Clinical Audit 2018-19

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Foreword

Clinical audit as a quality improvement tool has had a proven track record within NHS organisations for over a quarter of a century; its utility in demonstrating quality and safety, benchmarking against national standards, prioritising local concerns and driving sustained improvements is widely recognised.

At the Trust, clinical audit is a core component of Trust activity and the Clinical Audit and Effectiveness team alongside the Care Group audit leads and facilitators have created systems and processes that provide assurance around safe and high quality clinical practice across the Trust.

Clinical audit activity is rising with no parallel increase in capacity within the team responsible for delivering it and so progressing efficiently by supporting development of appropriate IT infrastructure is a key priority for the team moving forwards.

There are many examples in this annual report of positive outcomes of clinical audit projects and the trust will continue to build on this in the future. Linking audit projects to risk, incident reporting and the wider patient safety agenda continues to be a challenge to practically achieve, however the maturity of the quality oversight system is developing opportunities to further develop in this area.

There have been challenges with ensuring data completeness and validation is completed timely and it is hoped that with a review of a centralisation of Audit in 2019/20 that some of these issues can be resolved; streamlining audit processes further. Most national audit reports now have a plan on a page that has been developed with clinical leads and sets out actions required to meet quality standards and meet best practice.

The Clinical Audit and Effectiveness team looks forward to working with the newly formed Clinical Business Units in 2019/20 to ensure that clinical audit is progressed and developed within the new structures.

Dr Paul Smith,
Associate Medical Director (Clinical Effectiveness), Consultant Cardiologist

1. Introduction

All NHS organisations are required to have in place a comprehensive programme of quality improvement activities that include healthcare professionals participating in regular clinical audit. Clinical audit is the governance vehicle in relation to clinical practice, and is integral to the core business of the Bradford Teaching Hospitals NHS Foundation Trust. Its mission is to provide safe healthcare, of the highest quality, at all times.

The Trust understands clinical audit as a professionally led, multi-disciplinary exercise which should be integral to the practice of all clinical teams, and the Trust's Board of Directors gives full support to audit as "*an effective mechanism for improving the quality of care patients receive as a whole, and as a crucial component of the drive to improve quality*.' (GGI and HQIP, 2010:3). The Trust believes that clinical audit should not occur in isolation and supports the view that it should be considered within the context of organisational learning and as a mechanism to provide assurances about the quality of services provided.

As with any NHS provider of acute services, clinical audit activity within the Trust involves a mixture of national clinical audits, registries, confidential enquiries, outcome programmes, locally determined high priority audits, local audits (within a single team or specialities) and audits in response to recommendations from incidents or inspections.

The National Clinical Audit and Patient Outcome Programme (NCAPOP) is managed by the Healthcare Quality Improvement Partnership (HQIP) and is funded by the Department of Health. Priorities for NCAPOP are set by the Department of Health with advice from the National Advisory Group on Clinical Audit and Enquiries (NAGCAE). In addition NHS England produce a longer list of national clinical audits, registries and outcome programmes for the eligible participating Trusts that are mandatory and must be reported in the Trust's Quality Accounts.

The Trust produces a High Priority Audit Plan every year that supports the development of clinical audit and clearly situates it within the quality improvement and assurance aspirations of the Trust.

During 2018-19 work has continued to strengthen the governance of clinical audit within the Trust. This included a review of the training and education delivered and amended to meet the organisation and clinical effectiveness requirements. The use of Plans on a Page methodology has provided good insight into the risks and barriers with audits and contextualises the success and challenges each audit faces, the work in 2019-20 will be to strengthen the actions related to these.

The implementation of the electronic patient records system (EPR) provided the Trust some opportunities and risks associated with the management of the high priority clinical audit plan. The Clinical Audit and Effectiveness team continues to develop a way of understanding the benefits of the implementation of the EPR across the Trust and two pilots are planned in 2019-20 to ascertain the benefits of utilising reports direct from EPR into clinical audit systems.

During 2018-19, 59 national clinical audits including 24 National Clinical and Patient Outcomes Programmes (NCAPOP), 3 Maternal New-born and Infant Clinical Outcome Review Programme (MBRRACE), 10 national confidential enquiries and 1 Learning Disability Mortality Review Programme (LeDeR) covered NHS services that the Trust provides. During that period, the Trust participated in 97% of the national clinical audits and 100% of the national confidential enquiries in which it was eligible to participate. The details associated with this are presented in Section 4 of this report. The reports of 45 national clinical audits were reviewed by the Trust during 2018-19 and these are summarised in Section 5. The Trust's involvement in the Clinical Outcome Publication Programme is summarised in section 6 of this report, together with an overview of the results relevant to each speciality.

In total 115 local audits were registered on the Trust's Clinical Audit Online System during 2018-19, of which 1 was abandoned and 2 completed in year. The reports of local clinical audits were reviewed by the Trust in 2018-19. The key actions that the Trust intends to take to improve are described in Section 8, appendix 5 which includes examples of local clinical audits reported in 2018-19. The key actions the Trust intends to take to improve the quality of healthcare provided are described in Appendix 6.

2. Governance

This annual report provides a compilation of clinical audit activity that has been undertaken within the Trust and provides assurance in relation to the implementation of the Clinical Audit Policy. This report is not designed to provide the specific detail of each audit undertaken in the Trust. However a summary of the participation in the national audit programme and the response of the Trust to the publication of national audits are presented in Section 5. In addition a summary of the Trust's response to the outcomes of local audits are presented in Section 8.

The Clinical Audit and Effectiveness Sub-Committee (CAEC) receive a quarterly report describing the progress with the High Priority Audit Programme in the Trust. The governance structures associated with this Sub-Committee are being strengthened to enable it to report by exception to the Quality Committee. In addition the Quality Committee receives a quarterly 'Effectiveness Report' detailing clinical audit activity.

The clinical audit year commences with a forward programme of planned activity. The 2018-19 High Priority Audit Programme (THPAP) was implemented at the start of the business year following approval by the Clinical Audit and Effectiveness Sub-Committee, Quality Committee and Executive Management Team. This system of prioritisation is designed to act as a driver for the divisions and specialities to assess and determine their priorities, predict and plan their audit activity, where possible, to follow throughout the forthcoming year.

The Trust recognises that it is not possible to anticipate all necessary activity and, therefore, proactively accommodates additional and/or repeat projects that are required due to unfolding local and Trust priorities throughout the year. Further work has been carried out to ensure that local clinical audits are registered and approved appropriately. The Clinical Audit and Effectiveness team also works closely with the Information Governance Team to review information sharing outside the trust related to national and multicentre clinical audits, confidential enquiries and registries.

3. Operational Support for Clinical Audit

3.1 Corporate Support

The Clinical Audit and Effectiveness Sub-Committee (CAEC) monitor clinical audit within the organisation. Assurance is provided to the CAEC by the Divisional leads on the progress against the high priority audit plan and information on all other audits conducted in the Trust. The Clinical Audit and Effectiveness Sub-Committee will ratify any in year amendments to the High Priority Programme on behalf of the Board of Directors. The Trust has an established Clinical Audit and Effectiveness Team, who operate within a newly established Quality Governance team within the Office of Governance and Corporate Affairs. This team manages the governance of the audit programme, monitoring the implementation of actions, ensuring that any identified changes are incorporated into relevant business plans as appropriate. Strategic clinical leadership is provided by the Associate Medical Director for Clinical Effectiveness, providing a link to the Chief Medical Officer. The Associate Medical Director also ensures that systems and processes are in place for conducting clinical audit within the Trust and to meet the regulatory requirements for audit. The

Chief Nurse's Office also supports an audit programme of high priority local/ward audits. The Pharmacy department supports an audit programme of audits of medicines safety.

3.2 Divisional Support

At the end of 2018/19 the Trust restructured into Care Groups and Clinical Business Units, however in relation to this report for 2018-19 the Trust operated a clinical division infrastructure.

Each Division had a Governance Support Officer and a Risk and Governance Facilitator in post, responsible for a range of governance and reporting functions within each Division. Whilst roles and responsibilities varied, they all had oversight of the clinical audit activity within their Division.

Accountability for clinical audit was with the Deputy Divisional Clinical Directors. Each speciality in turn had a named clinical lead that supported clinical audit activity and led on high priority audits related to their speciality.

4 Participation in National Clinical Audits 2018-19

The NHS standard contract for acute hospital services set a requirement that provider organisations participate in appropriate national clinical audits that are part of the National Clinical Audit and Patient Outcome Programme (NCAPOP). This is in line with government's intention to see increased accountability and transparency in the NHS provider organisations. This report summarises the activity undertaken from the Clinical Audit Annual Programme 2018-19, as collated by the Clinical Audit and Effectiveness team in collaboration with the clinical audit speciality leads and divisions.

Appendix 1 describes participation and percentage case ascertainment (where required) for each NCAPOP and Quality Account National Clinical Audit that the Foundation Trust was eligible to participate in during 2018-19.

5 Review of National Clinical Audits published during 2018-19

The reports of 45 national clinical audits were reviewed by the Trust during 2018-2019 and any actions that the Trust has taken or intends to take to improve the quality of healthcare provided as a result are described in Appendix 2

6 Clinical Outcomes Publication Programme

6.1 Introduction

The Clinical Outcomes Publication (COP) is an NHS England initiative, managed by the Healthcare Quality Improvement Partnership (HQIP), to publish quality measures at the level of individual consultant doctors or units using a combination of National Clinical Audit, Registry and administrative data.

The COP began with ten National Clinical Audits in 2013 and HQIP currently list 25 publications including Ophthalmology, Orthopaedic surgery, Emergency Laparotomy and Major Trauma. This surgeon specific mortality and outcome data published through NHS England currently covers the following Bradford Teaching Hospitals NHS Foundation Trust Services: Bariatric Surgery; Bowel Cancer - Colorectal Surgery; Diabetes Peri-Operative Care, Head and Neck Cancer; Breast Cancer Surgery; Emergency Laparotomy: Ophthalmology – Cataract Surgery; Colorectal Surgery; Interventional Cardiology (percutaneous coronary interventions); Orthopaedics – joint replacement

surgeries; Thyroid and Endocrine Surgery; Oesophago-gastric Cancer Surgery; Urological Surgery; Vascular Surgery; Learning Disability Mortality Review (LeDeR) Programme.

6.2 Management of information and contextualisation in the Trust
The internal management of the published data is co-ordinated by speciality based governance and clinical leadership. Recognised quality and performance improvement techniques such as peer review and clinical audit are used to support the contextualisation of the data and action planning. Speciality and Divisional governance mechanisms are in place to support this work. In addition, should areas of potential suboptimal performance be identified at performer level; these would be explored and managed in line with Trust wide policies (including those related to appraisal and revalidation).

6.3 Coverage
Appendix 3 shows the specialities, National Clinical Audits and Registries included in COP, along with the publication dates for each in 2018-19. Results are summarised on the NHS choices website.

6.4 Outcomes by Speciality Relevant to the Trust
Appendix 4 provides details of the challenges, success and actions related to the Clinical Outcomes Programme.

7 Trust High Priority Audit Programme: Locally Prioritised

Appendix 6 provides a summary of the Trust's locally prioritised 'High Priority Clinical Audit Programme' for 2018/19. The rationale for the inclusion of these audits in the high priority audit programme and the outcomes from these audits, which are managed through specific assurance mechanisms, are summarised in the Appendix.

8. Trust Local Audit Programme

During 2018-19, 115 local clinical audits were registered in the Clinical Audit Online database, 1 of these was abandoned and 2 were completed in year. Out of these 40% were from the Division of Anaesthesia and Surgery, 36% from Women and Children, 14% from Medicine and 10% were from Diagnostics and Therapeutics. The reports for 35 local audits and audit programmes were reviewed by the Foundation Trust in 2018/19; the key actions that it has taken or intends to take to improve the quality of healthcare provided are described in Appendix 6 which includes examples of local audits reported in 2018/19. In addition, the reports of 20 audits registered in previous years were reviewed by the Foundation Trust and action plans developed

The reports of 17 local audits were reviewed in 2018/19.

Due to several technical difficulties with the Clinical Audit Online database a decision was made at the Clinical Audit and Effectiveness Sub-Committee to stop using this to report local audits. Each Division was requested to track their local audits and report through the committee on progress.

9. Future Plans for Strengthening Clinical Audit during 2019-20

Overall 2018-19 has seen an improvement in relation to the quality of audits undertaken across the Foundation Trust, and the completion rate of local clinical audits by junior doctors and staff has remained high. However, during 2019/20 there will be a much greater focus on improving the evidence associated with the implementation of recommendations, action planning and re-audit.

A centralisation of all audit activity has been agreed by the Trust and a plan to implement this will be urgently progressed in 2019/20.

10. Recommendations

- The Care Group governance team need to monitor progress against the audit plans on a monthly basis, which enables any areas of concerns to be addressed in a timely manner.
- The Trust should continue to ensure good attendance at the Clinical Audit training days
- The Clinical Audit and Effectiveness team will continue to work with Care Group governance teams monitoring and reporting audit activity with particular focus on SMART actions being identified and implemented to tackle areas of non-compliance and drive improvements in healthcare.
- There should be increased engagement with Care Group risk and governance teams throughout the year to coordinate activity and monitor progress against the High Priority Audit Programme 2019-20
- The Clinical Audit and Effectiveness team and Care Group governance teams should work together to monitor the clinical audit activities within each Care Group, and report by exceptions to the Clinical Audit and Effectiveness Sub-Committee on a quarterly basis

Appendix 1 Participation in national clinical audits

Name of audit / Clinical outcome review programme	% Case ascertainment
Adult Cardiac Surgery	Not Applicable
Adult Community Acquired Pneumonia	100% (est)
BAUS Urology Audit – Cystectomy	Data not available
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	Data not available
BAUS Urology Audit – Nephrectomy	Data not available
BAUS Urology Audit - Percutaneous Nephrolithotomy (PCNL)	Data not available
BAUS Urology Audit – Radical Prostatectomy	Data not available
Cardiac Rhythm Management (CRM)	100%
Case Mix Programme (CMP)	50%
Child Health Clinical Outcome Programme: Long-term ventilation in children, young people and young adults (NCEPOD)	Not Applicable
Elective Surgery (National PROMs Programme) • Hernia • Hip • Knee • Vein	 Not Applicable Data not available Data not available Not Applicable
Falls and Fragility Fractures Audit Programme (FFFAP) • National Hip Fracture Database • National Audit of Inpatient Falls • Fracture Liaison Service Database	 100% * 100% * 67% *
Feverish Children (care in emergency departments)	100%
Inflammatory Bowel Disease programme / IBD Registry	Not Applicable
Learning Disability Mortality Review Programme (LeDeR)	84%
Major Trauma Audit (TARN)	41%
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Not Applicable
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK): • Perinatal Mortality Surveillance • Perinatal morbidity and mortality confidential enquiries • Maternal Morbidity Surveillance and Mortality Confidential Enquiries	Data not available
Medical and Surgical Clinical Outcome Review Programme: Pulmonary Embolism (NCEPOD)	100%
Medical and Surgical Clinical Outcome Review Programme: Perioperative Diabetes (NCEPOD)	58%
Medical and Surgical Clinical Outcome Review Programme: Cancer Care in Children, Teens and Young Adults (NCEPOD)	100%
Medical and Surgical Clinical Outcome Review Programme: Acute Bowel Obstruction (NCEPOD)	38%[1]
Mental Health Clinical Outcome Review Programme	
Myocardial Ischaemia National Audit Project (MINAP)	Data not available
National Asthma and COPD Audit Programme (NACAP) • Chronic Obstructive Pulmonary Disease • Adult Asthma	Data not available
National Audit of Anxiety and Depression	

Name of audit / Clinical outcome review programme	% Case ascertainment
National Audit of Breast Cancer in Older People (NABCOP)	Not Applicable
National Audit of Cardiac Rehabilitation	Data not available
National Audit of Care at the End of Life (NACEL)	Not Applicable
National Audit of Dementia (NAD)	100% *
National Audit of Intermediate Care (NAIC) • Bed based service user questionnaire • Bed based patient reported experience measure • Home based service user Questionnaire • Home based patient reported experience measure	65% 86% 14% 91% 56%
National Audit of Percutaneous Coronary Interventions (PCI)	100%
National Audit of Pulmonary Hypertension	
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Data not available
National Bariatric Surgery Registry (NBSR)	Data not available
National Bowel Cancer Audit (NBOCA)	85%
National Cardiac Arrest Audit (NCAA)	84%
National Clinical Audit of Psychosis	
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI)	
National Comparative Audit of Blood Transfusion Programme: • National Comparative Audit of The Use of Fresh Frozen Plasma, Cryoprecipitate and other Blood Components in Neonates and Children • National Comparative Audit of the Management of Major Haemorrhage • Audit of The Management of Maternal Anaemia	Not Applicable 100% Not applicable
National Congenital Heart Disease (CHD)	
National Diabetes Audit - Adults • Care Processes and Treatment • Insulin Pump • Foot care audit	Not applicable
National Diabetes Audit – Inpatient (NaDIA)	Not Applicable
National Diabetes In-patient Audit (NaDIA) Harms	100% *
National Pregnancy in Diabetes Audit	100% *
National Early Inflammatory Arthritis Audit (NEIAA)	Data not available
National Emergency Laparotomy Audit (NELA)	100% *
National Heart Failure Audit	Data not available
National Joint Registry (NJR)	Data not available
National Lung Cancer Audit (NLCA)	100% *
National Maternity and Perinatal Audit (NMPA)	Not Applicable
National Mortality Case Record Review Programme	Not Applicable
National Neonatal Audit Programme (NNAP)	100%
National Oesophago-gastric Cancer (NAOGC)	80%
National Ophthalmology Database	98.5%
National Paediatric Diabetes Audit (NPDA)	100% *
National Prostate Cancer Audit	Data not available
National Vascular Registry	Data not available
Neurosurgical National Audit Programme	
Non-Invasive Ventilation - Adults	Data not available
Paediatric Intensive Care (PICANet)	
Prescribing Observatory for Mental Health (POMH-UK)	
Reducing the impact of serious infections (Antimicrobial Resistance and	55% *

Name of audit / Clinical outcome review programme	% Case ascertainment
Sepsis)	
Sentinel Stroke National Audit programme (SSNAP)	97% *
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	100%
Seven Day Hospital Services	100%
Surgical Site Infection Surveillance Service	100% *
UK Cystic Fibrosis Registry	Data not available
Vital Signs in Adults (care in emergency departments)	100%
VTE risk in lower limb immobilisation (care in emergency departments)	98%

(= an estimated figure as data collection has not yet closed or exact figures are not available at the time of writing this report)*

Appendix 2: Organisational response to published national clinical audits during 2018-19

Name of audit / Clinical Outcome Review Programme	Date of publication	Actions taken
BAUS Urology Audit - Cystectomy	October 2018	The 2018 data covered the published results of cystectomy for surgery performed between 2015 and 2017. Mortality is higher than the national average for both 30-day mortality rate (2.8% against 1.31%) and 90-day mortality rate (2.8% against 2.21%), assurance has been received from the audit lead that this does not represent a concern, as the patient risk profiles are higher than the national average. As a result further action was not assessed as being necessary.
BAUS Urology Audit – Female Stress Urinary Incontinence (SUI)	June 2018	The data published covered the period between 1st January 2015 and 31st December 2017. The published findings consider the outcomes for patients considering the type and volume of surgery undertaken. All outcomes were reported as being within range or better than the national average. The Foundation Trust identified some potential concerns regarding data completeness for this audit, specifically relating to Patient Reported Outcome Measures (Pre-op, post-op and follow-up questionnaires).
BAUS Urology Audit - Nephrectomy	August 2018	The audit published covered the period between January 2015 and December 2017. The audit data indicates that the complication rate experienced by patients is slightly above the national average. This finding has been assessed by the Foundation Trust and it was concluded that this outcome reflects the morbidity of patients being managed by the service (24.2% of patients have a recorded WHO performance status of 2, 3 and 4, compared to the national average of 10.4%). Performance in relation to case ascertainment and the audit findings were discussed with the speciality lead. An investigation in to case ascertainment is planned to be undertaken by the audit lead with support from the central Clinical Effectiveness Team.
BAUS Urology Audit - Percutaneous Nephrolithotomy(PCNL)	May 2018	The Foundation Trust reviewed the findings and recommendations from the published report. The transfusion rate was 0%; this is below the national average of 2.09%. The median length of stay (LOS) was 3 days which is similar to the national average. Mortality rate is reported as being below the national average (0% against 0.4%).
BAUS Urology Audit – Radical Prostatectomy	September 2018	The Foundation Trust reviewed the findings from the data published which covered the reporting period 1st January 2015 and 31st December 2017. The complication rate (graded Clavien Dindo III and above) was slightly higher than the national average.

Case Mix Programme (CMP)	October 2018	The Foundation Trust reviewed the Annual Quality Report. Case ascertainment reported was 50%, this is due to a vacancy within the post of ICNARC Audit Clerk. Whilst the Trust is not an outlier for any outcomes reported in the audit, the findings suggested that the number of high-risk admissions from medical wards and the number of unplanned readmissions within 48 hours were above comparator units. The ICU Unit reviewed all the records where it was identified that patients had been re-admitted and assurance was gained that all patients were appropriately discharged by the unit however later required ICU care again due to their medical condition. High-risk sepsis admissions from wards were one of the highest rates within the region. The Foundation Trust has developed a local service action plan to mitigate the risks identified; in addition the Trust is implementing a Trust-wide Sepsis improvement plan which is being led by the newly appointed Sepsis Specialist Nurse.
Child Health Clinical Outcome Programme: Chronic Neurodisability (NCEPOD)	March 2018	The Foundation Trust has initiated the processes of reviewing the report recommendations with the speciality.
Elective Surgery (National PROMs Programme) – Hip	August 18	The provisional report data was published in August 2018. Total hip replacement average health gain is below the national average. The report was discussed within the speciality clinical governance and weekly Arthroplasty meetings by the clinical lead for the service. Reported performance is due to low response rates, this is being addressed by discussion with patients as part of the Enhanced Recovery programme in the Arthroplasty service, with the aim to improve response rates and data quality.
Elective Surgery (National PROMs Programme) – Knee	August 18	The provisional report was data published in August 2018. The knee replacement health gains are generally above the national average. The report has been discussed within the speciality clinical governance and weekly Arthroplasty meetings by the clinical lead for the service. Reported performance is due to low response rates, this is being addressed by discussion with patients as part of the Enhanced Recovery programme in the Arthroplasty service, with the aim to improve response rates and data quality.
National Hip Fracture Database (Falls and Fragility Fractures Audit Programme (FFFAP))	September 2018	The Foundation Trust is in the top quartile of the national outcome for 13 standards, the second quartile for 7 standards and the 3rd quartile for 4 standards. Standards that are lower are delirium assessment, this has been discussed at the monthly Hip Fracture Meeting and the audits leads plan to discuss this with junior doctors for improving completion timely. Recording has been amended on the electronic patient record in

		relation to recording mobilisation the day after surgery, this should improve compliance with this standard.
Fracture Liaison Service Database Falls and Fragility Fractures Audit Programme (FFFAP)	September 2018	The Foundation Trust reviewed the findings from the FFFAP audit. The Trust has made improvements since the Bradford Falls Liaison Service was established during 2017/18. Performance associated with major key performance indicators are being supported by this service.
Fractured Neck of Femur (care in emergency departments)	May 2018	Patients in severe pain receiving analgesia for developmental targets is 0%, although this is on par with the national average, 100% of these patients received analgesia within 60 minutes of arrival which is above the national median of 30%. The audit was discussed in the Trist's Quality and Safety meeting. A local re-audit is planned to take place.
Inflammatory Bowel Disease programme / IBD Registry	September 2018	The findings of this report were based on cumulative data submitted up to September 2018 (91 patients registered with a recorded diagnosis). The Foundation Trust reviewed the recommendations from this report and as a result the Foundation Trust is considering a new method of recruitment to the Registry via invitation letters being sent to eligible patients.
Learning Disability Mortality Review Programme (LeDeR)	March 2018 - Ongoing	The Foundation Trust now participates fully in the local LeDeR programme, following the establishment of an appropriate governance framework. The Foundation Trust has trained members of the risk team to undertake reviews which will commence in May 2019.
Major Trauma Audit (TARN)	August 2018 and November 2018	The audit findings and outcome measures from the validated live dashboard system is reviewed on a regular basis. The case ascertainment and data completeness were variable during 2018/19. Process mapping and gap analysis sessions were carried out in November 2018. Following the gap analysis session, a service level action plan was completed. The compliance around criteria relating to Consultant/STR-3 led trauma teams has since improved. The Foundation Trust continues to network with other Trusts and take part in the regional TARN meetings. The Foundation Trust's Informatics and Business Intelligence Team developed an SQL script to run the data sample which should improve data quality, data completeness and case ascertainment in the future.
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK): Perinatal Mortality	June 2018	The Perinatal Surveillance Report (2017 data) from MBRRACE was published in June 2018. The Foundation Trust reviewed the findings and recommendations from this report. The report was discussed with the speciality lead for obstetrics. There is on-

Surveillance		going quality improvement work within Maternity Services that will address the findings and recommendations within the report.
Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE-UK): Maternal Morbidity Surveillance and Mortality Confidential Enquiries	November 2018	The Foundation Trust reviewed the report findings and recommendations. Legitimate concern was raised during this process of review about test tracking of investigations which are managed externally to the Electronic Patient Record. Discussions have been held in the core speciality and divisional governance meetings to ensure these concerns were escalated. In addition, a Training Needs Analysis has been undertaken in response to the findings of the report and the relevant guideline updated. The specialty is assured that more proactive use of risk assessments has improved the overall outcome with regards to this audit.
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) - Acute Heart Failure: Failure to Function	November 2018	The Foundation Trust has reviewed the recommendations from this National Confidential Enquiry. The overarching purpose of these recommendations is to improve the quality of care provided to people with acute heart failure. The specialty have considered the recommendations and included any identified actions to optimise patient care in their routine governance.
Medical and Surgical Clinical Outcome Review Programme (NCEPOD) - Peri-operative management of surgical patients with diabetes: Highs and Lows	December 2018	The Foundation Trust has reviewed the recommendations from this National Confidential Enquiry. The overarching purpose of these recommendations is to improve the quality of care provided to patients over the age of 16 who were diabetic and were undergoing a surgical procedure. An action plan has been developed by the division to address the concerns, and any opportunities for change and improvement identified within the service. There is an established whole Trust governance forum to promote and ensure safety of children and young people, the 'Children's and Young People's Board' where improvements have been driven in relation to the surgical care of all children, including those with complex co-morbidities.
Myocardial Ischaemia National Audit Project (MINAP)	November 2018	The MINAP report made six recommendations for Acute Trusts and these relate to the dissemination of findings, exploration and action in relation to variations, maintenance of the quality of care, timely angiography, resource allocation for audit and quality improvement and presentation of findings at board level; these have been fully considered by the relevant specialty. The findings were presented within the Cardiology Speciality Quality and Safety Meeting. A locally developed action plan is being implemented to address areas for improvement, in relation to the number of patients admitted to a specialist ward. In addition the NSTEMI pathway in AED is being reviewed

		to ensure that there is earlier recognition of NSTEMI cases; the implementation of a daily handheld echo ward round and a confirmatory local audit is planned during 2019/20.
NACAP - COPD Audit Programme	November 2018	The Foundation Trust reviewed the findings and recommendations from the COPD audit. The audit findings were discussed and presented in the Speciality Respiratory Clinical Governance Meeting. The Foundation Trust was not compliant with the Best Practice Tariff for the second consecutive year. The audit found that the respiratory team reviewed a lower proportion of patients during admission and there was a longer mean time from admission to respiratory review. Spirometry results were not available in a higher proportion of cases than the national average. BTS discharge bundle completion rates were also lower than the national average. There were lower levels of clarity regarding follow-up arrangements, with 48.8% of cases were arrangements were not apparent. In order to address the findings of the audit a business case to increase capacity within the Respiratory service for additional Clinical Nurse Specialist and Consultant time in order to achieve compliance with best practice standards has been developed and subsequently approved. A local service action plan has been developed by the respiratory core group to address all the opportunities for change and improvement identified.
National Audit of Breast Cancer in Older People (NABCOP)	June 2018	The Foundation Trust reviewed the recommendations relating to carer and patient involvement; monitoring length of stay, reviewing the accuracy of audit data and the use of protocols for assessment and treatment. The report was discussed at the Breast Clinical Governance Meeting and it was reported that some of the outcomes of the audit were not reflective of practice, including the proportion of women that have contact with the Breast Care Nurses and the proportion of women receiving triple diagnostic assessment in a single visit. There is on-going work to ensure clinical validation can be completed prior to data submission. Developments with recording for Cancer Services have improved the quality of data that is submitted to the Cancer datasets.
National Audit of Cardiac Rehabilitation	November 2018	The Foundation Trust have achieved the NACR certification for 2018/19, meeting all seven standards, including having evidence of prompt identification of eligible patients, early assessment and demonstration of sustainable health outcomes.
National Audit of Dementia (NAD): Care in General Hospitals 3rd Round	August 2018	The Foundation Trust reviewed the audit findings and recommendations of this report. A “Plan on a Page” has been completed, which supports the assessment of risk in relation

(NAD) - Assessment of delirium in hospital spotlight report		to the audit outcomes and an action plan has been implemented to ensure that care for patients with dementia is optimised across the Trust. The Trust has a recruited a new Dementia Specialist Nurse. Areas of concern identified within the report relating to obtaining a corroborative history from someone who knows the patients well, undertaking a standardised confusion assessment and a standardised cognitive test. Lower compliance than nationally with physical investigations (FBC, LFT, blood cultures, urinalysis / MSU, chest x-ray). Delirium or acute confusion during initial presentation or within 24 hours of admission recorded on the discharge summary. A spot check of electronic records was undertaken by the Dementia Lead in April 2019 of all patients with a diagnosis of Delirium (n=18). The results from this spot check confirmed that 94% of patients had a corroborative history completed and had all routine investigations completed. 90% of patients discharged in March 2019 had a recorded diagnosis of delirium or dementia (or both) on the GP discharge summary.
National Audit of Intermediate Care	November 2018	The Foundation Trust reviewed the audit findings and found that the registered nursing staff vacancy rate (26%) for home based rehabilitation is higher than the England mean (10%). The Trust is engaging in recruitment of nursing staff in order to address this concern.
National Audit of Percutaneous Coronary Interventions (PCI)	November 2018	The audit findings and recommendations of this report have been considered and discussed in the specialty meeting. The report identifies that there were no areas of sub-optimal care identified, and the results demonstrate that in spite of the local population having higher prevalence rates of diabetes and acute work (previous MI & previous CVA) outcomes are comparable to the national average.
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	January 2019	This organisational audit report made 12 recommendations including a recommendation relating to workforce. A plan on a page and a recommendations checklist are underway to support with reviewing the findings and recommendations. The percentage of general paediatric workforce with 'expertise in epilepsy' is 5.4%, this is lower than in England & Wales (14.8%). A business case has being approved which will increase the number of Paediatricians with a specialist expertise in epilepsy. In addition adjustments have been made to clinical appointment timings to enable a longer paediatric consultation.
National Bariatric Surgery Registry (NBSR)	July 2018	The Foundation Trust reviewed the findings and recommendations from this report. There are significant concerns relating to data completeness, data quality and case ascertainment with this audit which have been escalated to the Chief Medical Officer. A

		process mapping exercise and gap analysis is being undertaken to identify areas where these issues can be effectively mitigated. These issues are being directly considered by the Foundation Trust's Clinical Audit and Effectiveness Sub-Committee .
National Bowel Cancer Audit (NBOCA)	December 2018	The NBOCA 2018 Report presents data from patients diagnosed with Colorectal Cancer between 1st April 2016 and 31 March 2017(the 2017/18 reporting period), alongside an organisational report detailing services that the Foundation Trust provides. The Trust is reported as being excluded from the risk-adjusted analysis for 90-day mortality and 30-day emergency re-admission rates due to data completeness/data quality issues. A process mapping exercise and gap analysis have been undertaken to identify reasons for this poor case ascertainment and data quality. The outcome of this work is currently under review.
National Cardiac Arrest Audit (NCAA)	May 2018	The Foundation Trust considered and discussed the findings and recommendations of this report in the Divisional Quality Governance meeting, Deteriorating Patient Group and Patient Safety Committee. Data completeness is 100% for all values. Favourable neurological outcomes and survival to discharge are lower than national average, but are within the acceptable limits. Actions being taken to respond to the findings are monitored by the Patient Safety Committee.
National Comparative Audit of Blood Transfusion: Audit of Transfusion Associated Circulatory Overload The (TACO)	2018	The Foundation Trust developed a Local Service Action Plan in response to the audit results and recommendations made by the audit provider. The audit results indicate that not all patients for TACO had documentation for risk assessment in their clinical notes. To ensure that a formal pre-transfusion risk assessment for TACO a checklist has been developed by the Transfusion Nurse Specialist and added to the Hospital Transfusion policy. The TACO checklist has been added to the blood component record / prescription record.. There is a plan to implement an appropriate transfusion campaign to re-inforce what is discussed in medical mandatory training.
National Comparative Audit of Blood Transfusion: Re-Audit of Red Cell & Platelet Transfusion in Adult Haematology Patients	2018	The Trust development and implemented an action plan in response to the audit results and recommendations. The results of audit were presented at the Haematology Journal Club and the audit results were discussed by the Consultant Haematologist audit lead and Transfusion Lead. Where appropriate the Trust guidelines have been re-iterated to support improved patient care and compliance with best practice.
National Diabetes Audit – Core Audit	March 2018	The Foundation Trust was not able to participate in the 2017/18 audit due data transfer and compatibility problems following a change in pathology provide. . A work stream

		has been established, involving Informatics, Specialty and Clinical Effectiveness Teams to lead and task the effective collection and input of audit data to enable a more meaningful participation with the national audit.
National Diabetes Audit – Insulin Pump	June 2018	The Insulin Pump audit is part of the National Diabetes Core Audit, is as described above, the Foundation Trust could not participate in this audit due to data transfer issues. The issue is now resolved and the data has been collected for the 2018/19 National Diabetes – Insulin Pump Audit.
National Diabetes Transition Audit	January 2019	The National Diabetes Transition Audit covers the care of children / young people transitioning to adult services and included recommendations that support the transition processes.
National Emergency Laparotomy Audit (NELA)	September 2018	The Foundation Trust reviewed and considered the audit findings and recommendations. The recommendations were discussed at the Clinical Audit and Effectiveness Sub-Committee. Key areas considered relate to the assessment by elderly medicine specialist patients >70 years decreased in compliance compared to the previous year but was higher than the national average (28.3% verses national mean of 22.9%). A “Plan on a Page” and local service action plan have been developed and implemented to ensure that any areas of potential sub-optimal care provision have been identified, risk assessed and that there is a plan for improvement in place.
National Heart Failure Audit	November 2018	The National Audit of Heart Failure 2017/18 is a continuous, prospective audit that looks at the treatment and management of heart failure patients who have an unscheduled admission to hospital. The audit looks at inpatient care, investigations and treatment and also referral to outpatient services. The Foundation Trust is lower than the national average in a number of standards, including rates of echocardiogram, input from a consultant cardiologist and referral to cardiology and/or cardiac rehabilitation An action plan is in place to address all these issues and it is anticipated that the results for 2018/19 will be significantly improved. Indeed early informal feedback from the 2018/19 audit results is that Bradford has performed significantly better in a number of audit standards and has been approached by the audit provider to share its improvement story.
National Joint Registry (NJR)	September 2018	The Foundation Trust reviewed the audit findings and recommendations. The Foundation Trust was historically reported an outlier for knee revision rates (2003-2017 data). All key performance indicators are currently within the expected rage. During

		2018/19 the Foundation Trust was awarded as an NJR Quality Data Provider Certification for commitment to patient safety through National Joint Registry. This was discussed at the Clinical Audit and Effectiveness Sub-Committee and congratulated the staff who collect and input the data for NJR.
National Mesothelioma Audit (Spotlight Audit of National Lung Cancer Audit)	June 2018	The results from the spotlight audit were reviewed by the audit lead, data quality issues found are being addressed by the Cancer Services Team. A lower proportion of patients are seen by a clinical nurse specialist, The Trust has completed a local audit and results suggest that a higher percentage of patients are now seen by nurse specialist.
National Mortality Case Record Review Programme	October 2018	The Mortality Review Outcomes Report and Mortality Dashboard provides an overview of the mortality case note reviews completed by doctors and senior nurses in the Foundation Trust on deaths occurring between January 2019 and March 2019. It presents a summary of emerging themes and identifies key learning and areas for improvement such as timeliness of care and delayed treatments monitoring of medications, care of the deteriorating patient. The Foundation Trust holds a bi-monthly Mortality Committee to monitor the SJR reviews outcomes and to assure the lessons are learned across the Trust, these feed into the Quality oversight system and the Quality Improvement programme. The Quality Committee receives a quarterly Learning from Deaths report.
National Neonatal Audit Programme (NNAP)	September 2018	The National Neonatal Audit presents results relating to 15 neonatal care indicators for neonates with a final discharge from neonatal care between 1st January 2017 and 31st December 2017. The Foundation Trust reviewed the findings and recommendations from this report. Compliance with many standards was above national average and the Trust received a positive outlier notice (this relates to care that is excellent) for admitted babies born at less than 32 weeks having a first measured temperature 36.5°C to 37.5°C within one hour of birth. Actions identified for improvement relate to the measures of parental involvement and performance associated with follow up and improved communication with the staff team is in place to address this. The Foundation Trust is also improving information to improve the usage of breastmilk to address the higher than national rate of necrotising enterocolitis.
National Oesophago-gastric Cancer (NAOGC)	September 2018	The Foundation Trust reviewed and discussed the findings of this audit and at the Clinical Audit and Effectiveness Sub-Committee.
National Ophthalmology Database	August	This is the second prospective report from the National Ophthalmology Database Audit.

	2018	A total of 2,344 eligible cases were submitted (e 94.5% case ascertainment) from 30 surgeons. Data collected include visual accuracy pre and post operation and change. The report makes several recommendations including supporting improved data collection, use of audit information in revalidation and appraisal, reviewing care pathways to ensure that data is recorded for every operation, and individual surgeons comparing their results against their peers. The Foundation Trust reviewed the recommendations A Plan on a Page has been completed with the audit lead to assess any emergent risk and ensure an improvement plan is in place. A business case been developed to address purchase of new instrumentation. A local audit of cataract surgery is on-going to compare the latest data with the given national findings. A new service will be provided at Westwood park, which will use improved instrumentation.
National Paediatric Diabetes Audit (NPDA)	July 2018	The Foundation Trust disseminated and discussed the audit findings with speciality core groups and divisional quality meetings. The Trust had negative outlier status for two audit measures; HbA1c (measure of diabetes control) and the healthcare check completion rate. Collection of this data was affected by children having separate notes for dietetics, nursing and medical, and the service did not used a shared electronic record. The Trust has now developed a system to improve the capture of information related to procedure performed elsewhere. An action plan has been put in place to address the outlier notifications and the Foundation Trust is no longer an outlier for the health care check – now at 98%, for the high HbA1c measurement there is quality improvement work commencing on the introduction of education to patients and new technology that aim to demonstrate improvements going forward.
National Prostate Cancer Audit	February 2019	The National Prostate Cancer annual report covers the complete care pathway for men diagnosed between 01/04/2016 to 31/03/2017. The Foundation Trust reviewed and discussed the findings and recommendations both within the core specialty and at the Clinical Audit and Effectiveness Sub-Committee. The data completeness and data quality were identified as the key issues, overall the standards were better than the national average and the service is recruiting another clinical nurse specialist to further improve the service.
National Vascular Registry	November 2018	The Registry is commissioned by the Healthcare Quality Improvement Partnership and is designed to support quality improvement within NHS hospitals performing vascular surgery by providing information on their performance. This registry collects data for

		surgery for aortic aneurism, carotid endarterectomy, lower limb angioplasty or stent and lower limb amputation. The review of the audit outcome with the Audit Lead identified some areas for improvement in relation to data quality and data completeness. The Trust is working with the West Yorkshire Association of Acute Trusts (WYAAT) to review and enhance pathways of all relevant conditions to ensure optimal care for our patients and compliance with audit standards.
Pain in Children (care in emergency departments)	June 2018	The foundation Trust reviewed the report and found that there was a lower number of children that had pain assessed and offered analgesia within the recommended timeframes. 50% of children had received analgesia within 60 minutes of arrival / triage compared with nationally. The Trust is in the process of reauditing these measures.
Procedural Sedation in Adults (care in emergency departments)	May 2018	Performance for standards relating to location of procedural sedation and presence of staff are 100% compliant. Areas of where improvements are been made are the implementation of a LocSSIP checklist and also information leaflets regarding procedural sedation will be provided to patients.
Sentinel Stroke National Audit programme (SSNAP)	December 2018	The Sentinel Stroke National Audit Programme published the annual portfolio based on stroke patients admitted to and/or discharged from hospital between April 2017 and March 2018. The Foundation Trust has shown an improvement in the overall SSNAP indicator, which has now moved to a 'B banding' and SSNAP score is 71. The case ascertainment and audit compliance has remained at the highest performance indicator level, A. The findings and a proposed action plan to improve the thrombolysis indicator and stroke unit (patient-centred KI level) are routinely discussed at the Clinical Audit and Effectiveness Sub-Committee and the Quality Committee.
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	July 2018	The Serious Hazards of Transfusion annual report covers all reportable transfusion related events and near misses. The root cause analysis from each transfusion incident is reported at the Hospital Transfusion Committee. The findings suggested that the near misses are above the average by area and cluster use. The implementation of the 'Group and Save Two-sample Rule' has demonstrated positive results in reducing incidents. Incidents relating to Transfusion are routinely reported to the Quality Committee.

Appendix 3: Clinical Outcome Programme 2018-19

No	Speciality	Title	Organisation	2018-19 publication date / latest results
1	Adult Cardiac Surgery	National Cardiac Surgery Audit	National Institute for Cardiovascular Outcomes Research	December 2018 Published report
2	Bariatric Surgery	National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society	Not published
3	Bowel Cancer - Colorectal surgery	National Bowel Cancer Audit Programme	The Association of Coloproctology of Great Britain and Ireland	January 2019 Published report
4	Head and Neck Cancer Surgery	Head and Neck Cancer Audit	British Association of Head and Neck Oncology	TBC
5	Interventional Cardiology	Adult Coronary Interventions	British Cardiovascular intervention Society	November 2018 Published report
6	Lung Cancer	National Lung Cancer Audit	British Thoracic Society and SCTS	Not published
7	Neurosurgery	National Neurosurgery Audit Programme	Society of British Neurological Surgeons	Not published
8	Orthopaedics – joint replacement surgery	National Joint Registry	British Orthopaedic Association	February 2019 Published report
9	Thyroid and Endocrine Surgery	BAETS National Audit .	British Association of Endocrine and Thyroid Surgeons	May 2018 Published report
10	Upper Gastro-intestinal Surgery	National Oesophago-Gastric Cancer Audit	Association of Upper-gastrointestinal Surgeons	November 2018 Published report
11	Urological Surgery	BAUS Cancer Registry	British Association of Urological Surgeons	December 2018 Published report
12	Vascular Surgery	National Vascular Registry	Vascular Society of Great Britain and Ireland	September 2018 Published report
13	Myocardial Ischaemia	Myocardial Ischaemia National Audit	National Institute for Cardiovascular Outcomes Research (NICOR)	June 2018 Published report
14	Hip Fracture	National Hip Fracture Database – Falls and Fragility Fracture Audit Programme	The Royal College of Physicians	January 2019 Published report
15	Major Trauma	Major Trauma in England	The Trauma Audit & Research Network	January 2019 Published report
16	Cataract surgery	National Ophthalmology Database Audit	The Royal College of Ophthalmologists	August 2018 Published report
17	Emergency Laparotomy	National Emergency Laparotomy Audit	National Institute of Academic Anaesthesia &The Royal	November 2018

No	Speciality	Title	Organisation	2018-19 publication date / latest results
		Emergency Abdominal Surgery	College of Anaesthetists	Published report
18	Maternal Diabetes	National Pregnancy in Diabetes Audit	NHS Digital, HQIP and Diabetes UK	August 2018 Published report
19	Intensive Care	Intensive Care National Audit	Intensive Care National Audit & Research Centre (ICNARC)	May 2018 Published report
20	Dementia	National Audit of Dementia Care in General Hospitals 2016-2017	Royal College of Psychiatrists	NA
21	Prostate Cancer	National Prostate Cancer Audit: Annual report 2017	The Royal College of Surgeons	Not published
22	Paediatric Intensive Care	Paediatric Intensive Care Audit Network Annual Report	Intensive Care National Audit & Research Centre (ICNARC)	Not published
23	Neonatal	National Neonatal Audit Programme	Royal College of Paediatrics and Child Health	December 2018 Published report
24	Stroke	Sentinel Stroke National Audit Programme		October 2018 Published report
25	Inpatient Diabetes	National Diabetes Inpatient Audit		Not published

Appendix 4: Clinical Outcomes Programme 2018/19: key outcomes, challenges and successes

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
BAUS Radical Prostatectomy	DADS Urology	The complication rate is slightly higher than the national rate however this is within control limits.	The length of stay (median) for open and Laparoscopic procedures is lower than nationally.	Results have been reviewed with the audit lead and no actions required.
BAUS Cystectomy	DADS Urology	The transfusion rate for open cases is 32.35% versus the national average of 20.98%, however remains within control limits.	Reported mortality rates are higher than the national average for both 30-day mortality rate (2.8% against 1.31%) and 90-day mortality rate (2.8% against 2.21%). The overall mortality rate is within accepted range although there is some inter-consultant variability observed.	Assurance has been received from the audit lead that higher reported mortality rates are due to surgeons undertaking procedures on high risk patients.
BAUS Nephrectomy	DADS Urology	Minimally higher complication rate than nationally (2.90% verse 2.58%).	Mortality rate of 0%, Lower than national transfusion rate (3.90% versus 5.55% nationally).	There is an action plan in pace for a comparison exercise between the number of cases submitted and HES returned.
BAUS Percutaneous Nephrolithotomy	DADS Urology	None noted.	Lower transfusion rate than nationally (0% versus 2.09% nationally).	Results have been reviewed with the audit lead and no actions required.
Myocardial Ischaemia National Audit Project (MINAP)	MIC Cardiology	Admission to a cardiac ward and had angiogram before discharge standards are below the national average STEMI patients having an echocardiograph on admission is below the national average	NSTEMI patients seen by a cardiologist is better than the national average	The report makes six recommendations for acute Trusts. These have been fully considered by the Trust, and relate to the dissemination of findings, exploration and action in relation to variations, maintenance of the quality of care, timely angiography, resource allocation for audit and quality improvement and presentation of findings at board level. A locally developed action plan is being implemented to address areas for improvement, for instance in relation to the number

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
				of patients admitted to a specialist ward. In addition the NSTEMI pathway in AED is being reviewed to ensure there is earlier recognition of NSTEMI cases; the implementation of a daily handheld echo ward round and a confirmatory audit is planned during 2019/20
Bowel Cancer (NBOCAP)	DADS General Surgery	Key concerns: •BTHFT excluded from risk-adjusted analysis for 90-day mortality and 30-day emergency readmission due to level of data completeness. •Patients with complete pre-treatment staging 74% (amber RAG rating), regional 80%. •Patients with recorded performance status 41% (red RAG rating), regional 73%. •Data completeness for patients having major surgery (red RAG rating), regional 70%. •Patients having major surgery with no ASA recorded are 81%, regional 29%.		A process mapping exercise and gap analysis have been undertaken to identify reasons for this poor case ascertainment and data quality. The outcome of this work is currently under review and a plan will be in place by June 2019.
Bariatric surgery	DADS General Surgery	The Foundation Trust reviewed the findings and recommendations from this report. There are significant concerns relating to data completeness, data quality and case ascertainment with this audit which have been escalated to the Chief Medical Officer		There continues to be little assurance that data is being collected inputted into the registry. The Associate Medical Director for Clinical Effectiveness has discussed the registry with the contributing surgeons and has escalated concerns to the Chief Medical Officer.

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
Case Mix Programme	DADS ICU	High-Risk Sepsis admission are one of the higher rates within the network. High risk admissions from the ward are higher within the network.	Out-of-hours discharges (not delayed) are low at 3.4%. Risk-adjusted hospital mortality is lower than expected (0.97). Risk-adjusted acute hospital mortality – predicted risk < 20% is lower than expected (0.93).	There is on-going improvement work Trustwide which includes the Intensive Care Unit by the Sepsis Lead. All re-admissions have been scrutinised and it was found that all patients had been discharge appropriately but later returned due to unforeseeable medical changes in their condition.
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	MIC Cardiology	No concerns were identified	Results from the Trust show that in spite of the local population having higher prevalence rates of diabetes and acute work (previous MI & previous CVA) outcomes are comparable to the national average. Door to balloon times (NSTEMI) for the percentage of patients treated within 72% hours is higher than the national average.	The findings were reviewed by the audit lead and clinical effectiveness department and a plan on a page, including risk assessment of the results was completed. There were no concerns therefore no actions were required.
National Paediatric Diabetes Audit (NPDA)	W&C Paediatrics	The Trust received an outlier notice in March 2019 in relation to HbA1c results	The Trust is no longer an outlier for the measure *Healthcare Check on Completion*. which had been an outlier measure in previous years. Completed eye screening and foot examination are now above both network and national rates. Although HbA1c levels are reported as an outlier it is important to note that both the unadjusted and adjusted means have reduced reflecting the positive work of the team in supporting the children and young people under its care.	The *High HbA1c Pathway* continues to be embedded within the service. Structured education around optimum management of HbA1c levels and control of Diabetes continues to be delivered by nursing and dietetics staff, with Dieticians assuming an extended role as key workers. To empower children and young people to better manage their Diabetes it is planned to roll out flash glucose monitoring which is envisage will improve outcomes, as young people have more information about trends and sugar levels. The higher HbA1c levels reported in the Bradford District are a multi-faceted issue involving high levels of social deprivation that make the

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
				successful reduction of HbA1c levels challenging and the solutions complex. The team now scrutinise HbA1c data on a monthly basis and there is planned work in conjunction with the Clinical Audit and Effectiveness team around developing run charts to make best use of data. It has been noted that outcomes are worse in the teenage years therefore there will be targeted work with this group of patients. The team have also been participating in the National Children and Young People's Diabetes Quality Improvement Programme and meet to discuss QI initiatives.
Falls and Fragility Fractures Audit programme (FFFAP): National Hip Fracture Database	MIC Care of the Elderly	The overall length of stay (days) is 23.5 which is higher than the national figure of 19.7 days. Hip fractures which were sustained as an inpatient are 4.8%, this is higher than the national figure of 3.7%.	The acute length of stay is 11.2 days, this is lower than the national figure if 15.2 days. 99.1% of patients had a documented discharge destination; this is higher than the national figure of 87.5%. 84.2% of patients were discharged to their original residence within 120 days, compared with 70.2% of patients nationally. 98.5% of patients were documented not to have a pressure ulcer, this is above the national figure of 95.5%. 71.3% of patients were documented to have a 120 day follow-up, this is far higher than the national figure of 38.6%.	The monthly Hip Fracture meeting between orthopaedic surgeons, elderly care consultants, anaesthetists, physiotherapists and trauma co-ordinators continues to meet on a monthly basis to discuss the data.

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
Learning Disability Mortality Review Programme (LeDeR Programme)	DADS		The Trust now participates fully in the local LeDeR programme, following the establishment of an appropriate governance framework. The Trust has trained members of the risk team to undertake reviews which will commence in May 2019.	There were a total of 38 deaths between April 2019 to March 2019, from the period November 2016 to March 2019. Of the reported deaths a total of 6 are pending notification to LeDer.
Major Trauma (TARN)	MIC Emergency Medicine	Case ascertainment is below expected, however this has continued to rise and in the most recent published quarterly dashboard (October – December 2019) this stands at 67.2%. The delivery of Consultant / Middle Grade medical care is reported to be lower than the national average; these measures are being scrutinised to address if this is a concern or a data quality issue is present.	The latest reported Proportion of directly admitted patients receiving CT scan within 60 minutes of arrival is 46.4%, which is higher than the national mean of 21.5%.	Regular meetings were established to ensure the development of the TARN audit process. Case identification was identified as a concern therefore the Business Intelligence Team implemented the TARN SQL script to aid with identification. There have also been processes implemented to identify cases that are not captured by the script; deaths and transfers in / out. There continues to be on-going improvement work focused on the audit between the audit lead, Divisional Manager, TARN co-ordinator and the Clinical Effectiveness Team. The progress of the audit also continues to be tracked by the Clinical Audit and Effectiveness Sub-Committee . An action plan has been developed to address case ascertainment and data quality.
National Audit of Dementia: Care in General Hospitals 3rd Round (NAD)	MIC Care of the Elderly			No outcomes data has been published in 18/19.
National Chronic Obstructive Pulmonary Disease Audit	MIC Respiratory	Over the course of 18/19 re-admission rates have been variable, with April 2018 and June 2018 having a higher than benchmark rate of re-admissions.	Re-admission rates for July 2018 are below the national benchmarking figures.	A business case was developed and subsequently approved for the recruitment of additional respiratory clinical nurse specialists. Recruitment is currently on-going.

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
National Diabetes Audits (NaDIA) – Adults: National Diabetes Inpatient Audit	MIC Diabetology and Endocrinology	The Trust was unable to participate in the last round of audit due to issues with obtaining all of the relevant data for the audit.	Data is projected to be able to be submitted for the audit cycle covering 18/19 in June 2019.	The Trust continues to look for solutions regarding the difficulties concerns the audit processes to ensure that data can continue to be successful submitted for future audit cycles.
National Diabetes Audit: National Pregnancy in Diabetes Audit	MIC / W&C Diabetology and Obstetrics	Percentage of pregnancies where mother had third trimester HbA1c < 48 mmol/mol (2014 – 2016) is 40.5%, this is lower than the Yorkshire & Humber and National averages.	36.8% of pregnancies where the woman was taking folic acid prior to pregnancy (2014 – 2016), this is slightly higher than the national and regional averages.	No outcomes data was reported in 18/19. Reported data is from the last report published in October 2017.
National Emergency Laparotomy Audit (NELA)	DADS General Surgery	The adjusted mortality rate is 11.8%, it should be noted that this rate although higher than the national mean of 10%, has continued to decrease year on year. Discrepancy between surgical findings and CT report is slightly higher than nationally this has been reviewed by the clinical team and is not a concern. The post-operative length of stay is 12 days. This is slightly higher than the national mean of 11 days but same as the network mean.	Unplanned theatre returns are 4% which is below the national mean of 6%. Unplanned admission to critical care are 2%, which is below the national mean of 4%.	An action plan is on-going to ensure that there continues to be discrepancy between surgical findings and CT reporting.
National Joint Registry (NJR)	DADS Orthopaedics	The Trust was reported as an outlier for Knee Revision Rates 2003 to 2018. This is no longer a concern and the associated surgeon is no longer employed by the Trust.	Knee Revision rates between 2013 and 2018 are within the expected range.	The National Joint Registry report was reviewed and it was confirmed by the audit lead that no action was required.

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
National Lung Cancer Audit	MIC Cancer Service			Not published
National Maternity and Perinatal Audit	W&C Maternity			New outcomes were not published within 17/18. The feasibility reports for Neonatal and Intensive Care technical reports to examine the linkage of maternity data to intensive care data were published.
Neonatal Intensive and Special Care (NNAP)	W&C Neonatology	6.9% of babies had a confirmed case of Necrotising Enterocolitis, this is higher than the national rate of 5.6%.	The Trust received a positive outlier notice (this is in relation to excellent care) in relation to admitted babies born at less than 32 weeks gestational age having a first measured temperature of 36.5°C to 37.5°C within one hour of birth. A lower proportion of babies developed bronchopulmonary dysplasia (6.1%) compared to comparator units (9.2%).	A local service action plan is on-going within the neonatal team, with quarterly review.
National Ophthalmology Database (NOD)	DADS Ophthalmology	The posterior capsular rupture rate is slightly higher than the national rate (1.34% versus 1.1% nationally). This is felt to be attributed to current instrumentation which increases the PCR rate. A business case in is progress for obtaining one of the instruments.		There has been a business case developed to address the purchase of new instrumentation. A new service will also be provided at the Westwood Park community hospital. There is also an on-going audit of local cataract surgery, which is used to compare findings with those from the national audit.

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
National Vascular Registry (NVR)	DADS Vascular	AAA Repair: Average time from assessment to procedure is lower than national average (62 days verses 70 days). Limited data for Lower Limb Angioplasty / Stent.	AAA Repair: Risk-adjusted survival is on a par with nationally (98.4% versus 98.7%. Carotid Endarterectomy: Risk adjusted stroke free survival is 98.4%, this is above the national average of 97.9%. Lower Limb Bypass: Risk adjusted survival is 97.5% which is on par with the national average of 97.4%. Lower Limb Amputation: Risk adjusted survival is 97% which is higher than the national average of 94.6%.	The Trust is working with the West Yorkshire Association of Acute Trusts (WYAAT) to review and enhance pathways of all relevant conditions to ensure optimal care for our patients and compliance with audit standards.
Oesophago-gastric Cancer (NAOGC)	DADS General Surgery	Case ascertainment is below the expected number. It is expected with the restructure of Cancer Services that this will increase the robustness of data quality checks and also add to an increase case ascertainment. And therefore increase the validity of reported outcomes.	Both 30 and 90 day mortality rates are within expected ranges. Surgical case ascertainment is above 90%.	The Trust plans to review the report findings and recommendations.
Prostate Cancer	DADS Urology	Data completeness for performance status, PSA, TNM and Multiparametric MRI are lower than overall and other Trusts within the	Mean urinary incontinence score after radical prostatectomy was 74 which is better than the overall (71) and Mean sexual function score	There is a plan in place to recruit another Clinical Nurse Specialist, which will allow for an increased service provision, especially in regards to the continued improvement of advice around urinary

National Audit	Division, Specialty & Lead	Key Challenges/Concerns	Key Success	Actions/Comments
		local cancer alliance (AFT and CHFT), data completeness / data quality will look to be improved. There has been a recent restructure of Cancer Services and a single MDT co-ordinator will be responsible for Cancer Tracking for the Prostate Cancer data that feeds in to the audit. Quality checks will be done on a weekly basis by the MDT co-ordinator and monthly basis by the Data Quality and Information Lead.	after radical prostatectomy was 24.2 which is better than the overall (22.7).	incontinence and sexual function.
Sentinel Stroke National Audit Programme (SSNAP	MIC Stroke		SSNAP data for October to December 2018 has now been published. BTHFT overall SNNAP score is level B and SSNAP score is 79, with overall audit compliance above 90%.Scanning, Stroke unit, Thrombolysis and Speech and Language Therapy are level C. Specialist Assessments, MDT working and Discharge Processes are level B. Occupational Therapy, Physiotherapy and Standards by Discharge are level A.	The data will also be reviewed by the audit lead and Clinical Effectiveness Team.
UK Registry of Endocrine and Thyroid Surgery (UKRETS)	DADS	Data completeness remains a challenge.	Re-admission rate is low. Re-exploration rate for bleeding is low. Mortality rate is 0%.	Data entry by surgeons is on-going.

Appendix 5: Summary of organisationally prioritised clinical audit programme areas included in the High Priority Audit Programme during 2018-19

Audit title	Rationale for inclusion	Expected date of completion	Division	Lead	Progress
Sepsis CQUIN	A profile of audits designed to evidence achievement with quality improvement programmes that are contractually required	Quarter 4	All Divisions	Director of IPC (Sepsis)	The Deteriorating Patient Group continues to work to improve sepsis care within the Foundation Trust and sepsis screening continues to improve. The Nurse Consultant Infection Control and Sepsis Nurse Specialist review reporting weekly, this is disseminated to Head of Departments and Clinical Leads. Sepsis improvement events have been held, including ward visits. Data collection against the CQUIN is continuous and reported to the Deteriorating Patient Group regularly. Appointment of a Sepsis Nurse Specialist has occurred. The Quarterly Sepsis report is presented to Quality Committee.
Seven Day Self-Assessment Tool (7DSAT)	Twice yearly national audit of assessment, diagnostics, care of deteriorating patients and specialist opinions. Mandatory NHS England audit.		All	Su Coultas	The format of the seven day self-assessment tool was changed to a Board Assurance Framework. A trial run of the Board Assurance framework was completed in February 2019 consisting of previously collected data (as advised by NHS England) and a paper was sent to the Board and subsequently returned to 7 Day Services.
Nutrition	To review compliance with nutrition standards. In addition to NICE CG32 an QS24/ HSCA Reg 14, the audit forms part of the assurance for the Contractual Hospital Food Standard	Ongoing	Chief Nurse's Office	Andrea Gillespie / Jackie Loach	The nutritional audit process questions are being finalised, with the plan to have three on-going audits; a monthly ward level *Nutritional Audit*, a 3-monthly *Dietitian Nutrition Audit* and nutrition questions within the *Bradford Accreditation* audit. The *Dietician Nutrition* audit is been finalised and there is also an on-going *Ward Nutrition* audit.
Recognition and Management of Deteriorating Patients	To review the compliance with NEWS and Sepsis procedures and policies.	Quarter 4	Chief Nurse's Office	Leeanne Elliott / Adele Hartley-Spencer	A data collection tool for wards has been developed to audit response to deteriorating NEWS scores, including links to the Sepsis Pathway. The audit is overseen by the Deteriorating Patients group.
Fundamental Standards of Quality and Safety (ProgRESS)	To ensure Trust wide engagement with profile of audits designed to assure compliance with essential standards of quality and safety to support the Hospital Inspection Programme	Ongoing	All Chief Nurse's Office	Tanya Claridge Sally Scales Karen Dawber	ProgRESS is well established. Outcomes are reported to the ProgRESS Steering Group. The reviews resulting in no confidence or limited confidence are escalated to the Patient Safety Sub-Committee and the CQC Executive Mobilisation Committee. In 2018 the Trust adjusted the way ProgRESS is used in order to move from measuring compliance to being proactive in the Trust's ambition to become 'outstanding' by focusing on our 'Good'.
Medicines Safety	An audit programme to	Ongoing	Execs Office	David Smith	Four medicines safety audits were completed in 18/19. The *Medicines*

Audit title	Rationale for inclusion	Expected date of completion	Division	Lead	Progress
	support assurance and governance in relation to compliance with CQC fundamental standards		Pharmacy	and Sophia Khan	*Practice Audit: Wards*, *Medicines Practice Audit: Theatres and Storage and Handling of Controlled Drugs* (baseline and re-audit). • Medicines practice audit: wards and departments (April 2018) audited forty-five wards and three departments. It was found that in one area the medicine return to pharmacy box was overflowing, it has been re-iterated that these can be reported to the Pharmacy Department. • Medicines practice audit: theatres (April 2018) audited eleven theatres. In general a high level of compliance was shown with audit standards, however there was found to be out-of-date posters within some theatres and in one theatre food items were stored within the medicine cupboard. Actions have been taken to reinforce the importance of storing medications safely and reiterating that no items other than medications should be stored within the medicines cupboards or refrigerator. A medicines management checklist for theatres will be used to audit areas regularly and it has been assurance that all posters / guidelines are up to date. • Storage and Handling of Control Drugs was audited twice (June 2018 and November 2018). 13 actions were recommended from the first audit and 11 recommendations from the second audit. In areas where wards are not manned 24 hours a day and there is no alarm system in place there have been a risk assessment completed and this will be checked in May / June. The audits were presented at the Medicines and Nursing Midwifery Forum.
NHS Safety Thermometer		Ongoing			The Patient Safety Thermometer results are reported at the monthly Patient Safety Sub Committee. Any actions that are required are completed within Care Groups.
Endoscopy Global rating scale (JAG)	To support quality improvement in endoscopy. This is an ongoing audit prioritised by the division, as it forms part of the accreditation process for the department.	Ongoing	DADS	Cathryn Preston	GRS data is submitted twice a year. There was a break in submission because of software problems which are now resolved. Data was submitted as required on April 2019.
Clinical Outcome Publications Programme (COP)	To ensure Trust and clinician engagement with the National Audits that support COP	Ongoing	DOMIC DADS	Brad Wilson John Bolton	The Trust participates in 23 applicable Clinical Outcome Publication Programmes, including major trauma care, cataract surgery, interventional cardiology and orthopaedic surgery. A report was produced for the Trust's Chief Medical Officer detailing the latest Trust and individual surgeon results.

Audit title	Rationale for inclusion	Expected date of completion	Division	Lead	Progress
Physiological and Operative Severity Score for Enumeration of Mortality and Morbidity (POSSUM)	To assure surgical outcomes at clinician level. Data is predominantly used to support the appraisal and revalidation process	Ongoing	DADS	Jayne Marran	POSSUM data entry stalled over the year and a reduced number of POSSUM forms were received by the Divisional Governance and Risk team. Data extract from the POSSUM database had a very limited functionality and it was not possible to pull off P-POSSUM scores from the database. The Divisional Manager, Deputy Clinical Director and Audit Lead have agreed that the audit is not at present a Divisional High Priority.
Renal Registry		Ongoing	MIC	John Stoves	The Trust plans to review the report findings and will take appropriate action where necessary.
Audit of the Management of Pre-eclampsia	Audit of the management of pre-eclampsia to ensure the safe management of high risk patients.	November 2018	W&C	Lucy Spencer	Audit completed in Nov 18.
Audit of the Management of Post-partum haemorrhage	Audit of the management of post-partum haemorrhage to ensure the safe management of high risk patients.		W&C	Chris Mawson	
Each Baby Counts	Each Baby Counts is the Royal College of Obstetricians and Gynaecologist's national quality improvement programme to reduce the number of babies who die or are left severely disabled as a result of incidents occurring during term labour		W&C	Susan Rooney and Julie Baker	This is a reporting system that is routinely populated by all babies which fit the criteria. This data can be accessed through the 'each baby counts' website.
Cancer	To demonstrate compliance with guidance		W&C	Cheryl Downs	
Colposcopy	To demonstrate compliance with guidance		W&C	Suzanne Taylor	
Antenatal Screening	Compliance with national and quality requirements		W&C	Vicky Jones	This will commence in June 2019
UK Obstetric Surveillance System (UKOSS)	UKOSS collects data from rare obstetric disorders and severe obstetric complications.		W&C	Susan Weeks	Compliant with reporting monthly
VTE	An audit of compliance with VTE assessment	February 2018	W&C		This audit has now been completed. The audit of all inpatients on Ward 12 (gynaecology) found that 65% of patients were up to date with their VTE

Audit title	Rationale for inclusion	Expected date of completion	Division	Lead	Progress
					form. All 20 patients, regardless of their VTE form being up to date were on the correct VTE prophylaxis. A number of recommendations were made to improve the number of up to date forms.
Paediatric Head Injury Pathway	To demonstrate current practice before a planned change to practice		W&C	Paediatrics	The audit demonstrated that the number of additional children who would be admitted under the care of general paediatrics would be small as many were already being admitted under general paediatrics rather than orthopaedics.

Appendix 6: Organisational response to following review of the recommendations from local audits completed during 2018/19

No	Audit Name/ Title	Division	Specialty	Date completed	Key Successes	Key Concerns	Key actions following the audit
1	Induction of Labour and Monitoring	W&C	Obstetrics	April 2018	In 70% of cases the decision to induce was based on clinical guidelines	No documented risk assessment in 70% of cases.	No actions
2	Audit of discharge of 15-17 year olds from adult wards	W&C	Paediatrics	April 2018	100% of cases a safeguarding concern was appropriately identified.	In only 28% of cases was the documentation felt to be clear as to the nature of the concern.	• An action plan has been developed to ensure that Level 2 safeguarding training is continued to be offered for all adult staff, there is an on-going audit of training figures.
3	Audit of Management of Bruises, Burns and Scalds in non-mobile infants	W&C	Paediatrics	August 2018		21 children had no LCS ID reference and an additional 6 children did have a reference however no contact was recorded following the Emergency Department Visit.	• Recommendations have been made by the audit authors including improving referral to Paediatric Liaison Nurses and to ensure that all cases are discussed with social care. Improvements have been made and now there is screening of all paediatric attendances to the Emergency Department.
4	Patient involved audit of Inflammatory Bowel Disease (IBD) Transition Service	MIC / W&C	Paediatrics / Gastroenterology	May 2018	None noted.	None noted.	• This was a joint Paediatric and Gastroenterology Audit. The audit was presented at the Speciality Governance meeting. Recommendations have been made and there is a plan for ongoing review.
5	Management of anaemia in children and young people with inflammatory bowel disease	W&C	Paediatrics	July 2018	None noted.	None noted.	• The audit findings were presented at the Yorkshire Paediatric Gastroenterology Network in September 2017. The audit found that whilst patients undergo regular blood

No	Audit Name/ Title	Division	Specialty	Date completed	Key Successes	Key Concerns	Key actions following the audit
							tests for anaemia treatment is not always initiated in those with milder anaemia, this has resulted in a change of practice from the audit report author. It is suggested that a short cut could be created for the electronic patient record as well.
6	Adult Head Injury re-audit	MIC		May 2018	It was found that whilst clinicians do not use the specified EPT Head Injury template for documentation for the majority of cases patients are received promptly and there is through assessment in line with NICE guidance. Areas of lower compliance are in documenting any amnesia post injury and also of any anticoagulant medication taken by the patient.	None noted.	• Recommendations made in the report are that clinicians consider using the EPR template and that this would be able to support improvement in formal documentation of GCS, post-injury amnesia and anticoagulation status.
7	Hepatitis B screening pre-chemotherapy			January 2019			• The audit recommendations are to increase the awareness of staff and to develop prompts on ChempCare to improve compliance.
8	Anaemia in Pregnancy	W&C		May 2018		Iron and folic acid documentation is an area of low compliance.	• Recommendations included of improving documentation and to aim for all patients to have a FBC check at 28 and 36 weeks gestation.

No	Audit Name/ Title	Division	Specialty	Date completed	Key Successes	Key Concerns	Key actions following the audit
							• The audit was presented in Speciality Governance.
9	Small for Gestational Age (SGA) Audit	W&C	Obstetrics	October 2018	In the month analysed the detection rate for SGA babies within BTHFT was 50% which compared favourably with the average detection rate within the UK of 42% and within Yorkshire of 45.2%.	. Out of 9 missed cases, 3 (33%) were missed due to incorrect antenatal risk assessment. There were 5 risks missed from these cases, these included a previous SGA baby x2, heavy smoker x2 and static growth on SFH.	• The authors made the following recommendations for practice including i) All women at booking should receive adequate screening for risk factors for the possibility of SGA and ii) for those who are identified as being high risk should be appropriately referred according to the Trust Fetal Growth and Doppler guideline for follow-up. • The audit was also presented at the Speciality Group meeting.
10	Fetal Monitoring Audit	W&C	Obstetrics	March 2019	82% of cases maternal pulse was recorded every 15 minutes in the first stage of labour and every 5 minutes in the second stage of labour.	46% of cases had clear documentation hourly of the CTG 31% of cases had clear documentation of 'fresh eye' review. 61% of cases a maternal pulse oximeter was used for a minimum of 20 minutes if a CTG was required.	• Two recommendations were made regarding i) educational standards for CTG's via posters on the Labour Ward and a plan to include these in the next Lessons Learned e-mail and ii) Disseminate the audit results at the Labour Ward handover. • The audit was presented at the Speciality Group meeting. There is a plan for a repeat audit.
11	Management of Preterm Birth	W&C	Obstetrics	July 2018	100% of patients were correctly referred for high risk consultant care	2 patients had no booking MSU sent and no patients audited had a MSU in every trimester. Only 2 out of 9 patients	• The audit concluded that management of preterm labour is generally well performed however there is variation of management. Recommendations proposed are to improve the standard of care for managing women at risk of

No	Audit Name/ Title	Division	Specialty	Date completed	Key Successes	Key Concerns	Key actions following the audit
						received cervical length scanning. Not all patients received Steroids and Magnesium Sulphate.	preterm births in Antenatal Clinic, consider introducing a preterm clinic or guidance tick box sheet to aim for consistency in management, ensure that all patients identified at risk are offered cervical length scanning and clarify local guidance regarding investigation required and when. • The audit was presented at the Speciality Group meeting.
12	Cataract Surgery (July – September 2018)	DADS	Ophthalmology	Ongoing	Pre-op VA data recorded on Medisoft is 100%. Post-op complications not recorded on Medisoft is 0% *[N.B: lower is better].*	Post-op VA data recorded on Medisoft is 88.7%.	• This is an on-going local audit of cataract surgery that compares outcomes with the National Ophthalmology Database.
13	Palliative Care Team Prescribing Audit 2018	MIC	Palliative Care Team	June 2018		The audit found that syringe drivers were mainly initiated by the team, but delays were noted in the administration.	An action plan has been completed to address all the issues raised in the audit and a further audit will be carried out in 12 months.
14	Unexplained Extubations in the Neonatal ICU	W&C	Neonates	[No date]	Clinical checklist was completed in 16 of the 19 cases (84%)	In general poor medical documentation around circumstances of extubation	Several suggestions were made as to actions that could help to reduce the rate of unplanned extubations.

No	Audit Name/ Title	Division	Specialty	Date completed	Key Successes	Key Concerns	Key actions following the audit
15	Failed Nuchal Translucency Audit	DADS	Radiology	April 2018	There was an improvement in the incorrect LMP causes of failed NT rates. There was an increase in the number of successful NT scans, showing improvements in both the figures for both failed due to technical issues and fails due to incorrect gestational age. The failure rates due to technical issues were greatly improved from 7.9% to 4.7%.	None noted.	The audit informed changes to the vetting of ultrasound requests on the CRIS system, to ensure the scans are arranged between 12 and 14 weeks. Key performance indicators were also implemented for the correct completion of scan and blood request forms and the process of checking the dates on previous scans implemented.