



Stockport  
NHS Foundation Trust

# ANNUAL REPORT

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Clinical Audit Department  
April 2024 - March 2025

*Stockport NHS Foundation Trust is committed to delivering improvements through the systematic use of clinical audit.*

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## Contents

Foreword from the Medical Director .....	4
Executive Summary .....	5
Introduction .....	7
Department Overview .....	8
Clinical Audit Leads .....	9
Monitoring Activity .....	10
Forward Plan Activity .....	12
Actions.....	13
Impact of Clinical Audits .....	14
Assurance & Risk .....	15
NHSE Quality Accounts .....	16
Shared Learning.....	20
Events .....	22
News Highlights.....	23
Abbreviations and Glossary.....	24
Appendix A: Forward Plan - Local Audits .....	26
Appendix B: Forward Plan - National Audits .....	39
Appendix C: National Audit Reviews .....	45

# Foreword from the Medical Director

## I am pleased to present the annual clinical audit report for the year ending March 2025.

Over the past year, our commitment to clinical audit and quality improvement has been strengthened by both internal efforts and valuable external collaborations, which have played a pivotal role in advancing the quality of patient care across the Trust.

Clinical audit remains central to our commitment to best practices and continual improvement. It ensures we uphold the highest standards in clinical care, whilst also identifying areas where changes are needed to improve patient outcomes. This process is enhanced by the integration of quality improvement initiatives, which help to address any areas of concern raised through audit findings.

A notable highlight of the year was our first joint Clinical Audit & Quality Improvement Event with Tameside and Glossop Integrated Care NHS Foundation Trust, held on 11th November 2024 at the Pinewood Education Centre, Stepping Hill Hospital. This event marked a significant milestone in our collaborative journey with Tameside and Glossop, reflecting our shared commitment to improving patient care. By working together, we continue to foster a culture of shared learning and improvement.

The event provided a platform to showcase the efforts and achievements of clinical audit and quality improvement initiatives from both Trusts. Presentations from key speakers, a poster display, and a competition allowed staff to engage, share ideas, and celebrate the positive impact of these initiatives. The collaborative nature of this event underscored the importance of joint working to address challenges and drive improvements in clinical audit and quality outcomes across our organisations.

Alongside this collaboration, we have continued our involvement in national initiatives such as the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and NHS England's Quality Accounts audits, ensuring that we align with national priorities and uphold the highest standards in clinical audit.

As always, our Clinical Audit & Quality Improvement Forums have provided valuable spaces for specialties to discuss clinical audit outcomes, review governance matters, and collaborate on ongoing quality improvement projects. These forums, in conjunction with our Clinical Effectiveness Group meetings, continue to foster a collaborative approach to driving improvement.

Our use of the AMaT system to track progress and identify emerging trends has proven instrumental in driving improvements, and regular updates to the system ensure it continues to meet the needs of our organisation.

I would like to take this opportunity to express my thanks to all the staff involved in this year's clinical audit activities. Special appreciation goes to the members of the Clinical Effectiveness Group, the Clinical Audit Leads, and our colleagues at Tameside and Glossop for their collaborative efforts. Together, we continue to make strides in improving patient care and outcomes across our organisations.



**Andrew D. Loughney**  
Medical Director

May 2025



# Executive Summary

Stockport NHS Foundation Trust is committed to providing high-quality, evidence-based care, with Clinical Audit playing a vital role in achieving this goal. Clinical audits help ensure the continuous improvement of care standards, compliance with national guidelines, and the safety and effectiveness of clinical practices.

This summary provides an overview of the clinical audit activities carried out at Stockport NHS Foundation Trust during the 2024/25 period. The Trust maintained its focus on priority audits, primarily those registered as part of the annual Forward Programme. These audits are considered a top priority within the Trust.

In the 2024/25 period, **196** clinical audit projects were registered with the Clinical Audit Department as part of the Forward Programme. These audits covered seven divisional areas and included a mix of **142** local audits and **54** national regional audits. Local audits focused on areas identified for improvement within specific departments or services, while national audits allowed the Trust to benchmark against national standards and ensure compliance.

The findings from these audits have contributed to improvements in clinical practices, highlighted areas for development, and supported the delivery of safer and more effective patient care. Clinical audit remains integral to the Trust's quality governance framework, ensuring that any issues identified are acted upon and that improvements are embedded in practice.

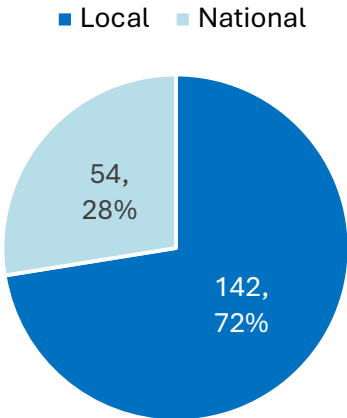
Looking ahead, the Trust remains focused on embedding audit findings into practice and enhancing engagement at all levels to ensure that audit activity continues to translate into meaningful, measurable improvements for patients.

**Table 1: Forward Plan Registrations**

Division	Total Audits	Local Audits	National Audits
Clinical Support Services	15 (8%)	14 (93%)	1 (7%)
Corporate	6 (3%)	4 (67%)	2 (33%)
Integrated Care	7 (4%)	3 (43%)	4 (57%)
Medicine & Urgent Care	51 (26%)	35 (69%)	16 (31%)
Surgery	60 (31%)	45 (75%)	15 (25%)
Women & Children	57 (28%)	41 (72%)	16 (28%)
Total	196	142 (72%)	54 (28%)

A full list of registered projects can be found in **Appendix A** and **Appendix B** of this report.

In addition to local and national audit activities, monthly ward audits were conducted via the AMaT system. These audits play a crucial role in capturing quality metrics, monitoring infection prevention practices, and tracking other essential monthly activities undertaken by the wards. The results of these audits are reported through the relevant forums, ensuring that any areas for improvement are identified and addressed.



Throughout the year, various specialties within Stockport NHS Foundation Trust hosted and facilitated Clinical Audit & Quality Forum sessions. These sessions serve as an invaluable platform for the exchange of findings, the conduct of risk assessments on clinical audits, and the identification of areas for improvement. They also provide an opportunity for collaborative learning and the agreement of actions required in response to recommendations made during audits. These forums not only cover clinical audits but also encompass a broader range of topics, including Quality Improvement projects, Morbidity & Mortality (M&M) reviews, governance discussions, and presentations from key suppliers.

Each audit undertaken by the Trust is assigned an assurance level, and a comprehensive risk assessment is carried out to identify any potential risks to patient safety or service delivery. Following this process, audit findings are presented at divisional quality group meetings for further review. Subsequently, the results are discussed at the Clinical Effectiveness meeting, and key outcomes are reported to the Quality Committee through the Key Issues Report. This thorough process ensures that the Trust's quality standards are upheld and that any issues identified are addressed in a timely and effective manner.

# Introduction

**Clinical audit continues to play a fundamental role within the clinical governance framework at Stockport NHS Foundation Trust offering assurance to the Trust Board, stakeholders, and service users that care is delivered safely, effectively, and in line with evidence-based standards.**

At Stockport NHS Foundation Trust clinical audit is not only a means of measuring compliance but also a valuable tool for identifying areas for improvement and supporting the delivery of high-quality patient care. Where compliance is not fully achieved, a consultant-led professional risk judgement is used to assign a risk level, ensuring that the issue is appropriately escalated and addressed.

Audit outcomes are shared regularly, with reports submitted to Divisional Quality Groups on a monthly basis and to the Clinical Effectiveness Group (CEG) on a quarterly basis. These reports support transparent decision-making and provide oversight on progress against recommendations, ensuring that appropriate actions are identified and implemented to support continuous improvement.

The Healthcare Quality Improvement Partnership (HQIP) defines clinical audit as:

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

*Healthcare Quality Improvement Partnership (HQIP), New Principles of Best Practice in Clinical Audit, 2011*

When implemented effectively, clinical audit enables services to assess the quality of care in a structured and objective manner. It promotes expected standards, informs education and training, strengthens multidisciplinary

collaboration, and ultimately enhances service delivery and patient outcomes.

Within the NHS, clinical audit is a recognised quality improvement tool, engaging healthcare professionals in reviewing care against best-practice standards and driving forward continuous improvement. Audits may be conducted locally to address specific service needs or as part of wider national programmes.

The Trust actively participates in national clinical audits, including those within the National Clinical Audit and Patient Outcomes Programme (NCAPOP), which is commissioned by NHS England and managed by HQIP. These audits provide valuable benchmarking data on common and high-risk conditions, enabling the Trust to compare performance at both local and national levels and to implement improvements based on robust evidence.

Clinical audit follows a cyclical process that includes setting or identifying standards, measuring current practice, identifying gaps, implementing changes, and re-auditing to assess progress. This ongoing cycle helps to embed learning, promote accountability, and drive quality improvement throughout the organisation.

In summary, clinical audit provides the Trust with a powerful mechanism for assurance, improvement, and learning. It remains a key component of our commitment to delivering safe, effective, and patient-centred care.

# Department Overview

**Clinical audit at Stockport NHS Foundation Trust is supported by a dedicated team of facilitators and administrative staff, based at Ash House on the main hospital site at Stepping Hill.**

The department provides a range of services, including practical support, expert advice, tailored guidance, training, and case records management. These services are available to all Trust staff involved in clinical audit activities, with the aim of improving the quality of care provided to patients.

The clinical audit team is proactive and works closely with governance leads across all divisions. Facilitators regularly attend divisional quality governance board meetings to ensure a consistent and unified approach to clinical audit. This collaboration also helps identify areas that could benefit from audit and quality improvement initiatives.

The team maintains strong relationships with clinical audit leads across various specialties, encouraging the use of the full audit cycle. This ensures resources are used efficiently and effectively to drive quality improvements.

In addition to clinical audit, the department also supports other workstreams related to clinical effectiveness. However, this report is focused solely on clinical audit activity and does not cover these additional areas of work.

**Table 2: Department Structure 2024/25**

Band	Role	Name	Hours	WTE
8a	Head of Clinical Audit	Post filled	37.50	1.00
6	Clinical Audit Manager	Post filled	37.50	1.00
		Post filled	37.50	1.00
5	Clinical Audit Facilitator	Post filled	37.50	1.00
		Post filled	37.50	1.00
		Post filled	37.50	1.00
4	Clinical Audit Data Officer	Post filled	30.00	0.80
		Post filled <i>(until Jan-25)</i>	30.00	0.80
		Post filled	37.50	1.00
		Post filled	37.50	1.00
2	Clinical Audit Admin Assistant	Post filled <i>(from Jan-25)</i>	37.50	1.00
		Post filled <i>(until Oct-24)</i>	37.50	1.00
		Post filled	18.00	0.48
		Post filled	22.50	0.60



# Clinical Audit Leads

**Clinical Audit Leads play a crucial role in driving improvements through clinical audit.**

Each clinician within their designated area is responsible for ensuring compliance with audit policies and processes, supported by their respective governance lead. In this capacity, they oversee audits by approving audit programmes, authorising clinical audits before registration, conducting risk assessments for audits, and actively promoting audit activities.

Together with their assigned clinical audit facilitator, each lead will create and approve the agendas for the Clinical Audit & Quality Forums within their specialty. The lead also chairs these forums, ensuring productive discussions, agreement on actions, and the successful completion of action plans following each presentation.

The Clinical Audit Leads for the year commencing 2024/25 are listed below.

**Tabel 3: Clinical Audit Leads**

## CLINICAL SUPPORT SERVICES:

1. **Endoscopy:** Post filled
2. **Pathology:** Post filled
3. **Radiology:** Post filled
4. **Outpatients:** Vacant Post
5. **Pharmacy:** Post filled

## MEDICINE:

1. **Cardiology:** Post filled
2. **Diabetes:** Post filled
3. **DMOP:** Vacant Post
4. **Emergency Medicine:** Post filled
5. **Haematology:** Post filled
6. **Orthoptics:** Post filled
7. **Oral / Max Fax:** Vacant Post
8. **Respiratory:** Post filled
9. **Rheumatology:** Post filled
10. **Stroke:** Post filled

## WOMEN & CHILDREN:

1. **Obstetrics & Gynaecology:** Post filled
2. **Paediatrics:** Post filled

## CORPORATE:

1. **Corporate Services (All):** Post filled

## INTEGRATED CARE:

1. **Acute Medicine:** Post filled
2. **Neurorehabilitation:** Post filled
3. **Palliative Care:** Post filled
4. **Discharge Services:** Post filled
5. **District Nursing:** Post filled
6. **Integrated Therapies:** Post filled
7. **Specialised Services:** Post filled

## SURGERY:

1. **Anaesthetics:** Post filled
2. **Critical Care:** Post filled
3. **ENT:** Post filled
4. **Gastroenterology:** Post filled
5. **General Surgery:** Post filled
6. **Ophthalmology:** Post filled
7. **Trauma & Orthopaedics:** Post filled
8. **Urology:** Post filled

# Monitoring Activity

Since 2017, the Clinical Audit Department has utilised AMaT (Audit Management and Tracking), a software system specifically designed to monitor clinical audit activities.

The system is regularly updated by the developers, with quarterly improvements released based on user feedback and requirements. Numerous enhancements have been made over time to continually optimise both the user experience and the monitoring of audit activities.



AMaT enables both nursing and clinical staff to engage with audit activities more efficiently across a range of care areas. It is also integral to supporting monthly ward-based quality assessments.

With AMaT, ward audits can be effectively managed, monitored, and scheduled. The system guides teams through key processes, such as checking hand hygiene, medication protocols, falls assessments, and pain management.

Nursing teams can immediately view their compliance with quality standards as they enter data into the system. They can then use AMaT's intuitive interface to record planned actions, assign ownership, and set due dates for these tasks. Dashboards can be printed and displayed on each ward, showcasing both positive achievements and areas needing improvement.

By streamlining the audit process, AMaT has contributed to enhanced quality in ward audits and clearer visualisation of results.

**In summary, AMaT enables us to:**

- Support quality improvement initiatives from ward to board.
- Prepare for and respond effectively to Care Quality Commission inspections.
- Offer a searchable, comprehensive overview of the organisation's quality activities.
- Track quality progress over time.
- Record actions and monitor progress on those actions.
- Ensure ownership and accountability of tasks.
- Provide system-driven prompts to guide progress.
- Empower staff actively contribute to quality improvement efforts.
- Improve compliance with NICE standards.
- Support both national and local audits, as well as Quality Improvement projects and service evaluations.
- Offer easy access to supporting documentation.
- Minimise reliance on paper-based tracking for audit progress.
- Eliminate issues related to version control in emailed Word documents.
- Save costs by offering a flexible platform for improvement activities.
- Save time by generating activity reports across multiple departments.

# National vs. Local Audit

**Each year, from April to March, the Trust undertakes a variety of clinical audit projects. National audits are considered a priority for the Trust, while local audits are identified by clinical specialties. These audits are based on factors such as recognised risks, complaints, legal cases, mortality data, or specific service needs within each specialty.**

## National Audit

The aim of national clinical audits is to engage healthcare professionals across England and Wales in evaluating their clinical practices against established standards, ultimately driving improvements in the quality of care and treatment. The expected outcome is an enhancement in patient results across a broad spectrum of health conditions.

National audits are primarily funded by the Department of Health and Social Care (DHSC) and commissioned by the Healthcare Quality Improvement Partnership (HQIP), which oversees the National Clinical Audit and Patient Outcome Programme (NCAPOP). NCAPOP comprises two key sub-programmes: the National Clinical Audit Programme and the Clinical Outcome Review Programmes. Other national audits are typically funded through subscriptions paid by NHS providers. Stockport NHS Foundation Trust contributes approximately £40,000 annually towards national audits and registries.

Our Trust is fully committed to participating in national audits, as this enables us to monitor quality, benchmark against similar organisations, and report compliance through our governance framework.

Participation provides a level of assurance that our organisation takes quality seriously and that clinical teams and individual clinicians monitor and improve their practice.

The value of national clinical audits extends beyond participation; it lies in our commitment to using the data and insights gained to drive improvements in care.

Once a national audit report is published, the relevant specialty undertakes a review to assess our performance and determine any required actions. This review is then submitted to the Divisional Quality Governance Board for approval and to the Clinical Effectiveness Group for assurance. Actions arising from this review are

recorded in the AMaT system for ongoing monitoring. Any overdue actions are reported back to the groups mentioned above.

As national audits typically take 18-24 months to release their findings, the risk and assurance levels associated with these audits are generally not available within the current reporting period, unlike local audits.

## Local Audit

Most clinical audit activities carried out within NHS trusts involve healthcare professionals evaluating aspects of care that are deemed important by them and their colleagues. These are referred to as 'local' clinical audits.

Alongside the national programmes that are prioritised each year, each specialty area has the opportunity to register local clinical audits that they deem to be a priority for their services.

Local audits can be identified in various ways, including:

- Audits that were part of the clinical audit programme in the previous financial year but had not yet commenced
- Potential re-audits
- Risk management issues and/ or incidents
- Service priorities
- Local guidelines
- Identified deficiencies in care
- Topics of clinician interest

# Forward Plan Activity

Trust has places emphasis on the Forward Plan, which stresses the importance of prioritising clinical audits that are of significant value or benefit to the Trust, rather than those driven solely by personal interest.

In 2024/25, **49.9%** of all clinical audit registrations were identified as a Trust priority and formed part of the Forward Plan. This was down **7.5%** on the previous year. The table below indicates the percentage change in forward plan activity across each division for the past three years.

**Table 4: Forward Plan Activity**

Division / Year	Clinical Audit Registrations	Forward Plan Registrations	% Forward Plan	Change (from previous year)
<b>Clinical Support Services:</b>				
2022-2023	11	8	72.7%	↑ 32.7%
2023-2024	23	12	52.2%	↓ 20.6%
2024-2025	26	15	57.7%	↑ 5.5%
<b>Corporate:</b>				
2022-2023	4	4	100.0%	↑ 14.3%
2023-2024	10	8	80.0%	↓ 20.0%
2024-2025	7	6	85.7%	↑ 5.7%
<b>Integrated Care:</b>				
2022-2023	9	6	66.7%	↑ 4.2%
2023-2024	9	5	55.6%	↓ 11.1%
2024-2025	21	7	33.3%	↓ 22.2%
<b>Medicine &amp; Urgent Care:</b>				
2022-2023	43	34	79.1%	↑ 23.8%
2023-2024	65	53	81.5%	↑ 2.5%
2024-2025	64	51	79.7%	↓ 1.9%
<b>Surgery:</b>				
2022-2023	54	32	59.3%	↑ 3.9%
2023-2024	76	49	64.5%	↑ 5.2%
2024-2025	114	60	52.6%	↓ 11.8%
<b>Women &amp; Children:</b>				
2022-2023	23	17	73.9%	↑ 17.4%
2023-2024	50	42	84.0%	↑ 10.1%
2024-2025	68	56	82.4%	↓ 1.6%
<b>Total:</b>				
2022-2023	144	101	70.1%	↑ 13.7%
2023-2024	233	169	72.5%	↑ 2.4%
2024-2025	300	196	65.0%	↓ 7.5%

# Actions

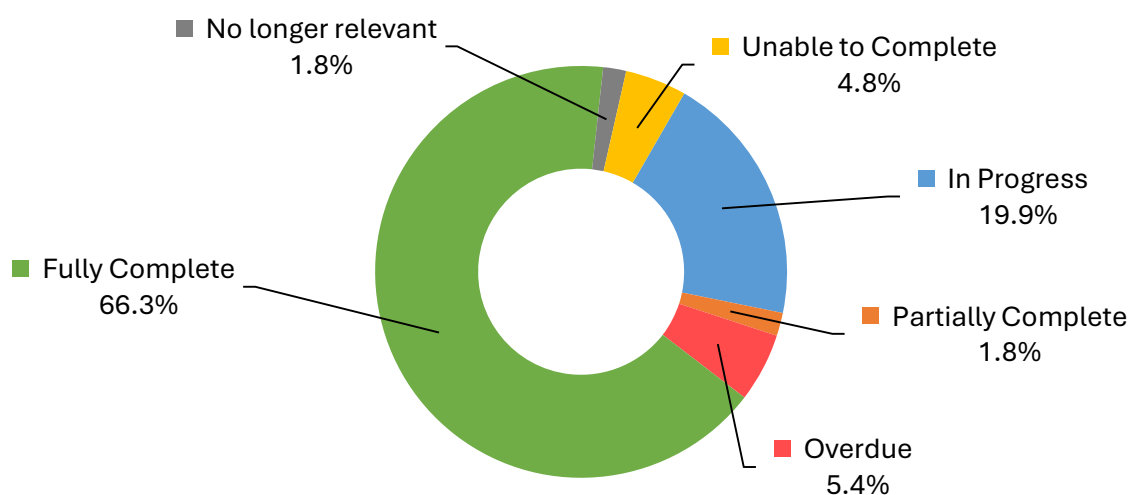
**Actions are a fundamental component of any audit, as they define the necessary steps to achieve improvement and ensure that audit findings lead to meaningful changes in care and service delivery.**

Throughout 2024/25, a total of **167** actions were generated from forward plan audits registered during this period. These actions are designed to address areas for improvement, mitigate risks, and enhance overall patient care. The process of developing, implementing, and monitoring these actions is essential to driving continuous quality improvement across the Trust.

A breakdown of the status of each action, as of 31 March 2025, is provided in the table below, outlining progress and highlighting areas where further attention is required.

**Table 5: Action Progress**

Division	Actions Raised	In Progress	Partially Complete	Overdue	Fully Complete	No longer relevant	Unable to Complete
Clinical Support Services	7 (4%)	4 (57%)	0 (0%)	0 (0%)	3 (43%)	0 (0%)	0 (0%)
Corporate	2 (1%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	0 (0%)
Integrated Care	2 (1%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
Medicine & Urgent Care	87 (52%)	20 (23%)	1 (1%)	4 (5%)	57 (66%)	2 (2%)	2 (2%)
Surgery	38 (23%)	4 (11%)	2 (5%)	5 (13%)	24 (63%)	0 (0%)	3 (8%)
Women & Children	31 (19%)	5 (16%)	0 (0%)	0 (0%)	23 (74%)	0 (0%)	3 (10%)
<b>Total</b>	<b>167</b>	<b>33 (20%)</b>	<b>3 (2%)</b>	<b>9 (5%)</b>	<b>110 (66%)</b>	<b>3 (2%)</b>	<b>8 (5%)</b>



# Impact of Clinical Audits

**The impact of clinical audits is crucial in demonstrating the value of the audit process. By identifying areas for improvement, audits lead to measurable changes in patient care, safety, and overall clinical outcomes.**

At Stepping Hill, clinical audits have played a pivotal role in improving patient care and outcomes. For example, the National Emergency Laparotomy Audit (NELA) has led to a significant reduction in 30-day peri-operative mortality, from 11.1% to 2.4% over a three-year period. This improvement was achieved by implementing targeted interventions, such as the "Abdominal Pain Pathway," which expedited CT scans for high-risk patients, allowing for quicker identification and treatment.

These audits have not only made patient care safer by identifying high-risk patients earlier but have also improved clinical indicators such as mortality rates and recovery times, demonstrating the clear value of clinical audits in driving better results for our patients.

There are several trust-wide audits that have been part of the forward programme. Some of these are baseline audits that are still in progress or awaiting re-audits. Examples of such audits include the Results Governance Audits, Cancer MDT Audits, and Outpatient Clinic Letter Audits. Once these audits are completed, we will have a clearer understanding of their impact and will be able to report on their findings and outcomes in future annual reports.

## Assurance & Risk

**A crucial element of clinical audit is the ability to provide assurance regarding our performance and to identify any potential risks.**

Upon completion of an audit, an **assurance level** is assigned based on the ratio of compliant to non-compliant standards. This assurance level reflects the overall findings of the audit, with ratings ranging from full assurance to very limited assurance.

It is essential that this level is agreed upon by all key stakeholders involved in the project. In cases where discrepancies arise in the calculation, professional judgement should be applied to determine the most appropriate assurance level.

Following the assignment of the assurance level, the Project Lead will assess and advise on the

associated **risk level**. The risk level helps indicate the potential impact of any identified shortfalls and their consequences. Using the Trust's risk matrix, the appropriate risk level can be determined and agreed upon by all involved parties. This risk assessment provides a quantitative foundation for determining the urgency of required actions.

Actions arising from the audit are recorded in AMaT and closely monitored through divisional quality group meetings and the Clinical Effectiveness Group meetings to ensure their timely completion. At the same time, risks are tracked via the Trust's Datix risk register and the established risk management process. Upon completion of actions, a review is conducted to determine whether a re-audit is necessary to assess improvements and verify the achieved assurance levels.

**Table 6: Assurance Levels - Local Audits Only**

During the year, **71% (51/72)** of local audits rated were assessed as having full or significant assurance. At the time of reporting, **49% (70/142)** were awaiting an assessment for their assurance level as they were still in progress.

Division	Pending	Full	Significant	Limited	Very Limited
Clinical Support Services	6 (43%)	3 (38%)	5 (63%)	0 (0%)	0 (0%)
Corporate	2 (50%)	0 (0%)	2 (100%)	0 (0%)	0 (0%)
Integrated Care	1 (33%)	0 (0%)	1 (50%)	0 (0%)	1 (50%)
Medicine & Urgent Care	12 (34%)	3 (13%)	9 (39%)	10 (43%)	1 (4%)
Surgery	22 (49%)	2 (9%)	14 (61%)	4 (17%)	3 (13%)
Women & Children	27 (66%)	4 (29%)	8 (57%)	1 (7%)	1 (7%)
<b>Total</b>	<b>70 (49%)</b>	<b>12 (17%)</b>	<b>39 (54%)</b>	<b>15 (21%)</b>	<b>6 (8%)</b>

**Table 7: Risk Levels - Local Audits Only**

During the year, **94% (60/64)** of local audits rated were assessed as carrying low or no risk. At the time of reporting, **55% (78/142)** were awaiting an assessment for their risk level as they were still in progress.

Division	Pending	None	Low	Moderate	High
Clinical Support Services	6 (43%)	6 (75%)	1 (13%)	1 (13%)	0 (0%)
Corporate	3 (75%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)
Integrated Care	1 (33%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)
Medicine & Urgent Care	17(49%)	11 (61%)	6 (33%)	1 (6%)	0 (0%)
Surgery	24 (53%)	11 (52%)	9 (43%)	1 (5%)	0 (0%)
Women & Children	27 (66%)	12 (86%)	1 (7%)	1 (7%)	0 (0%)
<b>Total</b>	<b>78 (55%)</b>	<b>42 (66%)</b>	<b>18 (28%)</b>	<b>4 (6%)</b>	<b>0 (0%)</b>

# NHSE Quality Accounts

**The NHS England (NHSE) Quality Accounts List is a key component of the annual Quality Accounts report that NHS Trusts are required to publish. This report includes detailed information about national clinical audit participation**

The NHS England (NHSE) Quality Accounts List is a mandatory element of the annual Quality Accounts report that NHS Trusts are required to publish. This report includes comprehensive details regarding participation in national clinical audits and other quality improvement initiatives, all of which are mandatory and aimed at improving patient care.

Each year, NHS England provides a list of mandatory national audits, clinical outcome review programmes, and quality improvement projects that Trusts must prioritise for participation in the coming financial year. This list serves as a framework to guide Trusts in aligning their audit and quality improvement activities with national priorities.

The tables below outline the relevant workstreams from the 2024/25 Quality Accounts List. During this period, Stockport NHS Foundation Trust participated in **91%** of all applicable workstreams, underscoring our commitment to upholding national standards and fostering continuous quality improvement.

**Tabel 8: Participated** (52)

#	Programme	Workstream
1	BAUS Data & Audit Programme	BAUS Penile Fracture Audit
2		BAUS I-DUNC (Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy and Compliance with Standard of Care Practices)
3		Environmental Lessons Learned and Applied to the bladder cancer care pathway audit (ELLA)
4	Case Mix Programme (CMP)	
5	Emergency Medicine QIPs:	Adolescent Mental Health
6		Care of Older People
7		Time Critical Medications
8	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	
9	Falls and Fragility Fracture Audit Programme (FFFAP):	Fracture Liaison Service Database (FLS-DB)
10		National Audit of Inpatient Falls (NAIF)
11		National Hip Fracture Database (NHFD)
12	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	
13	Maternal, Newborn and Infant Clinical Outcome Review Programme	
14	Medical and Surgical Clinical Outcome Review Programme	Blood Sodium Study (BSS) Managing acute illness in people with learning disability
15	National Adult Diabetes Audit (NDA):	National Diabetes Core Audit
16		National Diabetes Footcare Audit (NDFA)
17		National Diabetes Inpatient Safety Audit (NDISA)
18		National Pregnancy in Diabetes Audit (NPID)
19		Transition (Adolescents and Young Adults) and Young Type 2 Audit
20		Gestational Diabetes Audit
21	National Audit of Cardiac Rehabilitation	
22	National Audit of Care at the End of Life (NACEL)	



#	Programme	Workstream
23	National Bowel Cancer Audit (NBOCA)	
24	National Lung Cancer Audit (NLCA)	
25	National Non-Hodgkin Lymphoma Audit (NNHLA)	
26	National Oesophago-Gastric Cancer Audit (NOGCA)	
27	National Ovarian Cancer Audit (NOCA)	
28	National Pancreatic Cancer Audit (NPaCA)	
29	National Prostate Cancer Audit (NPCA)	
30	National Cardiac Arrest Audit (NCAA)	
31	National Heart Failure Audit (NHFA)	
32	National Audit of Cardiac Rhythm Management (CRM)	
33	Myocardial Ischaemia National Audit Project (MINAP)	
34	National Child Mortality Database (NCMD)	
35	National Comparative Audit of Bedside Transfusion Practice	
36	National Early Inflammatory Arthritis Audit (NEIAA)	
37	National Emergency Laparotomy Audit (NELA)	
38	National Joint Registry	
39	National Major Trauma Registry	
40	National Maternity and Perinatal Audit (NMPA)	
41	National Neonatal Audit Programme (NNAP)	
42	National Paediatric Diabetes Audit (NPDA)	
43	National Perinatal Mortality Review Tool	
44	National Respiratory Audit Programme (NRAP):	COPD Secondary Care
45		Pulmonary Rehabilitation
46		Adult Asthma Secondary Care
47		Children and Young People's Asthma Secondary Care
48	Perioperative Quality Improvement Programme	
49	Sentinel Stroke National Audit Programme (SSNAP)	
50	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	
51	Society for Acute Medicine Benchmarking Audit (SAMBA)	
52	UK Renal Registry National Acute Kidney Injury Audit	

**Table 9: Did Not Participate (5)**

#	Programme/Workstream
1	<b>British Hernia Society Registry</b> The Hernia Registry was in a 'test phase' for the most part of the financial year and was officially launched at the British Hernia Society conference in November 2024. As a result, Stepping Hill Hospital did not participate in the registry at its launch. In addition, the Hernia Registry was not included in the Quality Accounts list for 2025/26, meaning that participation is no longer mandatory.
2	<b>National Comparative Audit of Blood Transfusion: NICE Quality Standard QS138</b> The previous audit against this NICE QS 138 had actions assigned to pre-op Assessment; Anaesthesia; and Emergency Dept. These actions had only just been accepted by these directorates and had no progress when this reaudit was started. Taking part would only have the same findings as the previous audit. Whilst there was scope to still take part later in the financial year – other competing demands meant this was not realistic. SHH will participate in the next round of the audit in 2025.
3	<b>National Ophthalmology Database (NOD): Age-related Macular Degeneration Audit</b> Unable to participate as Ophthalmology Database (open eyes) not fully functional.
4	<b>National Ophthalmology Database (NOD): Cataract Audit</b> Unable to participate as Ophthalmology Database (open eyes) not fully functional.
5	<b>National Ophthalmology Database (NOD): Oral and Dentoalveolar Surgery</b> Unable to participate due to closure of Outpatients Department B.

**Table 10: Not Applicable (34)**

#	Programme / Workstream	
1	<b>Breast and Cosmetic Implant Registry</b>	
2	<b>Child Health Clinical Outcome Review Programme</b>	Emergency surgery in children and young people - ESCYP Juvenile Idiopathic Arthritis (JIA)
3	<b>Cleft Registry and Audit NETwork (CRANE) Database</b>	
4	<b>Mental Health Clinical Outcome Review Programme</b>	
5	<b>Diabetes Prevention Programme (DPP) Audit</b>	
6	<b>National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)</b>	
7	<b>National Audit of Dementia (NAD)</b>	
8	<b>National Bariatric Surgery Registry</b>	
9	<b>National Cancer Audit Collaborating Centre (NATCAN):</b>	National Audit of Metastatic Breast Cancer (NAoMe)
10		National Audit of Primary Breast Cancer (NAoPri)
11		National Kidney Cancer Audit (NKCA)
12	<b>National Cardiac Audit Programme (NCAP):</b>	National Adult Cardiac Surgery Audit (NACSA)
13		National Congenital Heart Disease Audit (NCHDA)
14		National Audit of Percutaneous Coronary Intervention (NAPCI)
15		National Audit of Mitral Valve Leaflet Repairs (MVLR)
16		UK Transcatheter Aortic Valve Implantation (TAVI) Registry
17		Left Atrial Appendage Occlusion (LAAO) Registry
18		Patent Foramen Ovale Closure (PFOC) Registry
19		Transcatheter Mitral and Tricuspid Valve (TMTV) Registry
20	<b>National Clinical Audit of Psychosis (NCAP)</b>	
21	<b>National Obesity Audit (NOA)</b>	
22	<b>National Pulmonary Hypertension Audit</b>	
23	<b>National Vascular Registry (NVR)</b>	
24	<b>Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)</b>	
25	<b>Paediatric Intensive Care Audit Network (PICANet)</b>	
26	<b>Prescribing Observatory for Mental Health (POMH):</b>	Rapid tranquillisation in the context of the pharmacological management of acutely disturbed behaviour
27		The use of melatonin
28		The use of opioids in mental health services
29	<b>Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS):</b>	Oncology & Reconstruction
30		Trauma
31		Orthognathic Surgery
32		Non-melanoma skin cancers
33	<b>UK Cystic Fibrosis Registry</b>	
34	<b>UK Renal Registry Chronic Kidney Disease Audit</b>	

# Shared Learning

## Clinical Audit & Quality Forums

The outcomes of clinical audit projects undertaken within the Trust are typically shared at speciality meetings known as Clinical Audit & Quality Forums (CA&QF), which bring together a diverse group of staff members. These forums are generally held on a quarterly basis, although some smaller specialties may convene biannually. The primary aim of these meetings is to discuss audit findings, present recommendations, and agree on action plans for improvement. They provide an essential opportunity for dialogue and collaboration across different disciplines within the Trust.

For example, the urology departments across Stepping Hill, Macclesfield DGH, and Tameside work collaboratively through these forums, ensuring that all three sites are involved in the audit process. The audit meetings integrate the peripheral units, allowing them to present local urology projects and ensure that their practices are aligned to similar standards across all sites. The urology CNS teams from each hospital either attend in person or dial in remotely for the clinical audit and morbidity and mortality meetings, fostering a strong collaborative approach.

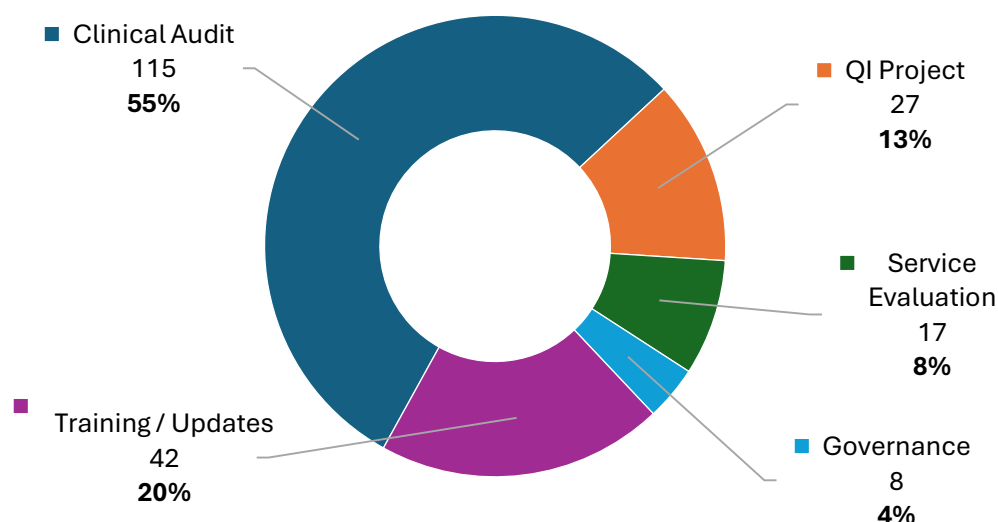
In addition to clinical audit discussions, each specialty allocates dedicated time on the agenda to share outcomes from other initiatives, such as quality improvement projects, morbidity and mortality reviews, and general service updates. While clinical audit remains the core focus of these forums, the platform has evolved to accommodate a wider range of topics crucial for driving quality improvement.

Agendas for these meetings are circulated within the relevant specialties and are also shared with a broader audience to maximise engagement. They are made available via the clinical audit department and published on the Trust's dedicated internal microsite. Copies of presentations from each meeting are uploaded to the microsite, ensuring continued access to the learning shared. Attendance records are maintained and often used by clinicians for their revalidation.

All details of presentations are stored within the relevant project on the AMaT system. Additionally, these documents are accessible on local computer drives and are uploaded to the Clinical Audit microsite following each event.

At each forum, an attendance sheet is used, enabling participants to document their involvement in clinical audit and quality improvement activities, which can support their appraisal and revalidation processes.

During the 2024/25 period, **55%** of all presentations delivered at the Clinical Audit & Quality Forums were focused on clinical audits, reflecting the central role of audit in driving quality improvement within the Trust.



## National Audit Reviews

In the 2024/25 reporting period, a total of **35** national audits were reviewed. National audits typically take between 18 and 24 months from completion before the results and findings are published. Once a national report is made available, it is circulated to the relevant clinical lead, who is responsible for initiating a local review process. This review is crucial in providing the Trust with assurance on our performance, both locally and nationally.

The local review focuses on key findings, conclusions, and any recommendations or actions necessary to drive continuous improvement within the Trust. These reviews are then presented and discussed at the Divisional Quality Group, where they are subject to approval before being further validated by the Clinical Effectiveness Group.

This process ensures that the Trust not only monitors its compliance with national standards but also takes proactive steps to implement improvements where necessary. It also underscores our commitment to embedding evidence-based practices that improve patient care outcomes.

**Table 11: National Audit Reviews**

Division	National Reviews
Clinical Support Services	<b>4</b> (11%)
Corporate	<b>1</b> (3%)
Integrated Care	<b>1</b> (3%)
Medicine & Urgent Care	<b>17</b> (48%)
Surgery	<b>9</b> (26%)
Women & Children	<b>3</b> (9%)
<b>Total</b>	<b>35</b>

A comprehensive list of all national audits reviewed during this period can be found in **Appendix C**.

# Events

## Clinical Audit & Quality Improvement Event 2024

The Clinical Audit Departments of Stockport NHS Foundation Trust and Tameside and Glossop Integrated Care NHS Foundation Trust proudly held their first joint Clinical Audit & Quality Improvement Event on 11th November 2024 at the Pinewood Education Centre, Stepping Hill Hospital.

This event marked a significant milestone in our collaborative efforts with Tameside and Glossop Integrated Care NHS Foundation Trust, reflecting our shared commitment to enhancing the quality of patient care through effective clinical audit and quality improvement practices.



The purpose of the event was to showcase and celebrate the clinical audit and quality improvement initiatives undertaken by colleagues across both Trusts.

The event featured a diverse programme of presentations from key speakers, highlighting various projects and advancements in clinical audit. Additionally, a poster display and competition were incorporated, offering staff the opportunity to engage with and vote for their favourite posters, with prizes awarded to the top entries. This event was open to all Trust staff, encouraging wide participation and fostering a sense of collective achievement.

This year's event was hosted by Dr Andrew Loughney Medical Director of Stockport NHS

Foundation Trust who highlighted the value of collaboration and shared learning between our Trust and Tameside and Glossop Integrated Care NHS Foundation Trust. The focus on working together to drive improvements in clinical audit and quality outcomes was a key theme throughout the event.

We would like to extend our sincere thanks to everyone who participated, both in the presentations and the poster competition. The success of this event highlights the value of continued collaboration and the shared vision of both Trusts in advancing quality improvement.

Presentations included:

- **NICE To Know You, To Know You NICE!** *Craig Davidson, Implementation Consultant | National Institute for Health & Care Excellence (NICE)*
  - **Improving Care In Trauma & Orthopaedics** *Prof. David Johnson, Consultant | Trauma & Orthopaedics | Stockport*
  - **National Confidential Enquiry Into Patient Outcome & Death (NCEPOD)** *Dr Marisa Mason, Chief Executive | NCEPOD*
  - **Why Do PSIRF'ers Need To Ride The Clinical Audit Wave?** *Tracy Ruthven & Stephen Ashmore, Co-Directors | Clinical Audit Support Centre (CASC) Ltd.*
- The poster competition recognised outstanding contributions with the winners being:
- **1ST: Impact Of A Pharmacy Technician Led Telephone Review For Patients With Chronic Myeloid Leukaemia** – *by Laura Hulse*
  - **2ND: Transforming End Of Life Care** – *by Helen Harris & Neil Pender*
  - **3RD: Empric Co-Amoxiclav For Urinary Related Infections Audit On Appropriate Use** – *by Adam Windle*

# News Highlights

## **A new report shows Stepping Hill Hospital is one of the safest in the country for emergency abdominal surgery.**

The 9th annual National Emergency Laparotomy Audit (NELA) report has been published nationally which looks independently at the outcomes from major emergency abdominal surgery for every hospital in the country.

It shows Stockport NHS Foundation Trust, which runs the hospital, as being in the top three acute trusts in the country, and the top in Greater Manchester, in terms of survival rates for emergency laparotomies during the year 2022/23.

The report also shows its mortality rate (chance of dying) is less than half the national average. In effect this means 12 more people surviving than the national average.

An emergency laparotomy is an operation carried out for some of the sickest patients in the NHS who have suffered major abdominal problems and need surgery to survive. Common examples of this include obstruction (blockages of the intestine) and perforations (a hole in the intestine). Stepping Hill Hospital carried out 172 of these operations during the year.



**Pictured:** *Members of the multi-disciplinary team who help ensure emergency abdominal surgery.*

Care for patients with these serious conditions involves close co-operation and team-working from many staff at the hospital, not just from the surgical theatre teams, but also from the emergency department (A&E), critical care, surgical wards, radiology, and lab teams as well.

Ed Clark, bowel cancer consultant surgeon at Stepping Hill Hospital said, “Everyone in our surgical department is really pleased that the latest NELA report confirms we have very high standards for safety with our abdominal surgery. This is down to the hard work of all the dedicated healthcare staff doing their best for the people of Stockport and the High Peak.”

## **Prestigious Role for Mr. Edwin Clark**

We are delighted to announce that Mr. Edwin Clark, Consultant Colorectal and General Surgeon at Stockport NHS Foundation Trust, has been appointed as the Surgical Lead for the National Emergency Laparotomy Audit (NELA).

This prestigious national appointment will significantly contribute to driving improvements in audit, research activities, and the overall standards of emergency laparotomy care across the country. It is a tremendous achievement and a testament to Mr. Clark’s expertise, which will continue to benefit both our organisation and the wider healthcare community.



# Abbreviations and Glossary

## **AMaT – Audit Management and Tracking**

Electronic system used at Stockport NHS Foundation Trust to register and monitor clinical audit activity.

## **AMU – Acute Medical Unit**

The first point of entry for patients who are referred to hospital as emergencies by their GP or who require admission from the emergency department.

## **Audit Lead**

Leading on the approval and overall management/escalation of clinical audit activity within their respected area

## **CA - Clinical Audit**

A process that has been defined as "a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change".

## **CA&QF - Clinical Audit & Quality Forums**

Quarterly meetings held by Stockport NHS Foundation Trust for most core specialty areas to enable the opportunity to present and discuss clinical audit results.

## **CA&QI – Clinical Audit and Quality Improvement**

A regular event held by the clinical audit department aimed to celebrated both quality audit and quality improvement work at Stockport NHS FT.

## **CAAW – Clinical Audit Awareness Week**

Organised by HQIP to enable Trusts, health boards, audit staff, clinicians, and others to celebrate the best in clinical audit and encourage collaboration in improving patient care.

## **CEG - Clinical Effectiveness Group**

A monthly meeting held by Stockport NHS Foundation to provide information and assurance that the Trust is safety managing all issues relating to quality governance and risk management.

## **DoH – Department of Health**

A department of Her Majesty's Government, responsible for government policy on health and adult social care matters in England

## **ECM – Enhanced Care Management**

Provided when someone has clinically or socially complex needs.

## **ED – Emergency Department**

A department which deals with genuine life-threatening emergencies

## **ePMA – Electronic Prescribing and Medicines Administration**

A system aimed to improve patient safety by reducing prescribing and administration errors.

## **GI – Gastrointestinal**

Referring collectively to the stomach and the small and large intestine

## **Governance Lead**

Leading on the development of a robust integrated governance framework for their respected area

## **HQIP - Healthcare Quality Improvement Partnership**

Established in April 2008 to promote quality in healthcare, and to increase the impact that clinical audit has on healthcare quality improvement.

## **Local Audit**

A clinical audit which is undertaken based on local standards.

## **MUST - Malnutrition Universal Screening Tool**

A screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan.

## **National Audit**

A clinical audit which is undertaken based on national standards.

## **NatSSIPs - National safety standards for Invasive procedures**

Published by NHS England in September 2015, to help NHS organisations provide safer care and to reduce the number of patient safety incidents related to invasive procedures in which surgical Never Events can occur.



**NBOCA - National Bowel Cancer Audit**

The National Bowel Cancer Audit (NBOCA) aims to measure the quality and outcomes of care for patients diagnosed for the first time with bowel cancer in NHS hospitals in England and Wales and so support colorectal units in the UK to improve the quality of the care received by patients.

**NCAPOP - National Clinical Audit Programme**

A national healthcare quality improvement programme covering two main sub-programmes: the National Clinical Audit Programme and the Clinical Outcome Review Programmes

**NCEPOD - National Confidential Enquiry into Patient Outcome and Death**

A registered charity: that assists in maintaining and improving standards of medical and surgical care for the benefit of the public.

**NEIAA - National Early Inflammatory Arthritis Audit**

The NEIA audit aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all new patients over the age of 16 in specialist rheumatology departments in England and Wales.

**NICE – National Institute for Health and Care Excellence**

Provider of evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders.

**NHS – National Health Service**

Publicly funded national healthcare system for England

**NOGCA - National Oesophago-Gastric Cancer Audit**

The aim of the National Oesophago-Gastric Cancer Audit (NOGCA) is to measure the quality and outcomes of care for patients diagnosed for the first time with oesophageal or gastric cancer in NHS hospitals in England and Wales and so support OG cancer units in the UK to improve the quality of the care received by patients.

**QI – Quality Improvement**

The continual actions to improve outcomes for service users and to develop the workforce that supports them using systematic methods.

**RCEM - Royal College of Emergency Medicine**

A professional membership organisation and registered charity representing A&E and emergency medicine.

**Re-Audit**

The undertaking of a successive clinical audit to review compliance with the previous results.

**SFT – Stockport Foundation Trust**

NHS Foundation Trust which runs Stepping Hill Hospital and other specialist centres, as well as community health services for Stockport.

**WHO – World Health Organisation**

Established in 1948 the World Health Organisation is a specialised agency of the United Nations that is concerned with international public health.

**WTE – Whole Time Equivalent**

This refers to a unit that indicates the workload of an employed person. For example, a WTE of 1.00 is equivalent to a full-time worker.

## Appendix A: Forward Plan - Local Audits

The tables below provide an overview of the local clinical audit projects registered for the 2024/25 period across each Division, which have been incorporated into the forward plan. Where applicable, the associated assurance and risk levels are also indicated. A total of **142** local audits were registered during this period.

The pending clinical audits are either awaiting analysis, awaiting presentation for assessment, at which time their assurance levels and associated risks will be evaluated, or are still in progress.

Details of outcomes are maintained in the AMaT system and are accessible to all Trust staff.

### Clinical Support Services: (14)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Endoscopy	16/04/2024	ENDO/CA/2024-25/01	LocSSIP 2024/25 - Endoscopy	Louise Rockley	Significant	None
Endoscopy	02/05/2024	ENDO/CA/2024-25/02	Consent Audit 2024 - Endoscopy	Dawn Welsford	Pending	Pending
Endoscopy	03/05/2024	ENDO/CA/2024-25/04	JAG Accreditation: ERCP Audit - 2024/25	Rachael Denta	Full	None
Endoscopy	16/05/2024	ENDO/CA/2024-25/05	JAG Accreditation: Upper GI Bleed Audit - 2024/25	Huw Purssell	Significant	None
Endoscopy	16/05/2024	ENDO/CA/2024-25/06	JAG Accreditation: Gastroscopy & Colonoscopy KPIs Audit - 2024/25	Asimina Gaglia	Full	None
Endoscopy	16/05/2024	ENDO/CA/2024-25/07	JAG Accreditation: Adverse Events & Mortality Audit - 2024/25	Lakshmi Deepa Vandadi	Full	None
Endoscopy	12/03/2025	ENDO/CA/2024-25/08	JAG Accreditation: Post Colonoscopy Colorectal Cancer Audit (PCCRCs) - 2024/25	Asimina Gaglia	Pending	Pending

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Endoscopy	12/03/2025	ENDO/CA/2024-25/09	JAG Accreditation: Bowel Prep - 2024/25	Asimina Gaglia	Pending	Pending
Outpatients	02/05/2024	OUTP/CA/2024-25/01	Patients' Documentation To Ascertain If Care And Treatment Advice Was Provided And Correctly Documented (Re-Audit)	Carmelah Hulse	Significant	Moderate
Pharmacy	22/04/2024	PHAR/CA/2024-25/01	Safe and Secure Handling of Medicines (Duthie) Audit 2024/25	Suman Gupta	Pending	Pending
Pharmacy	02/05/2024	PHAR/CA/2024-25/02	Antimicrobial Point Prevalence (Re-Audit) - 2024	Joanne Shatwell	Significant	Low
Pharmacy	09/05/2024	PHAR/CA/2024-25/03	Storage and Handling of Controlled Drugs	Suman Gupta	Pending	Pending
Radiology	16/04/2024	RADI/CA/2024-25/01	LocSSIP 2024/25 - Radiology	Andrew Counsell	Significant	None
Radiology	02/05/2024	RADI/CA/2024-25/02	Consent Audit 2024 - Radiology	Kristy Williams	Pending	Pending

### Corporate: (4)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Corporate Nursing	03/05/2024	NURS/CA/2024-25/01	Mixed Sex Accommodation Audit - 2024/25	Mamoona Hood	Significant	Pending
Corporate Nursing	03/05/2024	NURS/CA/2024-25/02	Mattress Audit - 2024/25	Lisa Gough	Significant	None
Corporate Nursing	08/05/2024	NURS/CA/2024-25/03	Malnutrition Universal Screening Tool (MUST) Audit - 2024/25	Rebecca Wilson	Pending	Pending

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Tissue Viability	31/05/2024	TV/CA/2024-25/01	CQUIN: Assessment, Diagnosis & Treatment Of Lower Leg Wounds - 2024/25	Sharon Plant	Pending	Pending

### Integrated Care: (3)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Multi-Specialty	12/04/2024	MULTI-INT/CA/2024-25/01	Record Keeping 2024/25 - Integrated Care	Gareth Longstaff	Significant	None
Nutrition & Dietetics	05/04/2024	NUTRI/CA/2024-25/01	Outpatient Clinic Letter Audit 2024/25 - Adult Dietetics	Louise Lowe	Very Limited	Low
Therapy - Adult Community	02/05/2024	ATHE/CA/2024-25/01	Outpatient Clinic Letter Audit 2024/25 (Q3) - Speech & Language Therapy	Claire Guy	Pending	Pending

### Medicine & Urgent Care: (35)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Acute Frailty	08/05/2024	AFRA/CA/2024-25/02	CQUIN: Identification & Response To Frailty In Emergency Departments - 2024/25	Gareth Longstaff	Pending	Pending
Acute Medicine	17/04/2024	AMED/CA/2024-25/01	LocSSIP 2024/25 - Acute Medicine	Haseeb Sadaqat	Limited	Pending
Acute Medicine	02/05/2024	AMED/CA/2024-25/02	Outpatient Clinic Letter Audit 2024/25 - Acute Medicine	Stephen Bonny	Very Limited	Low

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Acute Medicine	03/05/2024	AMED/CA/2024-25/03	Consent Audit 2024 - Acute Medicine	Aimee Cunningham	Pending	Pending
Acute Medicine	03/05/2024	AMED/CA/2024-25/04	7 Day Services 2024 - Acute Medicine	Abdur Rehman	Limited	Low
Acute Medicine	03/05/2024	AMED/CA/2024-25/05	Results Governance 2024 - Medicine (Acute & General)	Gareth Longstaff	Pending	Pending
Acute Medicine	03/05/2024	AMED/CA/2024-25/06	VTE Patient Information - 2024/25	David Flanagan	Pending	Pending
Acute Medicine	03/05/2024	AMED/CA/2024-25/07	VTE Root Cause Analysis - 2024/25	Chaminda Jayawarna	Pending	Pending
Acute Medicine	03/05/2024	AMED/CA/2024-25/08	VTE Timely Thromboprophylaxis - 2024/25	David Flanagan	Limited	Low
Cardiology	17/04/2024	CARD/CA/2024-25/01	LocSSIP 2024/25 - Cardiac Pacing Suite	Mark Scott	Full	None
Cardiology	02/05/2024	CARD/CA/2024-25/03	Consent Audit 2024 - Cardiology	Helen Goodwin	Pending	Pending
Cardiology	02/05/2024	CARD/CA/2024-25/04	Results Governance 2024 - Cardiology	Helen Goodwin	Full	None
Cardiology	15/10/2024	CARD/CA/2024-25/08	Outpatient Clinic Letter Audit 2024/25 (Q4) - Cardiology	Helen Goodwin	Pending	Pending
Diabetes & Endocrinology	02/05/2024	DIAB/CA/2024-25/01	Results Governance 2024 - Diabetes	Ngai Kong	Significant	Pending
Diabetes & Endocrinology	02/05/2024	DIAB/CA/2024-25/02	Outpatient Clinic Letter Audit 2024/25 - Diabetes	Ekechukwu Young	Limited	None
Diabetes & Endocrinology	03/05/2024	DIAB/CA/2024-25/05	Outpatient Clinic Letter Audit 2024/25 (Q3) - Chemical Pathology (Lipid Clinic)	Venkat Subramanian	Limited	None

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
DMOP	22/03/2024	DMOP/CA/2023-24/06	Outpatient Clinic Letter Audit 2024/25 - Geriatrics	Anjali Prasad	Limited	None
DMOP	02/05/2024	DMOP/CA/2024-25/02	Results Governance 2024 - DMOP	Anjali Prasad	Significant	Pending
DMOP	18/03/2024	DMOP/CA/2024-25/04	Management of Community acquired pneumonia - Compliance with the recent NICE and local guidelines.	Aliyu Olaniyi	Limited	Low
Emergency Department	17/04/2024	ED/CA/2024-25/01	LocSSIP 2024/25 - Emergency Department	Calum Harker	Significant	None
Emergency Department	01/05/2024	ED/CA/2024-25/03	Consent Audit 2024 - Emergency Department	Reiss Dhillon	Pending	Pending
Emergency Department	01/05/2024	ED/CA/2024-25/04	Results Governance 2024 - Emergency Department	Calum Harker	Pending	Pending
General Medicine	03/05/2024	GMED/CA/2024-25/01	Re-Assessment Of VTE Risk In Clinical Circumstances (Re-Audit)	Roxana-Elena Stanciu	Significant	Moderate
Haematology	02/05/2024	HAEM/CA/2024-25/01	Consent Audit 2024 - Haematology	Lindsey McEvoy	Pending	Pending
Haematology	02/05/2024	HAEM/CA/2024-25/02	Results Governance 2024 - Haematology	Srivasavi Dukka	Significant	Pending
Haematology	02/05/2024	HAEM/CA/2024-25/03	Outpatient Clinic Letter Audit 2024/25 - Haematology	Srivasavi Dukka	Limited	None
Haematology	17/07/2024	HAEM/CA/2024-25/04	Cancer MDT Audit 2024/25 - Haematology	James Dyer	Pending	Pending
Multi-Specialty	12/04/2024	MULTI-MED/CA/2024-25/01	Record Keeping 2024/25 - Medicine & Urgent Care	Ngai Kong	Significant	None
Neurorehabilitation - Acute	02/05/2024	NEURO/CA/2024-25/01	Outpatient Clinic Letter Audit 2024/25 - Rehabilitation	Mag Kadies	Limited	Low

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Respiratory	02/05/2024	RESP/CA/2024-25/01	Results Governance 2024 - Respiratory	Vandana Gupta	Significant	Pending
Respiratory	02/05/2024	RESP/CA/2024-25/03	Cancer MDT Audit 2024/25 - Lung	James Dyer	Pending	Pending
Respiratory	15/10/2024	RESP/CA/2024-25/04	Outpatient Clinic Letter Audit 2024/25 (Q4) - Chest Medicine	Joanna Rodgers	Significant	None
Respiratory	17/10/2024	RESP/CA/2024-25/05	Management of Community acquired pneumonia- Compliance with the recent NICE and local guidelines (Re-Audit)	Aliyu Olaniyi	Limited	Low
Rheumatology	02/05/2024	RHEU/CA/2024-25/01	Results Governance 2024 - Rheumatology	Charlotte Filer	Full	None
Rheumatology	15/10/2024	RHEU/CA/2024-25/03	Outpatient Clinic Letter Audit 2024/25 (Q4) - Rheumatology	Charlotte Filer	Significant	None

## Surgery: (45)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Critical Care	01/05/2024	CRIT/CA/2024-25/04	Results Governance 2024 - Critical Care	Matthew Redmond	Pending	Pending
ENT	01/05/2024	ENT/CA/2024-25/02	Results Governance 2024 - ENT	Vivek Kaushik	Pending	Pending
ENT	01/05/2024	ENT/CA/2024-25/03	7 Day Services 2024 - ENT	Vivek Kaushik	Significant	Low
ENT	01/05/2024	ENT/CA/2024-25/04	Consent Audit 2024 - ENT	Vivek Kaushik	Pending	Pending

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
ENT	02/05/2024	ENT/CA/2024-25/06	Outpatient Clinic Letter Audit 2024/25 - ENT	Vivek Kaushik	Pending	Pending
ENT	16/07/2024	ENT/CA/2024-25/07	Cancer MDT Audit 2024/25 - Head and Neck	James Dyer	Pending	Pending
Gastroenterology	17/04/2024	GAST/CA/2024-25/01	LocSSIP 2024/25 - Medical Day Case Unit	Vandana Gupta	Full	None
Gastroenterology	03/05/2024	GAST/CA/2024-25/05	Outpatient Clinic Letter Audit 2024/25 (Q3) - Gastroenterology	Shameena Bharucha	Pending	Pending
Gastroenterology	01/05/2024	GAST/CA/2024-25/06	Results Governance 2024 - Gastroenterology	Wisam Jafar	Pending	Pending
Gastroenterology	16/07/2024	GAST/CA/2024-25/08	Cancer MDT Audit 2024/25 - Upper GI (Hepatobiliary)	James Dyer	Pending	Pending
Gastroenterology	16/07/2024	GAST/CA/2024-25/09	Cancer MDT Audit 2024/25 - Upper GI (Oesophagogastric)	James Dyer	Pending	Pending
General Surgery	01/05/2024	GSUR/CA/2024-25/01	Results Governance 2024 - General Surgery	Chantae Reid-Agboola	Very Limited	Low
General Surgery	01/05/2024	GSUR/CA/2024-25/02	7 Day Services 2024 - General Surgery	Sally Maryosh	Significant	Low
General Surgery	07/05/2024	GSUR/CA/2024-25/03	Consent Audit 2024 - General Surgery	Manga Swetha Bunga	Pending	Pending
General Surgery	12/07/2024	GSUR/CA/2024-25/05	Cancer MDT Audit 2024/25 - Lower GI (Colorectal)	Manga Swetha Bunga	Pending	Pending
General Surgery	23/10/2024	GSUR/CA/2024-25/13	Outpatient Clinic Letter Audit 2024/25 (Q4) - General Surgery	Abdulrahman Shandala	Very Limited	None
General Surgery	23/01/2025	GSUR/CA/2024-25/19	To audit compliance with NICE guidelines regarding VTE prophylaxis in patients undergoing surgery for Appendicitis.	Isobelle Blinkhorn	Very Limited	Low



Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Multi-Specialty	12/04/2024	MULTI-SUR/CA/2024-25/01	Record Keeping 2024/25 - Surgery	Natasha Henley	Significant	None
Multi-Specialty	04/06/2024	MULTI-SUR/CA/2024-25/02	CQUIN: Supporting Patients To Drink, Eat & Mobilise After Surgery - 2024/25	Chris O'loughlin	Full	None
Ophthalmology	22/03/2024	OPHT/CA/2023-24/09	Outpatient Clinic Letter Audit 2024/25 - Ophthalmology	Manhal Gurgia	Limited	None
Ophthalmology	17/04/2024	OPHT/CA/2024-25/02	LocSSIP 2024/25 - Ophthalmology	Manhal Gurgia	Significant	None
Ophthalmology	02/05/2024	OPHT/CA/2024-25/03	Consent Audit 2024 - Ophthalmology	Brian Shiramba	Pending	Pending
Ophthalmology	31/10/2024	OPHT/CA/2024-25/06	Results Governance 2024 - Ophthalmology	Nafez Breik	Significant	Pending
Oral and MaxFax	02/05/2024	ORAL/CA/2024-25/02	Consent Audit 2024 - Oral & Maxillofacial	Wail Afandi	Pending	Pending
Oral and MaxFax	03/05/2024	ORAL/CA/2024-25/03	Outpatient Clinic Letter Audit 2024/25 (Q3) - Oral Surgery	Hamza Anwar	Pending	Pending
Oral and MaxFax	03/05/2024	ORAL/CA/2024-25/04	Outpatient Clinic Letter Audit 2024/25 (Q3) - Orthodontics	Hamza Anwar	Pending	Pending
Orthoptics	22/03/2024	OTHP/CA/2023-24/02	Outpatient Clinic Letter Audit 2024/25 - Orthoptics	Sarah Lea	Limited	None
Pain	11/10/2024	PAIN/CA/2024-25/02	Outpatient Clinic Letter Audit 2024/25 (Q4) - Pain Management	Thomas Walton	Pending	Pending
Spine	22/03/2024	SPINE/CA/2023-24/03	Outpatient Clinic Letter Audit 2024/25 - Spinal Surgery	Farooq Ashraf	Limited	Low
Spine	01/05/2024	SPINE/CA/2024-25/02	Consent Audit 2024 - Spine	Edward Cornish	Pending	Pending

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Spine	02/05/2024	SPINE/CA/2024-25/05	Results Governance 2024 - Spine	Ruth Chelva	Significant	Moderate
Theatres	17/04/2024	THEA/CA/2024-25/01	LocSSIP 2024/25 - General Theatres	Ken Peckitt	Significant	None
Theatres	17/04/2024	THEA/CA/2024-25/02	LocSSIP 2024/25 - General Theatres: Observational Audit	Ken Peckitt	Significant	None
Theatres	17/04/2024	THEA/CA/2024-25/03	LocSSIP 2024/25 - Critical Care	Ken Peckitt	Significant	None
Trauma & Orthopaedics	22/03/2024	T&O/CA/2023-24/18	Outpatient Clinic Letter Audit 2024/25 - Trauma & Orthopaedics	Amani Badran	Significant	Pending
Trauma & Orthopaedics	22/03/2024	T&O/CA/2024-25/01	Outpatient Clinic Letter Audit 2024/25 - Paediatric T&O	Hanna Pietrzycki	Significant	Low
Trauma & Orthopaedics	01/05/2024	T&O/CA/2024-25/09	Results Governance 2024 - Trauma & Orthopaedics	Jack Turnbull	Pending	Pending
Trauma & Orthopaedics	01/05/2024	T&O/CA/2024-25/11	Consent Audit 2024 - Trauma & Orthopaedics	Krishan Kulkarni	Pending	Pending
Trauma & Orthopaedics	01/05/2024	T&O/CA/2024-25/12	7 Day Services 2024 - T&O & Spine	Nikhil Sood	Significant	Low
Urology	17/04/2024	UROL/CA/2024-25/01	LocSSIP 2024/25 - Urology	James Dyer	Significant	None
Urology	22/03/2024	UROL/CA/2024-25/02	Outpatient Clinic Letter Audit 2024/25 - Urology	Simone Sim	Limited	Low
Urology	01/05/2024	UROL/CA/2024-25/03	Results Governance 2024 - Urology	Amy Walkley	Pending	Pending
Urology	01/05/2024	UROL/CA/2024-25/04	7 Day Services 2024 - Urology	Helen Stephens	Significant	Low

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Urology	01/05/2024	UROL/CA/2024-25/05	Consent Audit 2024 - Urology	Alexis Wong	Pending	Pending
Urology	17/07/2024	UROL/CA/2024-25/07	Cancer MDT Audit 2024/25 - Urology	James Dyer	Pending	Pending

## Women & Children: (41)

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Gynaecology	17/04/2024	GYNA/CA/2024-25/01	LocSSIP 2024/25 - Gynaecology Outpatients	Kapilmeet Kaur	Significant	None
Gynaecology	02/05/2024	GYNA/CA/2024-25/02	Results Governance 2024 - Gynaecology	Madhavi Pureti	Pending	Pending
Gynaecology	02/05/2024	GYNA/CA/2024-25/03	Consent Audit 2024 - Gynaecology	Madhavi Pureti	Pending	Pending
Gynaecology	02/05/2024	GYNA/CA/2024-25/04	Re-Admission Rates After Hysterectomy (Re-Audit)	Divya Nagaiah	Pending	Pending
Gynaecology	06/08/2024	GYNA/CA/2024-25/06	Cancer MDT Audit 2024/25 - Gynaecology	James Dyer	Pending	Pending
Gynaecology	11/10/2024	GYNA/CA/2024-25/08	Outpatient Clinic Letter Audit 2024/25 (Q4) - Gynaecology	Madhavi Pureti	Pending	Pending
Multi-Specialty	12/04/2024	MULTI-WC/CA/2024-25/01	Record Keeping 2024/25 - Women & Children	Alison Jobling	Significant	None
Obstetrics and Midwifery	09/04/2024	OBST/CA/2024-25/01	SBLCB v3: Women Who Are Low Risk Of FGR Receiving SFH Measurements At Each Routine Antenatal Appointment	Sally Meats	Full	None

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Obstetrics and Midwifery	17/04/2024	OBST/CA/2024-25/03	LocSSIP 2024/25 - Delivery Room	Kapilmeet Kaur	Pending	Pending
Obstetrics and Midwifery	26/04/2024	OBST/CA/2024-25/04	CNST & SBL v3: Compliance Of Reduced Fetal Movement (RFM) In Pregnancy Guidelines (Annual) - 2024/25	Sally Meats	Pending	Pending
Obstetrics and Midwifery	26/04/2024	OBST/CA/2024-25/06	CNST: Women That Are Assessed At Booking For The Risk Pre-Term Birth Re-audit	Karen Coombes	Pending	Pending
Obstetrics and Midwifery	26/04/2024	OBST/CA/2024-25/08	Intrapartum Risk Assessment Fetal Surveillance & Review In Low Risk Setting	Sarah Young	Pending	Pending
Obstetrics and Midwifery	26/04/2024	OBST/CA/2024-25/09	Ockenden: Escalation Of Fresh Eyes Review On Delivery Suite	Sarah Young	Pending	Pending
Obstetrics and Midwifery	02/05/2024	OBST/CA/2024-25/10	Results Governance 2024 - Obstetrics	Madhavi Pureti	Pending	Pending
Obstetrics and Midwifery	03/05/2024	OBST/CA/2024-25/11	Consent Audit 2024 - Obstetrics	Surbhi Sharma	Pending	Pending
Obstetrics and Midwifery	08/05/2024	OBST/CA/2024-25/13	MEWS (Maternal Early Warning Score)	Sarah Mcmanus	Pending	Pending
Obstetrics and Midwifery	09/05/2024	OBST/CA/2024-25/14	NEWTTS (Newborn Early Warning Trigger)	Sarah Mcmanus	Pending	Pending
Obstetrics and Midwifery	09/05/2024	OBST/CA/2024-25/15	SBAR Handover	Sarah Mcmanus	Pending	Pending
Obstetrics and Midwifery	23/05/2024	OBST/CA/2024-25/18	Health & Inequalities: Antenatal & Newborn Screening	Deborah Sivori	Pending	Pending
Obstetrics and Midwifery	29/08/2024	OBST/CA/2024-25/19	SBLCB v3: Women Who Are Low Risk Of FGR Receiving SFH Measurements At Each Routine Antenatal Appointment Re-audit	Sally Meats	Full	None

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Obstetrics and Midwifery	23/10/2024	OBST/CA/2024-25/20	SBLCB v3: Women Who Are Low Risk Of FGR Receiving SFH Measurements At Each Routine Antenatal Appointment Re-audit 2	Sally Meats	Full	None
Obstetrics and Midwifery	14/01/2025	OBST/CA/2024-25/22	Ockenden Antenatal Risk Assessment - 2024-2025	Audrey Ritchie	Pending	Pending
Obstetrics and Midwifery	14/01/2025	OBST/CA/2024-25/23	Ockenden Personalised Care & Support Plan 2024-25	Audrey Ritchie	Pending	Pending
Paediatric Therapies	09/01/2025	PAEDT/CA/2024-25/03	Children's Therapy Record Keeping - Q3	Carol Sperring	Significant	None
Paediatric Therapies	28/12/2023	ThPaed/CA/2024-25/01	Children's Therapy Record Keeping	Carol Sperring	Significant	None
Paediatric Therapies	19/02/2024	ThPaed/CA/2024-25/02	Children's Therapy Transition SOP: Children Known To Children's Therapy Services Who Transitioned To Adulthood	Carol Sperring	Limited	None
Paediatrics (Acute)	22/03/2024	PAED/CA/2024-25/01	Outpatient Clinic Letter Audit 2024/25 - Paediatric Epilepsy	Alison Simmonett	Significant	Low
Paediatrics (Acute)	02/08/2023	PAED/CA/2024-25/02	SOP Of Paediatric Drug Administration To Neonates & Paediatrics	Rachael Whittington	Pending	Pending
Paediatrics (Acute)	17/04/2024	PAED/CA/2024-25/03	LocSSIP 2024/25 - Paediatrics	Carrie Heal	Significant	None
Paediatrics (Acute)	17/04/2024	PAED/CA/2024-25/04	LocSSIP 2024/25 - Neonatal Unit	Elizabeth Newby	Significant	None
Paediatrics (Acute)	23/04/2024	PAED/CA/2024-25/06	Completion Of Mental Health Risk Assessment	Nicola Kilheeneey	Very Limited	Moderate
Paediatrics (Acute)	02/05/2024	PAED/CA/2024-25/07	Results Governance 2024 - Paediatrics	Alison Simmonett	Pending	Pending

Speciality	Approved	Reference	Title	Lead	Assurance	Risk
Paediatrics (Acute)	03/05/2024	PAED/CA/2024-25/08	Outpatient Clinic Letter Audit 2024/25 - Paediatric ADHD	Alison Simmonett	Pending	Pending
Paediatrics (Acute)	03/05/2024	PAED/CA/2024-25/09	Outpatient Clinic Letter Audit 2024/25 - Paediatric Cystic Fibrosis	Alison Simmonett	Pending	Pending
Paediatrics (Acute)	11/10/2024	PAED/CA/2024-25/14	Outpatient Clinic Letter Audit 2024/25 (Q4) - Paediatric Diabetic Medicine	Alison Simmonett	Pending	Pending
Paediatrics (Acute)	11/10/2024	PAED/CA/2024-25/15	Outpatient Clinic Letter Audit 2024/25 (Q4) - Paediatrics	Alison Simmonett	Pending	Pending
Paediatrics (Acute)	08/01/2025	PAED/SE/2024-25/17	Completion Of Mental Health Risk Assessment	Nicola Kilheeney	Pending	Pending
Safeguarding (Children)	14/09/2022	SAFE/CA/2024-25/01	MARAC Alerts: School Nursing & Health Visiting EMIS Records	Janet Willocks	Pending	Pending
Safeguarding (Children)	24/04/2024	SAFE/CA/2024-25/02	CP-IS Checks Made In The Paediatric Emergency Department	Amanda Nixon	Full	None
Theatres (Maternity)	17/04/2024	TMAT/CA/2024-25/01	LocSSIP 2024/25 - Maternity Theatres	Kapilmeet Kaur	Significant	None
Theatres (Maternity)	17/04/2024	TMAT/CA/2024-25/02	LocSSIP 2024/25 - Maternity Theatres: Immediate Risks To Fetal & Maternal Life	Kapilmeet Kaur	Pending	Pending

## Appendix B: Forward Plan - National Audits

The tables below indicate the national clinical audit projects that were registered during 2024/25 for each Division which formed part of the forward plan. During this period, a total of **54** national audits were registered.

### Clinical Support Services: (1)

Speciality	Approved	Reference	Title	Lead
Pathology	09/04/2024	PATH/CA/National/SHOT	Serious Hazards of Transfusion (SHOT) - 2024	Brendan Devine

### Corporate: (2)

Speciality	Approved	Reference	Title	Lead
Multi-Specialty	10/04/2024	MULTI-COR/CA/National/NCAA	National Cardiac Arrest Audit (NCAA) - 2024/25	Ian Blakeley
Safeguarding (Adults)	17/04/2024	ASAFE/CA/National/LeDeR	Learning From Lives & Deaths: People With A Learning Disability & Autistic People (LeDeR) - 2024/25	Margaret Deakin

### Integrated Care: (4)

Speciality	Approved	Reference	Title	Lead
COPD & Pulmonary Rehabilitation	18/04/2024	COPDPR/CA/National/PR	Pulmonary Rehabilitation Audit (NRAP) - 2024/25	Daniella Meya
Diabetes (Community)	18/04/2024	DIABC/CA/National/NDFA	National Diabetes Footcare Audit (NDFA) - 2024/25	Laura Seddon
Palliative Care	10/05/2024	PALL/CA/National/NACEL	National Audit of Care at the End of Life (NACEL) - 2024	Elaine Watson

Speciality	Approved	Reference	Title	Lead
Therapy - Adult Community	18/04/2024	ATHE/CA/National/FLS-DB	Fracture Liaison Service Database (FLS-DB) - 2024	Sophie Bussey

## Medicine & Urgent Care: (16)

Speciality	Approved	Reference	Title	Lead
Acute Medicine	28/03/2024	AMED/CA/National/SAMBA	Society for Acute Medicine Benchmarking Audit (SAMBA) - 2024	Stephen Bonny
Cardiology	09/04/2024	CARD/CA/National/CRM	National Audit of Cardiac Rhythm Management (CRM) - 2024/25	Ruth O'Rourke
Cardiology	09/04/2024	CARD/CA/National/MINAP	Myocardial Ischaemia National Audit Project (MINAP) - 2024/25	Rajavarma Viswesvaraiah
Cardiology	09/04/2024	CARD/CA/National/NACR	National Audit of Cardiac Rehabilitation (NACR) - 2024	Natalie Graham
Cardiology	09/04/2024	CARD/CA/National/NHFA	National Heart Failure Audit (NHFA) - 2024/25	Mark Scott
Diabetes & Endocrinology	09/04/2024	DIAB/CA/National/NCDA	National Diabetes Core Audit - 2024/25	Richard Bell
Diabetes & Endocrinology	09/04/2024	DIAB/CA/National/NDISA	National Diabetes Inpatient Safety Audit (NDISA) - 2024/25	Richard Bell
DMOP	08/04/2024	DMOP/CA/National/NAIF	National Audit of Inpatient Falls (NAIF) - 2024	Anjali Prasad
Emergency Department	10/05/2024	ED/CA/National/(NMTR)	National Major Trauma Registry (NMTR) - 2024/25	Rebecca Ford
Haematology	03/05/2024	HAEM/CA/National/NATCAN NNHLA	National Non-Hodgkin Lymphoma Audit (NNHLA) - 2024/25	Srivasavi Dukka



Speciality	Approved	Reference	Title	Lead
Multi-Specialty	23/05/2024	MULTI-MED/CA/National/MSCORP BSS	NCEPOD: Blood Sodium	Dawn Welsford
Respiratory	09/04/2024	RESP/CA/National/AASC	National Adult Asthma Secondary Care - 2024/25	Alex Tempowski
Respiratory	09/04/2024	RESP/CA/National/COPDSC	National COPD Secondary Care Audit - 2024/25	Pauline Holmes
Respiratory	09/04/2024	RESP/CA/National/NLCA	National Lung Cancer Audit (NLCA) - 2024	Diana Tanase
Rheumatology	09/04/2024	RHEU/CA/National/NEIAA	National Early Inflammatory Arthritis Audit (NEIAA) - 2024/25	Charlotte Filer
Stroke	09/04/2024	STRO/CA/National/SSNAP	Sentinel Stroke National Audit Programme (SSNAP) - 2024/25	Shivakumar Krishnamoorthy

## Surgery: (15)

Speciality	Approved	Reference	Title	Lead
Anaesthetics	09/04/2024	ANAE/CA/National/NELA	National Emergency Laparotomy Audit (NELA) - Year 11: 2024/25	Katie Gott
Critical Care	13/05/2025	CRIT/CA/National/AKIA	UK Renal Registry National Acute Kidney Injury Audit - 2024/25	Andrew Mackillop
Critical Care	22/04/2024	CRIT/CA/National/CMP	Adult Critical Care Case Mix Programme (CMP) - 2024/25	Matthew Jackson
Gastroenterology	26/04/2024	GAST/CA/National/NATCAN NPaCA	National Pancreatic Cancer Audit (NPaCA) - 2024/25	Shameena Bharucha
General Surgery	23/05/2024	GSUR/CA/National/CHCORP ESCYP	NCEPOD: Emergency Paediatric Surgery	Michael Marsden

Speciality	Approved	Reference	Title	Lead
General Surgery	22/04/2024	GSUR/CA/National/NBOCA	National Bowel Cancer Audit (NBOCA) - 2024/25	Qasim Humayun
General Surgery	25/04/2024	GSUR/CA/National/NOGCA	National Oesophago-Gastric Cancer Audit (NOGCA) - 2024/25	Ashok Menon
Trauma & Orthopaedics	05/06/2024	T&O/CA/2024-25/13	Mandatory Surveillance Of Surgical Site Infection (SSI) In Orthopaedic Surgery - 2024/25	Rachel Alexandra Crawford
Trauma & Orthopaedics	22/04/2024	T&O/CA/National/NHFD	National Hip Fracture Database (NHFD) - 2024	Simon Ghalayini
Trauma & Orthopaedics	05/08/2024	T&O/CA/National/NJR	National Joint Registry (NJR) - 2025	David Sands Johnson
Urology	22/04/2024	UROL/CA/National/BAUS ELLA	BAUS: Environmental Lessons Learned & Applied To The Bladder Cancer Care Pathway Audit (ELLA) - 2024	Vincent Tang
Urology	22/04/2024	UROL/CA/National/BAUS I-DUNC	BAUS: Impact of Diagnostic Ureteroscopy on Radical Nephroureterectomy & Compliance with Standard Care Practices (I-DUNC) Audit - 2024	Stephen Bromage
Urology	22/04/2024	UROL/CA/National/BAUS PFA	BAUS: Penile Fracture (SNAP) Audit - 2024/25	Stephen Bromage
Urology	26/04/2024	UROL/CA/National/NATCAN NKCA	National Kidney Cancer Audit (NKCA) - 2024/25	James Dyer
Urology	22/04/2024	UROL/CA/National/NPCA	National Prostate Cancer Audit (NPCA) - 2024/25	Vincent Tang

## Women & Children: (16)

Speciality	Approved	Reference	Title	Lead
Gynaecology	26/04/2024	GYNA/CA/National/NACAN NOCA	National Ovarian Cancer Audit (NOCA) - 2024/25	Suku George

Speciality	Approved	Reference	Title	Lead
Neonatal Care	26/04/2024	NEON/CA/National/NNAP	National Neonatal Audit Programme (NNAP) - 2024	Carrie Heal
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/MMCE	Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal mortality confidential enquiries (MMCE)	Carrie Heal
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/MMS	Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal mortality surveillance (MMS)	Sonia Chachan
Obstetrics and Midwifery	30/04/2024	OBST/CA/National/NGDA	National Gestational Diabetes Audit (NGDA) - 2024/25	Stephanie Bray
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/NMPA	National Maternity and Perinatal Audit (NMPA) - 2024/25	Madhavi Pureti
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/NPID	National Pregnancy in Diabetes (NPID) - 2024	Jane O'Brien
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/PME	MBRRACE: Perinatal Mortality Surveillance - 2024	Sonia Chachan
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/PMRT	MBRRACE: Perinatal Mortality Review Tool (PMRT) - 2024/25	Carrie Heal
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/PMSM	MBRRACE: Perinatal Confidential Enquiries - 2024	Alison Jobling
Obstetrics and Midwifery	26/04/2024	OBST/CA/National/SMM	Maternal, Newborn and Infant Clinical Outcome Review Programme - Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity (SMM)	Alison Jobling
Obstetrics and Midwifery	11/04/2024	OBST/CA/2024-25/02	CNST: Women With A CO Measurement Of 4PPM At Booking (Smoking Cessation)	Audrey Ritchie
Paediatrics (Acute)	26/04/2024	PAED/CA/National/NCASECYP	Epilepsy12: Cohort 6 - 2024/25	Simon Nicol
Paediatrics (Acute)	26/04/2024	PAED/CA/National/NCMD	National Child Mortality Database (NCMD) Programme - 2024/25	Carrie Heal

Speciality	Approved	Reference	Title	Lead
Paediatrics (Acute)	26/04/2024	PAED/CA/National/NPDA	National Paediatric Diabetes Audit (NPDA) - 2024/25	Chris Cooper
Paediatrics (Acute)	26/04/2024	PAED/CA/National/PASC	Children and Young People's Asthma - 2024/25	Alison Simmonett

## Appendix C: National Audit Reviews

National audit reviews play a key role in supporting our quality improvement and assurance processes. They enable us to identify important findings from national benchmarking exercises and to assess how the Trust is performing in both a local and national context.

During 2024/25, a total of **35** national audit reports were reviewed.

The tables below outline the national audits for which reports were published and subsequently reviewed by the relevant specialty leads. These reviews were formally considered and approved by the Divisional Quality Group throughout the year.

It is important to note that national audit reports are often published 12–18 months after data collection concludes. As such, some of the audits listed may have originated in previous reporting periods and may not be included in the current forward audit plan.

### Clinical Support Services: (4)

Speciality	Reference	Title	Approved
Pathology	PATH/CA/NATIONAL/NCABT	National Comparative Audit of Blood Transfusion QS138 2021 & 2023	April 2024
Pathology	PATH/CA/2022-23/01	National Serious Hazards of Transfusion (SHOT) 2022	April 2024
Pathology	PATH/CA/NATIONAL/SHOT	National Serious Hazards of Transfusion (SHOT) 2023	April 2024
Pathology	PATH/CA/NATIONAL/BTA	National Comparative Audit of Transfusion Bedside Practice 2024	April 2024

### Corporate: (1)

Speciality	Reference	Title	Approved
Multi-Specialty (Corporate)	GMED/CA/2022-23/01	National Cardiac Arrest Audit (NCAA) - 2022/23	April 2024

## Integrated Care: (1)

Speciality	Reference	Title	Approved
Specialist Services	SS/CA/2022-23/01	Fracture Liaison Service Database (FLS-DB) - 2022	July 2024

## Medicine & Urgent Care: (17)

Speciality	Reference	Title	Approved
DMOP	DMOP/CA/2022-23/03	National Audit of Dementia (NAD) - Round 5: 2022	April 2024
Acute Medicine	ACUTEMED/CA/National/SAMBA	Society for Acute Medicine Benchmarking Audit (SAMBA) - 2023	May 2024
Emergency Department	ED/CA/2022-23/06	RCEM Mental Health (Self-Harm) 2022-23 (Cycle 1)	June 2024
Cardiology	CARD/CA/2022-23/03	Myocardial Ischaemia National Audit Project (MINAP) - 2022/23	July 2024
Cardiology	CARD/CA/2022-23/04	National Heart Failure Audit (NHFA) - 2022/23	July 2024
Emergency Department	ED/CA/National/IPC	RCEM Infection Prevention & Control 2022-23 (Cycle 3)	July 2024
Respiratory	RESP/CA/2022-23/01	National Adult Asthma Secondary Care - 2022/23	September 2024
Respiratory	RESP/CA/2022-23/03	National Lung Cancer Audit (NLCA) - 2022	September 2024

Speciality	Reference	Title	Approved
DMOP	DMOP/CA/2022-23/01	National Audit of Inpatient Falls (NAIF) - 2022	November 2024
Respiratory	RESP/CA/2022-23/04	National Respiratory Support Audit - 2023	November 2024
Cardiology	CARD/CA/2022-23/01	National Audit of Cardiac Rhythm Management (CRM) - 2022/23	December 2024
DMOP	DMOP/CA/2022-23/02	UK Parkinson's Audit (Elderly Care) - 2022	December 2024
Respiratory	RESP/CA/2022-23/02	National COPD Secondary Care Audit - 2022/23	February 2025
Rheumatology	RHEU/CA/National/NEIAA	National Early Inflammatory Arthritis Audit (NEIAA) - 2023/24	February 2025
Stroke	STRO/CA/National/SSNAP	Sentinel Stroke National Audit Programme (SSNAP) - 2023/24	February 2025
Cardiology	CARD/CA/National/NACR	National Audit of Cardiac Rehabilitation (NACR) - 2023	March 2025
Emergency Department	ED/CA/2022-23/07	RCEM Care of Older People 2023-24 (Cycle 1)	March 2025

## Surgery: (9)

Speciality	Reference	Title	Approved
Trauma & Orthopaedics	T&O/CA/2022-23/04	Mandatory Surveillance of SSI In Orthopaedic Surgery 2022-23	April 2024
Urology	UROL/CA/2022-23/02	National Prostate Cancer Audit (NPCA) – 2022/24	April 2024

General Surgery	GSUR/CA/2021-22/01	National Bowel Cancer Audit (NBOCA) 2021-22	<b>June 2024</b>
Trauma & Orthopaedics	T&O/CA/2021-22/02	National Joint Registry (NJR) 2022	<b>July 2024</b>
Trauma & Orthopaedics	T&O/CA/National/FFFAP (NHFD)	National Hip Fracture Database (NHFD) - 2023	<b>February 2025</b>
Urology	UROL/CA/National/NPCA	National Prostate Cancer Audit (NPCA) - 2023/24	<b>February 2025</b>
Trauma & Orthopaedics	T&O/CA/National/NJR	National Joint Register report 2024	<b>February 2025</b>
Trauma & Orthopaedics	T&O/CA/2022-23/03	National PROMS audit 2022/23	<b>February 2025</b>
General Surgery	GSUR/CA/2021-22/02	National Oesophago-Gastric Cancer Audit (NOGCA) - 2021/22	<b>February 2025</b>

## Women & Children: (3)

Speciality	Reference	Title	Approved
Obstetrics & Midwifery	OBST/SE/2021-22/15	MBRRACE-UK Report. Saving Lives, Improving Mothers' Care. Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2019 – 21. (10 <sup>th</sup> annual report)	<b>June 2024</b>
Obstetrics & Midwifery	OBST/CA/2022-23/06	Maternal Mortality Surveillance and Confidential Enquiry (MBRRACE) - 2022/23)	<b>June 2024</b>
Paediatrics	PAED/CA/2022-23/05	NCEPOD Transition from Child to Adult Services	<b>February 2025</b>





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