HQIP
Healthcare Quality Improvement Partnership

National Quality Improvement (Inc. Clinical Audit) Network
N-QI-CAN

#CAAW25

CLINICAL AUDIT AWARENESS WEEK 2025

CELEBRATING OUR CLINICAL AUDIT HEROES!

INFLUENCING CHANGE

12:30-13:45

#CAAW25

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	Hest… (N…	Kim … (H…	Dann… …an (H…	Sam Riley (NHSE)	Dr Theresa Barnes (RCP)

All online, 12:30-13:45

#CAAW25

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!

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#CAAW25

CAAW – Influencing Change

Engagement with staff and frequent data results to compound improvements

Use audit to inform the qi projects

Knowledge of HQIP and Making Data Count and the resources and training they have available.

Good to reflect on the importance of qualitative data in complementing quantitative data.

Measuring data continuously is key and engaging teams is crucial to sustained improvement

Great examples of how clinical audit can influence change and drive improvement. Well put together presentations and well presented.

Great clinical audits showing clear improvements.

Inspiration to get better at pulling together good work and share it

More frequent audit of data sets. identifying small sustainable wins.

Engagemen t and data counts

That clinical audit should not be in a silo, but integrated with the work of other departments such as quality improvement to work together to achieve best outcomes for patients.

Share examples of plotting the dots in clinical audit with Sam Riley's team

If HCPs find the patient pathway / journey difficult to navigate - how do patients manage? Importance of identifying "unintended consequences" (balancing measures") in measurement / QI work

Setting achievable interim targets, supporting team motivation through use of data and keeping momentum though regular meetings are useful practices.

The range tools available through the Futures portal is very useful as a resource.

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#CAAW25

CAAW – Influencing Change

✅ **Data and intelligence at the heart of system reform**

✅ Meaningful change must be grounded in accurate, timely, and transparent information

Bold & Ambitious

✅ **Data-Driven Reform**: Uses audit data to guide change
✅ **Workforce Empowerment**: Involves staff in quality improvement
✅ **Integrated Care**: Focuses on cross-boundary coordination
✅ **Patient-Centredness**: Incorporates patient experience

Value & Impact

HQIP

Healthcare Quality Improvement Partnership (HQIP)

- **Clare Fountain**

  Associate Director of Healthcare Quality Improvement

  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

Influencing change entries 2025

	Examples
Evidence-informed care	• STOMP: reduced inappropriate prescribing, informed national guidance • Bolton: palliative audit saved 1,000+ bed days, improved care planning • CWPT: staff-led audit cut tranquilisation by 50%, restraint by 43%
From national to local	• UCLH: NACEL + local audit drove trust-wide end-of-life care change • NPDA: dashboards targeting variation and inequality
Patient-centred care	• MSIUK: 100% local anaesthetic offer, halved IUD pain reports • HHFT: improved dignity, skin integrity, and reduced waste
Driving innovation	• ESNEFT: digital Long Covid rehab, £8.55 ROI per £1 • Hydrocephalus: sensors reduced admissions and exposure

Making a difference through Clinical Audit

Structured	Clear, evidence-based standards
Reducing variation	Supports both service design and clinical reflective practice
Collaborative	Led by clinical teams
Cyclical	Drives action and re-measurement
Adaptable	Works across all settings and scales
Innovative	Enables digital and value-based models of care
Impactful	Delivers measurable, real-world results

Key speaker

Adding life to years

How clinical audit can drive healthier, longer lives

Sam Riley, Director of Making Data Count

5 June 2025

“The NHS is in serious trouble”

Lord Ara Darzi

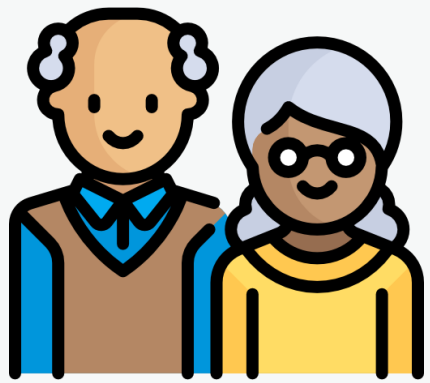
1. Re-engage staff and empower patients
2. Shift care closer to home
3. Simplify and innovate care delivery
4. Enhance productivity

NHS 10 year plan

The **NHS 10-Year Plan** is a strategic initiative aimed at addressing the challenges facing the NHS, particularly those exacerbated by the COVID-19 pandemic. Key points include:

- The plan is se and will focus on **three major shifts**: r mmunity settings, enhancing prev se of digital technology. 2
- The development of this plan b n with a national conversation initiated in **October 2024** to gather publi out on the futur the NHS. 1
- It aims to respond to long-term r **ging population** and rising rates of chronic con
  This plan represents a significa sform the NHS and improve healthcare delivery in England.

4 Sources



National priorities

National priorities and success measures for 2025/26

Priority	Success measure
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[2]
	Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
	Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

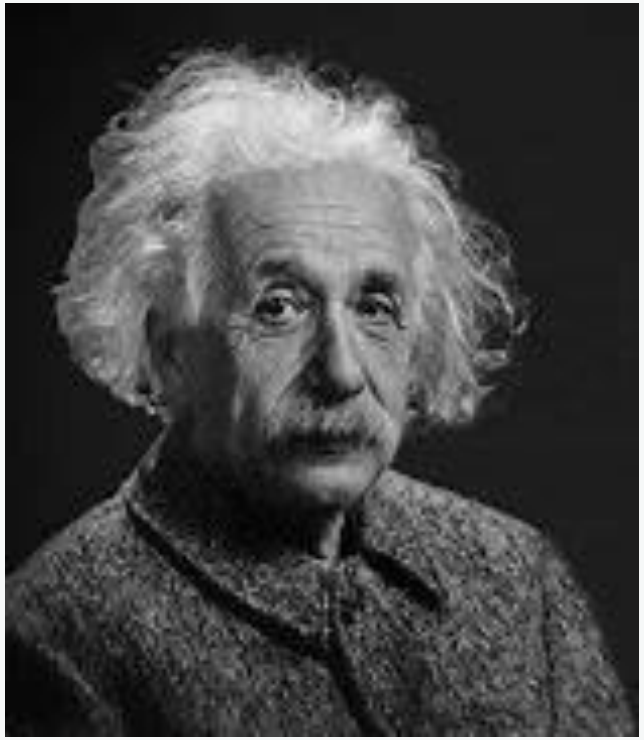
[NHS England » Draft NHS Performance Assessment Framework]

Managing long term conditions

Metric	Organisations to which the metric relates
Percentage of hypertension patients treated to target	Integrated care boards
Percentage of diabetes patients to receive all eight care processes	Integrated care boards

Shift towards prevention

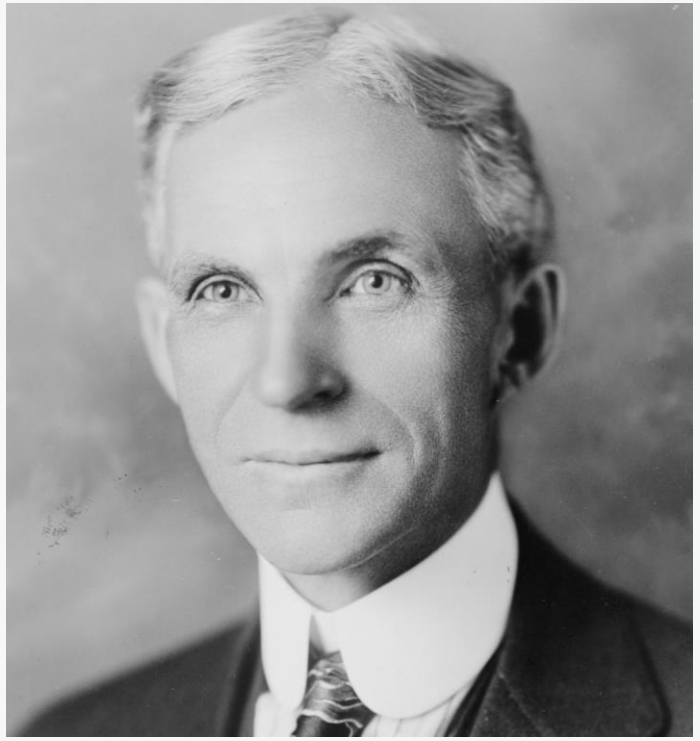
[2025/26 priorities and operational planning guidance]



Albert Einstein

If you always do what you've always done, you'll always get what you've always got

Insanity is doing the same thing over and over and expecting different results



Henry Ford

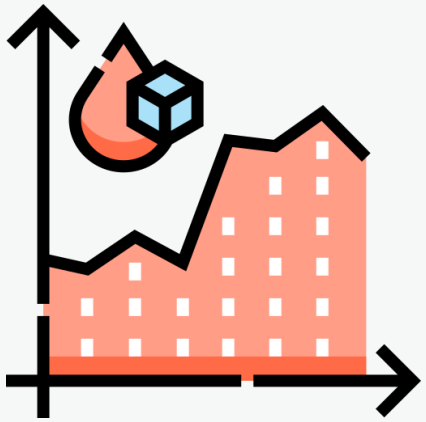
A story…….

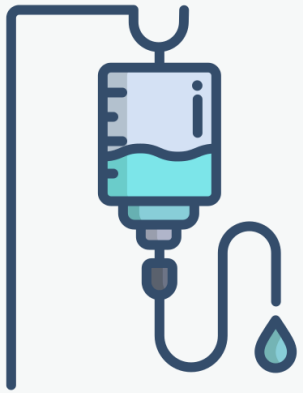
Introducing Amit

Hello – nice to meet you

Amit has diabetes

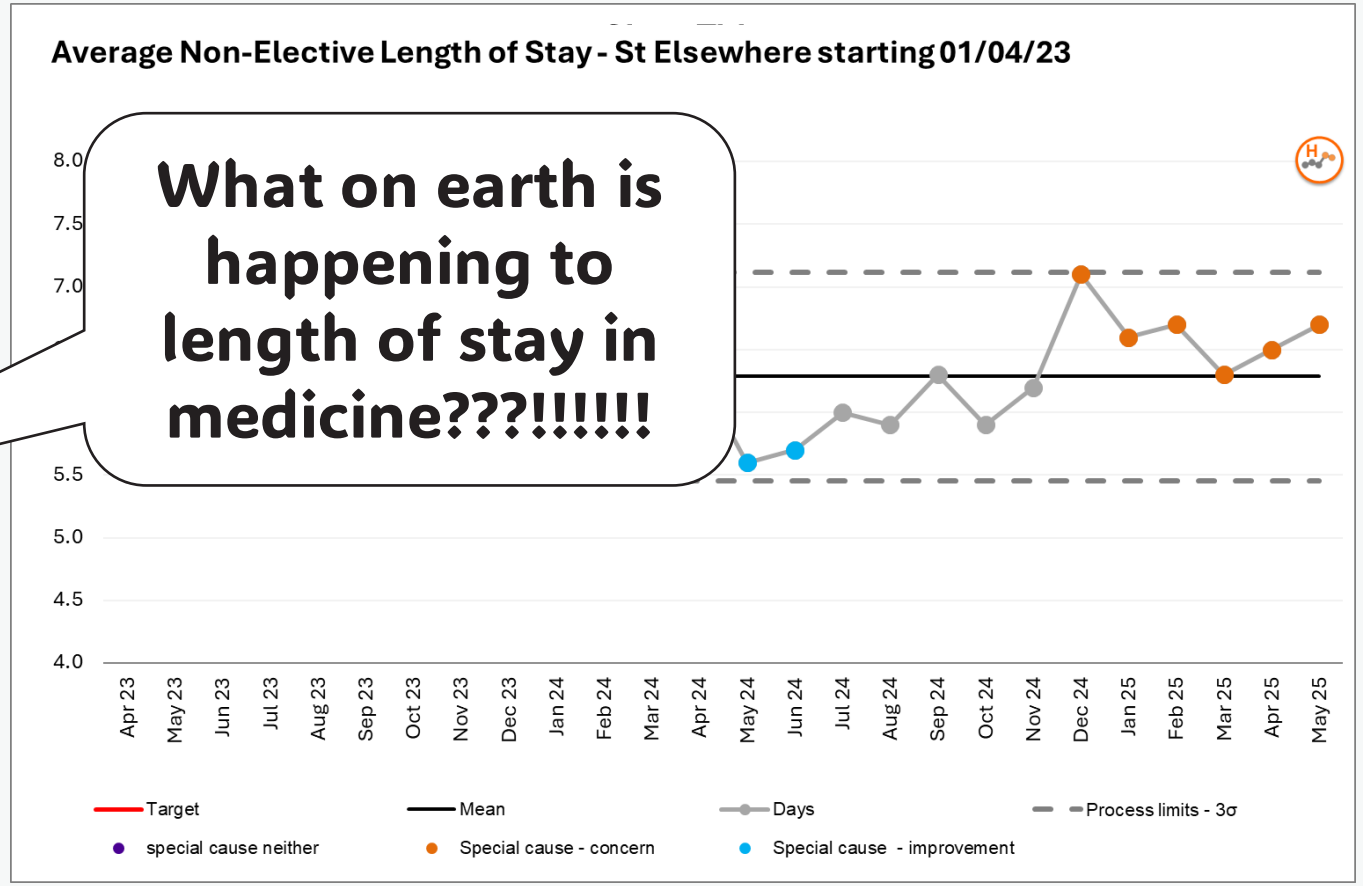
- 43 health related appointments last year
- Overweight and lethargic
- Depressed and socially isolated
- 3 hospital admissions in the last year





There's a problem at St Elsewhere NHS Trust

CEO – Hugh G. Overhead



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Trust NEL LoS	May 25	6.7	-			6.3	5.5	7.1
Surgery Division NEL LoS	May 25	6.0	-			6.0	5.5	6.5
Medicine Division NEL LoS	May 25	8.0	-			7.5	6.5	8.5
Womens & Children Division NEL LoS	May 25	5.3	-			5.4	4.8	6.0

Staff are concerned on Ward 7

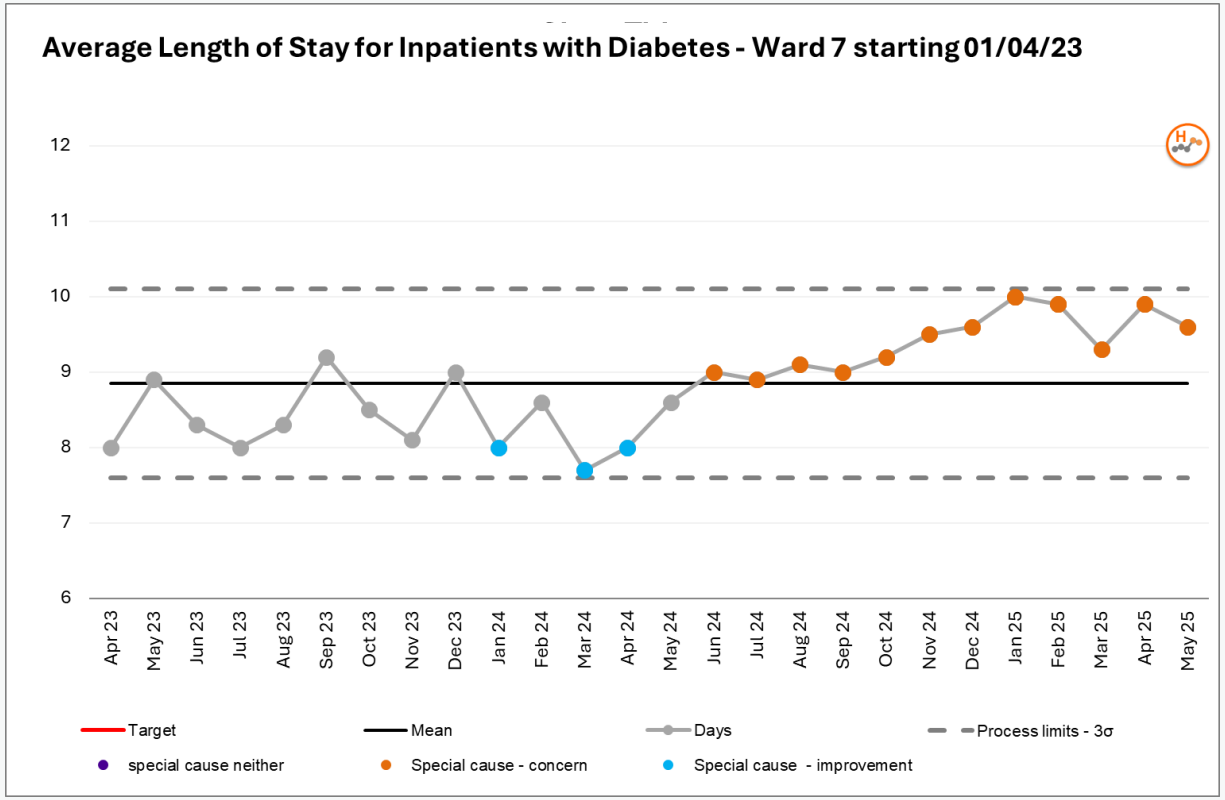
What's the problem on ward 7??

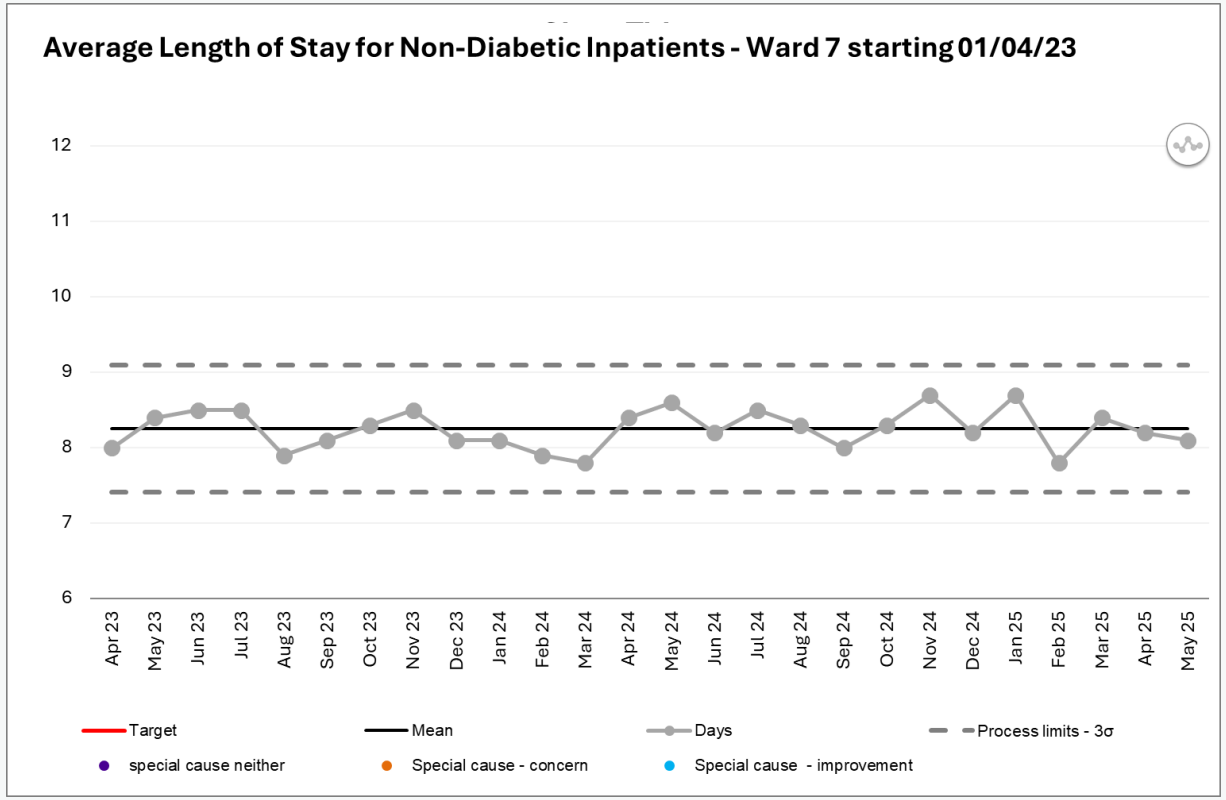
I can definitely help Jenny!!

Clinical Audit lead – Jenny

Analyst – Nina

Nina's helpful analysis

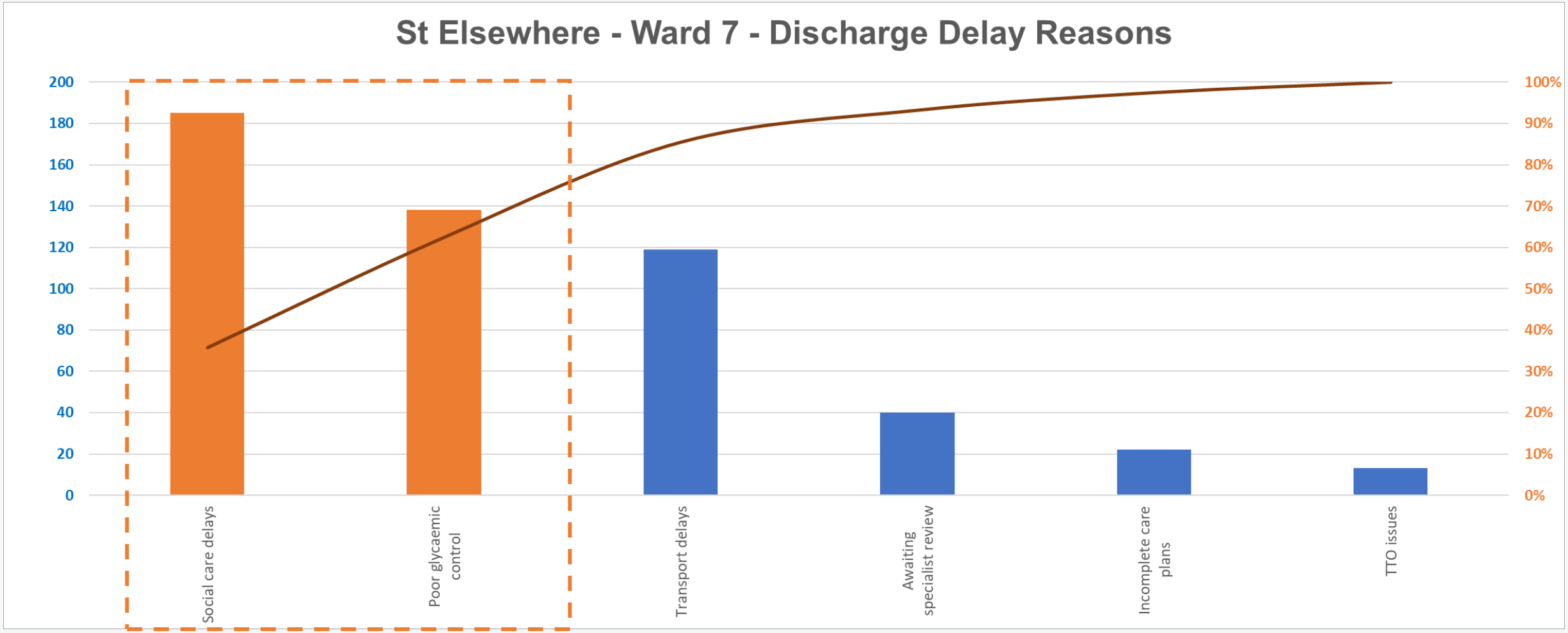




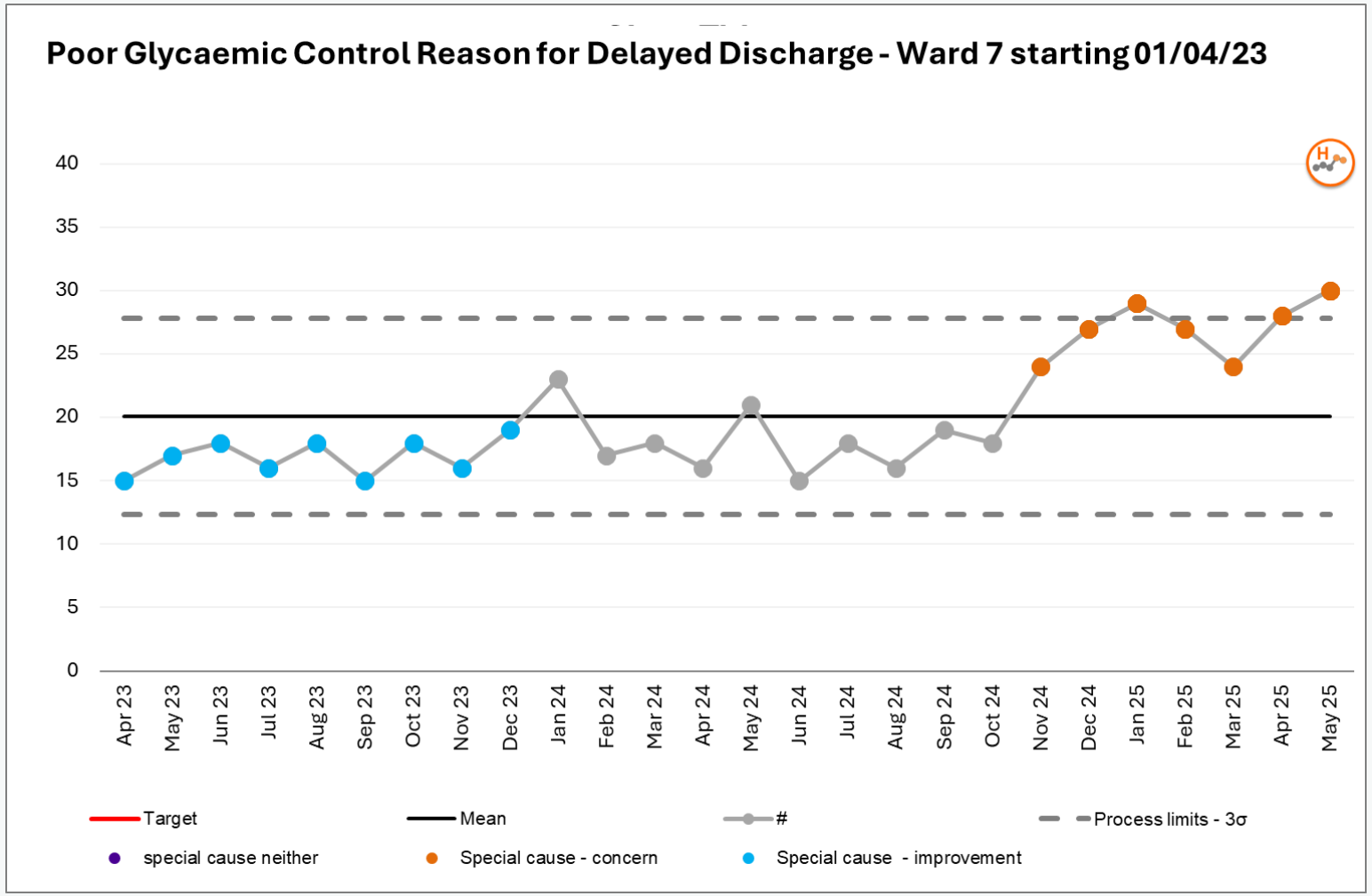
Significant increase in length of stay for diabetic patients

No change in length of stay for non-diabetic patients

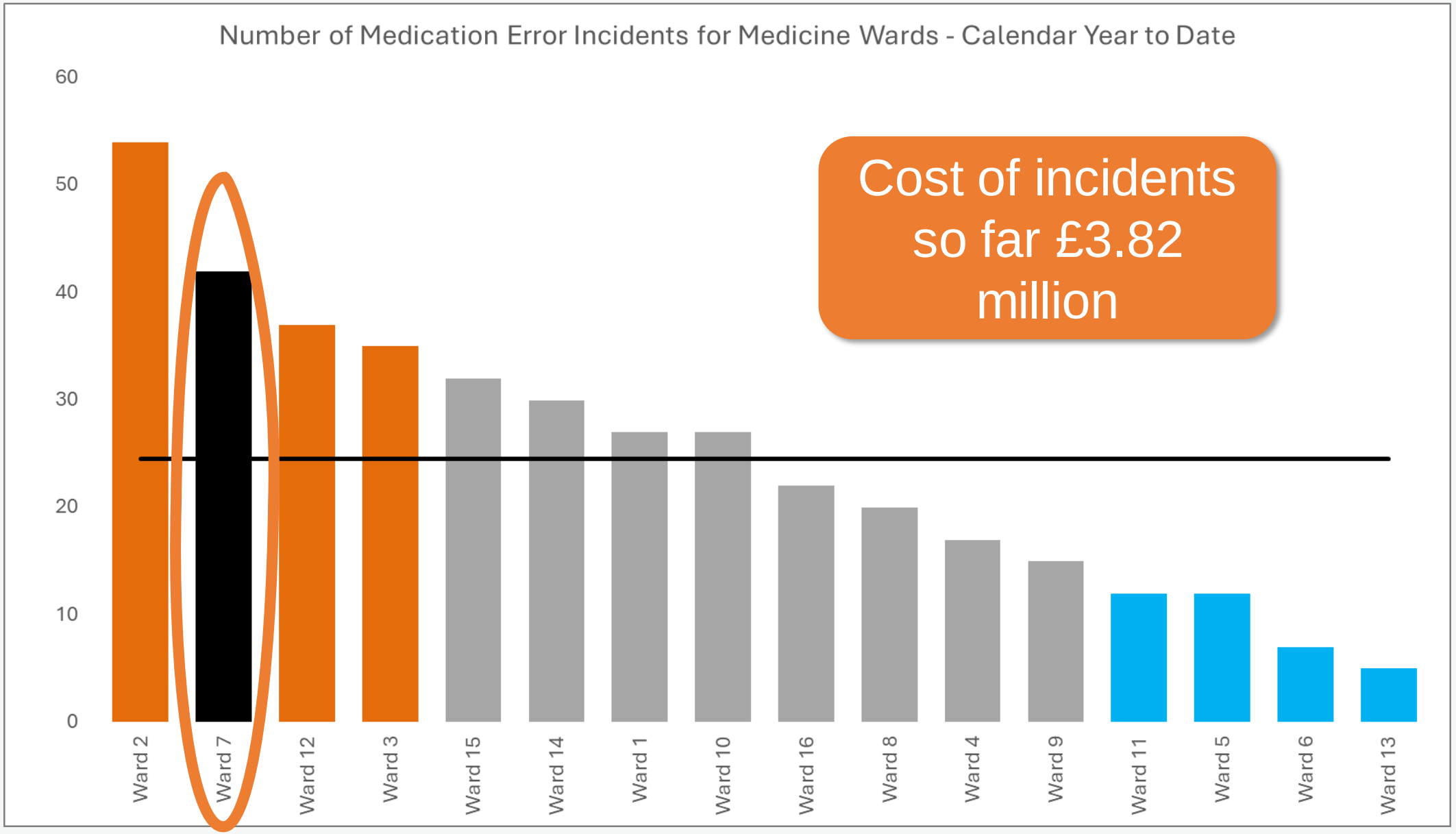
Top delays : social care + poor glycaemic control



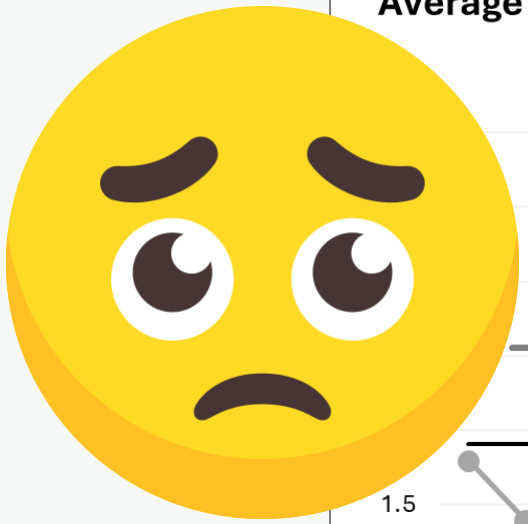
Increase in poor glycaemic control delays

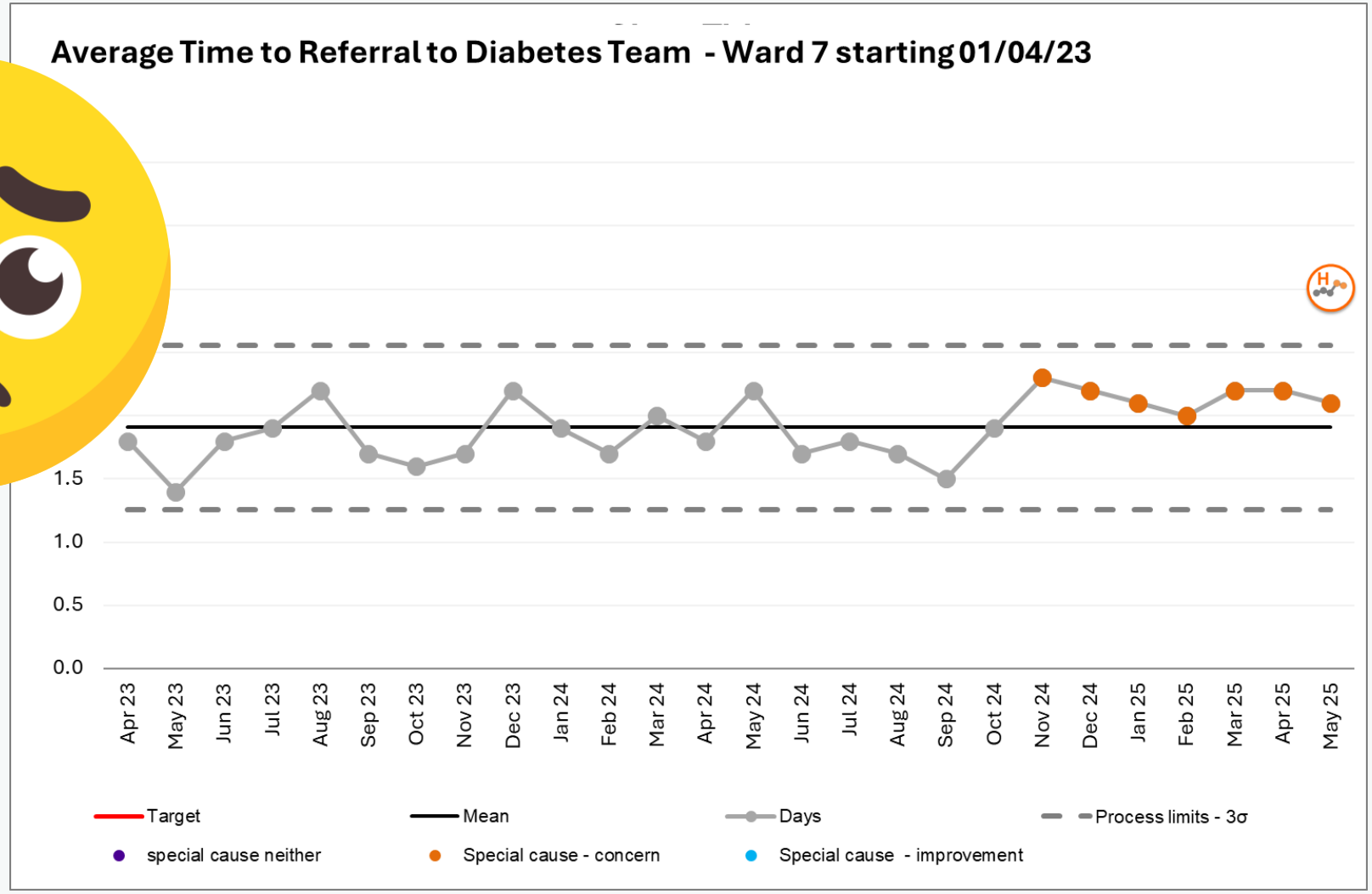


Diabetic medication incidents



Referrals to diabetes team taking longer

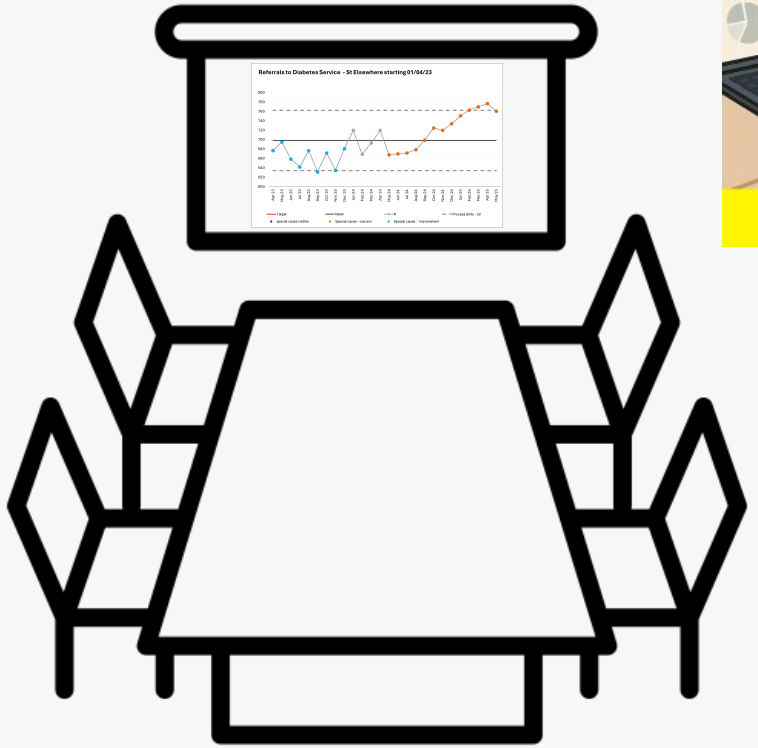




An urgent meeting is called

Kirsty

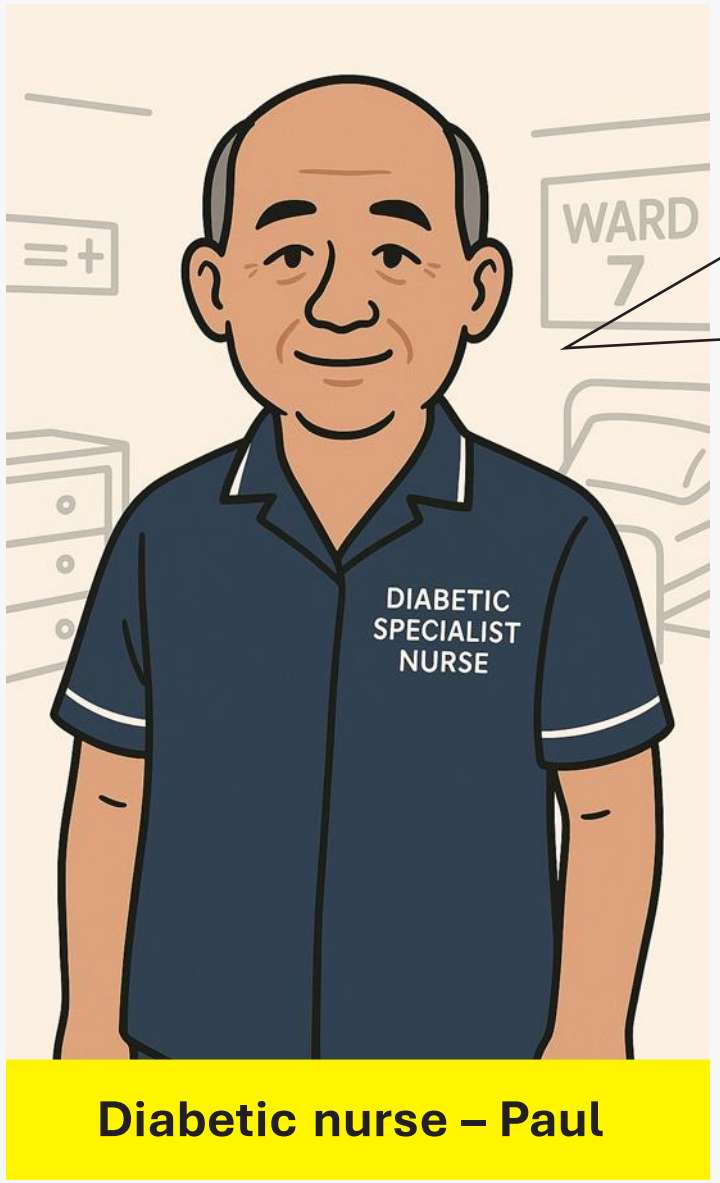
Nina



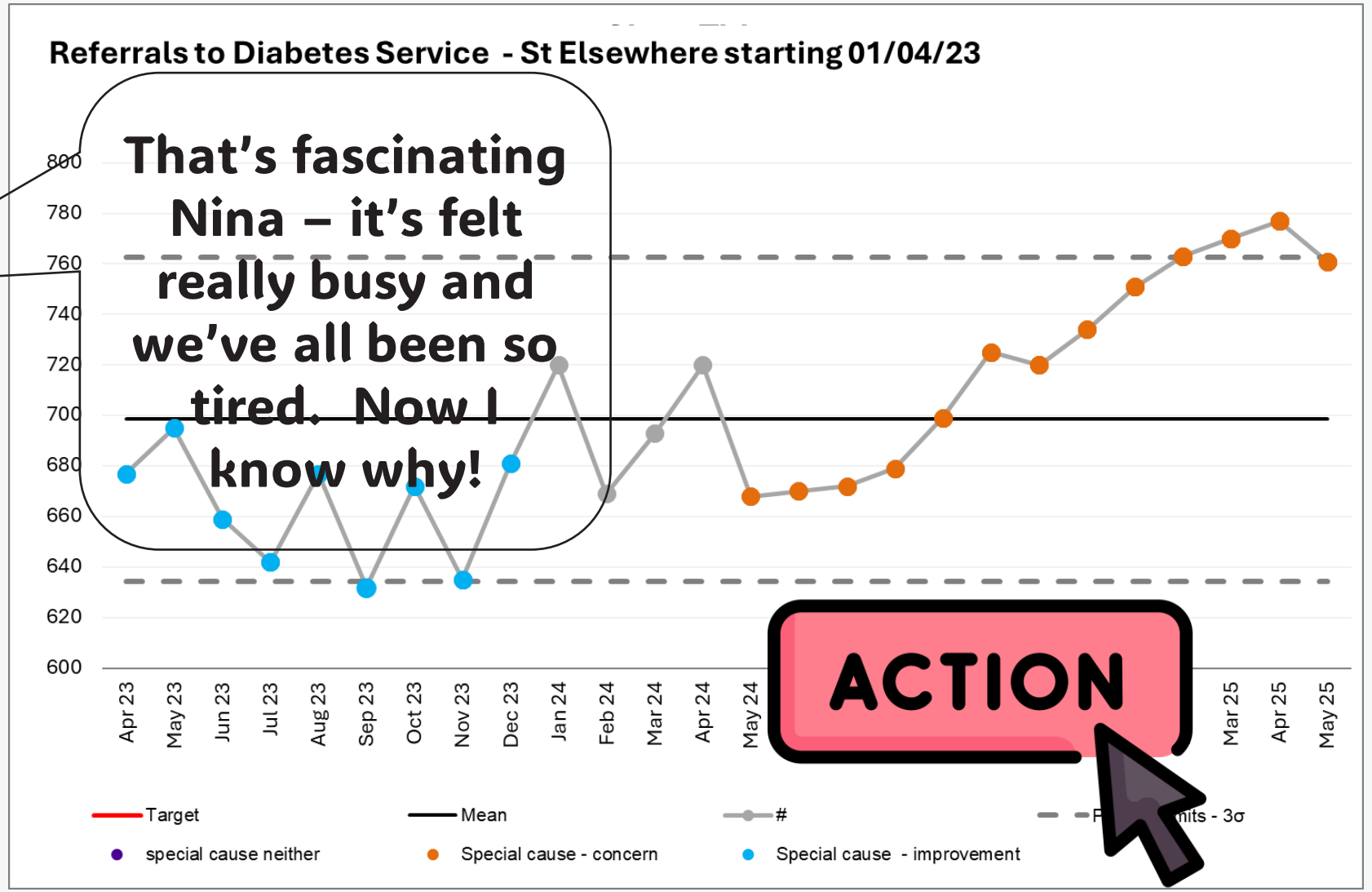
Paul

Jenny

Significant increase in referrals to diabetes service



Diabetic nurse – Paul



It’s good to talk

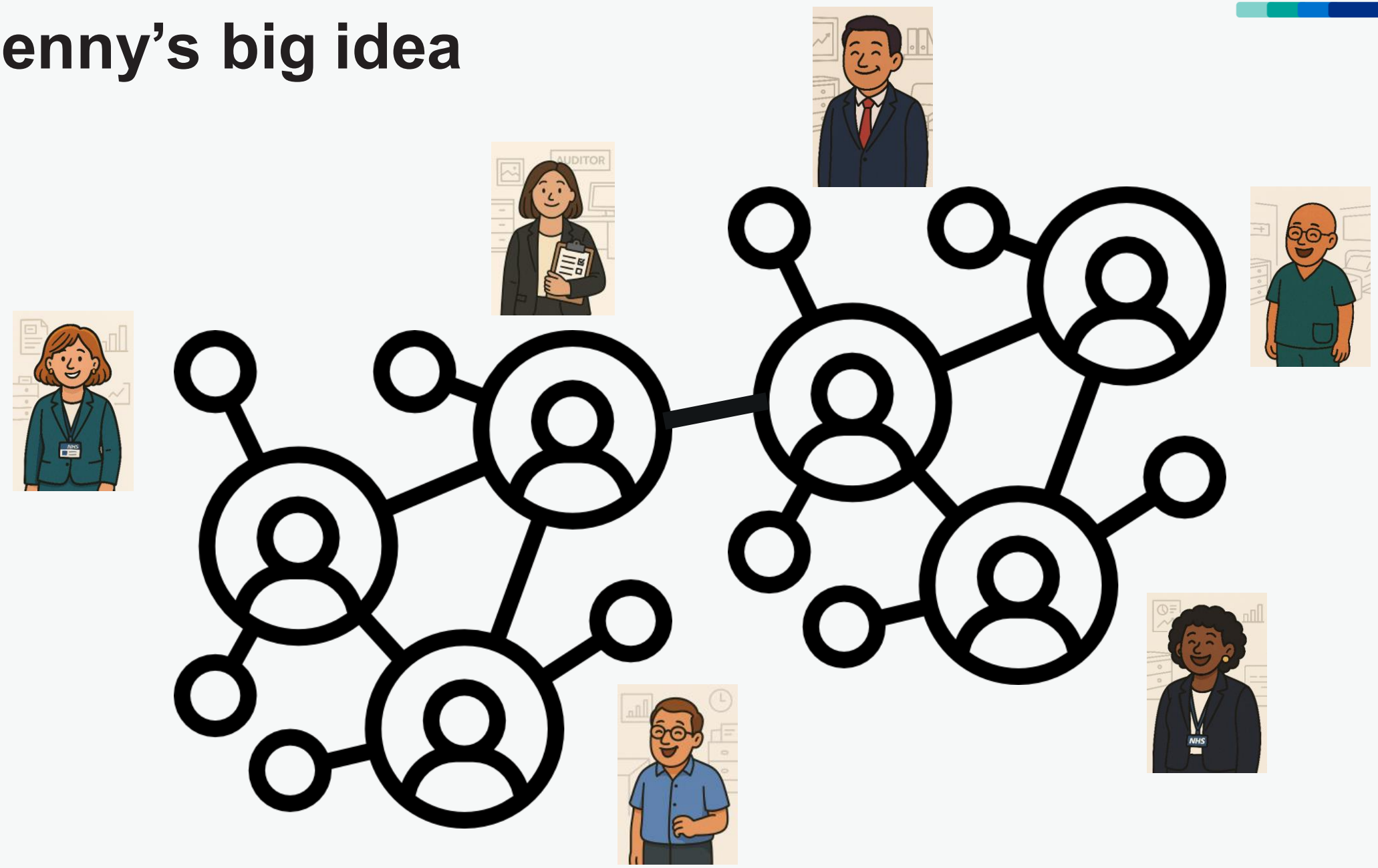
Diabetic nurse – Paul

Community nurse - Gwen

Clinical Audit lead – Jenny

I've got an idea about how clinical audit could help

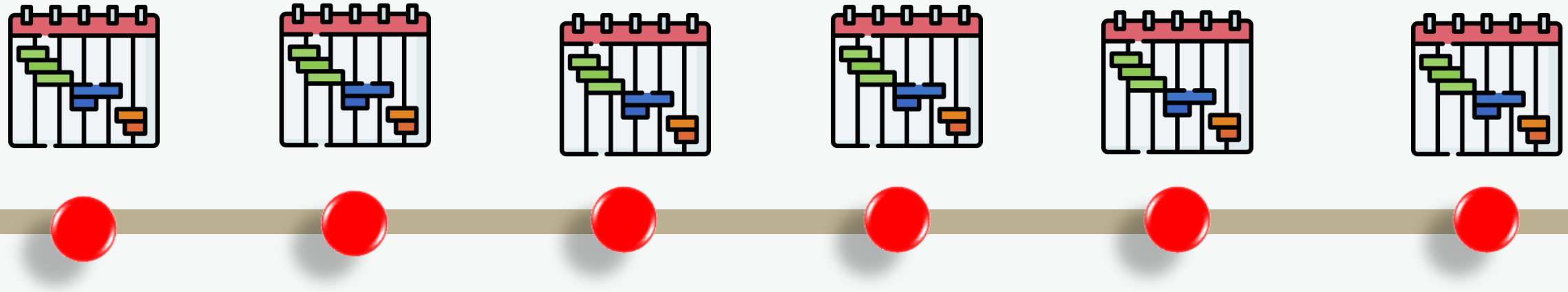
Jenny’s big idea



The outcome

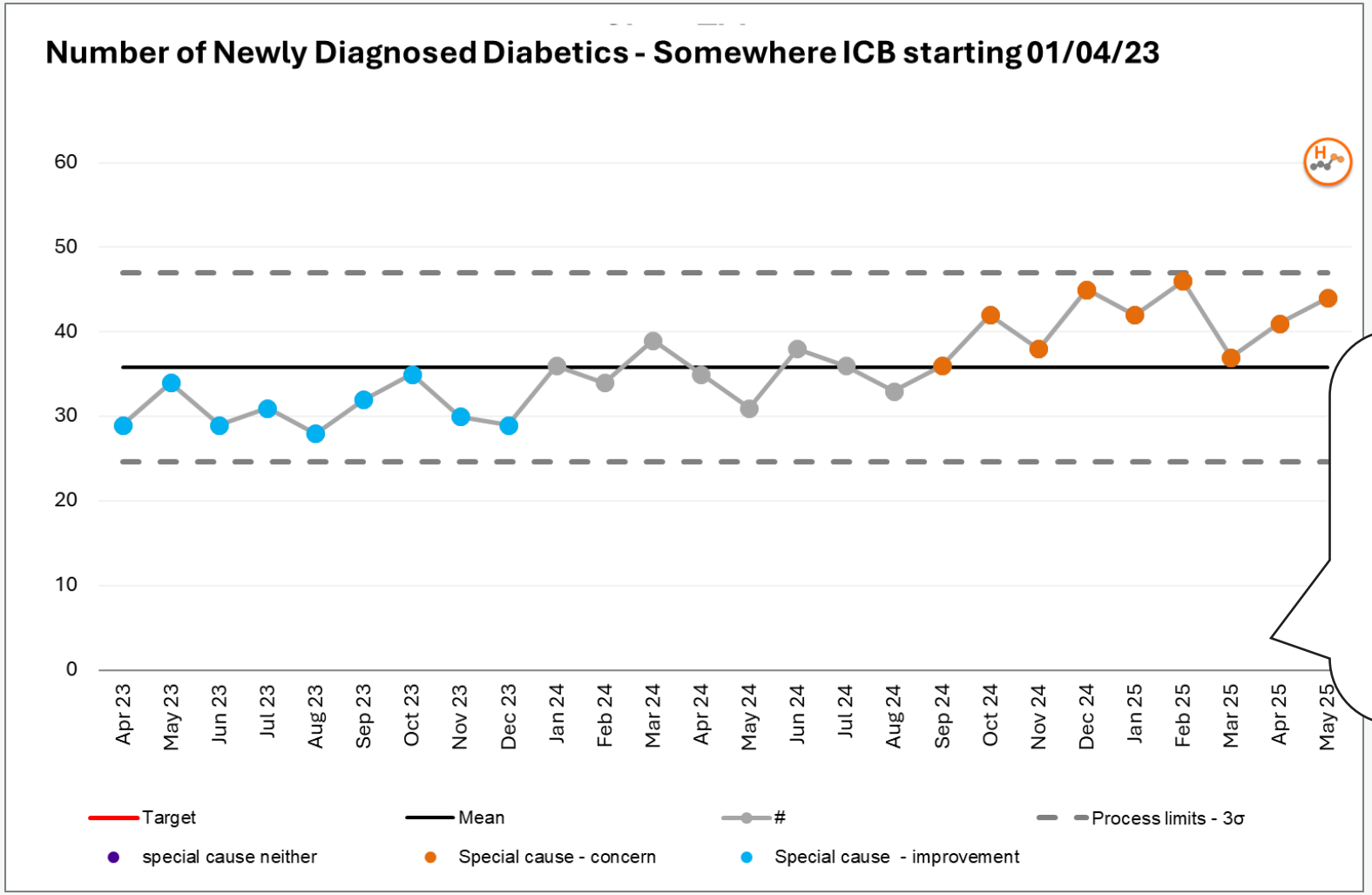
- Agreed system priority
- Executive sign up (whole system)
- Robust diabetes pathway audit plan
- Ownership from all stakeholders
  - Agreed audit questions
  - Monthly audit, baseline data
  - Clear responsibilities
  - Forums to review the data
  - Improvement support prioritised

Diabetic pathway audit plan



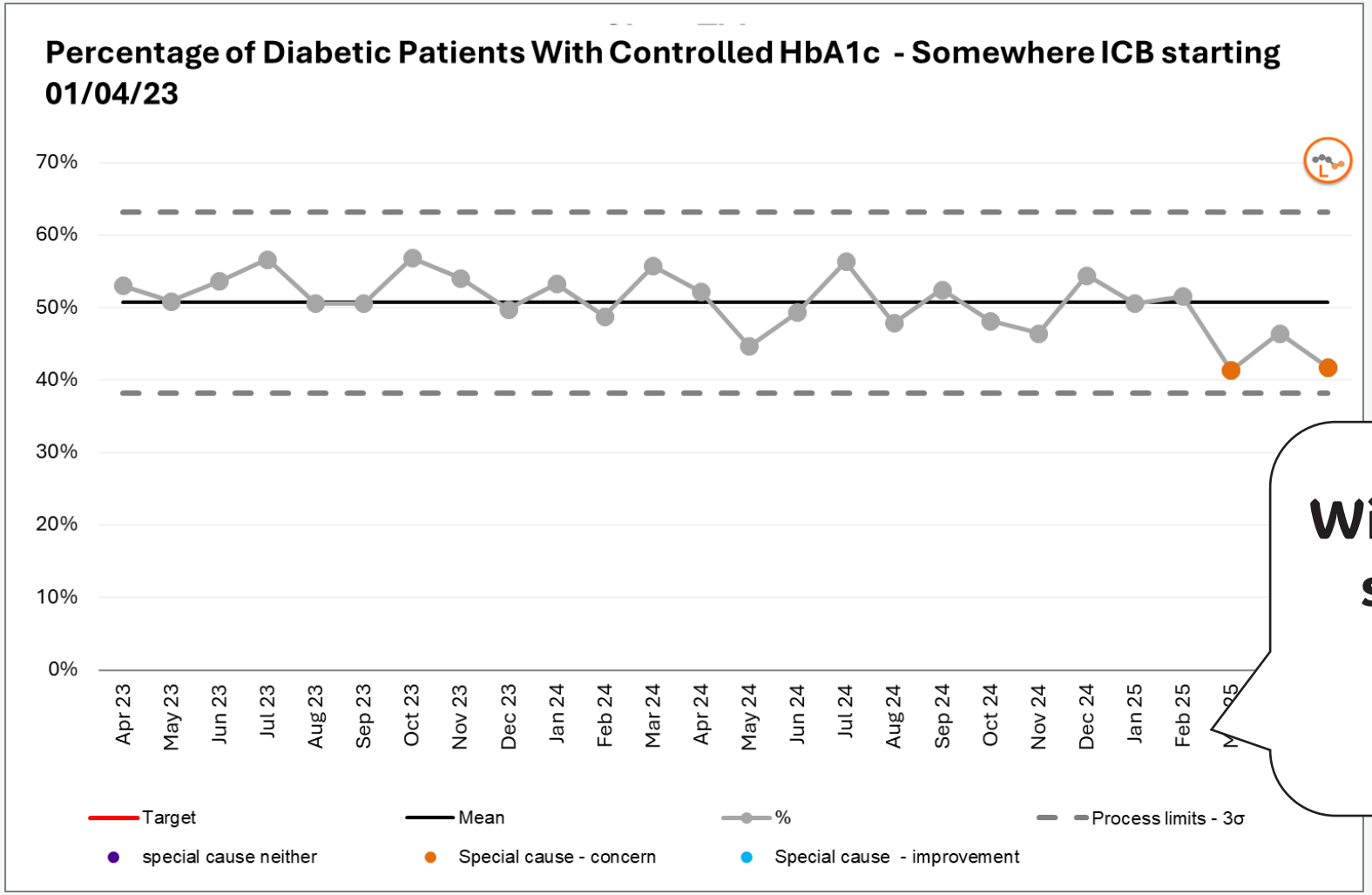
We need to take a baseline and then monitor everything using SPC!

Significant increase in new diagnoses



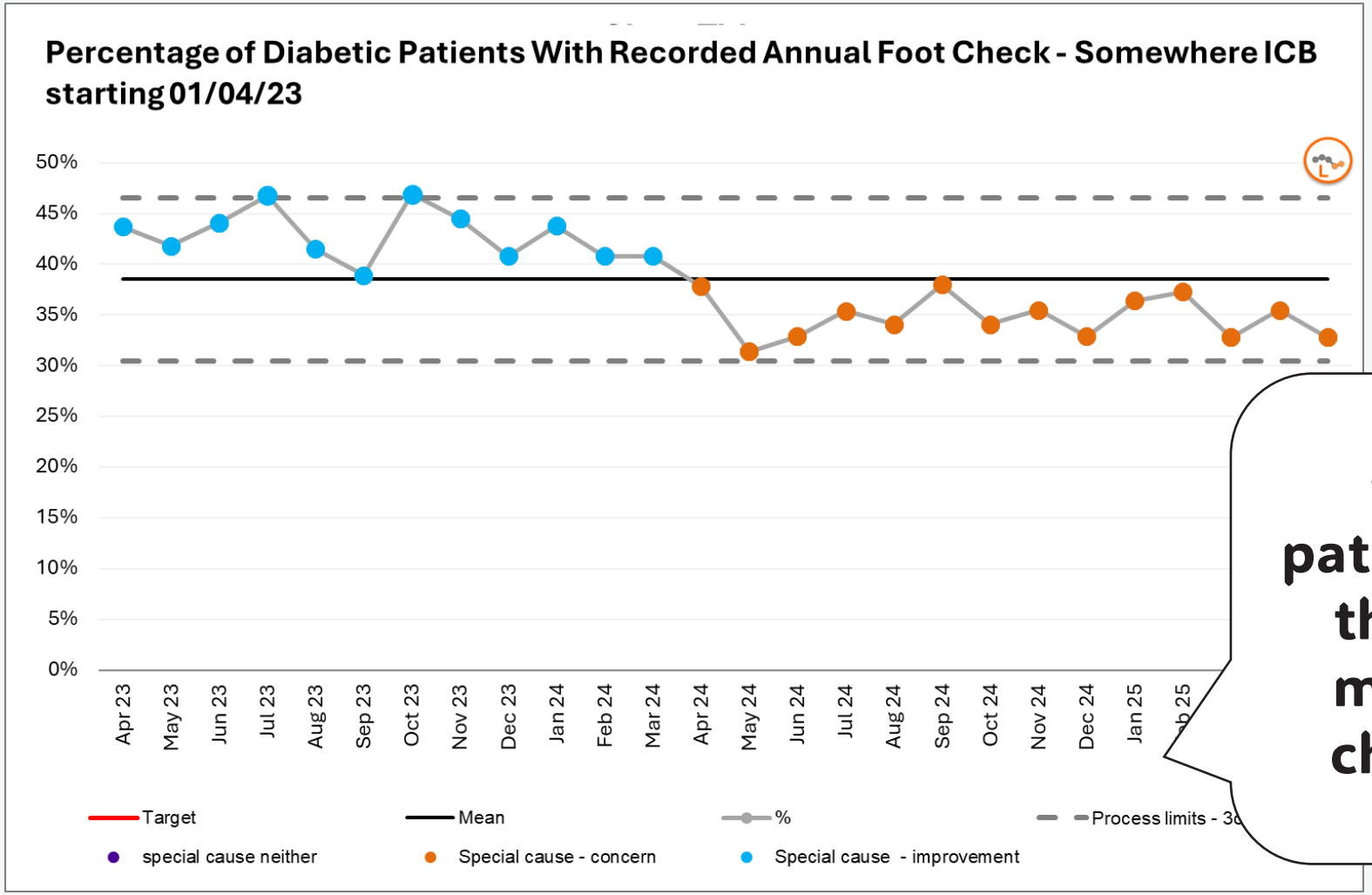
Let's understand what has changed in our population

It’s becoming harder to manage patients



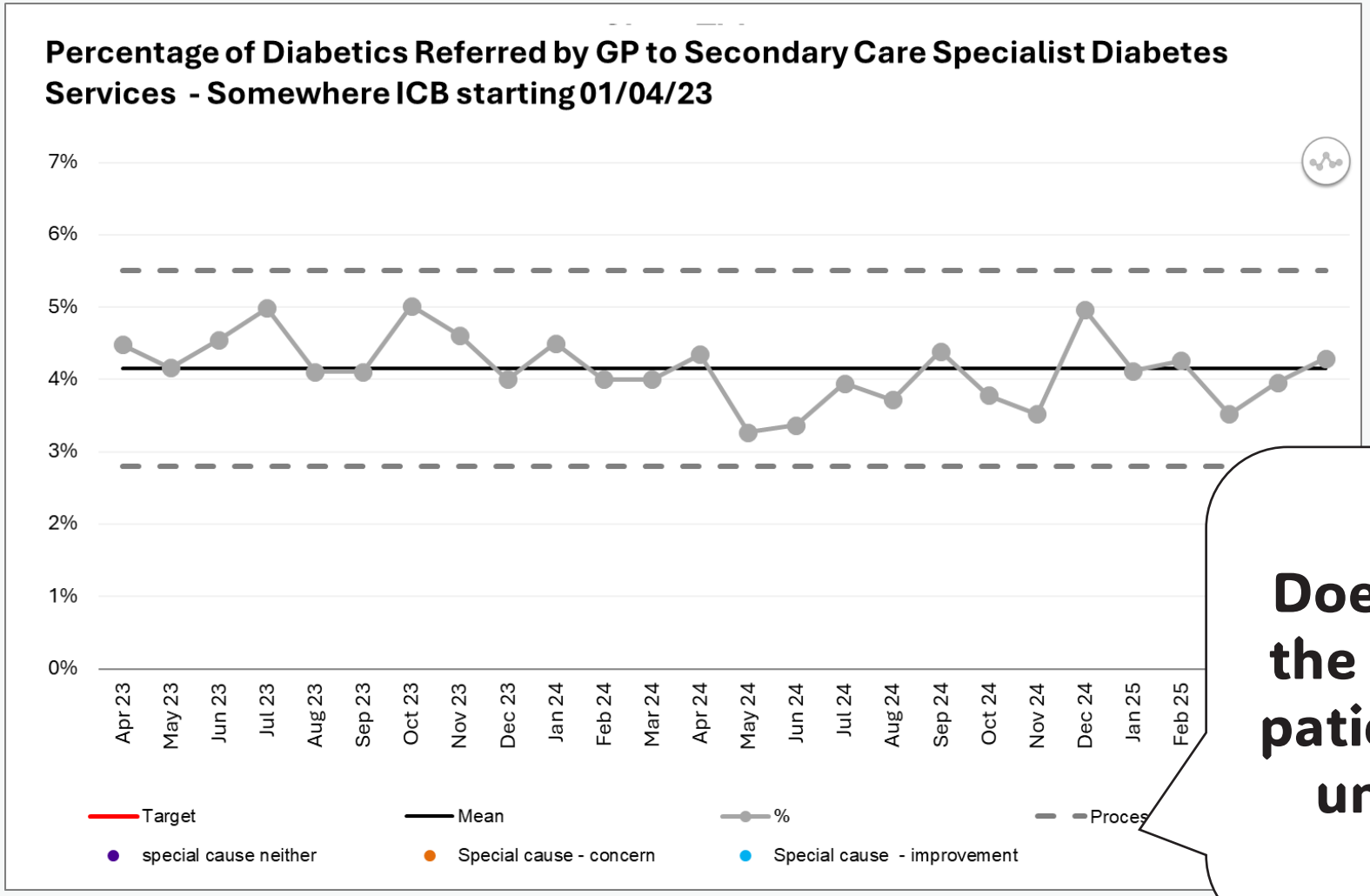
Will patients be sicker when they get to hospital?

Significant decline in foot checks



These are vulnerable patients – what's the impact of missing these checks longer term?

Referrals to St Elsewhere are not changing



Does this reflect the needs of our patients? Is there unmet need?

TIME TRAVEL

Out audit plan has worked!!!

Strong network of clinical auditors

Cause for celebration

Patients living longer, happier lives in better health

Key ingredients

At scale training

Analyst training

Compelling narrative

Networks

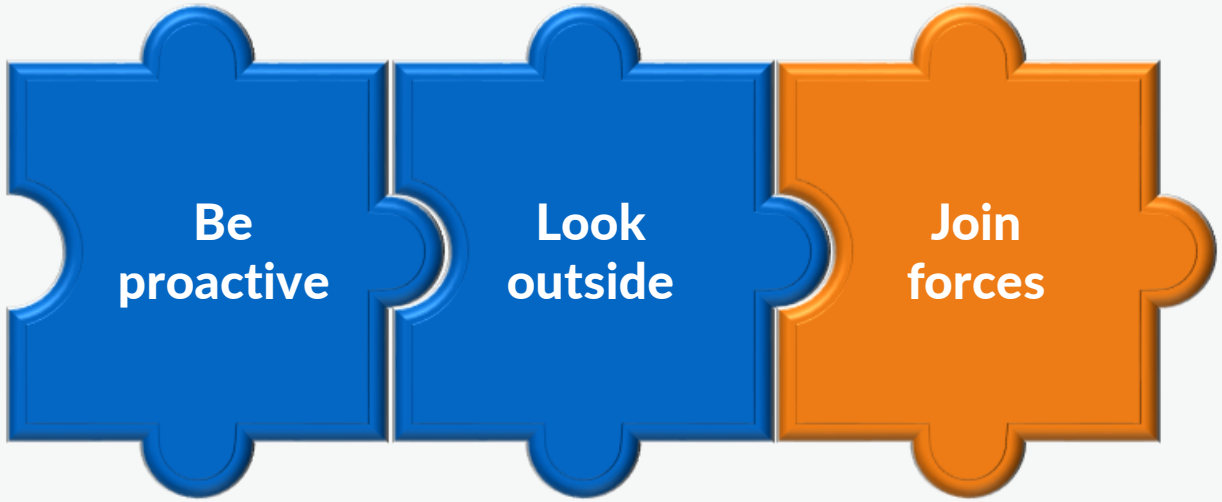
Key ingredients

Analyst training

Compelling narrative

Networks

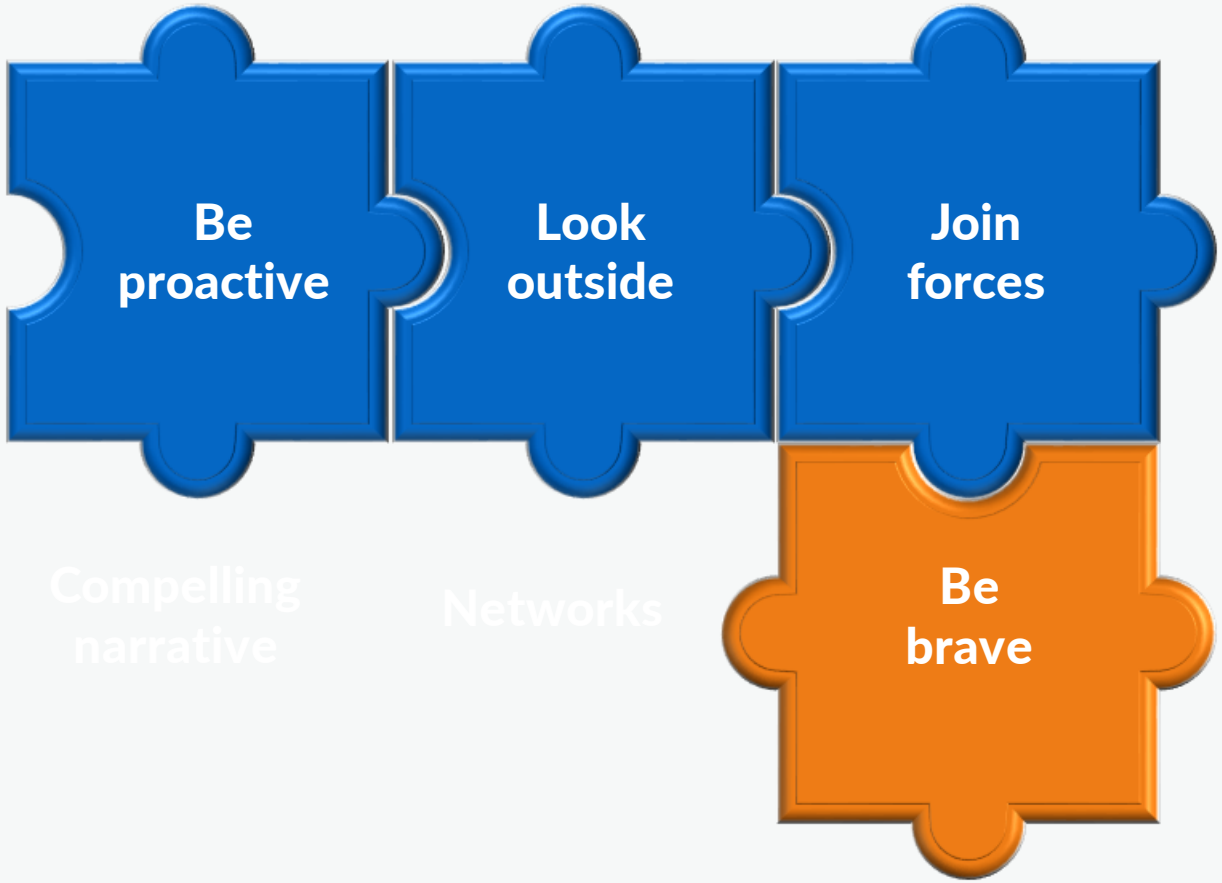
Key ingredients



Compelling narrative

Networks

Key ingredients



Key ingredients

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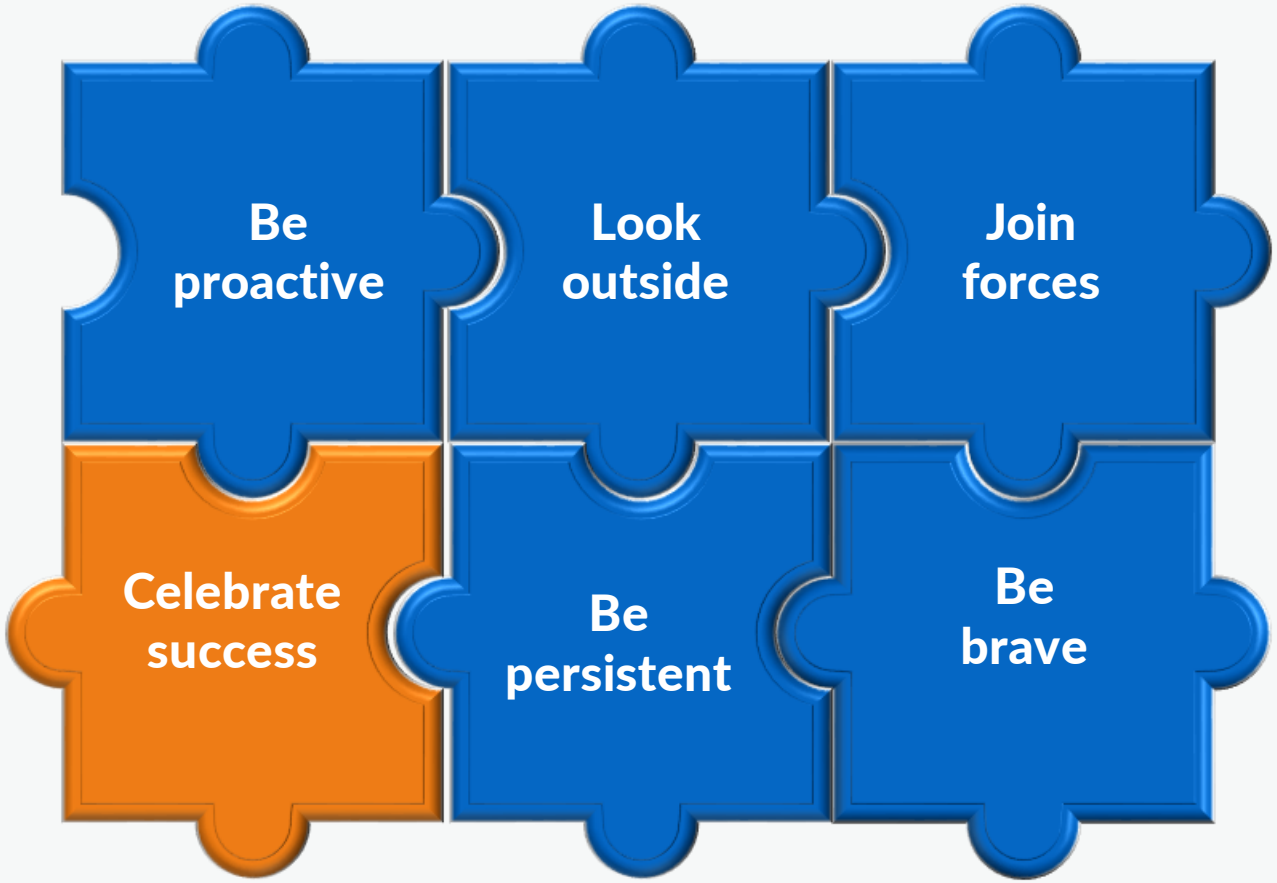
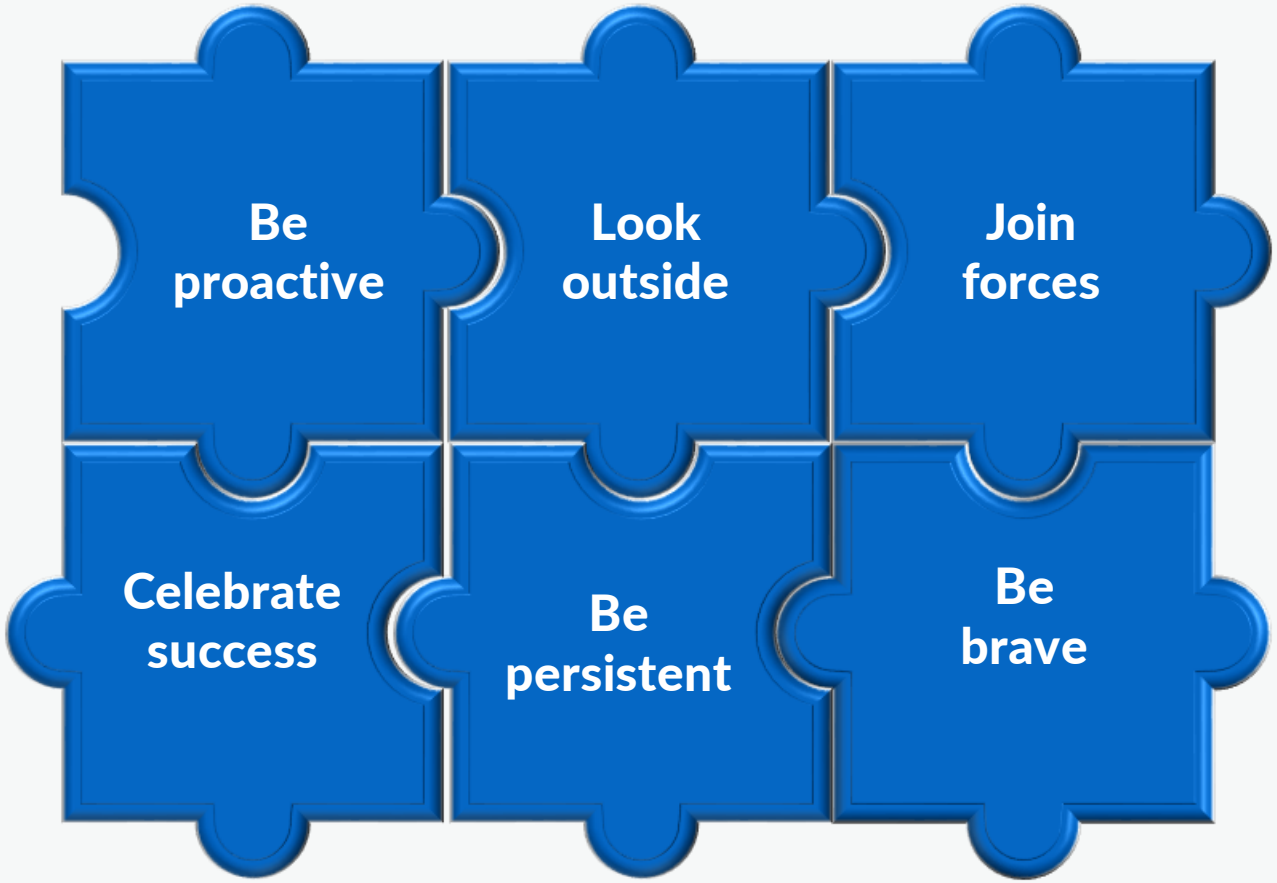


Key ingredients



That's all folks!
Thanks for listening

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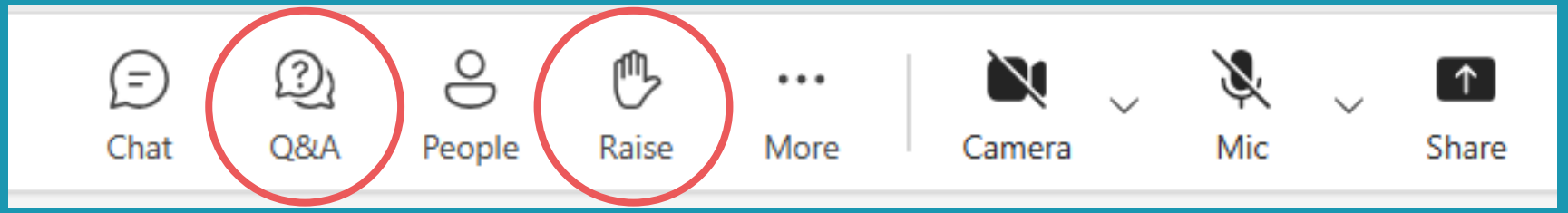
Q&A for our Key Speaker

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…

Influencing Change Hero

Runner-up

Suffolk and North Essex Long Covid team in partnership with KiActiv

Suffolk and North Essex ICB Long Covid Service
East Suffolk and North Essex Foundation Trust

Project: Evaluating the Impact of a Novel Digital Service Alongside Routine Clinical Care for Post-Covid Syndrome

Influencing Change Hero

Winner

Dr Emily Collis, Transforming End of Life Care Team

Consultant Palliative Care and Transforming End of Life Care Team

University College London Hospitals

Project: Transforming End of Life Care Quality Improvement Project

Winner presentation

NHS
University College London Hospitals
NHS Foundation Trust

uclh

Clinical Awards Heroes: Influencing Change

Transforming End of Life Care Team (TEOLC)

Project Background and Quality Priorities

In response to Governors' report identifying gaps in end-of-life care (EOLC) at UCLH, TEOLC set annual priorities focusing on :

- Education
- Bereavement support
- Clinical service development for patients at the end of life

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Data-Driven Improvement

The National Audit of Care at the End of Life (NACEL) data helped inform the business case for a pilot of our EOLC clinical service.

The rollout of EPIC further enabled easier identification of patients nearing the end of life and allowed for the development of templates for care planning on electronic patient records.

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Education

Educational courses
to help equip staff with the skills to discuss complex end-of-life care decisions

"Talking DNACPR" (relaunched 2025 "TEP Talks") for CNS' & Drs

"Compassionate Conversations" for nurses and HCAs

.

Trained

2024: 227 delegates

2025: 55 so far

Overall 2024/25 TEOLC team provided > 1100 episodes of EOLC education,including 10 full day study days (Compassionate Conversations, Link Nurse Champions and EOLC study days).

- **Leaflets:** Care in the last Days of Life, Advance Care Planning, What to do after a Death, and TEP/DNACPR decision making.
- **Trust policies:** End of Life Care, Compassionate Care after Death and DNACPR

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Bereavement support

- Bereavement calls for support/signposting following adult deaths in the trust
- Bereavement cards sent to bereaved relatives (of all adult patients) sign posting to on-going bereavement support services, links to the national or UCLH end of life care survey & TEOLC telephone number for further support/queries
- Bereavement service development in line with Supportive, Palliative and EOLC joint strategy to ensure an equitable service for all bereaved relatives
- New ‘Information following a Bereavement’ leaflet co-written with Medical Examiners Team and Compassionate Care After Death policy updated 2023

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Clinical Service Development for EOLC

2021

NACEL 2021 data highlighted low staffing in pall care (0.85 vs 2.27 nationally per 100 beds). SLA contract negotiations commenced for staffing uplift and business case submitted for charitable funding to pilot clinical EOLC service

2023

The pilot's successful evaluation led to successful business case for substantive funding in 2023.

2024

By 2024, 89.5% of deaths at UCLH were seen by Palliative Care/EOLC teams, with 67% of ICU patients also receiving reviews.

uclh

Development of Clinical EOLC Service

- Implemented SWAN model of care
- 7-day/week holistic reviews for all patients in their last days of life
- 'ICU Excellent care in last days of life' care plan, poster presented at the Palliative Care Congress 2023.
- 'Daily review' Epic template for patients on Excellent Care in Last days of Life care plan enabling daily assessment of individual needs, including hydration needs, in keeping with national/NACEL standards.
- Piloted a Virtual Reality (VR) intervention for staff resilience and wellbeing, poster presented at the Palliative Care Congress 2024 .

Pilot Results and Feedback

In the first 7 months of the pilot:

- 869 visits were made, with 85% of these addressing emotional and physical needs of patients and families.
- Collaboration with the community: 41 patients supported to have a rapid discharge home for EOLC .
- Overwhelmingly positive feedback from staff and relatives

Sustainability and Innovation

Continuously reassess patient and staff needs

Moved from an education-only model to a clinical team of specialist nurses, ensuring ongoing support.

Innovative approaches:

Virtual Reality (VR) for end-of-life care introduced to enhance patient and family experiences (eg virtual safari, trip to Japan & New York, cruise experiences)

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Positive Impact on Patient Care and Outcomes

EPIC templates developed and piloted with subsequent QI work on daily review template: increased the percentage of patients' nutrition and hydration reviews from 50% to 80%.

Equality, Diversity and Inclusion (EDI) is key focus with the rollout of cultural competence across departments, and improving the documentation of religion and ethnicities

Bereaved carer survey: High ratings for the quality of EOLC, particularly in addressing cultural, spiritual, and religious needs.

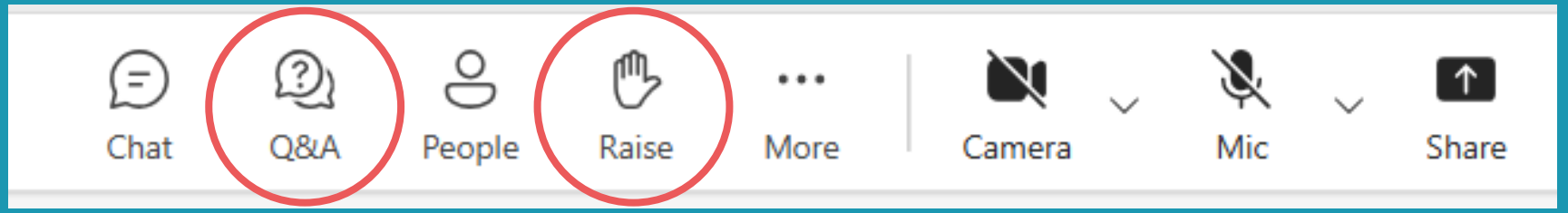
UCLH is one of 13/204 trusts awarded a commendation from NACEL: 'The team at UCLH NHS Trust have shown an excellent commitment to QI and have utilised NACEL data effectively to drive integration and improvement for their patients'

uclh

10 years of TEOLC in 2024

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

HQIP
Healthcare Quality Improvement Partnership

National Quality Improvement (Inc. Clinical Audit) Network
N-QI-CAN

#CAAW25

How was this event?

71

#CAAW25 – Influencing Change

Take away challenges

How will this Clinical Audit add **value**? How will it support influencing sustainable change to improve **patient outcomes?**

What metrics will be utilised to evidence **impact** on improving **patient outcome?**

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?

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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 Clinical Audit Heroes Awards COMMENDATIONS webinar on Fri 6 June, 10am – 11am**
  Find out who won the brand-new NCAPOP and Communicating for Impact Commendations
  With HQIP's NCAPOP Associate Director, Rachael Sample

- **SIGN UP for tomorrow's Lunch & Learn on Fri 6 June, 12.30pm – 1.45pm**
  Efficiencies
  With RCP's Dr Theresa Barnes, N-QI-CAN, and HQIP's CEO, Chris Gush

- **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!

#CAAW25

Share CAAW activity with us

N-QI-CAN

- future.nhs.uk/NQICAN
- nqican.org.uk
- nqi.can1@nhs.net

HQIP

- @HQIP
- hqip.org.uk
- communications@hqip.org.uk
- Healthcare Quality Improvement Partnership