

**Strategy** 432447/9

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### 1. Impact of a physician-led pre-hospital critical care team on outcomes after major trauma.

**Authors** Hepple, D. J.; Durrand, J. W.; Bouamra, O.; Godfrey, P.  
**Source** Anaesthesia; Apr 2019; vol. 74 (no. 4); p. 473-479  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30516270  
**Database** CINAHL  
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**Abstract** The deployment of physician-led pre-hospital enhanced care teams capable of critical care interventions at the scene of injury may confer a survival benefit to victims of major trauma. However, the evidence base for this widely adopted model is disputed. Failure to identify a clear survival benefit has been attributed to several factors, including an inherently more severely injured patient group who are attended by these teams. We undertook a novel retrospective analysis of the impact of a regional enhanced care team on observed vs. predicted patient survival based on outcomes recorded by the UK Trauma Audit and Research Network (TARN). The null hypothesis of this study was that attendance of an enhanced care team would make no difference to the number of 'unexpected survivors'. Patients attended by an enhanced care team were more seriously injured. Analysis of Trauma Audit and Research Network patient outcomes did not demonstrate an improved adjusted survival rate for trauma patients who were treated by a physician-led enhanced care team, but confirmed differences in patient characteristics and severity of injury for those who were attended by the team. We conclude that a further prospective multicentre analysis is warranted. An essential prerequisite for this would be to address the current blind spot in the Trauma Audit and Research Network database - patients who die from trauma before ever reaching hospital. We speculate that early on-scene critical care may convert this cohort of invisible trauma deaths into patients who might survive to reach hospital. Routine collection of data from these patients is warranted to include them in future studies.

### 2. Endometrial Carcinoma Follow-up: Time for a Change?

**Authors** Saxby, H.; Tailor, A.; Essapen, S.  
**Source** Clinical Oncology; Apr 2019; vol. 31 (no. 4); p. 267-267  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Clinical Oncology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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### 3. Dedicated peri-operative pathway improved day case discharge rate for anterior cruciate ligament reconstructions.

**Authors** Ng, J. W. G.; Smith, C.; Ilo, K.; Beavis, S.; Terry, L.; Ali, F.; Chandrasenan, J.  
**Source** European Journal of Orthopaedic Surgery & Traumatology; Apr 2019; vol. 29 (no. 3); p. 639-644  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [European Journal of Orthopaedic Surgery & Traumatology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** The authors proposed that a well-developed peri-operative pathway for anterior cruciate ligament (ACL) reconstructions improve day case discharge rate with high patient satisfaction. A prospective observational study was undertaken at a district general hospital in UK between August 2017 and April 2018. A dedicated multidisciplinary peri-operative pathway was developed and introduced in January 2018. All primary ACL reconstructions using hamstring grafts in adult patients were included. Primary outcome measure was day case discharge and secondary outcome measures were visual analogue score for pain (VASP), nausea and vomiting scale (NVS), patient satisfaction and 30-day readmission. Patients who underwent surgery before and after introduction of the pathway were in group 1 and group 2, respectively. There were 19 and 22 patients each in group 1 and 2. Age and gender were similar in both groups. Day case discharge rate was significantly better in group 2 (68.4% vs 95.5%,  $p = 0.02$ ). There were no significant differences in VASP or NVS on day 0, 1 or 3. Patient satisfaction rates were better in group 2 (85.7% vs 100%,  $p = 0.13$ ). There were no readmissions in both groups. The VASP on day 1 and day 3 post-operatively was significantly better in those who were discharged on the same day (66.8 vs 41.3,  $p = 0.02$ ; 60.5 vs 34.9,  $p = 0.03$ ). A well-developed dedicated peri-operative pathway improved day case discharge rate for ACL reconstructions. The pathway was safe and had a higher patient satisfaction rate.

#### 4. Exploring preceptorship programmes: Implications for future design.

**Authors** Taylor, Louise M; Eost-Telling, Charlotte L; Ellerton, Annie  
**Source** Journal of Clinical Nursing; Apr 2019; vol. 28 (no. 7/8); p. 1164-1173  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Aims and objectives: To review and analyse current preceptorship programmes within NHS trusts in the North West of England. To evaluate the pedagogic rigour of the programme and suggest recommendations to inform the future design of preceptorship programmes. Background: Enhancing the retention of newly qualified staff is of particular importance given that the journey from a new registrant to a competent healthcare professional poses a number of challenges, for both the individual staff member and organisations. Design: A mixed methods evaluative approach was employed, using online questionnaires and content analysis of preceptorship documentation. Methods: Forty-one NHS trusts across the North West region employing newly qualified nurses were invited to participate in the completion of an online questionnaire. In addition, preceptorship programme documentation was requested for inclusion in the content analysis. This study used the SQUIRE (Standards for Quality Improvement Reporting Excellence) guidelines. Results: The response rate for the questionnaire was 56.1% ( $n = 23$ ). Eighteen trusts (43.9%) forwarded their programme documentation. Findings highlighted the wide variation in preceptorship programmes across the geographical footprint. Conclusions: There were instances of outstanding preceptorship and preceptorship programmes where there was a clear link between the strategic vision, that is, trust policy, and its delivery, that is, preceptorship offering. There was no one framework that would universally meet the needs of all trusts; yet, there are key components which should be included in all preceptorship programmes. Therefore, we would encourage innovation and creativity in preceptorship programmes, cognisant of local context. Relevance to clinical practice: The significant shortage of nursing staff in England is an ongoing issue. Recruitment and retention are key to ameliorating the shortfall, and formal support mechanisms like preceptorship, can improve the retention of newly qualified staff. Understanding current preceptorship programmes is an important first step in establishing the fundamental building blocks of successful preceptorship programmes and enabling the sharing of exemplary good practice across organisations.

#### 5. Methodology for the analysis and comparison of protocols for glycaemic control in intensive care.

**Authors** Fernández-Méndez, Rocío; Rodríguez-Villar, Sancho; Méndez, Pablo F.; Windle, Richard; Adams, Gary George  
**Source** Journal of Evaluation in Clinical Practice; Apr 2019; vol. 25 (no. 2); p. 251-259  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Journal of Evaluation in Clinical Practice](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS

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**Abstract** Rationale, aims, and objectives: The practice of glycaemic control of critically ill patients admitted to intensive care units (ICUs) is guided by clinical management protocols, designed locally by the ICUs. These protocols differ significantly in their aims and methods. The aim of this study was to develop a standardized methodology for the systematic and objective analysis and comparison of protocols for glycaemic control implemented in any ICU. Method: The protocols for glycaemic control implemented in seven ICUs of a UK-based ICU network were analysed using techniques of inductive content analysis, through an open coding process and the framework method. This involved the identification and classification of protocol instructions for glycaemic control, as well as of the processes and decisions pertaining to each of these instructions. These were used to develop a framework for the structured and systematic description and comparison of the protocols' contents, and to develop a technique for the protocols' graphic visualization. Results: The following elements were identified or developed: (1) 35 quantifiable variables and 11 non-quantifiable subjects that could be present in an ICU protocol for glycaemic control, to be used as a framework for the description and comparison of contents; (2) a technique for condensing a protocol into a single, comprehensive flowchart; (3) using these flowcharts, a method for assessing the complexity and comprehensiveness of the protocols. Conclusions: The methodology developed in this study will allow for any future work analysing the contents of glycaemic control protocols to be carried out in a structured and standardized way. This may be done either as a standalone study, or as the essential first step in any investigation on the impact of new protocols. In turn, the methodology will facilitate the performance of regional, national, and international comparisons, demonstrating the usefulness of this study at a global scale.

#### 6. Tax simplification: a work in progress.

**Authors** Morton, Paul  
**Source** Nursing & Residential Care; Apr 2019; vol. 29 (no. 4); p. 223-225  
**Publication Date** Apr 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Nursing & Residential Care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
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**Abstract** The UK tax system is extensive and complicated, which can lead to people feeling discouraged to start or expand businesses. Paul Morton explains the work of the Office of Tax Simplification and its achievements so far.

#### 7. Audit...Diabetes UK Professional Conference, 6-8 March 2019 at ACC Liverpool, England.

**Source** Diabetic Medicine; Mar 2019; vol. 36 ; p. 5-7  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Diabetic Medicine](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
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#### 8. Service improvement...Diabetes UK Professional Conference, 6-8 March 2019 at ACC Liverpool, England.

**Source** Diabetic Medicine; Mar 2019; vol. 36 ; p. 11-13  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
Available at [Diabetic Medicine](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
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**9. Clinical care and other categories posters: Audit...Diabetes UK Professional Conference, 6-8 March 2019 at ACC Liverpool, England.**

**Source** Diabetic Medicine; Mar 2019; vol. 36 ; p. 72-80  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Diabetic Medicine](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
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**10. Incidence of severe critical events in paediatric anaesthesia in the United Kingdom: secondary analysis of the anaesthesia practice in children observational trial (APRICOT study).**

**Authors** Engelhardt, T.; Ayansina, D.; Bell, G. T.; Oshan, V.; Rutherford, J. S.; Morton, N. S.  
**Source** Anaesthesia; Mar 2019; vol. 74 (no. 3); p. 300-311  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30536369  
**Database** CINAHL  
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**Abstract** The anaesthesia practice in children observational trial of 31,127 patients in 261 European hospitals revealed a high (5.2%) incidence of severe critical events in the peri-operative period and wide variability in practice. A sub-analysis of the UK data was undertaken to investigate differences compared with the non-UK cohort in the incidence and nature of peri-operative severe critical events and to attempt to identify areas for quality improvement. In the UK cohort of 7040 paediatric patients from 43 hospitals, the overall incidence of peri-operative severe critical events was lower than in the non-UK cohort (3.3%, 95%CI: 2.9-3.8 vs. 5.8%, 95%CI: 5.5-6.1, RR 0.57, p < 0.001). There was a lower rate of bronchospasm (RR 0.22, 95%CI: 0.14-0.33; p < 0.001), stridor (RR 0.42, 95%CI: 0.28-0.65; p < 0.001) and cardiovascular instability (RR 0.69, 95%CI: 0.55-0.86; p = 0.001) than in the non-UK cohort. The proportion of sicker patients where less experienced teams were managing care was lower in the UK than in the non-UK cohort (10.4% vs. 20.4% of the ASA physical status 3 and 9% vs. 12.9% of the ASA physical status 4 patients). Differences in work-load between centres did not affect the incidence and outcomes of severe critical events when stratified for age and ASA physical status. The lower incidence of cardiovascular and respiratory complications could be partly attributed to more experienced dedicated paediatric anaesthesia providers managing the higher risk patients in the UK. Areas for quality improvement include: standardisation of serious critical event definitions; increased reporting; development of evidence-based protocols for management of serious critical events; development and rational use of paediatric peri-operative risk assessment scores; implementation of current best practice in provision of competent paediatric anaesthesia services in Europe; development of specific training in the management of severe peri-operative critical events; and implementation of systems for ensuring maintenance of skills.

**11. Exposure to Respirable Crystalline Silica in the GB Brick Manufacturing and Stone Working Industries.**

**Authors** Baldwin, Peter E J; Yates, Timothy; Beattie, Helen; Keen, Chris; Warren, Nicholas  
**Source** Annals of Work Exposures & Health; Mar 2019; vol. 63 (no. 2); p. 184-196  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

**Abstract** The aim of this work was to benchmark respirable crystalline silica (RCS) exposures in brick manufacturing and stone working sectors in Great Britain. This will contribute to a larger programme of work, which will be used to better understand the role of health surveillance in preventing the development of further cases of silicosis and chronic obstructive pulmonary disease. This work was undertaken by means of site visits to measure RCS and respirable dust exposures and assess exposure controls. In addition, historic exposure reports from the sites were collated to allow assessment of exposure trends. The survey, which was conducted in 20 sites (10 from each sector), found that in both sectors over 20% of the measured exposures exceeded the UK RCS 8-hour time-weighted averaged workplace exposure limit (WEL) of 0.1 mg/m<sup>3</sup>. In the stone sector over 40% of the 8 h time-weighted average RCS exposures were above the RCS WEL compared to 20% in the brick manufacturing sector. In the stone sector, 61% of RCS exposures where water suppression was present exceeded the RCS WEL. This indicates that a variety of exposure controls will be required to control RCS exposures, including respiratory protective equipment (RPE). The use of RPE in situations where RCS exposure exceeded the RCS WEL was more prevalent in stone working than in the brick sector. There were differences associated with RPE and the use of other exposure controls in both sectors. The contextual information in historic consultant's exposure reports was generally limited, with exposure controls either not mentioned or not fully described. This affects the usefulness of exposure monitoring to dutyholders. This work will provide information on exposures allowing construction of lifetime exposure estimates for use in analysis of the health effects data. A second survey to the sites is planned to determine how exposures have altered.

### 12. My trainee nursing associate journey.

**Authors** Davey, Martyn  
**Source** British Journal of Healthcare Assistants; Mar 2019; vol. 13 (no. 3); p. 131-133  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** A personal narrative is presented which explores the author's experiences in the care industry before becoming a nursing associate with the National Health Service, with topics mentioned such as Wessex House, child and adolescent mental health service, and the Nursing and Midwifery Council.

### 13. How effective are organ donation committees, and how can they be improved?

**Authors** Silva, Geeth; Gor, Ratan; Patel, Nishil; Gupta, Shubham; Manivannan, Thulashie; Manu, Susan; Sharma, Ashwini; Gardiner, Dale; Cox, Benita  
**Source** British Journal of Healthcare Management; Mar 2019; vol. 25 (no. 3); p. 113-121  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Healthcare Management](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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**Abstract** Background: Organ donation committees were established in 2008 by NHS Blood and Transplant to improve the rates of organ donation in the UK. Aims: The aims of this study were three-fold: to review the role and structure of organ donation committees in England; to assess how effective organ donation committees are at driving improvements; and to make recommendations regarding the future role, responsibilities and structure of organ donation committees. Methods: This study adopted a cross-sectional mixed-methods research approach using questionnaires and semi-structured interviews. Results: There was a divergence between how each committee functioned and how effective they were in achieving their aims. Discussion: There were seven key findings which related to the effectiveness of organ donation committees. These included, but were not limited to, a lack of consistency in how the role of an organ donation committee was viewed by members of NHS Blood and Transplant; and that the influence a chair has within their respective NHS Trust is key to an organ donation committee being effective in achieving its aims. Conclusion: A framework and several recommendations were produced and aimed to help improve the effectiveness of organ donation committees.

### 14. Evaluating the contribution of interdisciplinary obstetrics skills and drills emergency training.

**Authors** Hayes, Catherine; Hinshaw, Kim; Hogg, Robert; Graham, yitka  
**Source** British Journal of Midwifery; Mar 2019; vol. 27 (no. 3); p. 167-167  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Midwifery](#) from EBSCO (CINAHL Plus with Full Text)  
 Available at [British Journal of Midwifery](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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**Abstract** Background: High-fidelity simulation is integral to health professional training. The effect of interdisciplinary training on levels of confidence in obstetric emergencies is less well explored. Aim: To evaluate the impact of a multidisciplinary training project in obstetric emergency skills and drills on the confidence of staff. Methods: A mixed-methods approach was used to evaluate the self-reported confidence levels of obstetrics staff. A total of 69 staff voluntarily attended emergency skills and drills training with a birthing simulator manikin. The programme used four emergency scenarios that had potential for poor maternal outcomes. A debrief followed each scenario and confidence levels were self-reported before and after each training session. Findings: There were significant ( $P < 0.05$ ) effects on teams' self-perceived confidence levels. Staff reported that training improved their knowledge and understanding of interdisciplinary roles, and improved capacity within and between professional disciplines. Conclusion: This model is of significant use in interdisciplinary obstetric emergency care training. Training had a direct effect on the staff's perceived confidence and encouraged critical reflection on professional practice in emergency obstetrics.

**15. Transforming asthma care in schools in Islington: The Asthma Friendly Schools Project UK.**

**Authors** Datt, Colette; Rodesano, Karen; Moreiras, John  
**Source** British Journal of School Nursing; Mar 2019; vol. 14 (no. 2); p. 70-81  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of School Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [British Journal of School Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Asthma remains the most common chronic disease of childhood, associated with significant morbidity and high rates of school absenteeism. Children spend the equivalent of 190 days a year in school with approximately 3 children with asthma per class of 30. Thus, schools are a key stakeholder in any successful asthma care network. The Asthma Friendly Schools project is ambitious cross-sector initiative, which aims to make schools safer for children with asthma, reducing asthma-related school absence and improving local morbidity and mortality rates. An Asthma Friendly Schools nurse worked collaboratively with participating schools to implement 5 asthma friendly standards. Standards were designed by the project team and placed a focus on getting the basics right; a key recommendation of the National Review of Asthma Deaths. Building partnerships between education and health has allowed The Asthma Friendly Schools Project to implement a comprehensive change to in-school asthma care. The authors propose that this has had a direct effect on school absence rates, indicative of better asthma control.

**16. Patient perspectives on a national multidisciplinary team meeting for a rare cancer.**

**Authors** Bate, Jessica; Wingrove, Jane; Donkin, Alexandra; Taylor, Rachel; Whelan, Jeremy  
**Source** European Journal of Cancer Care; Mar 2019; vol. 28 (no. 2)  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [European journal of cancer care](#) from Wiley Online Library Medicine and Nursing Collection 2018 - NHS  
 Available at [European journal of cancer care](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
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**Abstract** Multidisciplinary team meetings (MDTM) provide a regular forum for cancer teams to convene and discuss the diagnostic and treatment aspects of patient care. For some rare cancers, MDTMs may also occur at national level to pool expertise and to ensure more consistent decision-making. One such national MDTM exists in the UK for patients with a diagnosis of Ewing's sarcoma of the bone—the National Ewing's MDT (NEMDT). This study explored the patient perspective of this rare cancer national MDTM using focus group and survey methodology. Study participants used their experience to provide several recommendations: that their views should always inform the decision-making process, these views should be presented by someone who has met them such as a specialist nurse, MDT recommendations should be provided to them in plain English, and tools to improve patient choice and enhance communication should be implemented. These patient-centred recommendations will be used to improve the NEMDT but may be valid to inform quality improvement processes for other similar national panels.

**17. New roles and challenges for health information specialists: professional changes over the years.**

**Authors** Pizzarelli, Scilla; Cammarano, Rosaria Rosanna; Sampaolo, Letizia; Della Seta, Maurella  
**Source** Health Information & Libraries Journal; Mar 2019; vol. 36 (no. 1); p. 101-105  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Health Information & Libraries Journal](#) from Wiley  
 Available at [Health Information & Libraries Journal](#) from IngentaConnect  
 Available at [Health Information & Libraries Journal](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Health Information & Libraries Journal](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** In this article, guest writers from the Istituto Superiore di Sanità in Italy, the leading scientific technical body of the Italian National Health Service present a historic case study considering the role and evolution of the information specialists at their institution over a twenty year period. The paper places a particular emphasis on the initiatives undertaken in consumer health information and health literacy promotion, in order to improve public health in Italy. Areas covered include the development of online health information provision, early strategies to support the improvement of health literacy, and national projects and collaborations. H.S.

**18. Each Baby Counts: the 2018 progress report.**

**Source** Infant; Mar 2019; vol. 15 (no. 2); p. 46-47  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Infant](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Infant](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**19. BadgerNet admission data entry: a quality improvement project.**

**Authors** Artley, Edward; Singh, Kainaz; Pandey, Poornima  
**Source** Infant; Mar 2019; vol. 15 (no. 2); p. 73-76  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Infant](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Infant](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**20. Implementation of paediatric pain care-bundle across South-West England clinical network of Emergency Departments and Minor Injury Units: A before and after study.**

**Authors** Treadgold, Ruth; Boon, Daranee; Squires, Phillipa; Courtman, Simon; Endacott, Ruth  
**Source** International Emergency Nursing; Mar 2019; vol. 43 ; p. 56-60  
**Publication Date** Mar 2019

**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [International Emergency Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [International Emergency Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Highlights • A care-bundle can improve pain management in children attending ED and MIU. • Different approaches may be needed to achieve improvement in EDs and MIUs. • Children who are not weighed are more likely to receive an incorrect analgesia dose. Abstract Introduction Pain management in children is often poorly executed in Emergency Departments and Minor Injury Units. The aim of this study was to assess the impact of a care bundle comprising targeted education on pain score documentation and provision of appropriately dosed analgesia for the paediatric population attending Emergency Departments (EDs) and Minor Injury Units (MIUs). Methods A total of 29 centres – 5 EDs and 24 MIUs – participated in an intervention study initiated by Emergency Nurse Practitioners to improve paediatric pain management. In Phase 1, up to 50 consecutive records of children under 18 presenting at each MIU and ED were examined (n = 1201 records); Pain Score (PS), age, whether the child was weighed, and provision of analgesia was recorded. A care bundle consisting of an education programme, paediatric dosage chart and flyers, was then introduced across the 29 centres. Nine months following introduction of the care bundle, the same data set was collected from units (Phase 2, n = 1090 records). Results The likelihood of children having a pain score documented increased significantly in Phase 2 (OR 6.90, 95% CI 5.72–8.32), The likelihood of children receiving analgesia also increased (OR 1.82, 95% CI 1.51–2.19), although there was no increase in the proportion of children with moderate or severe pain receiving analgesia. More children were weighed following the care bundle (OR 2.58 95% CI 1.86–3.57). Infants and children who were not weighed were more likely to receive an incorrect analgesia dose (p < 0.01). Conclusions Rates of PS documentation improved and there was greater provision of analgesia overall following introduction of the care bundle. Although weighing of children did improve, the levels remain disappointingly low. EDs generally performed better than MIUs. The results show there were some improvements with this care bundle, but future work is needed to determine why pain management continues to fall below expected standards and how to further improve and sustain the impact of the care bundle.

**21. Applying a psychosocial pathways model to improving mental health and reducing health inequalities: Practical approaches.**

**Authors** Stansfield, Jude; Bell, Ruth  
**Source** International Journal of Social Psychiatry; Mar 2019; vol. 65 (no. 2); p. 107-113  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [International Journal of Social Psychiatry](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [International Journal of Social Psychiatry](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Background: Mental health can help explain how social inequalities impact on health. Many current public health challenges are shaped by social, economic and environmental conditions that take a mental toll on society. Purpose: This article describes a conceptual framework illustrating the psychosocial pathways that link the wider conditions to health behaviours and outcomes. It draws out implications of this framework for mental health practice that aim to support policy and decision-making on future action to reduce health inequalities and presents practical examples of what can be done. Methods: This article expands on a report commissioned by Public Health England. A narrative review and synthesis of relevant evidence built on existing research by the Institute of Health Equity. A conceptual framework was developed and a consultation exercise with stakeholders helped to revise and illustrate it with practice examples. Conclusions: The field of mental health has much to contribute to prevention, not just of mental illness but also of physical health conditions and reduction of inequalities in life expectancy and healthy life expectancy, especially through collaborative public health action.

**22. What is the paramedic's role in smoking cessation?**

**Authors** Wilson, Sophia; Hill, Lawrence  
**Source** Journal of Paramedic Practice; Mar 2019; vol. 11 (no. 3); p. 100-105  
**Publication Date** Mar 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

Available at [Journal of Paramedic Practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).

Available at [Journal of Paramedic Practice](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract**

Background: Both the National Institute for Health and Care Excellence (NICE) and Public Health England have made smoking cessation a health promotion priority but the paramedic's potential impact in this important area has yet to be fully realised. Aim: This article proposes an evidence-based quality improvement intervention that can be adopted by paramedics at an individual, service-wide or national level to promote smoking cessation. Methodology: Building on a structured literature review and using the three fundamental questions and a Plan Do Study Act cycle, we propose a quality improvement strategy and evaluation methodology suited to the aims of the article. Discussion: Very Brief Advice is an evidence-based, effective and time-efficient way of reducing harm from smoking and improving quality of life for patients, saving NHS money as well as increasing paramedic job satisfaction.

**23. The use of an electronic health record system reduces errors in the National Hip Fracture Database.**

**Authors** Lawrence, John E; Cundall-Curry, Duncan; Stewart, Max E; Fountain, Daniel M; Gooding, Christopher R  
**Source** Age & Ageing; Feb 2019; vol. 14 (no. 2); p. 285-290  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract**

Aim to compare the validity of data submitted from a UK level 1 trauma centre to the National Hip Fracture Database (NHFD) before and after the introduction of an electronic health record system (EHRS). Patients and methods a total of 3224 records were reviewed from July 2009 to July 2017. 2,133 were submitted between July 2009 and October 2014 and 1,091 between October 2014 and July 2017, representing data submitted before and after the introduction of the EHRS, respectively. Data submitted to the NHFD were scrutinised against locally held data. Results use of an EHRS was associated with significant reductions in NHFD errors. The operation coding error rate fell significantly from 23.2% (494/2133) to 7.6% (83/1091);  $P < 0.001$ . Prior to EHRS introduction, of the 109 deaths recorded in the NHFD, 64 (59%) were incorrect. In the EHRS dataset, all the 112 recorded deaths were correct ( $P < 0.001$ ). There was no significant difference in the error rate for fracture coding. In the EHRS dataset, after controlling for sample month, entries utilising an operation note template with mandatory fields relevant to NHFD data were more likely to be error free than those not using the template (OR 2.69; 95% CI 1.92–3.78). Conclusion this study highlights a potential benefit of EHR systems, which offer automated data collection for auditing purposes. However, errors in data submitted to the NHFD remain, particularly in cases where an NHFD-specific operation note template is not used. Clinician engagement with new technologies is vital to avoid human error and ensure database integrity.

**24. Falling perinatal mortality in twins in the UK: organisational success or chance?**

**Authors** Kilby, MD; Gibson, JL; Ville, Y; Kilby, M D; Gibson, J L  
**Source** BJOG: An International Journal of Obstetrics & Gynaecology; Feb 2019; vol. 126 (no. 3); p. 341-347  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30358075  
**Database** CINAHL

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Available at [BJOG: An International Journal of Obstetrics & Gynaecology](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** In June 2018, Mothers and Babies Reducing Risks through Audits and Confidential Enquiries across the UK (MBRRACE-UK) published a Perinatal Surveillance report of an audit between 2013-2016. This noted that the stillbirth rate for twins nearly halved between 2014-2016; whereas the stillbirth rate for singletons remained static. There was a statistically significant reduction in the rate of stillbirth in twins over this period from 11.07 (95% CI, 9.78-12.47) to 6.16 (95% CI, 5.20-7.24) per 1000 total births. This commentary discusses these observations, the effects of twin chorionicity, and the potential obstetric and neonatal interventions, as well as public health improvements, that may have influenced these findings.

**25. Urinary tract infection in multiple sclerosis: closing an audit loop by co-design and innovation.**

**Authors** Porter, Bernadette; John, Nevin A; Brenner, Robert; Wilson, Heather C; Turner, Benjamin; Chataway, Jeremy  
**Source** British Journal of Neuroscience Nursing; Feb 2019; vol. 15 (no. 1); p. 20-27  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [British Journal of Neuroscience Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [British Journal of Neuroscience Nursing](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Multiple sclerosis (MS) can result in multi-level uro-neurological dysfunction that significantly increases the risk of urinary tract infections (UTIs). UTIs in patients with MS can lead to significant patient morbidity and cost to the National Health Service (NHS). Data collected from the NHS clinical commissioning groups in 2012/2013, and again in 2016/2017, revealed that UTI remains the most common cause of non-elective hospital admission in patients with MS, and that the overall cost of such admissions continued to rise across this period. In order to address this burgeoning problem, we used the evidence-based co-design methodology to collaborate with patients, their families and clinical staff to create a novel and innovative, patient-centred model called NeuroResponse®. We present the multi-faceted NeuroResponse® model and the results of the pilot study in the London Borough of Camden.

**26. Refractory status epilepticus in adults admitted to ITU in Glasgow 1995-2013 a longitudinal audit highlighting the need for action for provoked and unprovoked status epilepticus.**

**Authors** Abbasi, Hinanaz; Leach, John Paul  
**Source** Seizure; Feb 2019; vol. 65 ; p. 138-143  
**Publication Date** Feb 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30690407  
**Database** CINAHL  
 Available at [Seizure](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location] : UHL Libraries On Request (Free).  
 Available at [Seizure](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location] : British Library via UHL Libraries - please click link to request article.

**Abstract** Purpose: Our primary objective was to determine incidence of status epilepticus in adults admitted to 5 ITU settings in Glasgow over 18 years. We wanted to investigate if there are any change in causes and outcomes of SE over last decade. We also compared outcomes of De Novo status Epilepticus (DNSE) and Status Epilepticus in patients with previous Epilepsy (SEPE). Methods: The NHS GGC Research Ethics Committee gave permission for this study to continue without a full ethics submission. Between 2013 and 2016, coding records were searched across NHS Greater Glasgow and Clyde for adults over the age of 16 years admitted to an Intensive Care Facility in any of the hospitals in Glasgow. Results: 633 cases were included in study. Cases were separated depending on whether there had been previous epilepsy (SEPE n = 214) or De Novo Status Epilepticus (DNSE, n = 419). Causes in both groups were listed, with 52% of those with DNSE having some contribution from substance misuse. In SEPE, this was felt to play a role in 33.7%. Duration of stay in both groups was similar, but the longest in-patient stays were in the DNSE group. Admission mortality was significantly higher in DNSE than in SEPE (13.8% versus 7.5%). This mortality risk was most closely associated with substance misuse in the group with DNSE. Conclusion: DNSE has a worse prognosis than SEPE. A presentation with DNSE is sign of a system in peril, even where episodes are provoked by alcohol and or drug use. Such episodes should spark off a chain of multispecialty care in order to address this recurring and persisting public health catastrophe.

**27. To what extent is the variation in cardiac rehabilitation quality associated with patient characteristics?**

**Authors** Salman, Ahmad; Doherty, Patrick  
**Source** BMC Health Services Research; Jan 2019; vol. 19 (no. 1)

**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**PubMedID** 30606181  
**Database** CINAHL

Available at [BMC health services research](#) from ProQuest (Hospital Premium Collection) - NHS Version  
Available at [BMC health services research](#) from BioMed Central  
Available at [BMC health services research](#) from Europe PubMed Central - Open Access  
Available at [BMC health services research](#) from EBSCO (MEDLINE Complete)

**Abstract** Background: Huge variability in quality of service delivery of cardiac rehabilitation (CR) in the UK. This study aimed to ascertain whether the variation in quality of CR delivery is associated with participants' characteristics. Methods: Individual patient data from 1 April 2013 to 31 March 2014 were collected electronically from the UK's National Audit of Cardiac Rehabilitation database. Quality of CR delivery is categorised as low, middle, and high based on six service-level criteria. The study included a range of patient variables: patient demographics, cardiovascular risk factors, comorbidities, physical and psychosocial health measures, and index of multiple deprivation. Results: The chance that a CR patient with more comorbidities attended a high-quality programme was 2.13 and 1.85 times higher than the chance that the same patient attended a low- or middle-quality programme, respectively. Patients who participated in high-quality CR programmes tended to be at high risk (e.g. increased waist size and high blood pressure); high BMI, low physical activity levels and high Hospital Anxiety and Depression Scale scores; and were more likely to be smokers, and be in more socially deprived groups than patients in low-quality programmes. Conclusions: These findings show that the quality of CR delivery can be improved and meet national standards by serving a more multi-morbid population which is important for patients, health providers and commissioners of healthcare. In order for low-quality programmes to meet clinical standards, CR services need to be more inclusive in respect of patients' characteristics identified in the study. Evaluation and dissemination of information about the populations served by CR programmes may help low-quality programmes to be more inclusive.

#### 28. The design briefing process matters: a case study on telehealthcare device providers in the UK\*.

**Authors** Yang, Fan; Renda, Gianni  
**Source** Disability & Rehabilitation: Assistive Technology; Jan 2019; vol. 14 (no. 1); p. 91-98  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL

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**Abstract** Purpose: The telehealthcare sector has been expanding steadily in the UK. However, confusing, complex and unwieldy designs of telehealthcare devices are at best, less effective than they could be, at worst, they are potentially dangerous to the users. Method: This study investigated the factors within the new product development process that hindered satisfactory product design outcomes, through working collaboratively with a leading provider based in the UK. Results: This study identified that there are too many costly late-stage design changes; a critical and persistent problem area ripe for improvement. The findings from analyzing 30 recent devices, interviewing key stakeholders and observing on-going projects further revealed that one major cause of the issue was poor practice in defining and communicating the product design criteria and requirements. Conclusions: Addressing the characteristics of the telehealthcare industry, such as multiple design commissioners and frequent deployment of design subcontracts, this paper argues that undertaking a robust process of creating the product design brief is the key to improving the outcomes of telehealthcare device design, particularly for the small and medium-sized enterprises dominating the sector. Implications for rehabilitation: Product design criteria and requirements are frequently ill-defined and ineffectively communicated to the designers within the processes of developing new telehealthcare devices. The absence of a (robust) process of creating the design brief is the root cause of the identified issues in defining and communicating the design task. Deploying a formal process of creating the product design brief is particularly important for the telehealthcare sector.

#### 29. THE VALUE OF NETWORKING.

**Authors** PANESAR, SATINDER  
**Source** Healthcare Counselling & Psychotherapy Journal; Jan 2019; vol. 19 (no. 1); p. 6-6  
**Publication Date** Jan 2019  
**Publication Type(s)** Periodical  
**Database** CINAHL

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**Abstract**

The article discusses what the author refers to as the value of networking, and it mentions the British Association for Counselling and Psychotherapy's (BACP's) Making Connections event which was held in Edinburgh, Scotland in September 2018 and the BACP's Valuing Your Involvement event in Birmingham, England in November 2018. The Scope of Practice and Education for the Counselling and Psychotherapy Professions workshop and BACP volunteers are assessed.

**30. Improving outcomes for homeless inpatients in mental health.**

**Authors** Khan, Zana; Koehne, Sophie; Haine, Philip; Dorney-Smith, Samantha

**Source** Housing, Care & Support; Jan 2019; vol. 22 (no. 1); p. 77-90

**Publication Date** Jan 2019

**Publication Type(s)** Academic Journal

**Database** CINAHL

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**Abstract**

**Purpose** The purpose of this paper is to describe the delivery of the first clinically led, inter-professional Pathway Homeless team in a mental health trust, within the King's Health Partners hospitals in South London. The Kings Health Partners Pathway Homeless teams have been operating since January 2014 at Guy's and St Thomas' (GStT) and Kings College Hospital and expanded to the South London and Maudsley in 2015 as a charitable pilot, now continuing with short-term funding. **Design/methodology/approach** This paper outlines how the team delivered its key aim of improving health and housing outcomes for inpatients. It details the service development and integration within a mental health trust incorporating the experience of its sister teams at Kings and GStT. It goes on to show how the service works across multiple hospital sites and is embedded within the Trust's management structures. **Findings** Innovations including the transitional arrangements for patients' post-discharge are described. In the first three years of operation the team saw 237 patients. Improved housing status was achieved in 74 per cent of patients with reduced use of unscheduled care after discharge. Early analysis suggests a statistically significant reduction in bed days and reduced use of unscheduled care. **Originality/value** The paper suggests that this model serves as an example of person centred, value-based health that is focused on improving care and outcomes for homeless inpatients in mental health settings, with the potential to be rolled-out nationally to other mental health Trusts.

**31. The reliable measurement of temporal trends in mortality attributed to epilepsy and status epilepticus in Northern Ireland between 2001-2015.**

**Authors** Kinney, M.O.; McCarron, M.O.; Craig, J.J.

**Source** Seizure; Jan 2019; vol. 64; p. 16-19

**Publication Date** Jan 2019

**Publication Type(s)** Academic Journal

**PubMedID** 30504062

**Database** CINAHL

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Available at [Seizure](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** Purpose: Epilepsy mortality is of considerable public health concern, as a leading cause of premature neurological death. Recent English and Welsh mortality data suggests a falling mortality rate where epilepsy was the underlying cause of death, predominantly due to a reduction in status epilepticus (SE) mortality. We sought to validate this finding in Northern Ireland. Methods: Officially recorded death certificate data related to epilepsy and SE were obtained from the Northern Ireland statistics and research agency. Data were analysed from 2001 to 2015. The outcomes were the age-adjusted mortality rate for epilepsy and SE. External validation of SE deaths was carried out using data from an intensive care national audit and research centre database. Results: From 2001 until end of 2015, epilepsy was recorded at death certification in 1484 cases. 458 deaths were considered due to epilepsy. Among 75 in whom SE was recorded, SE was the cause of death in 46 patients. External validation found 103 total deaths related to SE in ICU departments in Northern Ireland, suggesting an overall under-ascertainment of officially recorded statistics. With respect to the 2013 European Standard Population, the mean age-adjusted mortality rate for epilepsy was 1.9 (95% C.I. 1.73-2.07) per 100,000 person years. For SE the mean age-adjusted mortality rate was 2.1 (95% C.I. 0.15-0.27) per 100,000 person years. Conclusions: Death certification in SE is likely to be an underestimate of the reality. Further efforts are urgently needed to determine the extent of SE-related deaths and all deaths in patients with epilepsy.

**32. An initiative to improve the effectiveness of wound healing within GP Practices.**

**Authors** YOUNG, TRUDIE; RYZY, JANETTE; CRYER, SIAN; CLARK, MICHAEL  
**Source** Wounds UK; Jan 2019; vol. 15 (no. 1); p. 27-33  
**Publication Date** Jan 2019  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
 Available at [Wounds UK](#) from EBSCO (CINAHL Plus with Full Text)  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from NULJ library) - click this link for more information Local Print Collection [location]: UHL Libraries On Request (Free).  
 Available at [Wounds UK](#) from Available to NHS staff on request from UHL Libraries & Information Services (from non-NHS library) - click this link for more information Local Print Collection [location]: British Library via UHL Libraries - please click link to request article.

**Abstract** Background: The greatest burden of community based wound care falls on nurses working within GP Practices. Despite the common treatment of wounds by Practice Nurses little formal guidance is available to this cohort and significant gaps in practice have been reported. Local problem: Objective was to improve wound management and so help reduce the number of patients with wounds seen by the GP Practices. Methods: Interventions: Two complex wound clinics established in GP Practices in South Wales with one-to-one support provided to Practice Nurses by an experienced wound clinician. Results: Within one of the GP Practices data was collected pre- and postimplementation of the wound clinic with healing increased from 33.3% to 67.3% postimplementation. The mix of wounds treated was similar pre- and post-implementation of the complex wound clinic with venous leg ulcers, surgical wounds, traumatic wounds and leg wounds being the common frequently reported aetiologies. The cost of wound treatment was similar pre- and post-implementation of the complex wound clinic. Conclusions: This quality improvement project identified that wound care delivered within GP Practices may result in low healing rates which can be markedly improved through development and introduction of a wound clinic. The approach was successful within the two wound clinics established within the project with healing rates around 70% in both clinics, while the cost of wound treatment did not appear to be markedly changes before or after wound clinic introduction. Expansion of this model may enable GP Practices to successfully treat the wounds of the many thousands of patients who present with wounds in their GP Practice each year.

**33. Paediatric intensive care and neonatal intensive care airway management in the United Kingdom: the PIC-NIC survey.**

**Authors** Foy, K. E.; Mew, E.; Cook, T. M.; Bower, J.; Kelly, F. E.; Knight, P.; Dean, S.; Herneman, K.; Marden, B.  
**Source** Anaesthesia; Nov 2018; vol. 73 (no. 11); p. 1337-1344  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 30112809  
**Database** CINAHL  
 Available at [Anaesthesia](#) from Wiley  
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**Abstract** In 2011, the Fourth National Audit Project (NAP4) reported high rates of airway complications in adult intensive care units (ICUs), including death or brain injury, and recommended preparation for airway difficulty, immediately available difficult airway equipment and routine use of waveform capnography monitoring. More than 80% of UK adult intensive care units have subsequently changed practice. Undetected oesophageal intubation has recently been listed as a 'Never Event' in UK practice, with capnography mandated. We investigated whether the NAP4 recommendations have been embedded into paediatric and neonatal intensive care practice by conducting a telephone survey of senior medical or nursing staff in UK paediatric intensive care units (PICUs) and neonatal intensive care units (NICUs). Response rates were 100% for paediatric intensive care units and 90% for neonatal intensive care units. A difficult airway policy existed in 67% of paediatric intensive care units and in 40% of neonatal intensive care units; a pre-intubation checklist was used in 70% of paediatric intensive care units and in 42% of neonatal intensive care units; a difficult intubation trolley was present in 96% of paediatric intensive care units and in 50% of neonatal intensive care units; a videolaryngoscope was available in 55% of paediatric intensive care units and in 29% of neonatal intensive care units; capnography was 'available' in 100% of paediatric intensive care units and in 46% of neonatal intensive care units, and 'always available' in 100% of paediatric intensive care units and in 18% of neonatal intensive care units. Death or serious harm occurring secondary to complications of airway management in the last 5 years was reported in 19% of paediatric intensive care units and in 26% of neonatal intensive care units. We conclude that major gaps in optimal airway management provision exist in UK paediatric intensive care units and especially in UK neonatal intensive care units. Wider implementation of waveform capnography is necessary to ensure compliance with the new 'Never Event' and has the potential to improve airway management.

#### 34. Mainstream is not for all: the educational experiences of autistic young people.

**Authors** Goodall, Craig  
**Source** Disability & Society; Nov 2018; vol. 33 (no. 10); p. 1661-1665  
**Publication Date** Nov 2018  
**Publication Type(s)** Academic Journal  
**Database** CINAHL  
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**Abstract** This article highlights two current issues facing autistic young people in their pursuit of suitable education. First, mainstream education is advocated for all, from a rights-based perspective on inclusion, yet, as 12 autistic young people from Northern Ireland demonstrate, being academically able does not mean they are mainstream able. Second, autistic young people, who are largely missing from the debate on educational improvement, and in particular the inclusion debate, ought to be central to this discussion and have much to add. The social model of disability is considered relevant to autism. For the young people referred to in this article, inclusion is a feeling (a sense of belonging) not a place (mainstream or otherwise).

#### 35. The organisation of critical care for burn patients in the UK: epidemiology and comparison of mortality prediction models.

**Authors** Toft-Petersen, A. P.; Ferrando-Vivas, P.; Harrison, D. A.; Dunn, K.; Rowan, K. M.; Toft-Petersen, A P; Ferrando-Vivas, P  
**Source** Anaesthesia; Sep 2018; vol. 73 (no. 9); p. 1131-1141  
**Publication Date** Sep 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29762869  
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**Abstract** In the UK, a network of specialist centres has been set up to provide critical care for burn patients. However, some burn patients are admitted to general intensive care units. Little is known about the casemix of these patients and how it compares with patients in specialist burn centres. It is not known whether burn-specific or generic risk prediction models perform better when applied to patients managed in intensive care units. We examined admissions for burns in the Case Mix Programme Database from April 2010 to March 2016. The casemix, activity and outcome in general and specialist burn intensive care units were compared and the fit of two burn-specific risk prediction models (revised Baux and Belgian Outcome in Burn Injury models) and one generic model (Intensive Care National Audit and Research Centre model) were compared. Patients in burn intensive care units had more extensive injuries compared with patients in general intensive care units (median (IQR [range]) burn surface area 16 (7-32 [0-98])% vs. 8 (1-18 [0-100])%, respectively) but in-hospital mortality was similar (22.8% vs. 19.0%, respectively). The discrimination and calibration of the generic Intensive Care National Audit and Research Centre model was superior to the revised Baux and Belgian Outcome in Burn Injury burn-specific models for patients managed on both specialist burn and general intensive care units.

**36. Look, then leap: quality and improving maternity care.**

**Authors** Shah, N. T.  
**Source** BJOG: An International Journal of Obstetrics & Gynaecology; Jun 2018; vol. 125 (no. 7); p. 866-866  
**Publication Date** Jun 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29211338  
**Database** CINAHL  
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 Available at [BJOG: An International Journal of Obstetrics & Gynaecology](#) from Unpaywall

**Abstract** The author comments on a paper by R. S. Geary et al about the need to reform and improve system of maternity care. Topics include a brief description of obstetric practice in the past century, an increase in U.S. maternal mortality rate in the first part of the 20th century, and the launch of the National Maternity and Perinatal Audit (NMPA) by National Health Service (NHS) maternity services across England, Scotland and Wales to reform maternity care.

**37. The clinical utility of genetic testing of tissues from pregnancy losses.**

**Authors** Waterman, C. A.; Batstone, P.; Bown, N.; Cresswell, L.; Delmege, C.; English, C. J.; Fews, G.; Grimsley, L.; Imrie, S.; Kulkarni, A.; Mann, K.; Johnson, R.; Morgan, S. M.; Roberts, P.; Simonic, I.; Trueman, S.; Wall, M.; McMullan, D.  
**Source** BJOG: An International Journal of Obstetrics & Gynaecology; Jun 2018; vol. 125 (no. 7); p. 867-873  
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**PubMedID** 27594580  
**Database** CINAHL  
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**Abstract** Objective: To map the current testing being undertaken following pregnancy loss across the UK and to examine the clinical utility in terms of identifying a cause for the loss and in identifying couples at risk of an unbalanced liveborn child. Design: Retrospective audit. Setting: UK, for the year 2014. Population: An audit of 6465 referrals for genetic testing of tissue samples following pregnancy loss. Methods: Data were obtained by questionnaire from 15 UK regional genetics laboratories. Main Outcome Measures: Data were analysed with respect to gestational age, the presence of identified fetal anomalies, methodologies used, abnormality rates and the presence of a parental balanced rearrangement. Results: Of 6465 referrals a genetic cause was identified in 22% of cases (before 12 weeks' gestation, in 47%; at 12-24 weeks, in 14%; after 24 weeks, in 6%). In 0.4% of cases a balanced parental rearrangement was identified where there was a risk of an affected liveborn child in a future pregnancy. Eighty percent of genetic imbalances identified were aneuploidy or triploidy and could be identified by quantitative fluorescence polymerase chain reaction alone. There was significant variation across the UK in acceptance criteria, testing strategies and thus level of resolution of testing. Conclusions: Genetic testing of tissues following pregnancy loss identifies a probable cause of fetal demise in 22% of cases, but it is of low clinical utility in identifying couples at risk of a future unbalanced liveborn child. A comprehensive multidisciplinary review is needed to develop proposals for an affordable and equitable service. Tweetable Abstract: UK audit of genetic testing of fetal loss shows variation in access to and resolution of analysis.

### 38. UK Confidential Enquiry into Maternal Deaths - still learning to save mothers' lives.

**Authors** Lucas, D. N.; Bamber, J. H.  
**Source** Anaesthesia; Apr 2018; vol. 73 (no. 4); p. 416-420  
**Publication Date** Apr 2018  
**Publication Type(s)** Academic Journal  
**PubMedID** 29536515  
**Database** CINAHL  
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**Abstract** An editorial is presented which explores a report of the Confidential Enquiry into Maternal Deaths and Morbidity from the MBRRACE-UK collaborative programme. It outlines the decline of the rate of maternal deaths directly attributed to anaesthesia. Statistics are also offered which reflect in part the quality of obstetric anaesthetic training and practice in Great Britain.

### 39. Exploring performance of, and attitudes to, Stop- and Mock-Before-You-Block in preventing wrong-side blocks.

**Authors** Hopping, M.; Merry, A. F.; Pandit, J. J.  
**Source** Anaesthesia; Apr 2018; vol. 73 (no. 4); p. 421-427  
**Publication Date** Apr 2018  
**Publication Type(s)** Academic Journal  
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**Abstract**

We conducted an online survey to assess the career experiences of wrong side blocks, the practice of Stop-Before-You-Block, the recently described method of Mock-Before-You-Block and attitudes to these. Respondents were 208 anaesthetists across nine hospitals (173 consultants or Staff and Associate Specialist doctors'), representing 3623 years of collective anaesthetic practice. There had been a total of 62 wrong side blocks (by 51 anaesthetists and one current trainee). Predisposing factors for this were commonly ascribed to distractions (35 (69%), for example due to rushing or teaching), patient positioning (9 (18%)) or miscommunication (6 (12%)). Two (4%) respondents felt they had performed Stop-Before-You-Block too early; 62 (41%) of all respondents stated they performed Stop-Before-You-Block as early as preparing the skin or on arrival of the patient in the anaesthetic room, and not any later. Twenty (10%) respondents admitted to not performing Stop-Before-You-Block at all or only occasionally (including 5 (2%) who had performed a wrong side block). Mock-Before-You-Block was easily understood (by 169 out of 197 (86%)) and 14 out of 61 (23%) respondents felt it would have prevented the wrong side error in their case. However, free-text comments indicated that many anaesthetists were reluctant to use a method that interrupted their performance of the block. We conclude that considerable work is needed to achieve full compliance with Stop-Before-You-Block at the correct time.