HQIP Healthcare Quality Improvement Partnership

#CAAW26

Excellence in Clinical Audit Awards 2026 Announcement: Innovation Winners

Wednesday 24 June 2026, 12.45-1.30pm

THIS EVENT STARTS AT 12.45pm

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Scan the QR code or visit
www.hqip.org.uk/caaw26

CLINICAL AUDIT AWARENESS WEEK 2026
Improving lives with healthcare data

www.hqip.org.uk/caaw26

Excellence in Clinical Audit Awards 2026 Announcement: Innovation Winners

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

Today's agenda:

- **Welcome and Award Announcements**
  Caroline Rogers, Associate Director, Healthcare Quality Improvement Partnership
- **Winning Project Presentation**
- **Clinical Audit and Innovation**
  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

Innovation Award

CLINICAL AUDIT AWARENESS WEEK 2026

Improving lives with healthcare data

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EXCELLENCE IN CLINICAL AUDIT AWARDS

Shining a Light on Data-Driven Healthcare Improvement

AND THE RUNNER UP IS…

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Innovation Award 2026, Runner-Up

End of Life Care (EOLC) Champions, Whipps Cross University Hospital, Barts Health NHS Trust

Transforming End of Life Care: A Champion-Led Quality Improvement Approach

EXCELLENCE IN CLINICAL AUDIT AWARDS

Shining a Light on Data-Driven Healthcare Improvement

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EXCELLENCE IN CLINICAL AUDIT AWARDS

Shining a Light on Data-Driven Healthcare Improvement

AND THE WINNER IS...

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Innovation Award 2026, Winner

Data Science and Infection Prevention and Control Team, Newcastle upon Tyne Hospitals NHS Foundation Trust

Reproducible Analytical Pipeline for Rapid, Sustained and Statistically-Significant Improvement in MRSA Admission Screening Compliance

EXCELLENCE IN CLINICAL AUDIT AWARDS

Shining a Light on Data-Driven Healthcare Improvement

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Innovation Winner:

Daniel Weiand, on behalf of the Data Science and Infection Prevention and Control Team, Newcastle upon Tyne Hospitals NHS Foundation Trust

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From Data to Action:

Reproducible Analytical Pipeline (RAP) for Rapid, Sustained and Statistically-Significant Improvement in MRSA Admission Screening Compliance.

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Innovation award category

D Weiand, J Lupton, P Le Roux et al.

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The Newcastle upon Tyne Hospitals
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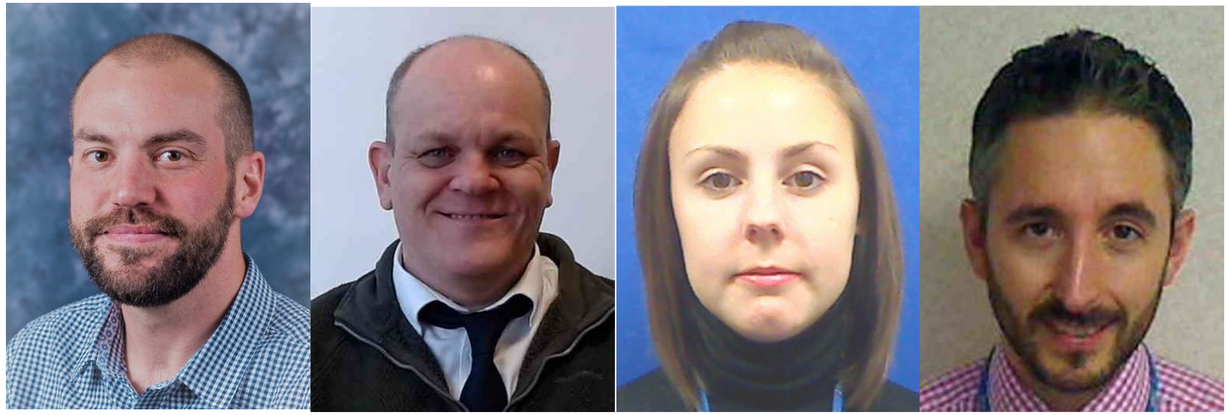
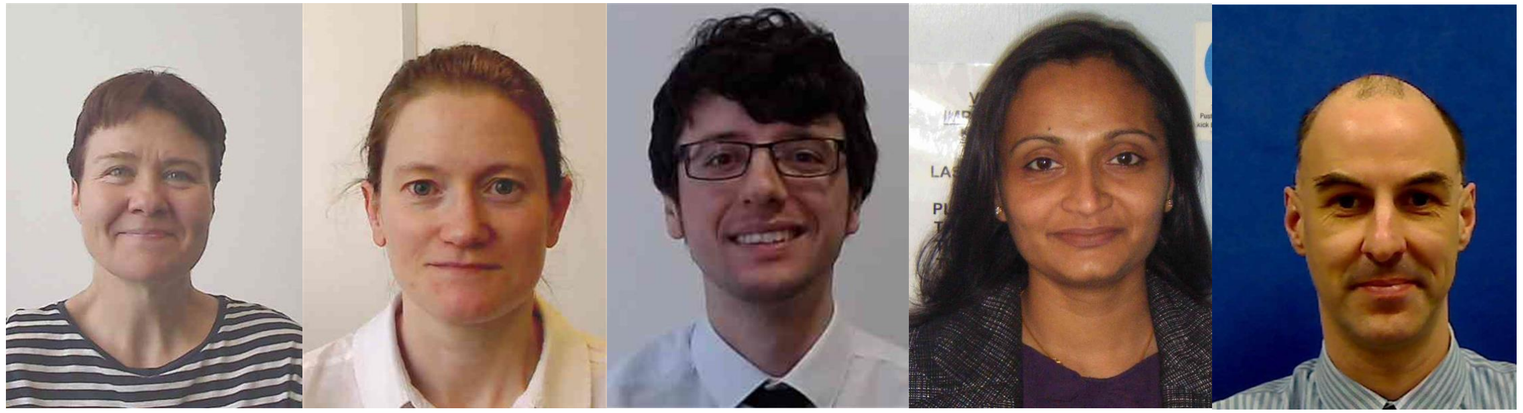
Meet the Team

Daniel Weiand; Paul Bradley; Caroline Cullerton; Geoff Dines;

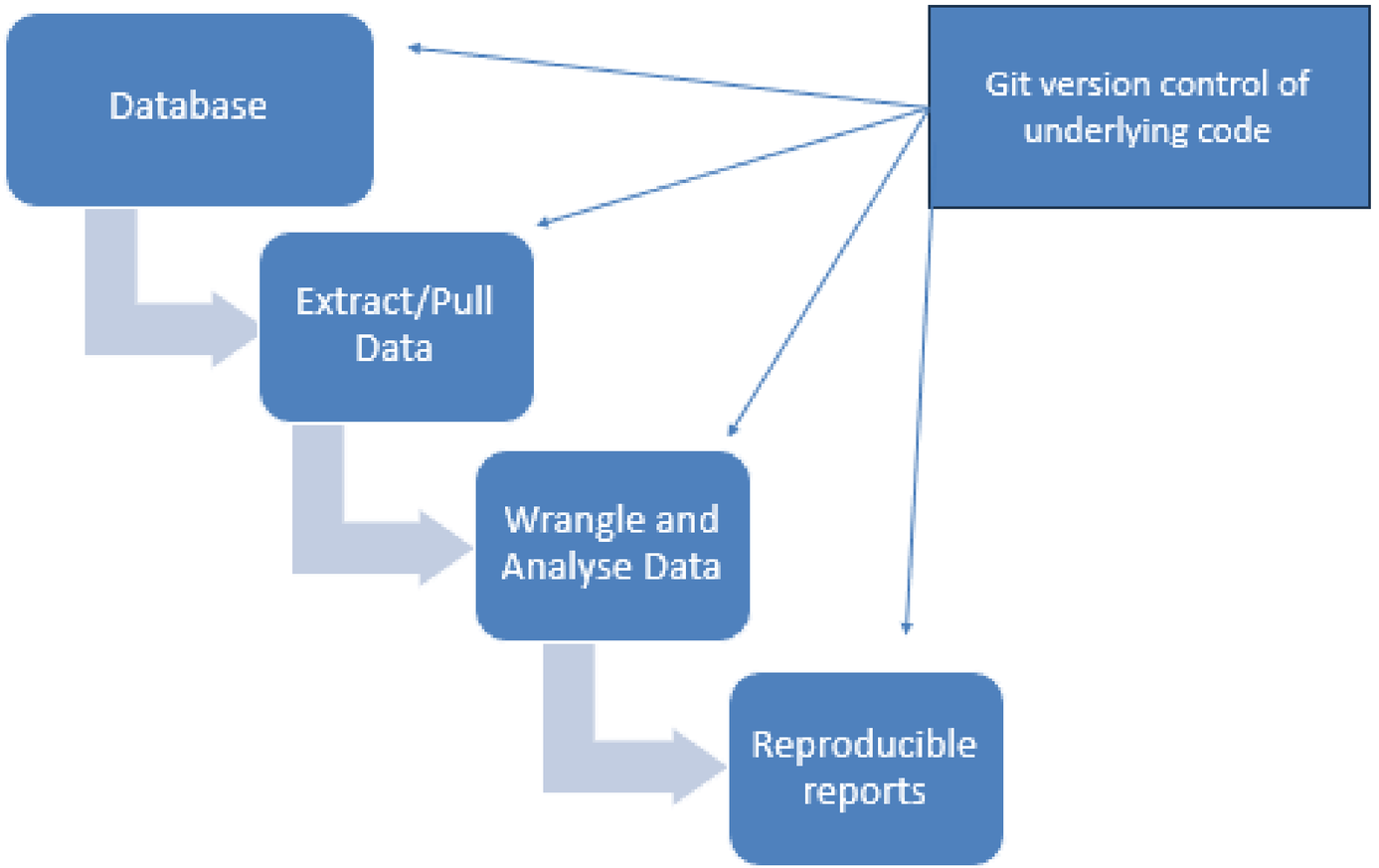


Joanne Field; Peta Le Roux; Jamie Lupton; Julie Samuel; Chris Plummer



What is a RAP?

A **Reproducible Analytical Pipeline (RAP)** comprises a set of principles and practices that create **faster, more robust, and transparent analytical processes**



Challenge	Benefit	How RAP Solves It
Slow reporting cycles	Reduced time to insight	Automating data extraction, processing, and output eliminates manual steps.
Lack of trust in data	Enhanced trust in data	Version-controlled code ensures the pipeline is fully auditable and consistent.
Difficulty replicating findings	Improved reproducibility and transparency	Code acts as a permanent recipe for anyone to independently achieve identical outputs.
Case-finding complexities	Better resource allocation	Programmatic, rule-based filtering automatically targets specific cohorts of interest.
Subjective decision-making	Evidence-based decision-making	Repeatable analysis ensures strategic choices are based on evidence rather than assumptions.

D Weiand, J Lupton, P Le Roux et al.

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The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Problem description

MRSA blood stream infection (BSI; bacteraemia):

- National frameworks mandate organisation-level reporting of cases
- Q2 25/26, NUTH was ranked
  - … 22nd (out of 134), in segment 2 of the dashboard
  - … 125th (out of 134) for the metric 'Number of MRSA bacteraemia cases’

Quarter	Trust Name	Domain	Metric Description	Units	Value	Median	Lower Quartile	Upper Quartile	National Rank
Q2 2025/26	The Newcastle Upon Tyne Hospitals NHS Foundation Trust	Patient safety	Number of MRSA bacteraemia cases	count	9.00	3	1	6	125
			Number of MRSA bacteraemia cases	score	3.84				

Intervention / Strategy	RAP Role	Impact of RAP
Enhanced Surveillance & Reporting	✅ Direct	Automatically processes pathology and admission data to generate timely, patient-level intelligence.
Universal Screening & Decolonisation Protocols	✅ Direct	Programmatically evaluate compliance with MRSA policy, including admission screening practices
Prudent Antimicrobial Stewardship	✅ Direct	Facilitate earlier review of antimicrobial prescriptions in MRSA-positive patients
Innovation & Technology	✅ Direct	RAP allows for automated, patient-level surveillance of key assurance measures, and rapid sharing of results
Leadership Engagement & Governance	✅ Direct	Delivers fully auditable, trustworthy, timely and immediately actionable data to key stakeholders
Staff Education & Competency	🔗 Indirect	Ward-level data allows educators to target training and intervention where it is objectively needed most
Optimised Hand Hygiene Compliance	❌ None	Physical clinical practice. RAP cannot monitor bedside compliance.
Rigorous Environmental Cleaning	❌ None	Physical clinical practice. RAP cannot clean a ward.

Problem description

At NUTH, MRSA admission screening is mandated for practically most inpatients

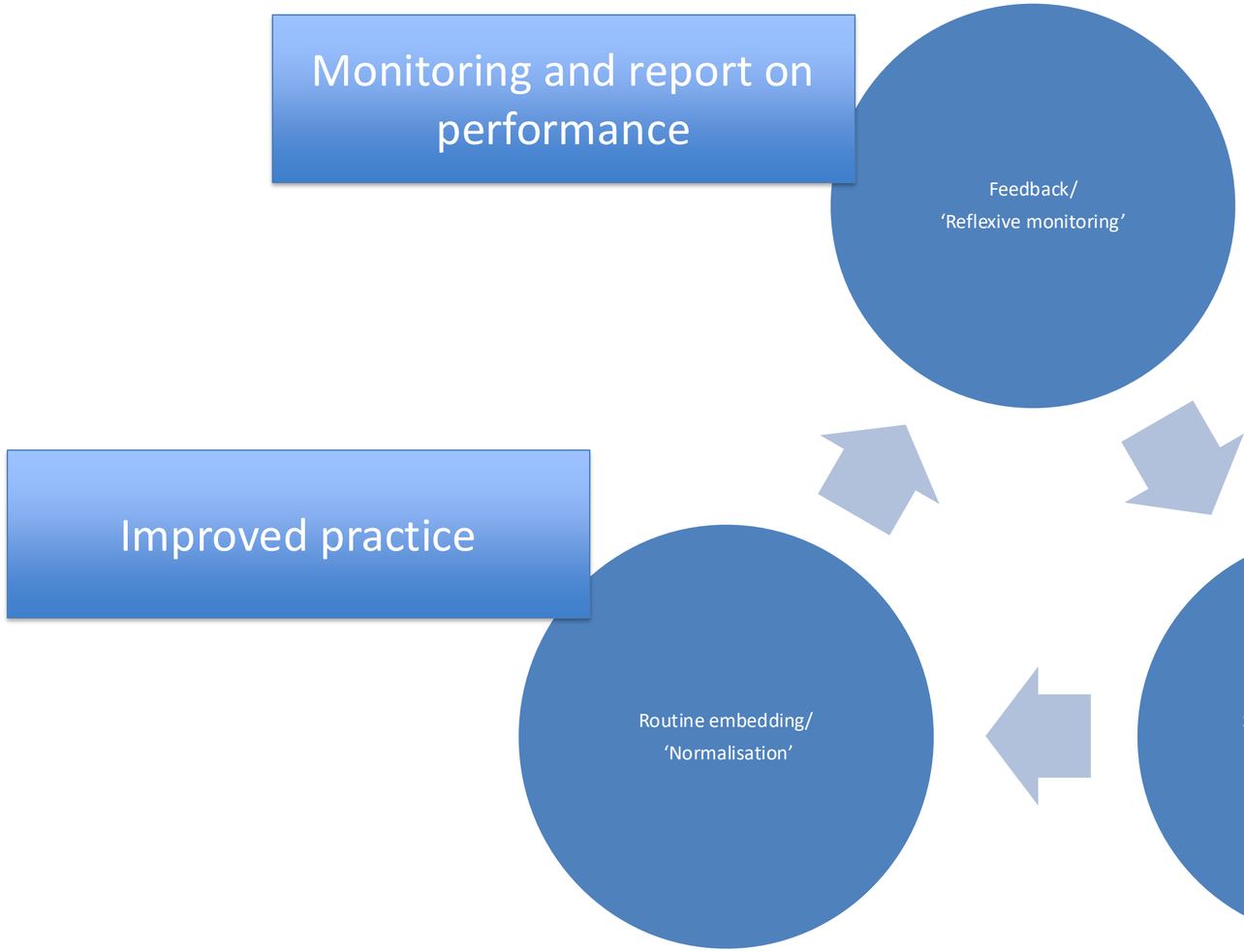
Screening must be undertaken between:

[18 weeks preceding admission] –

[admission date]

Prior to this project, MRSA admission screening compliance levels were effectively unknown at NUTH.

Normalisation Process Theory (NPT)



Per Nilsen [2024]

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The Newcastle upon Tyne Hospitals NHS Foundation Trust

Aims

To develop and implement a RAP

…That triangulates data from different silos

…To prospectively evaluate, report, monitor and improve compliance with MRSA admission screening practices

Setting

Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH)

- Major tertiary care NHS provider
- Approximately 16,000 staff
- Serving around two million patient contacts annually.

The microbiology laboratory at NUTH is fully UKAS-accredited to ISO 15189:2022 (18,19)

RAP

RAP

- using modular, re-usable, git version-controlled code

Data extraction, on a weekly basis

- from secure data warehouse (DWH), using SQL and R programming.

Data wrangling (inc. cleaning, quality-checks, and analysis)

- using R programming .

Final output: standardised HTML format report,

- generated using Quarto.

Automatically uploaded to a secure, central intranet hub

- data science intranet site

NUTH Data Science Intranet Site

Welcome to the Data Science Intranet Site

This front page provides quick links to our latest interactive data reports. Please select a report below to access data visualisations and insights.

About this site

This site serves as a central hub for data science outputs created using Open-source (**free**) programming languages, including Python and R programming.

The aim is to provide easy access to interactive, regularly updated reports that facilitate informed decision-making, promote transparency, and encourage the use of data-driven insights in everyday practice.

Only the latest version of each report will be stored on this Site. The reports published here should not be saved to create large datasets, as this goes against the Caldicott principles.

Important notice

The reports accessible from this site contain **sensitive clinical and operational data**. Please ensure you adhere to Trust policies and information governance requirements when viewing or discussing these reports. Do not distribute content outside approved channels or to unauthorised individuals.

Reports

Choose appropriate option from tabs, below.

Antimicrobial stewardship | Laboratory metrics

> These reports are updated on a **weekly basis**
>
> **Last update:** Tuesday 11-11-25

CPE and CPO Report

- Comprehensive analysis of all significant CPE/CPO results—culture, immunoassay, and molecular tests

Critical-Flagged, Positive Blood Cultures Report

- Automated analysis of data on the last 14 days' critical-flagged, flagged blood culture results

Critical-Flagged, Positive Blood Cultures linked with Antimicrobial Prescriptions

- Links data on the last 14 days' critical-flagged, flagged blood culture results with data on practically all inpatients' antimicrobial prescriptions

Gentamicin Prescriptions Report

- Automated analysis of inpatient gentamicin prescriptions

MRSA Positive Patients Prescribed Antimicrobials Report

- Automated analysis of systemic antibiotic prescriptions for patients with a history of MRSA at NUTH

MRSA Screening Compliance Report

- Evaluation of universal MRSA admission screening compliance

Penicillin Allergy Delabelling Report

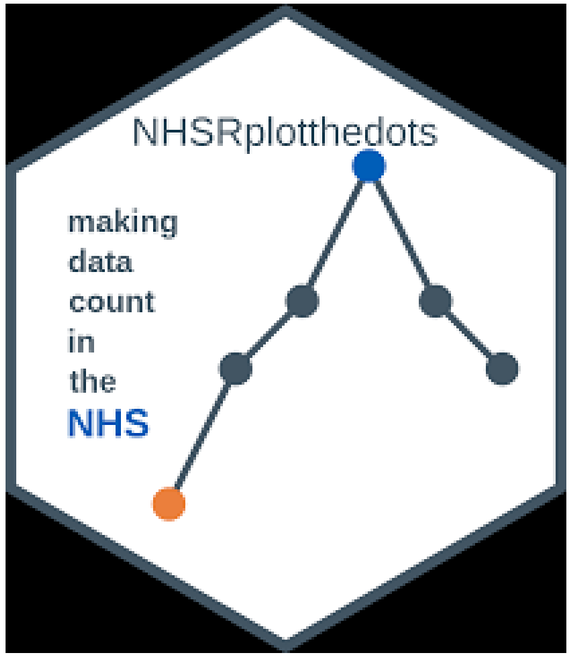
- Surveys prescribing data to identify penicillin allergy delabelling opportunities

Approach to Assessing Impact

Design: Prospective weekly surveillance study

Systematic outcome measurement commenced on 07/01/2025

Time series analysis using Statistical Process Control (SPC) methods used to detect meaningful changes in compliance



Selection of participants (pragmatic approach)

Inclusion criteria:

- all current inpatients at NUTH; with
- length of stay of at least 24 hours; and
- prescribed a new inpatient medication within the previous 7 days.

Exclusion criteria:

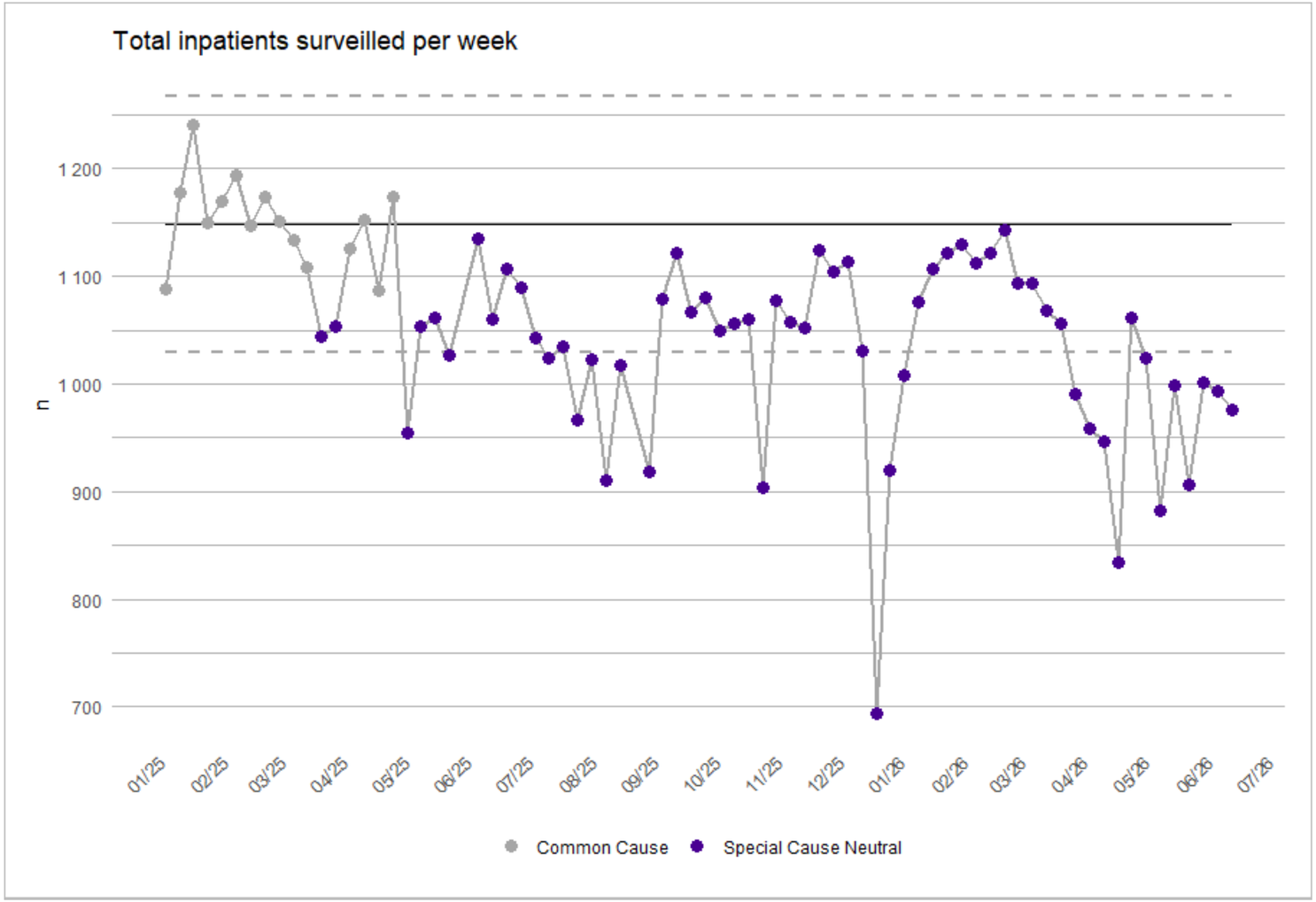
- admitted >6 weeks prior to the date of analysis; or
- exempt from MRSA admission screening as per policy.

Results

Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Total inpatients surveilled per week (n)



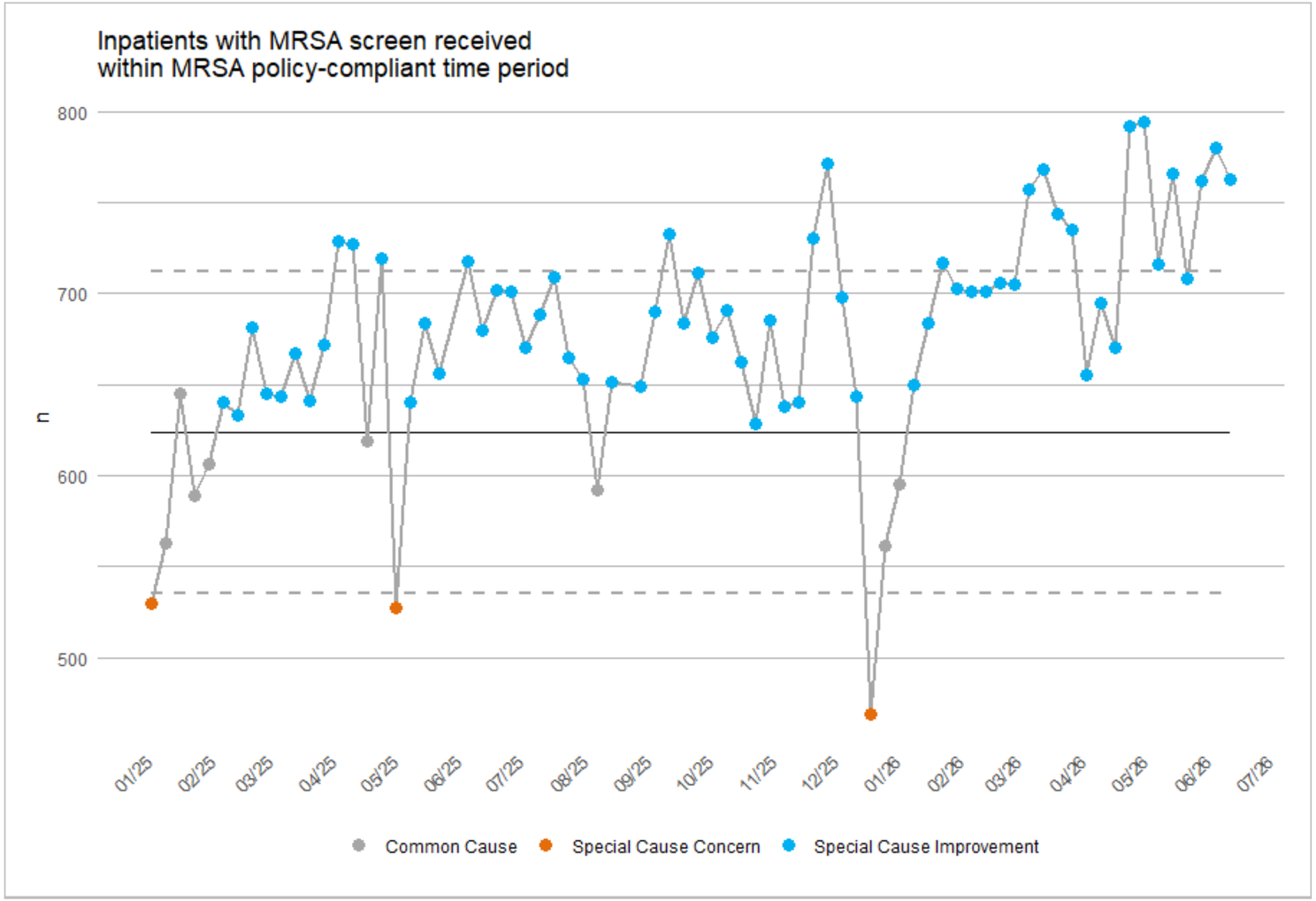
Impact of RAP on screening

Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Inpatients compliant with MRSA admission screening (n)

(higher is better)



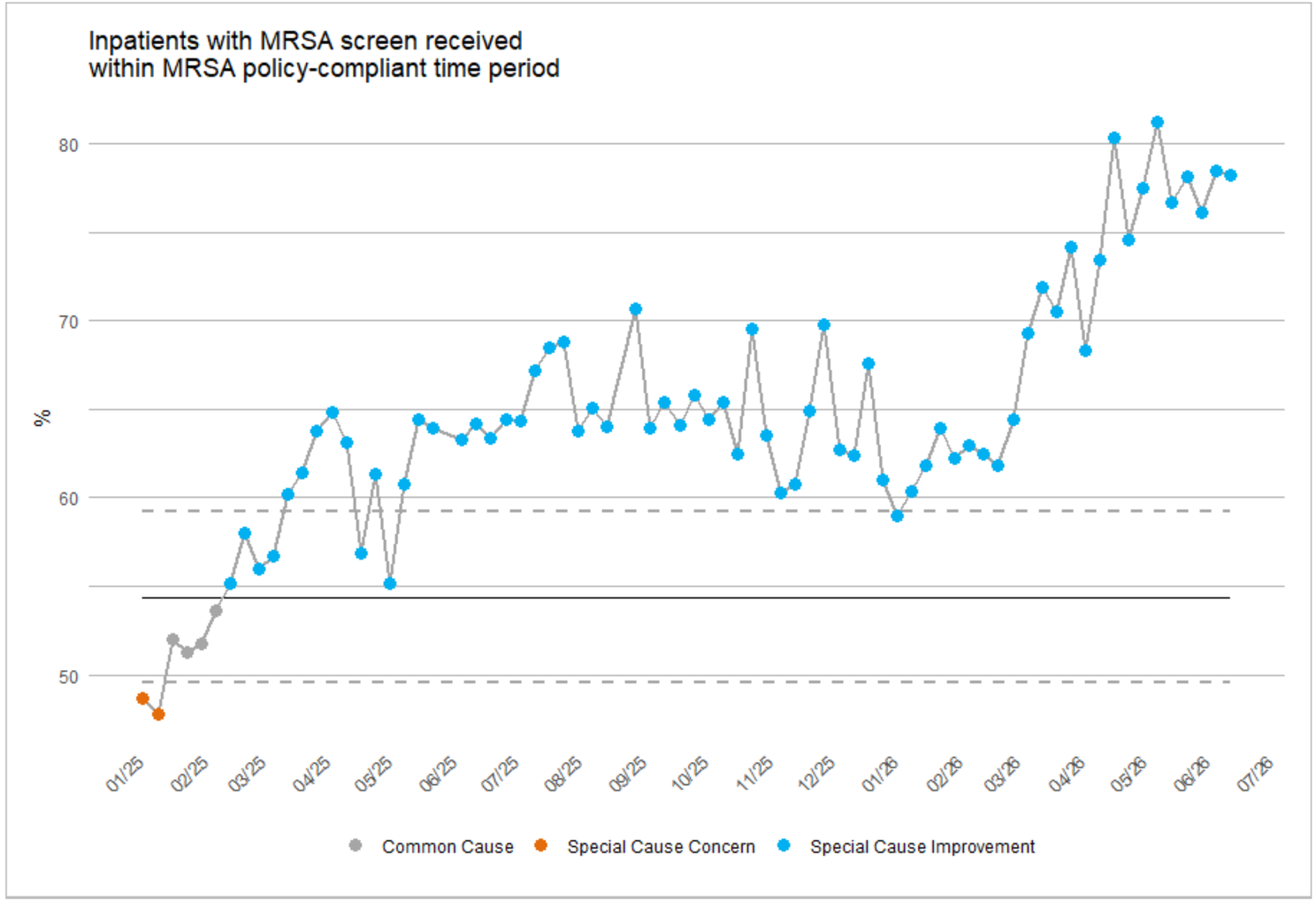
Impact of RAP on screening

Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Compliance with MRSA admission screening (%)

(higher is better)

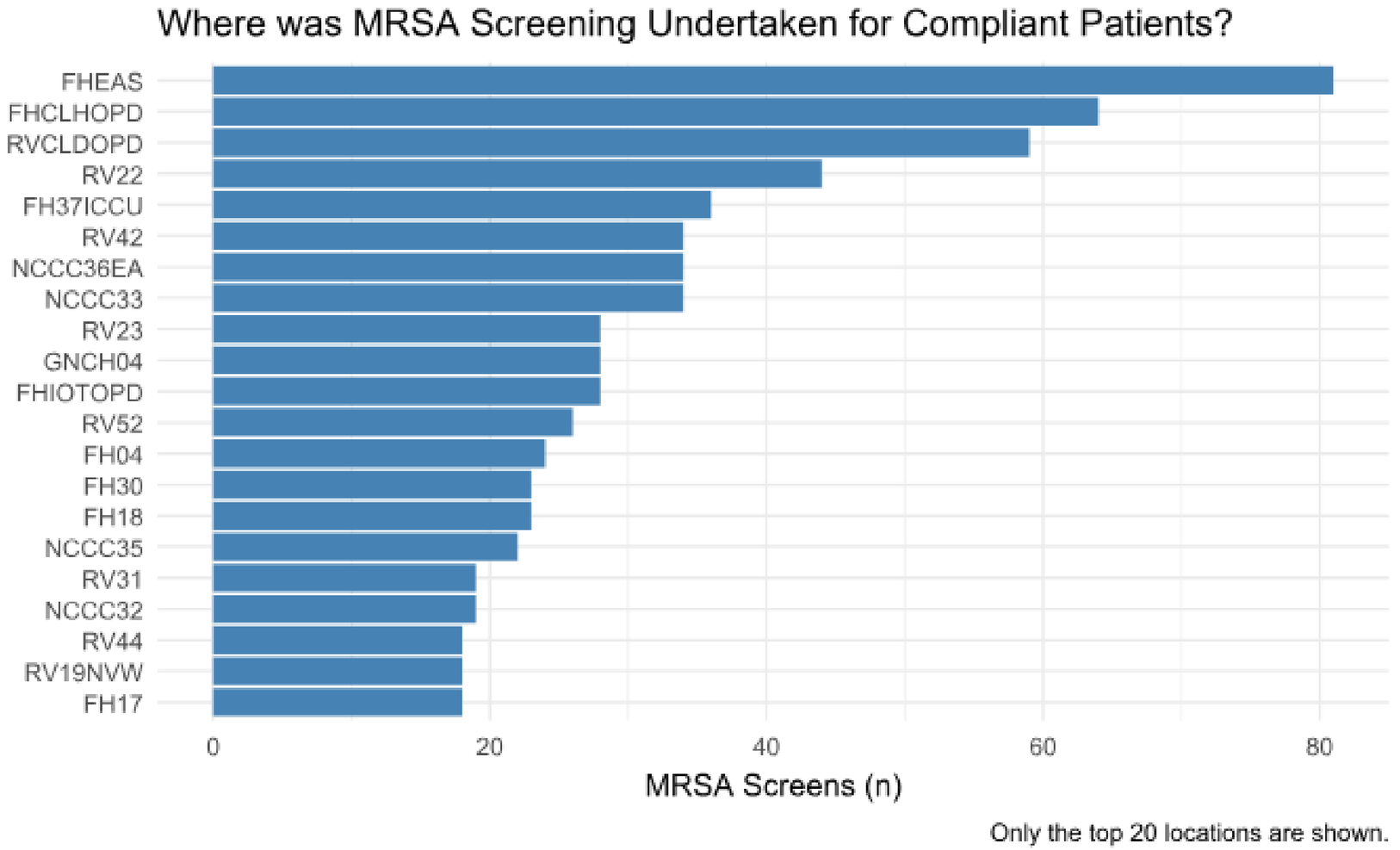


Data for the week ending 03/02/2026
Time 0

RVAS doesn’t feature in the top 10 wards

Improvements in MRSA admission screening compliance driven by RVI Assessment Suite (RVAS) staff

Number of MRSA screens received per location (n)



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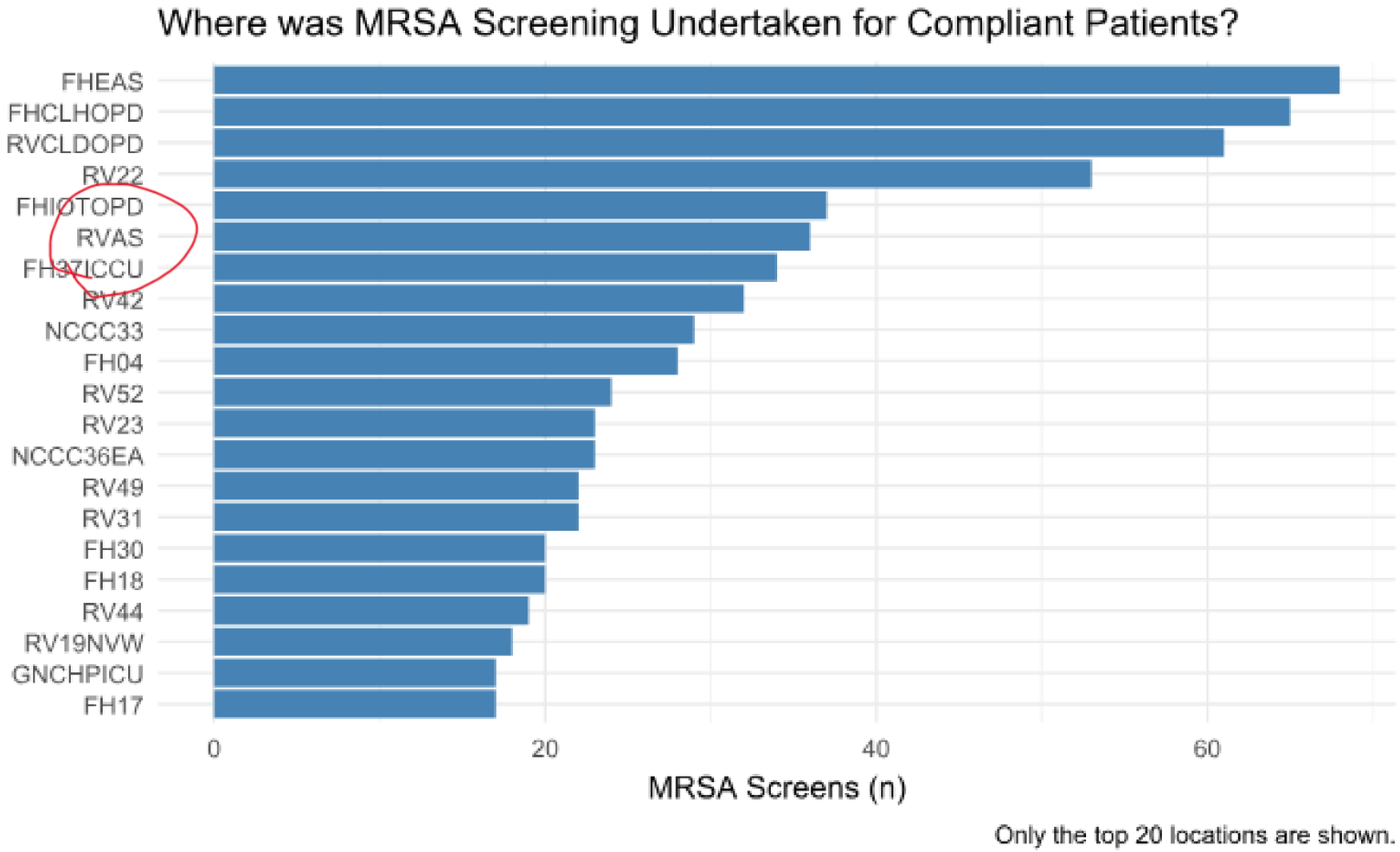
Data for the week ending 10/02/2026
Time +1 week

RVAS is 6th

Improvements in MRSA admission screening compliance driven by RVI Assessment Suite (RVAS) staff

Number of MRSA screens received per location (n)

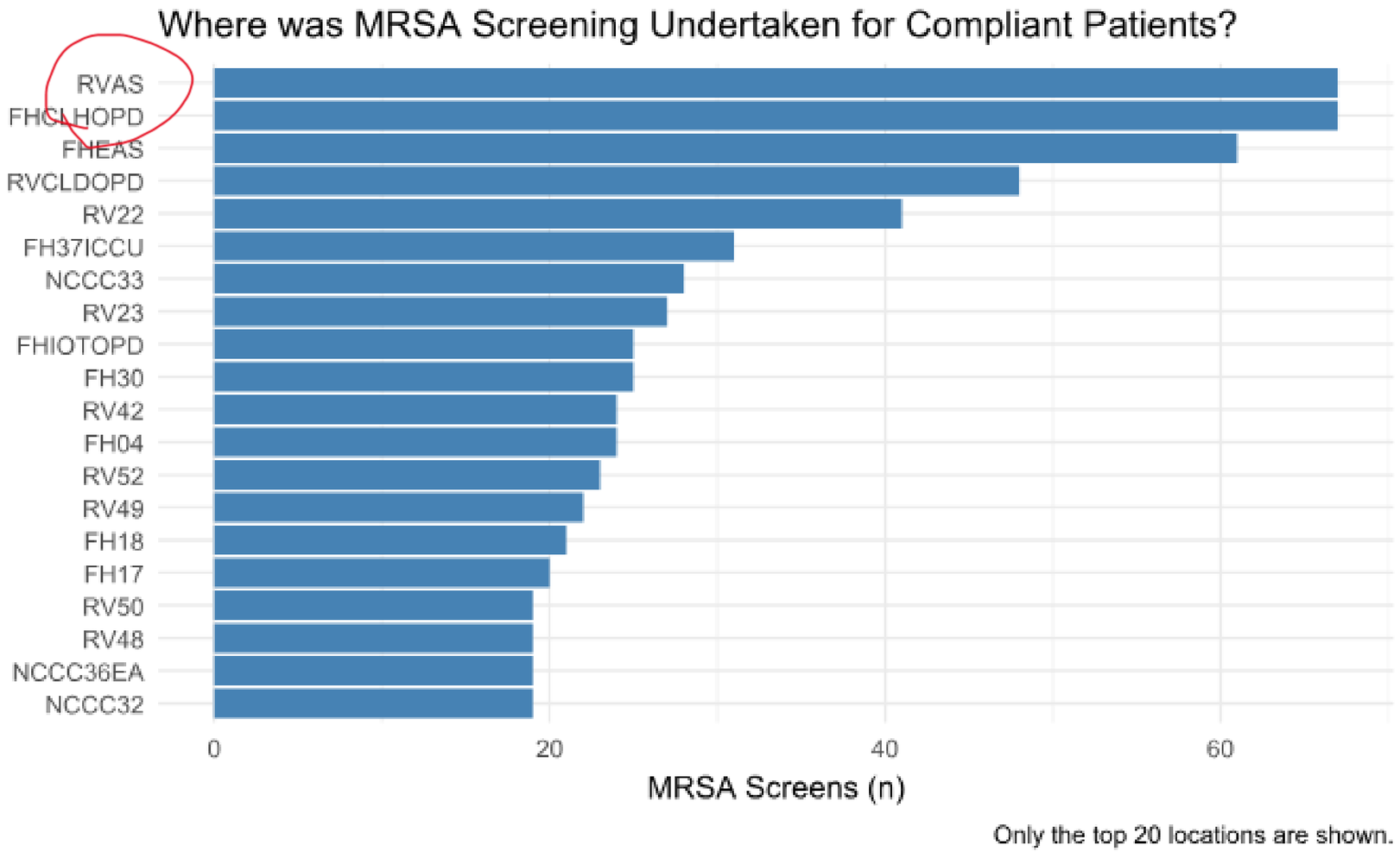


Data for the week ending 17/02/2026
Time +2 weeks

RVAS is joint-top screening location

Improvements in MRSA admission screening compliance driven by RVI Assessment Suite (RVAS) staff

Number of MRSA screens received per location (n)



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Innovation award category

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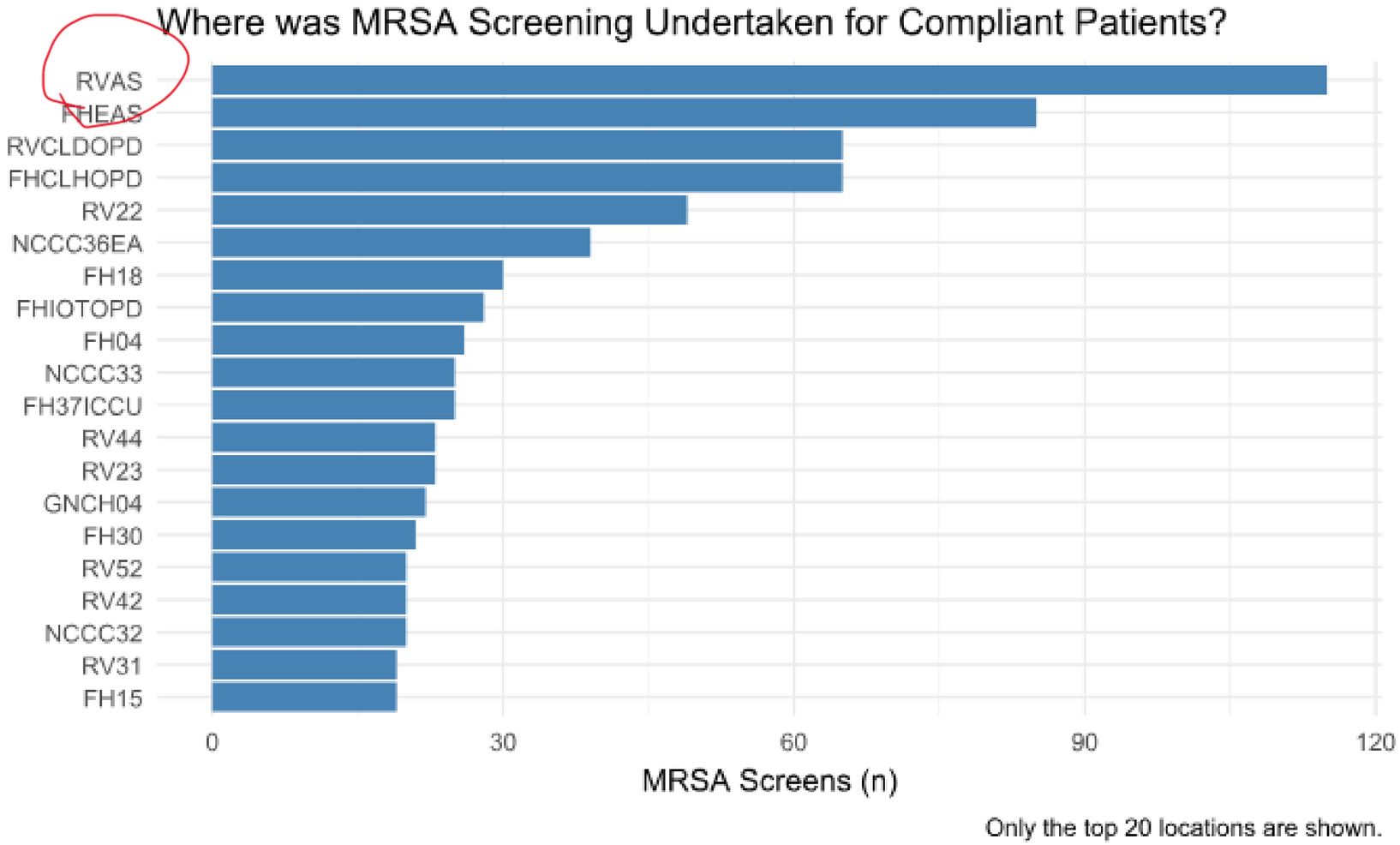
Data for the week ending 24/02/2026
Time +3 weeks

RVAS is number 1 screening location

Improvements in MRSA admission screening compliance driven by RVI Assessment Suite (RVAS) staff

Number of MRSA screens received per location (n)



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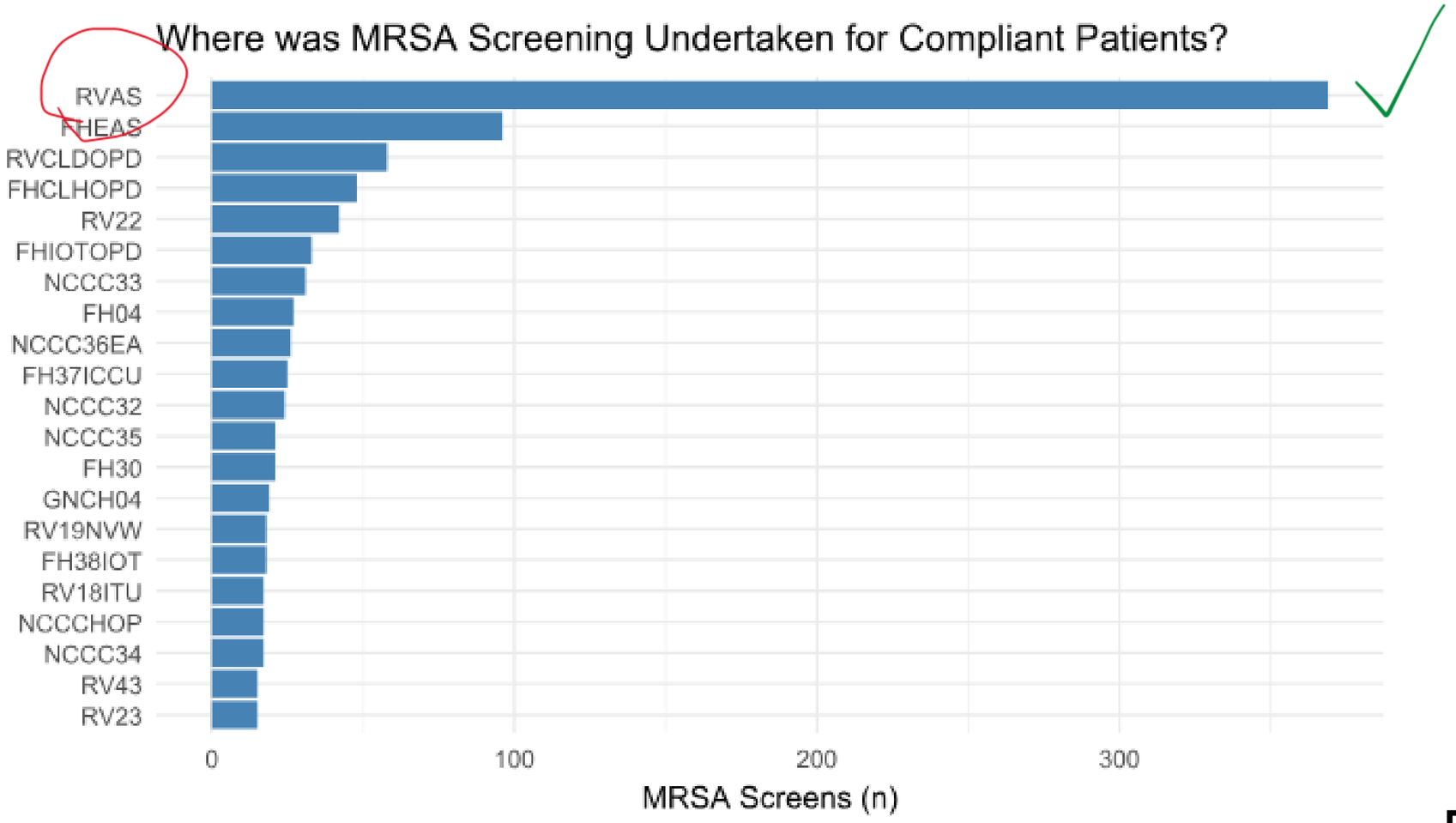
Data for the week ending 16/06/2026
Time **+4 months**

RVAS is now *far-and-away* the number 1 screening location

Improvements in MRSA admission screening compliance driven by RVI Assessment Suite (RVAS) staff

Number of MRSA screens received per location (n)



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Impact of RAP on screening + locally-driven QI

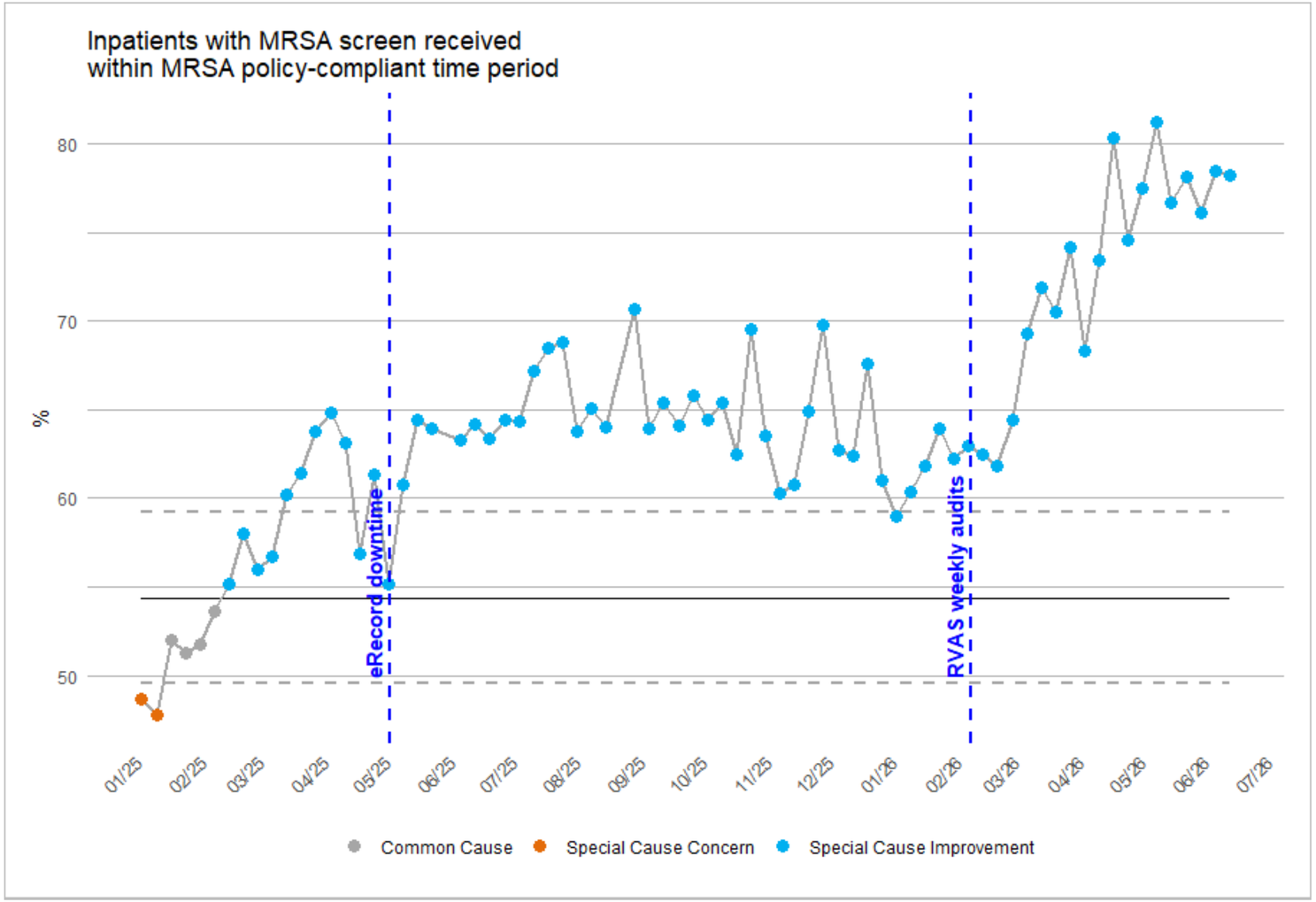
Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Compliance with MRSA admission screening (%)

(higher is better)

- annotated



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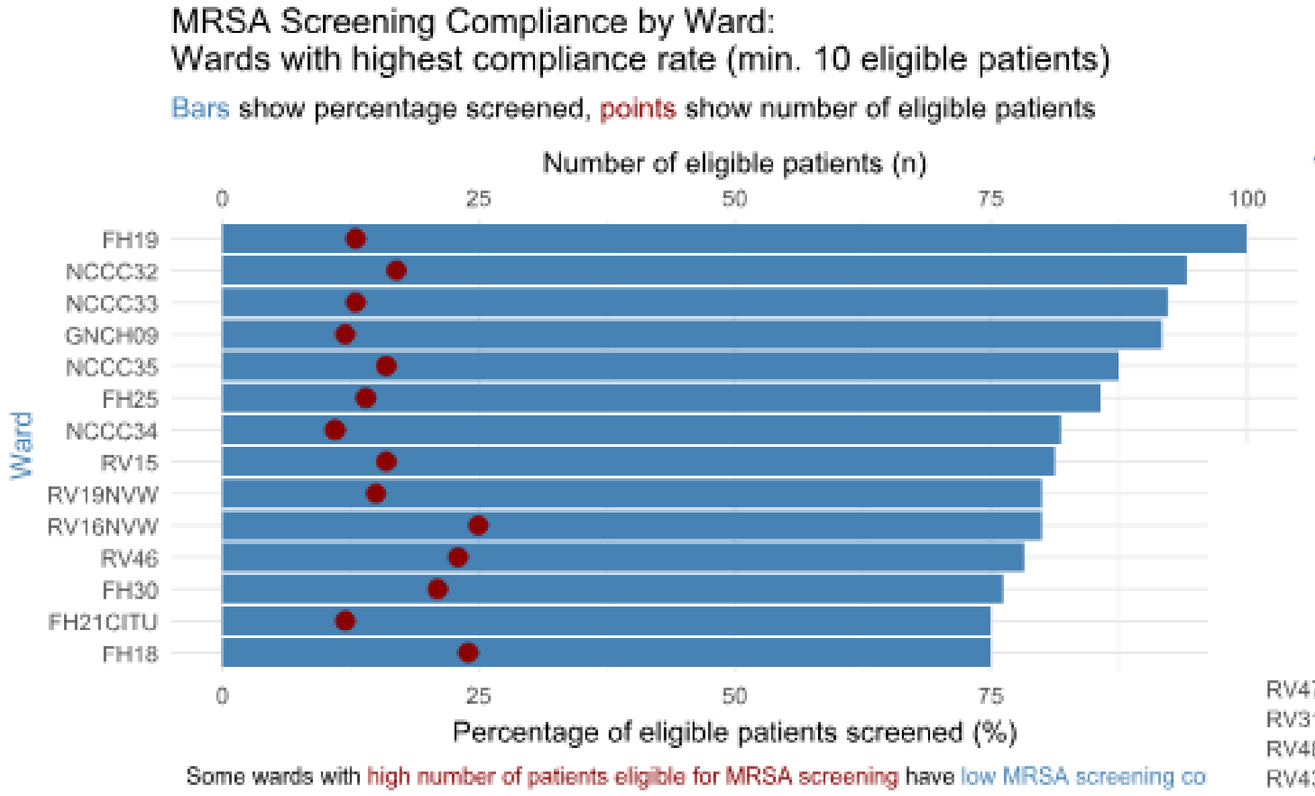
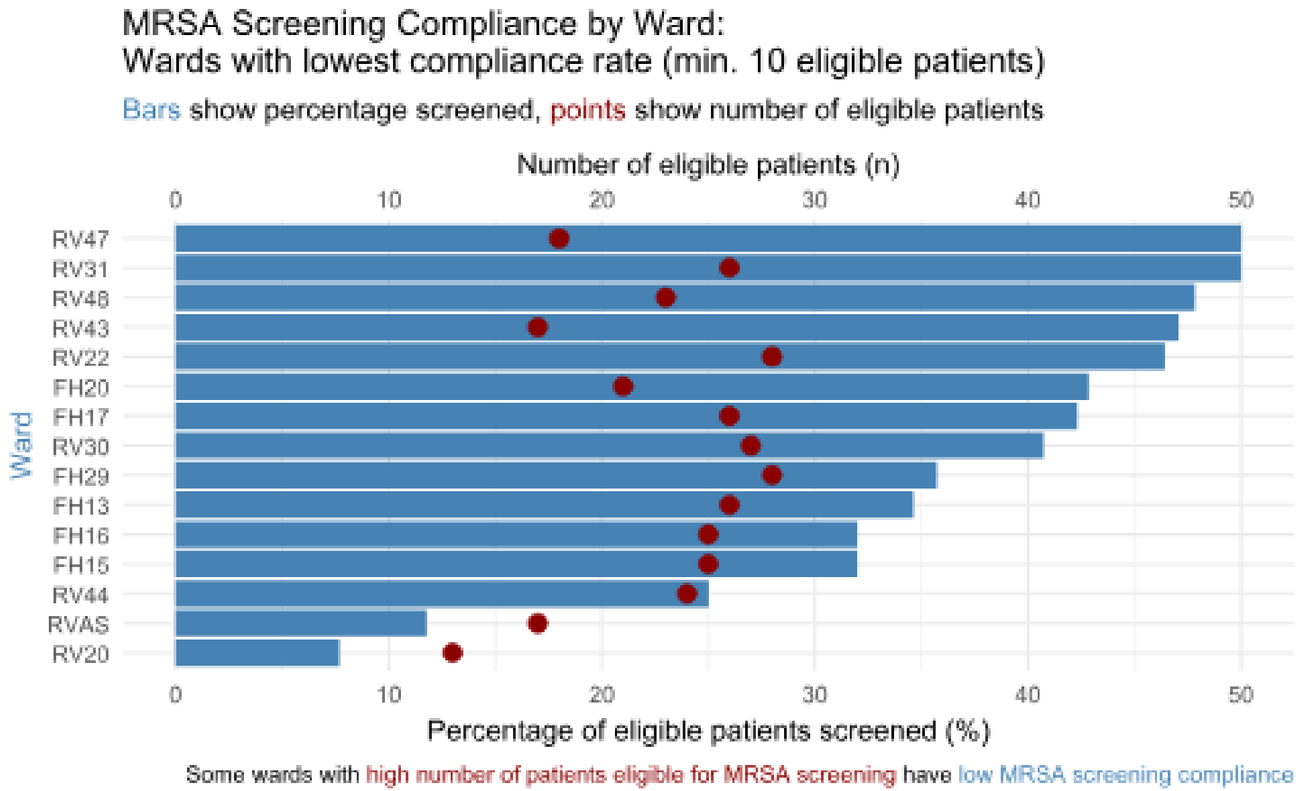


Best performers



Requiring improvement

Data for the week ending Tuesday 11/11/2025

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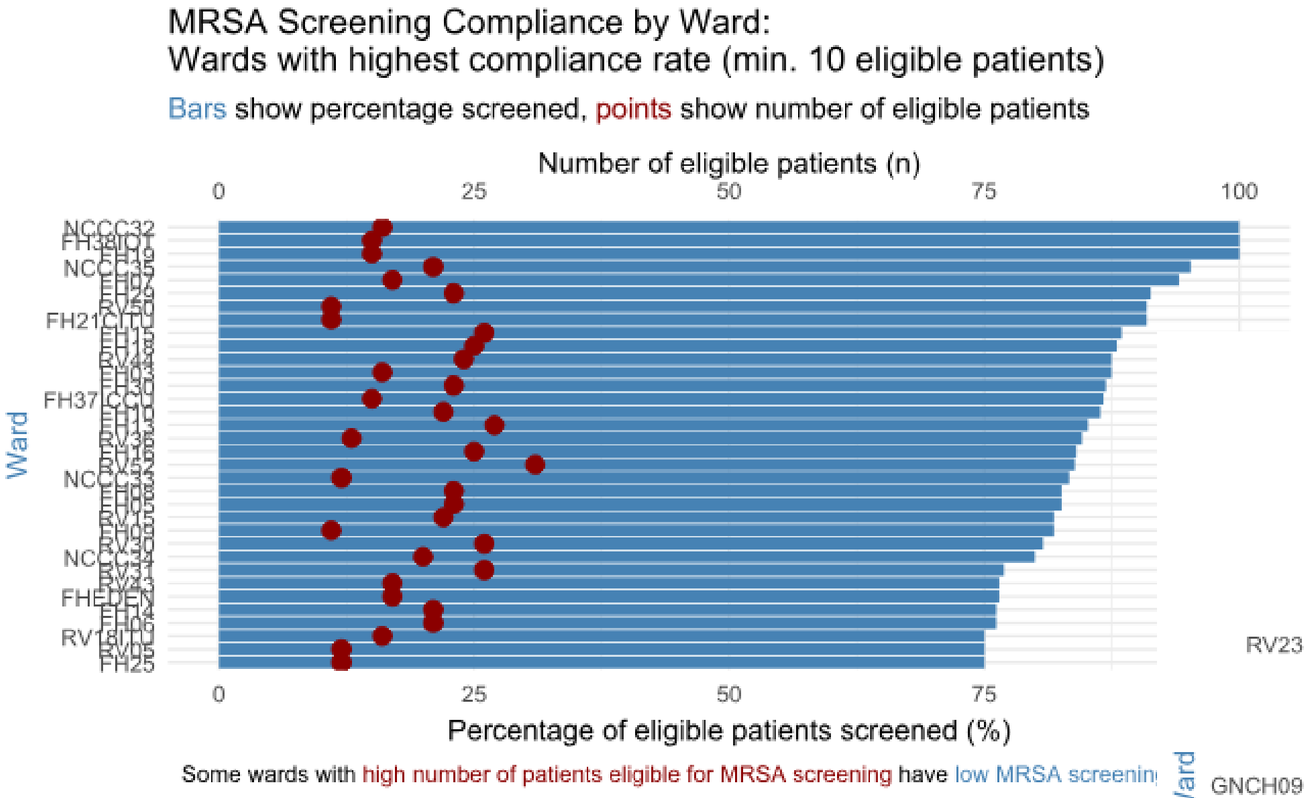
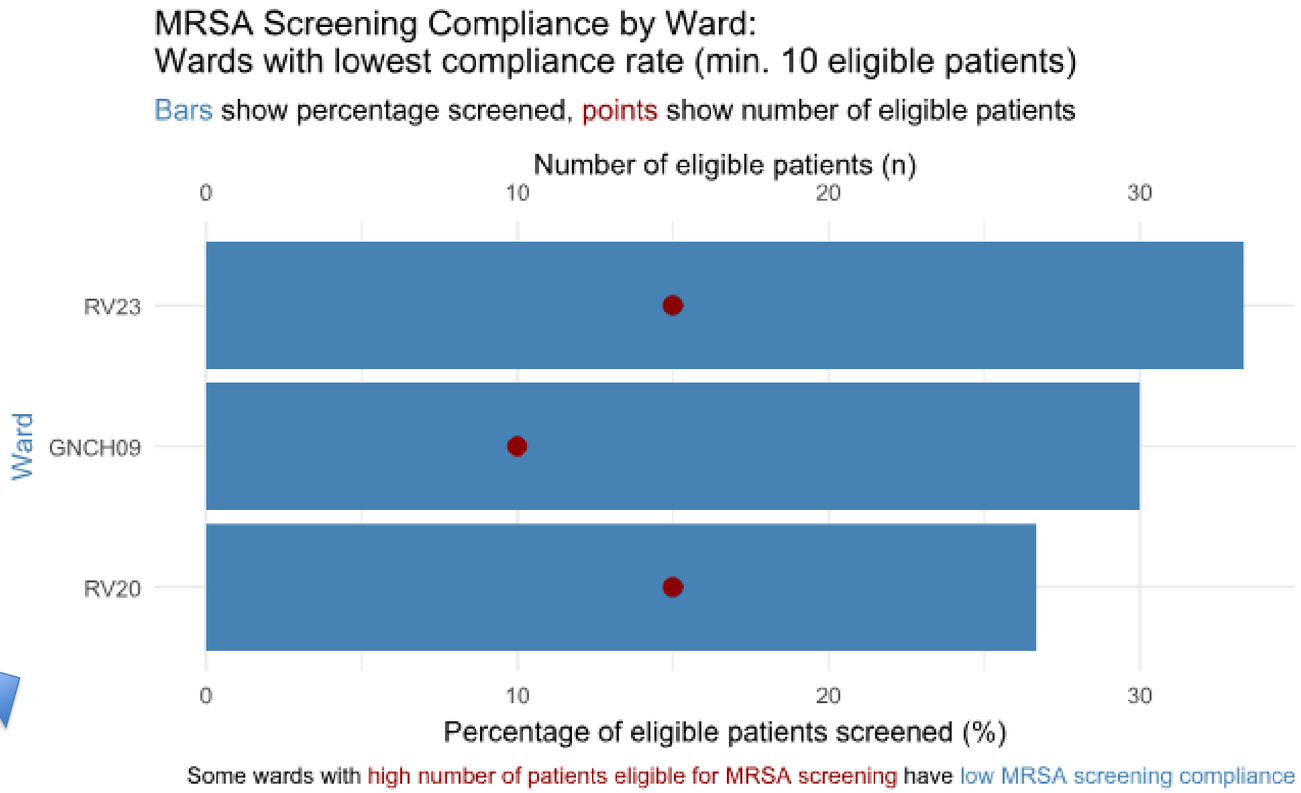


Best performers



Requiring improvement

Data for the week ending Tuesday 23/06/2026

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Impact of RAP on MRSA rates

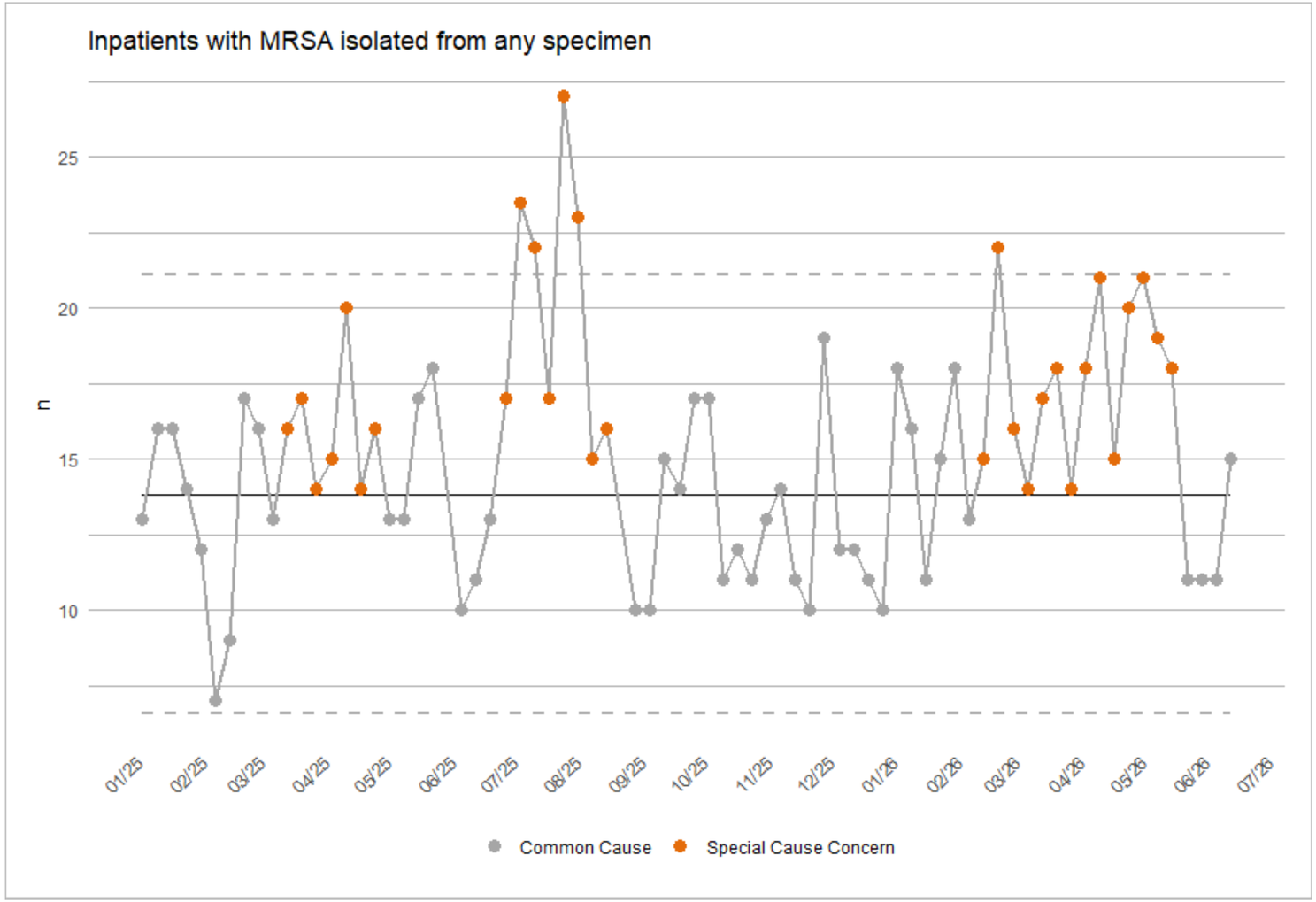
Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Inpatients with MRSA isolated from any specimen type

(prevalence)

(lower is better)



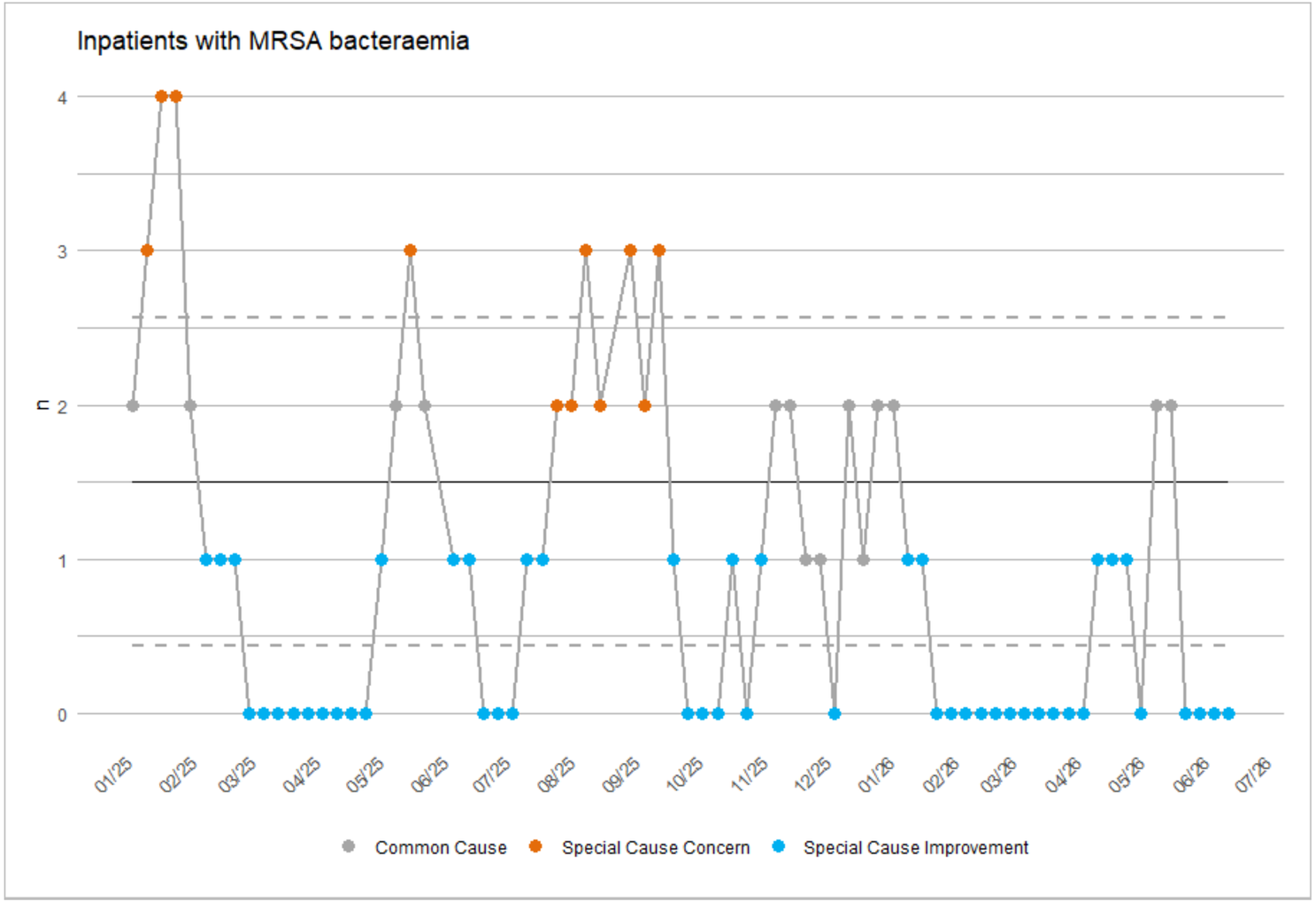
Impact of RAP on MRSA rates

Between 07/01/2025 and 16/06/2026

(~ 1.5 years)

Inpatients with MRSA bacteraemia (prevalence)

(lower is better)



RAP reliability

Between 07/01/2025 and 16/06/2026 (~ 1.5 years):

Reports were successfully published for 75 out of 77 weeks (97.4%)

- Two weeks of missed reporting:
  - 1x summer holidays data science team staffing constraints; and
  - 1x unscheduled lab information management system (LIMS) downtime

No significant modifications to the RAP workflow required throughout

Interpretation

RAP-generated, patient-level feedback constitutes an effective mechanism to achieve rapid and sustained improvements in MRSA admission screening rates.

Relatively-speaking: extremely resource- and time-efficient.

Discussion

The relatively modest baseline compliance with MRSA admission screening compliance is not unexpected

Published benchmarks point at varying performance levels:

- Swiss study, **baseline compliance rate of 32%** (Ref 33)
- English study, **only 61% of emergency admissions** (median 67.3%), screened for MRSA (Ref 34).
- Scottish study, **audit data from self-selected areas, compliance of 81%** (Ref 5).

Conclusions

Beyond MRSA admission screening, **RAP can be readily modified to monitor and improve compliance with other time-sensitive measures.**

At NUTH, the RAP has been modified to…

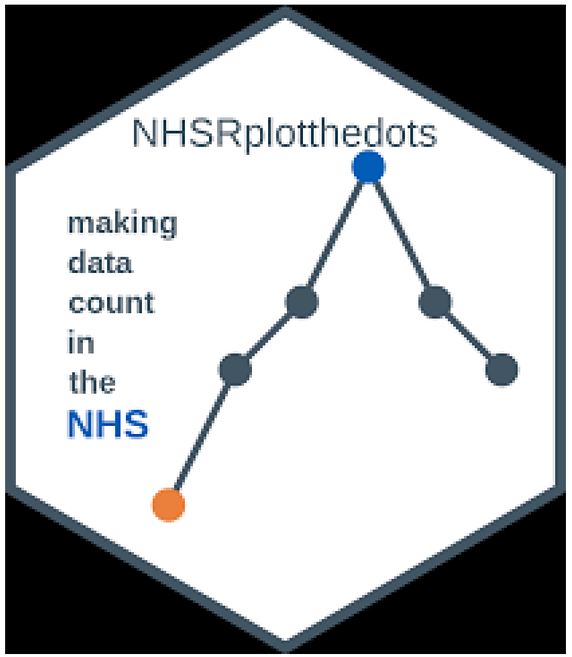
… Identify gaps in lipid disorder management & improve genetic screening for inherited rare disorders; and

… Link antimicrobial resistance (AMR) data with inpatient antimicrobial prescriptions; and

… Support pharmacogenetics interventions; and

… Identify penicillin allergy delabelling opportunities; and

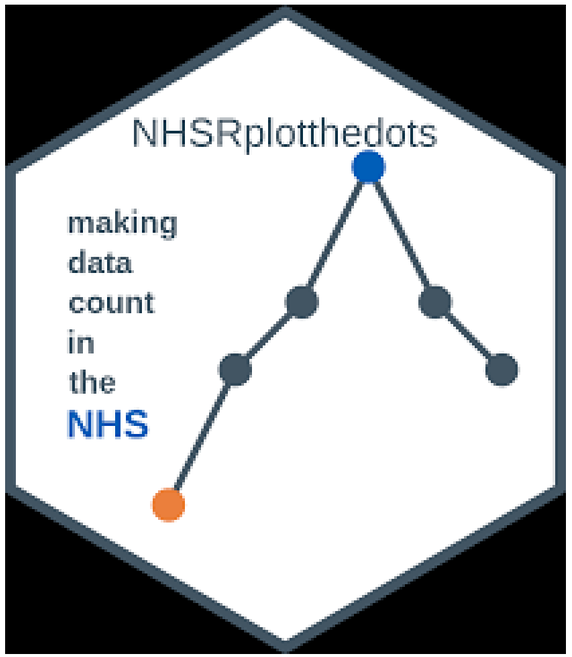
… (and shortly also) improve recruitment to clinical trials for patients with bronchiectasis and COPD



Recommendations

Investing in RAP represents a **strategic opportunity** for healthcare organisations committed to embedding evidence-based practices.

RAP should be **further scaled across organisations to achieve sustained, system-wide improvement** in multiple dimensions of healthcare safety and quality.



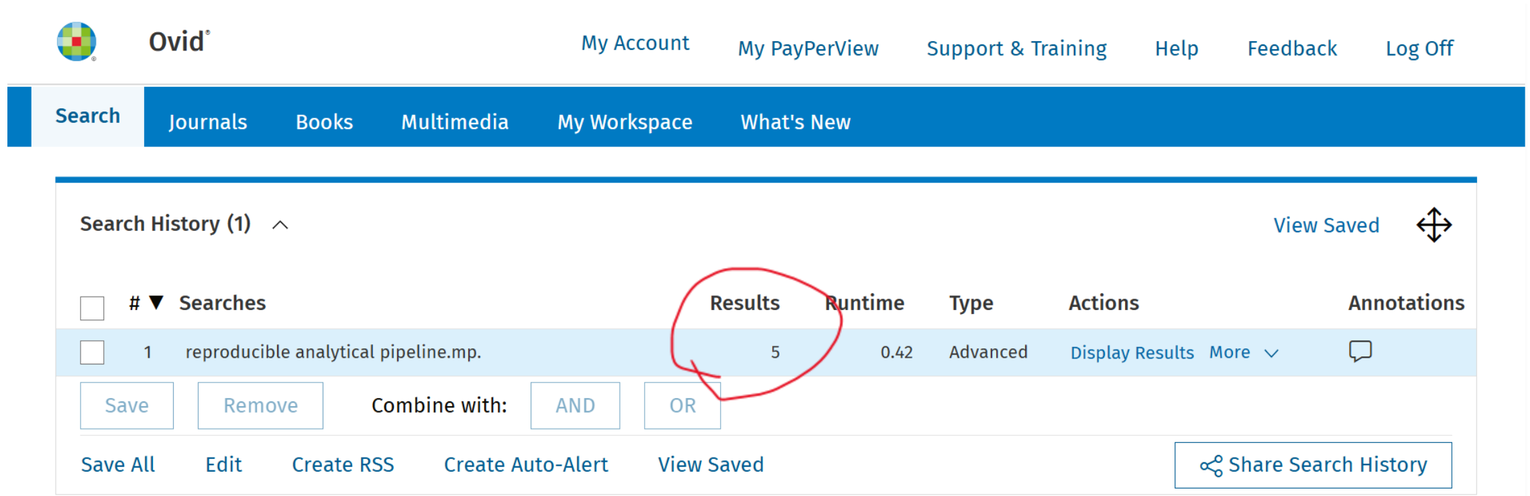
This work has been submitted for publication in peer-reviewed journal

Preprint available on Zenodo:

https://zenodo.org/records/18468788

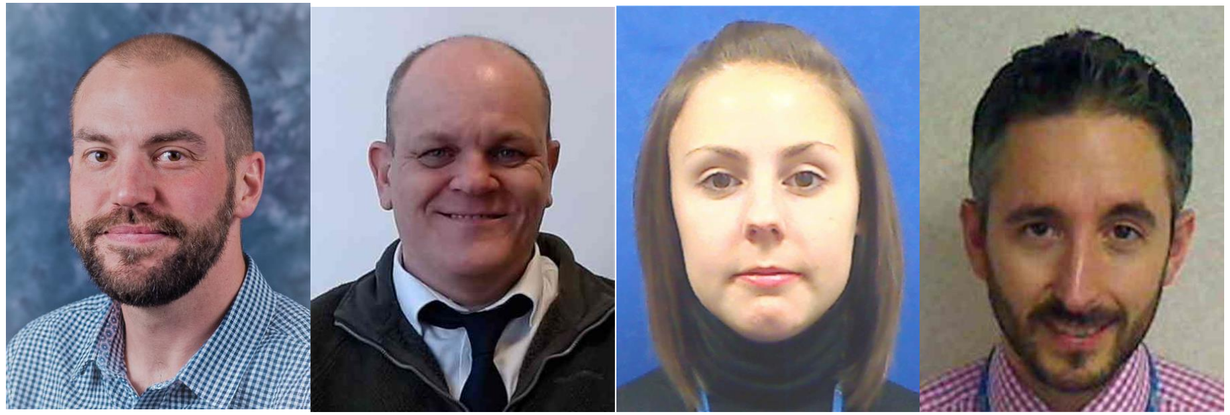
There are very few peer-reviewed publications on RAP

(n = 5 in Nov 2025)

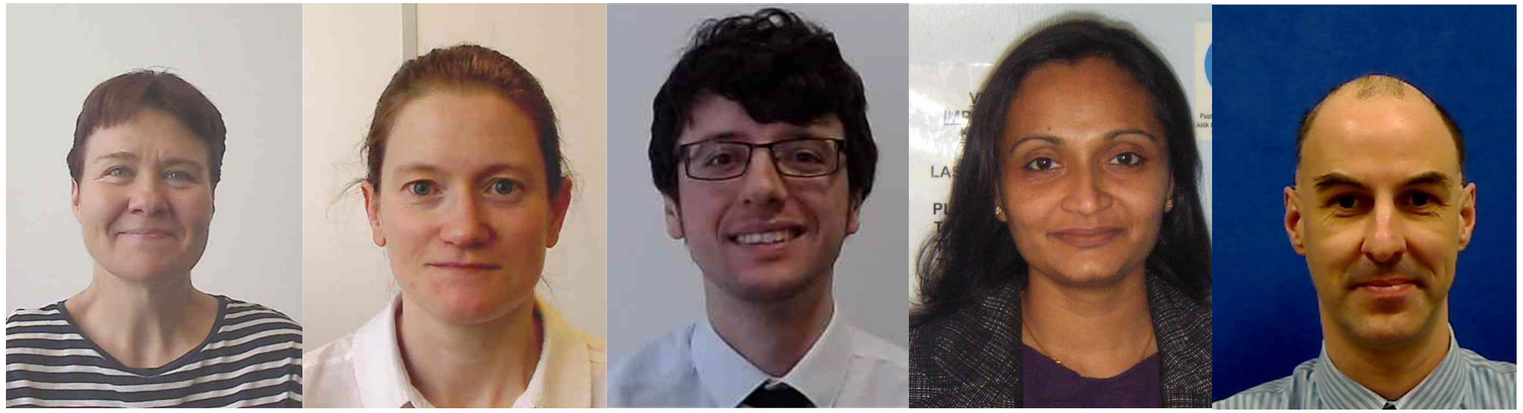


Thanks for listening!

Daniel Weiand; Paul Bradley; Caroline Cullerton; Geoff Dines;



Joanne Field; Peta Le Roux; Jamie Lupton; Julie Samuel; Chris Plummer



Funding

The NIHR Newcastle Biomedical Research Centre (BRC) is a partnership between Newcastle Hospitals NHS Foundation Trust, Newcastle University, and Cumbria, Northumberland and Tyne and Wear NHS Foundation Trust and is funded by the National Institute for Health and Care Research (NIHR).

This presentation includes details of independent research supported by the NIHR Newcastle Biomedical Research Centre (BRC). The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

References (1)

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L. 2007 guideline for isolation precautions: Preventing transmission of infectious agents in health care settings. American Journal of Infection Control [Internet]. 2007 Dec;35(10):S65–164. Available from: http://dx.doi.org/10.1016/j.ajic.2007.10.007

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HQIP Healthcare Quality Improvement Partnership

#CAAW26

Clinical Audit and Innovation

Vicky Patel, Clinical Effectiveness Manager,
The Rotherham Foundation Trust

Shaping the Future Together: Innovation and Transformation

#CAAW26

THE NHS 10 YEAR HEALTH PLAN: THREE MAJOR SHIFTS

1 From Hospital to Community

- More care closer to home and in people's communities
- Better integration across health and care
- Fewer avoidable admissions and improved continuity

2 From Analogue to Digital

- Technology that reduces admin and frees up time
- Better data, insights and real-time information
- Empowered patients and staff through digital tools

3 From Sickness to Prevention

- Prevent ill health and catch problems earlier
- Focus on healthy lives and healthier communities
- Reduce health inequalities and improve outcomes

CORE ENABLERS OF CHANGE

New Operating Model
Simpler, more joined-up systems that support neighbourhood and integrated care.

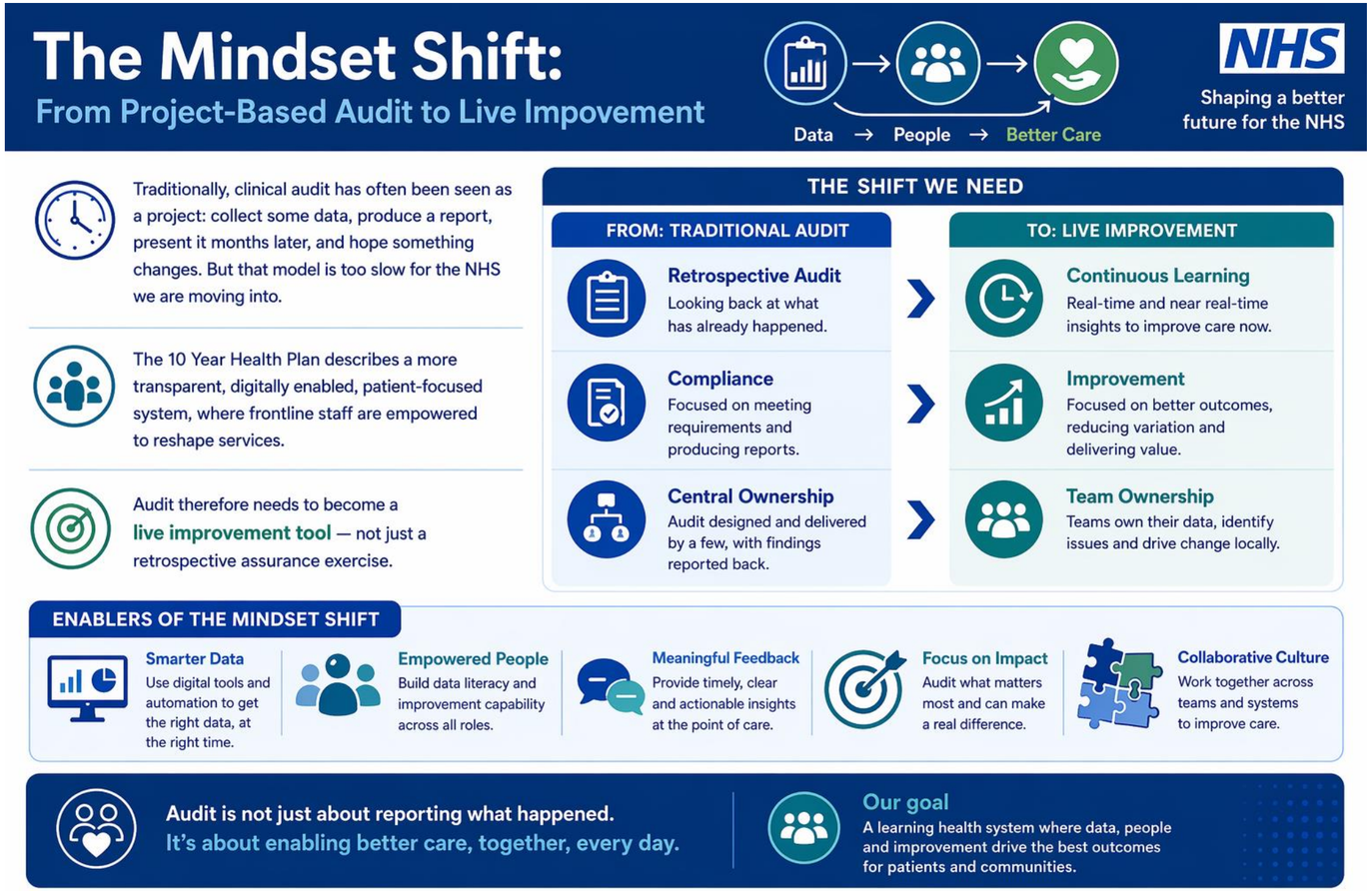
Greater Transparency
Open data and clear insights to drive improvement and build trust.

Workforce Reform
A skilled, supported workforce with roles aligned to future needs.

Innovation
Embracing new ideas, technology and ways of working to improve care and value.

Sustainable Finances
Better use of resources to deliver high quality care for the future.

Shaping the Future Together: Innovation and Transformation



Shaping the Future Together: Innovation and Transformation

Make Audit Feel Relevant to Frontline Care

Relevant audit engages teams, drives improvement, and delivers better outcomes for patients.

NHS
Better care for all, now and for the future

1. HOW TO ACHIEVE THIS

Start with service pain points, not audit topics for their own sake.
Ask:
- What is slowing teams down?
- What creates frustration for patients?
- What creates unnecessary admissions, rework, or risk?

Co-design the audit question with the frontline team,
so the audit answers a question they actually care about.

Present findings quickly and visually,
using simple dashboards or run charts rather than lengthy reports.
This supports transparency, empowers staff and drives action.

Involve the right people, focus on what matters, and make the data easy to use.
That's how audit becomes a tool for improvement, not just a tick-box exercise.

2. INNOVATIVE AUDIT EXAMPLES ALIGNED TO THE THREE SHIFTS

HOSPITAL → COMMUNITY
Audit whether patients with frailty, COPD, heart failure or recurrent falls could have been managed earlier through neighbourhood or community pathways rather than admitted to hospital.

SICKNESS → PREVENTION
Audit missed opportunities for prevention during emergency attendances – for example:
- smoking cessation referral
- alcohol intervention
- weight advice
- hypertension identification
- vaccination status
- falls prevention advice

ANALOGUE → DIGITAL
Audit where delays are caused by:
- paper forms
- duplicate data entry
- non-interoperable systems
- lack of digital tasking / workflows

3. MOTIVATING MESSAGE

> If audit helps teams fix what makes their day harder, they will use it.
>
> If it feels like extra paperwork with no visible benefit, they won't.

Why this matters
- Helps solve today's problems, not just report on yesterday.
- Builds engagement, ownership and trust.
- Drives quicker, meaningful improvements.
- Improves patient experience, safety and outcomes.

Relevant audit. Real insights. Better care. | Working together to build the NHS of the future.

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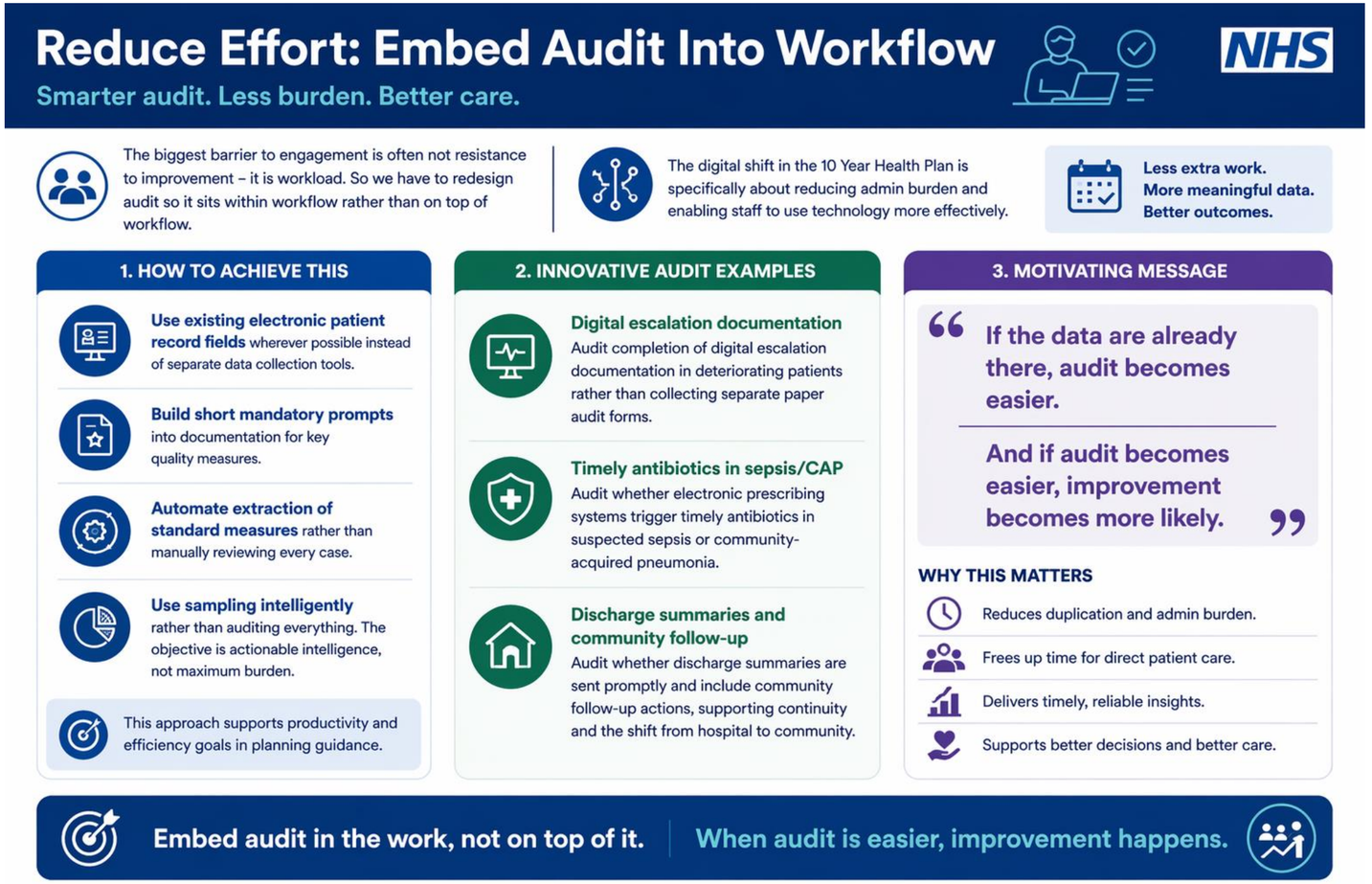

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ANALOGUE → DIGITAL

Smarter systems. Better data. Better care.

NHS

WHY THIS MATTERS

- **Technology should reduce admin** burden and duplication, freeing up time for direct care.
- **Improve access and patient control** through digital tools that are easy to use and accessible to all.
- **Support integration across services and care settings,** enabling joined-up, person-centred care.
- **Enable better patient outcomes and improve staff productivity.**

Engagement findings highlight the need to get the basics right – **interoperable systems, usable records, and fit-for-purpose digital infrastructure.**

WHAT TO AUDIT

1. **Quality and completeness** of **structured electronic** documentation.
2. **Missed or delayed clinical actions** due to non-digital or fragmented workflows.
3. **Uptake and equity of digital patient tools:** online booking, remote monitoring, digital PROMs/PREMs, patient portals.
4. Whether teams are still **duplicating work** across multiple systems.

INNOVATIVE AUDIT EXAMPLE

Audit whether electronic NEWS2 escalation creates faster review than traditional verbal escalation alone.

This turns audit into a **test** of whether **digital tools** are **really improving care.**

DIGITAL NEWS2 ESCALATION

Faster review
Better outcomes

VS

TRADITIONAL VERBAL ESCALATION

Slower review
Higher risk of delay

Measure impact. Drive improvement. Deliver better care.

THE ENABLERS OF SUCCESS

- **Interoperable systems** that connect care.
- **Usable, high-quality records** that support decision-making.
- **Fit-for-purpose digital infrastructure** that is reliable, secure and resilient.
- **Digital capability and support** for staff and patients.
- **Continuous audit and feedback** to drive ongoing improvement.

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Shaping the Future Together: Innovation and Transformation

Give Teams Ownership of Their Own Data

See it. Understand it. Act on it.

The 10 Year Health Plan talks about a more transparent NHS and a system where frontline staff are empowered.

Teams should be able to see their own performance and act on it – no need to wait for a central report.

NHS

Empowered teams
Better decisions
Better care

HOW TO achieve THIS

Create ward-, service-, or specialty-level dashboards.
Put real-time information at the point of care where it drives improvement.

Use simple metrics with clear definitions and visual trends.
Make data easy to understand, consistent and actionable.

Compare current month to previous month.
Focus on short, regular cycles rather than waiting for annual reports.

Include patient stories or pathway examples.
Bring the numbers to life and reflect what matters to patients – choice, control and experience.

When teams own their data, they own the improvement.

INNOVATIVE AUDIT EXAMPLES

SPECIALTY DASHBOARD EXAMPLE

Key measures that matter to your specialty, updated in real time.

Escalation to Review (mins)	Sepsis Bundle Compliance	Discharge Before Noon	Referral Completion to Community
28	86%	62%	91%
▼ 12% vs last month	▲ 8% vs last month	▼ 5% vs last month	▲ 6% vs last month

THEATRE / CLINIC DASHBOARD EXAMPLE

Operational and patient experience metrics for your service.

Did Not Attend (DNA) Rate	Digital Pre-assessment Completion	Virtual Follow-up Conversion Rate	Patient Experience Score (PROMs)
7.4%	78%	64%	8.6/10
▼ 1.2pp vs last month	▲ 9% vs last month	▲ 11% vs last month	▲ 0.7 vs last month

Updated weekly | Visible to the whole team | Actionable every day

Right data. Right time. Right people.
Driving improvement where it happens.

MOTIVATING MESSAGE

> "People care more about data when they can see themselves in it."

WHY THIS MATTERS

- Increases visibility and transparency.
- Builds engagement and ownership.
- Speeds up decisions and action.
- Improves outcomes and patient experience.
- Supports a culture of continuous learning and improvement.

When teams see it, they own it. When teams own it, they change it.

Empowering staff. Improving care.
Delivering the future NHS.

Shaping the Future Together: Innovation and Transformation

Build Capability, Confidence and Clinical Leadership

NHS

Equipping our people to use data with confidence, lead improvement and transform care.

The 10 Year Health Plan prioritises workforce reform and innovation as key enablers of change.

Motivation is not just about tools — it is about confidence.
If we want teams to use audit differently, we have to equip them differently.
That means building **data literacy, improvement capability, and clinical leadership.**

1. HOW TO ACHIEVE THIS

Train teams in key skills

- Interpreting variation
- Using run charts
- Asking good improvement questions
- Designing simple measures that matter

Develop clinical leadership

Identify and develop specialty clinical effectiveness leads or audit champions who can translate data into practice change.

Empower frontline teams

Support teams to lead small, focused local audits and improvement projects, not just rely on central teams.

Invest in people. Build skills. Strengthen leadership. Create a culture of learning and improvement.

2. INNOVATIVE AUDIT EXAMPLES

NURSE-LED AUDIT

Deterioration recognition and documented response

Audit compliance with NEWS2 escalation and documented actions, and impact on timely review.

AHP-LED AUDIT

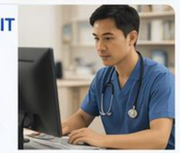
Discharge readiness and community handover

Audit completion and quality of discharge planning and handover to community services.

JUNIOR DOCTOR-LED AUDIT

Delays caused by paper-to-digital duplication

Rapid audit of time lost due to duplicate data entry and non-digital processes, and where improvements can be made.



Small audits. Real problems. Local solutions. Rapid learning and improvement.

3. MOTIVATING MESSAGE

> **When staff feel capable of using data, they stop seeing audit as compliance and start seeing it as influence.**

- Builds confidence and capability across all roles.
- Empowers teams to make data-driven decisions.
- Strengthens clinical leadership at every level.
- Improves care, experience and outcomes for patients.

Confident people. Strong leaders. Better data use. Better care.

From compliance to influence.
From data to action.
From individual audits to collective improvement.

Build capability → Increase confidence → Drive clinical leadership → Improve care and outcomes

Together we build a learning health system that improves every day.

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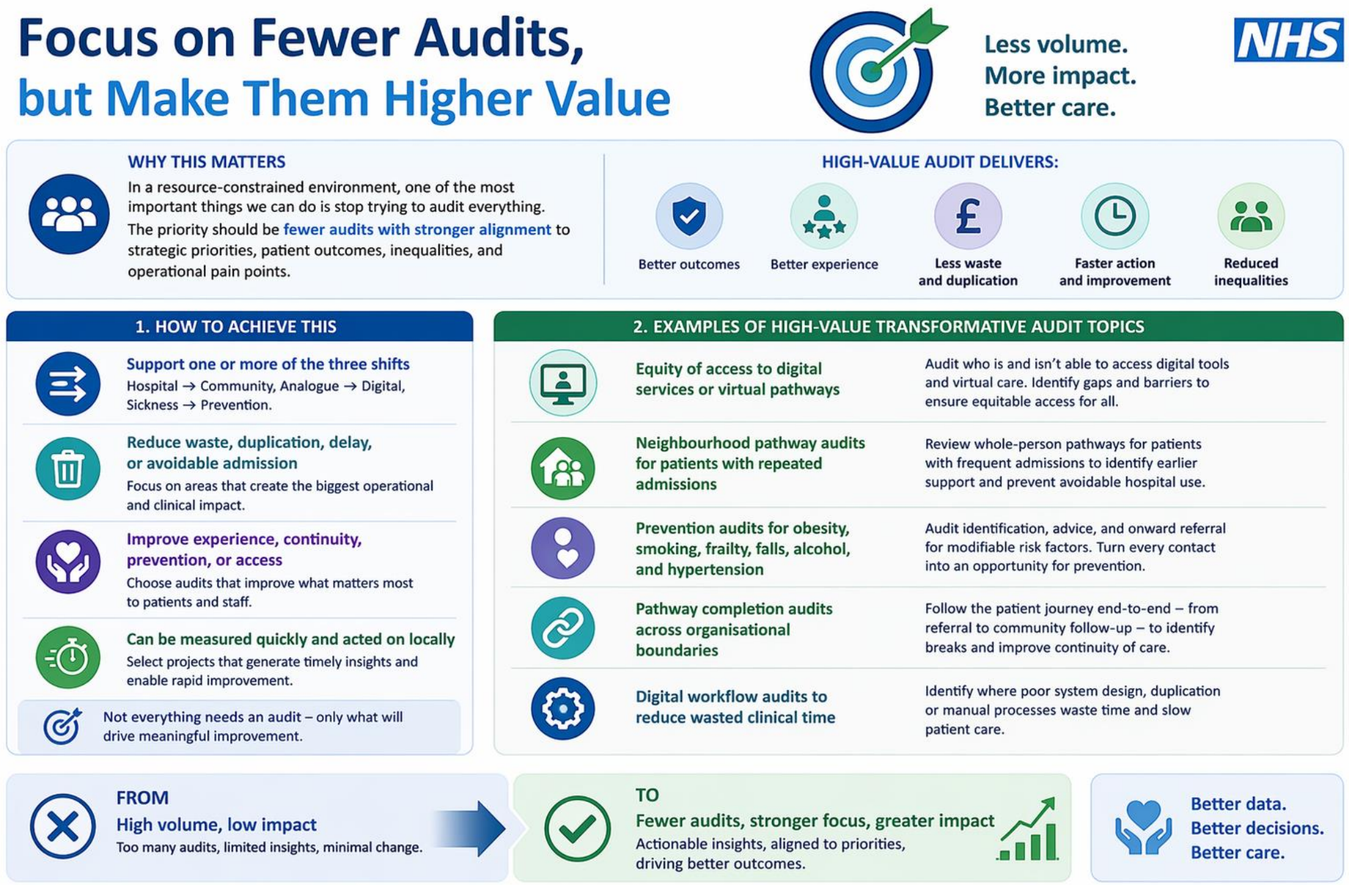

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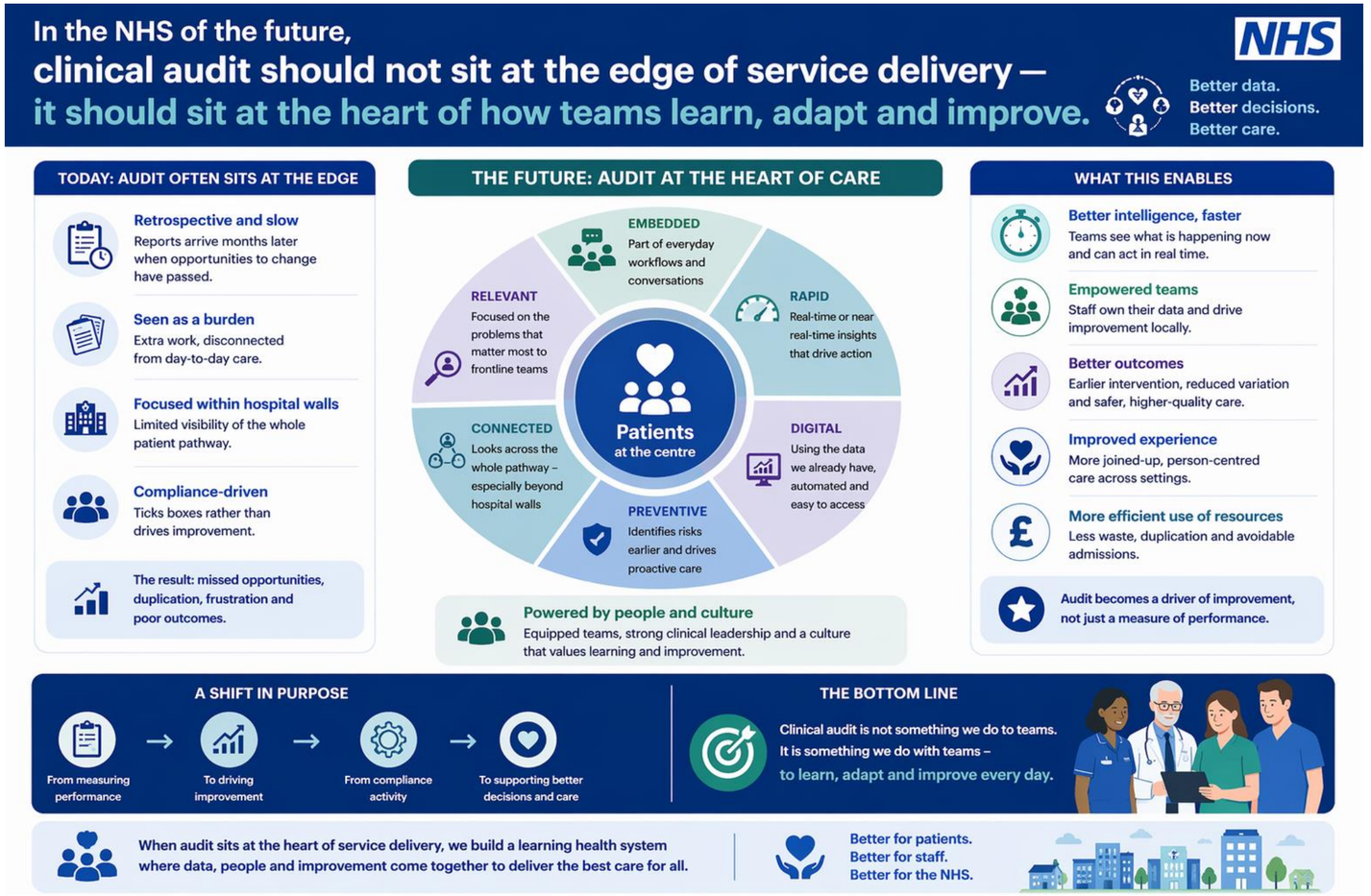

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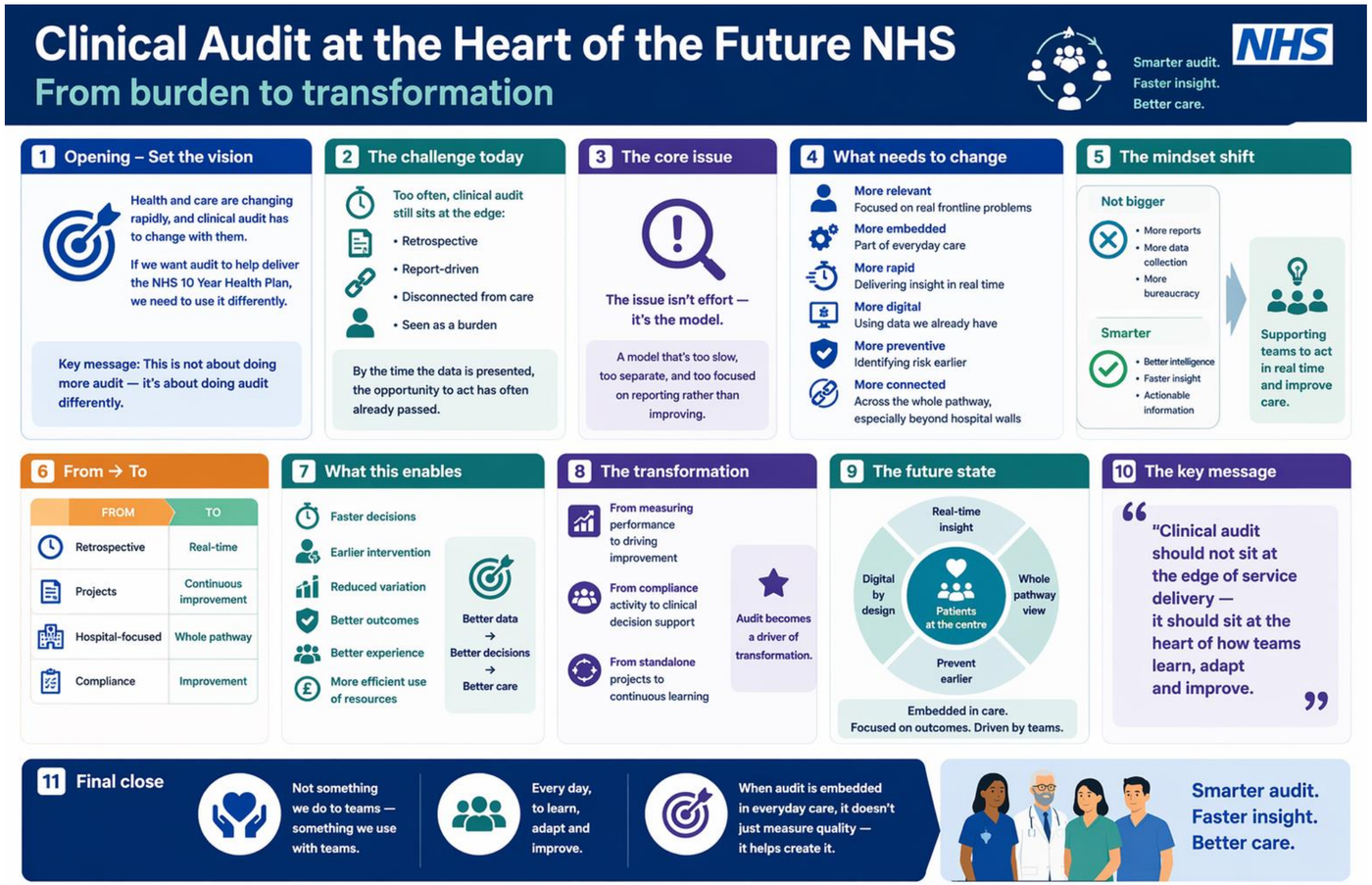

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Q+A

Daniel Weiand

Vicky Patel

CLINICAL AUDIT AWARENESS WEEK 2026

Improving lives with healthcare data

www.hqip.org.uk/caaw26

Upcoming Clinical Audit Awareness Week Webinars

Daily themed webinars:

- Thu 10.30am-12pm: Patient Safety: Using Data to Reduce Harm
- Fri 10am-12pm & 1-3pm: Data-Informed Improvement

Daily Excellence in Clinical Audit Awards announcements:

- Thu 12.45-1.30pm: Patient Safety Award
- Fri, during the 1-3pm webinar: Evidence in Practice Award

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

www.hqip.org.uk/caaw26

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

www.hqip.org.uk/impact-of-data/supporting-strategy-and-delivery

THANK YOU!

Please share your feedback:

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