

|   |   |                   |                  |                 |                               |
|---|---|-------------------|------------------|-----------------|-------------------------------|
| <b>Report to:</b>                       | Board of Directors  |                   |                  |                 |                               |
| <b>Date of Meeting:</b>                 | 24 <sup>th</sup> September 2014   |                   |                  |                 |                               |
| <b>Report Title:</b>                    | Clinical Audit Annual Report 2013/14  |                   |                  |                 |                               |
| <b>Status:</b>                          | <b>For information</b>  | <b>Discussion</b> | <b>Assurance</b> | <b>Approval</b> | <b>Regulatory requirement</b> |
| Mark relevant box with X                | x   |                   | x                |                 |                               |
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| <b>Executive Sponsor (presenting):</b>  | Mr. Karl Mainprize  |                   |                  |                 |                               |
| <b>Appendices (list if applicable):</b> | Appendix 1 Annual Clinical Audit Report 2013/14<br>Clinical Audit Forward Plan 2014-16. |                   |                  |                 |                               |

### Purpose of the Report

The purpose of the attached report and forward programme is to provide the Trust Board of Directors with an overview of the clinical audit activity for 2013/14 and to present the forward plan for 2014-16

Report focuses on key national and local priorities which influence the work streams of the Trusts clinical audit activity. These include:

- National Clinical Audit and Patient Outcome Programme (NCAPOP);
- Quality Account requirements;
- NICE guidance *including Quality Standards*;
- NCEPOD studies;
- CCG Contract: Commissioning for Quality and Innovation (CQUINs); and
- National Health Service Litigation Authority (NHS LA)

### Key points for discussion

Key areas for discussion:

1. Progress to date in delivering clinical audit;
2. Scope of clinical audit activity set against the work plan. This has been clinically led and reflects priorities both nationally and internally relating to all specialties; and
3. Future (2014/15) developments to improve the delivery of the Trust's clinical audit agenda.

### Recommendation

The Trust Board of Directors is asked to receive and note.

# CLINICAL AUDIT REPORT

2013-14

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## **1. INTRODUCTION**

- 1.1 The purpose of this report is to provide the Trust with an overview of clinical audit activity for 2013-14 and to present the forward plan for 2014-15.
- 1.2 The report focuses on key national and local priorities which influence the work streams of the clinical audit team. These include:
- National Clinical Audit and Patient Outcome Programme (NCAPOP);
  - Quality Account requirements;
  - NICE guidance *including Quality Standards*;
  - NCEPOD studies;
  - CCG Contract: Commissioning for Quality and Innovation (CQUINs); and
  - National Health Service Litigation Authority (NHS LA)

## **2. NATIONAL CONTEXT FOR DELIVERING CLINICAL AUDITS**

- 2.1 National requirements have been taken fully into account in the development of the clinical audit programme for 2014-15 and will continue to influence future plans.

### **2.2 NHS Commissioning**

- 2.2.1 Clinical Commissioning Groups (CCGs) replaced Primary Care Trusts on 1 April 2013 and are responsible for the planning and commissioning of the majority of health care services in their local area.
- 2.2.2 The commissioning responsibilities of each CCG include:
- Planning services based on the needs of the local population
  - Securing services that meet the needs of the local population
  - Monitoring the quality of care provided
- 2.2.3 Clinical audit is an essential quality improvement and quality assurance tool. The Trust's audit programme remains flexible to allow priority audits to be identified and added throughout the year and is submitted annually to the CCG as part of the Quality Contract. Quarterly updates are provided to reflect activity against national and local priorities.

### **2.3 National Institute for Health and Care Excellence (NICE)**

- 2.3.1 In April 2013 NICE were established in primary legislation, becoming a Non Departmental Public Body (NDPB). At this time they took on responsibility for developing guidance and quality standards in social care, and their name changed once more to reflect these new responsibilities.
- 2.3.2 As an NDPB, they are accountable to the Department of Health, but operationally they are independent of government.
- 2.3.3 NICE continues to prioritise the publication of quality standards, and these are being incorporated into national audits wherever possible.

2.3.4 It is also intended that quality standards are reflected in the Commissioning Outcomes Framework and will inform payment mechanisms and incentive schemes such as the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) Payment Framework.

## **2.4 Healthcare Quality Improvement Partnership (HQIP)**

2.4.1 HQIP continues to be responsible for the contract management of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). This is a set of national clinical audits, registries and outcome review programmes which measure healthcare practice on specific conditions against accepted standards.

2.4.2 The projects analyse data supplied by local clinicians centrally and feed back comparative findings to help participants identify necessary improvements for patients.

2.4.3 It is mandatory for healthcare providers to participate in any NCAPOP audit which is relevant to the services provided.

2.4.4 During 2013-14 HQIP has developed a National Clinical Audit (NCA) Quality Framework. This is a self-assessment process by NCA providers to support improvement in the quality of NCAs. It is also referred to as an 'audit of audits'. It will comprise a cycle of self-assessment with central analysis and review of supporting evidence, feedback, opportunity for change and then re-assessment. It will initially operate on an annual basis. The first cycle is underway with the results to be published later in the year.

2.4.3 HQIP also manages the Consultant Outcomes Publication (COP). This is an NHS England initiative which publishes quality measures at the level of individual consultant doctor using national clinical audit and administrative data. COP began with ten NCAs in 2013:

- National Adult Cardiac Surgery Audit;
- National Bariatric Surgery Register;
- National Bowel Cancer Audit Programme;
- National Head and Neck Cancer Audit;
- Adult Coronary Interventions National Audit;
- National Joint Registry;
- British Association of Endocrine and Thyroid Surgeons National Audit;
- National Oesophago-Gastric Cancer Audit;
- British Association of Urological Surgeons Cancer Registry; and
- UK Audit of Vascular Surgical Services & Carotid Endarterectomy.

2.4.4 The following three COPs are scheduled for 2014:

- National Lung Cancer Audit;
- National Neurosurgery Audit Programme; and
- British Society of Urogynaecology Audit Database.

2.4.5 The information published is available on the NHS Choices website

## **2.5 National Health Service Litigation Authority (NHS LA)**

2.5.1 During 2013-14 the NHS LA reviewed and revised their approach to risk management standards and assessment. The result has been to discontinue updating the standards and to cease undertaking assessments against these. In their place they are developing a Safety and Learning

Service to support the improvement of patient and staff safety and to reduce harm. As this service evolves, it is anticipated that priority areas for local clinical audit will be identified.

## 2.6 The Quality Account

2.6.1 The Quality Account requirements include mandated statements relating to participation in a pre-determined list of national audits (including NCAPOP-sponsored audits) and Clinical Outcome Review Programmes (CORP). There are also mandated statements relating to the review of national audit reports and subsequent actions taken to improve the quality of patient care.

## 3. CLINICAL AUDIT TEAM [QUALITY AND SAFETY UNIT]

3.1 The audit team comprises of 4 members of staff (3.33 whole time equivalents) as outlined in Table 1. This team provides advice and training to all staff undertaking clinical audits throughout the Trust and provides hands-on support for identified national and local priority projects. The team also supports NICE, NCEPOD and patient surveys for consultant revalidation.

**Table 1**

| <b>Position</b>             | <b>WTE</b>  |
|-----------------------------|-------------|
| Clinical Audit Manager      | 0.8         |
| Clinical Audit Facilitators | 1.53        |
| Clinical Audit Clerk        | 1           |
| <b>Total</b>                | <b>3.33</b> |

3.2 The audit team is committed to raising the profile of clinical audit within the Trust. During the coming year we will continue to improve on what we have achieved so far and to meet new challenges with energy and creativity. By working closely with clinicians and managers we will continue to promote the use of clinical audit as a useful tool in evidencing and improving the care provided to patients.

## 4. 2013-14 CLINICAL AUDIT TEAM ACTIVITY

4.1 The following presents the key developments and work streams for 2013-14:

4.2 The clinical audit team has undertaken a full review of the existing systems and processes in order to improve the provision of and participation in clinical audit across the Trust. The following clinical audit documentation has subsequently been developed and or revised. This is currently being circulated widely for comment, prior to its implementation during July/August 2014:

- Clinical Audit Policy;
- Clinical Audit Flowchart;
- Project Registration Form;
- Project Summary Form;
- Detailed Report Form for Priority Trustwide Projects;
- Quarterly Divisional Audit Dashboard; and
- Quarterly Divisional Audit Reports.

4.3 Continued refinement of electronic systems to support the collation and analysis of monthly submissions for Nursing and Midwifery Key Performance Indicators. The data highlights areas of identified risk relating to the delivery of patient care and is used to support service improvements.

- 4.4 Provision of monthly support for continuous priority audits – e.g. safety thermometer, hand hygiene, mortality, high impact interventions.
- 4.5 Provision of support for individual audit projects - e.g. audit methodology, case note retrieval, form design, data analysis, report writing and presentation materials.
- 4.6 The maintenance of an up-to-date clinical audit register continues to provide a comprehensive directory of all current audit activity within the organisation. SharePoint is the tool used to provide access for all staff.
- 4.7 The maintenance of an up-to-date NICE guidance register continues to enable each piece of guidance to be tracked to ensure successful implementation within specified timescales. It alerts the audit team to imminent compliance deadlines and to any specific areas of risk following assessment and declaration of compliance - e.g. risk assessment scores of 9 or more must be escalated to the Executive Assurance Group (EAG).
- 4.8 The current NCEPOD action logs are updated quarterly and made available to staff via SharePoint. Progress is tracked against the action logs until full implementation is achieved.
- 4.9 An up-to-date audit action plan register continues to be maintained. This ensures that agreed audit recommendations are actively monitored until fully implemented.
- 4.10 Quarterly reports of audit activity continue to be produced with positive feedback from clinicians and managers. The reports are split into 4 services: Medical Services, Surgical Services, Diagnostic and Therapy Services and Women's and Children's Services. Trust-wide, community and nursing projects are included in each of these reports to facilitate learning across the organisation. The reports enable audit projects to be tracked from 'planned' through to 'completed' and include the successful implementation of audit recommendations.
- 4.11 Scheduled clinical audit training sessions continue to be delivered to all staff on a quarterly basis. Bespoke training sessions can be arranged upon application. Informal audit advice and assistance is available upon request.
- 4.12 Integrated quality and safety dashboards continue to support service improvements.
- 4.13 Administration of patient surveys to support mandatory 5-yearly consultant revalidation, together with analysis and reporting.

## **5. OVERVIEW OF TRUST AUDIT ACTIVITY**

### **5.1 National Audit Background**

- 5.1.1 National clinical audit aims to engage all healthcare professionals across England and Wales in systematic evaluation of their clinical practice against standards and to support and encourage quality improvement. Trusts are encouraged to develop local recommendations and action plans from the findings.

### **5.2 Participation in National Audits during 2013-14**

- 5.2.1 During 2013-14, **37** national clinical audits covered NHS services that Airedale NHS Foundation Trust provides.

5.2.2 During this period Airedale NHS Foundation Trust participated in **86 per cent** (32/37) of eligible national clinical audits. Table 2 presents information relating to each audit.

**Table 2**  
**National Clinical Audits – Participation rates 2013-14**

| Ref. | Title   | Applicable to ANHSFT | ANHSFT participation | Per cent eligible patients submitted |
|------|---|----------------------|----------------------|--------------------------------------|
| 1    | Elective surgery – knee replacement (Patient Reported Outcome Measures [PROMs])   | ✓                    | ✓                    | 116.9                                |
| 2    | Elective surgery – varicose veins (Patient Reported Outcome Measures [PROMs])   | ✓                    | ✓                    | 112.4                                |
| 3    | Elective surgery – hip replacement (Patient Reported Outcome Measures [PROMs])  | ✓                    | ✓                    | 110                                  |
| 4    | Acute coronary syndrome or acute myocardial infarction (MINAP)  | ✓                    | ✓                    | 100                                  |
| 5    | Bowel cancer (NBOCAP)   | ✓                    | ✓                    | 100                                  |
| 6    | Cardiac rhythm management (CRM)   | ✓                    | ✓                    | 100                                  |
| 7    | Case mix programme (CMP) (care provided in intensive care)  | ✓                    | ✓                    | 100                                  |
| 8    | Emergency use of oxygen   | ✓                    | ✓                    | 100                                  |
| 9    | Epilepsy 12 audit (childhood epilepsy)  | ✓                    | ✓                    | 100                                  |
| 10   | Falls and fragility fractures audit programme (FFFAP) (now incorporates National Hip Fracture Database [NHFD])  | ✓                    | ✓                    | 100                                  |
| 11   | Lung cancer (NLCA)  | ✓                    | ✓                    | 100                                  |
| 12   | National diabetes inpatient audit (NADIA)   | ✓                    | ✓                    | 100                                  |
| 13   | National joint registry (NJR)   | ✓                    | ✓                    | 100                                  |
| 14   | Neonatal intensive and special care (NNAP)  | ✓                    | ✓                    | 100                                  |
| 15   | Oesophago-gastric cancer (NAOGC)  | ✓                    | ✓                    | 100                                  |
| 16   | Paediatric asthma   | ✓                    | ✓                    | 100                                  |
| 17   | Red cell use survey (National Comparative Audit)  | ✓                    | ✓                    | 100                                  |
| 18   | Sentinel stroke national audit programme (SSNAP)  | ✓                    | ✓                    | 100                                  |
| 19   | Use of anti D (National Comparative Audit)  | ✓                    | ✓                    | 100                                  |
| 20   | National heart failure audit  | ✓                    | ✓                    | 100                                  |
| 21   | Use of blood in adult medical patients – part 2 (National Comparative Audit)  | ✓                    | ✓                    | 100                                  |
| 22   | Elective surgery – hernia (Patient Reported Outcome Measures [PROMs])   | ✓                    | ✓                    | 97.8                                 |
| 23   | Diabetes (Paediatric) (NPDA)  | ✓                    | ✓                    | 90                                   |
| 24   | Severe trauma (TARN)  | ✓                    | ✓                    | 73.4                                 |
| 25   | Diabetes (Adult) (NDA)  | ✓                    | x                    | 0                                    |
| 26   | Moderate or severe asthma in children (care provided in emergency departments)  | ✓                    | ✓                    | Underway                             |
| 27   | National chronic obstructive pulmonary disease audit programme (COPD)   | ✓                    | ✓                    | Underway                             |
| 28   | National diabetes in pregnancy audit (NPID)   | ✓                    | ✓                    | Underway                             |
| 29   | National emergency laparotomy audit (NELA)  | ✓                    | ✓                    | Underway                             |
| 30   | Paracetamol overdose (care provided in emergency departments)   | ✓                    | ✓                    | Underway                             |
| 31   | Patient information and consent (National Comparative Audit)  | ✓                    | ✓                    | Underway                             |
| 32   | Rheumatoid and early inflammatory arthritis   | ✓                    | ✓                    | Underway                             |
| 33   | Severe sepsis and septic shock (care provided in emergency departments)   | ✓                    | ✓                    | Underway                             |
| 34   | Inflammatory bowel disease (IBD)  | ✓                    | *                    |                                      |
| 35   | National audit of seizures in hospitals (NASH)  | ✓                    | *                    |                                      |
| 36   | National cardiac arrest audit (NCAA)  | ✓                    | *                    |                                      |
| 37   | Paediatric bronchiectasis   | ✓                    | *                    |                                      |
| 38   | Adherence to British Society for Clinical Neurophysiology (BSCN) and Association of Neurophysiological Scientists (ANS) Standards for Ulnar Neuropathy at Elbow (UNE) testing | x                    | Not applicable       |                                      |



| Ref. | Title   | Applicable to ANHSFT | ANHSFT participation | Per cent eligible patients submitted |
|------|---|----------------------|----------------------|--------------------------------------|
| 39   | <i>Congenital heart disease(CHD) (Paediatric cardiac surgery)</i> | x                    |                      | <i>Not applicable</i>                |
| 40   | <i>Coronary angioplasty</i>                                       | x                    |                      | <i>Not applicable</i>                |
| 41   | <i>Head and neck oncology (DAHNO)</i>                             | x                    |                      | <i>Not applicable</i>                |
| 42   | <i>National adult cardiac surgery audit</i>                       | x                    |                      | <i>Not applicable</i>                |
| 43   | <i>National audit of schizophrenia (NAS)</i>                      | x                    |                      | <i>Not applicable</i>                |
| 44   | <i>National vascular registry</i>                                 | x                    |                      | <i>Not applicable</i>                |
| 45   | <i>Paediatric intensive care (PICANet)</i>                        | x                    |                      | <i>Not applicable</i>                |
| 46   | <i>Prescribing observatory for mental health (POMH)</i>           | x                    |                      | <i>Not applicable</i>                |
| 47   | <i>Pulmonary hypertension (specialist centres)</i>                | x                    |                      | <i>Not applicable</i>                |
| 48   | <i>Renal replacement therapy (renal registry)</i>                 | x                    |                      | <i>Not applicable</i>                |

Data source: Airedale NHS Foundation Trust Clinical Audit Department.

\* Not adopted by the Trust for 2013/14

#### Explanation for variation from 100 per cent submission rate:

- *Ref. 1, 2, 3, & 22.* There are known issues regarding participation rates for PROM data including: patients getting better, patients refusing surgery, cancelled operations (in these cases the pre-operative questionnaire may be counted but not mapped to an episode), coding issues, sub-contracting activity and the timing of questionnaires.
- *Ref. 24:* published data is based on the “anticipated” number of patients. This is not the final figure.
- *Ref. 25:* on-going data extraction difficulties (primary/secondary care interface) which the Trust is working to resolve for the next data submission.
- *Ref 23:* the current participation rate has been estimated by the lead clinician.

### 5.3 Participation in National Confidential Enquiries during 2013-14

5.3.1 During 2013-14, 5 national confidential enquiries covered NHS services that Airedale NHS Foundation Trust provides.

5.3.2 During this period Airedale NHS Foundation Trust participated in **100 per cent** (5/5) of eligible national confidential enquiries. Table 3 presents information relating to each confidential enquiry:

**Table 3**  
**National Confidential Enquiries – Participation rates 2013-14**

| Ref. | Title   | Applicable to ANHSFT | ANHSFT participation | Per cent eligible patients submitted |
|------|---|----------------------|----------------------|--------------------------------------|
| 1    | <i>Alcohol Related Liver Disease - NCEPOD report</i>  | ✓                    | ✓                    | 100                                  |
| 2    | <i>Lower Limb Amputation - NCEPOD report</i>  | ✓                    | ✓                    | 100                                  |
| 3    | <i>Maternal, Newborn and Infant Clinical Outcome Review Programme - MBRRACE-UK</i>  | ✓                    | ✓                    | 100                                  |
| 4    | <i>Subarachnoid Haemorrhage - NCEPOD report</i>   | ✓                    | ✓                    | 100                                  |
| 5    | <i>Tracheostomy Care - NCEPOD report</i>  | ✓                    | ✓                    | 100                                  |
| 6    | <i>Child Health Outcome Review programme - CHR-UK</i>   | ✓                    | **                   |                                      |
| 7    | <i>Mental health clinical outcome review programme: National Confidential Inquiry into Suicide and Homicide for people with Mental Illness - NCISH report</i> | x                    |                      | <i>Not Applicable</i>                |

\*\* Currently undergoing procurement; contract award due winter 2014.

Data source: Airedale NHS Foundation Trust Clinical Audit Department.

## 5.4 Learning from National Audit

- 5.4.1 The Trust remains committed to learning from national audit. Individual recommendations together with the implementation status are made available through the quarterly clinical audit activity reports. These are made available to the general managers, clinical directors, and clinical audit leads for operational scrutiny and update.
- 5.4.2 The following provides a sample of the learning points from the **21** national clinical audit reports that were received in 2013-14:

## 5.5 National Neonatal Audit Programme (NNAP)

- i. Monitoring of breast feeding on the Special Care Baby Unit; and,
- ii. Further staff training to encourage breast feeding.

## 5.6 Diabetes – Paediatric (NPDA)

- i. Aim for all newly diagnosed children to have their HbA1C (marker of average blood glucose levels) at less than 58mmol/mol by one year.
- ii. Increase the use of insulin pumps.
- iii. Continue clinical review meetings for all children with HbA1C greater than 90 mmol/mol.
- iv. Increase the usage of “Diasend” software to standardise reports and further engage with parents and families to support self-management.

## 5.7 Falls and Fragility Fractures Audit Programme (FFFAP) – includes the National Hip Fracture Database

Continue the delivery of high quality healthcare for patients with neck of femur fractures; this has been recognised at national level.

### ***Improving care and achieving Best Practice Tariff: Airedale NHS Foundation Trust***

*“In May of 2011 Airedale NHS Foundation Trust started an orthogeriatrics service. The specific aims of the service were to achieve Best Practice for patients with fracture neck of femurs based on the Blue Book indicators. The service started from a zero starting point, where no patients were submitted by Airedale NHS Foundation Trust to the National Hip Fracture Database. The overall aim is to provide optimal medical, surgical and anaesthetic care to patients who have been part of the service. The service is based on a small team, all located within the same site. This service has been implemented and grown considerably within the last 24 months, based on a strong multi-disciplinary team ethic and close working between Geriatrics, Orthopaedics, Anaesthetics and Emergency Department. The Nurse specialist has been key to coordinating the links between the specialities. The key to the success has been a neck of fracture trauma board and a neck of fracture spreadsheet being kept to highlight all the key indicators to be achieved. Other initiatives have included close collaboration with the Emergency Department to ensure femoral nerve blocks are done to reduce opiate anaesthesia, nursing care pathways assist in the management of the patient and a neck of femur patient and relative information booklet. This service has grown to achieve 70 per cent; Best Practice in the first year. The subsequent year 2012–13 has shown a further improvement in the service to 79%. The length of stay in hospital for these patients has fallen significantly. In recognition of these achievements, the service was shortlisted for a Healthcare Innovations award in 2012.”*

Source: National Hip Fracture Database National report 2013 p22.

## 5.8 National joint registry (NJR)

Maintain excellent outcomes and performance within the expected range for 90-day mortality and for revision rates for hips and knees.

## 5.9 Emergency use of Oxygen (BTS)

Analysis of local data and review of trends since 2010 has been received at the Medical Gas Group for action planning as follows:

- i. Oxygen prescription is to be pre-printed on drug charts.
- ii. Re-introduction of oxygen administration in nurse training.
- iii. Trial of adjuvants (pharmacological agents) to improve oxygen utilisation in ward areas.

## 5.10 Lung Cancer (NLCA)

From the results the next steps are to:

- i. Sustain improvement in delivery by the multi-disciplinary care team (MDT); and
- ii. Maintain the “*patient seen by a Clinical Nurse Specialist (CNS)*” and “*CNS present at diagnosis*” at green;
- iii. Including review of radiotherapy utilisation.

## 5.12 Local Audit Activity

5.12.1 Table 4 shows the clinical audit activity during 2013-14:

**Table 4**

|  | Active Projects 2013-14 | Abandoned Projects 2013-14 | Completed Projects 2013-14 | Still Ongoing 2014-15 |
|--|-------------------------|----------------------------|----------------------------|-----------------------|
| Once Only Projects<br>(including Annual) | 210                     | 28<br>(13%)                | 139<br>(66%)               | 43<br>(20%)           |
| Continuous Projects                      | 71                      | 8<br>(11%)                 | 28<br>(13%)                | 35<br>(49%)           |
| Total                                    | 281                     | 36                         | 157                        | 78                    |

5.12.2 Individual summary reports are submitted for each completed audit project, which include recommendations and action plans (available on SharePoint).

5.12.3 The Trust’s stream-lined 3-year audit programme commenced in 2013-14 with quality taking precedence over quantity. This is delivering a more solid foundation based on enhanced clinical engagement.

5.12.4 Divisional Service Groups now own their audit programmes. This ensures that audit activity is informed by service requirements and that local audits which have the greatest potential to improve local patient care are selected and monitored from commencement through to implementation of recommendations.

5.12.5 The reports of **157** local clinical audits were reviewed in 2013-14. Individual recommendations together with the implementation status are made available through the quarterly clinical audit activity reports.

5.12.6 The following provides a number of examples of clinical audits and their findings to share learning:

### 5.12.7 Audit ID 13/6054: Urinary Catheter Audit

*Aim:* To monitor compliance against urinary catheter guidelines.

*Conclusions:* The audit highlighted areas of good practice and identified where improvement could be made.

| <i>Actions:</i>   | <i>Outcome</i>     |
|---|--------------------|
| i. Prioritise training sessions                                 | Complete           |
| ii. Collaborate with supplier to improve packaging              | Complete           |
| iii. Undertake unannounced audits over the next 12 month period | Planned Q1 2014/15 |

### 5.12.8 Audit ID 13/6062: Comparison of Extended Interval Gentamicin with Multiple Daily Dosing

*Aim:* To determine whether the current method of pharmacokinetic dosing is better than the newly proposed method of extended interval dosing.

*Conclusions:* Based on the results of the audit, the extended daily dose regime is a safe and effective alternative to dosing patients with the pharmacokinetic method. The approach offers a clear way for prescribers to monitor and dose gentamicin, is more patient friendly with fewer blood tests and potentially allows a reduction in workload for nurses, doctors, pharmacists and laboratory staff. The new regime is a cost-effective alternative to pharmacokinetic management, promotes maximum efficacy and reduces the risk of toxicity.

| <i>Actions:</i>   | <i>Outcome</i> |
|---|----------------|
| i. Redesign the prescription form to better differentiate clinical details  | Complete       |
| ii. Monthly training of pharmacy staff                                      | Complete       |
| iii. Training programme for doctors, with particular focus on junior medics | In progress    |

### 5.12.9 Audit ID 6115: Rapid Access Transient Ischemic Attack (TIA) Clinic

*Aim:* To evaluate and improve compliance with TIA NICE Guidance

*Conclusions:* Review of the first two quarters of 2013/14 indicates that the Trust is out performing the contractual 60 per cent target for the review, investigation and treatment of high risk TIA referrals within 24 hours of the onset of symptoms. Where areas of shortfall were identified, instances were documented and divided into themes to target actions. (No data was collected on low risk referrals seen and treated within 7 days.)

| <i>Actions:</i>  | <i>Outcome</i> |
|--|----------------|
| i. All consultants to record clearly whether patient high or low risk at time of referral  | In progress    |
| ii. Collect data for low risk 7 day breaches   | Complete       |
| iii. Collaborate with Cardiorespiratory specialty (scanning of ward patients over weekend) | In progress    |

### 5.12.10 Audit ID 5053: Lymphoedema Service Patient Satisfaction Survey

*Aim:* To establish how effectively the service meets patients' needs.

*Conclusion:* The 12 patients surveyed were satisfied with the service they received. Statements made by the patients were mainly positive, including comments that the team was "excellent", "friendly", "helpful", and that patients felt supported and informed. However, patients reported confusion about the discharge process.

| <i>Actions:</i>   | <i>Outcome</i> |
|---|----------------|
| i. Establish a clear timeline for care and treatment                        | Complete       |
| ii. Enhance training programme to include communication and leadership      | Complete       |
| iii. Improve utilisation of SystemOne for recording of patient information, | Complete       |

generation of GP letters, prescription requests and associated tasks

#### 5.12.11 Audit ID 6016: Speech and Language Therapy Record Keeping Audit

*Aim:* To review the quality of Speech and Language Therapy team record keeping.

*Conclusion:* Whilst generally of a good standard, areas of record keeping which could be improved were identified.

| <i>Actions:</i>   | <i>Outcome</i> |
|---|----------------|
| i. Present clinical audit findings at governance meeting                            | Complete       |
| ii. Agree a list of acceptable abbreviations  | Ongoing        |
| iii. Develop a standard letter proforma for the paediatric team                     | Complete       |
| iv. Monitor record keeping in primary and secondary settings                        | Complete       |
| v. Re-audit record team with a revised audit tool reflective of implemented actions | Complete       |

#### 5.12.12 Audit ID 13/6027: Anaesthetic Information for Women with a High Body Mass Index (BMI) in Pregnancy

*Aim:* To evaluate the quality of information currently available to women and assess whether this can be improved upon.

*Conclusion:* For those women with a BMI over 40, the anaesthetic information is good. The audit highlighted that women with a BMI between 30 and 40 would only be seen by an anaesthetist if they presented in labour. To ensure that this group is aware of the risks for both mother and baby associated with a high BMI, a series of actions have been identified.

| <i>Actions:</i>  | <i>Outcome</i> |
|--|----------------|
| i. Devise an information leaflet with multi-disciplinary and lay input             | Complete       |
| ii. Implement a clear dissemination plan to include community midwives             | Complete       |
| iii. Re-audit within three months to appraise the effectiveness of the information | Ongoing        |

## 6. COMPLIANCE AGAINST NICE GUIDANCE

- 6.1 A robust process for the distribution of NICE guidance and subsequent monitoring of implementation remains in place.
- 6.2 Implementation status reports are completed and validated via the lead clinician and general service manager. Progress and exceptions are monitored via the NICE tracker. Assurance of implementation is via the Quality and Safety Operational Group (QSOG).
- 6.3 Table 5 presents an overview of the implementation of all NICE guidance at 31 March 2014 according to type. NICE guidance listed as 'partially compliant' undergoes a process of risk assessment and where 9 or above is escalated to the Executive Assurance Group (EAG) for review. NICE guidance noted as "under review" is within the implementation dates prescribed. It must be noted that 100% compliance with technology appraisals must be achieved within the specified timeframes to fulfil the CCG quality schedule and Monitor requirements.

- 6.4 At 31 March 2014 there are **868** pieces of NICE guidance which have been published and remain operational; of these **342 are relevant to the Trust** (this includes guidance currently under review).

**Table 5**

| Guidance Type                           | Published & currently operational | Applicable to ANHSFT | Total Fully Compliant | Total Partially Compliant | Total Non Compliant | Total Under Review |
|---|-----------------------------------|----------------------|-----------------------|---------------------------|---------------------|--------------------|
| Clinical Guidelines CGs                 | 150                               | 117                  | 65<br>(56%)           | 44<br>(38%)               | 1<br>(<1%)          | 7<br>(6%)          |
| Diagnostics Guidance DGs                | 11                                | 5                    | 2<br>(40%)            | 2<br>(40%)                | 0                   | 1<br>(20%)         |
| Interventional Procedures Guidance IPGs | 420                               | 32                   | 28<br>(87.5%)         | 0                         | 0                   | 4<br>(12.5%)       |
| Medical Technologies Guidance MTGs      | 17                                | 7                    | 4<br>(57%)            | 0                         | 2<br>(29%)          | 1<br>(14%)         |
| Public Health Guidance PHs              | 51                                | 29                   | 10<br>(34%)           | 2<br>(7%)                 | 1<br>(3%)           | 16<br>(55%)        |
| Technology Appraisal Guidance TAs       | 219                               | 152                  | 151<br>(99%)          | 0                         | 0                   | 1<br>(<1%)         |
| <b>Total</b>                            | <b>868</b>                        | <b>342</b>           | <b>260</b>            | <b>48</b>                 | <b>4</b>            | <b>30</b>          |

*(Figures do not include guidance which has been terminated, withdrawn or replaced).*

With the exception of Public Health Guidance, all guidance “under review” is within the specified review dates.

## 6.5 NICE Quality Standards

- 6.5.1 NICE quality standards are a concise set of statements designed to drive and measure priority quality improvements within a particular area of care.
- 6.5.2 A baseline assessment must be completed within 12 weeks of publication, by the individual guidance lead, for all quality standards as applicable to the services provided by the Trust. This will ascertain which elements of each quality standard are already in place and enable any gaps to be identified and addressed. Regular updates are provided until full compliance with each quality standard is achieved.
- 6.5.3 **Twenty eight** quality standards have been published between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014, bringing the total number of published quality standards to **57**. The current implementation status for each published quality standard is detailed in Table 6:
- 6.5.4 **Quality Standards Compliance key**  
Green = Fully Compliant, Amber = Partially Compliant, Red = Non-Compliant.

**Table 6**

| Ref | Title   | Issue Date | Number of Statements Applicable to ANHSFT | Number RED | Number AMBER | Number GREEN |
|-----|---|------------|---|------------|--------------|--------------|
| QS1 | <a href="#">Dementia quality standard (QS1)</a>       | Jun 2010   | 6   | 0          | 4            | 2            |
| QS2 | <a href="#">Stroke quality standard (QS2)</a>         | Jun 2010   | 10  | 1          | 4            | 5            |
| QS3 | <a href="#">VTE prevention quality standard (QS3)</a> | Jun 2010   | 7   | 0          | 0            | 7            |

| Ref  | Title  | Issue Date | Number of Statements Applicable to ANHSFT     | Number RED     | Number AMBER | Number GREEN |
|------|--|------------|---|----------------|--------------|--------------|
| QS4  | <a href="#">Specialist neonatal care quality standard (QS4)</a>  | Oct 2010   | 6   | 0              | 0            | 6            |
| QS5  | <a href="#">Chronic kidney disease quality standard (QS5)</a>  | Mar 2011   | Assurance provided through Bradford hospitals |                |              |              |
| QS6  | <a href="#">Diabetes in adults quality standard (QS6)</a>  | Mar 2011   | 13  | 2              | 7            | 4            |
| QS7  | <a href="#">Glaucoma quality standard (QS7)</a>  | Mar 2011   | 12  | 1              | 6            | 5            |
| QS8  | <a href="#">Depression in adults (QS8)</a>   | Mar 2011   | 0   | -              | -            | -            |
| QS9  | <a href="#">Chronic heart failure quality standard (QS9)</a>   | Jun 2011   | 13  | 2              | 8            | 3            |
| QS10 | <a href="#">Chronic obstructive pulmonary disease (COPD) quality standard (QS10)</a>                                   | Jul 2011   | 12  | 4              | 1            | 7            |
| QS11 | <a href="#">Alcohol dependence and harmful alcohol use quality standard (QS11)</a>                                     | Aug 2011   | 13  | 2              | 8            | 3            |
| QS12 | <a href="#">Breast cancer quality standard (QS12)</a>  | Sep 2011   | 13  | 0              | 1            | 12           |
| QS13 | <a href="#">End of life care for adults quality standard (QS13)</a>  | Nov 2011   | 16  | 1              | 13           | 2            |
| QS14 | <a href="#">Service user experience in adult mental health quality standard (QS14)</a>                                 | Dec 2011   | 0   | Not Applicable |              |              |
| QS15 | <a href="#">Patient experience in adult NHS services quality standard (QS15)</a>                                       | Feb 2012   | 14  | 0              | 1            | 13           |
| QS16 | <a href="#">Hip fracture for adults quality standard (QS16)</a>  | Mar 2012   | 12  | 0              | 2            | 10           |
| QS17 | <a href="#">Lung cancer for adults quality standard (QS17)</a>   | Mar 2012   | 15  | 0              | 0            | 15           |
| QS18 | <a href="#">Ovarian cancer quality standard (QS18)</a>   | May 2012   | 6   | 0              | 0            | 6            |
| QS19 | <a href="#">Bacterial meningitis and meningococcal septicemia in children and young people quality standard (QS19)</a> | Jun 2012   | 14  | 0              | 1            | 13           |
| QS20 | <a href="#">Colorectal cancer quality standard (QS20)</a>  | Aug 2012   | 8   | 0              | 0            | 8            |
| QS21 | <a href="#">Stable angina quality standard (QS21)</a>  | Aug 2012   | 5   | 0              | 0            | 5            |
| QS22 | <a href="#">Antenatal care (QS22)</a>  | Sept 2012  | 12  | 0              | 1            | 11           |
| QS23 | <a href="#">Drug use disorders (QS23)</a>  | Nov 2012   | 0   | Not Applicable |              |              |
| QS24 | <a href="#">Nutrition support in adults (QS24)</a>   | Nov 2012   | 5   | 2              | 2            | 1            |
| QS25 | <a href="#">Asthma (QS25)</a>  | Feb 2013   | 11  | 0              | 6            | 5            |
| QS26 | <a href="#">The epilepsies in adults (QS26)</a>  | Feb 2013   | 8   | 2              | 1            | 5            |
| QS27 | <a href="#">The epilepsies in children and young people (QS27)</a>   | Feb 2013   | 9   | 1              | 3            | 5            |
| QS28 | <a href="#">Hypertension (QS28)</a>  | Mar 2013   | 5   | 0              | 0            | 5            |
| QS29 | <a href="#">Diagnosis and management of venous thromboembolic diseases (QS29)</a>                                      | Mar 2013   | 6   | 0              | 1            | 5            |
| QS30 | <a href="#">Supporting people to live well with dementia (QS30)</a>  | Apr 2013   | 5   | 0              | 0            | 5            |
| QS31 | <a href="#">Health and wellbeing of looked-after children and young people (QS31)</a>                                  | Apr 2013   | 0   | Not Applicable |              |              |

| Ref  | Title   | Issue Date | Number of Statements Applicable to ANHSFT | Number RED     | Number AMBER | Number GREEN |
|------|---|------------|---|----------------|--------------|--------------|
| QS32 | <a href="#">Caesarean section (QS32)</a>  | Jun 2013   | 9   | 0              | 0            | 9            |
| QS33 | <a href="#">Rheumatoid arthritis (QS33)</a>   | Jun 2013   | 7   | 1              | 6            | 0            |
| QS34 | <a href="#">Self-harm (QS34)</a>  | Jun 2013   | 0   | Not Applicable |              |              |
| QS35 | <a href="#">Hypertension in pregnancy (QS35)</a>  | Jul 2013   | 7   | 0              | 0            | 7            |
| QS36 | <a href="#">Urinary tract infection in infants, children and young people under 16 (QS36)</a> | Jul 2013   | 4   | 0              | 0            | 4            |
| QS37 | <a href="#">Postnatal care (QS37)</a>   | Jul 2013   | 9   | 0              | 0            | 9            |
| QS38 | <a href="#">Acute upper gastrointestinal bleeding (QS38)</a>                                  | Jul 2013   | 10  | 0              | 5            | 5            |
| QS39 | <a href="#">Attention deficit hyperactivity disorder (QS39)</a>                               | Jul 2013   | 1   | 0              | 0            | 1            |
| QS40 | <a href="#">Psoriasis (QS40)</a>  | Aug 2013   | 0   | Not Applicable |              |              |
| QS41 | <a href="#">Familial hypercholesterolaemia (QS41)</a>   | Aug 2013   | 5   | 0              | 0            | 5            |
| QS42 | <a href="#">Headaches in young people and adults (QS42)</a>                                   | Aug 2013   | 4   | 0              | 0            | 4            |
| QS43 | <a href="#">Smoking cessation - supporting people to stop smoking (QS43)</a>                  | Aug 2013   | 5   | 1              | 4            | 0            |
| QS44 | <a href="#">Atopic eczema in children (QS44)</a>  | Sep 2013   | 6   | 1              | 3            | 2            |
| QS45 | <a href="#">Lower urinary tract symptoms (QS45)</a>   | Sep 2013   | 8   | 0              | 0            | 8            |
| QS46 | <a href="#">Multiple pregnancy (QS46)</a>   | Sep 2013   | 8   | 0              | 0            | 8            |
| QS47 | <a href="#">Heavy menstrual bleeding (QS47)</a>   | Sep 2013   | 6   | 0              | 0            | 6            |
| QS48 | <a href="#">Depression in children and young people (QS48)</a>                                | Sep 2013   | 4   | 0              | 0            | 4            |
| QS49 | <a href="#">Surgical site infection (QS49)</a>  | Oct 2013   | 7   | 0              | 0            | 7            |
| QS50 | <a href="#">Mental wellbeing of older people in care homes (QS50)</a>                         | Dec 2013   | 0   | Not Applicable |              |              |
| QS51 | <a href="#">Autism (QS51)</a>   | Jan 2014   | 7   | 1              | 1            | 5            |
| QS52 | <a href="#">Peripheral arterial disease (QS52)</a>  | Jan 2014   | 5   | 1              | 4            | 0            |
| QS53 | <a href="#">Anxiety disorders (QS53)</a>  | Feb 2014   | 0   | Not Applicable |              |              |
| QS54 | <a href="#">Faecal incontinence (QS54)</a>  | Feb 2014   | Under Review                              |                |              |              |
| QS55 | <a href="#">Children and young people with cancer (QS55)</a>                                  | Feb 2014   | 6   | 0              | 0            | 6            |
| QS56 | <a href="#">Metastatic spinal cord compression (QS56)</a>                                     | Feb 2014   | 7   | 0              | 1            | 6            |
| QS57 | <a href="#">Neonatal jaundice (QS57)</a>  | Mar 2014   | 3   | 0              | 0            | 3            |



7.5.5 Table 7 details the **31** quality standards which are due to be published during 2014-15:

**Table 7**

| <b>Quality Standard Title</b>  | <b>Anticipated publication date</b> |
|--|-------------------------------------|
| Sickle cell acute painful episode  | Apr 2014                            |
| Antisocial behaviour and conduct disorders in children and young people                                    | Apr 2014                            |
| Induction of labour  | Apr 2014                            |
| Infection prevention and control   | Apr 2014                            |
| Constipation in children and young people  | May 2014                            |
| Ectopic pregnancy and miscarriage  | Jul 2014                            |
| Delirium   | Jul 2014                            |
| Feverish illness in children   | Jul 2014                            |
| Hepatitis B  | Jul 2014                            |
| Intravenous fluid therapy in adults in hospital  | Aug 2014                            |
| Varicose veins in the legs   | Aug 2014                            |
| Inflammatory bowel disease   | Sep 2014                            |
| Nocturnal enuresis in children and young people  | Sep 2014                            |
| Acute coronary syndromes (including myocardial infarction)   | Sep 2014                            |
| Acute kidney injury  | Oct 2014                            |
| Fertility problems   | Oct 2014                            |
| Head injury  | Oct 2014                            |
| Transient loss of consciousness  | Oct 2014                            |
| Renal replacement therapy services   | Nov 2014                            |
| Alcohol: preventing harmful alcohol use in the community   | Dec 2014                            |
| Antibiotics for neonatal infection   | Dec 2014                            |
| Obesity - prevention and management in children  | Dec 2014                            |
| Idiopathic pulmonary fibrosis  | Jan 2015                            |
| Physical activity: encouraging activity in all people in contact with the NHS (staff, patients and carers) | Jan 2015                            |
| Sarcoma  | Jan 2015                            |
| Smoking - reducing tobacco use in the community  | Jan 2015                            |
| Urinary incontinence in women  | Jan 2015                            |
| Falls  | Feb 2015                            |
| Schizophrenia in adults  | Feb 2015                            |
| Managing medicines in care homes   | Mar 2015                            |
| Pressure ulcers  | TBC                                 |

## **7. NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH (NCEPOD)**

- 7.1 All Trusts are expected to participate in NCEPOD studies which are relevant to the services they provide.
- 7.2 Trusts are expected to review their performance against the recommendations contained within each published report's Self Assessment Checklist (SAC) and to make improvements accordingly.

The SAC clinical audit is for local use only to improve patient care, and the results of this audit are not reported back to NCEPOD.

7.3 The Trust's NCEPOD Ambassador works closely with the NCEPOD Local Reporter (Audit Manager) to ensure participation in every relevant study and to follow-up progress towards compliance against recommendations.

7.4 The Trust has responded to the following reports published during 2013-14:

- Subarachnoid Haemorrhage: Managing the Flow
- Alcohol Related Liver Disease: Measuring the Units

7.5 The Clinical Directors and General Managers ensure all actions are implemented and embedded within the clinical teams.

## **8. EDUCATION AND TRAINING**

8.1 The Clinical Audit Department continues to provide quarterly clinical audit training sessions for all staff undertaking audit projects. Bespoke training sessions are provided as requested.

8.2 Bespoke clinical audit training sessions were held as follows:

- All new junior medical staff (as part of regional "Making a difference" workshop)
- Physiotherapy – April 2013
- Orthotics – September 2013

8.3 Future bespoke clinical audit training sessions are planned as follows:

- Elderly Medicine – July 2014

8.4 Informal clinical audit advice is made available to any individual, speciality or departmental request.

8.5 The introduction to clinical audit booklet: [Clinical Audit in a Nutshell](#) is available on SharePoint, together with templates for clinical audit reports and clinical audit presentations.

## **9. PATIENT AND PUBLIC ENGAGEMENT AND EXPERIENCE (PPEE)**

9.1 The Trust is committed to involving patients/carers in the clinical audit process, usually through participation of identified individuals on Trust committees, project steering groups or patient forums.

9.2 In support of the Patient and Public Engagement and Experience agenda, the clinical audit department has developed a patient survey tool kit which is available via the PPEE Manager. This is currently being evaluated.

9.3 The audit manager is a member of the Patient and Public Engagement and Experience Operational Group (PPEE) to advise and facilitate shared learning.

## **10. QUALITY AND SAFETY OPERATIONAL GROUP (QSOG)**

10.1 The Trust-wide Quality and Safety Operational Group oversees the development and monitoring of Clinical audit, NICE guidance and NCEPOD work streams.

10.2 The QSOG will also reflect on ways in which clinical audit data can be used to stimulate quality improvement (e.g. redesign, education, incentives, regulation).

## **11. FORWARD PROGRAMME OF CLINICAL AUDIT PROJECTS**

11.1 The Trust's stream-lined 3-year *Forward Audit Programme for Clinical Audits* has been developed to ensure that quality takes precedence over quantity (Appendix 1).

The Programme is aligned to the organisation's strategic objectives (*Annual Plan and Assurance Framework*) and includes national audit, CQUINs, and local audits.

11.2 Divisional Service Groups have taken ownership of their audit programmes. This ensures that local audit activity is informed by service requirements and that audits which have the greatest potential to improve local patient care are selected and monitored from commencement through to implementation of recommendations. It is anticipated that further audits will be identified and added throughout the year.

## **12. CLINICAL AUDIT TEAM FORWARD PLAN 2014-15**

To build on the achievements to date, the following actions are planned for 2014-15:

- Re-launch of the clinical audit function during July/August 2014, including the new audit paperwork and the Trust requirement to complete locally-initiated clinical audits within 6 months.
- Continue to support and contribute to the quality of patient care and experience through effective clinical audits.
- Continue to maintain up-to-date registers for Clinical audit, NICE guidance, and NCEPOD.
- Continue to provide clinicians with the opportunity to access training and support for clinical audit projects.
- Continue to increase the number of projects where clinicians are able to undertake clinical audits with minimal support from the clinical audit team.
- Continue to monitor and review action plans and ensure re-audits are incorporated into audit programmes.
- Continue to ensure the Trust's audit activity provides evidence for external monitoring/accreditation requirements, notably with the Care Quality Commission and the Department of Health's Quality Accounts.
- Ensure that the Trust participates in all NCAPOP audits and NCEPOD studies which are relevant to the services provided by the Trust.
- Continue the provision of regular reports to assist Divisional Service Groups to performance-manage their audit programmes. This will ensure that priority projects are completed and that agreed recommendations lead to change.
- Continue to share lessons learned and good practice across the Trust via quarterly audit activity reports.
- Ensure that robust data collection processes remain in place for national audits, to include checking data for completeness and accuracy prior to submission.
- Ensure timely review of all national audit reports and that local action plans are developed to continue to improve patient services.

- Ensure that NICE baseline assessments are conducted within 12 weeks of publication of NICE Quality Standards.
- Ensure that NICE compliance forms are completed within specified time scales.
- Ensure timely review of all published NCEPOD reports, including the completion of Self Assessment Checklists, and ensure that remedial actions are taken where recommendations are not fully met.

Sue Marshall, Clinical Audit Manager  
Alison Fuller, Assistant Director of Healthcare Governance  
June 2014

**JUNE 2014 UPDATE**

**ANHSFT 2013-16 PRIORITY PROGRAMME OF CLINICAL AUDITS  
AND SERVICE EVALUATION AUDITS**

**n.b. The Audit Programme will remain flexible to allow priority audits to be identified and added throughout the year**

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# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

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| Priority Level Key: |  |
|---------------------|--|
| 1                   | External “Must Do”                     |
| 2                   | Internal “Must Do”                     |
| 3                   | Specialty/Clinical Department Priority |
| 4                   | Clinician Interest                     |

TBC = To be confirmed

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## TRUST-WIDE AUDITS

| Audit ID | Audit Title  | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead                 | Planned Start Date | June 2014 Update           |
|----------|--|----------------|------------------------------|----------------------------|--------------------|----------------------------|
| National | Dementia (Care in General Hospitals)   | 1              | Trust-wide                   | Elaine Andrews             | TBC                | Awaiting launch            |
| National | Cardiac Arrest Audit (NCCA)  |                | Trust-wide                   | -                          | -                  | Participation Under Review |
| 13/6037  | Hand Hygiene (Annual)  | 2              | Trust-wide                   | Allison Charlesworth       | Underway           | Underway                   |
| 13/6051  | MRSA Prevalence  | 2              | Trust-wide                   | Allison Charlesworth       | Underway           | Underway                   |
| 1727     | Medical Record Keeping – Key Performance Indicators  | 2              | Trust-wide                   | Dr J Baker                 | Underway           | Underway                   |
| 1648     | Provision of Single Sex Accommodation  | 2              | Trust-wide                   | Jane McSharry              | Underway           | Underway                   |
| 5038     | Audit of consent form 4's and assessment of capacity/best interest tool (MCABID)                               | 4              | Trust-wide                   | Linda Wilson               | TBC                | Underway                   |
| 14/6213  | Do Not Attempt CPR   | 2              | Trust-wide                   | M Anderton                 | Annual             | Underway                   |
| 13/6094  | Foam Mattress Audit (Annual)   | 2              | Trust-wide                   | Janine Ashton              | Jul 2013           | Completed                  |
| 14/6248  | Foam Mattress Audit (Annual)   | 2              | Trust-wide                   | Janine Ashton              | Jul 2014           | Underway                   |
| 13/6095  | Pressure Ulcer Audit (Annual)  | 2              | Trust-wide                   | Janine Ashton              | Oct 2013           | Completed                  |
|          | Last Year of Life - Dedicated Clinical Support Via Telemedicine (Health Foundation's Shared Purpose Programme) | 2              | Trust-wide                   | Mel Bagot                  | TBC                | TBC                        |
| 13/6050  | Hand Hygiene (Monthly)   | 2              | Trust-wide                   | Allison Charlesworth       | Continuous         | Continuous                 |
| 14/6252  | High Impact Interventions – Cannula & Catheter (bi-monthly)  | 2              | Trust-wide                   | Allison Charlesworth       | Continuous         | Continuous                 |
| 1782     | Nursing Record Keeping - Key Performance Indicators  | 2              | Trust-wide                   | D Fairley                  | Continuous         | Continuous                 |
| 3010     | Consultant Appraisal – Patient Surveys (Revalidation)  | 2              | Trust-wide                   | Dr H Hosker / Dr P DaCosta | Continuous         | Continuous                 |
| 783      | Mortality Casenote Review  | 2              | Trust-wide                   | Dr P Godwin                | Continuous         | Continuous                 |



## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

| Audit ID | Audit Title              | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead           | Planned Start Date | June 2014 Update |
|----------|--------------------------|----------------|------------------------------|----------------------|--------------------|------------------|
| 2097     | Failure to Rescue Audit  | 2              | Trust-wide                   | Rachel Binks         | Continuous         | Continuous       |
| 13/6052  | Sharps Equipment         | 2              | Trust-wide                   | Allison Charlesworth | Underway           | Completed        |
| 13/6053  | Side Room Audit          | 2              | Trust-wide                   | Allison Charlesworth | Underway           | Completed        |
| 5030     | E-Communication with GPs | 3              | Trust-wide                   | Anne-Marie Mortimer  | Underway           | Completed        |
| 2084     | Telemedicine Programme   | 2              | Trust-wide                   | Dr R Pope            | Underway           | Completed        |
| 4065     | Bed Frame Audit          | 2              | Trust-wide                   | Janine Ashton        | Underway           | Completed        |
| 13/6077  | Consent Audit (Annual)   | 2              | Trust-wide                   | Linda Wilson         | 2013/14            | Completed        |
|          | Consent Audit (Annual)   | 2              | Trust-wide                   | Linda Wilson         | 2014/15            | Planned          |

## COMMUNITY SERVICES

| Audit ID | Audit Title  | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead                          | Planned Start Date | June 2014 Update        |
|----------|--|----------------|------------------------------|-------------------------------------|--------------------|-------------------------|
| National | Intermediate Care  | 1              | Community Services           | Trudy Balderson                     | May 2013           | Declined to participate |
|          | Infection Control – Castleberg Hospital (Monthly)                  | 2              | Community Services           | Maureen Greenwood                   | Underway           | Underway                |
| 5025     | Pressure Ulcer Prevalence Audit in Craven Virtual Ward (Quarterly) | 1              | Community Services           | Steph Lawrence/<br>Michelle Barrand | Underway           | Underway                |
|          | Record Keeping Audit   | 2              | Community Services           | Team Leaders                        | TBC                | TBC                     |
|          | Specialist Neurology Rehabilitation Nursing Clinic Audit           | 3              | Community Services           | Carolyn Zeyrek                      | TBC                | Planned                 |

**MEDICAL SERVICES AUDITS**

**ACUTE MEDICINE**

| Audit ID | Audit Title                                    | Priority Level | Specialty/ Clinical Dept. | Audit Lead                 | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|----------------------------|--------------------|------------------|
| National | Case Mix Programme (ICNARC CMP)                | 1              | Acute Medicine            | Andy Farrar/<br>John Logue | Continuous         | Continuous       |
| 6005     | Quality Indicators for Medical Assessment Unit | 2              | Acute Medicine            | Dr J Droste                | Underway           | Underway         |
| 5005     | CTPA in Diagnosis of Pulmonary Embolism        | 3              | Acute Medicine            | Dr J Droste                | Underway           | Underway         |

**CANCER SERVICES**

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept. | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|-------------|--------------------|------------------|
| 1766     | Consent Forms   | 3              | Cancer Services           | P Hill      | Underway           | Completed        |
| 1762     | Patient Understanding and Compliance of Oral Capecitabine | 2              | Cancer Services           | A Hine      | Underway           | Completed        |
|          | Network Audit of Pathways Re-audit                        | 2              | Cancer Services           | C Parkinson | TBC                | TBC              |

**CARDIOLOGY**

| Audit ID | Audit Title                  | Priority Level | Specialty/ Clinical Dept. | Audit Lead    | Planned Start Date | June 2014 Status |
|----------|------------------------------|----------------|---------------------------|---------------|--------------------|------------------|
| National | Heart Failure Audit          | 1              | Cardiology                | Basel Hanbali | Continuous         | Continuous       |
| National | Myocardial Ischaemia (MINAP) | 1              | Cardiology                | Lynne Moore   | Continuous         | Continuous       |
| National | Cardiac Rhythm Management    | 1              | Cardiology                | Paul Cobbold  | Continuous         | Continuous       |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## DIABETES AND ENDOCRINOLOGY

| Audit ID | Audit Title                         | Priority Level | Specialty/ Clinical Dept. | Audit Lead                 | Planned Start Date                   | June 2014 Status                     |
|----------|-------------------------------------|----------------|---------------------------|----------------------------|--------------------------------------|--------------------------------------|
| National | Diabetes (Adult) - Pregnancy (NPID) | 1              | Diabetes/ endocrine       | Thet Koko                  | TBC                                  | Underway                             |
| National | Diabetes (Adult) Audit (NDA)        | 1              | Diabetes/ endocrine       | Andy Pettit                | Ongoing data extraction difficulties | Ongoing data extraction difficulties |
| National | Diabetes (Adult) – Foot care        | 1              | Diabetes/ endocrine       | Andy Pettit                | TBC                                  | Awaiting launch                      |
| National | National Diabetes Inpatient Audit   | 1              | Diabetes/ endocrine       | June Egerton               | Annual                               | Awaiting launch                      |
| 14/6262  | GH Audit                            | 3              | Diabetes/ endocrine       | J Egerton                  | 2014                                 | Underway                             |
| 13/6129  | DKA Audit                           | 3              | Diabetes/ endocrine       | Dr T Koko/<br>Dr R Kumar   | 2013                                 | Completed                            |
|          | Insulin Passport Audit              | 3              | Diabetes/ endocrine       | Dr A Pettit                | 2013                                 | Completed                            |
|          | New Referrals Audit                 | 3              | Diabetes/ endocrine       | Dr A Pettit                | 2014                                 | Planned 2014                         |
|          | Hypoglycaemia Audit                 | 3              | Diabetes/ endocrine       | Dr A Pettit                | 2015                                 | Planned 2015                         |
|          | Diabetes Potential Discharge Audit  | 3              | Diabetes/ endocrine       | Dr A Pettit/<br>Dr T Koko  | 2013                                 | Completed                            |
|          | Thyroid Audit                       | 3              | Diabetes/ endocrine       | Dr C Parker                | 2015                                 | Planned 2015                         |
|          | Hyperglycaemia and MI Audit         | 3              | Diabetes/ endocrine       | Dr T Koko                  | 2014                                 | Planned 2014                         |
|          | Diabetes Surgery Audit              | 3              | Diabetes/ endocrine       | Dr T Koko /<br>Dr A Pettit | 2013                                 | Deferred to 2014/15                  |
|          | Repeat DKA Audit                    | 3              | Diabetes/ endocrine       | Dr T Koko/<br>SpR          | 2015                                 | Planned 2015                         |
|          | Structured Education Audit          | 3              | Diabetes/                 | J Egerton                  | 2015                                 | Planned                              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

| Audit ID | Audit Title             | Priority Level | Specialty/ Clinical Dept. | Audit Lead    | Planned Start Date | June 2014 Status |
|----------|-------------------------|----------------|---------------------------|---------------|--------------------|------------------|
|          |                         |                | endocrine                 |               |                    | 2015             |
|          | Inpatient Audit         | 3              | Diabetes/ endocrine       | J Egerton     | 2015               | Planned 2015     |
|          | Nurse Clinics           | 3              | Diabetes/ endocrine       | J Sunderland  | 2014               | Planned 2014     |
|          | Amputation Audit/Review | 3              | Diabetes /endocrine       | A. Pettit/SpR | 2014               | Completed        |
|          | Transitional Care Audit | 3              | Diabetes/ endocrine       | Geri Lennon   | 2013               | TBC              |
|          | DM PEG Audit            | 3              | Diabetes /endocrine       | TBC           | 2015               | Planned 2015     |

## ELDERLY MEDICINE

| Audit ID | Audit Title                       | Priority Level | Specialty/ Clinical Dept. | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|-----------------------------------|----------------|---------------------------|-------------|--------------------|------------------|
| National | Parkinson's Disease               | 2              | Elderly Medicine          | Paul Milnes | TBC                | Awaiting launch  |
|          | Parkinson's Disease Service Audit | 3              | Elderly Medicine          | Dr P Milnes | TBC                | TBC              |

## EMERGENCY MEDICINE

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead   | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|--------------|--------------------|------------------|
| National | Severe Trauma Audit (Trauma Audit & Research Network)                          | 1              | Emergency Services        | Alex Danecki | Continuous         | Continuous       |
| National | Severe Sepsis and Septic Shock (Care Provided in emergency departments)        | 1              | Emergency Services        | Dr D Hewitt  | TBC                | Completed        |
| National | Paracetamol Overdose (Care Provided in Emergency Departments)                  | 1              | Emergency Services        | Dr D Hewitt  | TBC                | Completed        |
| National | Moderate or Severe Asthma in Children (Care Provided in Emergency Departments) | 1              | Emergency Services        | Dr D Hewitt  | TBC                | Completed        |

## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|          |   |   |                    |                |     |                 |
|----------|---|---|--------------------|----------------|-----|-----------------|
| National | Mental Health (Care Provided in Emergency Departments)  | 2 | Emergency Services | Dominic Hewitt | TBC | Awaiting launch |
| National | Older People (Care Provided in Emergency Departments)   | 2 | Emergency Services | Dominic Hewitt | TBC | Awaiting launch |
| National | Fitting Child (Care Provision in Emergency Departments) | 2 | Emergency Services | Richard Keeble | TBC | Awaiting launch |
|          | NICE Clinical Guideline Compliance                      | 3 | Emergency Medicine | Dr D Hewitt    | TBC | TBC             |
|          | Child Safeguarding                                      | 3 | Emergency Medicine | Dr R Keeble    | TBC | TBC             |

### GASTROENTEROLOGY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept.            | Audit Lead                   | Planned Start Date | June 2014 Status |
|----------|--|----------------|--------------------------------------|------------------------------|--------------------|------------------|
| National | Inflammatory Bowel Disease Audit                   | 1              | Gastroenterology                     | Chris Healey/<br>J McConnell | Continuous         | Underway         |
| National | Oesophago-Gastric Cancer                           | 1              | Gastroenterology                     | David Clements               | Continuous         | Continuous       |
|          | ERCP Audit   | 2              | Gastroenterology                     | D Clements                   | TBC                | TBC              |
| 5072     | PEG Audit  | 2              | Gastroenterology                     | R Shenderay                  | 2013               | Completed        |
| 13/6193  | BSG Audit Programme                                | 3              | Gastroenterology                     | R Shenderay                  | 2013               | Completed        |
|          | Autoimmune Hepatitis Audit (Dr Gleeson, Sheffield) | 4              | Gastroenterology                     | R Shenderay<br>/C Healey     | 2014               | Planned 2014     |
| 14/6193  | JAG/GRS Audit Programme*                           | 1              | Gastroenterology/<br>General Surgery | C Newman                     | 2013               | Underway         |

### NEUROLOGY

| Audit ID | Audit Title                  | Priority Level | Specialty/ Clinical Dept. | Audit Lead | Planned Start Date | June 2014 Status           |
|----------|------------------------------|----------------|---------------------------|------------|--------------------|----------------------------|
| National | Seizures in Hospitals (NASH) | 3              | Neurology                 | Marek Kunc | TBC                | Participation Under Review |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## ONCOLOGY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|------------|--------------------|------------------|
| 6009     | Door to Needle Time for Antibiotics <i>Joint Bradford/Airedale</i> | 3              | Oncology                  | Sue Scott  | Underway           | Underway         |
| 3054     | 30 Day Mortality <i>Joint Bradford/Airedale</i>                    | 3              | Oncology                  | TBC        | Underway           | Underway         |
| 1924     | Medical Oncology Acute Admissions                                  | 2              | Oncology                  | Dr A Conn  | Underway           | Completed        |
| 1766     | Consent <i>Joint Bradford/Airedale</i>                             | 3              | Oncology                  | TBC        | Underway           | Completed        |
|          | ?MRI spine <i>Joint Bradford/Airedale</i>                          | 3              | Oncology                  | TBC        | TBC                | TBC              |
|          | Documentation from Day Unit <i>Joint Bradford/Airedale</i>         | 3              | Oncology                  | TBC        | TBC                | TBC              |

## ONCOLOGY/HAEMATOLOGY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|------------|--------------------|------------------|
| 6009     | 1 Hour Door to Needle Antibiotics                        | 2              | Oncology/ Haematology     | M Armitage | Underway           | Underway         |
| 4091     | Audit of First Six Months of MSCC Coordinator Role       | 2              | Oncology/ Haematology     | M Armitage | Underway           | Completed        |
| 4085     | Performance Status of Patients Referred for Chemotherapy | 2              | Oncology/ Haematology     | M Armitage | Underway           | Completed        |
|          | Clinical Trials in Haematology/Oncology Reaudit          | 3              | Oncology/ Haematology     | A Shaw     | TBC                | TBC              |

## PALLIATIVE CARE

| Audit ID | Audit Title                                      | Priority Level | Specialty/ Clinical Dept. | Audit Lead        | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|-------------------|--------------------|------------------|
| National | National Care of the Dying Audit                 | 1              | Palliative Care           | Helen Livingstone | TBC                | Completed        |
|          | Staff Satisfaction with the Palliative Care Team | 3              | Palliative Care           | TBC               | TBC                | TBC              |
|          | Syringe Driver Audit                             | 3              | Palliative Care           | TBC               | TBC                | TBC              |
|          | Last Year of Life Audit                          | 3              | Palliative Care           | TBC               | TBC                | TBC              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|  |   |   |                 |     |     |     |
|--|---|---|-----------------|-----|-----|-----|
|  | Clinical Effectiveness of the Specialist Palliative Care Team | 3 | Palliative Care | TBC | TBC | TBC |
|--|---|---|-----------------|-----|-----|-----|

## RESPIRATORY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead                  | Planned Start Date | June 2014 Status        |
|----------|--|----------------|---------------------------|-----------------------------|--------------------|-------------------------|
| National | National Lung Cancer Audit (NLCA)                            | 1              | Respiratory Medicine      | Justin Tuggey               | Continuous         | Continuous              |
| National | BTS Emergency Oxygen   | 2              | Respiratory Medicine      | Justin Tuggey               | TBC                | Completed               |
| National | Chronic Obstructive Pulmonary Disease (COPD) Audit Programme | 1              | Respiratory Medicine      | Muhammad Raashed            | TBC                | Completed               |
| National | Pleural Procedures   | 2              | Respiratory Medicine      | Claire Lawless              | TBC                | Awaiting launch         |
| National | Adult Community Acquired Pneumonia                           | 2              | Respiratory Medicine      | Harold Hosker               | TBC                | Awaiting launch         |
| National | Non Invasive Ventilation                                     | 2              | Respiratory Medicine      | Justin Tuggey               | TBC                | Awaiting launch         |
| National | BTS CAP audit  | 1              | Respiratory Medicine      | Muhammad Raashed            | TBC                | Awaiting launch         |
| National | Adult Bronchiectasis   | N/A            | Respiratory Medicine      | N/A                         | N/A                | Declined to Participate |
|          | Annual audit of NICE compliance - Omalizumab                 | 1              | Respiratory Medicine      | Dr H Hosker / Lynn Greatley | TBC                | TBC                     |

## RHEUMATOLOGY

| Audit ID | Audit Title                                 | Priority Level | Specialty/ Clinical Dept. | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|-------------|--------------------|------------------|
| National | Rheumatoid and Early Inflammatory Arthritis | 2              | Rheumatology              | Hanu Reddy  | TBC                | Underway         |
| National | National BSR Gout Audit                     | 1              | Rheumatology              | Hanu Reddy  | May 2013           | Underway         |
| 5039     | Rheumatology Advice Line Survey             | 3              | Rheumatology              | Dr H Reddy  | Underway           | Completed        |
| 14/6231  | Denusumab in Osteoporosis                   | 2              | Rheumatology              | Dr S Sultan | TBC                | Underway         |

## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|         |   |   |              |             |          |              |
|---------|---|---|--------------|-------------|----------|--------------|
| 13/6083 | Biologic Treatment in Rheumatoid Arthritis                  | 2 | Rheumatology | Dr H Reddy  | Underway | Underway     |
|         | Management of Patients with Early Inflammatory Arthritis/RA | 3 | Rheumatology | Dr H Reddy  | 2014     | Planned 2014 |
|         | SystmOne DMARD Monitoring                                   | 3 | Rheumatology | Dr H Reddy  | 2014     | Planned 2014 |
|         | Biologic Treatment in AS                                    | 2 | Rheumatology | Dr H Reddy  | TBC      | TBC          |
|         | Biologic Treatment in PsA                                   | 2 | Rheumatology | Dr H Reddy  | TBC      | TBC          |
|         | Management of Osteoporosis                                  | 3 | Rheumatology | Dr S Sultan | TBC      | TBC          |
|         | CNS Prescription Audit                                      | 2 | Rheumatology | L Sigsworth | TBC      | TBC          |

### STROKE

| Audit ID | Audit Title                                      | Priority Level | Specialty/ Clinical Dept. | Audit Lead                    | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|-------------------------------|--------------------|------------------|
| National | Sentinel Stroke National Audit Programme (SSNAP) | 1              | Stroke Medicine           | Sam Mawer/<br>Pam<br>Beaumont | Continuous         | Continuous       |



# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## SURGICAL SERVICES

### ANAESTHETICS

| Audit ID | Audit Title                         | Priority Level | Specialty/ Clinical Dept. | Audit Lead                     | Planned Start Date | June 2014 Status |
|----------|-------------------------------------|----------------|---------------------------|--------------------------------|--------------------|------------------|
| National | National Emergency Laparotomy Audit | 1              | Surgical Services         | Chris Newman/<br>Chantal Busby | Jul 2013           | Underway         |

### GENERAL SURGERY

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept. | Audit Lead                     | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|--------------------------------|--------------------|------------------|
| National | National Emergency Laparotomy Audit                                     | 1              | Surgical Services         | Chris Newman/<br>Chantal Busby | Jul 2013           | Underway         |
| National | National Prostate Cancer Audit  | 1              | General Surgery           | Philip Koenig                  | TBC                | Underway         |
| National | Severe Trauma Audit (Trauma Audit & Research Network)                   | 1              | General Surgery           | Alex Danecki                   | Continuous         | Continuous       |
| National | National NBOCAP Bowel Cancer  | 1              | General Surgery           | Basit Khan                     | Continuous         | Continuous       |
| National | Elective Surgery - Hernia and Varicose Veins (National PROMs Programme) | 1              | General Surgery           | Linda Beckett                  | Continuous         | Continuous       |
| National | Ophthalmology – new topic under development                             | 3              | General Surgery           | TBC                            | TBC                | Awaiting launch  |
| 14/6258  | Surgical Site Infection NICE Quality Standard                           | 2              | General Surgery           | TBC                            | Jan 2014           | Underway         |
|          | Faecal Incontinence   | 2              | General Surgery           | TBC                            | May 2014           | TBC              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## GENERAL SURGERY - NURSING

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead        | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|-------------------|--------------------|------------------|
| 2011     | Enhanced Recovery Programme Primary Hip and Knee Replacement | 3              | Surgical Nursing          | Denise Todd       | Underway           | Completed        |
| 14/6208  | Non-Medical Prescribing                                      | 3              | Surgical Nursing          | Karen Al-Muhandis | TBC                | Completed        |
| 13/6133  | PCA and Epidural   | 3              | Surgical Nursing          | Karen Al-Muhandis | TBC                | Completed        |
|          | Stoma Reversals  | 3              | Surgical Nursing          | Lyn Shaw          | TBC                | TBC              |

## ORTHOPAEDICS

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead     | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|----------------|--------------------|------------------|
| National | National Joint Registry  | 1              | Orthopaedics              | Alex Acornley  | Continuous         | Continuous       |
| National | National Falls and Fragility Fractures Audit Programme (includes National Hip Fracture Database)   | 1              | Orthopaedics              | Gethin Thomas  | Continuous         | Continuous       |
| National | Elective Surgery – hips and knees (National PROMs Programme)   | 1              | Orthopaedics              | Linda Beckett  | Continuous         | Continuous       |
| 5010     | Rates of Blood Transfusion following a Hemi-Arthroplasty for Fractured Neck of Femur Patients When Tranexamic Acid is Given Pre-Operativeley | 3              | Orthopaedics              | Dr L Shaw      | Underway           | Completed        |
| 2038     | X-Stop Satisfactory Survey   | 3              | Orthopaedics              | Mr S Ravindran | Underway           | Completed        |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## THEATRES

| Audit ID | Audit Title         | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|---------------------|----------------|------------------------------|-------------|--------------------|------------------|
|          | WHO Checklist Audit | 3              | Theatres                     | R Wilkinson | TBC                | TBC              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## DIAGNOSTIC AND THERAPY SERVICES

### PATHOLOGY – BLOOD TRANSFUSION

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept.     | Audit Lead                           | Planned Start Date | June 2014 Status |
|----------|--|----------------|-------------------------------|--------------------------------------|--------------------|------------------|
| National | Comparative Audit of Blood Transfusion Programme                             | 2              | Pathology – Blood Transfusion | Julie Guilfoyle                      | TBC                | Awaiting launch  |
| National | Red Cell Use Survey (National Comparative Audit)                             | 2              | Pathology – Blood Transfusion | Julie Guilfoyle                      | TBC                | Completed        |
| National | Use of Blood in Adult Medical Patients – Part 2 (National Comparative Audit) | 2              | Pathology – Blood Transfusion | Julie Guilfoyle                      | TBC                | Completed        |
| National | Patient Information and Consent (National Comparative Audit)                 | 2              | Pathology – Blood Transfusion | Julie Guilfoyle                      | TBC                | Underway         |
| National | National Use of Anti-D Audit*  | 1              | Pathology – Blood Transfusion | Julie Guilfoyle/<br>Colin Shackleton | Jun 2013           | Completed        |
|          | Traceability for Blood Transfusion   | 1              | Pathology – Blood Transfusion | Julie Guilfoyle/<br>Colin Shackleton | Jun 2016           | Planned 2016     |

### PATHOLOGY – CLINICAL CHEMISTRY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept.      | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|--|----------------|--------------------------------|-------------|--------------------|------------------|
|          | Acute Kidney Injury Audit (effect of changes to creatinine reporting on outcomes for inpatients) | 1              | Pathology – Clinical Chemistry | Colin Evans | Jun 2013           | TBC              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## PATHOLOGY – HAEMATOLOGY

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept. | Audit Lead                | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|---------------------------|--------------------|------------------|
|          | NICE Technology Appraisal Audits (multiple)   | 1              | Pathology – Haematology   | Dr A Cuthbert             | 2013/2014          | TBC              |
|          | Compliance with BCSH Guidelines for the Investigation of Newly Detected M-Proteins and the Management of MGUS   | 1              | Pathology - Haematology   | Dr A Cuthbert             | Jun 2014           | Planned 2014     |
|          | Primary Immune Thrombocytopenia in Adults Audit   | 3              | Pathology - Haematology   | Dr A Cuthbert             | Jun 2014           | Planned 2014     |
|          | National BSH Bone Marrow Audit (Annual)   | 1              | Pathology – Haematology   | Dr A Cuthbert             | Dec 2014           | Planned 2014     |
|          | BSH National Bone Marrow Audit (Annual)   | 1              | Pathology – Haematology   | Dr A Cuthbert             | Dec 2015           | Planned 2015     |
|          | Haematology Mortality Audit Data  | 3              | Pathology – Haematology   | Dr C Patalappa            | Jun 2013           | TBC              |
|          | Compliance with BCSH Guidelines for the Investigation and Management of Adults Presenting with a Thrombocytosis | 1              | Pathology - Haematology   | Dr C Patalappa            | Jun 2014           | Planned 2014     |
|          | Compliance with BCSH Guideline for the Use of Bisphosphonate Therapy in Patients with Myeloma                   | 1              | Pathology - Haematology   | Dr C Patalappa            | Jun 2014           | Planned 2014     |
|          | Thrombophilia Requesting Audit  | 3              | Pathology – Haematology   | Dr C Patalappa/ J Burnett | Jun 2013           | TBC              |
|          | Urological Cancer Reporting Audit   | 2              | Pathology - Haematology   | TBC                       | Sept 2014          | Planned 2014     |

## PATHOLOGY – HISTOPATHOLOGY

| Audit ID | Audit Title                 | Priority Level | Specialty/ Clinical Dept.  | Audit Lead   | Planned Start Date | June 2014 Status |
|----------|-----------------------------|----------------|----------------------------|--------------|--------------------|------------------|
| 13/6101  | Skin Cancer Reporting Audit | 2              | Pathology - Histopathology | Dr P DaCosta | Oct 2013           | Underway         |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|         |   |   |                            |              |           |              |
|---------|---|---|----------------------------|--------------|-----------|--------------|
| 13/6029 | Cervical Biopsy Reporting Audit (correlation of biopsy findings with HPV positive cytology) | 1 | Pathology - Histopathology | Dr D Maloney | Apr 2013  | Completed    |
|         | Breast Cancer Reporting Audit   | 1 | Pathology - Histopathology | Dr J O'Dowd  | Apr 2014  | TBC          |
|         | Hormone Receptor Negative Breast Cancers Audit  | 2 | Pathology - Histopathology | Dr J O'Dowd  | Jul 2014  | Planned 2014 |
| 13/6100 | BCSP Pathology Audit  | 1 | Pathology - Histopathology | Dr P DaCosta | Jul 2013  | Completed    |
|         | Colorectal Cancer Reporting Audit   | 1 | Pathology - Histopathology | Dr P DaCosta | Apr 2015  | Planned 2015 |
|         | RCPATH KPIs for Histopathology  | 3 | Pathology - Histopathology | S Flitcroft  | Oct 2014  | Planned 2014 |
|         | Upper GI Cancer Reporting Audit   | 2 | Pathology - Histopathology | TBC          | Sept 2015 | Planned 2015 |
|         | Lung Cancer Reporting Audit   | 2 | Pathology - Histopathology | TBC          | Nov 2015  | Planned 2015 |

## PATHOLOGY – MICROBIOLOGY

| Audit ID | Audit Title  | Priority Level | Specialty/ Clinical Dept. | Audit Lead  | Planned Start Date | June 2014 Status |
|----------|--|----------------|---------------------------|-------------|--------------------|------------------|
|          | Time of First Dose Audit (positive blood cultures) | 2              | Pathology – Microbiology  | Dr P Godwin | Jan 2013           | TBC              |
| 13/6164  | PID Information on MRSA Screening Swabs Audit      | 2              | Pathology – Microbiology  | Suz Donald  | Jun 2013           | Completed        |
|          | Quality of PID on Hospital ICE Requests Audit      | 2              | Pathology – Microbiology  | Suz Donald  | Jun 2013           | TBC              |

## PHARMACY

| Audit ID | Audit Title                       | Priority Level | Specialty/ Clinical Dept. | Audit Lead                  | Planned Start Date | June 2014 Status |
|----------|-----------------------------------|----------------|---------------------------|-----------------------------|--------------------|------------------|
| 14/6220  | Quarterly Controlled Drugs Audits | 2              | Pharmacy                  | Valerie Hepworth/<br>Elaine | Quarter 1          | Completed        |

## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|         |                                 |   |          |                                     |                |           |
|---------|---------------------------------|---|----------|-------------------------------------|----------------|-----------|
|         |                                 |   |          | Andrews                             |                |           |
| 14/6181 | Annual Controlled Drugs Audit   | 2 | Pharmacy | Valerie Hepworth/<br>Elaine Andrews | Quarter 4      | Completed |
| 13/6096 | Safe Custody of Medicines Audit | 2 | Pharmacy | Kay Fielding                        | Quarter 2      | Completed |
| 14/6263 | Clinical Trial Audits           | 3 | Pharmacy | Carl Booth                          | Quarter 1 2014 | Underway  |

### RADIOLOGY

| Audit ID | Audit Title  | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead           | Planned Start Date | June 2014 Status |
|----------|--|----------------|------------------------------|----------------------|--------------------|------------------|
| 5099     | Audit of DVTs - Are Repeats Appropriate  | 3              | Radiology - USS              | S Till               | 2012 /2013         | Underway         |
| 5009     | Action in CT Scanning Before Request Can Be Justified                                | 3              | Radiology - CT               | B Foster             | Underway           | Underway         |
| 4011     | Stoke and Time from Hospital Arrival to CT   | 3              | Radiology - CT               | B Foster             | Underway           | Completed        |
| 3067     | Contrast Volume Reduction for CTPA Studies   | 3              | Radiology - CT               | B Foster             | Underway           | Underway         |
| 3061     | IRMER local Inspection   | 2              | Radiology                    | Medical Physics      | Underway           | Underway         |
| 3059     | IRR local Inspection   | 2              | Radiology                    | Medical Physics      | Underway           | Underway         |
| 1974     | Thyroid Service Audit  | 3              | Radiology                    | K.Lindsay            | Underway           | Completed        |
| 1756     | Skeletal Surveys for Non-Accidental Injury   | 3              | Radiology                    | F.Barley             | Underway           | Completed        |
| 1570     | Shoulder Ultrasound Re-audit   | 3              | Radiology                    | G.Porter             | Underway           | Underway         |
| 13/6044  | CT Guided Lung Biopsy Accuracy and Complication Rate compared to BTS Standards Audit | 3              | Radiology                    | C.Orgles             | 2013/14            | Completed        |
|          | Radiology Commenting Audit   | 3              | Radiology – plain film       | A Awan / M Hampshire | 2013 / 2014        | TBC              |
|          | Reaudit of TRUS Biopsies   | 3              | Radiology                    | A.Zoltowski          | 2014/15            | Planned 2014/15  |
|          | Audit of Incidental Colonic Lesions on CT IVU  | 3              | Radiology                    | A.Zoltowski          | 2015/16            | Planned 2015/16  |
|          | RIS audits (Weekly)  | 2              | Radiology - Pacs             | AM Mortimer          | TBC                | TBC              |
|          | Capacity and Demand for Acute Work in CT   | 3              | Radiology - CT               | B Foster             | 2013/2014          | TBC              |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|  |   |   |                                   |                    |           |                  |
|--|---|---|-----------------------------------|--------------------|-----------|------------------|
|  | Weekend CT Demand   | 3 | Radiology - CT                    | B Foster           | 2013/2014 | TBC              |
|  | Department CXR Lung Cancer Reporting Accuracy and Referral Rates Compared to National Standards Audit | 3 | Radiology                         | C.Orgles           | 2014/15   | Planned 2014/15  |
|  | CT Guided Lung Biopsy Accuracy and Complication Rate Compared to BTS Standards Audit                  | 3 | Radiology                         | C.Orgles           | 2015/16   | Planned 2015/16  |
|  | Request Card Audit - IRMER  | 2 | Radiology                         | Departmental Heads | Dec 2013  | TBC              |
|  | Request Card Audit - IRMER  | 2 | Radiology                         | Departmental Heads | Dec 2015  | Planned 2015     |
|  | Patient Satisfaction Survey   | 2 | Radiology                         | Departmental Heads | Oct 2015  | Planned 2015     |
|  | Audit of Screening Doses for Hysterosalpingography  | 3 | Radiology                         | F.Barley           | 2013/14   | Deferred 2014/15 |
|  | Audit of Endometrial Cancer Staging   | 3 | Radiology                         | F.Barley           | 2014/15   | Planned 2014/15  |
|  | Audit of Skull Radiography in Paediatric Head Injury  | 3 | Radiology                         | F.Barley           | 2015/16   | Planned 2015/16  |
|  | Audit of Efficiency of Salivary Gland Botox Injections  | 3 | Radiology                         | G Porter           | 2013 /14  | Deferred 2014/15 |
|  | Diagnostic Yield of CT Guided Biopsies  | 3 | Radiology                         | G Raghunathan      | 2013/14   | TBC              |
|  | Adequacy of Patient Consent for Interventional Radiological Procedures                                | 3 | Radiology                         | G Raghunathan      | 2014/15   | Planned 2014/15  |
|  | Advance in Practice Audits  | 2 | Radiology Reporting Radiographers | Jane Lang          | 2013      | TBC              |
|  | Advance in Practice Audits  | 2 | Radiology Reporting Radiographers | Jane Lang          | 2014      | Planned 2014/15  |
|  | Advance in Practice Audits  | 2 | Radiology Reporting Radiographers | Jane Lang          | 2015      | Planned 2015/16  |
|  | Angioplasty Audit   | 3 | Radiology/                        | K.Lindsay          | 2014/15   | Planned          |



# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|         |  |   |                           |                    |            |                    |
|---------|--|---|---------------------------|--------------------|------------|--------------------|
|         |  |   | Vascular Surgery          | K.Molloy           |            | 2014/15            |
|         | Nephrostomy Audit  | 3 | Radiology                 | K.Lindsay          | 2015/16    | Planned<br>2015/16 |
|         | Fetal Anomaly Screening Standards (FASP)<br>National abnormality Audit.          | 1 | Radiology US              | Kate Smith         | Annual     | Planned<br>2014/15 |
| 13/6137 | Radiological Investigation of Renal Colic<br>Following the Introduction of CTKUB | 3 | Radiology                 | M.White            | 2013/14    | Completed          |
|         | CT Colonography Patient Satisfaction Survey                                      | 3 | Radiology                 | M.White            | 2014/15    | Planned<br>2014/15 |
|         | Audit of CT Colonography Practice  | 3 | Radiology                 | M.White            | 2015/16    | Planned<br>2015/16 |
|         | IRR local Inspection   | 2 | Radiology                 | Medical<br>Physics | 2015       | Planned<br>2015/16 |
|         | IRMER local Inspection   | 2 | Radiology                 | Medical<br>Physics | 2015       | Planned<br>2015/16 |
|         | NG tube – Position on Chest X-ray  | 3 | Radiology – plain<br>film | S Awan             | TBC        | TBC                |
|         | NG tube – Position on Chest X-Ray  | 3 | Radiology                 | S Awan             | TBC        | TBC                |
|         | Sonographer Breast Cyst Aspirations  | 3 | Radiology - US            | S Oates            | 2013 /2014 | TBC                |

## THERAPIES

| Audit ID | Audit Title   | Priority Level | Specialty/<br>Clinical Dept.                    | Audit Lead                          | Planned Start Date | June 2014 Status   |
|----------|---|----------------|---|-------------------------------------|--------------------|--------------------|
|          | Audit of Multidisciplinary Clinic in CDC -<br>Continuous  | 3              | Therapies - SLT,<br>Paediatric OT<br>and Physio | Bridget<br>Thompson                 | March 2014         | TBC                |
|          | Compliance to NICE Pathway for MDT Autism<br>Diagnostic Team  | 3              | Therapies -<br>SLT/Community<br>Paediatrics     | Mel Eltome/<br>Dr Vidya<br>Krishnan | March 2014         | TBC                |
|          | Audit CDC Team Activity Against the New<br>Service Specification (being developed for<br>implementation April 2014) | 3              | Therapies - CDC<br>team (OT, PT and<br>SLT)     | Melanie<br>Eltome                   | April 2015         | Planned<br>2015/16 |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## THERAPIES - DIETETICS

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept. | Audit Lead      | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|-----------------|--------------------|------------------|
| 13/6059  | Audit of Dietetic Reviews to Adults on Home Enteral Feeding Systems   | 3              | Therapies - Dietetics     | Katherine Jones | Underway           | Completed        |
|          | Audit of Dietetic Reviews to Children on Home Enteral Feeding Systems | 3              | Therapies - Dietetics     | Katherine Jones | TBC                | TBC              |
|          | Audit of Clinical Record keeping                                      | 3              | Therapies - Dietetics     | Katherine Jones | TBC                | TBC              |

## THERAPIES – OCCUPATIONAL THERAPY

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept.            | Audit Lead                            | Planned Start Date | June 2014 Status |
|----------|---|----------------|--------------------------------------|---------------------------------------|--------------------|------------------|
|          | Audit Compliance for Care Pathways for CDC Physio and OT                      | 3              | Therapies - Paediatric Physio and OT | Bridget Thompson                      | TBC                | TBC              |
|          | Audit of Outcome Measures Tool  | 3              | Therapies - Paediatric Physio and OT | Bridget Thompson                      | September 2014     | Planned 2014/15  |
| 5027     | Use of Fatigue Management in Occupational Therapy practice                    | 4              | Therapies - Occupational Therapy     | Cath Rudman                           | Dec 2013           | Underway         |
|          | Occupational Therapy practice standards for patients with Parkinson's Disease | 4              | Therapies - Occupational Therapy     | Cath Rudman                           | Mar 2014           | Planned 2014/15  |
| 13/6140  | Case Note Documentation Standard Audit  | 2              | Therapies - Occupational Therapy     | Elsa Jennings                         | Nov 2013           | Completed        |
|          | Hypermobility Evaluation of Leaflets and Group                                | 3              | Therapies - Paediatric OT and Physio | Emily Taylor and Rebecca Shuttleworth | March 2014         | TBC              |
|          | Professional Practice Education Standard Audit                                | 3              | Therapies - Occupational             | TBC                                   | Nov 2015           | Planned 2015/16  |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|  |  |   |                                  |     |          |                 |
|--|--|---|----------------------------------|-----|----------|-----------------|
|  |  |   | Therapy                          |     |          |                 |
|  | Supervision and Support Standard Audit | 3 | Therapies - Occupational Therapy | TBC | Nov 2016 | Planned 2015/16 |

## THERAPIES – PHYSIOTHERAPY

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept. | Audit Lead      | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------|-----------------|--------------------|------------------|
| 5087     | Evaluation of Physiotherapy on Orthopaedic Unit – Using Outcome Measure EQ-5D-5L  | 3              | Therapies - Physiotherapy | Mandy Shepherd  | Underway           | Underway         |
| 5068     | Monitoring Patients Suitable for Early Supportive Discharge Team from Ward 5  | 3              | Therapies - Physiotherapy | Kathryn Webster | Underway           | Completed        |
| 5051     | Evaluation of the Effectiveness of Physiotherapy Intervention in Pregnant Women with Pelvic Girdle Pain using a Validated Outcome Measure | 3              | Therapies - Physiotherapy | Jill Simons     | Underway           | Completed        |
| 5033     | MSK Assessment Audit  | 3              | Therapies - Physiotherapy | Jon Northrop    | Underway           | Completed        |
| 3031     | Audit of Children Seen With a Diagnosis of Toe Walking and how many treatments do they receive  | 3              | Therapies - Physiotherapy | Anna Madden     | Underway           | Completed        |
| 13/6023  | Evaluation of the Benefits of a Patient Exercise and Advice Group Targeted at Patients from Ethnic Minorities in Keighley.                | 3              | Therapies - Physiotherapy | Heidi Thomas    | Underway           | Underway         |

## THERAPIES – SPEECH AND LANGUAGE THERAPY

| Audit ID | Audit Title                                       | Priority Level | Specialty/ Clinical Dept.             | Audit Lead         | Planned Start Date | June 2014 Status |
|----------|---|----------------|---------------------------------------|--------------------|--------------------|------------------|
|          | Audit of SLT reports for SEN Statutory Assessment | 3              | Therapies - Speech & Language Therapy | Alison Rohatynskyj | September 2013     | Deferred 2014/15 |

## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

|         |  |   |  |                                      |             |                     |
|---------|--|---|--|--------------------------------------|-------------|---------------------|
|         | Outcome Measures Tool  | 3 | Therapies -<br>Speech &<br>Language<br>Therapy | Alison<br>Rohaytynskj/<br>Mel Eltome | Apr 2014    | Deferred<br>2014/15 |
|         | Audit of SLT Referrals for Videofluoroscopy<br>Assessment (once Advancing clinical Practice<br>proposal is passed) | 3 | Therapies -<br>Speech &<br>Language<br>Therapy | Claire<br>Fernyhough                 | April 2014  | TBC                 |
|         | Evaluation of the Telemedicine LSVT Pilot<br>Project for Parkinson's Patients                                      | 3 | Therapies -<br>Speech &<br>Language<br>Therapy | Debra<br>Borsely                     | August 2013 | TBC                 |
| 13/6156 | Record Keeping Audit   | 2 | Therapies -<br>Speech &<br>Language<br>Therapy | Mel Eltome                           | Sept 2013   | Completed           |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

## WOMEN'S AND CHILDREN'S SERVICES

### CHILDREN'S SERVICES

| Audit ID | Audit Title   | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead                   | Planned Start Date | June 2014 Status           |
|----------|---|----------------|------------------------------|------------------------------|--------------------|----------------------------|
| National | Diabetes (Paediatric) Audit (NPDA)                      | 1              | Children's Services          | Gerry Lennon/<br>Gary Savill | Continuous         | Continuous                 |
| National | Paediatric Asthma Audit (BTS)                           | 1              | Children's Services          | Matthew Babirecki            | Nov 2013           | Completed                  |
| National | Neonatal Audit Programme (NNAP)                         | 1              | Children's Services          | Matthew Babirecki            | Continuous         | Continuous                 |
| National | Paediatric Pneumonia                                    | 3              | Children's Services          | Matthew Babirecki            | TBC                | Participation Under Review |
| National | Epilepsy 12 Audit (Childhood Epilepsy)                  | 1              | Children's Services          | Pronab Bala                  | Underway           | Underway                   |
|          | Neonatal Blood Transfusions                             | 3              | Children's Services          | A Mawdsley                   | TBC                | TBC                        |
|          | Febrile Neutropenia                                     | 3              | Children's Services          | A Mawdsley                   | TBC                | TBC                        |
|          | Yorkshire Cancer Network Audits                         | 1              | Children's Services          | A Mawdsley/<br>Karen Cooke   | TBC                | TBC                        |
|          | Diabetes Audit  | 2              | Children's Services          | G Savill                     | TBC                | TBC                        |
|          | CNST Audits   | 2              | Children's Services          | Jo Newman                    | TBC                | TBC                        |
|          | Safeguarding Notes/Records                              | 2              | Children's Services          | K Ward                       | TBC                | TBC                        |
|          | Admission to Neonatal Unit                              | 2              | Children's Services          | L. Shaw                      | April 2013         | TBC                        |
|          | CQUINS Retinopathy of Prematurity and Breastfed Infants | 1              | Children's Services          | M Babirecki                  | TBC                | TBC                        |

## ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

| Audit ID | Audit Title   | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead | Planned Start Date | June 2014 Status |
|----------|---|----------------|------------------------------|------------|--------------------|------------------|
|          | Paediatric Epilepsy and NICE Guidelines             | 2              | Children's Services          | P Bala     | TBC                | TBC              |
|          | Parenteral Nutrition and Central Access in Neonates | 3              | Children's Services          | P Beadle   | TBC                | TBC              |
|          | Hip Audit in children with Bilateral CP             | 3              | Children's Services          | S Bowring  | TBC                | TBC              |
|          | QA Hearing  | 1              | Children's Services          | V Krishnan | TBC                | TBC              |
|          | Autism  | 4              | Children's Services          | V Krishnan | TBC                | TBC              |

### WOMEN'S SERVICES

| Audit ID  | Audit Title                               | Priority Level | Specialty/<br>Clinical Dept. | Audit Lead   | Planned Start Date | June 2014 Status |
|-----------|---|----------------|------------------------------|--------------|--------------------|------------------|
| 5040      | Operative Vaginal Delivery                | 2              | Women's Services             | A. Fiaz      | Underway           | Completed        |
| 4050      | KC65 DATA                                 | 3              | Women's Services             | D. Gulliford | Continuous         | Continuous       |
| 4048      | Mod. & Severe Dyskaryosis on Test Results | 3              | Women's Services             | D. Gulliford | Underway           | Underway         |
| 2091      | Maternal Antenatal Screening Tests        | 2              | Women's Services             | S. Simpson   | Underway           | Underway         |
| 2061–2065 | Maternity KPIs                            | 2              | Women's Services             | Various      | Continuous         | Continuous       |
| 14/6251   | Obesity                                   | 2              | Women's Services             | F. Odida     | Sept.2013          | Underway         |
| 14/6237   | Shoulder Dystocia                         | 2              | Women's Services             | R. Muxlow    | July 2013          | Underway         |
| 14/6218   | Pre-existing Diabetes                     | 2              | Women's Services             | L. Hume      | Oct. 2013          | Underway         |
| 14/6182   | Severe Pre-eclampsia                      | 2              | Women's                      | G. Sabnis    | Aug. 2013          | Completed        |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

| Audit ID | Audit Title   | Priority Level | Specialty/ Clinical Dept.         | Audit Lead         | Planned Start Date | June 2014 Status          |
|----------|---|----------------|-----------------------------------|--------------------|--------------------|---------------------------|
|          |   |                | Services                          |                    |                    |                           |
| 13/6168  | Fetal Blood Sampling  | 2              | Women's Services                  | H. Khan            | July 2013          | Completed                 |
| 13/6168  | Continuous Electronic Fetal Monitoring                      | 2              | Women's Services                  | H. Khan            | May 2013           | Completed                 |
| 13/6155  | Pathway – Medical Management of Miscarriage >12 & <20 weeks | 3              | Women's Services                  | S. Herpe/L. Butler | Aug. 2013          | Underway                  |
| 13/6093  | Multiple Pregnancy & Birth                                  | 2              | Women's Services                  | S. Sabir           | May 2013           | Completed                 |
| 13/6090  | Termination Of Pregnancy                                    | 3              | Women's Services                  | S. Herpe           | July 2013          | Completed                 |
| 13/6072  | Use Of Oxytocin   | 2              | Women's Services                  | V. Stead           | Underway           | Completed                 |
| 13/6071  | Severely Ill Woman / High Dependency Care                   | 2              | Women's Services/<br>Anaesthetics | F. Jesmin          | Underway           | Completed                 |
| 13/6065  | Induction Of Labour for Post Dates                          | 2              | Women's Services                  | H. Newton          | Underway           | Completed                 |
|          | Patient Information   | 2              | Women's Services                  | A. Chafer          | July 2013          | Deferred - start date TBC |
|          | Outpatient / Inpatient Hysteroscopy                         | 3              | Women's Services                  | A. Ford            | TBC                | TBC                       |
|          | Use of Antenatal Steroids                                   | 3              | Women's Services                  | D. Wijeratne       | July 2013          | TBC                       |
|          | Venous Thromboembolism                                      | 2              | Women's Services                  | D. Wijeratne       | June 2013          | Underway                  |
|          | Birth After One Previous Section (VBAC)                     | 2              | Women's Services                  | M. Robinson        | Aug. 2013          | Completed                 |
|          | Home Birth  | 3              | Women's Services                  | G. Hey             | April 2013         | Completed                 |
|          | Urogynocology – TVT / MESH                                  | 3              | Women's Services                  | J. Kang            | 2014               | Planned 2014/15           |

# ANHSFT PRIORITY PROGRAMME OF CLINICAL AUDIT ACITIVITY FOR 2013-16

| Audit ID | Audit Title                          | Priority Level | Specialty/ Clinical Dept. | Audit Lead             | Planned Start Date | June 2014 Status |
|----------|--------------------------------------|----------------|---------------------------|------------------------|--------------------|------------------|
|          | Substance Misuse                     | 3              | Women's Services          | K. Graham / L. Hobbs   | 2014               | Planned 2014/15  |
| 13/6065  | Term + 14 Induction                  | 3              | Women's Services          | L. Parkinson           | April 2013         | Underway         |
|          | EPAU, Early Pregnancy Issues         | 3              | Women's Services          | P. Jones               | June 2013          | TBC              |
|          | Anaemia In Pregnancy                 | 3              | Women's Services          | S. Bhuiya              | 2014               | Planned 2014/15  |
|          | Post Partum Haemorrhage - continuous | 2              | Women's Services          | S. Bhuiya              | July 2013          | TBC              |
|          | Fibronectin Testing Outcomes         | 3              | Women's Services          | S. Bhuiya/ J. Ogah     | June 2013          | TBC              |
|          | MDT (Multidisciplinary Team)         | 3              | Women's Services          | S. Porter              | 2014               | Planned 2014/15  |
|          | PMB (Postmenopausal Bleeding)        | 3              | Women's Services          | S. Porter / F. Odida   | 2014               | Planned 2014/15  |
| 14/6272  | Perineal Trauma                      | 2              | Women's Services          | J. Nelson/L. Parkinson | July 2013          | Underway         |
|          | Lower Segment Caesarian Section      | 2              | Women's Services          | S. Sabir               | July 2013          | Underway         |
|          | Bladder Care                         | 2              | Women's Services          | A. Waheed              | Sept. 2013         | Completed        |
|          | Cholestasis                          | 3              | Women's Services          | ST - TBC               | Sept. 2013         | TBC              |
|          | Group B Streptococcus                | 3              | Women's Services          | ST - TBC               | Sept. 2013         | TBC              |
|          | Infertility / NICE Guidance          | 3              | Women's Services          | ST -TBC                | 2014               | Planned 2014/15  |