

## **Excellence in Clinical Audit Awards Announcement: Strategic Impact 2026 Winners**

Monday 22 June 2026, 12.45pm-1.30pm

**THIS EVENT STARTS AT 12.45pm**



**Discover all the #CAAW26 events:**

Scan the QR code or visit  
[www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

# Excellence in Clinical Audit Awards Announcement: Strategic Impact 2026 Winners

Welcome to Clinical Audit Awareness Week, 22-26 June 2026: [www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

## Today's agenda:

- **Welcome and Award Announcements**  
Chris Gush, Healthcare Quality Improvement Partnership CEO
- **Winning Project Presentation**
- **How Clinical Audit Supports the Delivery of National and Strategic Priorities at a Local Level**  
Vicky Patel, Clinical Effectiveness Manager, The Rotherham Foundation Trust
- **Q&A**

# Before we start...

## Being seen and heard

- Event recorded
- Mics off for background noise
- Cameras on, if you are happy to

## Asking questions

- Use the Q&A to post your questions
- Contact us via HQIP website if Q&A unavailable for you

## Recommendations

- Laptop/PC, not phone
- Try browser version, not app
- If needed, rejoin using rejoin button on screen or original Teams link

Don't forget to share on social media: #CAAW26

#CAAW26



**EXCELLENCE IN CLINICAL  
AUDIT AWARDS**

*Shining a Light on Data-Driven  
Healthcare Improvement*

# Strategic Impact Award

**CLINICAL AUDIT AWARENESS WEEK 2026**

*Improving lives with healthcare data*



**HQIP**

Healthcare Quality  
Improvement Partnership

#CAAW26



**EXCELLENCE IN CLINICAL  
AUDIT AWARDS**

*Shining a Light on Data-Driven  
Healthcare Improvement*

**AND THE RUNNERS UP  
ARE...**

**CLINICAL AUDIT AWARENESS WEEK 2026**  
*Improving lives with healthcare data*

 **HQIP** Healthcare Quality  
Improvement Partnership

# Strategic Impact Award 2026, Joint Runner-Up

**Urology Prostate Cancer Pathway team, Ashford and St. Peter's Hospital NHS Foundation Trust**

Service Redesign and Capacity Improvement Through Nurse Practitioner Role Expansion in the Prostate Biopsy Pathway



# Strategic Impact Award 2026, Joint Runner-Up

Improvement Networks Team, NHS Elect

Thrombolysis in Acute Stroke (TASC)



**EXCELLENCE IN CLINICAL  
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**EXCELLENCE IN CLINICAL  
AUDIT AWARDS**

*Shining a Light on Data-Driven  
Healthcare Improvement*

**AND THE WINNER**

**IS...**

**CLINICAL AUDIT AWARENESS WEEK 2026**

*Improving lives with healthcare data*



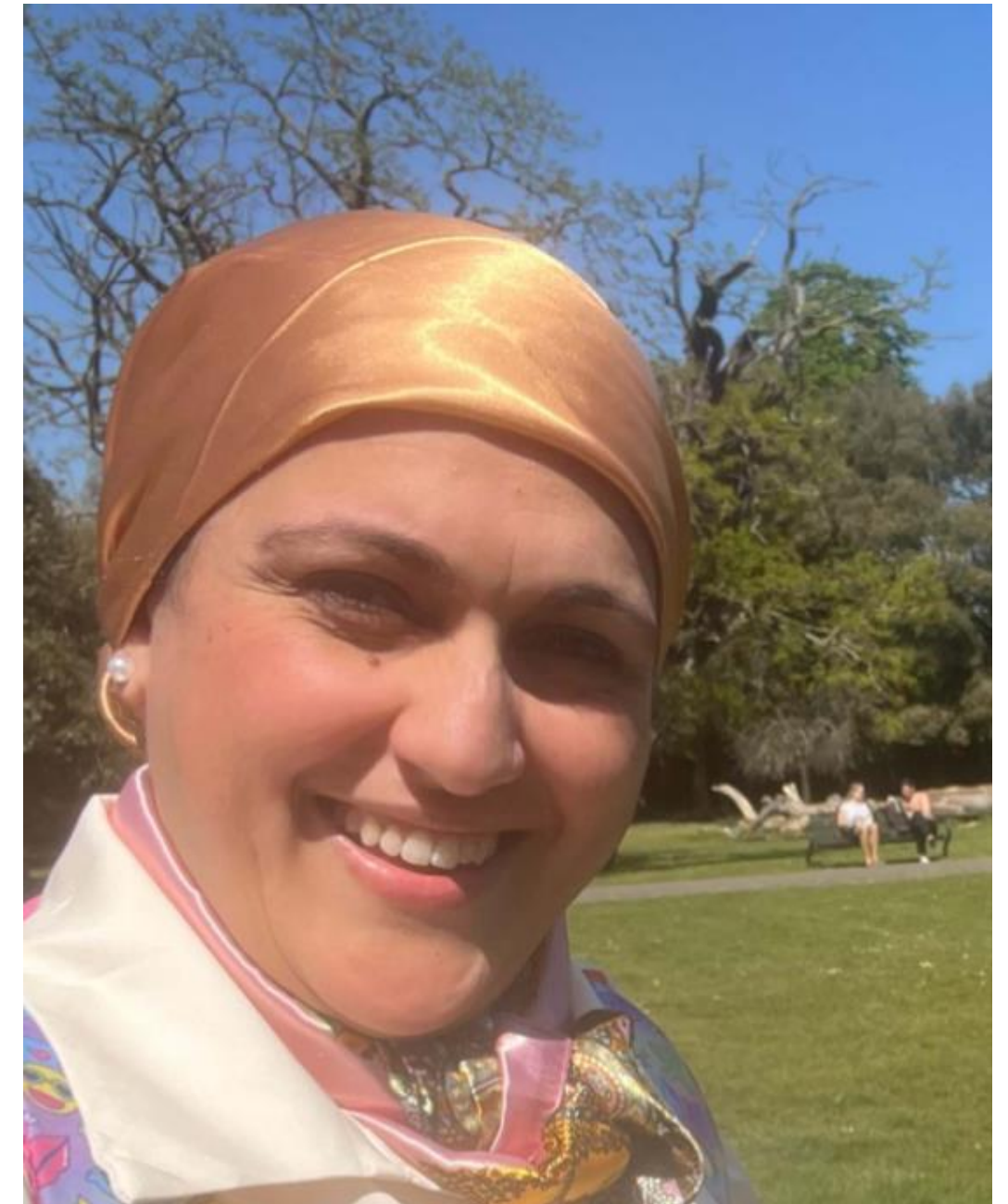
**HQIP**

Healthcare Quality  
Improvement Partnership

# Strategic Impact Award Winner 2026

**Dr Aicha Bouraoui, on behalf of the Adolescent and Young Adult Rheumatology Team, University College London Hospitals**

Pathway to Equity: From Barriers to Bridges



## **Strategic Impact 2026 Winner:**

**Dr Aicha Bouraoui, on behalf of the Adolescent and Young Adult  
Rheumatology Team, University College London Hospitals**



University College London Hospitals **NHS**  
NHS Foundation Trust

# Pathway to Equity: From Barriers to Bridges

**Dr Aicha Bouraoui**

**Consultant Rheumatologist and Divisional Medical  
Information Officer, LGT**

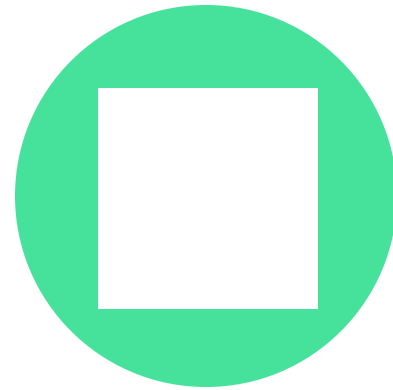
**Honorary Consultant, in AYA Rheumatology, UCLH**

This work has been supported by  
The Q-Lab Heath Foundation grant 2023  
The Q-Exchange Health Foundation grant 2023  
The Q-Lab Health Foundation grant 2024

Evaluations sponsored by UCLH transformation team and population health Board

There are no conflicts of interest

# Non-attendance of Scheduled Appointments



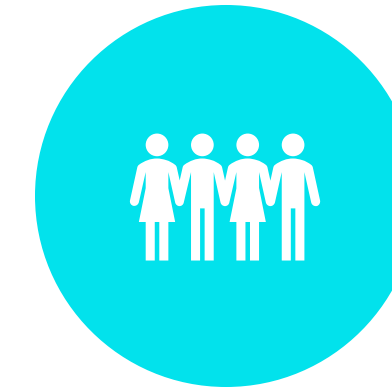
HIGH RATE OF NON-ATTENDANCE IN ADOLESCENT AND PAEDIATRIC SERVICES (10-40%)



IMPACT ON INDIVIDUAL PATIENTS AND OTHER PATIENTS (WAITING FOR URGENT FOLLOW UPS)



WASTE OF RESOURCES  
:£1600-£5000/DAY  
**>£1M ANNUALLY UCLH**



INCREASED STAFF BURNOUT

# Young person story

- BL
- 23 y/o Camden
- SLE: Skin, APS, joints
  - rheum, dermatology, Gastro, haem
- Complex psycho-social condition: lives alone
- Anxiety/depression
- Not in Education, Employment or Training
- 2023/24: 7 outpatient clinic non-attendance at UCLH
- 5 hospital admissions (average LOS 2 weeks)
- → Developed cognitive decline
- → £53,600/ year cost to the system



# Pathway to Equity

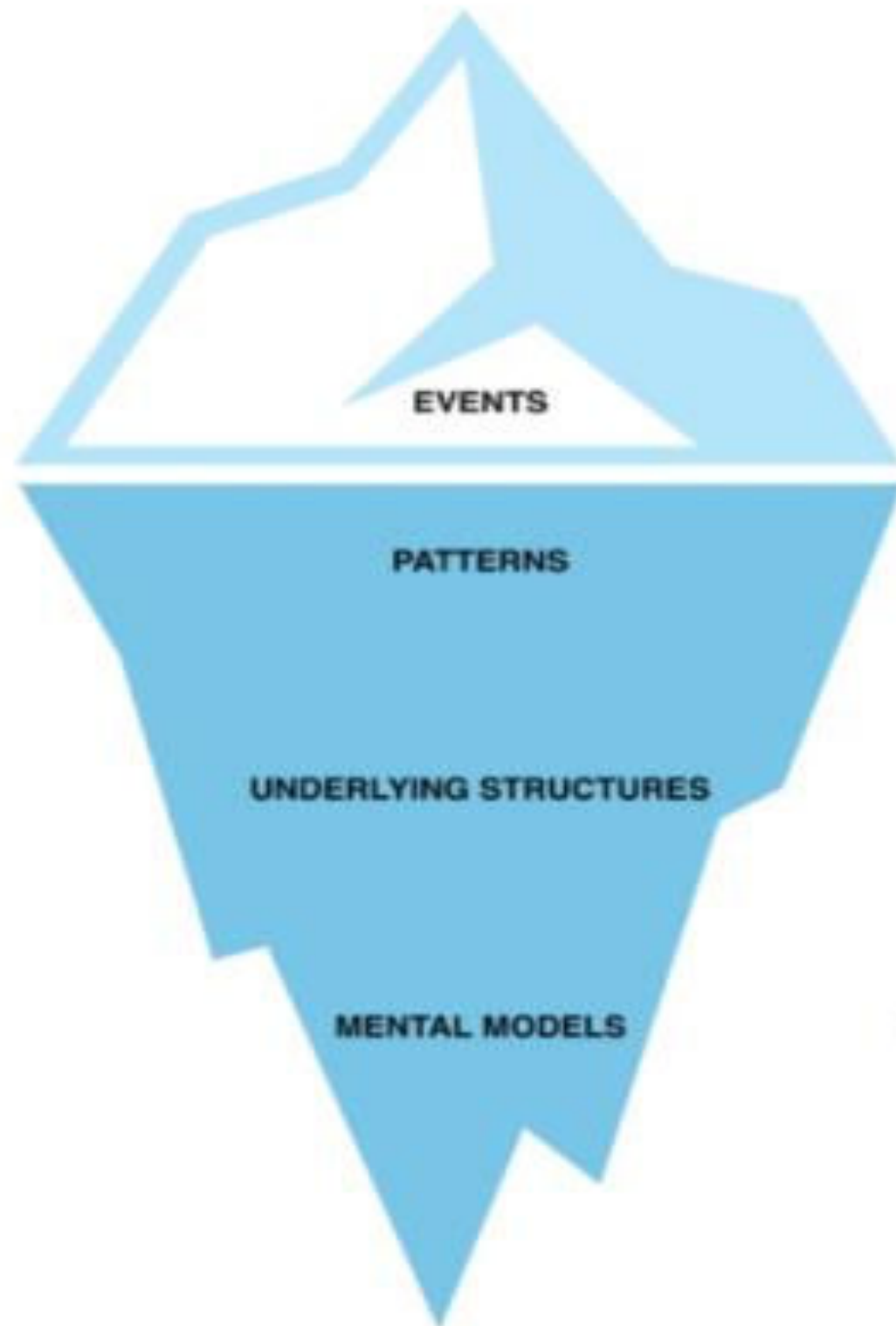
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Using a **System Thinking** approach:

- **Deep dive into system: understand drivers of nonattendance**, learning about the wider contexts and relationships between different part of the system
- **Develop strategy** to proactively identify patients at risk of nonattendance
- **Drive collaborative working** across the whole system

# Method: System thinking

## Iceberg Framework stages



## What: Project workstreams

Non-attendance of clinic appointments

Quantitative work-stream:  
understanding patterns  
defining variables, data collection  
preparation and analysis

Qualitative Work-stream: Questions,  
interview scripts, co-planning and  
co-delivery of workshop, School  
survey and Data analysis

## Who: Stakeholders' involvement

PPIE\* and AYAR\*\* team: define  
problem, setting up an organizing  
committee, funding application  
and plan for project co-design.

AYAR\*\* team, BI\*\*\* team, PPIE\*\*

AYAR\*\* and CYP\*\*\*\* Teams,  
PPIE partners, Matter of  
focus Consultant

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# Logistic regression

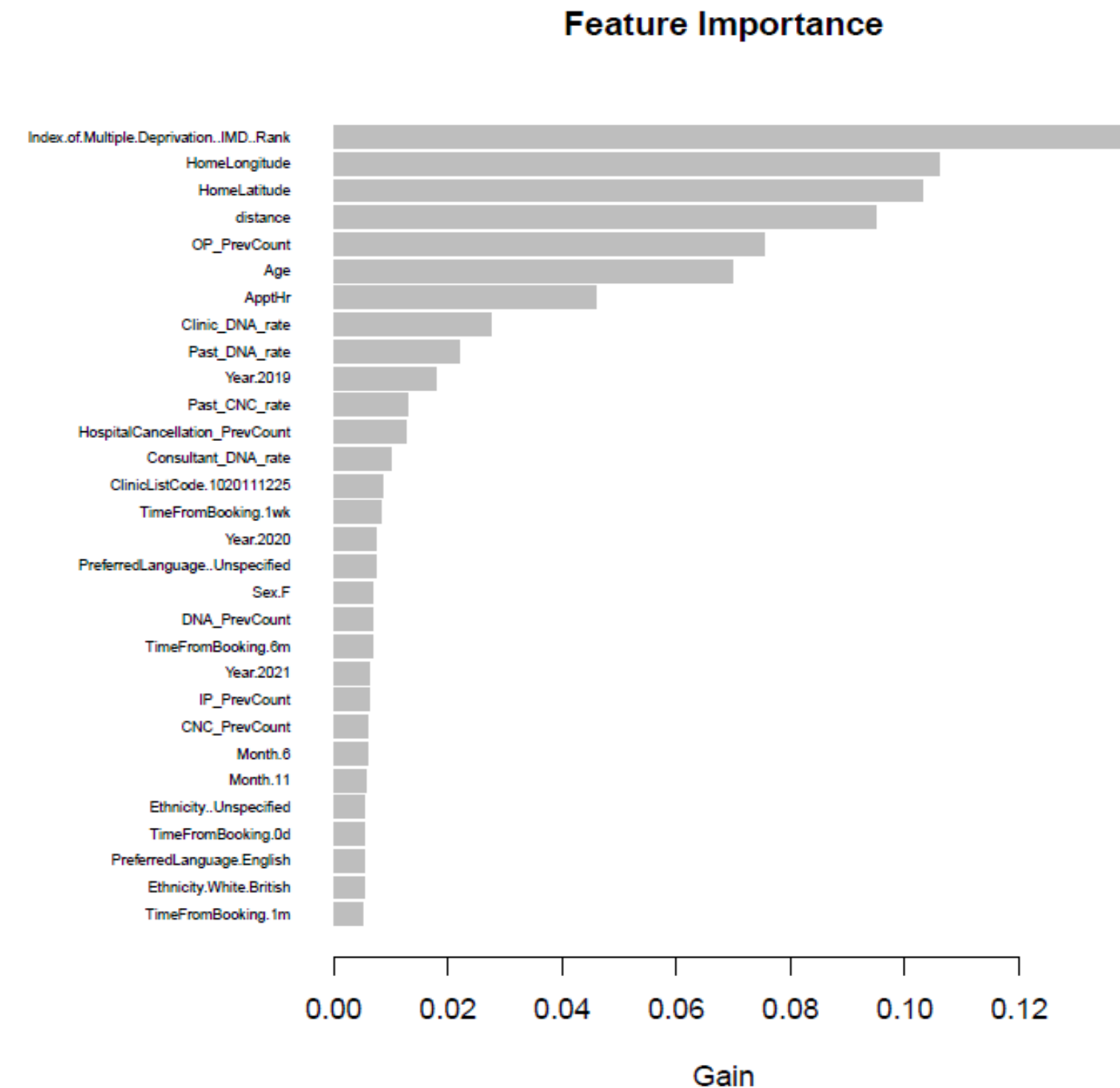
Feature	Coefficient	Odds Ratio	p-value
IMD Rank	1.229	3.42	<0.001
Distance from Hospital	0.779	2.18	<0.001
Past DNA Rate	0.615	1.85	<0.001
Time from Booking	0.124	1.13	0.032
Past CNC Rate	0.098	1.10	0.087
Age Group	0.032	1.03	0.156
Sex	0.018	1.02	0.423

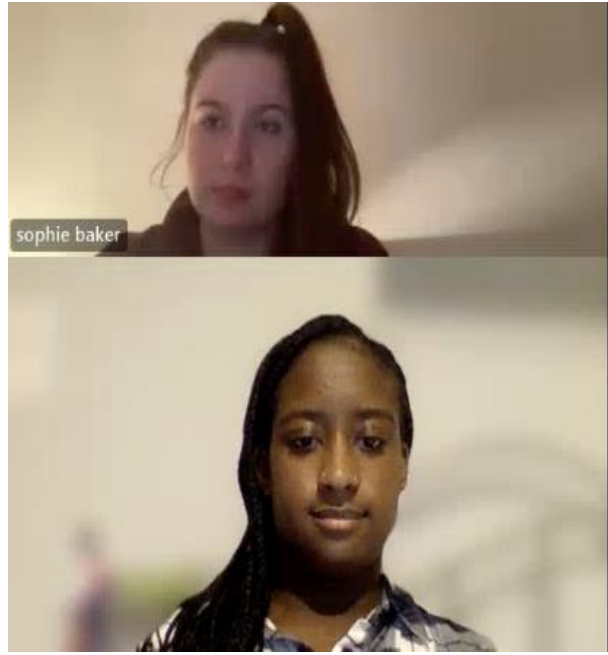
Logistic regression analysis, Odds Ratios > 1 indicates increased DNA risk. CI = 95%  
CI: Confidence Interval.

# Feature importance

Using 64 features of scheduled appointments we developed a model to predict which patients are most likely not to attend their appointments

Data extraction and analysis: **Index of Multiple Deprivation** and **Distance** from the hospital





Co-facilitation

Workshop  
Jan 24

coproduced  
Illustrations



Hangout Space



Illustrations by Liv Cleverly coproduced with Young people

9 young  
people &  
8  
HCPs

Co-planning:  
On-line  
sessions

Interview  
script

Coproduced  
script

**Qualitative workstream**

# School engagement

**One process to achieve two goals:**

- 1- Quality work experience
- 2- partnership in the pathway to equity project

We delivered workshops with 3 schools, 90 students, 30 of them QI partners.

**Three workshops:**

**1<sup>ST</sup> in person school:** career in the NHS :

**2<sup>ND</sup> online** on QI partnership and codesign of community survey

**3<sup>RD</sup> Face to face at UCLH:** students present their findings/ recommendations for next steps



**Practical Barriers:** Transport costly, tiring and exacerbates symptoms, appointment logistics: booking no clear/ incorrect/missing information, **and Competing priorities** between health/ education/ Work

**Communication:** language barriers, Jargon, Lack of communication and record / notes sharing between providers, • Lack of single point of contact when need advice

**Stigma:** Lack of awareness of other people (especially teachers and/or employers) • The views of peers/family/teachers and a lack of understanding

**Transition, relationships**

# Thematic analysis of qualitative data

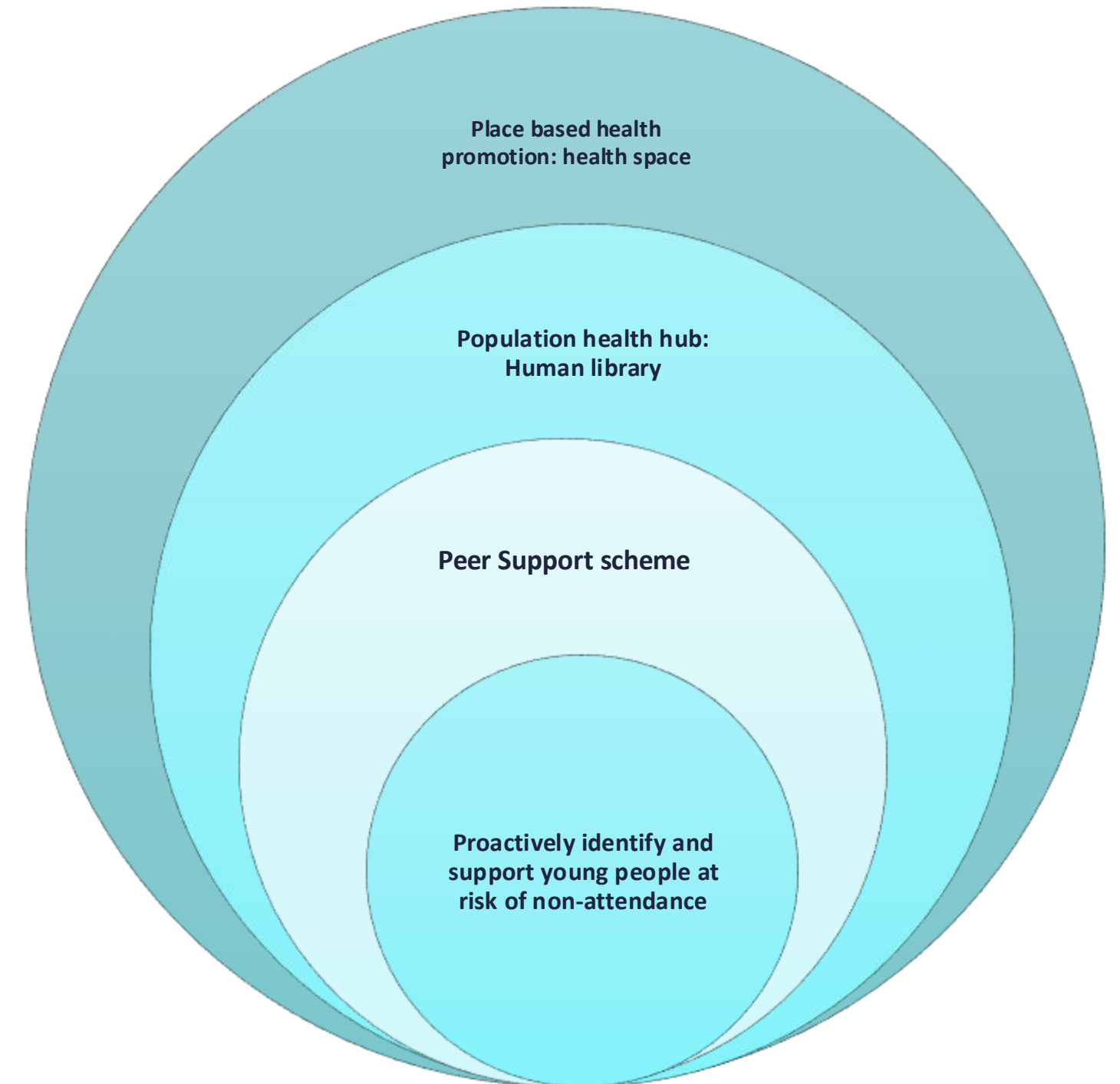


# Thinking differently about services for young people:

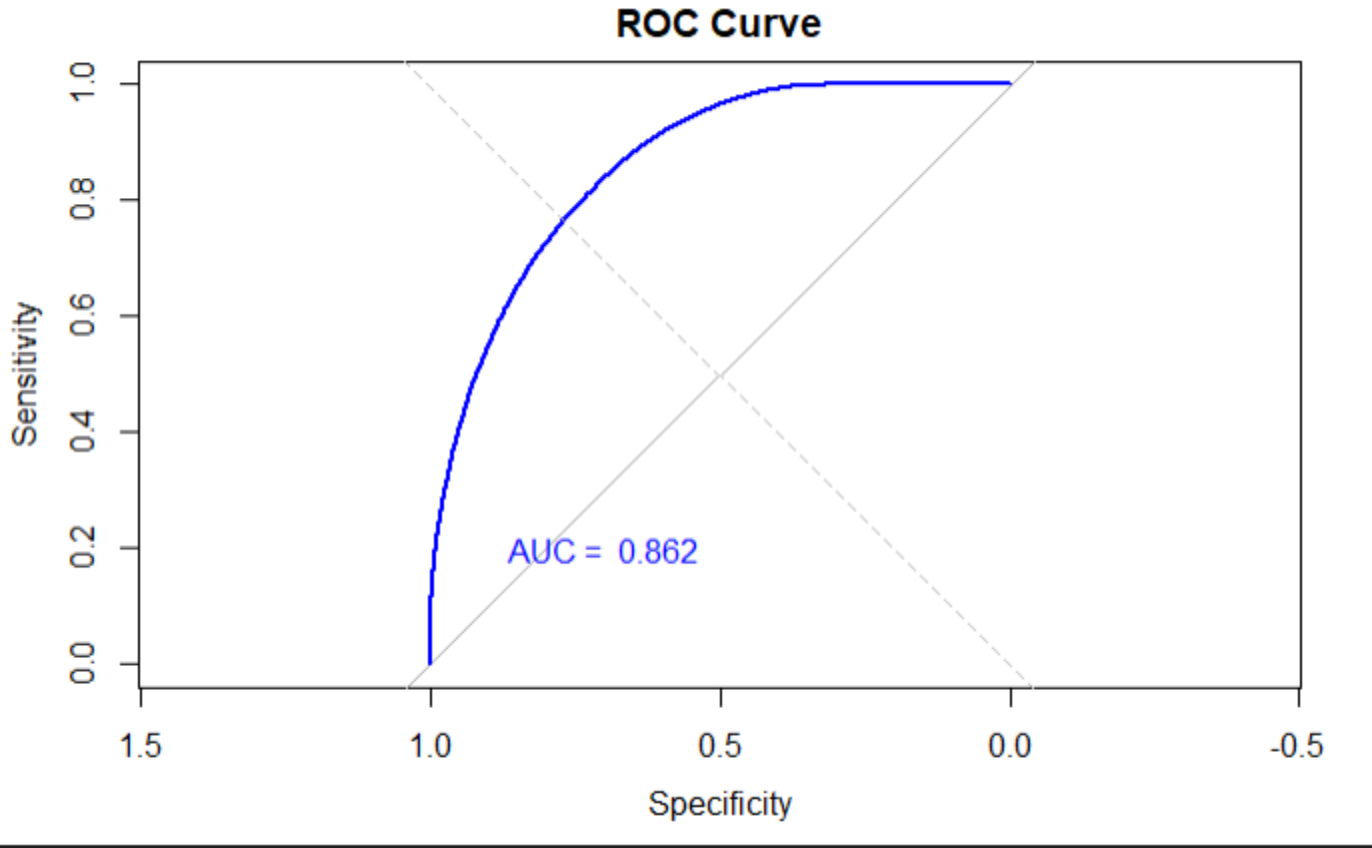
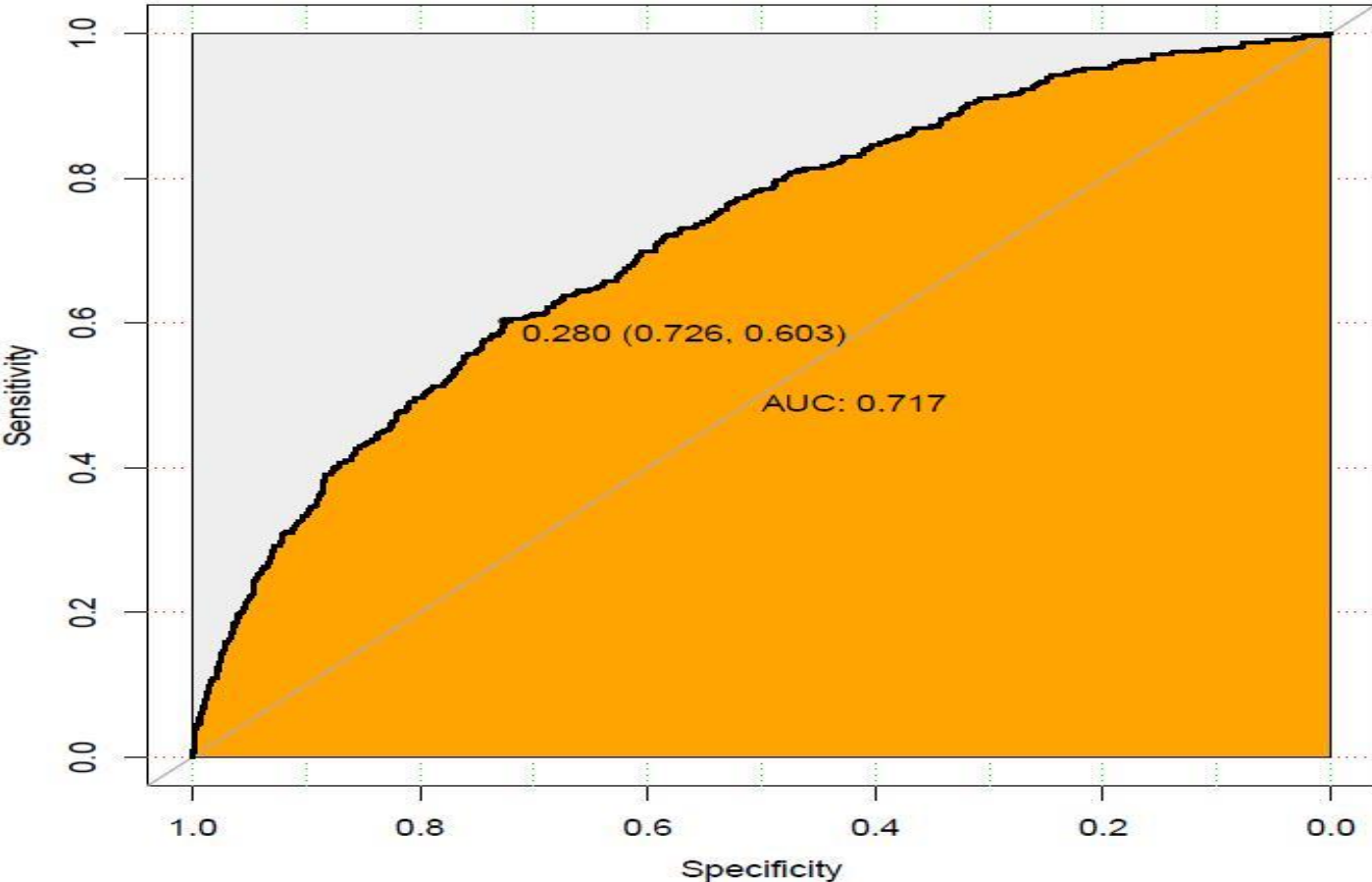
- **Enhanced Reminder Systems and Flexible Scheduling:**
  - Offer more flexible appointment times to accommodate the busy schedules of young people, especially those balancing school and other commitments.
  - Health space in schools for remote consultations & health promotion: students and teachers
- **Representation and Sensitivity:**
  - Inclusive setting and sensitive to the diverse needs of young people (gender, cultural background, age and language preferences).
- **Prevention, Mental Health and Peer Support:**
  - Visible and Accessible resources for psycho-social support, including school-based support and online platforms for peer support

# Implementation phase

- 4P model
- DNA prediction model enhancement
- Peer support/ care navigation
- Upstream pilots:  
digital platform/resources  
health spaces in school



# Non-attendance Prediction model

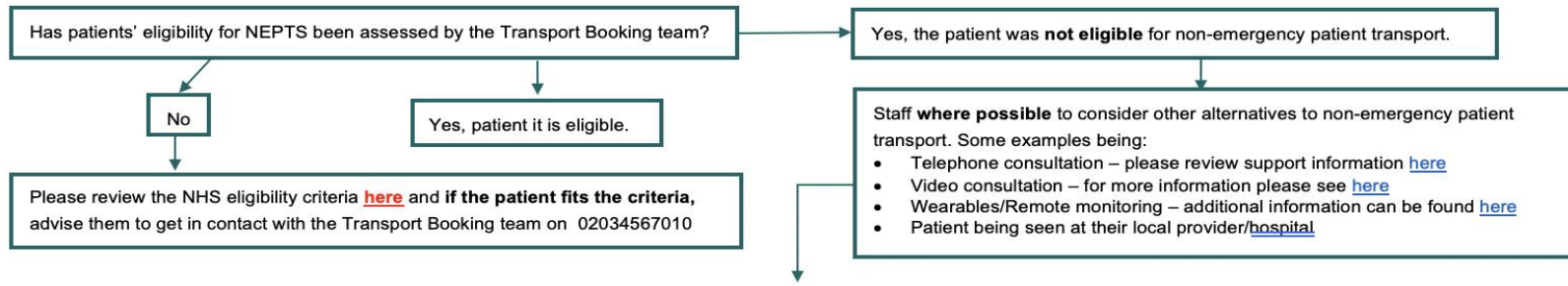


Using normalization and error analysis to further enhance the performance of our prediction model we improved Area Under-the-Receive-Operation-Characteristic-Curve (AUC) from **69% to 86%**

# DNA Prediction model implementation

## Alternative options to Non-Emergency Patient Transport (NEPTS)

**Please note:** This document has been developed to assist staff in outpatient settings to provide guidance to patients on alternative options to NEPTS.



Other transport options:	Description & link	Eligibility	Cost	Approval
<b>Financial Reimbursement of Patients Travel Costs</b>	A scheme that allows patients to claim back the cost of their travel to and from the hospital if they are on a low income or receive certain benefits. <a href="#">here</a>	Patients must be referred by a GP or other health professional and must receive one of the qualifying benefits or allowances or meet the criteria for the NHS Low Income Scheme.	The scheme covers the cost of public transport or mileage allowance for private vehicles, plus parking and toll charges.	Patients can claim a refund at the hospital or clinic where they had their appointment, or by post within 3 months of their appointment.
<b>Taxi card</b>	A scheme that provides subsidised door-to-door transport for people who have a serious mobility impairment and difficulty in using public transport. <a href="#">here</a>	Applicants must live in a London borough and must have a permanent or long-term disability or illness that seriously affects their ability to travel.	The scheme offers a fixed subsidy for each trip, which varies depending on the time of day and distance travelled. The user pays the remainder of the fare.	Applicants can request an application form from their local borough or download it from the website. The processing time may vary depending on the borough.
<b>Freedom Pass</b>	A free travel card for older and disabled people in London that offers free or discounted travel on public transport across the Transport for London network and some National Rail services. <a href="#">here</a>	Applicants must live in a London borough and must meet the age requirement or have an eligible disability.	The scheme is free for the users, but they may need to pay a fee to replace a lost, stolen, damaged or faulty pass.	Applicants can apply online or by post to London Councils or contact their local borough for more information. The processing time may vary depending on the borough.
<b>Community Transport</b>	A service that provides flexible and accessible transport solutions for people who have difficulties using public transport, such as door-to-door transport and trips to shopping centres. <a href="#">here</a>	Eligibility criteria may vary depending on the local scheme, but generally, they are aimed at older people, people with disabilities, people living in rural areas, or socially isolated people.	The cost of the service may vary depending on the local scheme, but generally, they are affordable and subsidised by the local authority or other funders.	Users can contact their local scheme to find out how to register and book a journey. The availability of the service may vary depending on the local scheme.
<b>Transport For All</b>	A charity that provides information, advice and advocacy for disabled and older people who want to use public transport in London. <a href="#">here</a>	Anyone who needs support or guidance to access public transport in London can use the service.	The service is free for the users, but they may need to pay for their own travel costs.	Users can call, email, or visit the website to get information, advice, or advocacy. The service is available Monday to Friday.

Goto Data Screen

DNA Attendance Reminder List 02 Apr 2024 - 08 Apr 2024

## Description

This report should be used to remind patients deemed to be a high DNA risk that they have an appointment scheduled (listed on the Data) and as a means of recording the outcome of the patient communication.

## Instructions

Navigate to the Data screen using the button above

**Please check the appointment details in Epic before calling the patient in case they've rescheduled their appointment since the production**

Use the drop down list to enter the outcome this will automatically update the following

- Name in the Caller Name column
- Date that you contacted the patient (you can only enter a date that falls one day either side of the report date)
- Time that you contacted the patient (Format HH:MM)
- Times Called by 1 Note: the value can be reset by typing over the value

## Suggested script for calls

Hello,  
My name is X and I work at UCLH. I'm calling you as you are under our service and have an appointment booked. We wanted to check if you have the correct details about your appointment. We also have some questions that are designed to help us make it easier for you and other patients to attend appointments. Is it OK to go through them now? Thank you so much for your time. You can skip any questions or tell me to stop at any time.

Are you aware that you have an upcoming appointment next week? This appointment will be scheduled on dd/mm at hh:mm in the morning/afternoon (and it will be a f2f/ telephone/ video appointment)

Is there anything that can make it difficult for you to attend your appointment?  
Is there anything we can do to make it easier for you to attend your appointments?  
Do you generally prefer face to face or remote appointments (for example using telephone or video calls)?  
Do you have access to the internet and digital tools (for example computer, tablets, smart phone)?  
How far is your commute to attend your appointments?  
How would you like your medical information communicated to you? This includes things such as appointment letters and blood results.

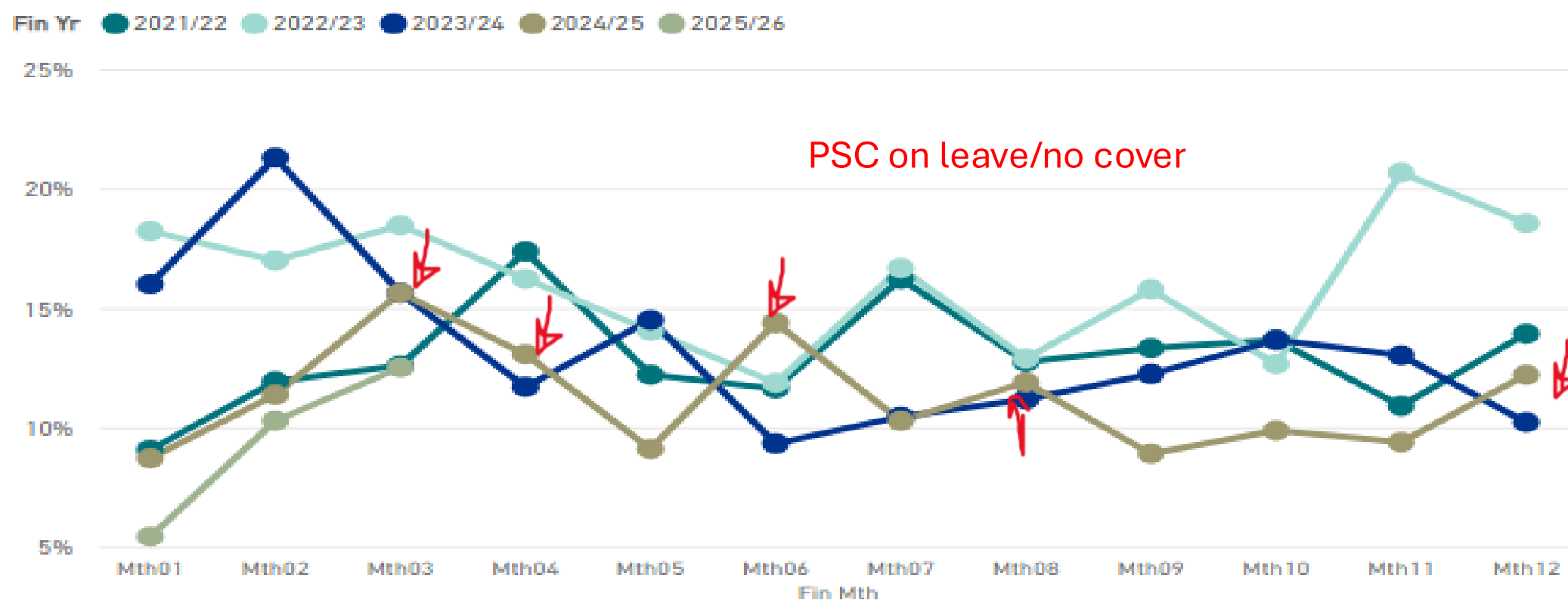
Thanks again for your time. Do you have anything to ask me before I go?

Other transport options:	Description & link	Eligibility	Cost	Approval
<b>ECT Charity</b>	A charity that provides high quality, safe, friendly, accessible, and affordable transport in local communities, such as minibuses for community groups, transport for children with special educational needs and disability, and door-to-door services for older and disabled people. <a href="#">here</a>	Eligibility criteria may vary depending on the service, but generally, they are aimed at people who struggle with mainstream transport or have unmet transport needs.	The cost of the service may vary depending on the service, but generally, they are affordable and subsidised by the local authority or other funders.	10:00 to 16:00 Users can contact the service provider in their area to find out how to register and book a journey. The availability of the service may vary depending on the service provider.
<b>Healthcare Travel Costs Scheme</b>	A scheme that allows patients to claim a refund of reasonable travel costs if they are referred to a hospital or other NHS premises for specialist NHS treatment or diagnostic tests by a doctor, dentist, or another primary care health professional. <a href="#">here</a>	Patients must meet the same eligibility criteria as the Financial Reimbursement of Patients Travel Costs scheme.	The scheme covers the same costs as the Financial Reimbursement of Patients Travel Costs scheme.	Patients can claim a refund in the same way as the Financial Reimbursement of Patients Travel Costs scheme.
<b>Community Transport Association</b>	A national charity that represents and supports providers of community transport, and offers training, resources, publications, advice, events, consultancy, and project support on voluntary, community, and accessible transport. <a href="#">here</a>	Anyone interested in or involved in community transport can join the association as a member or access its services.	The cost of the membership or the services may vary depending on the type and level of support required.	Users can contact the association by phone, email or online to find out more about its membership or services. The association operates across the UK.

# Outcomes so far!

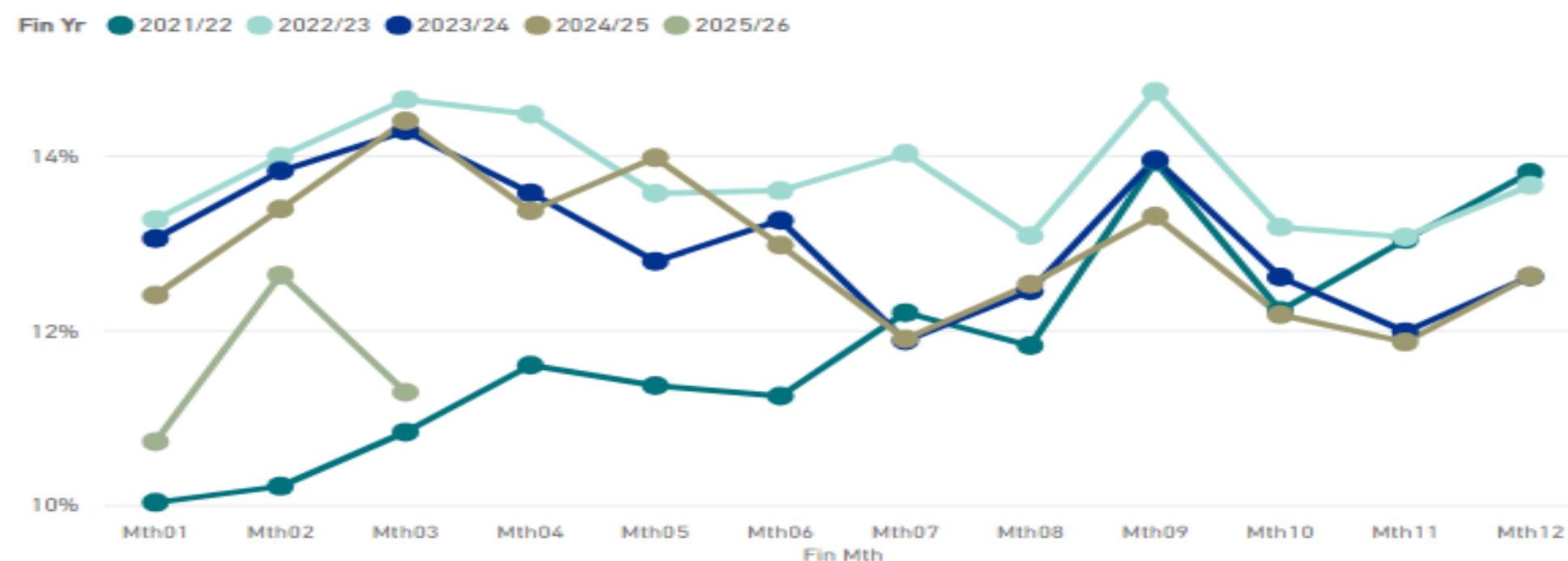
- Started using the model in Mar 2024- Feb 2026
- Peer support coordinator (PSC) started in May 2024 : Pilot in AYAR
- Reduction in non-attendance 33%
- 66% reduction when PSC is consistently onsite
- We reached lowest DNA **5.2%** in 2025
- Peer support for patients with most complex needs : 1:1 support

% Appointments DNA'd by financial year and month



AYA Rheum DNA rate went down to 5.2% in 2025

% Appointments DNA'd by financial year and month



AYA UCLH lowest rate 11.2%

# Evaluation: Key Achievements

- **Reduction in non-attendance:**
- The reduction in DNA rates has cost saving of £50,625, and estimate £76,000 in AYAR With consistent PSC cover.
- **Increased engagement:** Over 600 young people engaged through proactive outreach, contributing to improved appointment attendance.
- **Development of peer support interventions:** A hybrid model of support was developed, incorporating telephone clinics and support, digital peer support 'Hangout Spaces', and in-person assistance, all shaped by feedback from young people.

# BL Story: Engagement with Peer Support Coordinator

Started working with patient following discharge  
November 2024.

Intervention:

- MDT support- Hangout Space - Social prescriber – support with transport options and financial support - Lupus UK -Guidance with PIP.
- Regular telephone follow-ups planned with the Peer Support Coordinator to check-in. - Discussed college application and course options.

Impact:

- **0 acute admission in the last year**
- Attended all hospital appointments
- Back to education: started college



# Young People experience

The project's impact is powerfully demonstrated through peer-to-peer feedback:

- **AM (17, Juvenile Idiopathic Arthritis):** "AM enjoyed having general conversations that were not medical focused" - reducing anxiety around health management and school attendance while improving overall wellbeing.
- **BA (19, Systemic Lupus):** "BA stated she feels more confident knowing what support is available to her" - successfully navigating university transition with appropriate disability support signposting.
- **CA (19, Complex Conditions):** "CA and parent are now happy to attend future young adult clinic appointments" - overcoming significant anxiety about transition from paediatric to adult services.
- **FA 4 (24, Systemic Lupus):** Attendance improved through coordinated support including taxi provision and regular follow-ups, demonstrating how practical barriers can be systematically addressed.
- **ZL 5 (24, JIA with ASD):** "Attendance has improved" through persistent communication and transport support, showing impact for those with additional learning needs.



# Young people partners' feedback

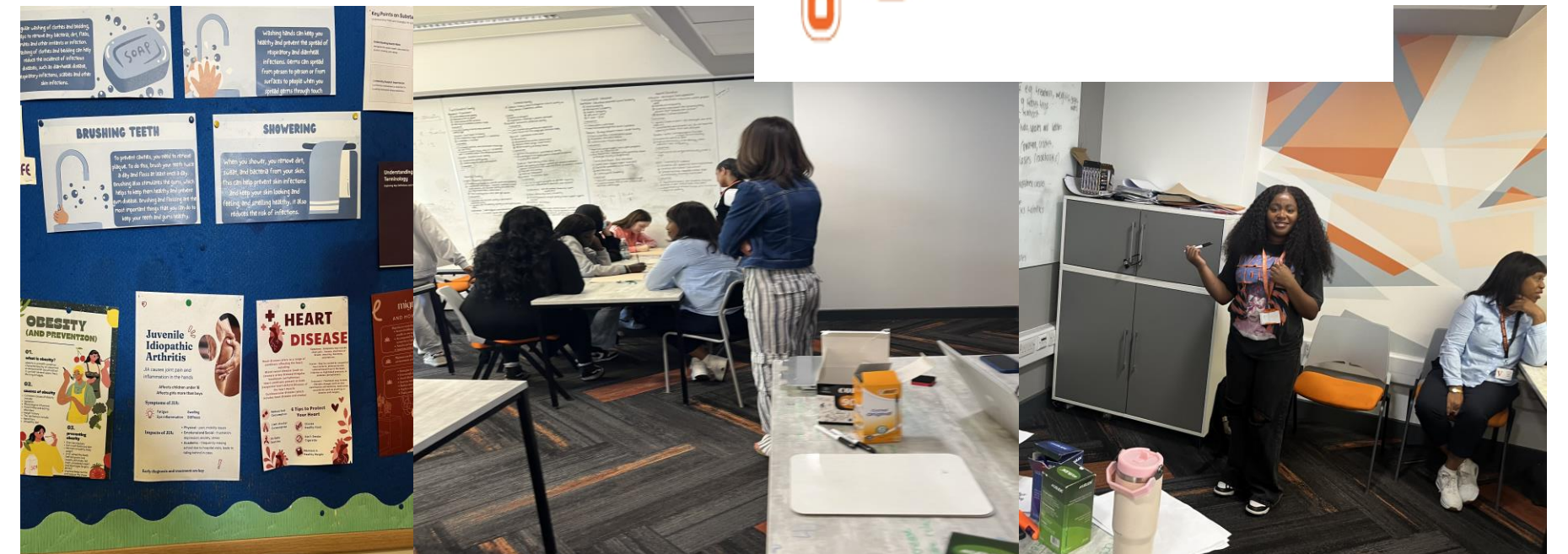
*Sara “Being involved in setting up the support scheme has been an invaluable experience where I had the privilege of interviewing potential candidates to assess their suitability for the UCLH Peer Support Coordinator role for the Adolescent & Young Adult Rheumatology service, posing important questions that reflect the interests and concerns of young people. This role is crucial for fostering a sense of community and connectedness among young people and all those involved in their care, something I am deeply passionate about...”*

*Flora “The peer support scheme is providing a great opportunity for a diverse group of people who all interact with the medical system in different ways to share our perspectives on the barriers to accessing healthcare and where resources can be best utilised to address this”*

*Sana: “Being a part of the peer support scheme provides a positively informative and intimate approach to meaningful conversations with the drive for improvement. It’s a unique opportunity to help bridge the gap between young people and healthcare professionals for better outcomes overall. ”*

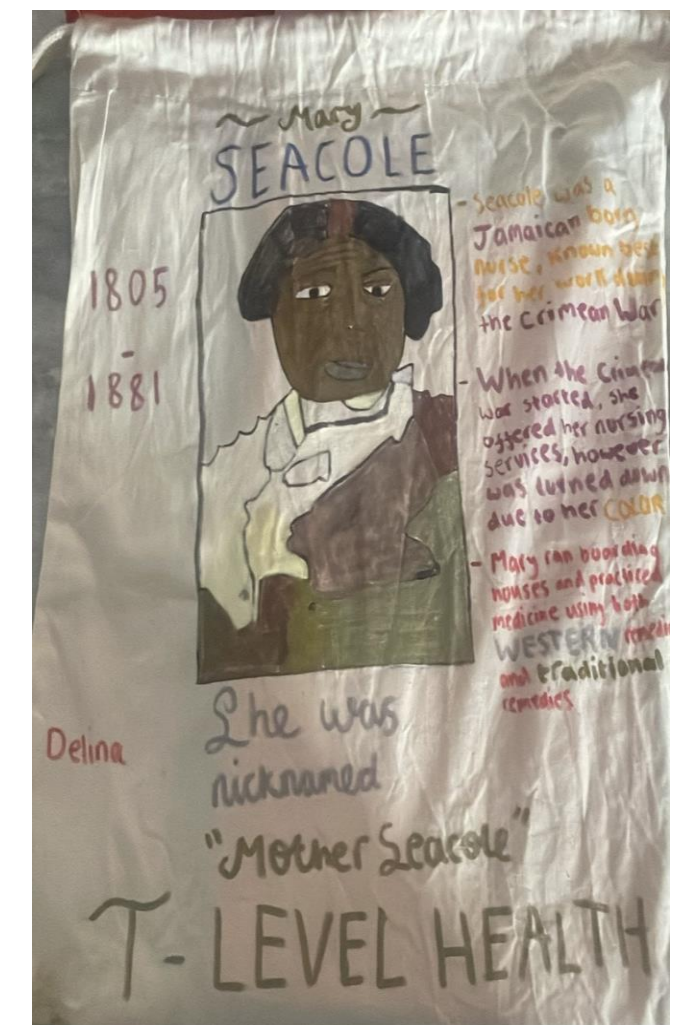
# Upstream intervention: Health space

- Three schools: 2 in Haringey and 1 in Woodbridge
- Health space Pilot codesigned by students for students as part of work experience: space to improve mental wellbeing, advocate for health promotion, awareness about rare conditions like JIA, Other theme: sleep, cancer, mental health
- Also dedicated space for remote consultation in Haringey 6<sup>th</sup> form
- Engagement with public health team in Haringey and ICB



# Health space Haringey: launched in Sept 2025

- YP led : aligned to NHS work experience
- Organizing committee: YP, teachers, HCP
- Coproduced outcome measures
- Support from Haringey public health
- Creative art : mental health support
- Started engaging with local team, North Middlesex University Hospital



# Youth HealthCare Bridge: Linking the upstream and downstream worlds



Mission: to create a space in which young people's voices help shape healthcare resources, and make sure that information is relevant, accessible, and equitable.

Digital storytelling hub where young people share resources to inform and inspire others

Goal

Equitable access to:

Healthcare resources

Education/ career progression opportunities

---> knowledge exchange and peer-to-peer support.



Resource hublink

# Key learning

In this journey:

- We improved our understanding of how various parts of the system are interconnected
- We expanded our solution space and moved from outcome focused to a more value-based care.
- We created opportunity for innovation and emergence



**Award for meaningful collaboration  
across boundaries and empowerment  
of young people**

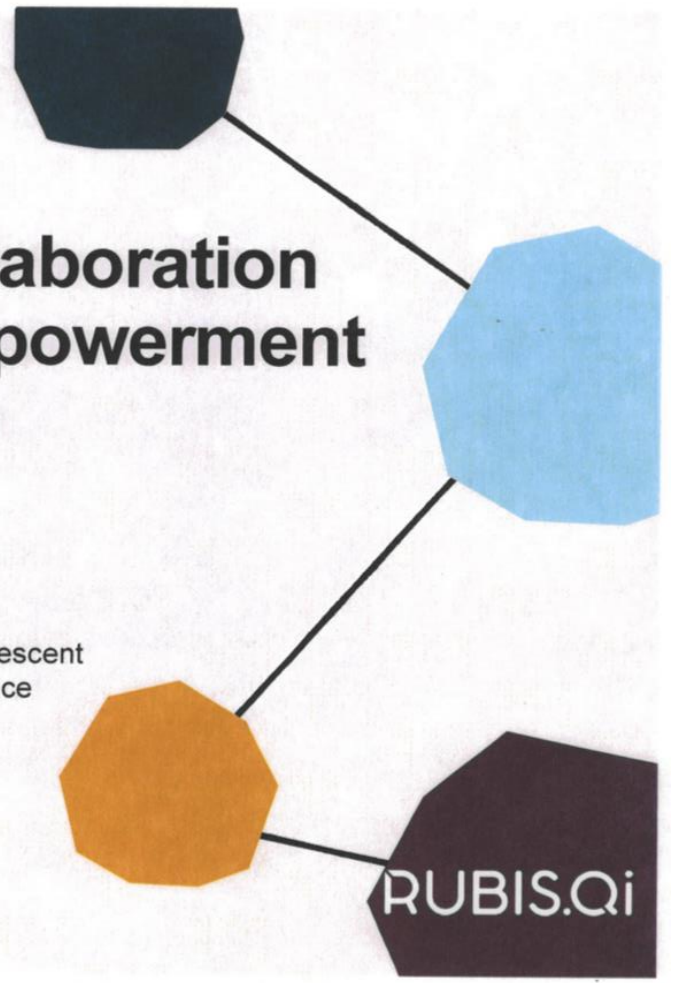
**UCLH**

Improvement of patient engagement with the Adolescent  
Rheumatology service to reduce non-attendance

Q LAB 2024-2025



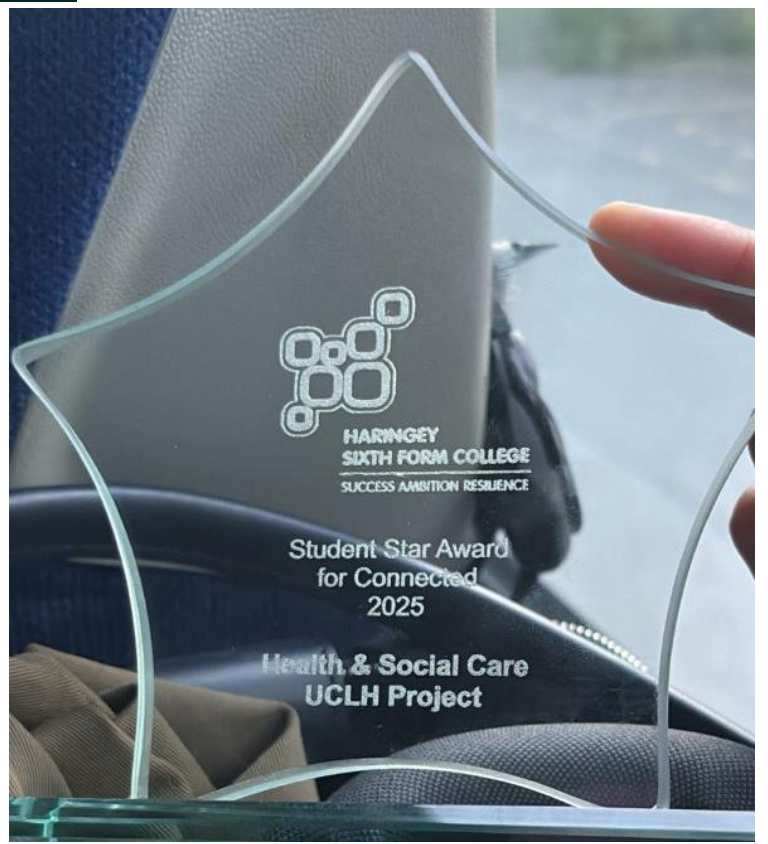
Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland



**Global Top 30 Improvers**



**CORE20 PLUS 5**



**HQIP Excellence in Clinical Audit Award-2026**

# Acknowledgments

Debajit Sen, James Glanville, Sophia Mavrommatis, Corinne Fisher, Claire McGinley, Dilini Paul, Rosie Roberts, Terry Segal, Hannah Jacob, Imani George, Aisha Shah, Sana Khan, Flora Maccarthy, Imad Hussain, S Musai, S Sabra, L. Bowden, M. Rajani, Jamalzai, E. Mensah, L. Gillchrist, L Belfield, Cleo White, Luke O'Shea, UCLH transformation team, UCLH BI team, Population Health Board



fortismere



University College London Hospitals   
NHS Foundation Trust





Thank you!

[aicha.bouraoui@nhs.net](mailto:aicha.bouraoui@nhs.net)



# How Clinical Audit Supports the Delivery of National and Strategic Priorities at a Local Level

**Vicky Patel**

Clinical Effectiveness Manager,  
The Rotherham Foundation Trust

# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

## The NHS Three Shifts



Hospital → Community



Treatment → Prevention



Analogue → Digital

## Why Clinical Audit Matters Strategically



Moves beyond assurance  
→ drives improvement



Provides real-world evidence  
of change



Links standards → practice  
outcomes

# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

## Enabling Shift 1: Hospital to Community



### Audit pathways across settings

Assess care pathways as patients move across hospital and community services.



### Measure admission avoidance & early discharge

Evaluate initiatives that prevent unnecessary admissions and support timely discharge.



### Evaluate continuity of care

Review handovers, communication and follow-up to ensure seamless, person-centred care.

## Enabling Shift 2: Treatment to Prevention



### Audit early recognition & risk stratification

Ensure systems identify at-risk patients early and stratify risk effectively.



### Focus on deterioration (e.g. sepsis, AKI)

Target audits on key conditions where early action can prevent harm.



### Measure compliance with preventative standards

Monitor adherence to evidence-based preventative practices and standards.

## Enabling Shift 3: Analogue to Digital



### Use data for real-time audit

Harness timely data to monitor performance and drive faster improvement.



### Leverage EPR/data systems

Use electronic patient records and data systems to access comprehensive, reliable information.



### Improve data quality & automation

Strengthen data accuracy, completeness and use automation to streamline audit processes.

# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

## What This Means for Clinical Audit Teams



### Fewer, higher-impact audits

Focus our time and resources on audits that deliver the greatest value.



### Alignment to organisational priorities

Ensure audit activity supports strategic goals and key areas of focus.



### Stronger focus on outcomes

Drive measurable improvements that lead to better care and better outcomes for patients.

## Strengthening Delivery



### Robust project design at outset

Ensure audits are well-scoped, evidence-based and set up for success from the start.



### Clear timelines & accountability

Establish clear milestones, responsibilities and oversight to keep audits on track.



### Mandatory re-audit and action tracking

Re-audit to confirm improvement and track actions to ensure change is sustained.

## Triangulation: Strengthening Impact



### Combine audit with:



#### Mortality data

Use mortality data to understand outcomes and identify areas for improvement.



#### Structured judgement reviews

Incorporate structured judgement reviews to learn from cases and strengthen patient safety.



#### Patient safety intelligence

Leverage patient safety intelligence to detect trends, share learning and drive safer care.



Triangulation brings multiple sources of insight together to deliver deeper understanding and stronger improvement.

# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

## Improved Patient Outcomes

Audit must demonstrate:



### What improved

Identify and evidence the improvements in patient outcomes.



### How care changed

Describe and evidence the changes made to care and practice.



Demonstrating these ensures audits lead to meaningful, measurable and sustainable improvements in patient care.

## Reduced Variation

Links directly to:



### CQC Evidence Domains

Demonstrates consistency in care and outcomes across services.



### Quality Committee Assurance

Provides assurance that improvements are reliable, sustainable and embedded.



Reducing variation strengthens quality, safety and assurance across the organisation.



## Evidence for CQC & Governance

This is how we show value



### Robust Evidence

We provide clear, reliable evidence that demonstrates quality and improvement.



### Supports CQC Assurance

Our evidence meets CQC standards and shows compliance and impact.



### Strengthens Governance

Evidence informs decisions, drives accountability and supports continuous improvement.



Strong evidence builds trust, ensures accountability and demonstrates the value we deliver.



# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

## Key Takeaways



### Demonstrate Impact

Show what improved and how care changed to achieve better patient outcomes.



### Reduce Variation

Link findings to CQC evidence domains and Quality Committee assurance.



### Provide Robust Evidence

Use strong, reliable evidence to support CQC assurance and governance.



### Drive Value and Accountability

Use evidence to inform decisions, support governance and drive continuous improvement.



Strong evidence. Clear impact. Better care for all.



# Turning Strategy into Reality: Clinical Audit as a Strategic Enabler of the NHS Three Shifts

**Clinical audit is a strategic enabler** 

**Focus on impact, not volume**  
We prioritise measurable impact that improves patient outcomes and quality of care.

**Align, prioritise, and deliver**  
We align audit activity with strategic priorities to deliver meaningful improvement.

**Audit is central to delivering NHS transformation**  
We provide the evidence and insight that drive better decisions, innovation and system-wide change.

**Opportunity for teams to lead improvement**  
We empower teams to use audit to identify opportunities, test change and make a real difference.

**“ Audit is how we prove that change is real ”**

**Q+A**

**Dr Aicha Bouraoui**

**Vicky Patel**

# Upcoming Clinical Audit Awareness Week Webinars

## Daily themed webinars:

- Tue 10.30-11.30am & 2-3pm: Patient Involvement & Care Equity
- Wed 10am-12pm: Shaping the Future Together
- Thu 10.30am-12pm: Patient Safety: Using Data to Reduce Harm
- Fri 10am-12pm & 1-3pm: Data-Informed Improvement



Find out more and register here  
- or scan the QR code:

[www.hqip.org.uk/caaw26](http://www.hqip.org.uk/caaw26)

## Daily Excellence in Clinical Audit Awards announcements:

- Tue 12.15-1pm: Equity and Patient Involvement Award
- Wed 12.45-1.30pm: Innovation Award
- Thu 12.45-1.30pm: Patient Safety Award
- Fri, during the 1-3pm webinar: Evidence in Practice Award

Find lots more on this topic on HQIP's website:

[www.hqip.org.uk/impact-of-data/supporting-strategy-and-delivery](http://www.hqip.org.uk/impact-of-data/supporting-strategy-and-delivery)



# THANK YOU!



**Please share your feedback:**

Go to [www.hqip.org.uk/caaw26-feedback](http://www.hqip.org.uk/caaw26-feedback)

Or scan the QR code

**Keep up to date:**

- Sign up to HQIP's mailing list: [www.hqip.org.uk/subscribe-form/](http://www.hqip.org.uk/subscribe-form/)
- Follow us on social media & use the hashtag #CAAW26

