



TRUST BOARD / SLT COVER SHEET

	<p>The cover sheet purpose is to provide the Trust Board/Committee with a clear summary of the paper being presented, how it impacts on the people we serve, key matters for attention and the ask of the Trust Board/Committee</p> <p>The Accountable Director must satisfy themselves that the cover sheet is accurate and fully reflects the paper. The expectation is that the Accountable Director has read and agreed the content of both the cover sheet and paper.</p>	
Meeting and Date of meeting	<p>11th December 2025</p>	
Title of paper	<p>Trustwide Clinical Audit Plans 2025/26</p>	
Accountable Director	Name	<p>Dr Stephen Austin</p>
Report Author	Position	<p>Medical Director</p>
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This paper sits within the Trust Board role of:	<p>Accountability</p>	
This paper is presented for:	<p>Assurance</p>	
Links to Trust Strategic Priorities 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Collaborative Working</p> <p>Learning Organisation</p> <p>Safety, Quality & Experience</p> <p>Community First</p> <p>Whole-Life Approach</p>

1. Reason for Presentation of Paper / Report

This paper and associated linked documents provide details of divisional clinical audit plans for 2025/26 within the Trust. Each plan has been signed off by the relevant operational director.

[Divisional Plans 2025 2026 Final - All Documents](#)

2. Detailed summary of paper contents:

The Trust Clinical Audit team requests copies of each operational divisions clinical audit plan in each year in the month of April. Each operational director is required to sign off the divisional clinical audit plan to confirm that the scope and remit are appropriate and aligned to the services provided. As part of its assurance function the Governance Committee seeks confirmation via the Safety and Quality Steering Group that these plans have been completed and approved with an appropriate degree of rigour and scrutiny. This process ensures that the audit activity is both robust and reflection of operational priorities across the organisation.

3. Areas of improvement/achievement:

- Forward plans for Clinical Audit are key pillar of HQIP 'best practice' and so each operational directorate is required to compile this annually as part of the CA Policy (25/27)
- Plans are designed and templated to contain a prioritised mix of clinical audits across **national** or external must dos, **internal (service level) must dos** and **local audits** important to services, clinicians or for educational purposes.
- 25/26 plans across SHSCT are more populated in 25/26 than in the preceding 24/25 year.
- 3 of 5 Directorates had plans populated by the end of Q1 25/26

4. Areas of concern/risk/challenge:

- The planning period in Q1 25/26 was impacted by Encompass pre and post 'Go Live'.
- MUSC and SCS having the largest plans to assemble were most significantly impacted.
- Engagement and ownership of the planning function is key going forward to provide assurance that maturing audit plans reflect the right safe and effective care priorities.

5. Impact on Statutory Duties: Provide details on the impact of the following and how.	
<i>Financial Impact</i>	<i>Safety and Quality Impact</i>
No, there are no Financial Impacts	No, there are no Quality, Safety or Experience Impacts
6. Risk Assessment (Risk level and state if a risk assessment be completed)	
No risk assessment required	
7. Other Business Intelligence/data (If appropriate)	
Not applicable	
8. Impact: Provide details on the impact of the following and how. If this is N/A you should explain why this is an appropriate response.	
Corporate Risk Register	None Noted
Board Assurance Framework	None Noted
Equality and Human Rights	None Noted