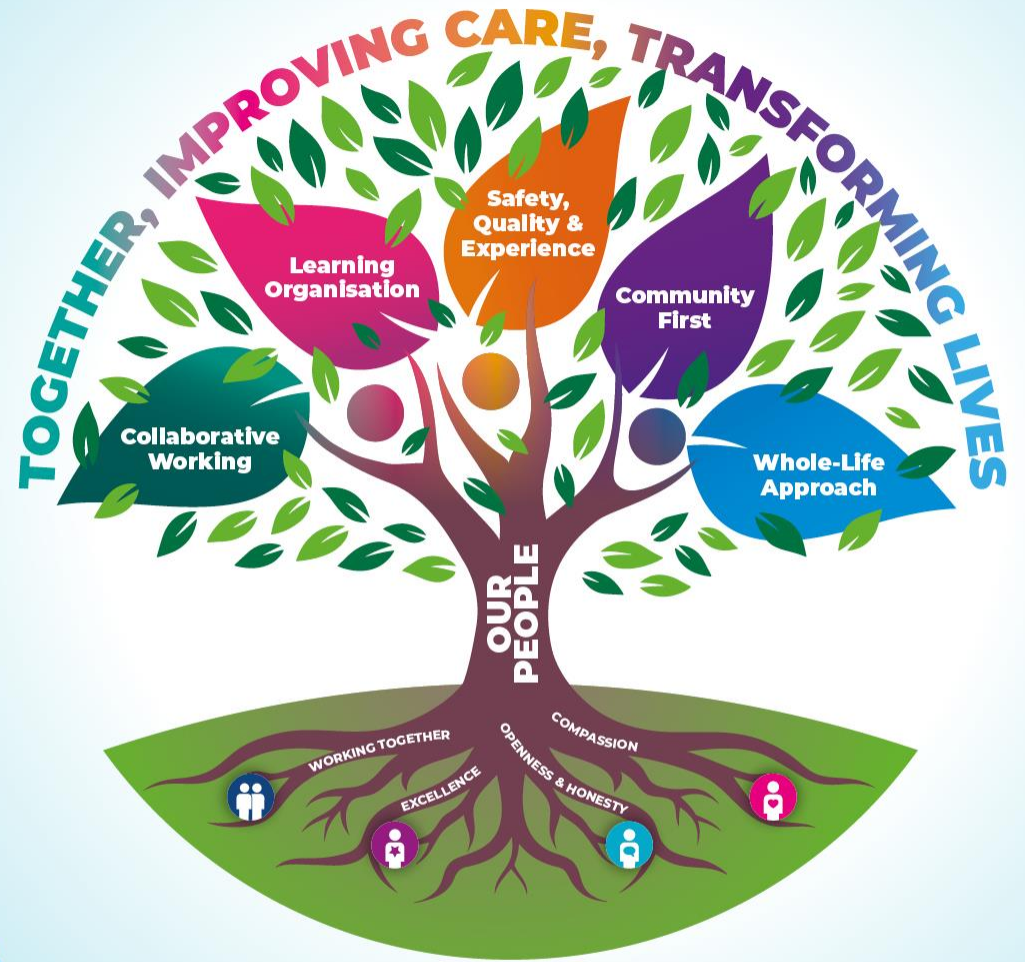


Clinical Audit

‘Building for Assurance’

11th December 2025

Committee Room, Trust HQ

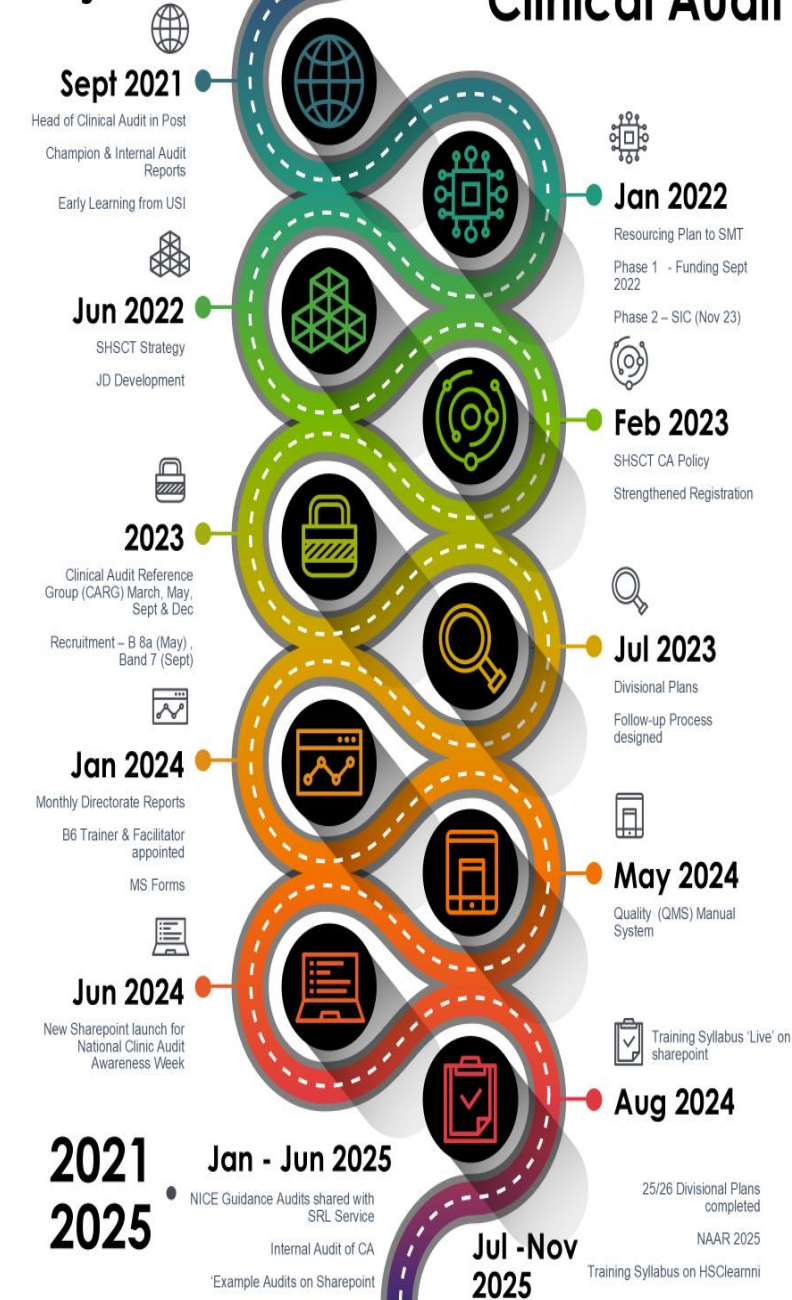


Southern Health
and Social Care Trust

TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

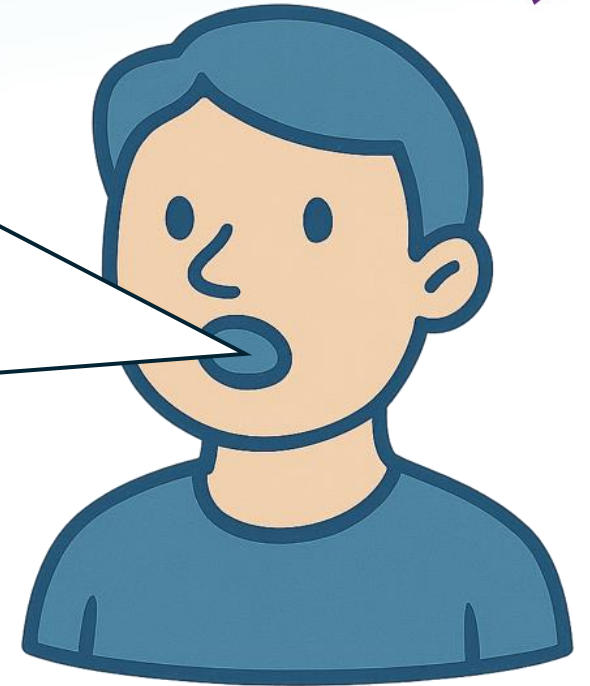
Building Project

Strengthening Clinical Audit

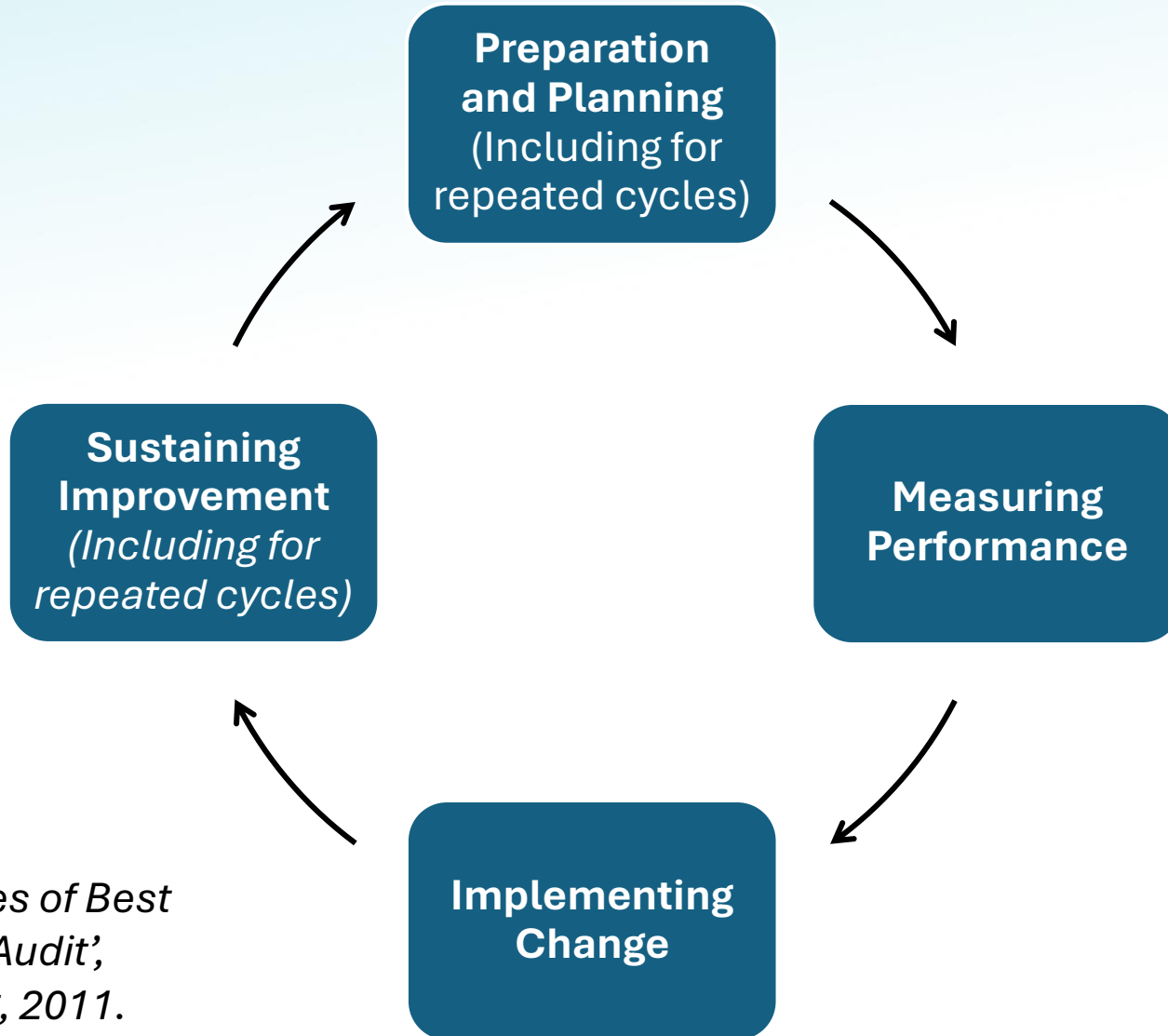


FOUNDATIONS OF CLINICAL AUDIT (HQIP)

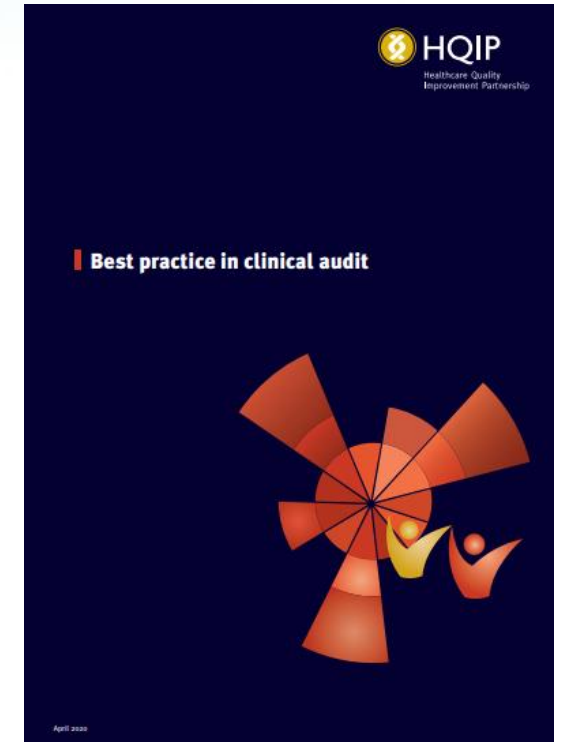
“Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare **against agreed and proven standards** for high quality, and taking action to bring practice in line with these standards so as to improve the quality of care and health outcomes”



FOUNDATIONS OF CLINICAL AUDIT (HQIP)



HQIP 'New Principles of Best Practice in Clinical Audit', Radcliffe Publishing, 2011.



HSC Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES

HQIP 4 PILLARS – BEST PRACTICE



Clinical Audit Strategy

Strategic Plan of Action



Clinical Audit Policy

Clinical Audit Policy



Clinical Audit Plan

Divisional Plans 2025_2026 (internal audit recommendation 1.1)



Clinical Audit Reporting

Clinical Audit - Clinical Audit Reference Group (CARG)

YOU SAID
WE DID



Southern Health
and Social Care Trust

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CLINICAL AUDIT PLANS AND PRIORITIES

Level	Audit Type	
Level 1 Audits “External Must Dos” (Where the service is applicable to SHSCT)	National Audits (HQIP) including National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD)	1
Level 2 Audits Other national ‘must dos’	National audits not contained with the NHS England Quality <div style="background-color: #1a3d54; color: white; padding: 10px; text-align: center; margin: 10px 0;"> Trust Annual Audit Plans should contain a mix of audit levels </div> <ul style="list-style-type: none"> • Complaints • Re-Audit • RQIA etc 	2
Level 3 “Local Audits” Determined by local Trust or divisional priorities	Local topics important to the Trust or division. Whilst local, some audit topics may be replicated across divisions. Clinician / personal interest Education Learning from Incidents / coroner etc	3



HQIP COMMISSIONED NATIONAL AUDIT PROGRAMME

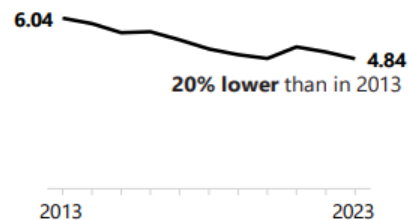
MBRRACE - 2025

Rates of baby death continued to decrease in 2023, mostly because of a reduction in stillbirths

Compared to 2022, stillbirth rates were lower in every nation of the UK, and fewer newborns died in England, Wales, and Northern Ireland. However, changes over a single year don't always tell the whole story, so it's important to look at trends over a longer period of time.

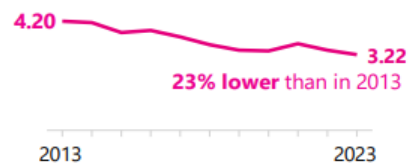
Since MBRRACE-UK started in 2013, the number of babies who died shortly before, during, or soon after birth has been falling. In 2023, the rate was 4.84 baby deaths for every 1,000 births. This is 20% lower than in 2013, mostly because there were fewer stillbirths.

Extended perinatal deaths per 1,000 total births



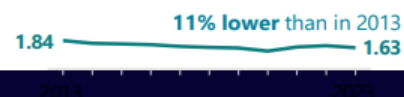
Country	2022	2023
UK & Crown Dependencies	5.04	4.84 ▼
England	5.00	4.88 ▼
Scotland	4.90	4.56 ▼
Wales	5.54	5.10 ▼
Northern Ireland	5.78	4.16 ▼

Stillbirths per 1,000 total births



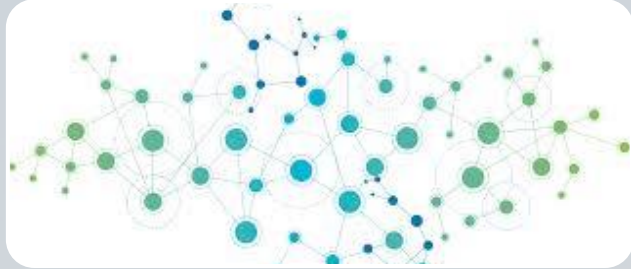
Country	2022	2023
UK & Crown Dependencies	3.35	3.22 ▼
England	3.33	3.27 ▼
Scotland	3.31	2.95 ▼
Wales	3.63	3.32 ▼
Northern Ireland	3.49	2.51 ▼

Neonatal deaths per 1,000 live births



Country	2022	2023
UK & Crown Dependencies	1.69	1.63 ▼
England	1.67	1.62 ▼
Scotland	1.59	1.61 ▲
Wales	1.91	1.79 ▼
Northern Ireland	2.29	1.66 ▼

CLINICAL AUDIT FUNCTION - CORE COMPONENTS



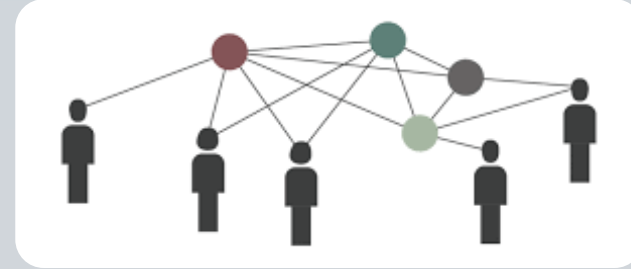
Assurance and Control

Clinical Audit Quality Management System



External Awareness and Training

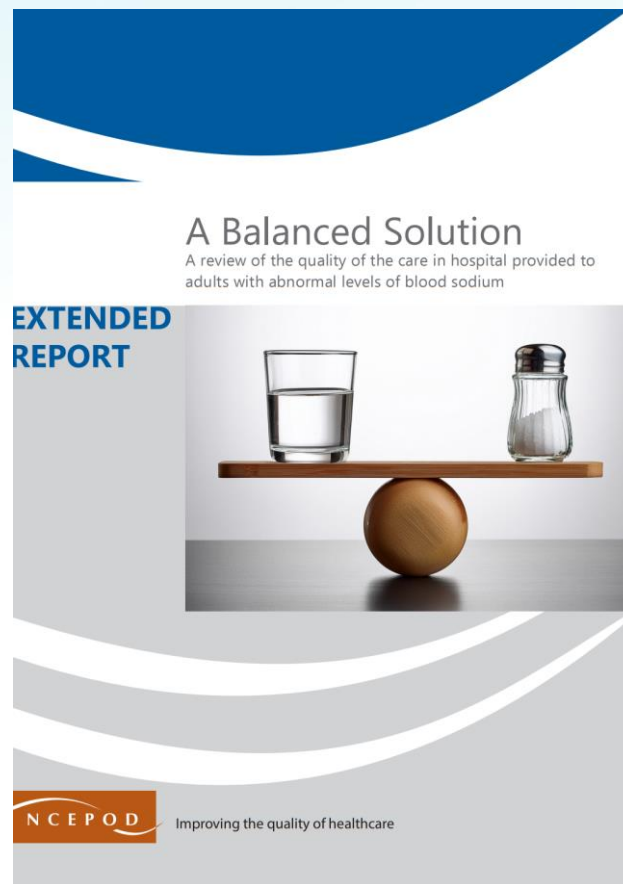
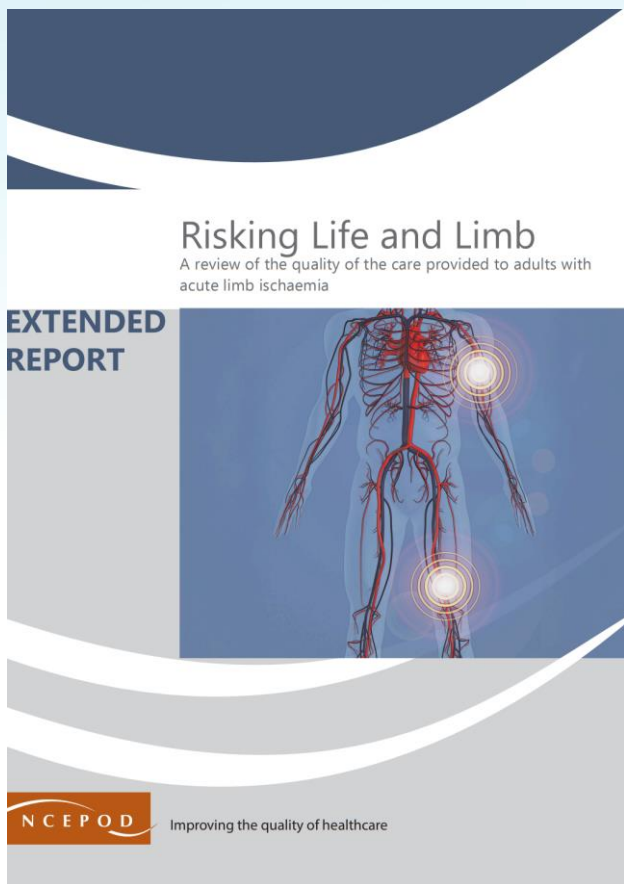
Clinical Audit SharePoint



Organisational and Archiving

Clinical Audit Library System

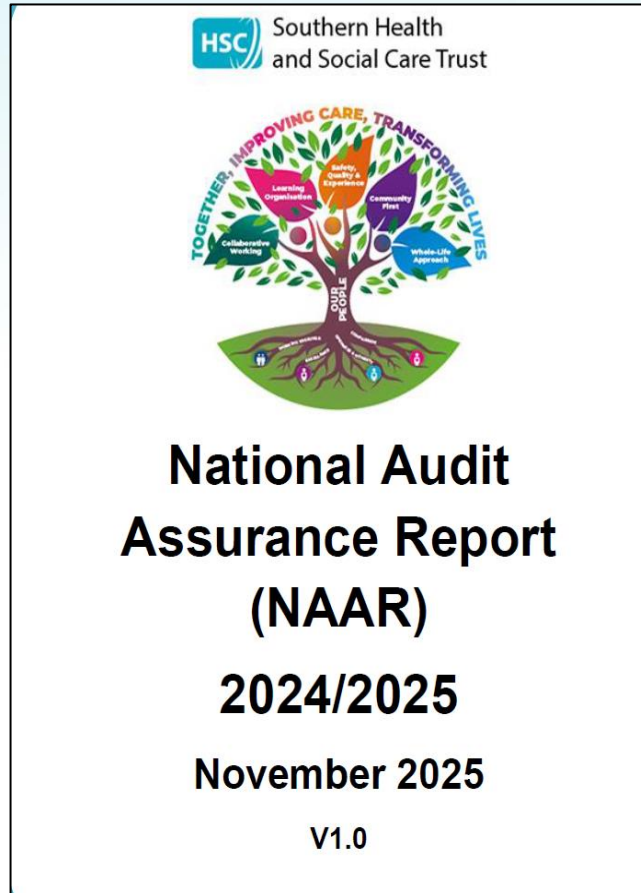
NATIONAL CONFIDENTIAL ENQUIRY 'HOME'



Per annum – 4 – 5 Studies

- **1000 eligible cases identified**
- **30 Clinician Questionnaires issued**
- **100% SHSCT participation in 23/24 and 24/25 and up to November 2025**

NATIONAL AUDIT VIA ASSURANCE REPORT (NAAR) Clinical Audit - National Audit Assurance Report (NAAR)



Challenge of auditing vs implementation and improvement is on-going

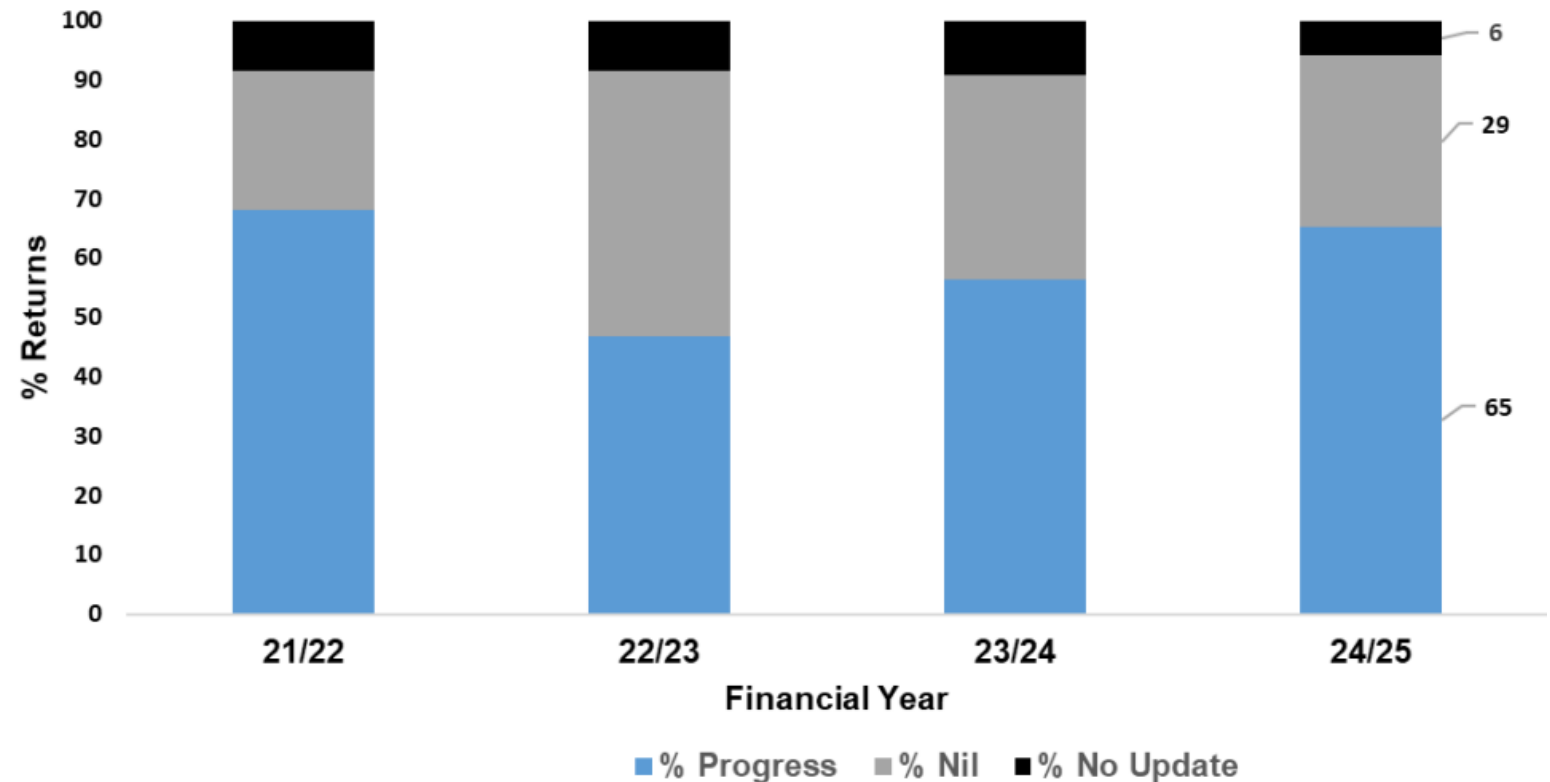
National recommendations vs regional endorsement and commissioning arrangements

NATIONAL AUDIT VIA ASSURANCE REPORT (NAAR)



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 Ureterscopy 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 RCCEM Topics	Time Critical Medications – Year 1 of 3 (Oct 23 – Oct 24)	NAAR25_Time_Critical_Medications
2024/25 Programme Selected RCCEM Topics	Care of Older People Year 2 of 3 (Oct 23 – Oct 24)	NAAR25_Care_of_Older_People

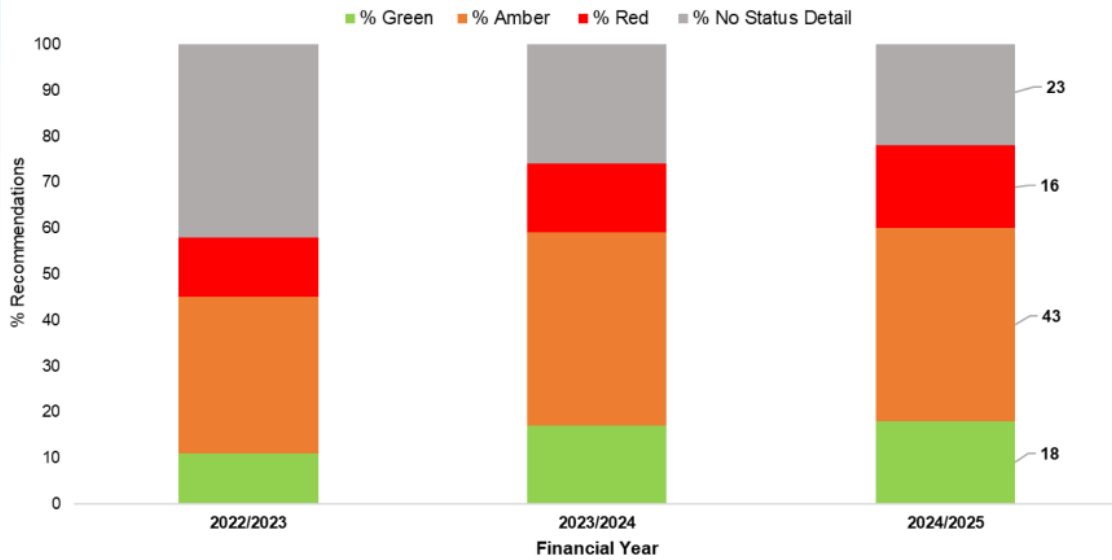
NAAR % Annual Updates by Type



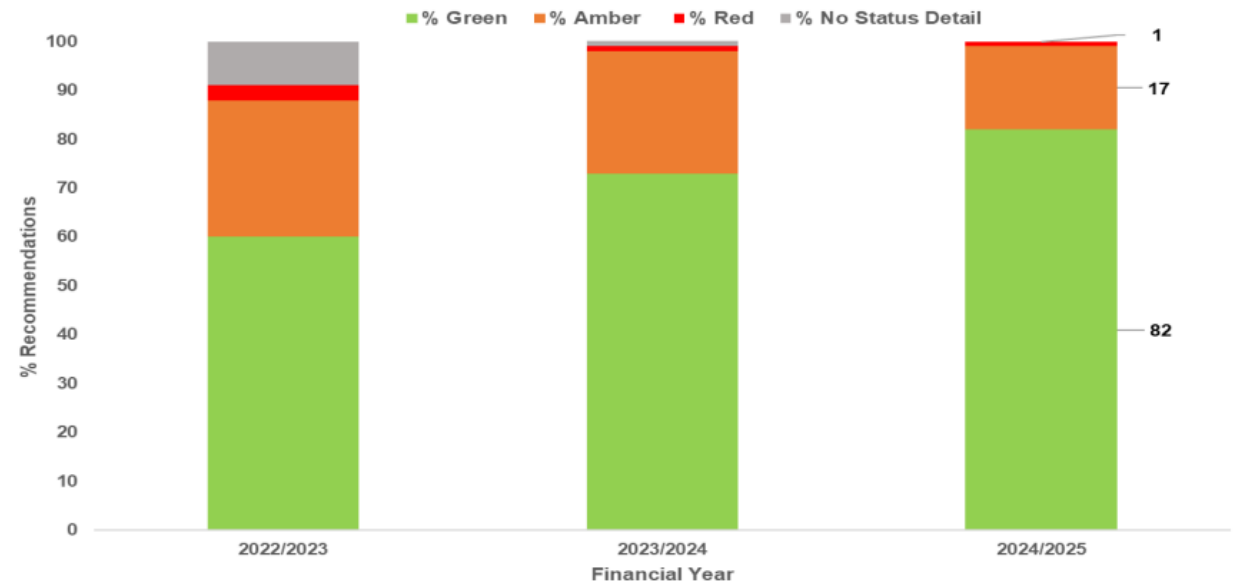
NATIONAL AUDIT VIA ASSURANCE REPORT (NAAR)



**% Recommendations by RAG Status in 22/23, 23/24 & 24/25
(excl MBRRACE)**



**% Recommendations by RAG Status in 22/23, 23/24 & 24/25
(MBRRACE Only)**



NATIONAL AUDIT – Example

National Hip Fracture Database (NHFD)



National Audit Title	National Hip Fracture Database (NHFD)
Host Organisation	Royal College of Physicians
Clinical Audit Lead(s)	Mr Sean Patton, Consultant Orthopaedic Surgeon Enda McGinley, Clinical Specialist Physiotherapist
Divisional Medical Director	Mr Mark Haynes, Divisional Medical Director
Contact details	sean.patton@southerntrust.hscni.net enda.mcginley@southerntrust.hscni.net
Time period	Continuous
Data Collection	Did SHSCT contribute data to this study in 2024/2025? Yes / No Please comment: NI HSCT data is now available as part of the published NHFD dataset in 2024 and going forward.
Directorate	Surgery and Clinical Services (SCS)
Division / speciality	Trauma and Orthopaedics
Full Report accessed via	The National Hip Fracture Database (2025 NHFD Report on care in 2024)
Update provided	Progress Report or NIL Return (complete section 4 to make 'nil' return update)

1) The 3 most important performance indicators in SHSCT, as identified by the clinical audit lead.

Please include site specific audit results (e.g. CAH / DHH etc) where available and SHSCT compliance against the national / regional compliance where available

	Audit Indicator(s)	Site specific data	SHSCT compliance	National or regional compliance
1.	Admitted to orthopaedic ward within 4 hours		2.7%	All NHFD 12.5% NI 9.3%
2.	Perioperative medical assessment		69.1%	All NHFD 88.6% NI 84.4%
3.	Surgery on day of, or day after, admission		15.0%	All NHFD 58.3% NI 8.2%

NATIONAL AUDIT – Example - NHFD



2) As appropriate detail the recommendations/ areas for improvement, the action to be taken and the SHSCT status.

National, Regional or Local SHSCT Recommendations (indicate as applicable using (N, R, L))		
Recommendation National (N) Regional (R) Local(L)	Action Taken	SHSCT status as at Aug / Sept 2025
L1. Review care in the Emergency Department (ED), so that patients are promptly seen, offered pain relief, and admitted to an appropriate specialist ward within four hours.	Awaiting additional personnel to take up post, with additional funding, resulting in 3 additional funded trauma beds	In progress
L2. Continue to request additional trauma theatre access, to enable prompt access to theatre, following recommended guidelines	Changes in job plans to facilitate increased access to CAH trauma theatre.	In progress
L3. Continue to request additional trauma beds and supportive staff, to enable prompt admission, following recommended guidelines.	Awaiting additional personnel to take up post, with additional funding, resulting in 3 additional funded trauma beds	In progress

3) Key areas of National Audit / National Enquiry work to raise awareness to SHSCT Safety & Quality Steering Group. This could be an area of concern/ risk/ good practice or barrier to improvement.

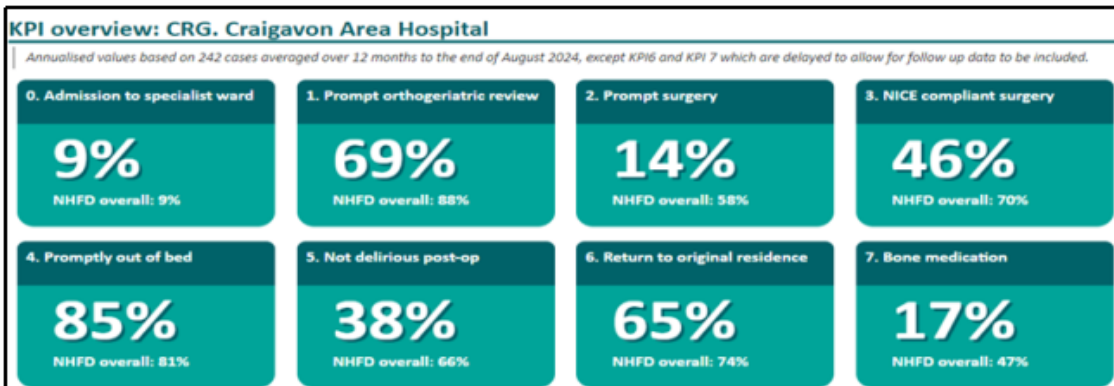
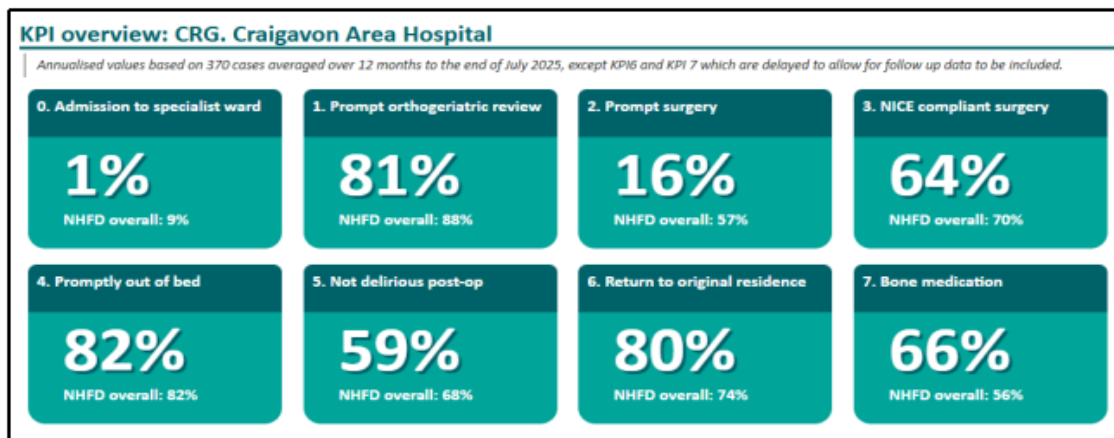
Year	n	% Admission in 4 hrs	% Periop Medical Ax	% Sx on day of/after admission
2021	365	5.5	70	23.8
2022	420	1.2	83	22
2023	385	7.4	84	22
2024	486	2.4	70	15

- As per the above table, with increased numbers of hip fracture admissions (per calendar year), our ability to maintain or improve standards are 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 above capacity.



NATIONAL AUDIT – Example NHFD

- Table below reports the CAH KPI position Aug 2024 updated to July 2025.



Outcomes benchmark summary 2024 - Northern Ireland

Average metrics for the period, classified and colour coded by quartile. Figures given in per cent (%), except where noted. The data for this report year was last updated on 28/08/2024.

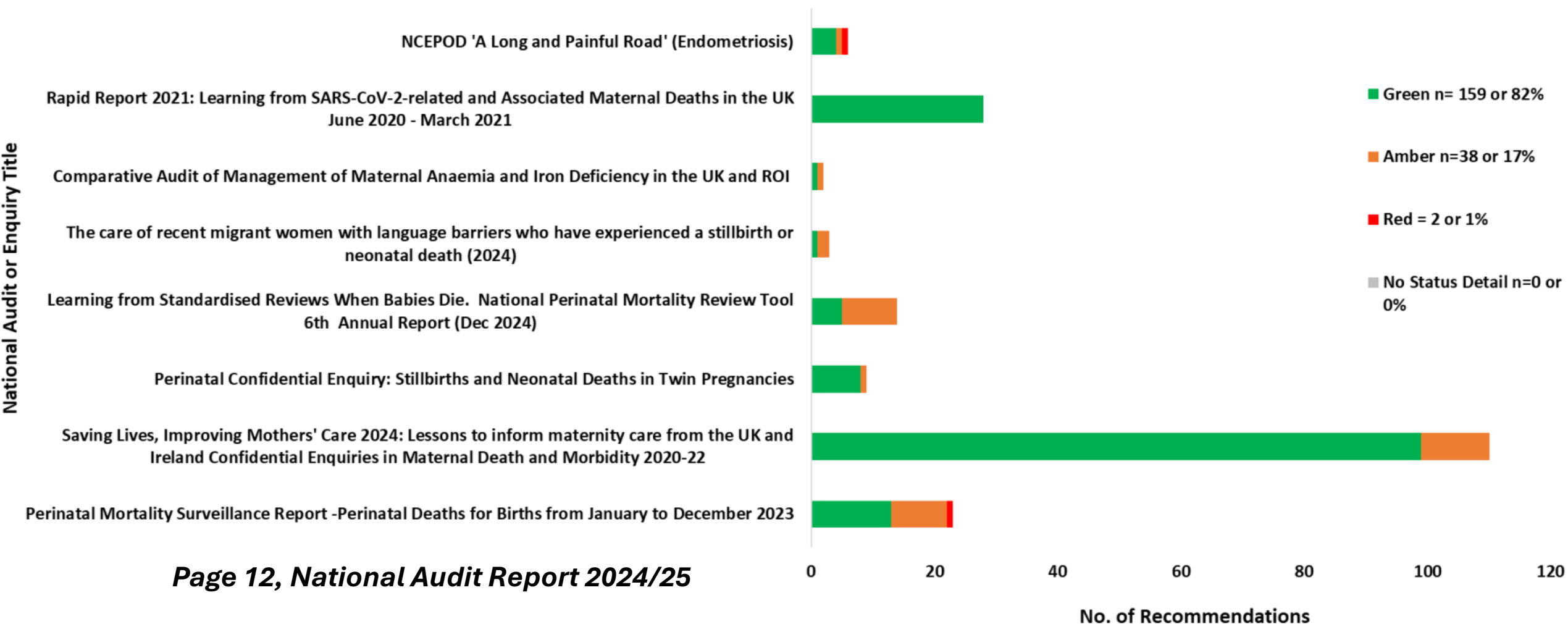
Search:

Name	Code	Number of cases submitted	Case ascertainment: total cases compared to last year (%)*	Acute length of stay (days)	Overall hospital length of stay (days)	Documented final discharge destination
Altnagelvin Hospital	ALT	473	101.5	17.8	32.1	97.0
Craigavon Area Hospital	CRG	486	126.2	13.9	28.9	96.1
Royal Victoria Hospital	RVB	991	94.9	13.6	25.0	95.9
Ulster Hospital	NUH	397	101.3	19.2	25.7	96.5
All NHFD		71,901	99.2	15.7	20.2	99.4
England		65,152	99.0	15.7	19.1	99.7
Northern Ireland		2,347	102.6	15.4	27.4	96.3
Wales		4,402	101.5	16.5	32.8	97.6

NATIONAL AUDIT VIA ASSURANCE REPORT (NAAR)



Recommendation Status by National Audit - MBRRACE-UK Only (n=195)



NAAR KEY MESSAGES

Themed summary of concerns / risks and barriers identified

Accommodation

- PCI and MINAP 2nd Cath Lab – operator volume and service contingency
- Renal Registry – Low PREM environment score >2 years running
- RCEM ED QIPs ED Footprint, place of safety, exit block / overcrowding and capacity impact the delivery of national standards for assessment (e.g. care of older people, mental health), pain relief administration in children and fractured neck of femur and IPC control measures

Workforce

- RCEM – Paediatric trained nurses, consultant workforce
- Parkinson's – Business case needed for therapeutic support service (nursing / AHP)
- NCEPOD Epilepsy – SHSCT sub-specialism capacity
- NACR – Cardiac Rehabilitation, nursing, physio and administrative capacity

Patient Flow / Capacity

- ICNARC – ICU – 10th Bed Space
- NHFD – Theatre and bed space access – modest increase to date / maybe more required
- RCEM – ED Exit block and off load
- CRM – Implant device demand
- PBM – Pre-op assessment team staffing levels

Patient Flow / Capacity

- MBBRACE – Maternal medicine lead, pre-term birth clinic, low Hb monitoring, MDT for complex cases and post natal contraception provision
- CAP – Respiratory Support Unit
- RCEM Mental health (self harm) monitoring of medium and high-risk patients in ED
- BTS Smoking Cessation – In patient service not yet in place
- POMH-UK Valproate – a register for patient monitoring / rapid tranq physical obs reduced
- NACEL – Outlier for communication with the patient and their family (last days)

Data Submission- Capacity and System Compatibility (Encompass Benefits)

- NACBT – Blood Transfusion – Staffing pressures unable to submit to programme
- NHFD / PCI / NICOR Interface databases no longer uploads – Encompass to replace
- RCEM – Ability to consistently enter on both sites is poor
- NELA – Anonymisation of NI data uploads and local analysis needs admin support
- FLSD – data upload from PARIS was not compatible ?Encompass

NAAR KEY MESSAGES

Themed summary of Improvements progress

New Audit Participation

- National Emergency Laparotomy (NELA from April 2024)
- New NCEPOD studies and reports

Workforce

- BTS Tobacco Dependency – NG209 regional work, Trust steering group 1.8 WTE Band 6 smoking cessation for MUSC
- Pharmacy benchmarking – Workforce capacity paper developed from outcome

Patient Flow / Capacity

- NJR – Increased procedure numbers and lower revisions in hips and knees
- RCEM Dedicated paediatric area in each ED with dedicated doctor
- SSNAP CST reduction in length of stay to 49 days is improvement / national median is 31 days

Clinical Services

- MBBRACE – UK PMRT process well established with excellent parental engagement
- ICNARC – Outreach service established and NEWS scores on admission improving
- RCEM – Care of Children – Headass app and connect worker
- NCEPOD ‘Hard to Swallow’ Regional workstreams completed
- POMH-UK Rapid Tranquilisation – SHSCT performs in some areas very well nationally

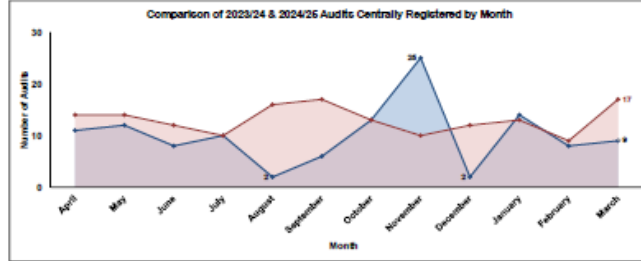
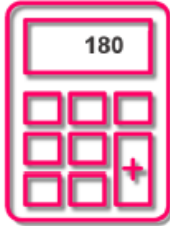
Organisational

- Encompass benefits / impact on clinical audit to be determined post ‘Go Live’

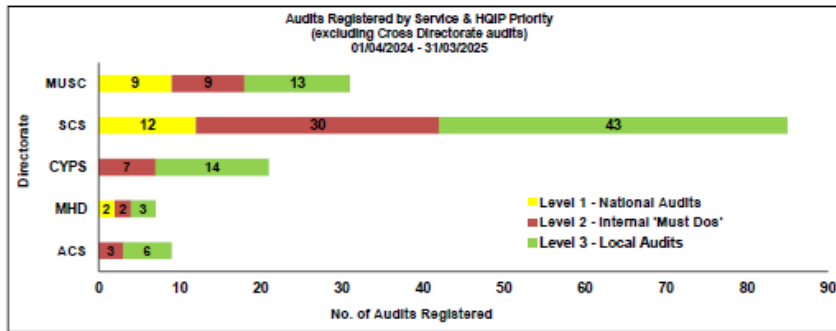
LOCAL AUDIT OVERVIEW

6.0 Infographic Executive Summary 2024/2025

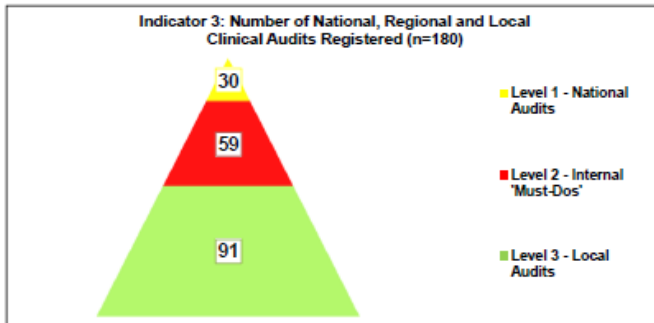
Indicator 1 - Number of Audits Registered in 2024/2025



Indicator 2 - Number of Clinical Audits registered by Service Directorate



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

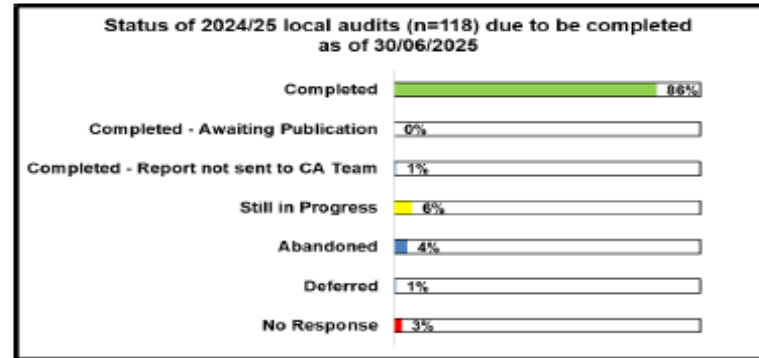


Indicator 4 - All areas have a clinical audit programme drafted or finalised.

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



NEXT STEPS 2026/27/28

Mature the function

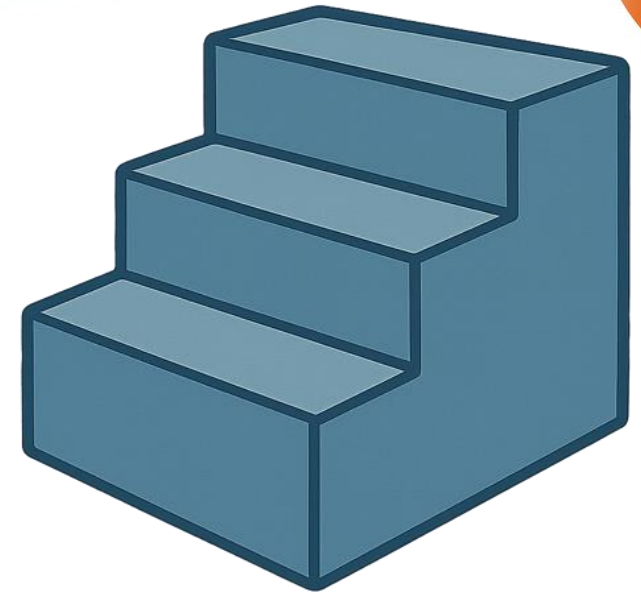
- Improving **Learning and Assurance** through strengthening the **quality** of clinical audit activity and it's integration in wider governance and improvement processes i.e S&G / SAls / QI

Increase Engagement

- Increasing the clinical / **multi-disciplinary** engagement in CA, CA leads / **champions**, oversight of audit completion rates, identifying key recommendations, defining smart objectives,
- **Action planning** and implementing improvement processes, ensuring a 'home' for the regular discussion
- **Sharing of learning** from audits with wider governance areas in developing audit schedules in directorate plans that ensure participation in national programmes and compliance with national guidance priorities on **safe and effective care**.

Phase 2 Investment – IT Infrastructure / Job role replacement

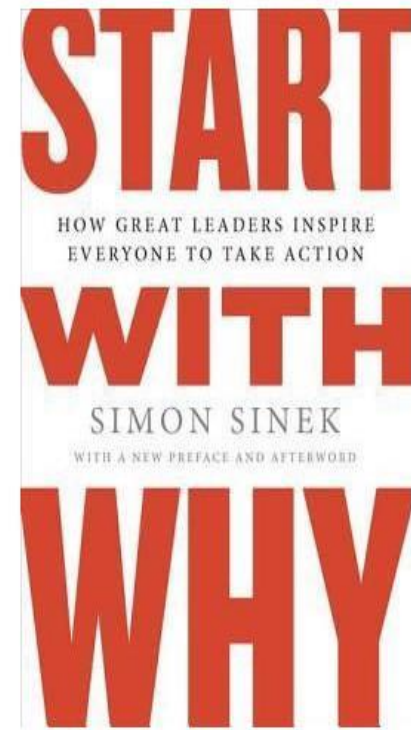
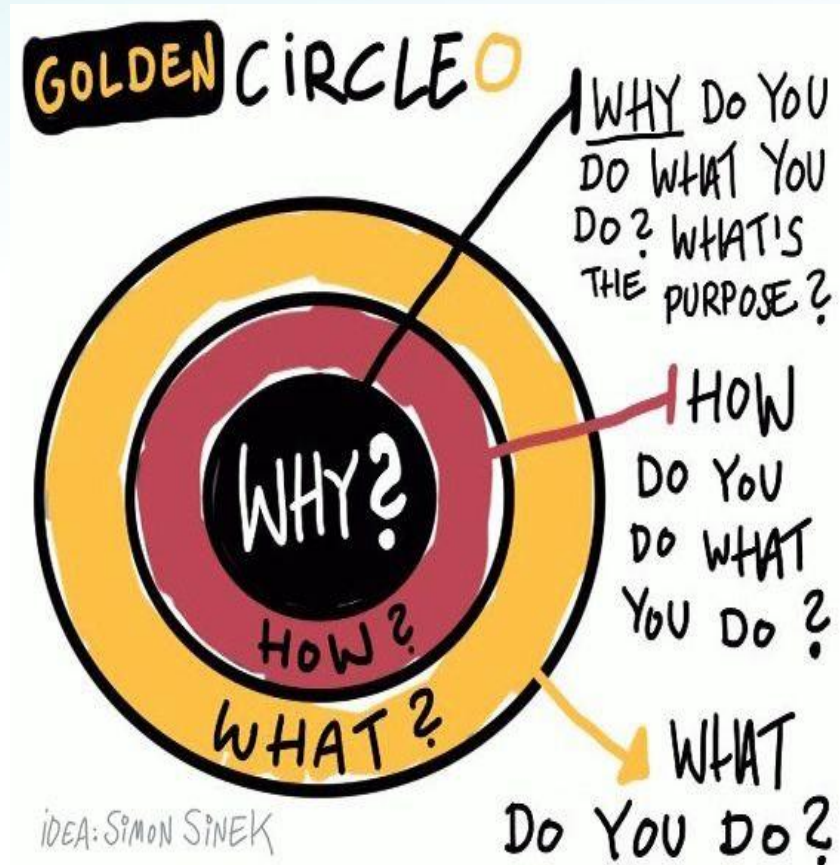
Encompass – Benefits and Challenges



WHY?

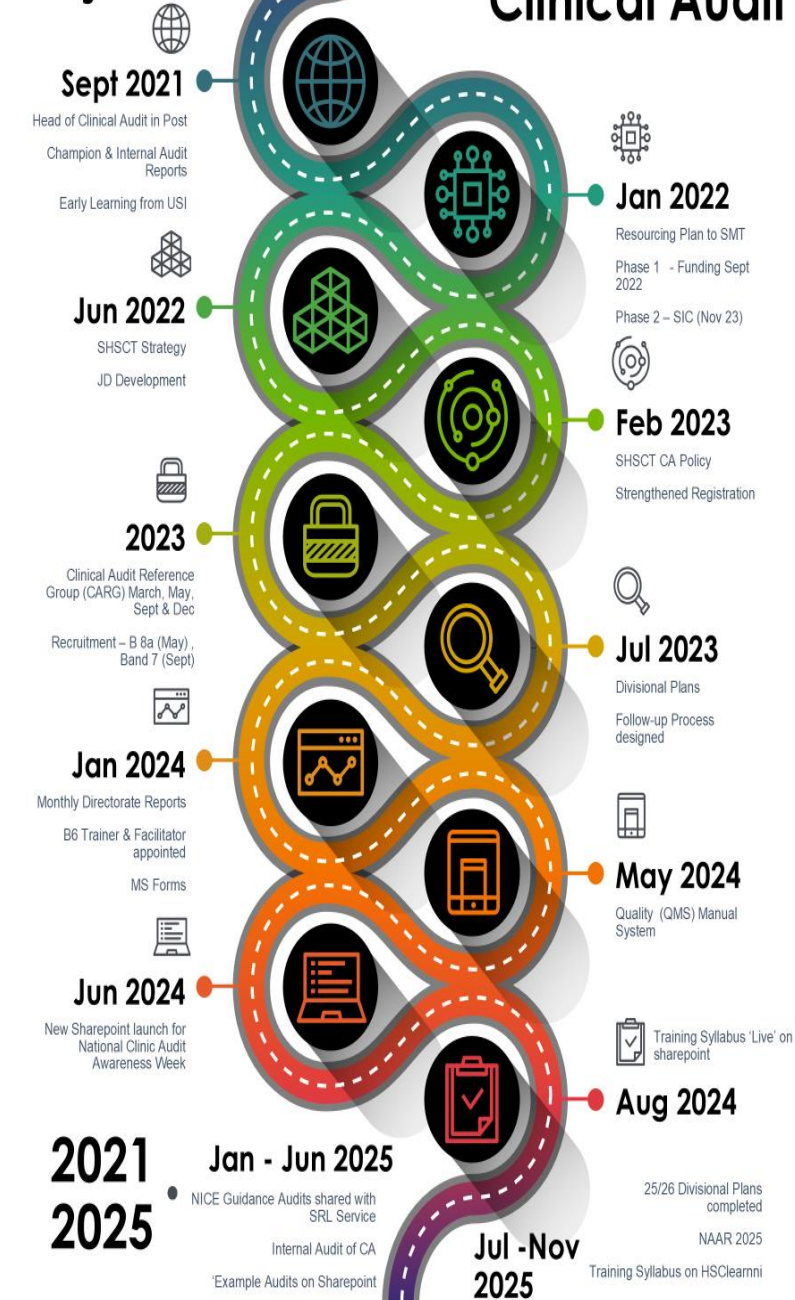
In 2021 – we started with ‘why’

Why re-build & strengthen the clinical audit function?



Building Project

Strengthening Clinical Audit



NEXT STEPS

By 2025 – marginal gains and the what could be better if, is the question ?

This is the thinking that now helps us to re-design and improve clinical audit processes to maximise engagement and ownership by services

**Engagement is the key currency
of the CA function**



Thank You Questions

