

Short Term Processes  
Long Term Outcomes  
Patient Stories

# CAAW – Health Inequalities

## Metrics to evidence Value & Impact

### Clinical Outcomes

- % of patients with controlled blood pressure (e.g., <140/90 mmHg)
- Reduction in emergency admissions for hypertension or related complications
- % of patients with completed care plans that include social needs

### Patient Education and Engagement

- % of patients receiving lifestyle advice (e.g., diet, smoking cessation)
- Patient-reported understanding of their condition and treatment plan
- Health literacy scores (via surveys or assessments)

### Social Determinants and Support

- % of patients screened for social needs (e.g., housing, food insecurity)
- % of patients connected to social prescribing services
- Follow-through rate on social referrals (e.g., attended housing support session)

### Access and Equity

- Appointment attendance rates by deprivation index or ethnicity
- % of patients receiving care within target timeframes (e.g., follow-up within 4 weeks)
- % of patients referred to community or social support services

### Patient Experience and Satisfaction

- Patient satisfaction scores (e.g., via Friends and Family Test or local surveys)
- Qualitative feedback from patients in underserved groups
- % of patients reporting improved quality of life

### Equity Monitoring

- Disparity reduction in outcomes between most and least deprived quintiles
- Ethnic or geographic variation in service uptake and outcomes
- % of staff trained in health inequalities and cultural competence

Track trends overtime

Compare Across  
Groups

Triangulate Qualitative  
Data

Set benchmarks and  
targets

Share Results  
Transparently

Continuous  
Improvement

**System  
Partners -  
Collaborative**



# Key speaker



# Healthcare Quality Improvement Partnership (HQIP)

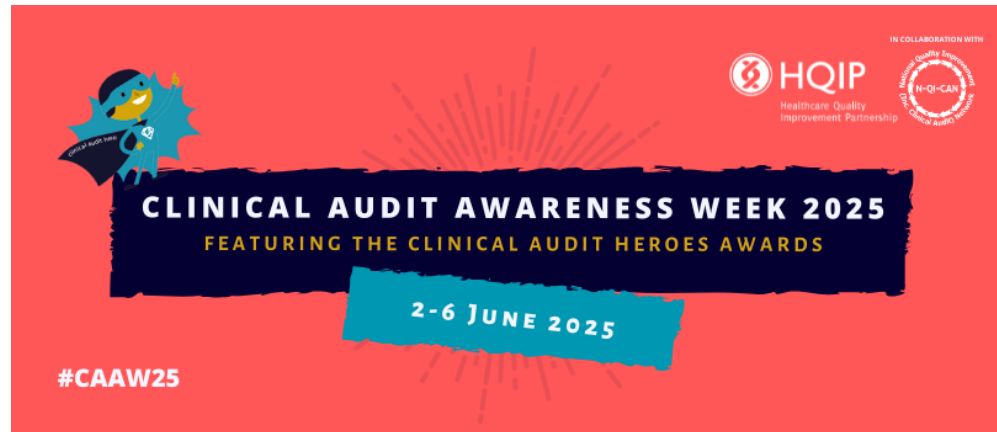
- **Key Speaker: Danny Keenan**

Medical Director

HQIP

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

[www.hqip.org.uk/clinical-audit-awareness-week](http://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](http://www.hqip.org.uk/clinical-audit-awareness-week) #CAAW25

In collaboration with:



**HQIP**

Healthcare Quality  
Improvement Partnership

## UPDATE

- **Reminder from last year's survey**  
(Alice Bradley and Alice Conway)
- **Core 20PLUS5 Update**  
(Thanks to Charlotte Richardson)
- **Blog/Video&Podcast**  
(Danny Keenan and Aoife Molloy)

Blog link: <https://www.hqip.org.uk/resource/health-inequalities-report-hqip/>

Video & Podcast – go to: [www.hqip.org.uk/clinical-audit-awareness-week](http://www.hqip.org.uk/clinical-audit-awareness-week)

Danny Keenan Medical Director

Clinical Audit Awareness Week 2025 (#CAAW25)



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# Health Inequalities 2025

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- **Routine data sets, problems:**
  - Incomplete data
  - Difficulties in categorising and coding ethnicity
  - Multiple ethnicity in individual patients.
- **Bespoke data sets, problems:**
  - Time pressure to enter
  - Accessibility and engagement challenges
  - Consent issues.

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# Health Inequalities 2025

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- **Population data:**
  - Incomplete data for comparison at analytic stage.
- **Costs, analysts**
- **Small numbers problems**

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# Health Inequalities 2025

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- **Stark ethnic inequalities in health in the UK**
- **The MBRRACE-UK report reveals stark ethnic and socioeconomic disparities in maternal mortality**

[Ethnic Health Inequalities in the UK - NHS - Race and Health Observatory](https://www.nhs.uk/race-and-health-observatory)  
[Race and Health Observatory \(nhsrho.org\)](https://www.nhs.uk/race-and-health-observatory)

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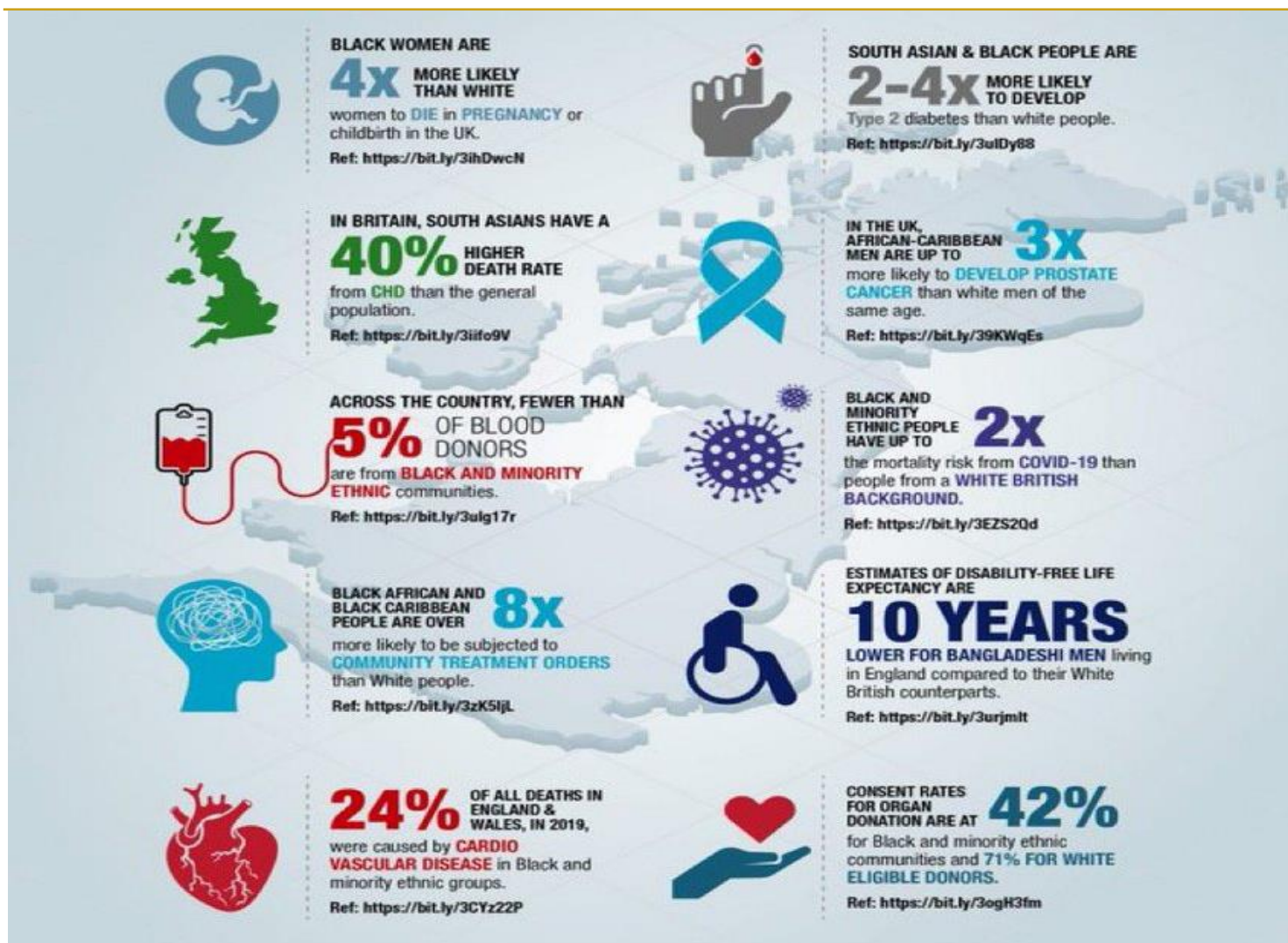
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# Health Inequalities 2025



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# Health Inequalities 2025

- Examined 589 separate contacts with healthcare services
- Professional interpreter use documented for only 27% of contacts
  - 6% in-person
  - 21% LanguageLine
- 50% of contacts lacked any documented interpreting provision
  - 53% routine
  - 36% emergency
- Intrapartum care was particularly challenging, with only 31% of contacts having documented professional interpreter support during critical moments

**No woman received professional interpreting for every contact**

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## Context

Recommendations including:

- Accurate recording of women's/partner's ethnicity, nationality & citizenship status
- Accurate identification/recording of language needs to support personalised care
- National support to help identify & overcome barriers to local, equitable provision of interpretation services
- A UK-wide specification for identifying & recording the number & nature of social risk factors
- Develop & improve user guides for perinatal services
- Develop training & resources for all maternity & neonatal staff, so they can provide culturally & religiously sensitive care for all mothers & babies



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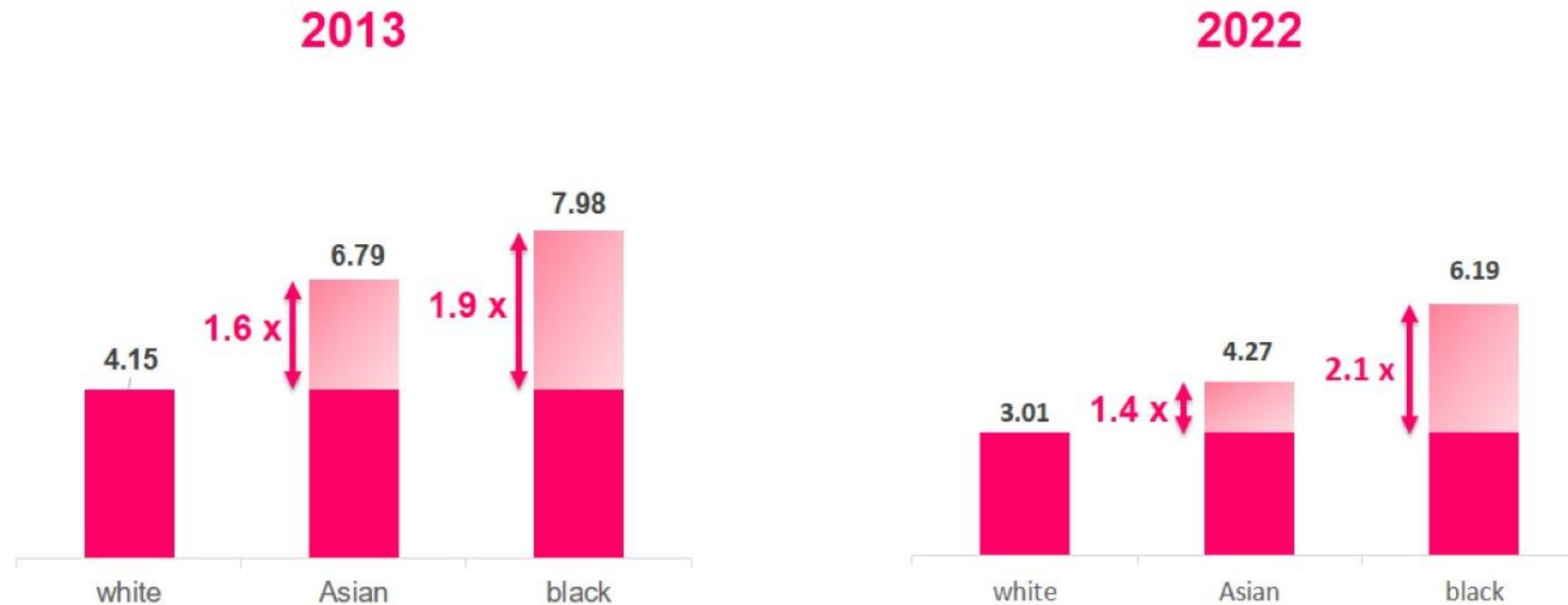


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## Stillbirth rates by ethnicity



Stillbirth rates per 1,000 total births

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## Neonatal mortality rates by ethnicity

2013

2022



Neonatal mortality rates per 1,000 live births

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# Health Inequalities 2025

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- **CVD Prevent:**
  - Asian ethnicity – higher mortality with heart attack
  - Black ethnicity – higher mortality with stroke
  - Black and Asian ethnicity – higher incidence atrial fibrillation in men.
- **Prostate Cancer:**
  - Black ethnicity - higher mortality.
- **Maternity:**
  - Black and Asian ethnicity - mortality higher
  - Black and Asian ethnicity – higher preeclampsia, post-partum haemorrhage, diabetes.

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# Health Inequalities 2025

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- **Paediatric Intensive Care:**
  - All ethnic groups and with deprivation: higher admissions.
- **Epilepsy:**
  - Deprivation- higher incidence.
- **National Inflammatory Arthritis Audit:**
  - All ethnic groups – lower rates of disease remission at 3 months.
- **Type I Diabetes:**
  - Black ethnicity – higher levels of HbA1c
  - All ethnic groups and with deprivation – less insulin pumps and closed loop systems.

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## The INHIBit Programme

### Intervention in Hospital to Improve Behaviour

- Integrate public health principles into healthcare settings to improve health outcomes
- No longer centrally funded but has been taken up locally by ICB etc.

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Clinical Audit Awareness Week 2025 (#CAAW25)



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# Health Inequalities 2025



**The Perinatal Excellence to Reduce Injury in Premature Birth (PERIPrem) project – aiming to reduce brain injury and death caused by preterm birth by at least half.**

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## CORE20 PLUS5

- **Moving on from CORE 20Plus5**
  - Data:
    - Is the data good enough
    - National data will definitely allow us to explore what's behind differences in ethnicity and deprivation
    - However, use of the data we have now will allow focused local approaches to improvement.
- **Data – National; local use**
- **Tackle what we can do locally**

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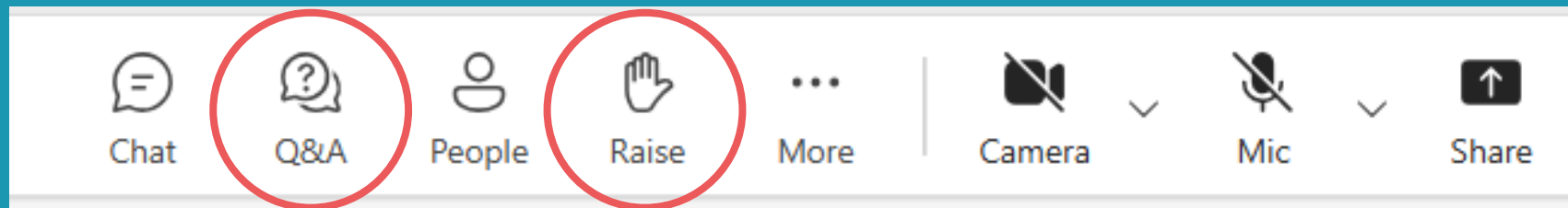
**HQIP** Healthcare Quality Improvement Partnership



## Q&A for our Key Speaker



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...



# Healthcare Inequalities Hero

**Runner-up**

**Charlotte Gatehouse (Start for Life Lead)  
and the Families in Mind Team**

Children and Families Division  
*Hampshire and Isle of Wight Healthcare NHS  
Foundation Trust*



**Project:** Families in Mind – Supporting parents in the transition to parenthood



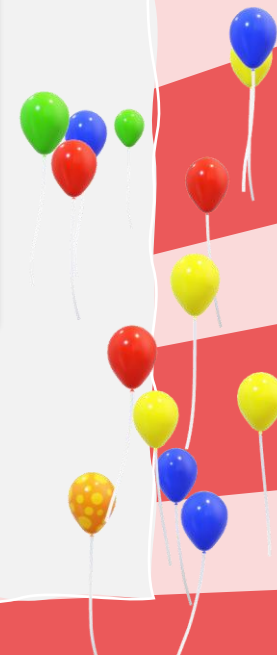
# Healthcare Inequalities Hero

**Winner**

**Nicotine Replacement Therapy QI Team**  
Respiratory Department  
*St Richard's Hospital, Chichester (University  
Hospitals Sussex)*



**Project:** Inpatient Nicotine Replacement  
Therapy QI Project



# Winner presentation



# Clearing the Air: Enhancing the Delivery of Nicotine Replacement Therapy in a District General Hospital

Dr David Lodge

Respiratory Consultant

St Richard's Hospital, Chichester

Healthcare Quality Improvement Partnership awards

June 2025

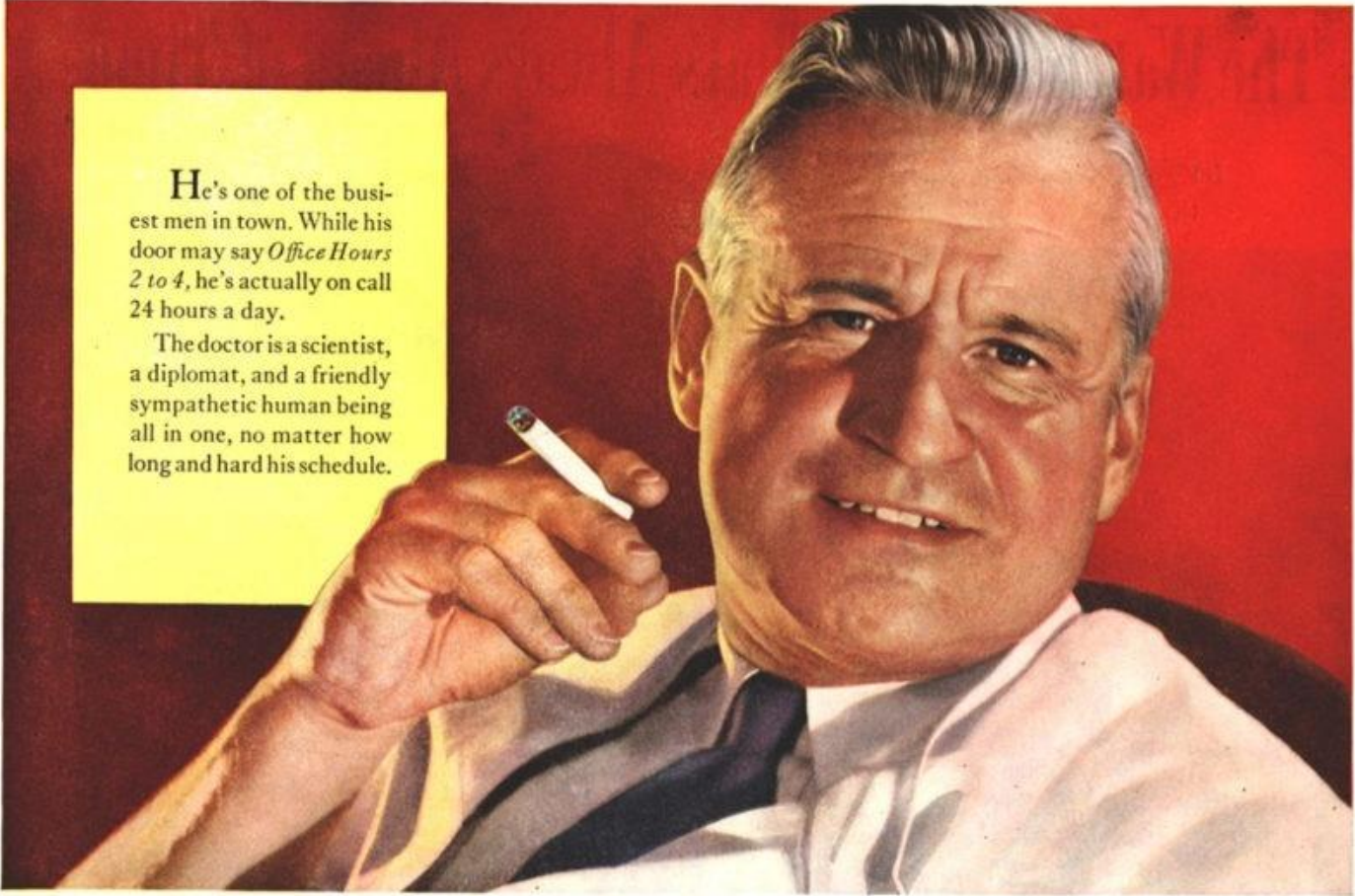




# Disclosures

▶ None





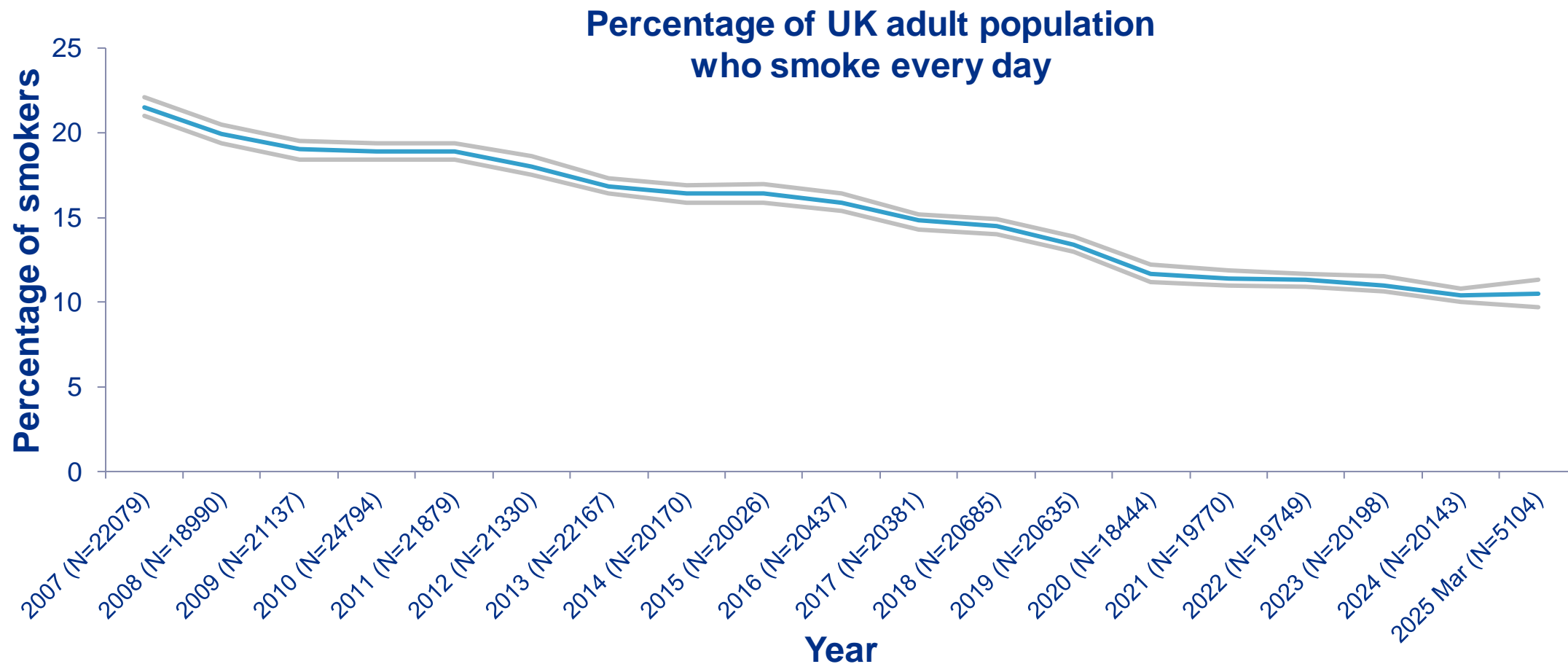
He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.

*According to a recent Nationwide survey:*

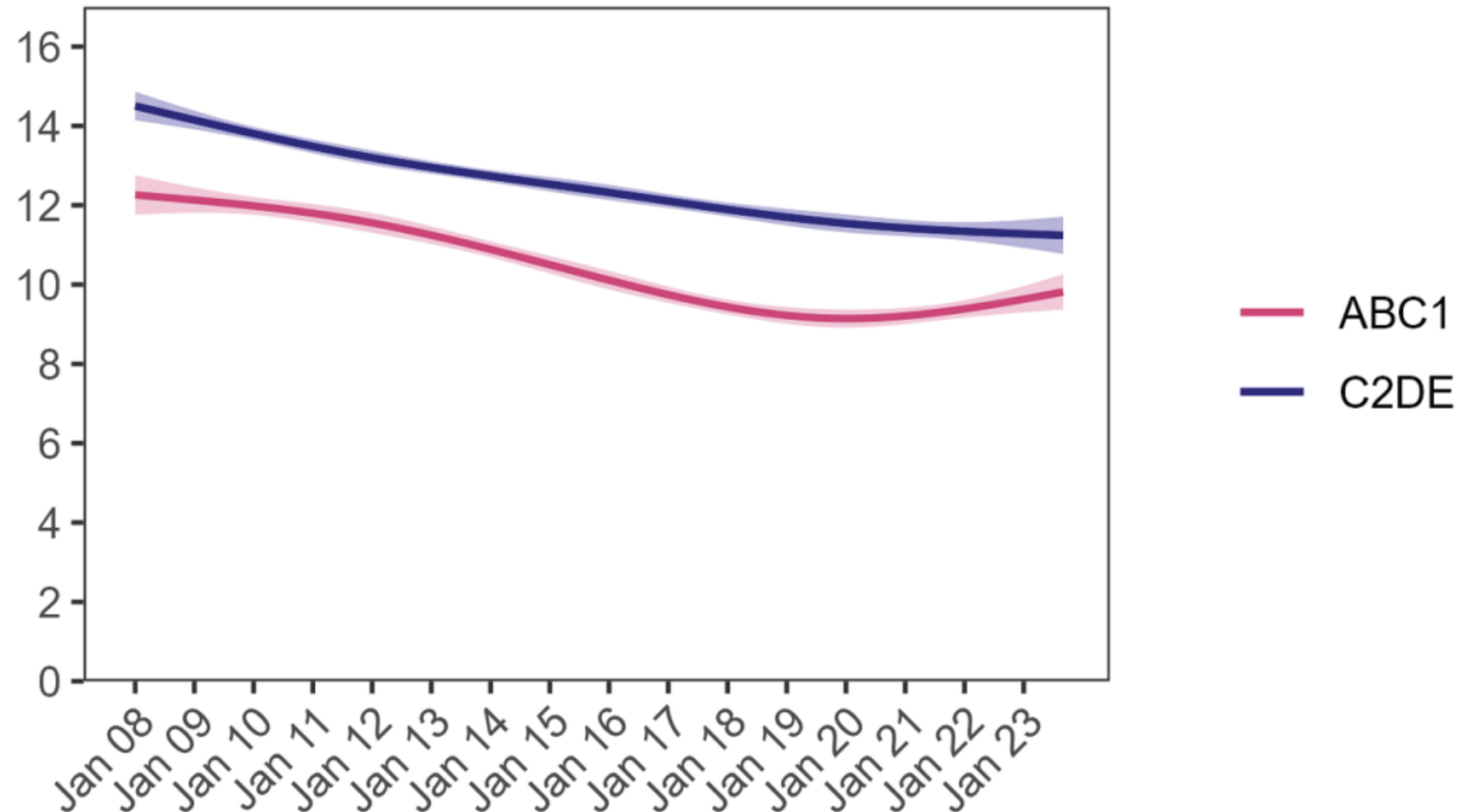
**MORE DOCTORS SMOKE CAMELS**  
**THAN ANY OTHER CIGARETTE**

# 10% of the UK population smoke every day



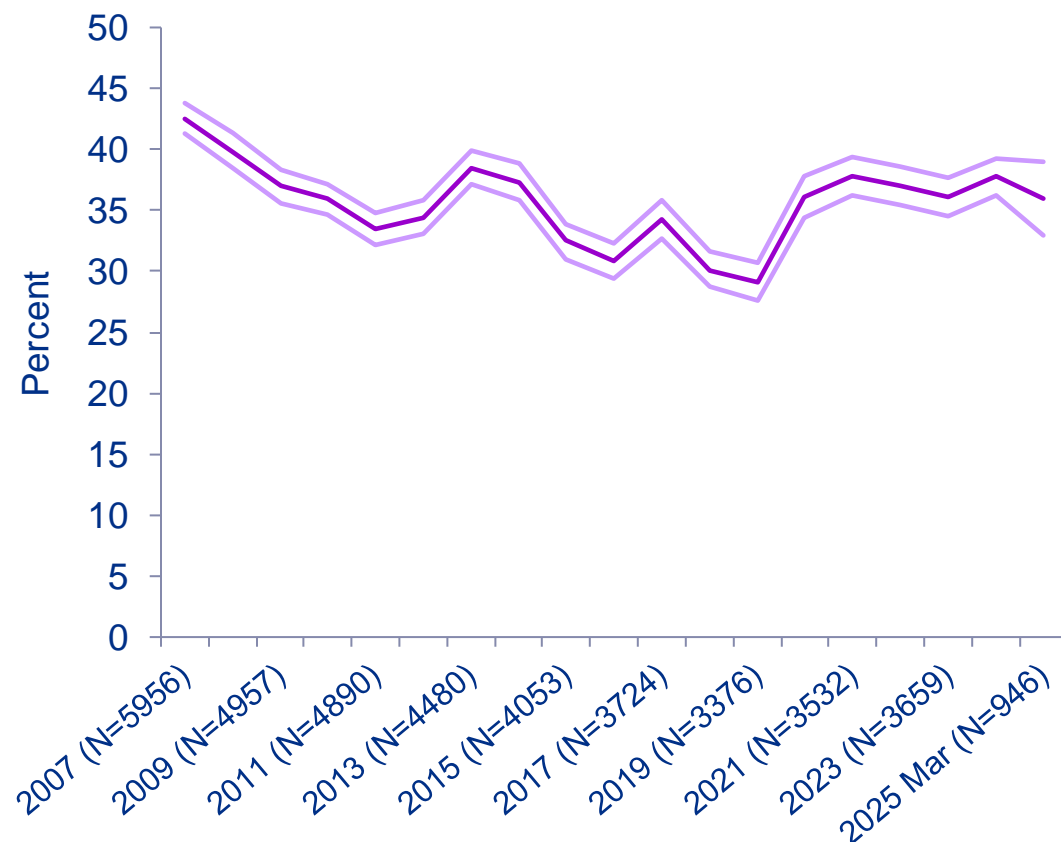
# Higher rates of smoking amongst lower SECs

Daily cigarette consumption by occupational social grade

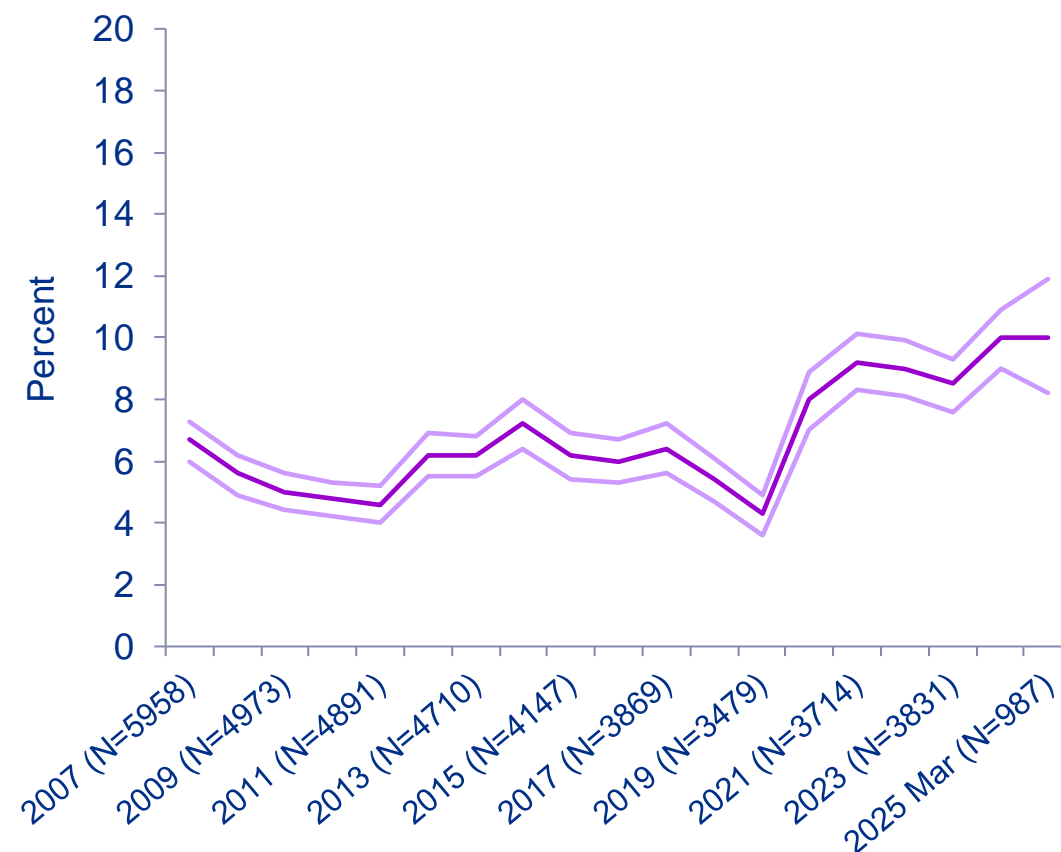


# One third of smokers will try to quit this year

## Tried to quit smoking in the last year



## Stopped smoking in the last year









**QI Project Aim:**  
**to increase the number of inpatients**  
**who are current smokers receiving**  
**Nicotine Replacement Therapy**

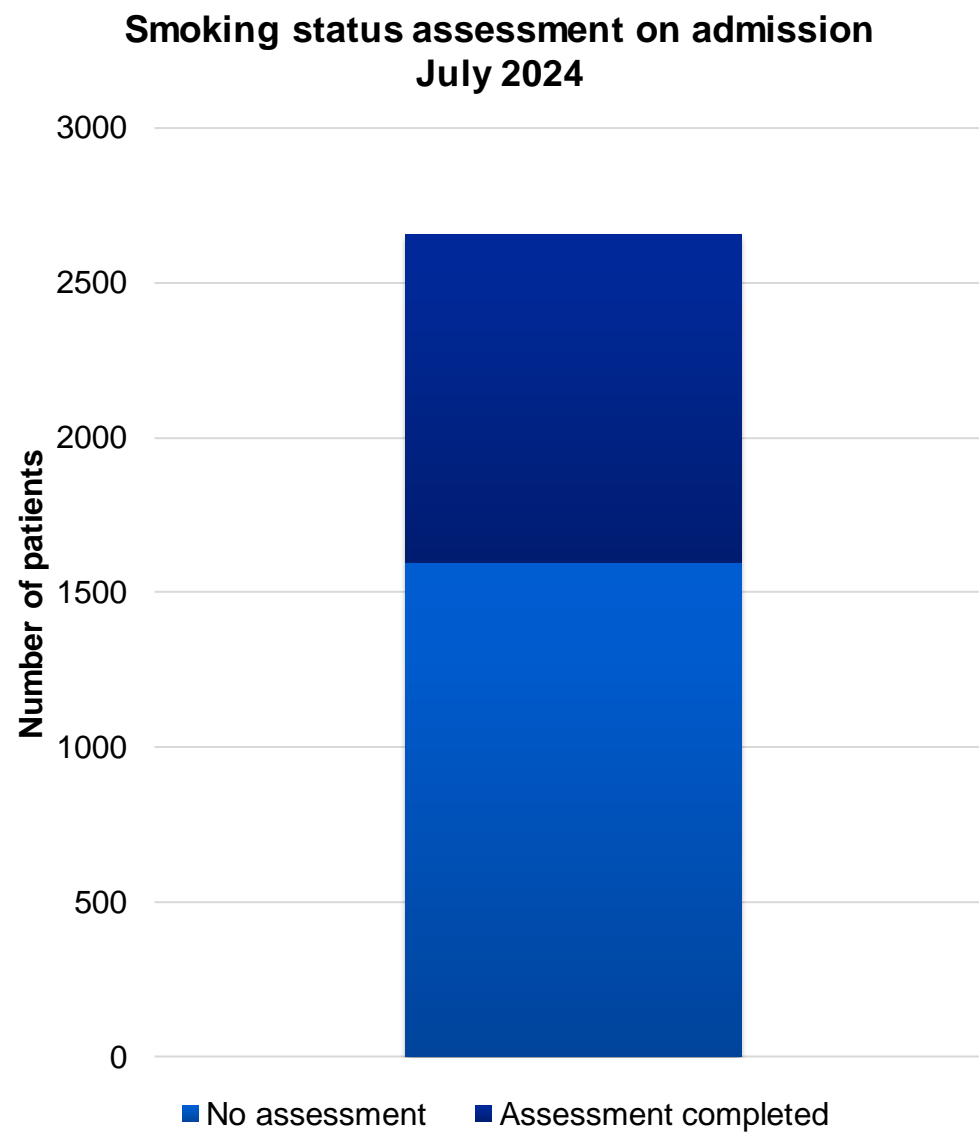




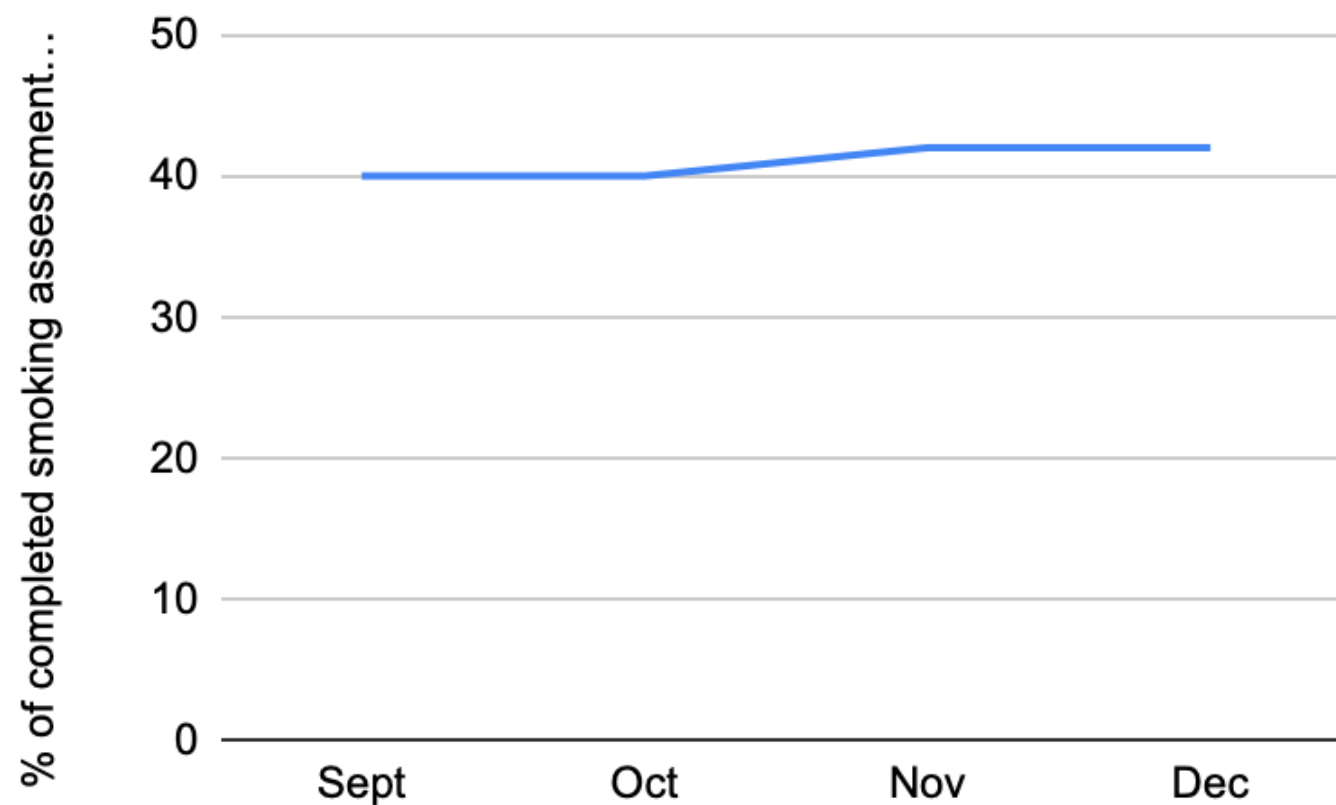




Ask



### 'Ad-hoc' teaching sessions for admitting nurses/HCAs



Ask

Very Brief  
Advice

Document

**\* Do you smoke tobacco?**

Smokers are defined as people who have smoked a cigarette within the last 2 weeks

People who only use vapes/e-cigarettes are classed as non-smokers

☐ Yes

☐ No

☒ Not known - patient did not respond or unable to respond

☐ Unable to assess (reassessment within 24hrs)

## SECTION 2 – ADVISE

**Please give the patient the following advice:**

- Research shows that the best way to quite smoking is with specialist support and medication (Nicotine replacement)
- We are a Smoke Free Hospital Trust. I can't support you to smoke on site, but we can provide you with Nicotine Replacement Therapy (NRT) whilst you are here, to help you manage any withdrawal symptoms.
- Stopping smoking during your hospital stay might be a great opportunity to quit for good. We can get you support while you are in hospital and refer you to smoking cessation services when you are discharged.

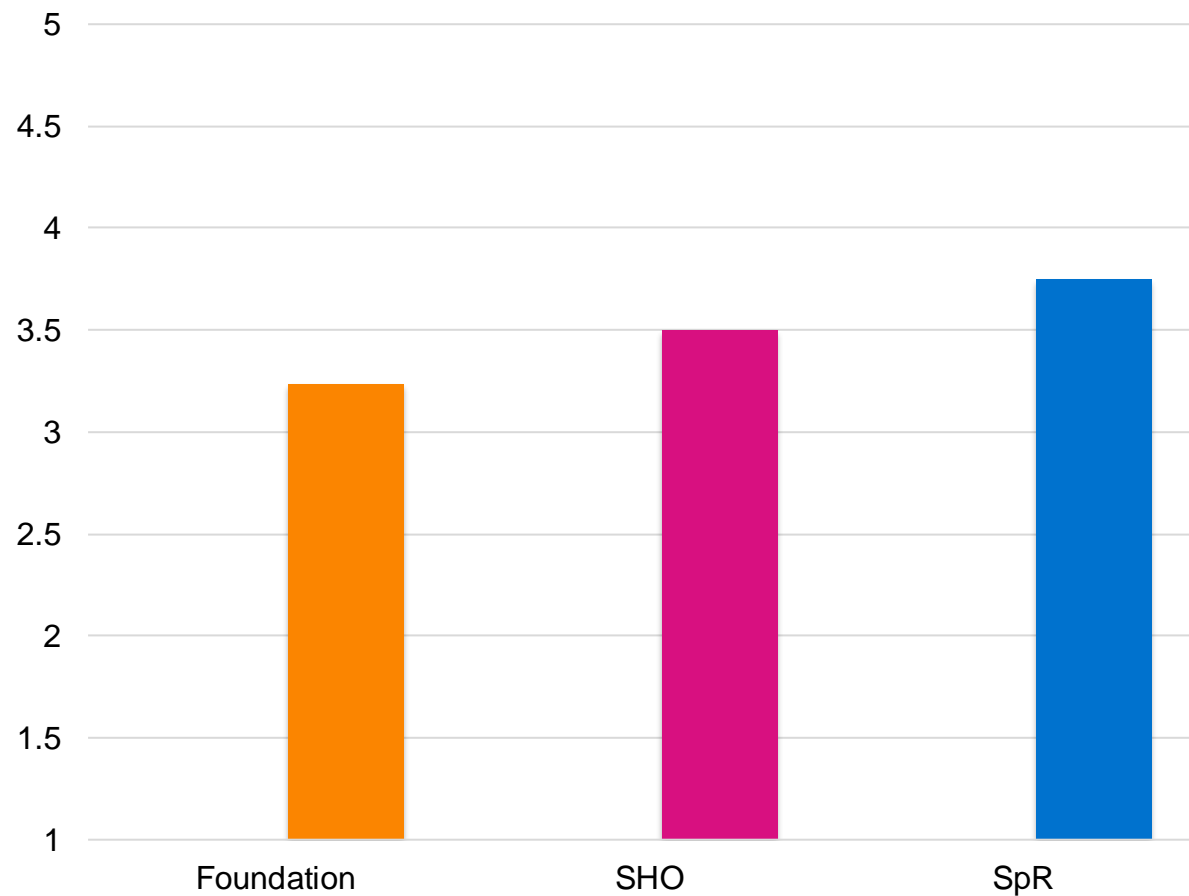
Ask

Very Brief  
Advice

Document

NRT  
prescribed

## How confident do you feel prescribing NRT?



Ask

Very Brief  
Advice

Document

NRT  
prescribed

## NICOTINE REPLACEMENT THERAPY PHARMACOTHERAPY GUIDE

University Hospitals Sussex  
NHS Foundation Trust

<ul style="list-style-type: none"><li>Obtain smoking history (e.g. smoked products, pack year history, patients' importance/motivation to stop)</li><li>If patient would like to stop smoking:<ul style="list-style-type: none"><li>For RSCB patients, complete and submit Bamboo form</li><li>For PRH patients, contact your ward pharmacist</li></ul></li></ul>		Unless contraindicated, prescribe DUAL nicotine replacement therapy to manage cravings as follows: <ul style="list-style-type: none"><li><b>BACKGROUND NICOTINE</b><ul style="list-style-type: none"><li>Prescribe long-acting once a day nicotine patch - see details on <b>ORANGE</b> row</li></ul></li><li><b>IN-BETWEEN CRAVINGS MANAGEMENT</b><ul style="list-style-type: none"><li>Prescribe one or more short-acting nicotine products see details on <b>GREEN</b> rows</li></ul></li></ul>		
Product	Prescription	Instructions for Dispensing/TTO	JAC Code (Pharmacy Use)	Patients' feedback
Nicorette® Nicotinell® PATCH  SPC * Nicorette * Nicotinell	Day time smokers: 25mg per 16 hours (Nicorette®) OR 15mg per 16 hours (if side effects from high strength)  For smokers with morning cravings or waking up at night to smoke: 21mg per 24 hours (Nicotinell®/Niquitin®)  Transdermal absorption	Apply ONE patch onto a clean dry non-hairy area of the skin on the upper arm or upper body <b>ONCE</b> every 16 hours.  Apply ONE patch every 24 hours to a clean, dry, hairless area of skin on the upper arm or upper body. After 24 hours remove existing patch before applying a new patch.	*PAT (change to 16 hours)  *PAT (change to 24 hours)	<ul style="list-style-type: none"><li>Easy to use and discreet</li><li>Takes a while to work - need quick acting product as well</li><li>Not for occasional smokers</li><li>Can irritate the skin and cause itching at patch site</li></ul>
Nicorette® GUM  SPC	2mg, 4mg prn. Up to 15 pieces of gum per day Buccal absorption  **Contraindicated Age<12 years**	Chew the gum until the taste becomes strong, then rest it between the cheek and gum; when the taste starts to fade, repeat this process. One piece of gum lasts for approximately 30 minutes. Do not use more than 15 pieces a day.	*NICO	<ul style="list-style-type: none"><li>Works quickly and easy to regulate dose</li><li>Difficult to use with dentures and may damage them</li><li>Avoid coffee, acidic and soft drinks within 15 minutes</li><li>Throat irritation and indigestion. Slower sucking might help</li></ul>
Nicorette® LOZENGE  SPC	4mg prn. Up to 15 lozenges per day Buccal absorption  **Contraindicated Age<12 years**	Slowly suck ONE lozenge when you feel the urge to smoke but try to use no more than ONE lozenge every 1 or 2 hours when required. Maximum 30 lozenges in 24 hours.	*NICOL	<ul style="list-style-type: none"><li>Discreet and easy to regulate dose</li><li>Must be used correctly, wasted if swallowed. Might take time to work but lasts a long time</li><li>Unpleasant taste - like "ash"</li></ul>
Nicorette® MICROTAB  SPC	2mg prn. Up to 40 tablets per day Sublingual absorption	Place 1 to 2 tablets under your tongue and allow to dissolve. Repeat <b>HOURLY</b> to a maximum of 40 tablets per day. Do not chew or swallow these tablets.	*NICOT	<ul style="list-style-type: none"><li>Discreet and easy to regulate dose</li><li>Keeps hands busy. Looks like a cigarette. Good for "hand to mouth" habit</li><li>Portable</li><li>Loading cartridge can be difficult</li></ul>
Nicorette® INHALATOR  SPC	15mg/cartridge prn. Up to 6 cartridges per day Oronasal absorption Suck with short, shallow puffs for better absorption and to minimise oral irritation  **Contraindicated Age<12 years**	Insert ONE cartridge into the plastic mouthpiece. Inhale through the mouthpiece when required, using a maximum of 6 cartridges per day. Please read the information leaflet provided.	*NICOI	<ul style="list-style-type: none"><li>Really quick acting</li><li>Difficult to open. Strong taste. May cause throat and mouth irritation</li><li>Hiccups are common</li><li>Spraying inside of cheek gives a better effect</li></ul>
Nicorette® MOUTH SPRAY  SPC	1mg-2mg prn. Up to 4 sprays per hour Oronasal absorption Spray inside of cheek for better absorption Prime canister and press firmly  **Contraindicated Age<12 years**	Spray ONE or TWO sprays into the mouth when required. (Maximum: 4 sprays every HOUR)	*NICOMS	

Created by Annet Vaghela Lead Pharmacist for Respiratory & Allergy Services, Brighton and Sussex University Hospitals NHS Trust. Acknowledgement: Integrated Respiratory Team, Withington Health | Created 09/03/2018 Review date 09/03/2021

## Treatment Search

There were 14 drugs found.

Drug

Protocol

Infusion

Insulin

nicotine

Search

Clear

Show all

Help

More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
nicotine 7 mg in 24 hours Patches - Nicotinell TTS 10	Topical	Formulary	View notes	
nicotine 10 mg in 16 hours Patches - Nicorette Invisi	Topical	Formulary	View notes	
nicotine 14 mg in 24 hours Patches - Nicotinell TTS 20	Topical	Formulary	View notes	
nicotine 15 mg in 16 hours Patches - Nicorette Invisi	Topical	Formulary	View notes	
nicotine 21 mg in 24 hours Patches - Nicotinell TTS 30	Topical	Formulary	View notes	
nicotine 25 mg in 16 hours Patches - Nicorette Invisi	Topical	Formulary	View notes	
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
nicotine 2 mg Chewing Gum	Chew	Formulary		
nicotine 4 mg Chewing Gum	Chew	Formulary		
nicotine 1 mg Lozenge	Suck	Formulary		
nicotine 2 mg Lozenge	Suck	Formulary		
nicotine 4 mg Lozenge	Suck	Formulary		
nicotine 500 micrograms per metered dose Nasal Spray	Nostril, either	Formulary		



Ask

Very Brief  
Advice

Document

NRT  
prescribed

### Treatment Search

There were 3 protocols found.

Drug

**Protocol**

Infusion

Insulin

nicotine

Search

[Clear](#)

[Show all](#)

[Help](#)

[More search options](#)

Treatment Protocol Name

Components

Route

Formulary Status

Drug Notes

Comments

PRIORITY PROTOCOLS

NON-PRIORITY PROTOCOLS

Nicotine Replacement Therapy - day  
time smokers 25mg patch  
(Normal Protocol)

NICOTINE 25 MG IN 16 HOURS PATCHES - ...  
NICOTINE REPLACEMENT THERAPY - PRN

Topical

Formulary  
Formulary

View notes

Nicotine Replacement Therapy -  
morning and night cravings  
(Normal Protocol)

NICOTINE 21 MG IN 24 HOURS PATCHES - ...  
NICOTINE REPLACEMENT THERAPY - PRN

Topical

Formulary  
Formulary

View notes

Nicotine Replacement Therapy - PRN  
(Single Selection Protocol)

NICOTINE INHALATOR 15 MG INHALATIO...  
NICOTINE QUICKMIST 1 MG PER METERE...

Inhaled

Formulary  
Formulary

Oral spray

NON-PRIORITY PROTOCOLS

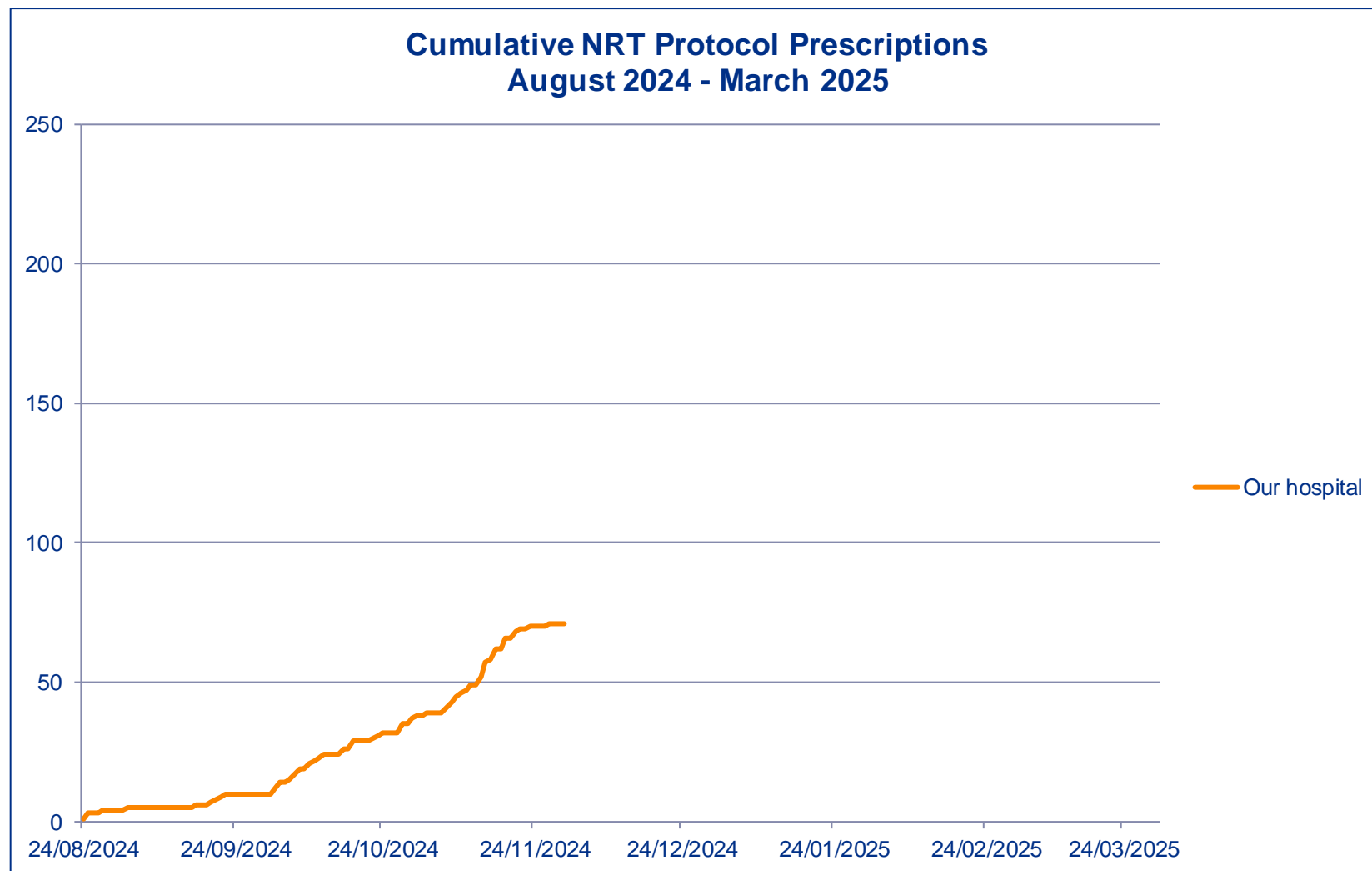
HIGH ALERT PROTOCOLS

Ask

Very Brief  
Advice

Document

NRT  
prescribed

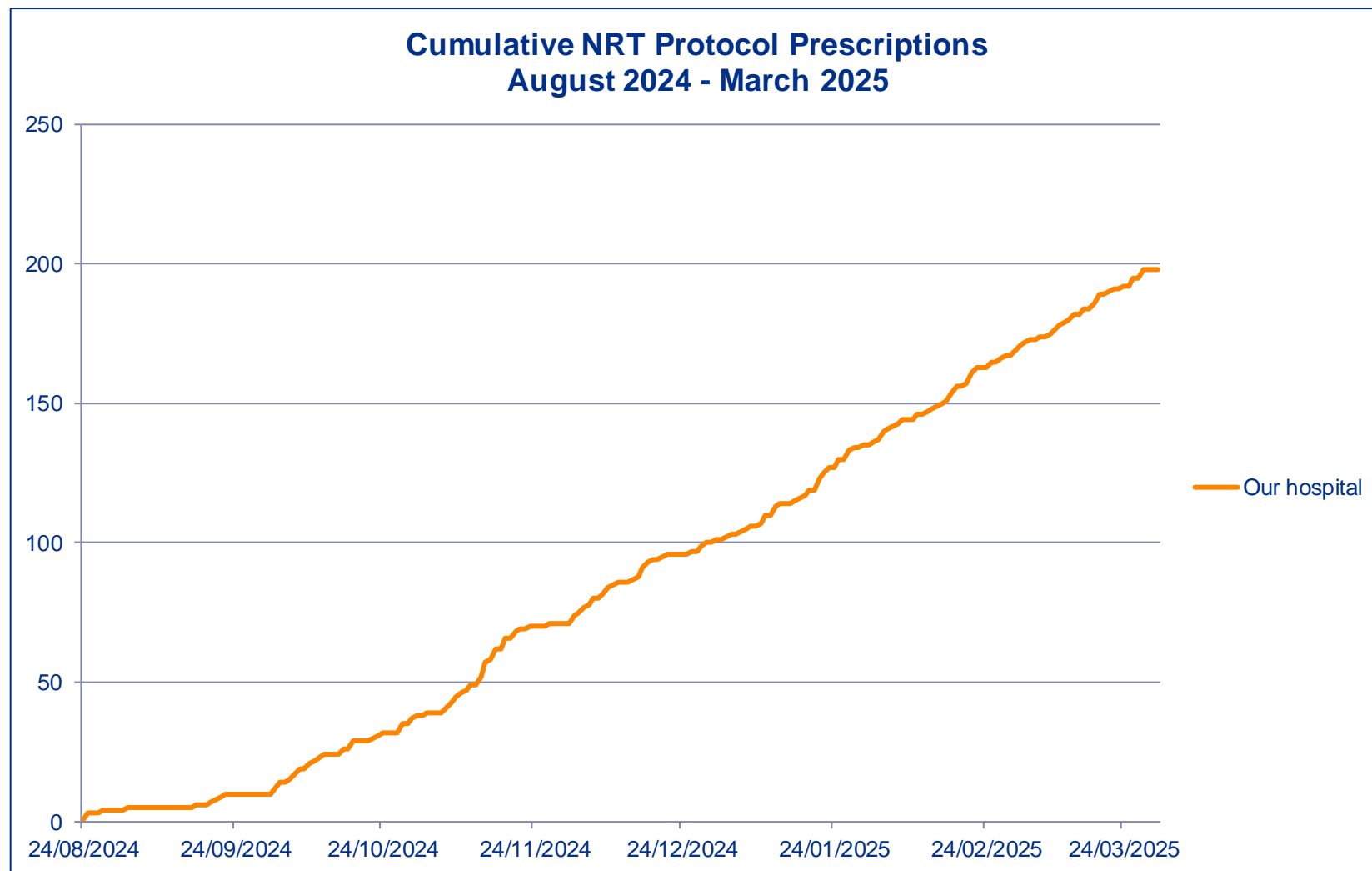


Ask

Very Brief  
Advice

Document

NRT  
prescribed

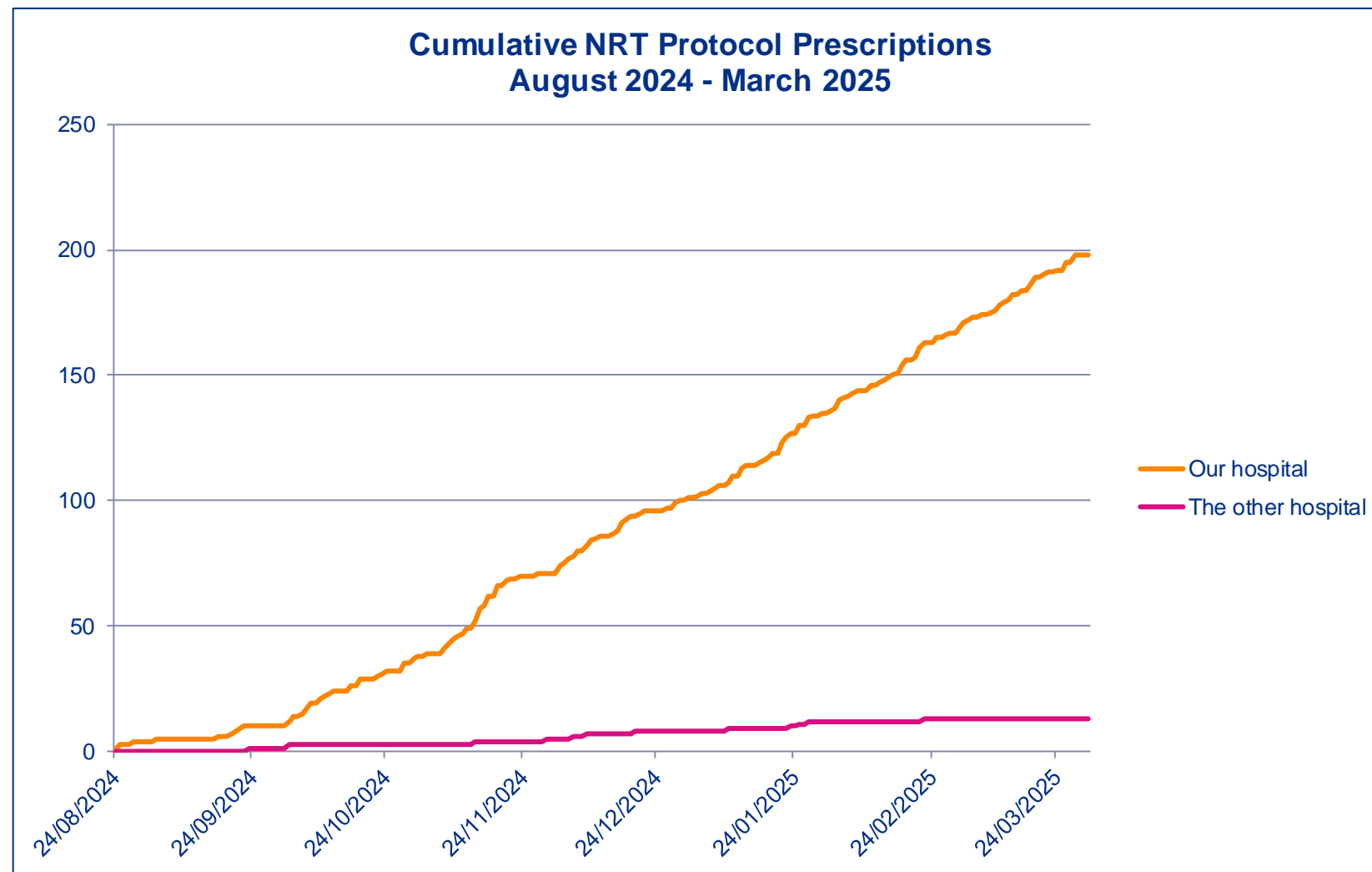


Ask

Very Brief  
Advice

Document

NRT  
prescribed



Ask

Very Brief  
Advice

Document

NRT  
prescribed

NRT given



Ask

Very Brief  
Advice

Document

NRT  
prescribed

NRT given

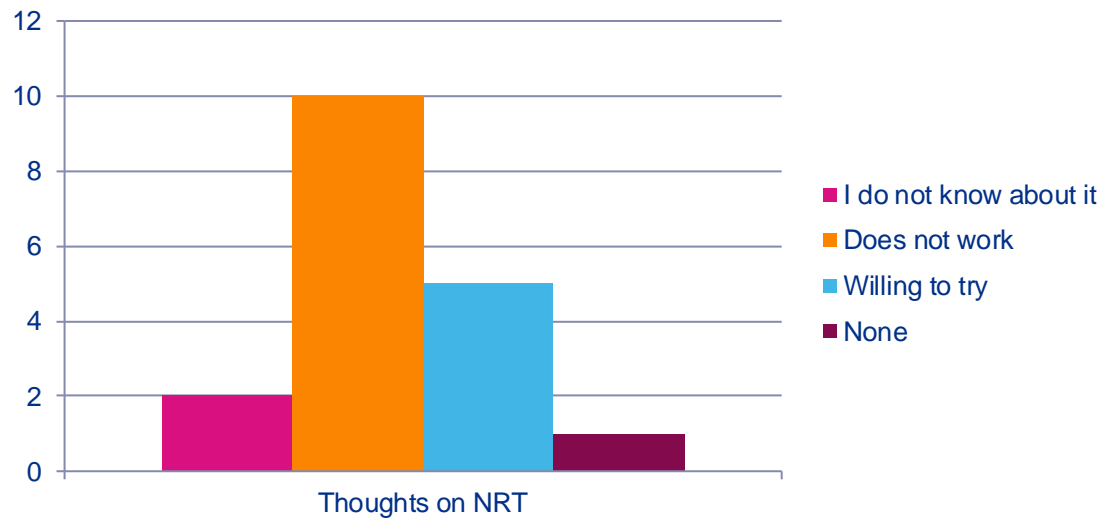
TDA



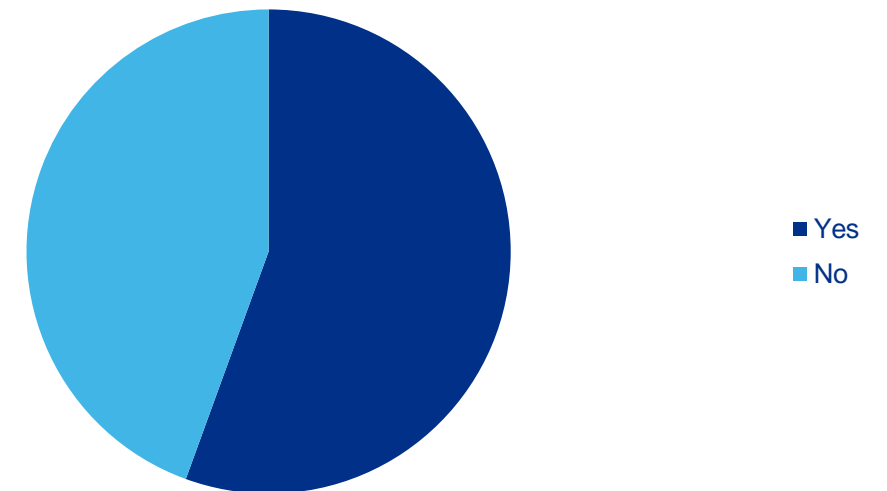


# Patient co-design

## What are your thoughts about Nicotine Replacement Therapy?

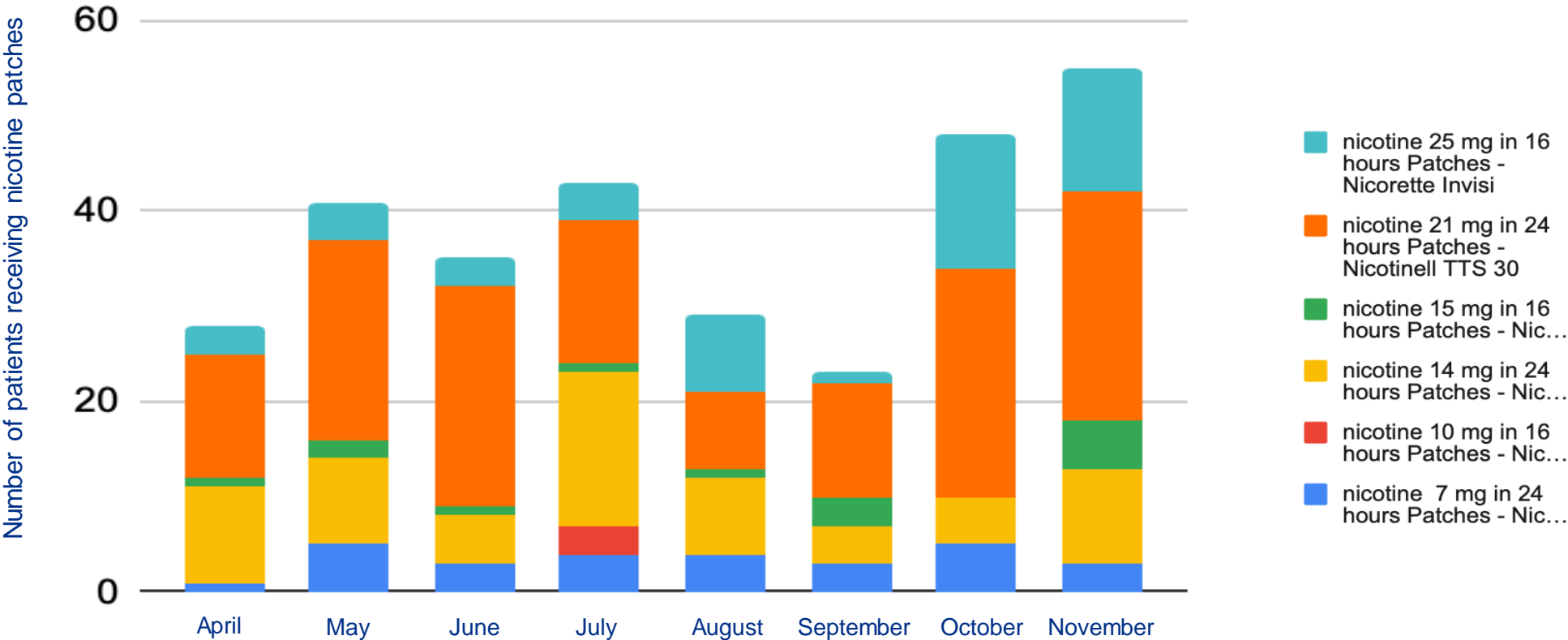


## Are you aware of the smoking cessation resources available to you?



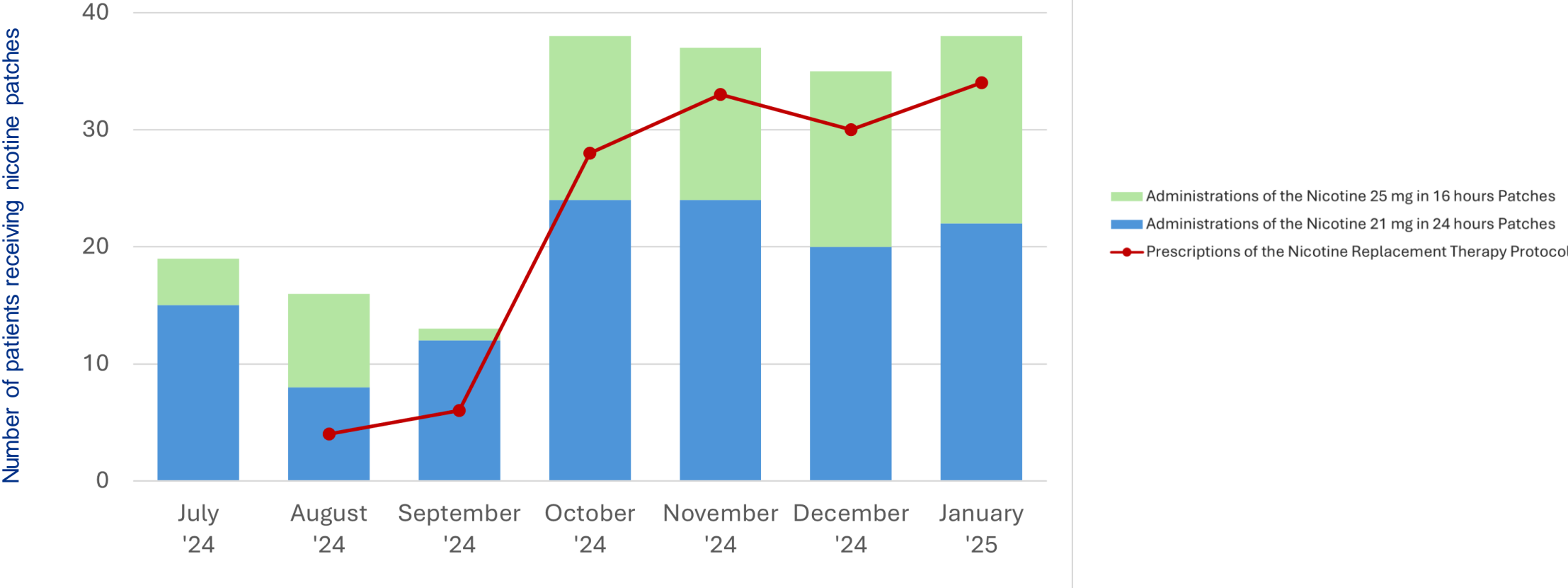


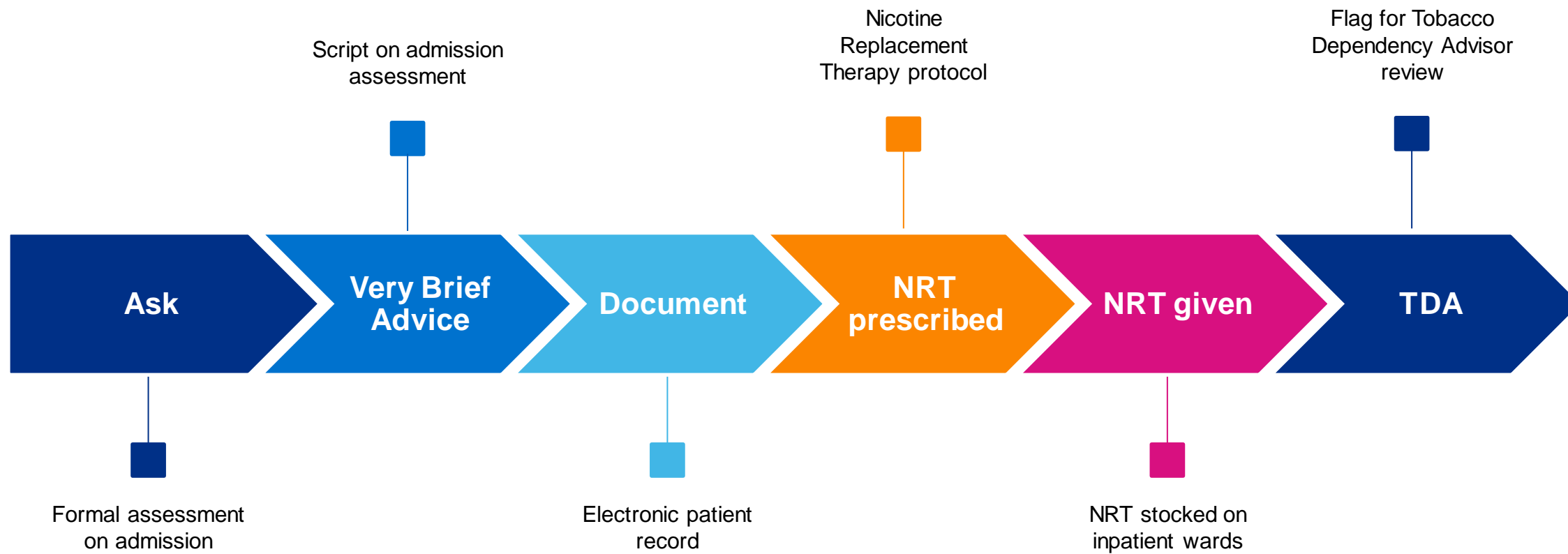
Number of inpatients who received nicotine patches during their admission  
April - November 2024





Number of inpatients receiving high-dose nicotine patches





# Conclusions

- ▶ Smokers want to quit
- ▶ Process map
- ▶ Data for improvement
- ▶ Incentives change behaviour
- ▶ Multidisciplinary team



# The team

## ▶ Doctors

- ▶ David Lodge – Respiratory Consultant
- ▶ Heritage Oluwarounke – IMT2
- ▶ Phoebe Morgan – SHO
- ▶ Pallavi Bhatia – F2
- ▶ Raeann Campbell – Trust-grade
- ▶ Pavithira Sivagangan – F1
- ▶ Justin Wilson – F1
- ▶ Ridhwan Haque – F1
- ▶ Emily Robinson – F1

## ▶ Nurses

- ▶ Andrea Barnes – Respiratory Nurse Specialist
- ▶ Angela Williamson – Respiratory Nurse Specialist
- ▶ Becky Eldridge - Respiratory Nurse Specialist

## ▶ Pharmacy

- ▶ Mairead O'Malley - Trust Clinical Pharmacy Lead
- ▶ Michelle Greer - Pharmacy Technician and Assistant Team Lead, Clinical
- ▶ Nicky Cornford – Specialist Pharmacy Technician
- ▶ Paul Pillai – EPMA Application Manager

## ▶ Tobacco Dependency

- ▶ Janice Britz - Tobacco Dependency Programme Manager
- ▶ Cara Henwood - Tobacco Dependency Programme Manager
- ▶ Georgina Yeo - Tobacco Dependency Programme Manager
- ▶ Osaore Ogbomo-Osifo – Tobacco Dependency Advisor, SRH






# Further reading

BTS Clinical Statement

## Medical management of inpatients with tobacco dependency

Sanjay Agrawal <sup>1</sup>, Matthew Evison,<sup>2,3</sup> Sachin Ananth,<sup>4</sup> Duncan Fullerton,<sup>5</sup>  
Helen McDill,<sup>6</sup> Melanie Perry,<sup>7</sup> Jacqueline Pollington,<sup>8</sup> Louise Restrict,<sup>9</sup>  
Elspeth Spencer,<sup>10</sup> Ameet Vaghela<sup>11</sup>



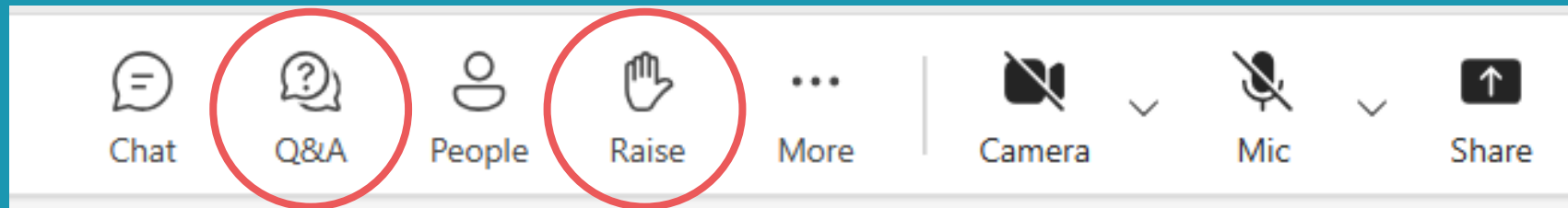
# Thank you

Dr David Lodge  
Respiratory Consultant  
St Richard's Hospital, Chichester  
[david.lodge2@nhs.net](mailto:david.lodge2@nhs.net)

## Q&A for our Winner

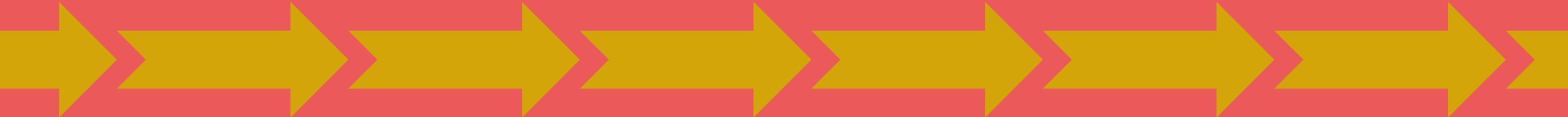


Raise your hand and when selected, we will enable your mic and camera so you can take yourself off mute and ask your question



Submit a written  
question via Q&A

# Evaluation and close



## How was this event?



## #CAAW25 –Health Inequalities

### Take away challenges

How will this Clinical Audit add **value**? How will it support **patient outcomes and address health inequalities**?

What metrics will be utilised to evidence **impact** on improving **patient outcomes and address health inequalities** 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?





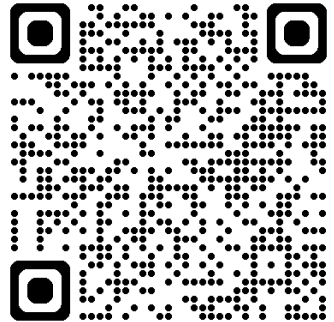
## Join tomorrow's lunch and learn!

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 Thur 5 June, 12.30pm – 1.45pm**  
**Influencing Change**  
With key speaker: NHS England's Sam Riley, N-QI-CAN, and HQIP's Clare Fountain
- **SIGN UP for tomorrow's live webinar and Q&A on Thur 5 June, 2.15pm – 3.00pm**  
**Data-Driven Improvements in Maternity Care: A Regional Medical Director's Perspective**  
With NHS England's Dr Edward Morris CBE FRCOG and HQIP's Tina Strack
- **READ blogs and case studies – available on [HQIP's website](https://www.hqip.org.uk) now!**  
**Blog: NATCAN's healthcare inequalities in prostate cancer**  
**Case study: Embedding Health Inequality Assessment within Routine Clinical Audit (West Suffolk NHS)**  
**Case study: 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](https://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](https://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

 [future.nhs.uk/NQICAN](https://future.nhs.uk/NQICAN)

 [nqican.org.uk](https://nqican.org.uk)

 [nqi.can1@nhs.net](mailto:nqi.can1@nhs.net)

### HQIP

 [@HQIP](https://twitter.com/HQIP)

 [hqip.org.uk](https://hqip.org.uk)

 [communications@hqip.org.uk](mailto:communications@hqip.org.uk)

 Healthcare Quality  
Improvement Partnership