



# CLINICAL AUDIT ANNUAL REPORT 2015-16

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## Foreword

2015/16 has been another productive year in which the Trust has not only met the mandatory requirements of clinical audit but has also seen improvements made as a result of local audit activity.

The Trust holds regular events to share the findings of audits; the purpose is to share best practice and to highlight any gaps so that actions can be agreed by peer groups on what needs to happen to close any gaps, deliver improvements and provide assurance to the Trust board.

Clinical audit forms part of the Governance framework and is a Quality Improvement tool. Clinical audit has two main purposes: to provide assurance to the Trust board that we deliver safe services and to provide opportunity to assess our performance against best practice, review findings and make improvements. Clinical audit involves time and resource therefore it is imperative that the audit activity undertaken is both necessary and effective. Clinical Audit is utilised well in the Trust and provides opportunity for continuous improvement and learning not only from the result but also from the process and methodology that supports junior staff in being able to appraise the work that takes place. Clinical audit also supports the revalidation of medical staff.

This report advises on the level of activity undertaken and provides examples of some findings. More detail is available from the clinical audit team if required.

If any audit shows non-compliance then a professional judgement is made on the risk factor and this is escalated via the governance framework to ensure appropriate steps are put into place to mitigate any risks.

The Clinical audit team were renamed this year to the Clinical Audit and Outcomes department; this was to add focus the purpose of an audit undertaken and that there is action taken following the activity to deliver an improved outcome.

The Trust has a Clinical audit strategy for 2016 – 2020 to ensure we continue to deliver to NHS England mandatory requirements, deliver audit activity to support the Trust quality strategy, clinical services strategy and meet our local priorities. The Clinical audit strategy will be a living document that will need to be reviewed in line with changes to services and organisations as a result of the outcomes from Healthier Together, Stockport Together and the Greater Manchester devolution.

**Dr Gillian Burrows**

*Deputy Medical Director, Stockport NHS FT*

# 1. Introduction

The annual report brings together the activity that has taken place throughout the year and, as such, acts as a monitoring tool for the audit policy & standard operating procedure (SOP) to ensure audit activity is delivering to the clinical audit strategy.

Documents:

Key documents for the audit activity are:

- Clinical Audit Strategy
- Clinical Audit Policy
- Clinical Audit SOP
- Clinical Audit Forward Programme

Key documents (templates) for individual audits are:

- Registration form
- Report (where appropriate)
- Presentation
- Action plan

All documents and templates are available from the clinical audit microsite.

## 1.1 Introduction to Clinical Audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change.

It is the process that helps ensure patients and service users receive the right treatment from the right person in the right way. It does this by measuring the care and services provided against evidence based standards and then narrowing the gap between existing practice and what is known to be best practice.

*(HQIP: Healthcare Quality Improvement Partnership)*

# 2. Clinical Audit Team

The clinical audit team is committed to raising the profile of clinical audit within the Trust and endeavours to be proactive in driving the quality of audit activity. The department is responsible for facilitating clinical audit projects, incorporating both national and local priorities, in both the acute and community settings. Each specialty has a dedicated audit lead, supported by a facilitator from the team.

The department is continually attempting to redefine systems to be pro-active in providing support to clinicians to deliver outcomes that make a difference, in line with current changes within the Trust and in the wider health economy.

Audit team members keep abreast of changes via the Healthcare Quality Improvement Partnership (HQIP) website, conferences and training events. This year team members have attended a north west clinical audit networks training event 'Are We Understanding the Wider Picture, as well as the regular Greater Manchester clinical audit network meetings. At the North West event, held in December 2015, the team shared information about the clinical audit & quality Improvement event as part of a display to showcase best practice work undertaken within clinical audit across the region.

A number of the team are trained in clinical audit methodology and processes and have gained a recognised qualification. The team are able to utilise this expertise to deliver excellent facilitation of clinical audit projects and provide support and guidance to those wishing to participate in clinical audit projects.

In addition to clinical audit facilitation the team also:

- manage data collection for several of the larger national audits and other initiatives
- facilitate, monitor and report CQUIN indicators
- design, produce and deliver healthcare document templates for use on wards and clinics
- support the nursing and corporate groups with data analysis on several initiatives

In order to address the increasing and changing work the team has undergone several changes. The latest involves dedicated resource to key tasks whilst maintaining flexibility in roles to mitigate risks and improve resilience

This year the Trust was inspected by the Care Quality Commission; clinical audit was a topic the inspection looked into and clinical audits were used as evidence during the inspection. The department provided information in preparation for and during the inspection.

### **3. Clinical Audit Steering Committee (CASC)**

The committee was chaired by the Medical Director who was the executive lead for clinical audit. The membership includes an audit lead representative and the governance lead for each business group, representation from Risk Management, the Clinical Commissioning Group and members of the clinical audit team. CASC meetings are held quarterly. The scope of the committee is detailed in the terms of reference.

The aims of the CASC are to support the delivery of the Clinical Audit Strategy, ensuring the processes agreed focus on relevant clinical audits, outcomes, reporting and implementation of actions.

From April 2016 the committee will be chaired by the Deputy Medical Director.

### **4. Clinical Audit Strategy**

The 2013/16 strategy set out to improve the process, restructure of CASC and the clinical audit team, engagement with stakeholders and patients, and increase knowledge, skills and understanding of how clinical audit supports quality improvement.

Key aims were met; some elements of work are ongoing as various processes within the Trust have changed. This is reflected in the new 2016 – 2020 strategy, written to reflect the Trust's quality agenda.

The 2016-2020 strategy will be monitored via the clinical audit steering committee.

## 5. Clinical Audit Activity 2015-16

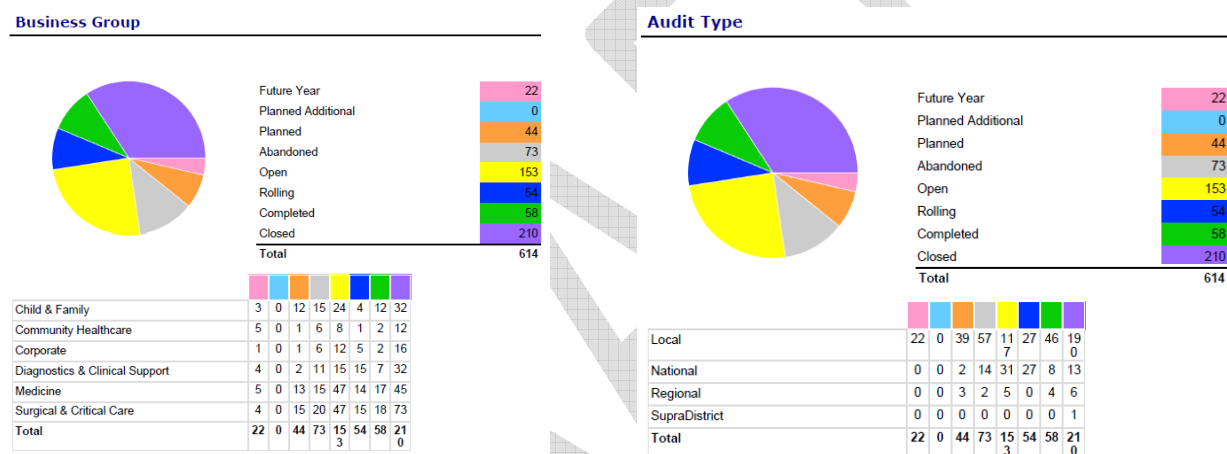
### 5.1 Forward Programme

The clinical audit forward programme was set at the start of the year and included 207 audits. 74% of these audits had processed by the year end; exceeding the target of 60% and an improvement on the 60% 'actioned' in 2014/15. A new target of 85% to be 'actioned' was agreed at the Clinical Audit Steering Committee for the 2016/17 programme.

The programme's aim is to ensure that all mandatory items are captured and areas identified as a concern and audits which are required for accreditation are included. There has been a focus on increasing the number of re audits.

### 5.2 Summary of activity

The Trust utilises software 'Health Assure' to log, monitor and report on clinical audit activity. The dashboard below displays the position as of 1<sup>st</sup> April 2016 showing a breakdown by business group and audit type.



Clinical audits which were not on the forward programme also took place; these ad hoc audits are started as the need is recognised, for example as a result of an incident.

221 audits were registered during 2015/16, of which 33% (72) were re-audits. Of those registered 194 were local audits, 20 national, and 7 regional. 25% (56) were closed within the year.

292 audits on Health Assure were registered prior to 2015/16, of these 52% (155) were closed during 2015/16.

The detail of the audits undertaken is available from the clinical audit department where documents are stored in electronic folders. The presentations that have been delivered at audit meetings are also available on a shared drive across the Trust.

### 5.3 National Audits

HQIP provide a good resource capturing all known national audits, identifying those included in the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and those of which must be reported on in the organisations Quality Account report as required by NHS Improvement.

During 1 April 2015 to 31 March 2016, 37 national clinical audits and 7 national confidential enquiries covered NHS services that Stockport NHS Foundation Trust provides.

During that period Stockport NHS Foundation Trust participated in 86% of national clinical audits and 33% (1 of 3, 1 awaiting confirmation of and one not participating) national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

## 5.4 Reporting Process

During 2015-16 outcome reports were shared on a monthly basis with the governance lead of each business group for discussion at the business group quality board meetings.

The reports were then amalgamated into one quarterly report and amended to include detailed feedback of those audits that each business group quality board required to be highlighted or escalated to the Quality Governance Committee meeting. This was presented in line with the committee reporting matrix.

The clinical audit team reports the progress against the forward programme to the Clinical Audit Steering Committee and twice a year to the Trust Audit committee.

The team has reviewed and updated the registration and progress document to support the reporting process. It is now shorter and more user friendly than the previous version.

The reports of 150 local clinical audits were reviewed by the provider in 2015/16 and a report and action plan if appropriate is produced for each audit and submitted to the clinical audit team. Business Groups are advised of outcomes and as part of the governance framework, an outcomes report is submitted to the Trust Quality Governance Committee to advise of compliance level, risk and escalation requirements.

### Outcomes of Local Clinical Audit

Once an audit has been undertaken it is given a level of assurance by calculating the individual ratings against its standards as follows;

Colour	Standard % measure
Green	95% and above
Amber	75% to 94%
Red	74% and below

During 2015/16 reports were submitted to five Quality Governance Committee meetings. The assurance levels reported are highlighted below.

Assurance Level	Calculation of assurance	Number of audits reported
<b>Full</b>	To be used when each standard has achieved a score of 95% or above and is rated Green	<b>29</b>
<b>Significant</b>	To be used when there are only Green and Amber rated findings (although where there are a significant number of Amber rated findings, consideration will be given as to whether in aggregate the effect is to reduce the assurance level given)	<b>29</b>
<b>Limited</b>	To be used when there is a small ratio of Red and Amber to Green rated findings	<b>76</b>
<b>Very Limited</b>	To be used when the ratio of Red rated findings are greater than the Amber and Green	<b>111</b>



The majority of audits are undertaken where it is perceived that there is room for improvement therefore it is anticipated that the level of assurance will often be limited or very limited. Once the assurance level is given the project lead will then advise on the risk level (not all failed measures present a risk)

During the course of the year quarterly outcome reports are submitted to the Trust's Quality Governance Committee (QGC) as part of the governance framework advising on the level of assurance that an audit provided. The report also advises on the risk level and whether action is required by the committee.

Where an audit required the committees input, full details of the measures and compliance were submitted. Following an audit, action plans are put in place to support the delivery of improvements.

Examples of improvements in clinical audit are highlighted at the annual Clinical Audit & Improvement event.

## 5.5 Examples of clinical audits

(As included in the Quality Accounts)

The examples given below were judged at this year's event as the 'best clinical audit project' (from those submitted to the poster competition), judged by the Medical Director and the Deputy Director of Nursing and Midwifery.

### **Project 1: Nasogastric (NG) Tube Placement**

The aim of this audit was to determine the compliance with the trust NG insertion standards/policy in line with NPSA recommendations and to compare the results of first and second audit cycles on NG tube placement.

Measure	1 <sup>st</sup> Audit	2 <sup>nd</sup> Audit
Reason describing appropriateness and rationale for insertion of NGT in notes	80%	100%
Staff undertaken the procedure had training	100%	100%
Evidence of pH indicator paper used	64%	88%
NEX (nose to ear to xiphisternum) Measurement	0%	56%

There was significant improvement with regards to NEX and pH testing with a scope for improvement for NEX measurement. Safe practice was adhered to even when pH testing was not done. A recommendation was made to review the NG documentation chart to make NEX measurement a mandatory field.

### **Project 2: Outpatient Hysteroscopy Services**

The aim of this audit was to assess Trust practices against the standards below for referral pathways, compliance with NICE heavy menstrual bleeding audit and outcomes, streamlining outpatient hysteroscopy (OPH) services, separate postmenopausal bleeding (PMB) clinic and menstrual bleeding disorder clinic and explore scope for service improvement.

Measure	Source	Standard	Result
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Are referrals appropriate as per guidelines	NICE / DoH	100%	65%
Are they seen within national time frame?	DoH	100%	100%
Do all patients receive leaflets?	BSGE	100%	90%
Access to transvaginal scanning	DoH	100%	50%
Patients offered see and treat	BSGE / CCG	-	26%
How many are listed for GA hysteroscopy?	BSGE	-	72%

Actions taken included the clearer referral pathways for GPs for menorrhagia, presented to the commissioners and the purchase of Myosure resection device for outpatient removal of intrauterine polyps and fibroids.

### **Project 3: Emergency Department VTE Risk Assessment**

The aim of this audit was to assess compliance with VTE risk assessment for patients requiring temporary lower limb immobilisation in the emergency department and assess whether the VTE risk assessments are being completed correctly.

Throughout the audit, the recommendations have surrounded increasing clinician awareness of the VTE risk assessment and simplifying the existing risk assessment tool. As a result, the Trust has been continually educating ED clinicians regarding the existence and importance of this risk assessment using posters, presentations and by targeting staff at department inductions and plaster room training.

Measure	Standard	April 2014	Jun-Aug 2015
VTE risk assessment compliance (in ED)	100%	16%	91%
VTE risk assessment correctly completed (in ED)	100%	75%	100%

ED continued to achieve no higher than 40% compliance with VTE risk assessment in the first 12 months of the audit, in May 2015 the Trust introduced a simplified Royal College of Emergency Medicine (RCEM) compliant assessment tool that is clearer and easier to complete and a prompt in the AdvantisED system that blocks further progress until a VTE risk assessment is completed.

Following the introduction of the new measures there has been a dramatic improvement in ED compliance with VTE risk assessment in patients requiring temporary lower limb immobilisation.

### **Project 4: Operative Vaginal Delivery**

The aim of this audit was to provide evidence that Trust guidelines for operative vaginal delivery are being adhered to and show improvement from the previous audit.

Measure	Standard	1 <sup>st</sup> Audit	2 <sup>nd</sup> Audit
An Operator experienced in the chosen instrument should carry out the procedure or directly supervise the procedure.	>75%	100%	100%
Reason for Instrumental delivery must be documented	>75%	100%	100%
Informed consent must be obtained	>75%	73%	100%

Criteria for delivery met (and documented)	>75%	Not Included	91%
The bladder must be emptied with a catheter prior to the procedure	>75%	93%	91%
The reason for use of sequential instruments must be documented. This should only be used in the event of cup slippage once good descent is achieved and the head is crowning.	>75%	100%	90%
Reason for abandoning procedure must be documented (should be abandoned if Blades didn't lock or no descent after 3 pulls)	>75%	100%	75%

The measures met the standard and no further actions were required, though a re-audit will occur in 3 years as per the Trust guideline.

Although verbal informed consent was achieved in 100% of cases, the evidence used for this was a tick in a box – it was recommended that optimal evidence would be to document nature of conversation had with the mother. It was also recommended to ensure good documentation of reasons why, such as the use of sequential instruments, abandoning instrumental delivery and why bladder not emptied.

## 6. Sharing results

### 6.1 Audit Meetings

Results of audits are shared at regular specialty audit meetings, most of which are quarterly although smaller specialties might meet twice a year. Agendas are set by facilitators and agreed with the audit leads. The audit meetings enable discussions to take place regarding the findings and recommendations leading to agreed action plans. Copies of agendas and attendance are available from the Clinical Audit department. Following each audit meeting the presentations are shared via the Clinical audit microsite on the Trust's intranet.

Specialty	No. of meetings 2015/16	No. of audits presented 2015/16	Average attendance 2015/16
Medicine	4	16	34
Emergency Department	4	11	13
Anaesthetics & Critical Care	4	20	27
General Surgery	3	7	12
Ophthalmology	4	6	43
ENT	3	6	9
Trauma & Orthopaedics	4	20	29
Urology	4	13	20
Obstetrics & Gynaecology	4	19	22
Paediatrics	1	7	Not available
Radiology	3	11	17
Pathology	2	12	18

Where only a few audits are available for presenting, the specialty will utilise the time for sharing other outcomes or learning discussions.

### 6.2 Clinical Audit & Quality Improvement Event 2015

The clinical audit department hosted the third Clinical Audit and Quality Improvement Event on 19<sup>th</sup> and 20<sup>th</sup> November at Stepping Hill Hospital.

A range of presentations were given on Friday 20<sup>th</sup> from a variety of speakers, these included external organisations as well as Trust personnel sharing their successes. Speakers included Professor Danny Keenan (HQIP Medical Director) presenting on National Clinical Audit and Sam Doddridge (AQuA) presenting on Advancing Quality results.

Presentation topics also included; Quality Improvement, VTE, PURIS, Computerised Clinical Decision Support Systems, National Stroke Audit and an overview from the Clinical Audit Department.



Simon Goff (Director of Medicine Business Group) chaired the event and the day was brought to a close with Simon and Professor Keenan announcing the winners of the poster competition.

Submissions for the poster competition were displayed across the two days; there were 38 submissions in total including 30 clinical audit and 8 quality improvement projects, covering all business groups and a wide variety of specialties. The posters were judged by Dr James Catania (Medical Director), Tyrone Roberts (Deputy Director of Nursing & Midwifery) and Deborah Kershaw (Head of Outcomes) and their decisions were combined with votes from those who had viewed the posters. The winners were:

**BEST OVERALL POSTER** – Pressure Ulcer Reduction in Stockport (PURIS), Jayne Etches (Pressure Ulcer Reduction in Stockport (PURIS) Project Lead)

**BEST CLINICAL AUDIT POSTER** – Audit on nasogastric tube placement- comparison between first and second cycle, Dr K Hussain, Dr S Krishnamoorthy, Dr S Rehman, Dr Adil Khan, Dr M H Malik, Dr Gohir

**BEST QUALITY IMPROVEMENT POSTER** – Chronic Obstructive Pulmonary Disease Advancing Quality Project, K. Fern, D. Flanagan, D. Dev, P. Holmes, C. Mold, D. Welsford

In total 58 people attended on 20th November and with many others viewing the posters over the two days. Feedback from those who attended was very positive; the majority of respondents gave each of the presenters, the posters, the content and the event overall a rating of excellent or good.

Attendees thought the event was varied, interesting, and well organised with a diverse range of topics covered. They stated the event had *increased awareness of clinical audit and quality improvement*, demonstrated *the obvious dedication of staff and the will to improve* and shown *wider perspectives*. Attendees stated it was very well organised, with a diverse range of topics, good time keeping, and a rounded selection of speakers.

Of the posters one attendee stated *“There needs to be a way of showcasing these across the Trust. Can they be on the intranet? I had no idea there was such amazing work in the organisation. It's got to be widely shared”*.

When asked what they had gained from attending the event responses included:

- Pride in the excellent work taking place across the Trust

- More understanding of AQ
- Assurance, in my capacity as a Trust Board member
- To make audit projects those that will inform to enable change
- Information on audit measures and guides to change practice
- Actions and improvements taking place

The event was kindly sponsored by Trulife and Tech Med Charts.

The next event will be held on 25<sup>th</sup> and 26<sup>th</sup> April 2017.

## **7. Developing Clinical Audit**

### **7.1 Education and training**

To improve the knowledge and skills of individuals participating in audit there are various opportunities available.

The department is organising a training day with the Clinical Audit Support Centre for audit leads, members of the audit team and other staff.

The Clinical Audit Team:

- Deliver 1-1 sessions with new auditors
- Advise any customer on the process or any element of the audit cycle.
- Deliver an overview on audit as part of the Governance Framework to FY1's
- Produces a clinical audit policy; clinical audit SOP; Junior Doctor SOP
- Submit a section on clinical audit for inclusion in junior doctor's handbook

### **7.2 Plans for 2016/2017**

#### Clinical Audit Process:

Move the focus from just facilitating audits to facilitation of outcomes and the overall quality of work. To reflect this, the department has already undergone a change of name to the Clinical Audit and Outcomes Department. Ensure that improvements made in reporting of outcomes are sustained and consider quality improvement methodologies before action planning. This year refocus the quarterly audit day forums and examine what they are used for. Introduce a metric system in Health Assure to improve quality improvement.

#### Clinical Audit Team:

Build upon the professional and proactive activity of the team and the development of team members. The team will continue to consider other quality improvement methodologies. Continue to investigate how best to encourage patient and public involvement in clinical audit. Develop training sessions for both junior doctors and other Trust personnel.

#### Governance:

Continue to work with governance leads and clinical specialty audit leads to improve action planning and outcome reporting. Liaise with Risk Management to identify key areas of concern. Work to continue to improve reporting to the Trust board. Align clinical audit activity to Trust clinical services strategy.

## Appendix 1. National Audits in which Stockport NHS Foundation Trust participated

The national clinical audits and national confidential enquiries that Stockport NHS Foundation Trust was eligible to participate in and for which data collection was completed during 2015/16 are contained within the table below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

	Title of National Audit / National Confidential Enquiry	Applicable	Participated	Number/Percentage Of Cases Submitted Includes comments/rationale for non-participation
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes	Yes	510 Period: Jan 15 – Dec 15
2	Adult Asthma	Yes	N/A	N/A Audit starts September 2017
3	Adult Cardiac Surgery	No	N/A	
4	Bowel Cancer (NBOCAP)	Yes	Yes	204
5	Cardiac Rhythm Management (CRM)	Yes	Yes	337
6	Case Mix Programme (CMP)	Yes	Yes	100%
7	Child Health Clinical Outcome Review Programme: Chronic Neurodisability	No	N/A	
	Child Health Clinical Outcome Review Programme: Young People's Mental Health	No	N/A	
8	Chronic Kidney Disease in primary care	No	N/A	
9	Congenital Heart Disease (CHD): Paediatric	No	N/A	
	Congenital Heart Disease (CHD): Adult	No	N/A	
10	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	No	N/A	
11	Diabetes (Paediatric) (NPDA)	Yes	Yes	100%
12	Elective Surgery (National PROMs Programme)	Yes	Yes	99.1%
13	Emergency Use of Oxygen	Yes	No	Resource issue
14	Falls and Fragility Fractures Audit programme (FFFAP): Fracture Liaison Service Database	Yes	Yes	N/A Organisational audit only
	Falls and Fragility Fractures Audit programme (FFFAP): Falls	Yes	Yes	30
	Falls and Fragility Fractures Audit programme (FFFAP): National Hip Fracture Database	Yes	Yes	100%
15	Inflammatory Bowel Disease (IBD) programme: UK IBD Registry	Yes	Yes	92
16	Major Trauma Audit	Yes	Yes	363
17	Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	Yes	Yes	100%
	Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal mortality and morbidity confidential enquiries (term intrapartum related neonatal deaths)	Yes	Yes	100%

Title of National Audit / National Confidential Enquiry		Applicable	Participated	Number/Percentage Of Cases Submitted Includes comments/rationale for non-participation
	Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal morbidity and mortality confidential enquiries (cardiac (plus cardiac morbidity) early pregnancy deaths and pre-eclampsia, plus psychiatric morbidity)	Yes	Yes	100%
	Maternal mortality surveillance			
	Maternal, Newborn and Infant Clinical Outcome Review Programme: Maternal mortality surveillance	Yes	Yes	100%
18	Medical and Surgical Clinical Outcome Review Programme: Acute Pancreatitis	Yes	No	
	Medical and Surgical Clinical Outcome Review Programme: Physical and mental health care of mental health patients in acute hospitals	Yes	Yes	
	Medical and Surgical Clinical Outcome Review Programme: Non-invasive ventilation	Yes	TBC	
19	Mental Health Clinical Outcome Review Programme: Suicide in children and young people (CYP)	No	N/A	
	Mental Health Clinical Outcome Review Programme: Suicide, Homicide & Sudden Unexplained Death	No	N/A	
	Mental Health Clinical Outcome Review Programme: The management and risk of patients with personality disorder prior to suicide and homicide	No	N/A	
20	National Audit of Intermediate Care	Yes	Yes	100%
21	National Cardiac Arrest Audit (NCAA)	Yes	Yes	80%
22	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme: Pulmonary rehabilitation	Yes	Yes	68
	National Chronic Obstructive Pulmonary Disease (COPD) Audit programme: Secondary Care	Yes	Yes	51
23	National Comparative Audit of Blood Transfusion programme: Use of blood in Haematology	Yes	Yes	100%
	National Comparative Audit of Blood Transfusion programme: Audit of Patient Blood Management in Scheduled Surgery	Yes	Yes	21
24	National Complicated Diverticulitis Audit (CAD): Acute surgical services	Yes	No	Resource issue
25	National Diabetes Audit – Adults: National Footcare Audit	Yes	Yes	21
	National Diabetes Audit – Adults: National Inpatient Audit	Yes	Yes	100%
	National Diabetes Audit – Adults: National Pregnancy in Diabetes Audit	Yes	Yes	18
	National Diabetes Audit – Adults: National Diabetes Transition	N/A	N/A	
	National Diabetes Audit – Adults: National Core	No	N/A	
26	National Emergency Laparotomy Audit (NELA)	Yes	Yes	143 Period: Dec 14 – Nov 15
27	National Heart Failure Audit	Yes	Yes	505



Title of National Audit / National Confidential Enquiry		Applicable	Participated	Number/Percentage Of Cases Submitted Includes comments/rationale for non-participation
28	National Joint Registry (NJR): Knee replacement	Yes	Yes	100%
	National Joint Registry (NJR): Hip replacement	Yes	Yes	100%
29	National Lung Cancer Audit (NLCA): Lung Cancer Consultant Outcomes Publication	Yes	Yes	189
30	National Ophthalmology Audit: Adult Cataract surgery	Yes	No	Awaiting management team decision
31	National Prostate Cancer Audit	Yes	Yes	360
32	National Vascular Registry	No	N/A	
33	Neonatal Intensive and Special Care (NNAP)	Yes	Yes	100%
34	Non-Invasive Ventilation - Adults	N/A	N/A	Audit did not run in 2015/2016
35	Oesophago-gastric Cancer (NAOGC)	Yes	Yes	50
36	Paediatric Asthma	Yes	No	The decision not to participate was taken as it was considered that the previous audit was ineffective.
37	Paediatric Intensive Care (PICANet)	No	N/A	
38	Paediatric Pneumonia	No	No	Audit did not run in 2015/2016
39	Renal Replacement Therapy (Renal Registry)	No	N/A	
40	Rheumatoid and Early Inflammatory Arthritis: Clinician/Patient Follow-up	Yes	Yes	100% (Estimated as 2 year data collection process)
	Rheumatoid and Early Inflammatory Arthritis: Clinician / Patient Baseline	Yes	Yes	100% (Estimated as 2 year data collection process)
41	Sentinel Stroke National Audit programme (SSNAP): SSNAP Clinical Audit	Yes	Yes	100%
42	UK Cystic Fibrosis Registry: Paediatric	No	N/A	
	UK Cystic Fibrosis Registry: Adult	No	N/A	
43	UK Parkinson's Audit: Occupational Therapy	Yes	No	No dedicated occupational therapy service for Parkinson's in the hospital.
	UK Parkinson's Audit: Speech and Language Therapy	Yes	No	Resource issue at the time of registration.
	UK Parkinson's Audit: Physiotherapy	Yes	Yes	20
	UK Parkinson's Audit: Patient Management, elderly care and neurology	Yes	Yes	40 Period: Jan 15 – Dec 15