



National Audit Assurance Report (NAAR)

2024/2025

November 2025

V1.0

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1.0 Executive Summary

The purpose of this paper is to provide:

- a) The annual overview of the SHSCT's participation in the NHS England Quality Accounts List¹ of National Clinical Audits (NCAs) for 2024/2025 together with the rationale for any non-participation.
- b) The annual overview of the SHSCT's participation in NHS Benchmarking exercises and National Registries for 2024/2025
- c) An updated SHSCT position on the progression of recommendations arising from participation in these national audits, including those still relevant from previous years.
- d) The composite SHSCT programme of local clinical audits centrally registered in the 2024/2025 period.
- e) An update on Data Sharing and GDPR as it relates to participating in NCAs
- f) The work in 24/25 to strengthen the Trust's clinical audit function.
- g) An in-year update on the planned participation in the 2025/2026 list of NCAs.

This report contains two significant sections:

- **Section 3:** summarises recommendations for improvement, as assessed by the clinical audit lead, and the progress made in taking these forward in 24/25.
- **Section 4:** summarises areas to raise awareness to the Safety & Quality Steering Group (SQSG) / Risk and Assurance SLT as assessed by the clinical audit lead. These constitute – an area of challenge or concern / a risk / an example of good practice or barrier to improvement.

The context for SHSCT participation in NCAs remains that:

The Healthcare Quality Improvement Partnership (**HQIP**) was established in April 2008 to promote quality in healthcare, and in particular to increase the impact that clinical audit has on healthcare quality improvement. HQIP is an independent organisation led by the Academy of Medical Royal Colleges, The Royal College of Nursing and National Voices.

¹ Healthcare Quality Improvement Partnership (HQIP) commissions the [Quality Accounts: list and further information – HQIP](#) which includes the Outcome Review Programmes (National Confidential Enquiries)

HQIP is responsible for several national healthcare quality improvement programmes, including managing and commissioning the National Clinical Audit and Patient Outcomes Programme (NCAPOP) on behalf of NHS England, the Welsh Government and in some cases other devolved authorities, including the Department of Health in NI.

HQIP guidance for NHS healthcare service providers is that each provider must allocate an appropriate resource to:

1. Check the relevance of all known NCAs, enquiries and national quality improvement programmes to their services.
2. Register with applicable NCAs, enquiries and national quality improvement programmes.
3. Collect and validate data.
4. Review annual NCA, enquiry and national quality improvement reports produced during the previous financial year.
5. Agree and implement action plans to improve the quality of their services based on the reports reviewed.
6. Monitor progress against action plans.
7. Compile and publish a Quality Account (an Annual Quality Report (AQR) for NI HSCTs)²

This report provides the overview of complying with this HQIP guidance in SHSCT for 2024/25.

In the period April 2024 to March 2025, SHSCT saw engagement and participation maintained across the significant number of audits where NI HSCTs are eligible to participate and received a 24/25 update from previous national audit cycles on either a '**progress**' or '**nil**' response basis. See hyperlink content in section 2.0.

Progress in implementing current and previous action plans and recommendations remains vulnerable to the on-going effects of pressures on front line service provision³. This is evidenced again in 24/25 by the % of 'nil' returns (29%) received in compiling this year's report, though decreased from 35% in 23/24. See Figure 1.0. No updates (6%) relating to four historical audits / confidential enquiry reports were not sought.

² See Appendix 5

³ SHSCT prepared for Encompass 'Go Live' on 08/05/2025 throughout 24/25.

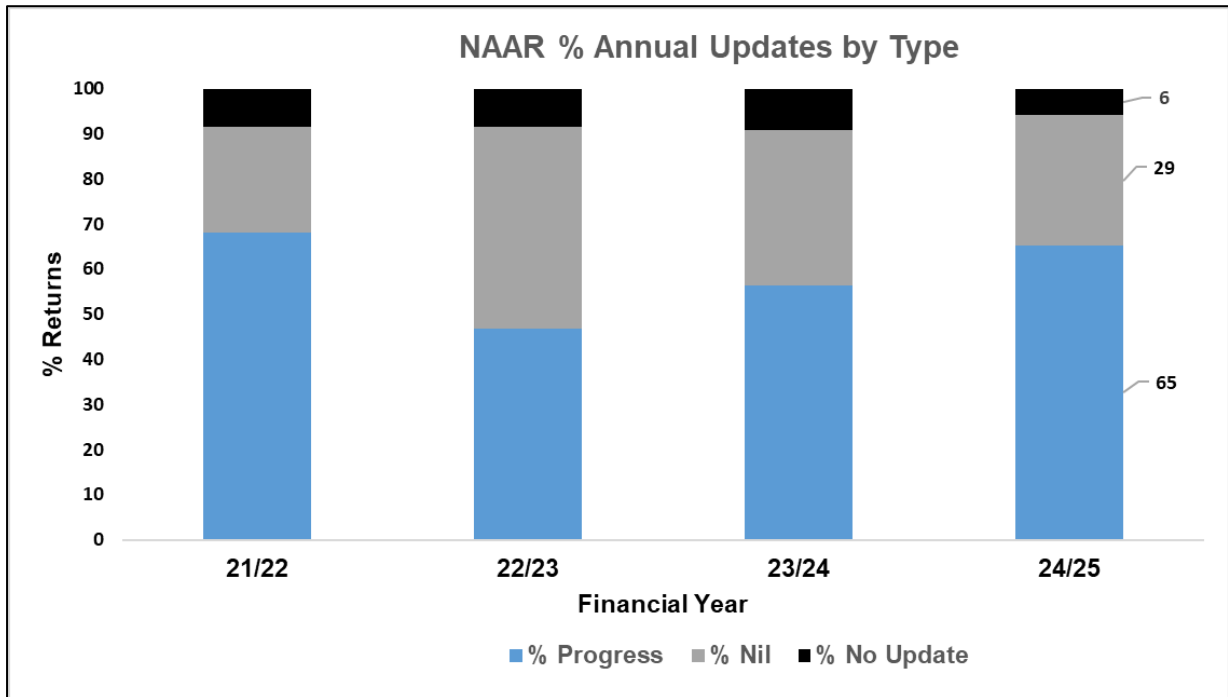


Figure 1.0 - Comparison of the annual returns with 'nil progress' to report in 24/25

Clinical audit leads and service teams, supported by the corporate clinical audit department and corporate business partners in Information, Human Resources and Finance are to be highly commended for the level of participation and the improvement progress made across the national audits contained in this report.

In addition, regional and local trust-based audits continued in 2024/2025 and are noted as centrally registered in **Section 7.0** and **Appendix 1a & 1b** of this report. **Appendix 1c** details those national audits the Trust is not able to participate in, mainly due to the eligibility and commissioned inclusion of NI Health and Social Care Trusts and GDPR issues regarding sharing of patient identifiable information (see section 5.0).

Appendix 2 provides a record of all the national audit reports disseminated to Directorates in the last year for awareness for local service or quality improvement.

Appendix 3 details the process for requesting the audit updates to compile this report and partially pre-populated templates were provided to audit leads.

Appendix 4 provides an in-year update on participation progress in the 2025/2026 National Clinical Audit programme.

Appendix 5 provides the information submitted to the SHSCT AQR (NI equivalent of NHS Quality Account).

2.0 National Clinical Audit Participation Summary 2024/2025⁴

The following audit update or 'nil' reports are available to view via the SharePoint links provided⁵:

Year	Directorate / National Programme	SharePoint Link to Audit Update
Surgery and Clinical Services		
Divisions		
Anaesthetics, Theatres & Intensive Care Services, incorporating Surgery & Elective Care		
2024/25 Continuous audit	Intensive Care National Audit & Research Centre (ICNARC)	NAAR25_ICNARC
2024/25 Programme Selected Topics	National Comparative Audit of Blood Transfusion Programme (NCABT)	NAAR25_Blood transfusion
NAP Programme	NAP8: Complications of Regional Anaesthesia – No Update – Audit being established	N/A
Previous 2015/2016	Patient Blood Management in Adults Undergoing Elective, Scheduled Surgery	NAAR25_PBM
Trauma and Orthopaedics		
2024/25 Continuous audit	National Joint Registry (NJR)	NAAR25_NJR
2024/25 Continuous audit	National Hip Fracture Database (NHFD)	NAAR25_NHFD
General Surgery		
2024/25 Continuous Audit	National Emergency Laparotomy Audit (NELA)	NAAR25_NELA
Urology		
2024/2025 New Snapshot	Environmental Lessons Learned and Applied (ELLA) to the bladder cancer care pathway	NAAR25_ELLA
2024/2025 New Snapshot	BAUS: Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and compliance with standard of care practices (I-DUNC)	NAAR25_I-DUNC
2024/2025 New Snapshot	BAUS Penile Fracture (SNAP) Audit - surgical repair for a suspected or confirmed penile fracture between 1 April 2022 and 31 March 2024 inclusive.	SHSCT No eligible cases to submit to national audit
2023/24 Update Snapshot	Nephrostomy Audit - patients undergoing insertion of emergency nephrostomy for infected obstructed kidney between 1 October and 30 November 2023	NAAR25_Nephrostomy
Medicine and Unscheduled Care		
Cardiology		
2024/25 Continuous audit	Adult Percutaneous Coronary Interventions	NAAR25_PCI
2024/25 Continuous audit	National Audit of Cardiac Rhythm Management (NACRM)	NAAR25_NACRM
2024/25 Continuous audit	Cardiac Rehabilitation	NAAR25_Cardiac Rehab (NACR)
2024/25 Continuous audit	Myocardial Ischaemia National Audit Project (MINAP)	NAAR25_MINAP
Unscheduled Care		
2024/25 Summer Snapshot	Society of Acute Medicine Benchmarking Audit (SAMBA) – June 2024	NAAR25_SAMBA
Emergency Medicine		
2024/25 Programme Selected RCEM Topics	Time Critical Medications – Year 1 of 3 (Oct 23 – Oct 24)	NAAR25_Time Critical Medications
2024/25 Programme Selected RCEM Topics	Care of Older People Year 2 of 3 (Oct 23 – Oct 24)	NAAR25_Care of Older People

⁴ 30 NCAs were eligible for SHSCT participation in 2024/2025 (also see appendix 1a) and an update is provided in section 2.0. Updates on previous years NCAs / NCEPOD reports are listed as such.

2024/25 Programme Selected RCEM Topics	Mental Health (Self-Harm) – Year 2 of 3 (Oct 23 – Oct 24)	NAAR25_Mental Health
2023/24 Programme Update	Infection Prevention & Control (year 3)	NAAR25_Infection Prevention
Previous 2021/22	Pain in Children	NAAR25_Pain in Children
Previous 2021/22	Consultant Sign-off	NAAR25_Consultant Sign-Off
Previous 2021/22	Fractured Neck of Femur	NAAR25_Fractured Neck of Femur
Previous 2019/20	Cognitive Impairment in Older People (as now incorporated in Care of Older People – last NAAR update)	NAAR25_Cognitive Impairment
Previous 2019/20	Care of Children in ED	NAAR25_RCEM Care of children
Renal / Nephrology		
2024/25 Continuous audit	Renal Registry	NAAR25_Renal Registry
Respiratory		
New 2024/25 Snapshot	BTS Respiratory Support	NAAR25_Respiratory Support
Previous 2021/22	BTS Management of Pulmonary Embolism	NAAR25_BTS_PE
Stroke Services		
2024/25 Continuous audit	Sentinel Stroke National Audit Programme	NAAR25_SSNAP
Mental Health and Disability		
New 2024/25	Prescribing Observatory for Mental Health (POMH-UK) – Rapid Tranquillisation, Opioids and Melatonin	POMH-UK 2024-25 New Audits
2023/24 Update	Prescribing Observatory for Mental Health (POMH-UK) – Lithium, Valproate, High dose anticholinergics	POMH-UK 2023_24 Audit Updates
Adult Community Services (ACS)		
2024/25 Continuous audit	Fracture Liaison Service Database	NAAR25_Fracture Liaison Service Database
Previous 2021/22	UK Parkinson's Audit: Transforming Care	NAAR25_Parkinson's UK
Children and Young People and Woman's Services (CYPWS) (Oct 2025)		
Integrated Maternity & Women's Health, incorporating neonatal services Maternal, Newborn and Infant Outcome Review Programme (MBRRACE-UK)		
2024/25 Continuous audit	MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths of Babies Born in 2023	NAAR25_MBRRACE-UK Perinatal Mortality Surveillance
2024/25 Continuous audit	MBRRACE-UK: Learning from Standardised Reviews When Babies Die National Perinatal Mortality Review Tool Sixth Annual Report	NAAR25_MBRRACE PMRT 6th Annual Report
2024/25 Continuous audit	MBRRACE-UK: Saving Lives, Improving Mothers' Care 2023: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2020-22	NAAR25_MBRRACE_Saving Lives Improving Mothers Care
NEW 24/25 (using 2022 dataset)	MBRRACE-UK: The care of recent migrant women with language barriers who have experienced a stillbirth or neonatal death	NAAR25_MBRRACE-UK care of recent migrant women
Previous 2021/2022 2020/2021	Rapid Report 2021: Learning from SARS-CoV-2-related and Associated Maternal Deaths in the UK June 2020 - March 2021	NAAR25_Sars_COV
Previous 2021/22	MBRRACE-UK Perinatal Confidential Enquiry: Stillbirths and Neonatal Deaths in Twin Pregnancies	NAAR25_MBRRACE-UK_Twin Pregnancies

Previous 2018/2019	Comparative Audit of Management of Maternal Anaemia and Iron Deficiency in the UK and ROI	NAAR25_Maternal Anaemia Update 2025.
CROSS DIRECTORATE		
2024/25 Continuous	National Audit for Care at End of Life (NACEL)	NAAR25_NACEL
Previous 2021/22	BTS Smoking Cessation	NAAR25_Smoking Cessation
National Confidential Enquiries⁶		
Medical and Surgical Outcome Review Programme (NCEPOD)		
2024/25 NEW	'Planning for the End' – End of Life Care published November 2024	NAAR25_NCEPOD End of life
2024/25 NEW	'Beyond Survival' – rehabilitation following ICU published June 2025	NAAR25_Recovery Beyond Survival.docx
2024/25 NEW	'Joint Care?' – Juvenile Idiopathic Arthritis published February 2025	NAAR25_NCEPOD Joint Care_JIA
2024/25 NEW	'A Balanced Solution' - Blood Sodium just published Oct 2025)	NAAR25_NCEPOD Blood Sodium
2024/25 Update	'A Long and Painful Road' – Endometriosis published July 2024	NAAR25_Endometriosis
2024/25 Update	'Making the Cut' - Crohn's Disease published July 2023	NAAR25_NCEPOD Crohn's Disease Making the Cut
2024/25 Update	'Consolidation Required' - Community Acquired Pneumonia – Published December 2023	NAAR25_Community Acquired Pneumonia
2024/25 Update	'Disordered Activity' - Epilepsy published December 2022	NAAR25_NCEPOD Epilepsy Care Disordered Activity
2024/25 Update	Hard to Swallow - Dysphagia in Parkinson's Disease - published August 2021	NAAR25_Hard to Swallow.docx
2024/25 Update	Time Matters: A review of the quality of care provided to patients aged 16 years and over who were admitted to hospital following an out of hospital cardiac arrest published Feb 2021	NAAR25_NCEPOD Time Matters Supporting Documents Time Matters
Child Health Clinical Outcome Review Programme (NCEPOD)		
2024/25 update	The Inbetweeners - Transition from Child to Adult Health Services – published June 2023	NAAR25_The Inbetweeners
2024/25 update	'Twist and Shout' - Testicular Torsion – published February 2024	NAAR25_Testicular Torsion
Mental Health Outcome Review Programme (NCEPOD)		
2024/25 Continuous audit	Towards Zero Suicide (TZS) – The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	NAAR25_Towards Zero Suicide (TZS)
2024/25 Update	A Picture of Health? - Physical Healthcare of Inpatients in Mental Health Hospitals: published May 2022	NAAR25_A Picture of Health
No Update Requested - Previous NCEPOD Reports		
Previous 2017	Inspiring Change – non-invasive ventilation (NCEPOD)	
Previous 2017	Treat as One (NCEPOD)	
No Update Requested - Previous Audits / Benchmarking Survey		
Previous 2021/22	IBD Benchmarking Survey	
Previous 2018	National Audit of Intermediate Care (NAIC)	

⁶ From 2025/26 NCEPOD reports endorsed by the Chief Medical Officer will be reported via Standards, Risk and Learning (SRL) Service.

2.1 NHS Benchmarking Participation Summary 2024/2025⁷

New NHS Benchmarking Exercises		
2024/25 NEW	Managing Frailty in Acute Settings	NAAR25_Acute Frailty NHS Benchmarking
2023/2024 Programme (Update)	Pharmacy & Medicines Optimisation 2023 Benchmarking Report	NAAR25_Pharmacy Benchmarking
2023/2024 Programme (Update)	Outpatients	NAAR25_Out- Pt_ 2023 Benchmarking

2.2 National Registry / National Evaluation Participation Summary 2024/2025

National Registry Participation (by Patient Consent) ⁸		
2024/25 Continuous	BSACI Registry for Immunotherapy (BRIT)	NAAR25_BRIT
2024/25 Continuous	National Hiatal Registry	NAAR25_NHSR Supporting Documents NHSR

3.0 24/25 Progress on Recommendations

In this section of the report an overview is provided of the updated status position provided by clinical leads of progress against recommendations. **Green** indicates the recommendation or improvement action is implemented / completed or compliant. **Amber** indicates it is commenced / in progress and **Red** indicates not commenced / non-compliance. **No status detail** refers to recommendations if no RAG status update has been provided. In some cases, this may not be commissioned or relevant to NI HSCs or sit at Regional or National level to be progressed.

The following two charts summarise the RAG status change in % of recommendations in 24/25, compared with that reported in the previous two years (23/24 and 22/23).

In view of the number of national programmes conducted in maternity services via MBRRACE-UK, two charts are provided, the first chart excludes maternity care and related NCEPOD reports.

⁷ National benchmark programmes require significant data collation from across a range of departments to identify staffing complements and funding allocations alongside service activity levels. Corporate business partners in information, human resources and finance are therefore integral to the successful completion of these submissions in supporting their respective service leads.

⁸ Significant preparatory work in 2024/25 was done by CYPs to join the SWEET Database in July 2025

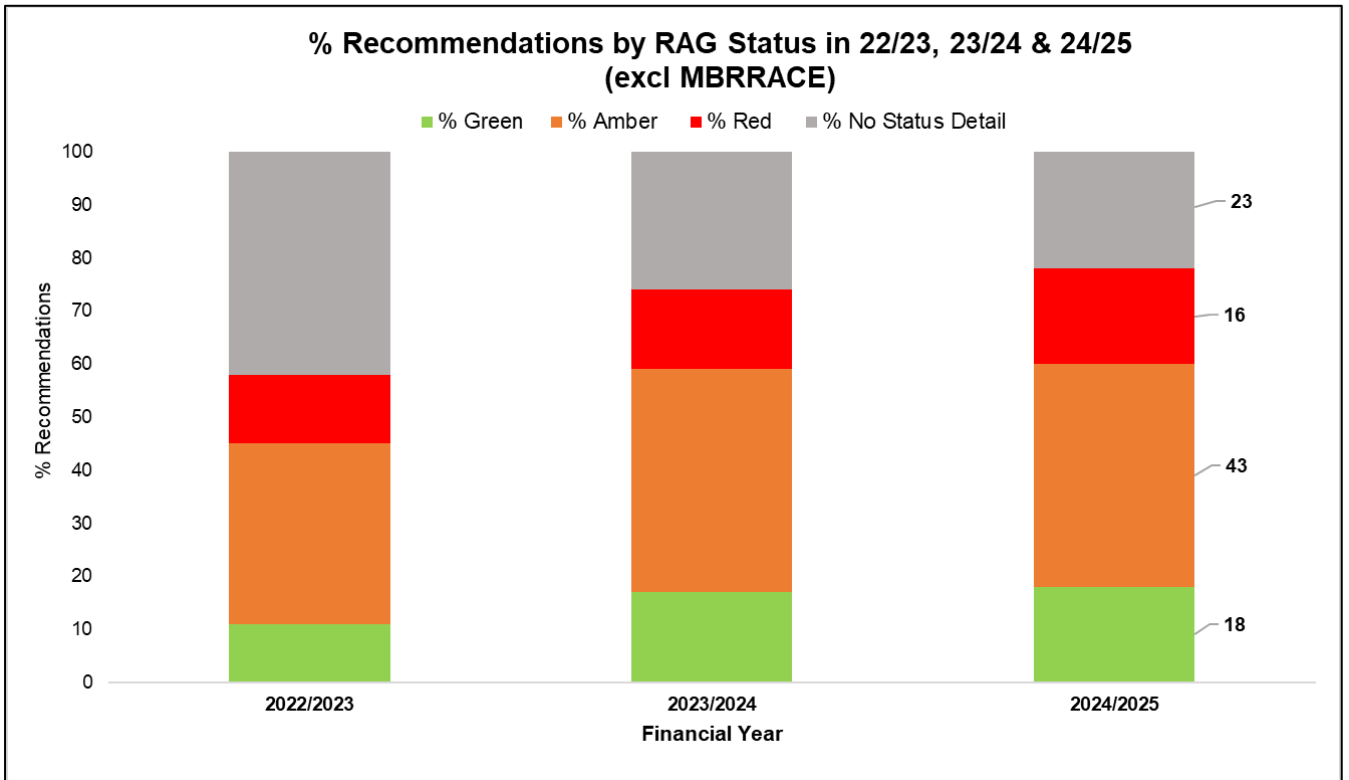


Figure 2 - Audit Recommendation RAG Status excl MBRRACE-UK (n=191)

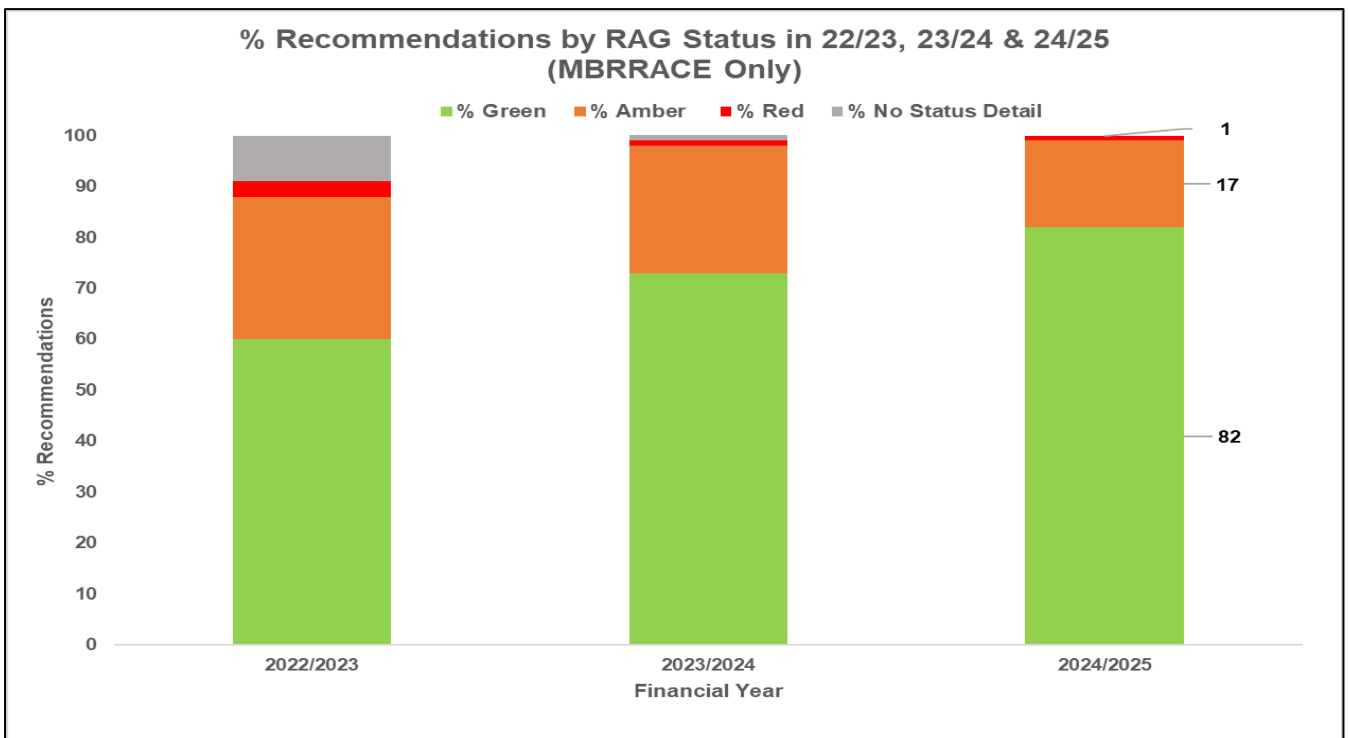
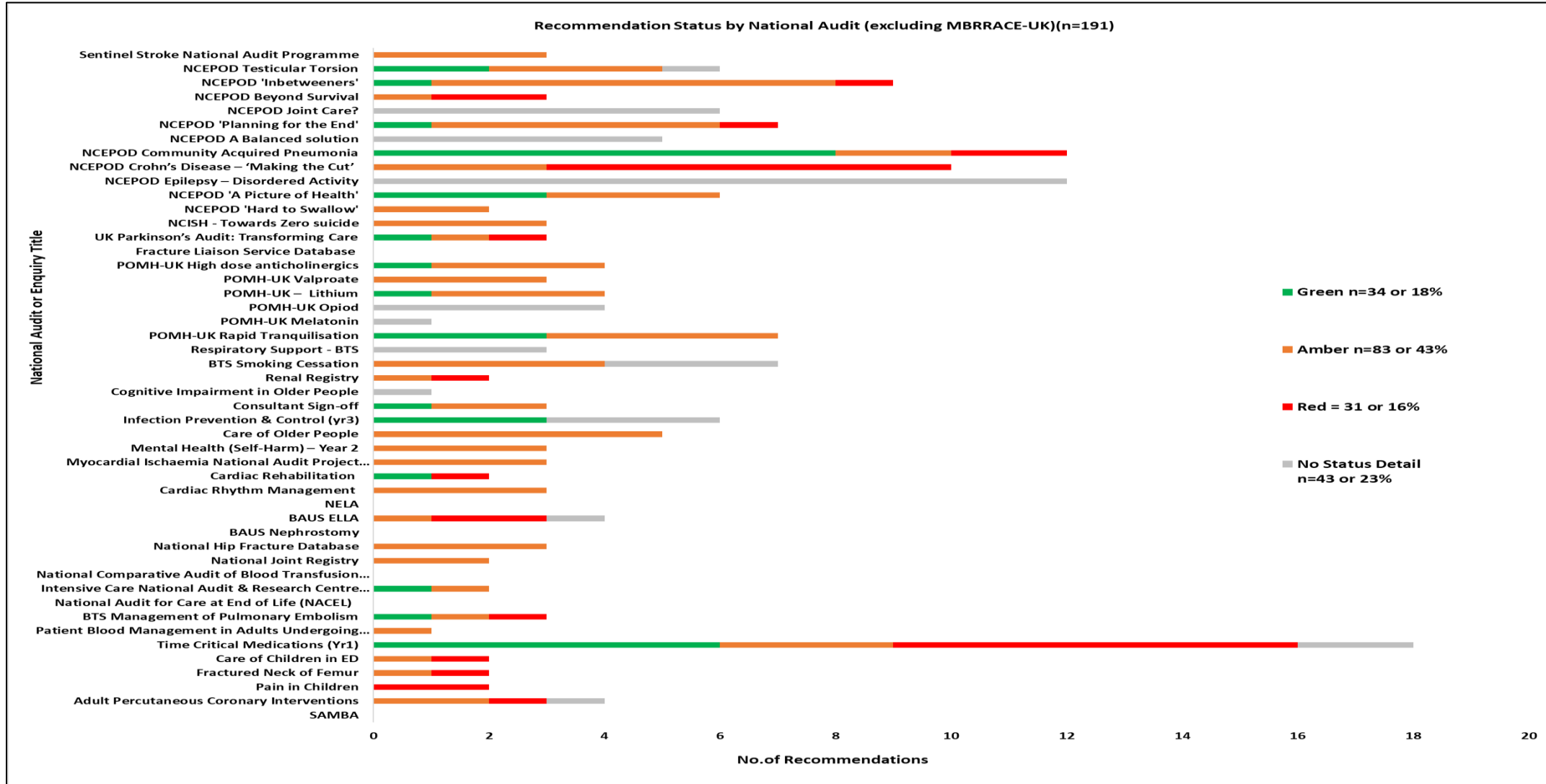
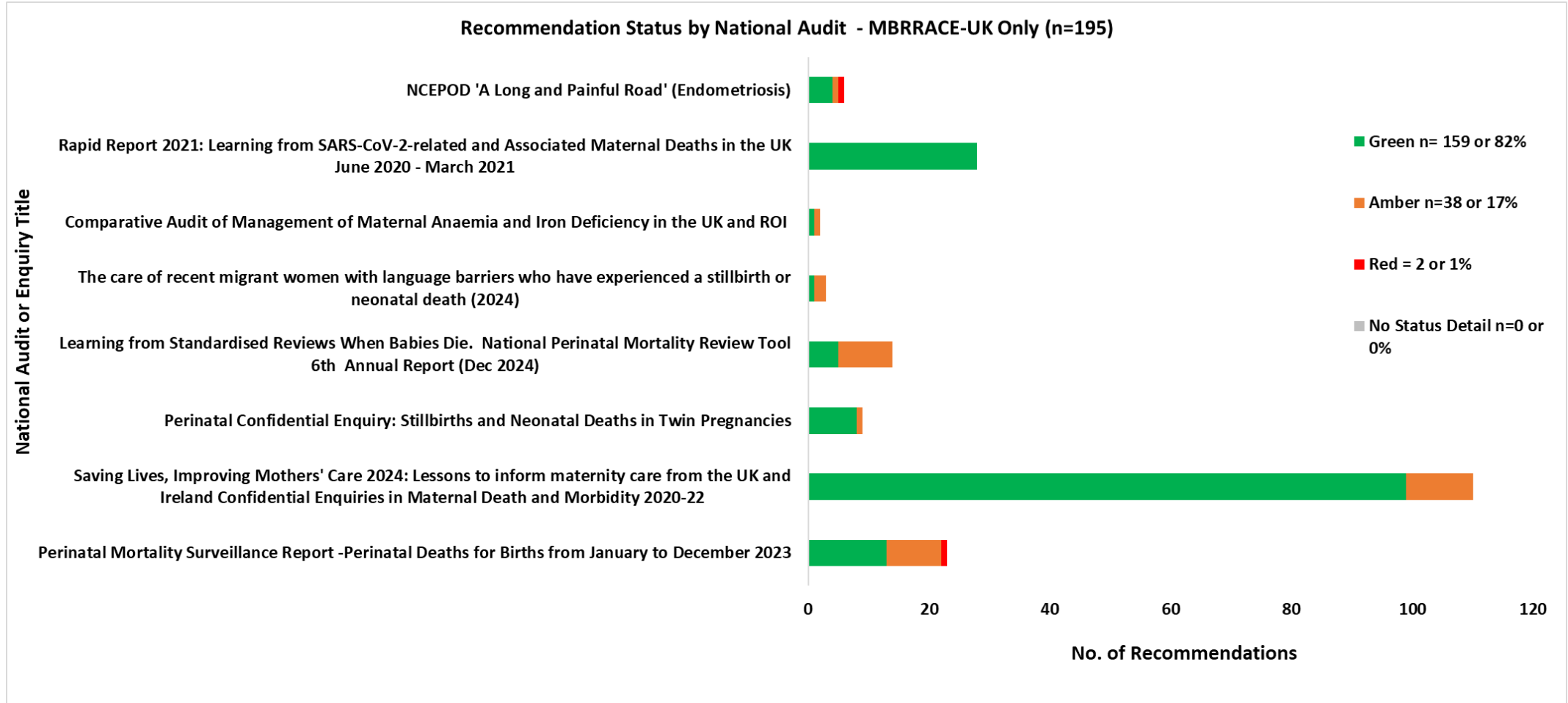


Figure 3 – MBRRACE-UK Recommendations RAG Status (n=195)

3.0 2024-25 SHSCT Clinical Lead Assessment of Compliance with National, Regional or Trust recommendations for improvement (excluding MBRRACE-UK). Key Message: 18% of recommendations assessed as 'Green' (17% in 2023/2024)



3.1 2024-25 SHSCT Clinical Lead Assessment of Compliance with National, Regional or Trust recommendations for improvement - MBRRACE-UK / NCEPOD Key Message: 82% of recommendations, assessed as 'Green' (up from 73% 23/24)



Section 4.0 of this report will now go on to provide a narrative detail of the key areas that are contributing to the red / amber / green status levels set out in these two charts 3.0 and 3.1

4.0 Key areas to raise awareness to SHSCT Safety & Quality Steering Group (SQSG). This could be an area of concern / risk / good practice or barrier to improvement.

This section of the NAAR summarises if challenges have meant it has not yet been possible to achieve the desired level of compliance with audit standards, or to fully implement action or improvement plan recommendations.

In this context clinical audit leads are asked to highlight any key areas to be raised for the SQSG attention and these are highlighted, under each audit in the following section. Good practice is also detailed where it has been highlighted.

Figures 4.0 & 5.0 at the end of the section, provide a high-level themed summary of some of the issues / challenges and concerns raised by clinical audit leads as well as successes and best practice in implementing national recommendations at local SHSCT level.

1. ICNARC Case Mix Programme (CMP)

- Generally, the ICNARC data reflects a highly functioning unit with consistent data over many years.
- Previous reports have suggested higher NEWS score at the time of admission. This data shows an improvement. Outreach service development was part of the response to this data.
- The lack of 10th bed space within the ICU area may reflect the increase in non-clinical transfers.

2. National Comparative Audit of Blood Transfusion (NCABT)

- The SHSCT was again unable to participate during 2024/2025 due to transfusion team staffing pressures, Committee activity. Participation in future NCA audits remains desirable if staffing resource permits.

3. Patient Blood Management in Adults Undergoing Elective, Scheduled Surgery

- In NAAR 2024 it was highlighted – ‘Careful consideration must be given to the consolidation of CAH and DHH Preoperative Assessment (POA) Departments onto one non-acute site, preferably Armagh’. The POA moved to Armagh in July 2025.
- POA department is underfunded, understaffed and as a result is under delivering on its ability to adequately prepare patients for surgery.
- No further participation / audits on patient blood management have occurred via the NCABT.

4. National Joint Registry (NJR)

- Unit numbers are increasing to near pre-pandemic levels driven by staff recruitment and improved pathways.
- Lower than expected revision levels for all surgeons in hip arthroplasty. This seems to be a continuing trend.
- Thankfully admin staff have been recruited and trained to try and improve our data input. This year's data is on schedule to be uploaded by 30th September 2025.

5. National Hip Fracture Database (NHFD)

- With increased numbers of hip fracture admissions (per calendar year), our ability to maintain or improve standards is stretched / limited.
- It awaits to be seen, if the modest increase in theatre sessions and trauma beds, from 2025, will make a significant difference to the capacity.

6. National Emergency Laparotomy Audit (NELA)

- The southern trust continues to engage with NELA and contribute to the regional database.
- SHSCT Liaison Lead is ensuring all data is uploaded to the NELA database (on-going since April 2024) and that a spread sheet for the regional Northern Ireland database is compiled.
- The liaison lead and surgical team await additional support in the form of a NELA Nurse with a role in emergency theatre list co-ordination and NELA data support.
- There is a lag time between the closing date for data entry and the subsequent NELA report but a number of key outcomes we are comparative with other parts of the UK. [NICABT6 Year11-10 Report.pdf](#) (50 cases reported) Outcomes – antibiotic administration, risk of death documentation pre surgery and median length of stay.
- All of the outcomes are in raw data form that we need to compile. Our hope and plan is to present our data in a comparable way as to how NELA do it each year. There may be slight variance between figures but it will be a rough but reasonably accurate guide as to where we are. To be available soon in SHSCT.

7. Environmental Lessons Learned and Applied (ELLA) to the bladder cancer care pathway

- SHSCT data was submitted to this audit programme in November 2024 by the Divisional Medical Director.
- 107 units contributed data (100 England, 3 Scotland, 2 Wales, 2 Northern Ireland). 72 completed the audit (1465 cases in total) and the survey.
- CAH contributed a small dataset of <10 cases within the inclusion period.

- The ELLA National reported was launched in July 2025 at the BAUS scientific meeting – session was co-chaired by Mr M Haynes and the site-specific report received.

8. BAUS: Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and compliance with standard of care practices (I-DUNC)

- SHSCT participated in this national audit. Eligible case numbers were small < 10 cases and outcomes presented at the April 25 Urology PSM.

9. Nephrostomy Audit - patients undergoing insertion of emergency nephrostomy for infected obstructed kidney between 1 October and 30 November 2023

- 688 complete datasets were captured from 105 hospitals including Wales, Scotland and Northern Ireland in March 2024.
- SHSCT Urology department submitted to this study with <10 eligible cases were identified in the snapshot period and data entered via jotform.
- SHSCT results were reported to the Urology Patient Safety Meeting in January 2025 with no follow-up actions required.

10. Adult Percutaneous Coronary Interventions

- Our local Ludman BCIS database is no longer compatible with the current NCAP NICOR software for uploading.
- Full local data collected in 24/25 but unable to submit outside N Ireland as not pseudo anonymised.
- Clinical outcomes remain similar to previous years (which were excellent as per national audit – see section 1) and 2) for previous year positions).
- Encompass with allow us to resume national data submission for 2025/2026 year.

11. National Audit of Cardiac Rehabilitation (NACR)

- Staff competency on EPIC CR tab data input and factoring this into current practise for each patient.
- Improved approach required to look at appropriate cardiac physiotherapy hours to allow for increase in patient put through time of the service. Limited physio hours causing back log on patient pass through service times as physio assessments and class assessments time limited.
- Improved nursing hours to accommodate timely secondary prevention pathway through the service is required, to allow for timely discharge times.

12. Myocardial Ischaemia National Audit Project (MINAP)

- NICE guidelines (NG185) recommend all Troponin positive ACS patients should have coronary angiography (with follow on PCI if indicated) performed within 72 hrs of first being admitted to hospital.
- Having only one Cardiac Catheterisation suite in CAH which operates Mon – Fri 9-5 pm does not always have the capacity to meet the demand.
- SHSCT is below the national target which causes patients to have delayed hospital stays while waiting on this procedure.

13. Mental Health (Self Harm) – Year 2

- SHSCT data was submitted to RCEM but not published as yet.

14. Infection Prevention and Control (Year 3)

- Overcrowding, exit block and lack of clinical space will negatively impact standard 2 and 3 i.e. those who are vulnerable or potentially infectious so be moved to a side room.
- No data submitted in Year 3, as not funded.

15. Fractured Neck of Femur (NoF)

- New procedure to support timely triage may improve initial pain assessment and provision of analgesia but overcrowding and exit block continue to adversely affect other recommendations.

16. Assessing for Cognitive Impairment in Older People

- Encompass has resulted purple heart project no longer in use.
- Audit lead advises that this is now superseded / incorporated into 'Care of Older People in ED' QIP – currently on year 3 data collection

17. Care of Children in the ED

- HEEADSSS app introduced in October 2024. There was initial education at time of introduction, but we need another cycle of awareness. It is not an app that we can pull information from and so unable to provide an objective measure of uptake.
- Connect Youth Workers have started in CAH – they are supported by Education Authority and Dept of Justice as a point of contact for support for young people attending ED and are excellent! Initially two were in place but unfortunately one has moved post and hasn't yet been replaced. They have provided input and follow up for a lot of patients.

18. Time Critical Medications – Yr 1

- Current year 2 data collection has challenges identifying patient cohorts (insulin and levodopa) via Encompass reporting. Liaising with Information Dept.

19. UK Renal Registry (UKRR) 25th Annual Report (2023). UK Kidney Association Patient Reported Experience of Kidney care in the UK 2023 (Kidney PREM)

- This is the second year our patients have highlighted a low environment score on the PREM Report. Our score of 5.83 is below the UK average of 6.19, and significantly lower than the NI average of 6.67.
- It is notable the other 4 NI dialysis centres have a close clustering of environment scores between 6.49 and 6.80, our score of 5.83 is significantly lower (2 times lower than the range of these results) and reflects the ongoing issues with our dialysis environment.
- This issue has been raised consistently with the Trust and no progress has been made, nor has there been any meaningful engagement since we highlighted this in last year's PREM. Whilst this may reflect stressors across the Trust, discussion and engagement should still form the basis for plans to improve our patient's environment within the physical constraints of the unit.

20. Sentinel Stroke National Audit Programme (SSNAP)

- In October 2024, the Sentinel Stroke National Audit Programme (SSNAP) updated its clinical audit dataset to align with new evidence presented in the [National Clinical Guideline for Stroke](#) and the [Stroke rehabilitation in adults - NICE NG 236](#) , both published in 2023. The initial graded report, released in June 2025, indicated a significant decline in Trust performance across the stroke pathway. However, this apparent deterioration is largely due to stricter performance metrics introduced to encourage continuous improvement. A detailed explanation of these changes and their implications for service delivery is available in a letter from Professor James Martin, SSNAP's Clinical Lead, [Letter to SSNAP sites re recalibration June 2025 – SSNAP](#). Notably, the target for initial motor therapy assessment has been reduced from 72 hours to 24 hours, and the recommended intensity has increased from 45 minutes to 3 hours daily.
- The Acute Pathway previously achieved a strong score of 79 points, placing it just one point below an A grade. It's important to note that our grade has since been adjusted due to a significant dataset change, however, we are still proud to be the second-best performing site in the Region.
- Both the aforementioned guidelines also advocate for inpatient access to psychology services; however, this is currently only funded within the Community Stroke Team (CST).
- The CST is currently revising its referral criteria, now prioritising patients with active therapy needs. Previously, all patients were referred to the CST. Early evidence suggests this change is improving ESD response times.
- The CST has successfully reduced the median length of inpatient stay to 49 days, a substantial improvement from over 100 days previously. Nevertheless, this remains higher than the national median of 31 days. It is

important to note that CST structures and operations differ across England and Wales. Furthermore, the waiting list for Occupational Therapy assessments has also decreased. Pleasingly, staffing levels within Physiotherapy, OT, and Social Work have been optimised, leading to a more stable service.

- September 2023 saw the successful launch of the Stroke Ambulatory Service (SAU), with an overview provided in the [SAU eval dashboard summary Oct 24.xlsx](#) report. However, therapy activity within the SAU is not currently captured by SSNAP. This omission could potentially skew reporting for the Acute Stroke Unit at Craigavon Area Hospital, as these patients would have historically been inpatients there. The Stroke Service has acknowledged this gap in valuable recordable data and raised it with the SSNAP Team, but there are currently no plans to incorporate SAU data into the SSNAP dataset.
- Significant progress is underway to finalise a visual screening tool that can be used across the Region. Once agreed, this tool will be rapidly implemented, leading to an immediate improvement in performance within the 'Standards by Discharge' domain.

21. Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour (POMH-UK)

- Recording of physical observations has fallen since last audit same to be reviewed.
- In some area areas SHSCT was one the best performing Trusts in the national audit.

22. The Use of Opioids in Mental Health services (POMH-UK)

- Use of opiate medications during psychiatric admissions should be reviewed as part of MDT discussion given specific risks associated with these medications in suicide deaths.
- Current guidelines on management of patients indicating opiate dependency provide specific advice to ensure collaborative working with specialist addiction services and that prescription and consumption of OST is confirmed.

23. Use of Melatonin (POMH-UK)

- Noted improvements in all areas of clinical practice across all standards measured, of particular note:
 - o The non-pharmacological interventions recorded
 - o The recording of explanation that a prescription is off license.
 - o The review of side effects at both 3 months and 1 year

24. Monitoring of patients prescribed lithium

- This report needs to be presented at an audit / academic meeting for further consideration of the on-going monitoring arrangements.

25. Valproate prescribing in adult mental health services

- No change in recommendation status since 2023 report – remain ‘in progress’
- On-going work by the SHSCT MDT Valproate Implementation Group (VIG). Following the new regulatory measures for the oversight of prescribing to new patients and existing female patients (31 January 2024) a regional Valproate Implementation Group (VIG) has been established and chaired by the PHA / SPPG. The SHSCT’s Valproate Clinical Leads for Neurology, Paediatrics and Mental Health / Learning Disability all attend this meeting (alongside representatives from all of the 5 HSC Trusts). Monthly monitoring and highlight reports are approved at Director level and discussed at this regional meeting on a monthly basis. This is to ensure the requirements of the MHRA regulations are met within a defined timescale.

26. Use of medicines with anticholinergic (antimuscarinic) properties in older people’s mental health services / Valproate Prescribing in adult mental health

- Use of AEC score to improve current practice for reviewing anticholinergic side effects.
- Improve pharmacy involvement in MDT to look at the risk of prescribing cascades from side effects from medication.

27. Falls and Fragility Fracture Audit Programme (FFFAP) Fracture Liaison Service Database (FLS-DB)

- The SHSCT was unable to submit data for patients with new fractures in 2024 for inclusion in the next FLSDB report.
- Existing delays mean that patients potentially eligible for inclusion in the audit would not have been identified or assessed at the point of FLSDB data closure.
- The 2025 report (2023 data) due to HQIP commissioning contains information for England and Wales only. The three NI HSC Trusts who did participate, have their data included on-line but excluded from the annual report.
- The SHSCT FLS has developed an action plan and priority pathway for case-finding, urgent bone density scanning, assessment and treatment, including specialist treatments for the highest-risk patients, aiming to reduce the backlog and to contribute data on this patient group for 2025.
- Encompass for FLS has been built to capture data in the required format for FLSDB audit and since transferring to Encompass the FLS has been capturing the data required for FLSDB.

- However, due to the long waiting times for bone density scanning, most of patients currently being assessed following routine scans have had fractures prior to 2025.

28. Parkinson's UK Audit - Transforming Care

- We did not have a national PD audit in 2024/25, previous audit was 2022.
- STH: currently engaged in the current 2025 audit, no recent progress on previous outcomes relating to 2022 audit.
- LGH site only completed the 'Bone health Improvement Project' - reports of Phase 2 of the project for professional were available here: [Better bone health resources | Parkinson's UK](#)
- No progress to update on the development of a business plan for therapeutic support (Nursing / AHP) service development in 2024/2025.
- The 2025 PD audit is ongoing with data submission closing on 31/10/2025 for 3 x SHSCT sites - Lurgan (LGH) Daisy Hill (DHH) and South Tyrone Hospitals (STH).

29. MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths of Babies Born in 2023

- Delay in funding for consultant expansion for preterm birth clinic.
- Regional work ongoing to implement all recommendations.
- PMRT process working well to identify issues and provide timely reports to parents identifying issues and actions taken to resolve these – No administrative support for meetings or regional funding for external panel members.

30. MBRRACE-UK: Learning from Standardised Reviews When Babies Die National Perinatal Mortality Review Tool Fifth Annual Report

- PMRT continues as previously with good patient engagement and the uptake of face-to-face feedback of the report is good. Delay in some reports being completed due to delays in review of cross trust cases and cases involving care across disciplines.

31. MBRRACE-UK: Saving Lives, Improving Mothers' Care 2023: Lessons to inform maternity care from the UK and Ireland Confidential Enquiries in Maternal Death and Morbidity 2020-22

- Obstetric Medicine Lead(s). Several of the recommendations highlight our weakness as a trust in the area of Maternal Medicine. Recently appointed Consultant with special interest in maternal medicine. There are excellent existing relationships between neurology, rheumatology, haematology and obstetrics. Further work is required to ensure standardisation of care across the

trust for women with existing medical conditions and this would best be served by an obstetric medicine clinic.

- Postnatal Contraception Provision – plan to pilot implementation of LARC prior to discharge from postnatal ward in conjunction with contraception services. Challenges in providing this as a 7-day service to provide equity of availability to all women.
- Regular MDT Meeting for complex cases, rather than individual discussions on an ad hoc basis is required in conjunction with recently implement risk stratification.
- Simulation lead to incorporate management of Diabetic Ketoacidosis (DKA) in pregnancy into simulation programme for 2025-2026.

32. Rapid Report 2021: Learning from SARS-CoV-2-related and Associated Maternal Deaths in the UK June 2020 - March 2021

- Position in August 2025 remains the same as per previous years. Still no Maternal Medicine Lead (see No 31. Above)

33. MBRRACE-UK Perinatal Confidential Enquiry: Stillbirths and Neonatal Deaths in Twin Pregnancies

- 2025 Update - Concerns highlighted previously about the sustainability of the DHH service have been resolved with all antenatal care of twins happening at the multiple birth clinic on the Craigavon site.

34. Audit of the Management of Maternal Anaemia and Iron Deficiency in the UK and Rol 2018/19

- Local SHSCT Anaemia in Pregnancy Guideline currently under review.
- Local audit to be progressed in 2025/2026 to ensure compliance.
- Identification of women through routine screening at booking and 28 weeks' gestation is generally good.
- Process for follow-up and rechecking of low haemoglobin results and response to oral iron has been streamlined.
- Service-user information leaflets to be translated into different languages, as anaemia is prevalent among non-native English speakers.
- Implementation of electronic care record has enabled monitoring and follow up of abnormal blood results

35. National Audit of Care at End of Life (NACEL)

- NACEL 24/25 has seen significant change to this audit programme. It still contains 4 elements – casenote review / organisational element / staff survey and quality survey.

- The notes of patients of 20 consecutive deaths per hospital site per quarter are now reviewed (previously 2 x two-week periods) reviewed with a Q1 & 2 submission deadline 31/12/2024 and Q3 & 4 submission deadline 30/6/25.
- An Organisational Audit element and Staff Survey element have been completed and submitted for the 24/25 period.
- The quality survey aspect for the experience of families is being sent out as part of SHSCT bereavement packs.
- Currently data validation is underway pre- the release of the NI year 1 findings for this new NACEL report. SHSCT has been notified on 21/08/25 as flagged as potential outliers, with alert status for the metric 'people who had an individualised plan of care addressing their needs at the end of life, where it was recognised that the patient may die during the final admission'. A trust response is due to NACEL by 26/09/2025.
- There are no overall recommendations released yet within Northern Ireland. The Northern Ireland Findings event isn't being held until Tuesday 14th October and the regional recommendations for section 2) above will be reliant on the outcomes from that meeting.

36. National Smoking Cessation Audit (2021) - Management of Tobacco Dependency in Acute Care Trusts

- On 30th March 2023, the NICE Public Health guideline (NG 209) was endorsed by the Department, with a directive for all recommendations to be taken into account in the design and delivery of services. To support this review and implementation, the work was aligned to the SHSCT Smoke Free Steering Group. Following an initial presentation of the key recommendation sections to the group on 9th October 2023, progress against the implementation plan now forms part of each meeting agenda as well as a core element of the annual work plan.
- As part of the Trust's assurance requirements for all NICE guidelines, a finalised and approved compliance position was submitted to SPPG on 25th June 2025. A copy of the baseline review and summary of some of the key barriers to full implementation that require resource allocation / regional action were outlined. This can be accessed via the link below: [NICE Public Health Guideline NG209 - Tobacco Preventing Uptake Promoting Quitting and Treating Dependence - All Documents](#)
- The SHSCT has established a Tackling Tobacco Dependence and Smoke Free Steering Group which is chaired by the Medical Director met on the 11th October 2024 and the 25th June 2025. The working plan of the group has been informed by the NICE Public Health Guidance.
- The SHSCT is commissioned by the PHA to provide a Stop Smoking Support Service. In 2024/2025 854 people were supported by the SHSCT Stop Smoking service and 524 people successfully quit at 4 weeks (61%). Referral to the service is available via Encompass from Go live in May 2025.

- In addition to existing Stop Smoking staff within ACS, Maternity and MHD the SHSCT has progressed recruitment of 1.8 WTE Band 6 Stop Smoking Nurses for MUSC to support secondary care inpatients and outpatients who smoke.
- An enhanced Best Practice Advisory has been developed within Encompass to include the pop up of a Nicotine Referral Therapy Order set to prompt provision of NRT to inpatients who smoke. This was approved by the NI Doctors Advisory council and the Medicines Use Optimisation Group and is being piloted in the Southern Trust from September 2025 to inform wider potential use across HSC Trusts in N Ireland.

Reports from the National Confidential Enquiry into Patient Outcome and Death (NCEPOD)⁹

37. End of life care – ‘Planning for the End

- Recommendation 4 is around increasing provision of specialist palliative care service in hospital and in the community, however, this will not be possible without further funding becoming available with service already at capacity.
- Recommendation 6 is around sharing of advance treatment plans between care providers however a number of the key service providers that are involved in palliative or end of life care are not on the Encompass system which has just been implemented across HSC trusts. The services not on Encompass that are involved in palliative patient care are GPs, Evora Hospice, Marie Curie Nurses, GP Out of Hours and Life & Time.

38. ‘Beyond Survival’ - A review of the quality of rehabilitation care provided to patients following an admission to an intensive care unit

- SHSCT is the last Trust to establish ICU Follow up clinic. The permanent funding for this service has yet to be secured.
- The lack of a psychologist with dedicated time to contribute to the follow up clinic is a major deficit for this work.

39. ‘Joint Care?’ - A review of the quality of care provided to children and young adults (0-24 years) with Juvenile Idiopathic Arthritis

- Report endorsed by CMO and adult rheumatology services have responded to Standards and Guidelines in March 25 advising that SHSCT needs to incorporate the Paediatric Transition of patients with JIA in to funded Job Plan sessions within the Rheumatology Service.

40. ‘A Balanced Solution’ - A review of the quality of care in hospital provided to adults with abnormal levels of blood sodium.

⁹ From 25/26 NCEPOD reports endorsed in NI by the Chief Medical Officer will be monitored via Standards Risk and Learning (SRL) Service only

- Just published and report recommendations are at national level and so we await any actions at local level in due course.

41. 'A long and painful Journey' - To review remediable factors in the quality of care provided to patients aged 18 and over with a diagnosis of endometriosis.

- The report has been regionally endorsed by the Chief Medical Officer (CMO) for NI and an initial review of the SHSCT RAG status of applicable recommendations detailed in this update.
- The report was presented at the October 2024 IMWH audit meeting.

42. 'Making the Cut' - A review of the care received by patients undergoing surgery for Crohn's Disease.

- An initial review by Head of Service for Surgery suggested clinical lead areas for Recommendations 2, 3 and 4 (Gastroenterology) with both G/I Surgery & Gastroenterology to input into Recommendation 1. Recommendation 6, 7 and 9 felt to be G/I Surgery remit. Gsurg update provided to NAAR 25 – included in this return. No MUSC / GI response update available.
- The CMO endorsed the report on 01/08/2024 and asked NI HSCTS to consider the key findings and recommendations and bring these to the attention of relevant staff to further inform future service improvements and developments.
- SCS and MUSC Standards & Guidelines forum meeting on 13/08/2024 saw change leads appointed to review alongside NICE CG 141 Upper GI Bleed
- MUSC / G Surg MDT forum – update due by 11/11/2025 to Standards, Compliance, Regulation Steering Group as 'Making the Cut' now included in this workstream.

43. 'Consolidation Required' - To identify and explore avoidable and modifiable factors in the care of adults presenting to hospital with a presumed diagnosis of community acquired pneumonia.

- Most RAG status ratings of 'green' from 2024 return are backed up by sparse local audit data. Robust plan in place to regularly audit each component to better assess areas for improvement.
- Delay in getting files from coding due to backlog and Encompass- highest value in auditing post-encompass roll out. Therefore to start data collection from September 2025.
- New pneumonia lead and tobacco dependence nurse now in post but needs time to embed areas for practice.
- Update on last year - no respiratory support unit following last year recommendation from organisational questionnaire.

44. 'Disordered Activity?' A review of the quality of epilepsy care provided to adult patients presenting to hospital with a seizure.

- Service pressures have meant that work to review recommendations has not been progressed to date and a 'nil return' submitted to the 2023, 2024 and 2025 reports.
- Review of 'audit' in job plans in neurology was raised in March 2025 order to progress and a meeting in May 2025 agreed next steps for the service and how it links with ED and acute medicine on this area.
- Neurology service to review / assess position against recommendations, approximately 50% are related to neurology service. The other half need to be actioned / audited by either ED or acute medicine
- Based on review above, add to service and directorate risk register.
- Share recommendations with DMD in general medicine and unscheduled care.
- SIC paper / business case to support funding for Epilepsy Nurse with potential from acute / community working. Paper to include potential for SAS with specialist interest in Epilepsy. Collate 3-year service delivery plan

45. 'Hard to Swallow' – Dysphagia in Parkinsons Disease.

Raising Awareness:

- To continue to raise the awareness of the content of this report and its recommendations to the attention of SHSCT SMT, Governance Committee, Trust Board and Trust Staff.
- Going forward, SHSCT will consider implementation of the Formal Audit Toolkit [NCEPOD - Dysphagia in Parkinson's Disease:\(2021\)](#). Potentially this MDT clinical audit (or an adaptation) will form part of the wider assurance framework being developed alongside 'Hard to Swallow' (Mealtimes Matter, SLT EDS documentation etc) and be part of annual Divisional Clinical Audit Plans.

Areas of Concern/Barriers to improvement:

- Stabilisation and optimisation of the newly implemented electronic care record system (Encompass - go live 8 May 2025) and its impact on the ongoing implementation of a robust MDT Assurance Framework & reporting schedule, including audit of systems and practices, data capture, monitoring, analysis & reporting to ensure compliance with these recommendations.
- Address capacity and workforce issues of SLT service/MDT workforce pressures/response times. This includes need for permanent, dedicated / increased SLT presence in ED (currently part-time only); with increased risk during OOH or weekends; explore 7-day / alternative service provision model.

46. 'The Inbetweeners' - Transition from child into adult healthcare

- Barrier to implementation and improvement remains unmatched equivalent services in adults.
- The need to have a transition service (currently unfunded).
- Engagement from adult acute services to progress works required.

- Meeting key objectives has been delayed with encompass readiness and roll out and engagement from all key services involved.

47. 'Twist & Shout' – Testicular Torsion

- Clinical Audit – ID 117-2425 was presented to the Urology Patient Safety Meeting in February 2025. It reviewed the report recommendations and identified between January 2023 – November 2024 (n=18) patients who were admitted with testicular torsion. The NCEPOD toolkit was utilised to audit these cases

48. 'A Picture of Health?' - Physical Healthcare in Mental Health Hospitals:

- Policy for transfer from Bluestone Unit (BSU) to CAH to be reviewed and updated to reflect encompass system in place.
- Rapid tranquilisation smart tool to be considered to be implemented somewhere on encompass more easily e.g. already on clerk-in note template.
- Pharmacy cover – consideration to be given for cover to be provided over weekend hours for medicines reconciliation.
- NHS screening could be added to History section on Admission tab.

Reports from NHS Benchmarking Projects

49. Pharmacy & Medicines Optimisation 2023 Benchmarking Report

- Workforce paper developed utilising the NHSBN findings and submitted to MUSC SMT in June 2024.
- Agreement to proceed to IPT for pharmacy workforce review stage 1-3. Stage 1 is in progress with planning.
- IPT for stage 1 approved at Strategic Investment Committee (SIC). No funding available, however recruitment level was agreed.
- Stage 2 and 3 to be progressed. Will require significant financial investment, which will be the main barrier.

50. Outpatients 2023 Benchmarking Report

- No Update provided

Reports from National Registries

51. BSACI Registry for Immunotherapy (BRIT)

- A local audit (ID-149-2023) to assess response to grass pollen immunotherapy was registered by ENT service in March 2023. It sought to Determine symptoms best relieved by grass pollen immunotherapy and any potential side effects. To assess aspects of allergic rhinitis least aided by grass pollen immunotherapy and combine information to determine ideal patient group for grass pollen immunotherapy. The results are due for presentation by the end of 2025.

- Grazax clinics happen once a year – 07/02/2025. The next clinic will be in Jan 2026.
- SHSCT now have 30 CYPs registered with BRIT since 2022 with 5 in the last cycle in February 2025

52. National Hiatal Surgical Registry (NHSR)

- Currently, the NHSR Registry voluntarily submits data, and the level of engagement is variable. There are several potential causes of bias in this report; the data submitted may or may not be representative of an entire individual, centre/unit, depending on the level of engagement. Early adopters of this Registry are potential higher performers in hiatal surgery; it perhaps couples with interest and performance in this area. Parts of the data collection are self-reporting and thus vulnerable to bias, which includes entering all cases and complications.
- However, one of the most exciting elements of this Registry, QoL improvement data, is populated independently of the surgeon by the intrinsic mechanism of the NHSR and thus is independent, high-quality feedback data. Currently, the centres that have engaged the NHSR report remarkable improvement in patient-reported QoL outcomes post-operatively for all aspects of benign hiatal surgery. Significant improvement in QoL score is shown from the pre-procedure baseline in all sub-sets of primary hiatal surgery, validating the quality of surgery being performed by submitting centres.

Figure 4 - Themed Summary of Challenges / Concerns / Risks or Barriers identified by audit leads in Section 4.0

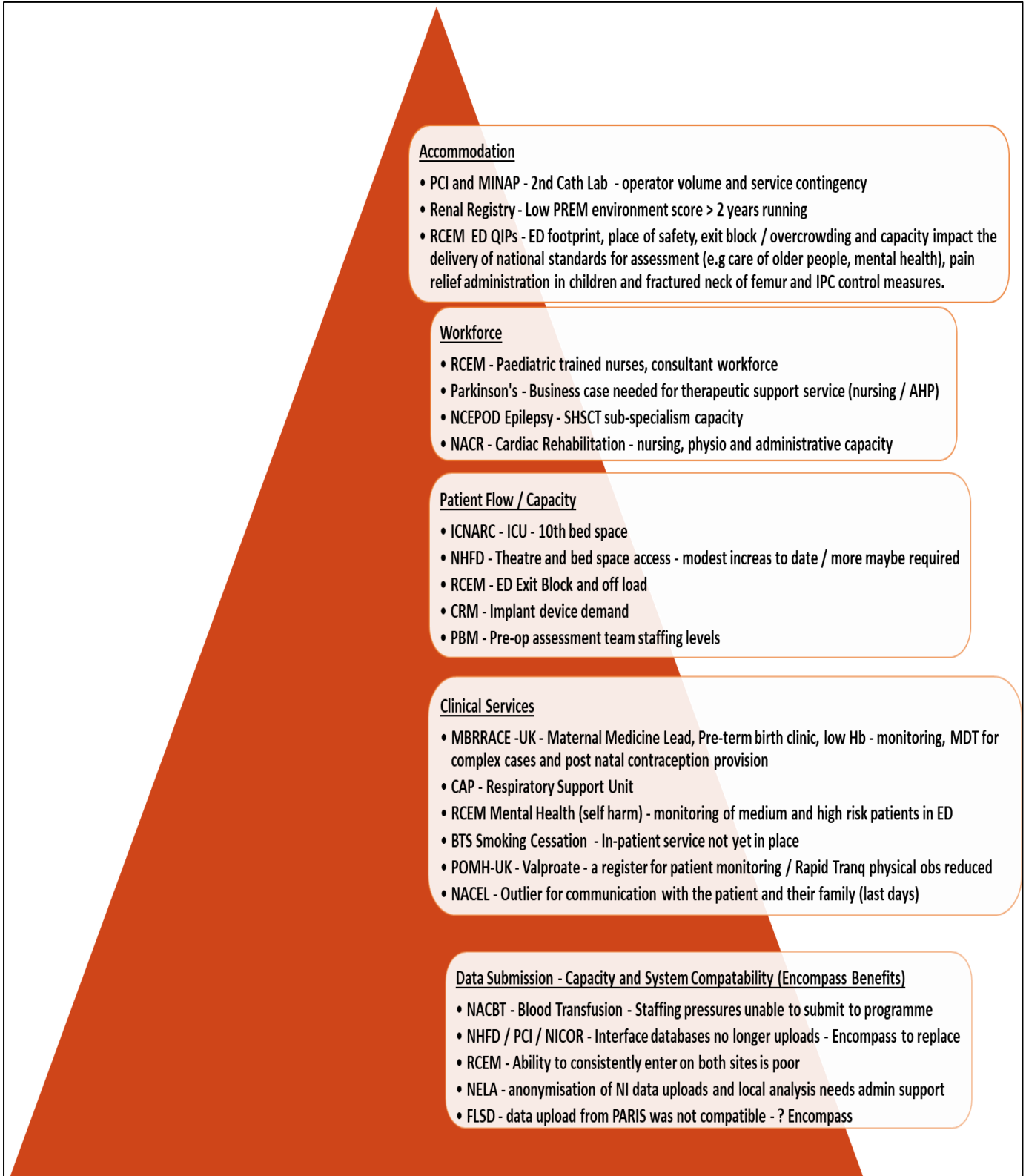
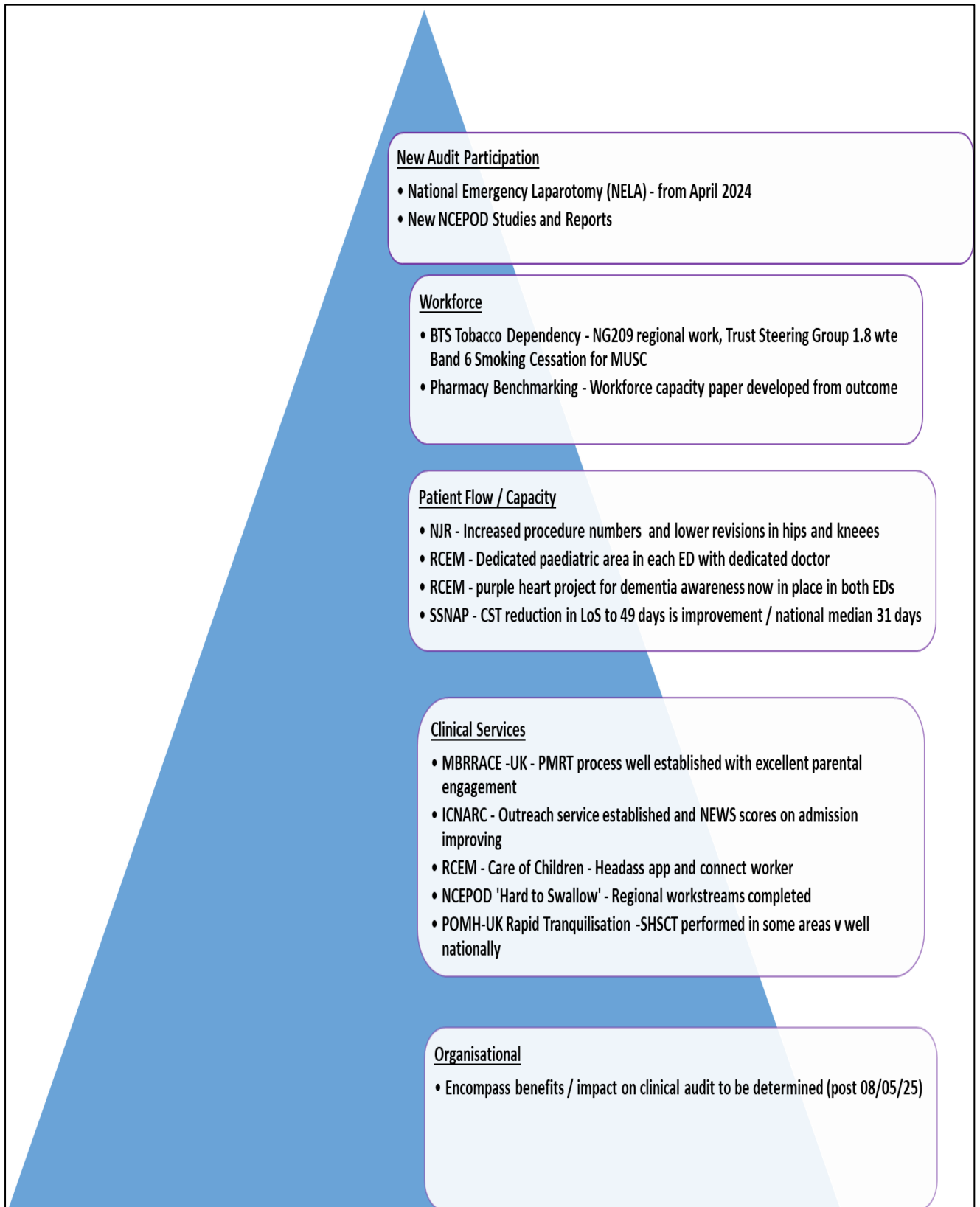


Figure 5 - Themed Summary of best practice and progress identified by audit leads in Section 4.0



5.0 Data Sharing & GDPR requirements¹⁰

Trusts in NI face challenges on sharing patient identifiable data for secondary use with external organisations, as Northern Ireland does not have equivalent legislation to the NHS Act - Section 251.

This issue was considered at the Information Governance Advisory Group (IGAG), Information Governance Network meeting held on 28th September 2023 and the group received an update from the DoH lead for development of the legislation and associated regulations. At present there is still significant work required to ensure the proposed legislation is fit for purpose, this will require amendments to the proposed legislation followed by development of the regulations. There are plans introduce the draft legislation to the Assembly in Autumn 2025, however advancement is dependent on the NI Assembly legislative timetable and processes.

In the interim, participation in national audits is presented in this report (Appendix 1a) on an on-going basis, taking a discretionary approach based on the benefit of participation in a national audit, versus any data protection risks. Many audits are participated in by all HSCTs in NI. On-going participation and information governance arrangements are part of the Clinical Audit Policy (Appendix G) [CA Policy](#).

It is recognised that participation in Clinical Audit, is a fundamental driver for improving patient care, and the Trusts' assumed position remains to participate in all audits.

6.0 Strengthening Clinical Audit – 2024/2025 Update

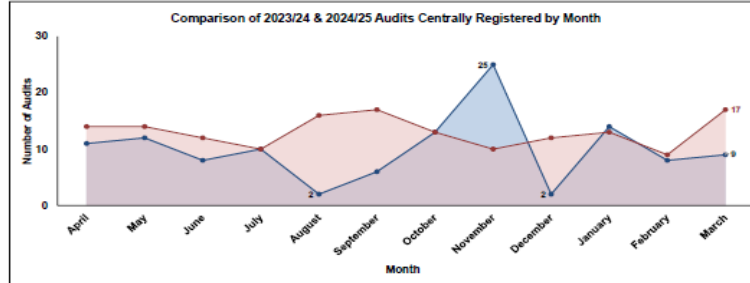
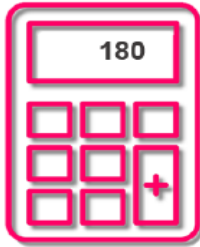
Since last year's report, work has continued in the Medical Directorate's corporate clinical audit department to further strengthen the clinical audit function as an assurance and learning mechanism of the organisation.

The following infographics provide a summary of the key audit metrics for Apr 24 – Mar 25. These were reported to the Safety and Quality Steering group (SQSG), in August 2025 in the first end of year report covering all aspects of the Trust's clinical audit function [CA REP 011 CARG 24-25 EOY.pdf](#)

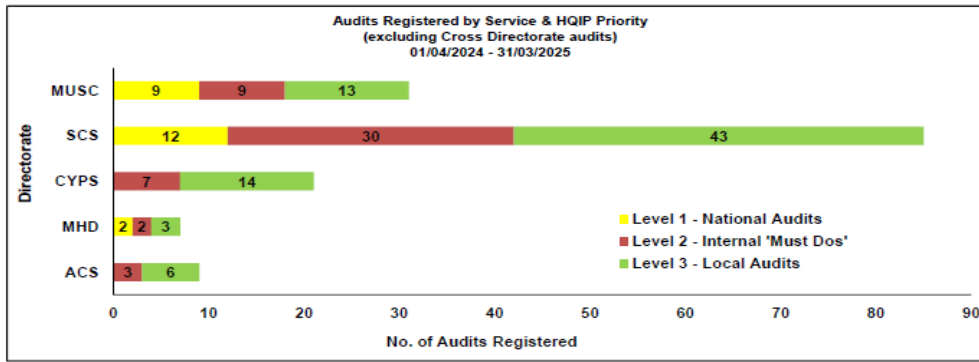
¹⁰ Position as advised by Information Governance Team, Directorate of Performance and Perform on 15th October 2025

6.0 Infographic Executive Summary 2024/2025

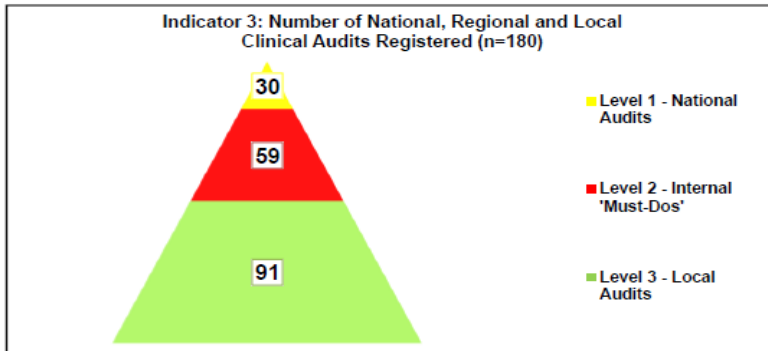
Indicator 1 - Number of Audits Registered in 2024/2025



Indicator 2 - Number of Clinical Audits registered by Service Directorate



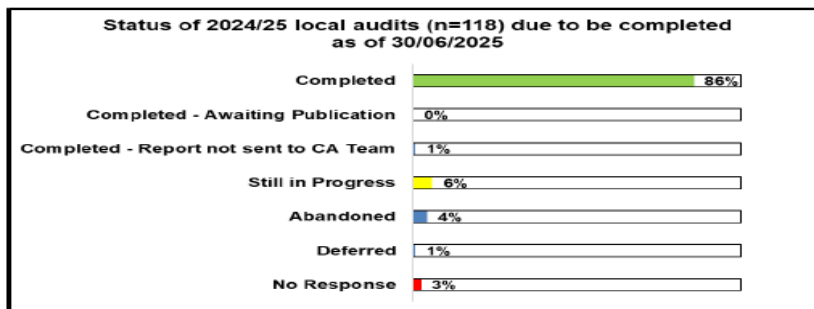
Indicator 3 - Number of National, Regional and Local Clinical Audits Registered.



Indicator 4 – All areas have a clinical audit programme drafted or finalised.

11 Divisional Plans for 2024/25 submitted – planned audits 225 vs 230 out-turn (includes cross directorate)

Standard 2 Follow-up Status: 100% of audits will have a report submitted.



86%
EVIDENCE SUBMITTED
2024/25



- For this report an update across the five key themes that have guided the Dept's work - Audit Support, Audit Status, Audit Programmes, Audit Leads and Audit (re-energising) is also provided below.

- **Key Theme - Audit Support**
 - o Strategic investment in clinical audit from the SLT has resulted in an increase in the staff complement and skill mix since 2023/24 from 0.6 to 3.4 wte¹¹ by 31/03/2025.
 - o Centrally provided audit support continues:
 - To register and monitor the progress / completion of audits through an MS Form [Clinical and Social Care Audit Registration Form](#). Providing an eform solution at the input / registration stage allows the information to be further utilised to populate the central registry and produce a pre-filled report template back to the lead auditor. A more efficient process and minimising transcription.
 - Improved engagement and awareness by creating a 'home' for clinical audit support on SHSCT SharePoint [Clinical Audit - Home](#)
 - Our on-line training syllabus has been completed appropriately pitched for junior through to senior clinical and multi professional staff groups. [Clinical Audit - Training Hub](#)
 - Standardisation of all our key support and oversight operations is updated via the departments' quality management system (QMS). Such standardisation has allowed core functions to be maintained in times of staff vacancy.

- **Key Theme – Audit Status**
 - o The SHSCT [Clinical Audit Policy](#) was revised during 2024/2025 and approved by Policy Scrutiny Committee in April 2025. The purpose of this policy¹² is to set out the rationale for clinical audit in SHSCT and provide a framework for the activity, including standards and roles and responsibilities.

¹¹ 1.0 WTE 8a replacement post was recruited in Feb 2025 (vacant from June 2024). However B6 post became vacant on 03/06/2025 and so 2.4 wte team complement since then.

¹² See page 5 – 3.0 Purpose and Page 19 Section 9.4 Standards and Indicators

- Implementation of the policy is monitored by the Clinical Audit Reference Group (**CARG**) with representation from clinical divisions, professional groups, specialties and services across the organisation [Clinical Audit - Clinical Audit Reference Group \(CARG\)](#). The CARG is chaired by Deputy Medical Director for Quality, Safety and QI, and meets quarterly¹³. Each CARG meeting receives a report which monitors progress against the 4 standards and 7 indicators for SHSCT clinical audit activity detailed in Section 9.4 of the policy.
- The combining effect of CA policy implementation and CARG reporting, alongside strengthened audit support and improved processes have all sought to increase the status and profile of clinical audit in SHSCT.
- 24/25 brought the Trust’s 2nd Clinical Audit strategy to a conclusion and it’s

	Progress Status @ 31/12/2024	No. of Outcomes
	Delivered	13
	Partially Delivered	2
	Undelivered	5
	Not Applicable	1
	Total	21

objectives and 21 planned outcomes were reviewed for progress on delivery.

- With more work on the corporate function remaining, a new plan of action is developed for 25/26 aligned to the new SHSCT vision and strategy. Our **3** key aims and **9** objectives are:



¹³ In May, September, December 2023 and April, August and November 2024.

- **Key Theme – Audit Programmes**

- 2024/2025 saw the 2nd submission of **11** ‘prospective’ annual audit plans at Divisional Medical Director level, within the **5** operational directorates. The process of developing clinical audit programmes linked to key ‘safe and effective’ care priorities, governance and assurance processes needs to continue to strengthen and mature over time. The CA dept provided 6-monthly progress and end of year outcome positions to Directorates.
- Monthly reporting¹⁴ of clinical audit activity to the 5 Operational Directorates continued in 24/25 providing feedback to directorate governance forums on audits registered, in progress, completed or with an unknown follow-up status, as well as the relevant national audit updates contained in this report.

- **Key Theme – Audit Leads**

- An informal network of audit leads for national audits already exists within SHSCT, clearly demonstrated by the contributors to section 2 of this report.
- The status and re-energising of clinical audit going forward will increasingly depend on those who ‘champion’ and ‘lead’ audit programmes within their directorates having the requisite clinical, professional and corporate support and recognition for the key assurance and improvement function they undertake.
- Further work is required to develop and strengthen the audit lead network in 25/26 and beyond¹⁵.

- **Key Theme – Audit Re-energising - ‘to bring energy to something again’¹⁶**

- This section 6.0 of this report has summarised what has been done to strengthen clinical audit in the past year and as an intended consequence to continue to re-energise this key aspect of SHSCT improvement, learning and assurance.

¹⁴ Issued on the 1st Tues or Thurs of the month.

¹⁵ Replacement post dependent – currently in recruitment (Autumn 2024)

¹⁶ Cambridge Dictionary definition

- Our work programme and proactive engagement of the central CA department in 24/25 has sought to support this re-energised function and ensure it's new processes mature and embed.
- Both the corporate clinical audit and clinical / MDT teams need to continue to work collaboratively together *'to bring energy to clinical audit again'*.
- A key focus to re-energising going forward will be to take steps through training and facilitation and collaboration with the Quality Improvement to improve the quality of clinical audit processes e.g. action planning, designing changes for improvement, audits completing a full re-audit cycle etc.
- This is important work to continue, and bring energy to, as clinical audit in this form delivers differently from all other quality improvement methodologies as through the component of re-audit, it measures for sustained improvement, underpinned by assessing how improvements are implemented and maintained over time.
- Great opportunity and challenge also awaits as from 25/26 the impact and potential of Encompass for clinical audit remains largely unquantified and is a significant area for development in the years ahead.

7.0 SHSCT Clinical Audit Work Programme 2024/25 (n=180)

Operational directorates develop a clinical audit work programme consisting of national, regional and trust-based audits, prioritised as follows:

Priority levels for clinical audits			
Level	Audit type - projects identified through		No.
Level 1 audits, “external must dos” (where the service is applicable to SHSCT)	<ul style="list-style-type: none"> National audits (NHS England Quality Accounts List (HQIP), including the National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD) / Other Confidential Enquires (see appendix 1a)	1	30
Level 2 audits, other national audits and ‘internal must dos’ (see appendix 1b)	<ul style="list-style-type: none"> National audits not contained within the HQIP list, or other clinical audits arising from: Clinical risk Serious untoward incident / internal reviews National Institute of Health & Care Excellence Complaints Re-audit Regional audits initiated by RQIA 	2	59
Level 3 audits, ‘Trust or Divisional priorities’	<ul style="list-style-type: none"> Local topics important across the Trust or to the Division Clinician / personal interest Educational audits (see appendix 1b)	3	91

This aggregates into a composite organisational programme set out in the following appendices to this report.

Appendix	SHSCT Clinical Audit Work Plan
Appendix 1a – NAAR25_app_1a	The 2024/25 clinical audit work programme demonstrates planned participation in national audits (n=30); this participation is subject to compliance with national audit commissioning (outside of England & Wales) and GDPR requirements.
Appendix 1b – NAAR25_app_1b	Trust’s composite clinical audit work programme from centrally registered audits in the 24/25 year.
Appendix 1c – NAAR25_app_1c	Rationale for non-participation in national audits in the NHS England Quality Accounts List

APPENDICES

2	National Reports Disseminated 2024/25 - NAAR25 app 2
3	NAAR Update Submission Process – NAAR25 app 3
4	In Year Update on participation in 2025/26 National Programmes - NAAR25 app 4
5	Annual Quality Report: Raising the Standard – hyperlink - NAAR25 app 5

References

1. NHS England Quality Accounts List 2024-25 [20240513_NHSE-QA-List-2024-25_FINALv2.pdf](#)
2. NHS England Quality Accounts List 2025-26 [20250811_NHSE-QA-List-2025-26_FINALv3.pdf](#)