

# HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

## Clinical Audit and Effectiveness Annual Report 2015 / 16

### 1. Introduction

The Clinical Audit and Effectiveness Team sits within the Quality, Governance and Assurance Directorate and works closely with the Quality Facilitators and Quality and Safety Managers. The Clinical Audit and Effectiveness Team manages the clinical audit project approval process, monitors participation in national and local audits and the implementation of any resulting actions, provides support and training to staff undertaking clinical audit projects and monitors compliance with the NICE guidance. The central team also co-ordinate the NCEPOD studies including the gap analyses and monitoring of actions. In addition, this year the team has been given responsibility for undertaking the various 7 day working audits and baseline assessments.

The Clinical Audit and Effectiveness Team consists of 1 Clinical Audit and Effectiveness Manager (0.5 WTE), supported by 3.1 WTE Clinical Audit and Effectiveness Facilitators. In addition, the team is supported by an Audit Clerk (0.7 WTE), who is based at the Medical Records site. This year, an additional 0.5WTE post was allocated to the team to cover Trustwide audits, 7 day working, as well as audits arising from Serious Incidents and CQC inspections. The other half of this role supported the work of the Compliance Team, whom the Clinical Audit and Effectiveness team work closely with. Between September and April, one of the Clinical Audit and Effectiveness Facilitators supported the Risk Team as 0.5WTE.

Throughout the year, Professor McCollum was the Director of Clinical Effectiveness and acted as a professional lead, providing guidance to the Clinical Audit and Effectiveness Team. Due to retirement, he will be stepping down from this role in April 2016.

The Clinical Effectiveness, Policies and Practice Development Committee met 11 times during 2015/16. The committee meets monthly and membership includes the Health Group Medical Directors, a Quality and Safety Manager from each Health Group, pharmacy, nursing and therapy representatives and the Clinical Audit and Effectiveness Manager. Professor McCollum chaired this committee, which reports to the Operational Quality Committee.

This report summarises the clinical audit and effectiveness activity for 2015/16 within the Trust.

### 2. Clinical Audit Priorities and Plan

One of the Clinical Audit and Effectiveness Team's responsibilities is to facilitate clinical audits within the Trust. Each Clinical Audit and Effectiveness Facilitator is linked with at least one Health Group and is able to assist clinicians with many aspects of the clinical audit process. This assistance can range from suggesting clinical audit topics to project design, data entry, sample identification, data analysis, data collection form design, presentation preparation, case note retrieval and support with report writing.

The Trust has a prioritised programme that relates to both local and national priorities with the overall main aim of improving patient outcomes. The priorities reflect a combination of both local and national priorities and are listed in the table below:-

TYPE OF AUDIT	PRIORITY
Assurance Framework audits	1
CQuIN audits	1
NHS Commissioning Board Special Health Authority Audits (including Patient Safety Alert Notices, Rapid Response Alerts, Safer Practice	1

Notices, Patient Safety Information)	
<b>NSF Audits</b>	1
<b>Peer Review</b>	1
<b>NICE Guidance</b> (including Technology Appraisals, Interventional Procedures and Guidelines)	1
<b>NCEPOD audits</b>	1
<b>National audits</b>	1
<b>Audits identified as a result of risk issues</b> (including SIs, incidents, PALS/complaints)	1
<b>Peer review</b>	1
<b>Local policy audits</b>	2
<b>Trust-wide audits</b>	2
<b>Care pathway/local guideline audits</b>	3

### Key

Priority 1	External or local 'must do' audit
Priority 2	External or local 'should do' audit
Priority 3	Local interest audit

A programme of audit projects was developed by the Health Groups based on the Trust audit priorities for 2016/17, which were approved at the Clinical Effectiveness, Policies and Practice Development Committee in April 2016. See Appendix I for the audit plan 2016/17.

### 3. Monitoring of the Clinical Audit Plan

Once a CG1 registration form has been sent to the Clinical Audit and Effectiveness Facilitator, the department holds weekly approval meetings to ascertain whether the project is a quality clinical audit and to discuss any implications for the Trust the clinical audit may have, such as information governance issues.

During 2015/16, performance against the clinical audit plan was monitored via quarterly reports to the Clinical Effectiveness, Policies and Practice Development Committee. The table below shows the number of clinical audits commenced in relation to those included on the 2015/16 audit plan per Health Group.

Number of audits commenced	Current stage of audits		Number of audits completed
243	Data collection	19	205
	Data analysis	6	
	Report	6	
	Complete	205	
	Ongoing	2	
	Abandoned	5	
Number of audits due to have commenced			Number of audits due to have been completed
244			218

The table shows that 99.6% of audits on the audit plan commenced.

Some audits were approved in addition to the approved plan. This was mainly due to national audits emerging, the identification of risk issues which required an audit and audits commenced by specialties that did not include any audits on the plan. The table overleaf illustrates the progress of these audits.

### 3.1 AUDITS APPROVED IN ADDITION TO THE PLAN

Number of audits commenced	Current stage of audits		Number of audits completed
96	Data collection	9	79
	Data analysis	2	
	Report	6	
	Complete	79	
	Ongoing	0	
	Abandoned	0	

#### 4. Monitoring of Clinical Audit Activity and Outcome Forms

During 2015/16, performance against the clinical audit plan was monitored via quarterly reports to the Clinical Effectiveness, Policies and Practice Development Committee.

In 2015/16, 339 audit projects were approved, compared to 303 in 2014/15 and 339 in 2013/14.

The table below shows the number of approved clinical audits and completed outcome forms by Health Group:-

Health Group	Approved Clinical Audits	Number of Completed Audits
Clinical Support	48	34
Family and Women's Health	90	83
Medicine	59	47
Surgery	122	104
Trust-wide	20	11
<b>Total</b>	<b>339</b>	<b>279</b>

*NB. 36 audits are not due to be completed until 2016/17 (Clinical Support = 8, Family and Women's Health = 5, Medicine = 9, Surgery = 12)*

The table shows that at the end of 2015/16, 82% of audits were complete compared to 79% at the end of 2014/15.

14 learning audits were approved during 2015/16. These are audits that are undertaken primarily for educational purposes and are not included on the audit plan.

Due to a lack of follow up by the Health Groups, the central team now follow up actions from local audits.

See Appendix II for the progress of the actions identified as a result of local clinical audits completed in 2014/15.

#### 5. Internal Audit

During 2014, internal audit undertook a review of the clinical audit arrangements within the Trust. The report was published in December 2014 and presented to the Audit Committee. Clinical audit was given a rating of 'significant assurance' with 7 areas identified as requiring action. An action plan was developed and approved at the Clinical Effectiveness, Policies

and Practice Development Committee in January 2015. During 2015/16, all of the actions were successfully implemented.

## **6. 7 day working**

This year, the Clinical Audit and Effectiveness Team were given responsibility for collection and submission of data to NHS England regarding 7 day working. In 2013, the NHS Services 7 Days a Week Forum developed ten clinical standards describing the minimum level of service that hospital patients admitted through urgent and emergency routes should expect to receive on every day of the week. An initial data submission was made against Standards 2, 5, 6, and 8 as requested by NHS Improving Quality. Then, a whole systems assessment was undertaken against the 10 standards and another set of standards. This was undertaken in conjunction with the commissioners.

In March 2016, a casenote audit of 280 patients, who were admitted as an emergency, was undertaken and the data submitted to NHS England via an online tool.

## **7. Clinical Effectiveness, Policies and Practice Development Committee**

The Clinical Effectiveness, Policies and Practice Development Committee met 11 times during this year.

The aim of the Committee (established in April 2014) is to monitor clinical audit and effectiveness activity within the Trust. This includes the monitoring of compliance with NICE guidance and NCEPOD recommendations. The committee also approves policies / guidelines and clinical practice and development applications, including patient group directives. The Committee reports to the Operational Quality Committee.

## **8. National Audits**

During 2015/16, 45 national clinical audits covered NHS services that Hull and East Yorkshire Hospitals NHS Trust provides.

During that period Hull and East Yorkshire Hospitals NHS Trust participated in 100% of national clinical audits which it was eligible to participate in.

For each national audit report that is published, an outcomes form is completed by the Clinical Audit and Effectiveness Team, summarising the results. Where possible, this compares the Trust against previous years' results and against the national figures. The Clinical Audit and Effectiveness Team then meet with the national audit lead to agree an action plan and this is then presented at the Clinical Effectiveness, Policies and Practice Development Committee for ratification and escalation of any particularly good or poor results. The Clinical Audit and Effectiveness Team then follow up the agreed actions, to ensure they are implemented.

See Appendix III for the progress of the actions identified as a result of national clinical audits completed in 2014/15.

## **9. NICE Guidance**

The Clinical Audit and Effectiveness Team liaises with clinicians from each Health Group who are responsible for demonstrating the Trust's compliance with NICE guidance. Compliance with NICE guidance is reported via a quarterly report to the Clinical Effectiveness, Policies and Practice Development Committee. Regular updates are also provided to the commissioners via the Contract Management Board.

## 9.1 Technology Appraisals and Interventional Procedures

**Technology appraisals** are recommendations on the use of new and existing medicines and treatments within the NHS in England and Wales, such as medicines, medical devices, diagnostic techniques, surgical procedures and health promotion activities. When NICE recommends a treatment 'as an option', the NHS must make sure it is available within 3 months (unless otherwise specified) of its date of publication.

**Interventional procedures** are recommendations about whether interventional procedures used for diagnosis or treatment are safe enough and work well enough for routine use. An interventional procedure is a procedure used for diagnosis or treatment that involves making a cut or a hole to gain access to the inside of a patient's body, gaining access to a body cavity without cutting into the body or using electromagnetic radiation (which includes X-rays, lasers, gamma-rays and ultraviolet light)

For both Technology Appraisals and Interventional Procedures, the Trust has a well established process for determining compliance. Any issues regarding compliance were reported to the Clinical Effectiveness, Policies and Practice Development Committee within the quarterly report on NICE guidance.

The table below shows the status of the Technology Appraisals that have been published during 2015/16.

Health Group Technology Appraisals	Fully compliant	Partially compliant	Non compliant	Yet to be determined
Clinical Support	15	0	0	2
Family and Women's Health	6	0	0	0
Medicine	7	0	0	1
Surgery	2	0	0	0
Trustwide	1	0	0	0

The table below shows the status of the Interventional Procedures that have been published during 2015/16.

Health Group Interventional Procedures	Fully compliant	Partially compliant	Non compliant	Yet to be determined
Clinical Support	0	0	0	1
Family and Women's Health	2	0	0	0
Medicine	0	1	0	1
Surgery	3	0	0	2

*NB. All of the guidance which is 'yet to be determined' is from the last quarter.*

## 9.2 NICE Guidelines

The Clinical Audit and Effectiveness Team have been working with clinicians to complete the form and escalating non-compliance with individual guidelines where necessary. Many clinical leads have chosen to adopt the NICE guideline in its entirety and the Clinical Audit and Effectiveness Team facilitate the process of ensuring this is approved at the relevant Health Group governance meeting. During 2015/16, compliance was determined with many of the guidelines published the year before. Work is ongoing to determine the compliance with guidelines published during 2015/16 (see table below).

Health Group	Fully compliant	Partially compliant	Non compliant	Yet to be determined
Clinical Support	0	0	0	3
Family and Women's Health	0	0	0	7
Medicine	3	0	0	8
Surgery	0	0	0	7
Trustwide	0	0	0	4

## 9.3 Quality Standards

Due to the limited success in determining compliance with the NICE Quality Standards, a new template was approved at the Clinical Effectiveness, Policies and Practice Development Committee in April 2014. Completion of this template for each of the Quality Standards, in conjunction with the clinical leads, has been a priority for the Clinical Audit and Effectiveness Team.

This year, compliance has been determined against 37 Quality Standards.

The table below shows the progress in determining compliance with the Quality Standards to date:-

Health Group	Current Status of Quality Standards
<b>Clinical Support</b>	
End of Life	Partially compliant
Children and Young People with Cancer	Partially compliant
Metastatic Spinal Cord Compression	Compliant
Sickle Cell Acute Painful Episode	Partially compliant
Hepatitis B	Partially compliant
Sarcoma	Compliant
<b>Family and Women's Health</b>	
Glaucoma	Partially compliant
Breast Cancer	Partially compliant
Psoriasis	Partially compliant
The Epilepsies in Children and Young	Partially compliant

People	
Atopic Eczema in Children	Compliant
Antibiotics for Neonatal Infection	Partially compliant
Ovarian Cancer	Compliant
Specialist Neonatal Care	Partially compliant
Bacterial Meningitis and Meningococcal Septicaemia in Children and Young People	Partially compliant
Caesarean Section	Partially compliant
Feverish Illness in Children under 5 Years	Partially compliant
Antibiotics for Neonatal Infection	Partially compliant
Fertility Problems	Partially compliant
<b>Medicine</b>	
Diabetes in Pregnancy	Partially compliant
Dementia	Compliant
Stroke	Partially compliant
COPD	Partially compliant
Delirium	Partially compliant
Asthma	Partially compliant
Lung Cancer	Partially compliant
The Epilepsies in Adults	Partially compliant
Supporting People to Live Well with Dementia	Partially compliant
Diabetes	Partially compliant
Rheumatoid Arthritis	Partially compliant
Headaches in Young People and Adults	Partially compliant
Renal Replacement Therapy Services	Partially compliant
Chronic Heart Failure	Partially compliant
Acute Heart Failure: Diagnosis and Management in Adults	Partially compliant
Stable Angina	Partially compliant
Rheumatoid Arthritis	Partially compliant
Familial Hypercholesterolaemia	Partially compliant
Acute Coronary Syndromes (including myocardial infarction)	Partially compliant
Transient Loss of Consciousness	Compliant
Acute Kidney Injury	Partially compliant
Idiopathic Pulmonary Fibrosis	Partially compliant
Falls in Older People: Assessment After a Fall and Preventing Further Falls	Partially compliant
Osteoarthritis	Compliant
Atrial Fibrillation: Treatment and Management	Partially compliant
Cardiovascular Risk Assessment and Lipid Modification	Compliant

Multiple Sclerosis	Compliant
Acute Kidney Injury	Partially compliant
<b>Surgery</b>	
Alcohol Dependence and Harmful Alcohol Use	Partially compliant
Colorectal Cancer	Partially compliant
Acute Upper Gastrointestinal Bleeding	Partially compliant
Lower Urinary Tract Symptoms in Men	Partially compliant
Faecal Incontinence	Compliant
Varicose Veins in the Legs	Compliant
Inflammatory Bowel Disease	Partially compliant
Prostate Cancer	Partially compliant
Hip Fracture in Adults	Partially compliant
Urinary Tract Infections in Adults	Partially compliant
<b>Trustwide</b>	
VTE prevention	Partially compliant
Healthcare-Associated Infections	Partially compliant
Infection Prevention and Control	Partially compliant

#### 10. NCEPOD activity 2015/16

The Clinical Audit and Effectiveness Manager is the named local reporter for NCEPOD and acts as a link between the non-clinical staff at NCEPOD and individual consultants. This role includes compiling and sending datasets requested by NCEPOD. The Trust participated in the studies below during 2015/16:-

<b>National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study</b>	<b>Participation (Yes/No)</b>	<b>% cases submitted</b>
Acute Pancreatitis	Yes	57%
Mental Health in General Hospitals	Yes	62.5%
Chronic Neurodisability	Yes	Data collection due to complete in late 2016
Young People's Mental Health	Yes	Data collection due to complete in late 2016

<b>Mothers and Babies: Reducing Risk through Audits and Confidential Enquires across the UK (MBBRACE – UK)</b>	<b>Participation (Yes/No)</b>	<b>% cases submitted</b>
Maternal Infant and Perinatal programme	Yes	100%

This year, two NCEPOD reports were published that are relevant to this Trust. 'Just Say Sepsis!' (Sepsis) and 'Time to Get Control?' (Gastrointestinal Haemorrhage) were published.

Both gap analyses have been completed and ratified at the Clinical Effectiveness, Policies and Practice Development Committee. The implementation of the actions is being monitored.



## **11. Clinical Audit Training**

The Clinical Audit and Effectiveness Team provided several clinical audit training sessions to specialties during this year, as requested. The team provided training at specialty junior induction sessions. The team has continued to provide individuals undertaking clinical audit projects with advice and support.

## **12. Clinical Audit Objectives 2016/17**

- To make clinical audit reports available on the Trust intranet site
- To develop a process to audit 7 day working
- To review the role of the team in relation to learning lessons from serious incidents and Trustwide audits
- To include a page on the clinical audit intranet site regarding the way clinical audit results are disseminated within specialties, to ensure lessons are learnt as a result of audit

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST  
2016/17 AUDIT PLAN**

**Clinical Support Health Group**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
2016 National Comparative Audit of Patient Blood Management in Adults Undergoing Scheduled Surgery	01-Jul-2016	31-Jul-2016	Blood Transfusion
Patient Information & Consent Audit - Clinical Haematology	01-Sep-2016	28-Feb-2017	Clinical Haematology (Ward)
Record Keeping Audit - Clinical Haematology	01-Sep-2016	28-Feb-2017	Clinical Haematology (Ward)
Assessment of Pain Management for Patients Admitted With Sickle Pain	16-Feb-2016	31-Mar-2016	Clinical Haematology (Ward)
Audit of Outcome of Latex Investigations and to Assess Safety of Latex Glove Challenges	18-Mar-2016	06-Jun-2016	Clinical Immunology (Ward)
Modified Rush Venom Immunotherapy Audit	18-Mar-2016	06-Jun-2016	Clinical Immunology (Ward)
Patient Information & Consent Audit - Clinical Oncology	01-Sep-2016	28-Feb-2017	Clinical Oncology
Record Keeping Audit - Clinical Oncology	01-Sep-2016	28-Feb-2017	Clinical Oncology
Compliance With Post Admission Consultant Review as per Medical Admission Form	10-Mar-2016	31-Mar-2017	Clinical Oncology
Compliance of Employees With Extravasation Guidelines	08-Feb-2016	20-May-2016	Clinical Oncology
RE-AUDIT - Validation of the Early Warning Food Record Chart: Comparison of Plate Wastage vs. Recorded Intake and Action Taken Based on Score Generated	01-Apr-2016	28-Feb-2017	Dietetics
Service Evaluation of Regular Snack Prescription on an Acute Oncology Unit.	19-Feb-2016	31-Mar-2017	Dietetics
Patient Information & Consent Audit - Infectious Diseases	01-Sep-2016	28-Feb-2017	Infectious Diseases
Record Keeping Audit - Infectious Diseases	01-Sep-2016	28-Feb-2017	Infectious Diseases
Record Keeping Audit - Occupational Therapy	01-Sep-2016	28-Feb-2017	Occupational Therapy
Record Keeping Audit - Physiotherapy	01-Sep-2016	28-Feb-2017	Physiotherapy
Patient Information & Consent Audit - Radiology	01-Sep-2016	28-Feb-2017	Radiology
RE-AUDIT: Accuracy of Interpretation of Emergency Abdominal CT in Adult Patients Who Present with Non-Traumatic Abdominal Pain	01-Aug-2016	31-Oct-2016	Radiology
To Assess impact of In-clinic Cytology on the Adequacy Rates of US-FNAC for Head and Neck Lumps Including Thyroid	02-Mar-2016	31-Mar-2017	Radiology

Audit Title	Planned Start Date	Due Date	Specialty
RE-AUDIT - Diagnosis and Monitoring of Depression Following Acquired Brain Injury	01-Apr-2016	28-Feb-2017	Rehabilitation
RE-AUDIT - A Review of the Current Communication and / or Dysphagia Therapy Provision for Patients on the Acute Stroke Unit	01-Apr-2016	28-Feb-2017	Speech & Language Therapy

## Family & Women's Health Group

Audit Title	Planned Start Date	Due Date	Specialty
BASO - British Association of Surgical Oncology Audit	01-Apr-2016	31-Mar-2017	Breast Screening; Breast Surgery
Patient Information & Consent Audit - Breast Services	01-Jun-2016	28-Feb-2017	Breast Screening; Breast Surgery
Record Keeping Audit - Breast Services	01-Jun-2016	28-Feb-2017	Breast Screening; Breast Surgery
Breast Cancer Margins Audit	01-Feb-2016	01-Aug-2016	Breast Surgery
Patient Information & Consent Audit - Dermatology	01-Jun-2016	28-Feb-2017	Dermatology
Record Keeping Audit - Dermatology	01-Jun-2016	28-Feb-2017	Dermatology
Heavy Menstrual Bleeding Audit	01-Jun-2016	28-Feb-2017	Gynaecology
Patient Information & Consent Audit - Gynaecology	01-Jun-2016	28-Feb-2017	Gynaecology
RE-AUDIT - Pregnancy of Unknown Location Audit	01-Apr-2016	28-Feb-2017	Gynaecology
Record Keeping Audit - Gynaecology	01-Jun-2016	28-Feb-2017	Gynaecology
Written Consent and WHO Checklist Compliance (Hysteroscopy)	01-Apr-2016	01-Jul-2017	Gynaecology
National Neonatal Audit Programme (NNAP) (Neonatal Intensive and Special Care)	01-Apr-2016	31-Mar-2017	Neonates
RE-AUDIT - Use of Longlines and Umbilical Catheters on the NNU – Current Practice and Complications	01-Aug-2016	28-Feb-2017	Neonates
Record Keeping Audit - Neonates	01-Nov-2016	28-Feb-2017	Neonates
Audit of Neonatal Cranial Ultrasound	14-Mar-2016	02-Aug-2016	Neonates
Central Line Associated Bacterial Infections (CLABSI) in the Neonatal Unit in 2015	01-Apr-2016	31-Jul-2016	Neonates
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	01-Apr-2016	31-Mar-2017	Neonates; Obstetrics
Audit of Discharge of Antenatal Women form Hospital Guideline (109)	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Early Recognition of Severe Illness in Pregnancy and Postnatal Period Guideline (148)	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Guidance of Management of Women in Non-Maternity Care Settings Guideline (59)	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Guideline 180: Intrapartum Assessment of Fetal Well Being as a Result of a SI Investigation	01-Apr-2016	31-Jul-2016	Obstetrics

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
Audit of Iron Therapy for Women not Responding to Oral Iron Therapy Guideline (68)	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Management of Women with FGM	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Pre-term Labour Guideline (133)	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Reduced Fetal Movements Guideline (118) - SI Action	01-Apr-2016	28-Feb-2017	Obstetrics
Audit of Swab and Needle Count Guideline (83) - SI Action	01-Apr-2016	31-Aug-2016	Obstetrics
Audit of Thromboprophylaxis Guideline (111)	01-Apr-2016	28-Feb-2017	Obstetrics
Each Baby Counts	01-Apr-2016	31-Mar-2017	Obstetrics
GAP Audit (Perinatal Institute)	01-Apr-2016	31-Mar-2017	Obstetrics
Newborn Blood Spot Screening	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Abnormal Results Process for Antenatal Women	01-May-2016	30-Sep-2016	Obstetrics
RE-AUDIT - Antenatal Screening Tests in Pregnancy	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Audit of H2 Receptor Antagonists Prophylaxis in High Risk Women in Labour	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Audit on the Opening of the 2nd Obstetrics Theatre (over a 6 month period)	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Caesarean Section Grade 1 LSCS Audit	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Medical Cover Labour Ward	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Operative Vaginal Delivery	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Referral When Fetal Abnormality Detected	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Service Evaluation of Elective LSCS List Theatre Utilisation	01-Aug-2016	28-Feb-2017	Obstetrics
RE-AUDIT - Unexpected Admission to NICU	01-Apr-2016	28-Feb-2017	Obstetrics
Record Keeping Audit - Obstetrics	01-Jun-2016	28-Feb-2017	Obstetrics
SANDS Audit	01-Apr-2016	28-Feb-2017	Obstetrics
Supervisor of Midwives Record Keeping Spot Check Audit	01-Apr-2016	28-Feb-2017	Obstetrics
Vaginal Birth After Caesarean Section Audit	01-Apr-2016	28-Feb-2017	Obstetrics
Grade 2 Caesarean Section Audit	01-Mar-2016	01-Jun-2016	Obstetrics
Audit of the Completion of Back to Basics Training by all Midwives - Si Action	23-Feb-2016	28-Feb-2017	Obstetrics
Number of Patients Who Required Treatment Other Than Diet Out of Patients With BMI <35 who	20-Mar-2016	30-Jun-2016	Obstetrics

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
Screened Positive With GTT (continuation of GTT Audit)			
Audit of Maternity, Hand held and Newborn Notes - Antenatal & Newborn Screening Quality Assurance	20-Apr-2016	24-Jun-2016	Obstetrics
Audit of Induction of Labour Guideline (62)	01-Apr-2016	28-Feb-2017	Obstetrics
RE-AUDIT - The Use of Oxytocin in Labour	01-Apr-2016	31-Jul-2016	Obstetrics
Patient Information & Consent Audit - Obstetrics	16-May-2016	15-Jul-2016	Obstetrics
Audit of Retinal Detachment Surgery - BEAVRS National Prospective Audit	01-Apr-2016	31-Mar-2017	Ophthalmology
National Ophthalmology Audit	01-Apr-2016	31-Mar-2017	Ophthalmology
Patient Information & Consent Audit - Ophthalmology	01-Apr-2016	28-Feb-2017	Ophthalmology
RE-AUDIT - An Evaluation of Endophthalmitis incidence post intra-vitreous Injections Nov 2014 - Oct 2015	01-Oct-2016	28-Feb-2017	Ophthalmology
Record Keeping Audit - Ophthalmology	01-Apr-2016	28-Feb-2017	Ophthalmology
National Paediatric Diabetes Audit (NPDA)	01-Apr-2016	31-Mar-2017	Paediatric Medicine
National Paediatric Pneumonia Audit - BTS	01-Nov-2016	31-Mar-2017	Paediatric Medicine
RE-AUDIT - Hospital Management of Bronchiolitis	01-Apr-2016	28-Feb-2017	Paediatric Medicine
RE-AUDIT - Management of Paediatric Inpatients with Head Injury According to the NICE Guidelines	01-Jul-2016	28-Feb-2017	Paediatric Medicine
Record Keeping Audit - Paediatric Medicine	01-Sep-2016	28-Feb-2017	Paediatric Medicine
UK Cystic Fibrosis Registry - Paediatrics	01-Apr-2016	31-Mar-2017	Paediatric Medicine
Investigating Headaches in Paediatrics	10-Feb-2016	31-Mar-2016	Paediatric Medicine
Patient Information & Consent Audit - Paediatric Surgery	01-Jun-2016	28-Feb-2017	Paediatric Surgery
RE-AUDIT - of PAWS Score in General Paediatrics and Paediatric Surgery	01-Jun-2016	28-Feb-2017	Paediatric Surgery
Record Keeping Audit - Paediatric Surgery	01-Sep-2016	28-Feb-2017	Paediatric Surgery
Antibiotic Prophylaxis before Bowel Surgery. Have We Met the Guidelines?	20-Mar-2016	01-Aug-2016	Paediatric Surgery
Incidence of Perforated Appendix on Under 5 Years Old	04-Mar-2016	04-Jun-2016	Paediatric Surgery
Paediatric Intensive Care (PICANET) - Ongoing Morbidity / Mortality Analysis for Critical Care Patients	01-Apr-2016	31-Mar-2017	PICU

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
Audit of Patients with Visual Acuity of 6/60 or Worse at Diabetic Eye Screening Episode	01-Apr-2016	31-Mar-2017	Retinal Screening
Laser for Diabetic Reason "Laser Book" Audit (National Diabetic Eye Screening Programme Audit)	01-Apr-2016	31-Mar-2017	Retinal Screening
Routine Diabetic Eye Disease Referral Screening to Treatment Timeline Audit (STTT)- (NHS Diabetic Eye Screening Programme - DESP)	01-Apr-2016	31-Mar-2017	Retinal Screening
Audit of Twelve Month "Under the Care of Ophthalmology" Failsafe Trigger Cohort	01-Apr-2016	31-Mar-2017	Retinal Screening
Certificate of Visual Impairment (CVI) Registration for Diabetic Reason Audit - (NHS Diabetic Eye Screening Programme - DESP)	01-Apr-2016	31-Mar-2017	Retinal Screening
R3a Urgent Referral to Treatment Timeline Tracking Audit for Humber DESP	01-Apr-2016	31-Mar-2017	Retinal Screening

## Medicine Health Group

Audit Title	Planned Start Date	Due Date	Specialty
RE-AUDIT Assessment and Management of Alcohol Withdrawal in AAU	01-Aug-2016	31-Mar-2017	AAU
RE-AUDIT Quality Indicators in AMU	01-Jul-2016	31-Mar-2017	AAU
Record Keeping Audit - AAU	01-Apr-2016	28-Feb-2017	AAU
Cardiac Rhythm Management (CRM)	01-Apr-2016	31-Mar-2017	Cardiology
Myocardial Ischaemia National Audit Project (MINAP)	01-Apr-2016	31-Mar-2017	Cardiology
National Audit of Percutaneous Coronary Interventions (PCI)	01-Apr-2016	31-Mar-2017	Cardiology
National Heart Failure Audit	01-Apr-2016	31-Mar-2017	Cardiology
Record Keeping Audit - Cardiology	01-Jul-2016	28-Feb-2017	Cardiology
National Registry for Hybrid AF Ablation	31-Aug-2019	31-Aug-2016	Cardiology
National Adult Asthma Audit - BTS	01-Sep-2016	31-Dec-2016	Chest Medicine
National Audit of Pulmonary Hypertension	01-Apr-2016	31-Mar-2017	Chest Medicine
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	01-Apr-2016	31-Mar-2017	Chest Medicine
National Lung Cancer Audit	01-Apr-2016	31-Mar-2017	Chest Medicine
Patient Information & Consent Audit - Chest Medicine	01-Apr-2016	28-Feb-2017	Chest Medicine
Record Keeping Audit - Chest Medicine	01-Apr-2016	28-Feb-2017	Chest Medicine
UK Cystic Fibrosis Registry - Adults	01-Apr-2016	31-Mar-2017	Chest Medicine
Major Trauma Audit (Trauma Audit & Research Network, TARN)	01-Apr-2016	31-Mar-2017	Critical Care (ICU & HDU)
National Diabetes Audit (NDA) (Adult)	01-Apr-2016	31-Mar-2017	Diabetes & Endocrinology
National Diabetes Foot Care Audit (NDFA)	01-Apr-2016	31-Mar-2017	Diabetes & Endocrinology
National Diabetes Inpatient Audit (NaDIA)	01-Sep-2016	30-Sep-2017	Diabetes & Endocrinology
National Pregnancy in Diabetes Audit (NPID)	01-Apr-2016	31-Mar-2017	Diabetes & Endocrinology
Record Keeping Audit - Diabetes & Endocrinology	01-Apr-2016	28-Feb-2017	Diabetes & Endocrinology
To Assess the Appropriate Change in Medication in Accordance to Biochemical Profile on Arrival to Acute Assessment Unit	22-Apr-2016	31-Mar-2017	Diabetes & Endocrinology



<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
National Audit of Dementia	01-Apr-2016	30-Nov-2016	Elderly Medicine
Record Keeping Audit - Elderly Medicine	01-Apr-2016	28-Feb-2017	Elderly Medicine
Asthma (Paediatric and Adult) - Care in Emergency Departments	01-Aug-2016	31-Dec-2017	Emergency Department
Record Keeping Audit - Emergency Department	01-Apr-2016	28-Feb-2017	Emergency Department
Severe Sepsis and Septic Shock - Care in Emergency Departments	01-Aug-2016	31-Dec-2017	Emergency Department
Record Keeping Audit - Neurology	01-Apr-2016	28-Feb-2017	Neurology
Patient Information & Consent Audit - Nephrology/Renal	01-Apr-2016	28-Feb-2017	Renal
RE-AUDIT Audit of PD Peritonitis	01-Aug-2016	31-Mar-2017	Renal
RE-AUDIT Vascular Access - Patients Commencing HD via Catheters	01-Aug-2016	31-Mar-2017	Renal
Record Keeping Audit - Nephrology/Renal	01-Apr-2016	28-Feb-2017	Renal
Renal Replacement Therapy (Renal Registry)	01-Apr-2016	31-Mar-2017	Renal
A UK Multicentre Audit of the Management of Rheumatoid Arthritis Against Treat to Target Guidelines	01-Apr-2016	31-Mar-2017	Rheumatology
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	01-Apr-2016	31-Mar-2017	Rheumatology
Record Keeping Audit - Rheumatology	01-Apr-2016	28-Feb-2017	Rheumatology
RE-AUDIT - Accuracy of Discharge Letters	01-Jul-2016	28-Feb-2017	Stroke Medicine
RE-AUDIT - Quality of Stroke Admission Documentation	01-Jul-2016	28-Feb-2017	Stroke Medicine
Record Keeping Audit - Stroke	01-Apr-2016	28-Feb-2017	Stroke Medicine
Sentinel Stroke National Audit Programme (SSNAP)	01-Apr-2016	31-Mar-2017	Stroke Medicine

## Surgery Health Group

Audit Title	Planned Start Date	Due Date	Specialty
Patient Information & Consent Audit - Acute Surgery	01-Aug-2016	28-Feb-2017	Acute Surgery
Record Keeping Audit - Acute Surgery	01-Aug-2016	28-Feb-2017	Acute Surgery
To Identify Reasons for Admission of Maternity Patients to ICU	09-Mar-2016	30-Nov-2016	Anaesthetics (Inpatient)
Audit on Radiation Exposure During Pain Interventional Procedures	09-Mar-2016	31-Mar-2017	Anaesthetics (Inpatient)
Technique of Anaesthesia for Caesareans	09-Mar-2016	31-Mar-2017	Anaesthetics (Inpatient)
Audit to Assess the Current Practise of Pain Management in Rib Fracture Patients	26-Apr-2016	31-Mar-2017	Anaesthetics (Inpatient)
Re-audit of Emergency Laparotomy Clinical Pathway Compliance	11-May-2016	01-Sep-2017	Anaesthetics (Inpatient)
Bi-annual Audit of Anaesthetic Chart Record Keeping	17-May-2016	31-Mar-2017	Anaesthetics (Inpatient)
An Audit on the Management of Cardiac Arrest Patients in ICU	17-May-2016	31-Mar-2017	Anaesthetics (Inpatient)
National Adult Cardiac Surgery Audit (CABG and Valvular Surgery)	01-Apr-2016	31-Mar-2017	Cardiothoracic Surgery
Patient Information & Consent Audit - Cardiothoracic Surgery	01-Aug-2016	28-Feb-2017	Cardiothoracic Surgery
Record Keeping Audit - Cardiothoracic Surgery	01-Aug-2016	28-Feb-2017	Cardiothoracic Surgery
Audit of Ultrasound Guidance Prior to Vein Harvest for CABG	10-Feb-2016	31-Aug-2016	Cardiothoracic Surgery
To Analyse the Significance of Post Operative Day 4 Chest X-ray after Cardiac Surgery	26-Apr-2016	31-Mar-2017	Cardiothoracic Surgery
Bowel Cancer (NBOCAP)	01-Apr-2016	31-Mar-2017	Colorectal Surgery
National Complicated Acute Diverticulitis Audit	01-Apr-2016	31-Mar-2017	Colorectal Surgery
Record Keeping Audit - Colorectal Surgery	01-Aug-2016	28-Feb-2017	Colorectal Surgery
An Audit of the Management of Anal Intraepithelial Neoplasia	26-Apr-2016	31-Mar-2017	Colorectal Surgery
Audit of New Patient Referrals to the Colorectal Department	26-Apr-2016	31-Mar-2017	Colorectal Surgery
Patient Information & Consent Audit - Colorectal Surgery	17-May-2016	28-Feb-2017	Colorectal Surgery
Adult Critical Care - ICNARC Audit	01-Apr-2016	31-Mar-2017	Critical Care (ICU & HDU)
National Emergency Laparotomy Audit (NELA)	01-Apr-2016	31-Mar-2017	Critical Care (ICU & HDU)
Patient Information & Consent Audit - Critical Care (ICU)	01-Aug-2016	28-Feb-2017	Critical Care (ICU & HDU)
Record Keeping Audit - Critical Care (ICU & HDU)	01-Aug-2016	28-Feb-2017	Critical Care (ICU & HDU)

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
Specialist Rehabilitation for Patients with Complex Needs	01-Apr-2016	31-Mar-2017	Critical Care (ICU & HDU)
Audit of the Management of Obstetric Critical Care Patients in Hull	10-Feb-2016	31-Aug-2016	Critical Care (ICU & HDU)
Ventilated Associated Pneumonia in ICU	26-Apr-2016	31-Mar-2017	Critical Care (ICU & HDU)
Endocrine and Thyroid National Audit	01-Apr-2016	31-Mar-2017	ENT
Head and Neck Cancer Audit	01-Apr-2016	31-Mar-2017	ENT
Patient Information & Consent Audit - ENT	01-Aug-2016	28-Feb-2017	ENT
Record Keeping Audit - ENT	01-Aug-2016	28-Feb-2017	ENT
Inflammatory Bowel Disease (IBD)	01-Apr-2016	31-Mar-2017	Gastroenterology & Endoscopy
JAG Endoscopy Quality Audits	01-Apr-2016	31-Mar-2017	Gastroenterology & Endoscopy
Patient Information & Consent Audit - Gastroenterology & Endoscopy	01-Aug-2016	28-Feb-2017	Gastroenterology & Endoscopy
Record Keeping Audit - Gastroenterology & Endoscopy	01-Aug-2016	28-Feb-2017	Gastroenterology & Endoscopy
Progression of HCV genotype 3	16-May-2016	31-Mar-2017	Gastroenterology & Endoscopy
Alcohol History Documentation	26-Apr-2016	31-Mar-2017	Gastroenterology & Endoscopy
Venous Thromboembolism Prophylaxis in Decompensated Cirrhosis	17-May-2016	31-Mar-2017	Gastroenterology & Endoscopy
Patient Information & Consent Audit - Head & Neck Max Fax	01-Aug-2016	28-Feb-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
Record Keeping Audit - Head & Neck Max Fax	01-Aug-2016	28-Feb-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
Audit of the Use of PET CT Scans at Head and Neck MDT Meetings	09-Mar-2016	31-Dec-2016	Head & Neck Max Fax; Oral & Max Fax Surgery
Audit of Inpatient Hospital Length of Stay for Oral Cancer Patients	09-Mar-2016	31-Mar-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
An Audit to Assess Record Keeping for Flap Observations of Post-operative Head and Neck Oncology Patients	17-May-2016	30-Sep-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
Outcomes of Fractured Mandibles	17-May-2016	31-Mar-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
National Acromegaly Audit	01-Apr-2016	31-Mar-2017	Neurosurgery
National Cauda Equina Audit	01-Apr-2016	31-Mar-2017	Neurosurgery














<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
National Shunt Registry	01-Apr-2016	31-Mar-2017	Neurosurgery
Neurosurgical National Audit Programme	01-Apr-2016	31-Mar-2017	Neurosurgery
Orion Network - Skull Base Module University of Cambridge	01-Apr-2016	31-Mar-2017	Neurosurgery
Patient Information & Consent Audit - Neurosurgery	01-Aug-2016	28-Feb-2017	Neurosurgery
Record Keeping Audit - Neurosurgery	01-Aug-2016	28-Feb-2017	Neurosurgery
Falls And Fragility Fractures Audit Programme (FFFAP) - National Hip Fracture Database (NHFD)	01-Apr-2016	31-Mar-2017	Orthopaedics
National Joint Registry (NJR)	01-Apr-2016	31-Mar-2017	Orthopaedics
Patient Information & Consent Audit - Orthopaedics	01-Aug-2016	28-Feb-2017	Orthopaedics
Record Keeping Audit - Orthopaedic	01-Aug-2016	28-Feb-2017	Orthopaedics
Review of Long Term Follow Up and Revision Rates of UKR	10-Feb-2016	31-Aug-2016	Orthopaedics
Surgical Treatment of Lateral Malleolar Fractures in the over 65's	10-Mar-2016	30-May-2016	Orthopaedics
Audit of Pin Tract Infections in Immuno-compromised Patients Treated with Circular External Fixation Devices	05-Apr-2016	31-Mar-2017	Orthopaedics
Orthopaedics and Trauma Ward Hand Over	17-May-2016	31-Oct-2017	Orthopaedics
Re-audit of Skin Tears Following Surgery in Trauma Theatres	17-May-2016	31-Mar-2017	Orthopaedics
Patient Information & Consent Audit - Pain Services	01-Aug-2016	28-Feb-2017	Pain Services
Record Keeping Audit - Pain Services	01-Aug-2016	28-Feb-2017	Pain Services
Patient Information & Consent Audit - Plastic Surgery	18-May-2016	28-Feb-2017	Plastic Surgery
Record Keeping Audit - Plastic Surgery	24-May-2016	28-Feb-2017	Plastic Surgery
Oesophago-Gastric Cancer (NAOGC)	01-Apr-2016	31-Mar-2017	Upper GI
Patient Information & Consent Audit - Upper GI	01-Aug-2016	28-Feb-2017	Upper GI
Record Keeping Audit - Upper GI	01-Aug-2016	28-Feb-2017	Upper GI
National Prostrate Cancer Audit	01-Apr-2016	31-Mar-2017	Urology
Nephrectomy Audit	01-Apr-2016	31-Mar-2017	Urology
Patient Information & Consent Audit - Urology	01-Aug-2016	28-Feb-2017	Urology


















<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>	<b>Specialty</b>
Percutaneous Nephrolithotomy (PCNL)	01-Apr-2016	31-Mar-2017	Urology
Radical Prostatectomy Audit	01-Apr-2016	31-Mar-2017	Urology
Record Keeping Audit - Urology	01-Aug-2016	28-Feb-2017	Urology
Stress Urinary Incontinence Audit	01-Apr-2016	31-Mar-2017	Urology
A Review of Upper Tract Imaging in Haematuria	26-Apr-2016	31-Mar-2017	Urology
National Vascular Registry	01-Apr-2016	31-Mar-2017	Vascular Surgery
Patient Information & Consent Audit - Vascular Surgery	01-Aug-2016	28-Feb-2017	Vascular Surgery
Record Keeping Audit - Vascular Surgery	01-Aug-2016	28-Feb-2017	Vascular Surgery
Varicose Vein Audit	09-Mar-2016	31-Mar-2017	Vascular Surgery
An Audit to Determine whether all Patients Receive Doppler Scans Following Discharge From Femoral-distal Bypass Grafts in Hull Royal Infirmary	01-Mar-2016	31-Aug-2016	Vascular Surgery
Audit of Best Medical Therapy for Arterial Referrals to Vascular Clinic	26-Apr-2016	31-Mar-2017	Vascular Surgery
An Audit to Determine Progression of Abdominal Aortas Found to be 2-3cm on Abdominal Aortic Aneurysm (AAA) Screening	17-May-2016	31-Mar-2017	Vascular Surgery

## Trustwide















Audit Title	Planned Start Date	Due Date	Specialty
Call Bell Audit (every 6 months)	01-Apr-2016	31-Mar-2017	Trustwide
Classic Safety Thermometer Audit	01-Apr-2016	31-Mar-2017	Trustwide
Duty of Candour Audit – (quarterly)	01-Apr-2016	31-Mar-2017	Trustwide
HEY Safer Care Audit	01-Apr-2016	31-Mar-2017	Trustwide
National Cardiac Arrest Audit (NCAA)	01-Apr-2016	31-Mar-2017	Trustwide
Resuscitation Trolley Audit	01-Apr-2016	31-Mar-2017	Trustwide
The 3 G's Audit	01-Apr-2016	31-Mar-2017	Trustwide
Who Checklist Audit (monthly)	01-Apr-2016	31-Mar-2017	Trustwide

















## PROGRESS OF ACTIONS FROM LOCAL CLINICAL AUDITS COMPLETED IN 2014/15


Clinical Support Health Group					
Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Retrospective Audit into the Comparison of Platelet Usage between CHH Ward 33 and HRI ICU & GHDU	To disseminate findings to Haematology team	30-Apr-2014		Caryn Van der Riet	Blood Transfusion
	To present audit findings at HTT and HTC	30-Apr-2014		Caryn Van der Riet	Blood Transfusion
Retrospective Audit of Complaints in the Clinical Support Health Group – 01.01.13-31.12.13	To re-establish the PESHR Committee	30-May-2015		Jonathan Wood	Clinical Support Health Group
RE-AUDIT of Time to Report Respiratory Syncytial Virus Testing	To report to Microbiology Audit Group	31-May-2015		Dr Rolf Meigh	Virology
	To report to Sister 12, Matron, Paediatrics	30-Jun-2015		Dr Rolf Meigh	Virology
	To report to Clinical Support Governance Committee	30-Jun-2015		Dr Rolf Meigh	Virology
Audit on Following the Guidelines of Prescribing Regular Medication in In-Patients' Drug Charts	To re-audit in 2015	29-Feb-2016		Dr Rajarshi Roy	Clinical Oncology
	To provide staff training and interview testing	28-Feb-2015		Dr Rajarshi Roy	Clinical Oncology
RE-AUDIT Physiotherapy Department Activity Audit	To review duty activity and skill mix with Section heads at 1:1s, undertaking further audit as necessary	31-Mar-2015		Liz Minnich	Physiotherapy
	To re-audit in 2015/16 to ensure clinical time is maximised	31-Mar-2016		Liz Minnich	Physiotherapy
	To review skill-mix as vacancies occur or in line with service reconfiguration across the Trust	31-Mar-2015		Liz Minnich	Physiotherapy
A Review of the Current Communication and / or Dysphagia Therapy Provision for Patients on the Acute Stroke Unit	To undertake re-audit before July 2016	31-Jul-2016		Jill Snape	Speech & Language Therapy
Speech and Language Therapy Case-note Audit	Disseminate results in department meeting and agree timescales for actions	31-Dec-2014		Teresa Guy	Speech & Language Therapy
	Re-audit after recommendations have been put in place	31-Dec-2015		Teresa Guy	Speech & Language Therapy
Policy for the Collection of Samples, Prescriptions, Collection and Transfusion of Blood and Blood Components Audit	To escalate all non-compliance findings to charge nurses and divisional nurses of clinical areas concerned.	31-Mar-2016		Caryn Van der Riet	Blood Transfusion
	To report all findings to HTT and HTC for further escalation if required.	31-Mar-2016		Caryn Van der Riet	Blood Transfusion

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Review of RNP-A	To agree and document change control documentation at immunology senior staff meeting	31-Mar-2015		Dr Stephen Holding	Immunology (Lab)
	To add comments to reports informing users of the change	31-Mar-2015		Dr Stephen Holding	Immunology (Lab)
	To change RNP-A reference interval	31-Mar-2015		Dr Stephen Holding	Immunology (Lab)
Audit of Clinical Management of Pneumococcal Bacteraemia	To educate microbiologists including trainees about rationalising therapy.	31-Oct-2014		Dr Emma Williamson	Microbiology
	To discuss with medical consultants about indications for HIV testing	30-Apr-2015		Dr Emma Williamson	Microbiology
	To re-audit initial management (new antibiotic guidelines introduced Jan 2014)	31-Jan-2015		Dr Emma Williamson	Microbiology
Benchmarking of OT Stroke Guidelines	To input into stroke business case to increase OT staffing to recommended levels over a 7 day service	30-Sep-2014		Jenni Johnson	Occupational Therapy
	To feed-back results of audit to clinical support and specialist medicine health groups through clinical governance forums	31-Jan-2015		Selna Mathews	Occupational Therapy
	To discuss results of audit with OT staff working on Stroke.	30-Nov-2014		Selna Mathews	Occupational Therapy
	To continue to prompt referrals for OT within daily hand over and OT's to obtain rights to self-refer where necessary.	31-Jan-2015		Selna Mathews	Occupational Therapy
	To adapt data collection forms to include date fir for discharge	30-Sep-2014		Jenni Johnson	Occupational Therapy
	To adapt data collection forms to reflect need to record data from date of admission and not just date of referral	30-Nov-2014		Jenni Johnson	Occupational Therapy
Audit of Haematology MDT Review of Patients Diagnosed with Haematological Malignancies in Scarborough General Hospital	To include MDT referral criteria and referral mechanism in induction pack of new senior and junior medical staff	31-Mar-2015		Dr James Bailey	Clinical Haematology (Ward)
	To review MDT operational policy once a year and presenting a policy summary at annual MDT development meeting to ensure staff are familiar with MDT process	30-Sep-2015		Dr Andrew Fletcher	Clinical Haematology (Ward)
Audit of the Care of Oncology Patients Admitted in the Queen's Centre for Oncology and Haematology with Suspected Febrile Neutropenia	To review available data on breast cancer patients getting FEC-T chemotherapy to find out the timing of developing NS, I.E. whether started with FEC or with T part of treatment and to be presented in the next NSA meeting.	31-Jul-2015		Dr Tito Joseph; Dr Iqtedar Muazzam	Clinical Oncology
	To revise target HEY NSA targets for the next planned NSA.	30-Sep-2015		Dr George Bozas	Clinical Oncology
	To discuss in the next NSA meeting further options for the outpatient treatment of NS in patients with low risk of complications (in order to avoid unnecessary admissions).	31-Jul-2015		Dr George Bozas	Clinical Oncology


































Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To determine the rate of patients getting admitted with NS while on FEC-T regimen despite primary prophylaxis with G-CSF.	31-Jul-2015		Dr Iqtedar Muazzam	Clinical Oncology
	To present any recommendation/proposals agreed in NSA meetings based on the findings of actions 1 to 3 in the consultant and/or chemotherapy meeting(s) for approval followed by any approved proposals for further action in front of infectious diseases and microbiology teams for policy revision	30-Sep-2015		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
	To simplify neutropenic sepsis forms to improve compliance with complete and timely entry or prospective data by the nurses and ward doctors.	31-Jul-2015		Dr Iqtedar Muazzam	Clinical Oncology
	To continue NSA as an ongoing (rolling) Trust audit.	31-May-2016		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
	To determine compliance with standard indications for glycopeptide antibiotic use (suspected catheter-related infection, soft tissue infection, penicillin allergy, haemodynamic instability).	30-May-2016		Dr Waqas Ilyas	Clinical Oncology
	to undertake an objective assessment of training of junior doctors and nurses on NI and NSA by (1) drafting a feedback form (2) agreement on the feedback form (3) frequency and timing of feedback to be determined in NSA.	31-Jul-2015		Dr Iqtedar Muazzam	Clinical Oncology
	To improve NSA education about the importance of documenting golden hour by the nursing staff; documentation of above and receiving random feedback by the nurses involved regarding feedback.	30-Sep-2015		Clare Norris	Clinical Oncology
Record Keeping Audit - Physiotherapy	To share results of the physiotherapy documentation audit with physiotherapy managers and clinical leads	28-Mar-2015		Nicola Gilchrist	Physiotherapy
	To communicate changes to Trust documentation standards to all physiotherapy staff	28-Mar-2015		Nicola Gilchrist	Physiotherapy
	To develop an action plan with clinical leads for neurosurgery and neuro-rehabilitation to help improve overall standards of documentation	28-Mar-2015		Nicola Gilchrist	Physiotherapy
	To re-audit physiotherapy documentation standards as part of 2015/2016 audit plan	31-Mar-2016		Nicola Gilchrist	Physiotherapy
Record Keeping Audit - Clinical Haematology	To discuss results at team mortality meeting to raise awareness	31-Mar-2016		Dr James Bailey	Clinical Haematology (Ward)
	To re-audit 2015/16 plan	31-Jan-2016		Dr James Bailey	Clinical Haematology (Ward)
Audit of Selected Prescribing Standards from the Drug Policy	To create a poster to remind prescribers about correct discontinuation of medicines	28-Feb-2015		Kristen Shores	Pharmacy




Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To present the findings to pharmacy department	30-Apr-2015		Kristen Shores	Pharmacy
	To ensure junior doctors are made aware of the prescribing standards within the drug policy at the induction programme.	30-Nov-2015		Kristen Shores	Pharmacy
Antibiotic Indication and Duration Prescribing Audit	To present at IRC, IPCC and ACAT and feedback to healthcare group leads	31-Jan-2015		Anna Steele	Pharmacy
	New drug chart with antimicrobial section to be adopted by maternity wards	31-Jan-2015		Caroline Grantham	Pharmacy
Record Keeping Audit - Clinical Oncology	To undertake re-audit during 2015/16	31-Mar-2016		Dr Rajarshi Roy	Clinical Oncology
The Safe and Secure Storage and Handling of Cold Chain Items on Wards	To produce a poster for wars with details about fridge temperature monitoring, avoiding overloading fridges and the consequences of poor fridge monitoring.	30-Jan-2015		Paula Awini	Pharmacy
	To produce a fridge monitoring responsible person reminder for wards and circulate to the HG leads for distribution.	30-Jan-2015		Paula Awini	Pharmacy
	To add to pharmacy fridge top-up SOP requirement to monitor for stock rotation and overloading risk.	30-Sep-2015		Medicines Management Team	Pharmacy
Record Keeping Audit - Infectious Diseases	To undertake re-audit during 2015/16	31-Mar-2016		Dr Hiten Thaker	Infectious Diseases
Audit of Medicines Reconciliation	To present the outcomes on a poster to senior members of the pharmacy team and other pre-registration pharmacists	12-Mar-2015		Karen O'Keeffe	Pharmacy
	to share findings and recommendations with the Chief Pharmacy Technician and the Principal Technician for Education and Training, to assist with training of staff.	31-Mar-2015		Karen O'Keeffe	Pharmacy
	Chief Pharmacist to circulate an e-mail emphasising the importance of entering all completed work onto Cayder, recording reconciliation on the drug chart and resolving discrepancies.	30-Apr-2015		David Corral	Pharmacy
	Senior Principal Pharmacist (Medicines Management) to review the drug policy and pharmacy standard operating procedure for medicines reconciliation to clarify if pharmacy staff are to circle each drug entry with 'P', 'A' or 'N' or only those not circled by medical staff.	30-Sep-2015		Claire Doyles	Pharmacy
RE-AUDIT Treatment of Patient with Suspected Fungal Infection in the Haematology Setting	To consider the re-audit outcomes when revising the guidelines	31-Mar-2016		Dr Sahra Ali	Clinical Haematology (Ward)
	To develop poster for the ward with the treatment flowchart once the new guidelines are published	31-Mar-2016		Dr Sahra Ali	Clinical Haematology (Ward)
Diagnosis and Monitoring of Depression Following Acquired Brain Injury	To Design an Admission template and ensure that relevant clinical information is obtained	31-Mar-2016		Dr Abayomi Salawu	Rehabilitation



















Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To perform re-audit after the measures are implemented	31-Mar-2016		Dr Abayomi Salawu	Rehabilitation
Audit of Insulin Prescribing	Cross sector review of effectiveness of insulin passports and how use can be improved or possible alternatives	01-Mar-2016		Marie Miller	Pharmacy
	To remind pharmacy staff to note a reason if only one source of information is available	01-Jul-2015		Grace Gough	Pharmacy
CT Colonoscopy Audit	To re-audit 2015/16	31-Dec-2015		Dr Corinna Hauff	Radiology
Patient Information & Consent Audit - Radiology	To ensure that all consenters are reminded of the need to ensure that the patients name is printed on the consent form	31-Mar-2016		Dr Chris Rowland-Hill	Radiology
	To ensure that all are aware of the need to fully complete page 1 of the consent form	31-Mar-2016		Dr Chris Rowland-Hill	Radiology
	To remind staff not to abbreviate the procedure on the consent form	31-Mar-2016		Dr Chris Rowland-Hill	Radiology
	To undertake re-audit in February 2016	31-Mar-2016		Mandy Hay	Radiology
Oxygen Prescription Audit	To undertake a further audit cycle	30-Jul-2015		Dr Joe Cuthbert	Clinical Haematology (Ward)
	To further efforts to increase awareness of the importance of oxygen prescriptions	30-Jul-2015		Dr Joe Cuthbert	Clinical Haematology (Ward)
Audit of Medicines Adherence (Outpatients)	To undertake re-audit with consideration to performing across both sites and to include inpatients	31-Mar-2016		Julie Randall	Pharmacy
	To present the audit results at Safe Medication Practice Committee	31-Jul-2015		Julie Randall	Pharmacy
	To consider the creation of a detailed letter from outpatients on Lorenzo is implemented to allow more information to be passed to the patient after the consultation	31-Mar-2017		Julie Randall	Pharmacy
RE-AUDIT Management of High/Intermediate Risk Myelodysplastic Syndrome Patients Diagnosed in Years 2014 in Accordance with NICE Guidelines	To train middle grade staff emphasising need for calculation of predictive score before treatment	15-Jun-2015		Dr Sahra Ali	Clinical Haematology (Ward)
	To undertake re-audit during 2015/16	31-Mar-2016		Dr Sahra Ali	Clinical Haematology (Ward)
















## Family & Women's Health Group

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Is a Visual Stress Service an Effective Use of Orthoptic Clinical Time	To discuss failure to attend rate with staff and to come up with an action plan	01-Jun-2014		Dr Mohammed Aftab Maqsud	Ophthalmology
	To develop a more detailed database for the service	01-May-2014		Dr Mohammed Aftab Maqsud	Ophthalmology
Audit of Elective Caesarean Section Lists	To establish a Choices Clinic to support women with choices and decisions for birth	01-Jan-2015		Janet Cairns	Obstetrics
	To education staff re indications for caesarean section	31-Jul-2014		Mrs Reeta Jha	Obstetrics
	To re-audit in one year - 2015	31-Mar-2015			Obstetrics
Quality Measures of the Management of Eye Disease Pathway: Certificate of Visual Impairment Audit Element	To develop GP Cohort List SOP	31-Mar-2015		Nick Gregory	Retinal Screening
	Initial GP cohort list process to be completed with 100% GP Participation. Escalation policy for GP cohort list is in place with public Health England support when GP's are unable/unwilling to provide GP cohort list data.	31-Mar-2015		Nick Gregory	Retinal Screening
	To develop Ophthalmology Failsafe SOP in line with NHS DESP Policy document issued February 2014	31-Mar-2015		Ms Helen Cook; Nick Gregory	Retinal Screening
	To recruit and train new staff following approval for additional failsafe staff as per Humber DEP Business Case.	31-Mar-2015		Nick Gregory	Retinal Screening
Referral Pathways and Outcome of Neonatal Murmurs	To update PNW guideline for recommendation 1 and 2. 1. - To stop measurement of 4 limb Bp 2. - No requirement for 24hrs observation	01-Aug-2014		Dr Joanna Preece	Neonates
	To link new assessment template to NIPE	11-Sep-2014		Dr Hassan Gaili	Neonates
	To introduce patient information leaflet	31-Oct-2014		Dr Joanna Preece	Neonates
Use of Albumin (4.5% and 20%) on the Neonatal Unit	To feedback to transfusion department about traceability	31-Jul-2014		Dr Hassan Gaili	Neonates
	to prospectively review ongoing use of HAS case by case	31-Dec-2015		Dr Hassan Gaili	Neonates
TPN – Prescribing, Administration, Errors and Complications	To review the usefulness of monitoring Lipids & Magnesium of babies on TPN	31-Jul-2014		Dr Kathryn Green	Neonates
	To update Babiven Guidelines to make indication clear & ensure this is taught at departmental level	31-Jul-2014		Dr Kathryn Green	Neonates


















Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Outcome of Antenatally Diagnosed Cardiac, Renal, Brain and Bowel Abnormalities (FASP Database)	To look at developing a file of standard paediatric alerts for common conditions	31-Oct-2015		Dr Kathryn Green; Dr Joanna Preece	Neonates
Use of Longlines and Umbilical Catheters on the NNU – Current Practice and Complications	To amend orange sheet to include documentation of information to parents	31-Jan-2015		Dr Kathryn Green	Neonates
	To complete local guideline	31-Jul-2015		Dr Joanna Preece	Neonates
	To consider a re-audit in next 1-2 years (2016)	31-Dec-2016		Dr Kathryn Green	Neonates
RE-AUDIT on Admission Documentation & NIPE	To include instructions for admissions in induction	31-Mar-2015		Dr Joanna Preece	Neonates
	To monitor NIPE timing	31-Mar-2015		Dr Hassan Gaili	Neonates
An Audit of Management of Uveitis in Eye Casualty	To introduce teaching session to educate casualty junior doctors	31-Jul-2015		Dr Seema Arora	Ophthalmology
Hospital Management of Bronchiolitis	To develop guideline	31-Jul-2015		Dr Mary Barraclough	Paediatric Medicine
	To deliver staff training once new guideline developed	31-Aug-2015		Dr Mary Barraclough	Paediatric Medicine
	To re-audit ne guideline during 2016/17 audit period	31-Jul-2016		Dr Mary Barraclough	Paediatric Medicine
Baby Friendly Initiative Standards of Care Audit	To disseminate the results of the audit to staff via <ul style="list-style-type: none"> <li>• Audit and perinatal mortality meeting</li> <li>• Maple/Rowan ward Newsletter</li> <li>• Public Health Newsletter</li> <li>• Managers meetings</li> </ul>	31-May-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To update the infant feeding information boards on the labour ward and rowan ward including reminders for staff of points highlighted by the audit.	31-May-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To share updates at the Rowan/Maple ward and labour ward team meetings and through the newsletter.	31-May-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To identify staff members who are repeatedly identified a non-compliant with regards to the standards (following discussion with the infant feeding coordinators and clinical skills reviews) measures will be taken to discuss this through their manager and supervisor of midwives.	31-Oct-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To introduce a 'Supplementation of breastfed babies' leaflet and signature sheet to ensure that a true informed decision is made by mothers in relation to this.	31-May-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To address the issue of supplementing the breastfed baby during mandatory infant feeding update session	31-Dec-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics


















Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To implement use of 'safely making up bottle feeds' DVD for mothers in the postnatal ward	31-May-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
	To re-audit during 2015/16 until stage three accreditation is achieved and analyse data at 3 monthly intervals	30-Jun-2015		Anna Lee-Hughes; Pippa Stott	Obstetrics
Handover of Care from Inpatient to Community	To raise staff awareness	31-Oct-2014		Kath Hodgson	Obstetrics
	To review current documentation to ensure compliance	30-Nov-2014		Kath Hodgson	Obstetrics
Severe Pre-eclampsia (including Eclampsia)	To highlight the issues with regards to adhering to standards to all obstetric and department leads at relevant department meetings.	30-Jun-2015		Sue Sallis	Obstetrics
	To review the level of details about learning outcomes documentation on minutes from MDT and to review the paper work for MDT for data collection.	31-May-2015		Sue Sallis	Obstetrics
Massive Obstetric Haemorrhage	To highlight the issues with regards to adhering to standards to all obstetric and department leads at relevant department meetings.	30-Jun-2015		Sue Sallis	Obstetrics
	To review the level of details about learning outcomes documentation on minutes from MDT and to review the paper work for MDT for data collection.	31-May-2015		Sue Sallis	Obstetrics
Fetal Fibronectin Test	To discuss with all Obstetricians the appropriate use of fetal fibronectin	30-Sep-2015		Mrs Reeta Jha	Obstetrics
	To discuss with all midwives the use of the machine and the completion of the audit forms	30-Sep-2015		Lynda Greaves; Sue Sallis	Obstetrics
	To review new evidence around routine screening using fetal fibronectin on cases with previous preterm labour	30-Sep-2015		Mrs Reeta Jha	Obstetrics
	To clarify if twins can be sampled and guideline to be changed if so.	30-Sep-2015		Sue Sallis	Obstetrics
Audit of Termination of Pregnancy	To feedback to staff re standards of record keeping required to evidence adhering to RCOG guidelines	31-Aug-2014		Mr Piotr Lesny	Gynaecology
Unexpected Admission to NICU	To present audit in combined neonatology/obstetric perinatal mortality and morbidity audit	31-Mar-2015		Mrs Reeta Jha	Neonates
	To undertake audit in two years time (2016/17)	31-Mar-2017		Mrs Reeta Jha	Neonates
	To e-mail findings to all clinical staff working in labour ward	31-Mar-2015		Mrs Reeta Jha	Neonates
Antenatal Screening Tests in Pregnancy	To monitor the review of ID results within 10 working days through monthly SoM record keeping audit	31-Mar-2016		Jane McFarlane	Obstetrics















Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To raise awareness with midwives in community and antenatal clinic re. documentation of normal results being reported back to women at the next antenatal appointment.	31-May-2015		Jane McFarlane	Obstetrics
	To raise awareness with midwives around documentation of reporting of postnatal information to the GP re MMR vaccine	31-May-2015		Jane McFarlane	Obstetrics
	To re-audit during 2016/17	31-Mar-2017		Jane McFarlane	Obstetrics
Missed Appointments	To highlight guideline with community midwives to ensure that guideline is followed correctly	30-Nov-2014		Kath Hodgson	Obstetrics
Referral When Fetal Abnormality Detected	To undertake re-audit during 2015/16	31-Mar-2017		Jane McFarlane	Obstetrics
Pregnancy of Unknown Location Audit	To develop a department database of PUL cases	31-Dec-2016		Mr Alex Oboh	Gynaecology
	To undertake a re-audit in 2016/17	30-Apr-2016		Mr Alex Oboh	Gynaecology
Operative Vaginal Delivery	To present audit findings at audit meeting	31-May-2015		Mrs Reeta Jha; Mr Alex Oboh	Obstetrics
	To undertake re-audit during 2016/17 audit period	31-Mar-2017		Mrs Reeta Jha; Mr Alex Oboh	Obstetrics
	To e-mail findings to all clinical staff working in labour ward	31-May-2015		Mrs Reeta Jha; Mr Alex Oboh	Obstetrics
Patient Information and Consent - Paediatric Surgery	To educate healthcare professionals via review/reminder of standards expected/available e.g. presentations, to include summarised copy of policy in OP/clinical areas as quick reference guide	30-Apr-2015		Paediatric Surgery	Paediatric Surgery
	To give consent form copy to patient/carer as a standard	30-Apr-2015		Paediatric Surgery	Paediatric Surgery
	To introduce consent policy and standards on induction	30-Apr-2015		Paediatric Surgery	Paediatric Surgery
	To put "n/a" on transfusion or other procedures when not applicable	30-Apr-2015		Paediatric Surgery	Paediatric Surgery
	To re-audit during 2015/16	31-Oct-2015		Paediatric Surgery	Paediatric Surgery
Newborn Life Support - Documentation to evidence resuscitation equipment is checked, stocked and fit for use	To present results at LWF and discussion to take place re future processes	31-May-2015		Julia Chambers	Obstetrics
	To publish audit results in LWP Newsletter	31-May-2015		Julia Chambers	Obstetrics
Patient Information & Consent Audit - Dermatology	To disseminate and discuss results of this audit with the Dermatology Team and Service Managers	30-Sep-2014		Dr Deborah Graham	Dermatology

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To recommend clinicians are familiar and compliant with the Trust "Policy on consent to examination or treatment" and related "Patient Documentation Policy"	31-Dec-2014		Dr Deborah Graham	Dermatology
	To seek clarification from senior management regarding: a) Register of clinicians able to carry out consent for each type of procedure b) A list of abbreviations approved for use in the Dermatology records	31-Jan-2015		Dr Deborah Graham	Dermatology
	To undertake re-audit during 2015	30-Sep-2014		Dr Deborah Graham	Dermatology
Cord Bloods Post Delivery	To discuss sampling for fetal haemoglobin on all abruption cases	30-Sep-2015		Sue Sallis	Obstetrics
	To develop delayed cord clamping guideline	30-Apr-2016		Mrs Reeta Jha; Dr Joanna Preece; Sue Sallis	Obstetrics
Orchidopexy for Undescended Testes in Children	To undertake audit of testes examination at post-natal baby check and plan of action if undescended	31-Mar-2015		Mr Mahmud Fleet	Paediatric Surgery
Endophthalmitis Secondary to Intra-Vitreous Injections Audit	To undertake re-audit in November 2015	29-Feb-2016		Miss Louise Downey	Ophthalmology
Audit of Induction of Labour	To educate staff re. twice daily observations	31-Mar-2016		Karen Thompson	Obstetrics
	To continue to monitor indications for early IOL to inform decision making (continuing audit)	31-Mar-2016		Karen Thompson	Obstetrics
Audit of the Outcome of Horizontal Strabismus Surgery in Children	To undertake future prospective audits - database software to be sourced for this purpose	01-May-2015		Mr Usman Mahmood; Dr Mohammed Aftab Maqsood	Ophthalmology
	To consider planned outcome angle	01-Apr-2015		Mr Usman Mahmood; Dr Mohammed Aftab Maqsood	Ophthalmology
	To discuss outcomes for exotropic patients	01-Apr-2015		Mr Usman Mahmood; Dr Mohammed Aftab Maqsood	Ophthalmology
Audit of Horizontal Strabismus Surgery in Adults	To undertake future prospective audits - database software to be sourced for this purpose	01-May-2015		Mr Jim Innes; Dr Mohammed Aftab Maqsood	Ophthalmology
	to consider planned outcome angle	01-Apr-2015		Mr Jim Innes; Dr Mohammed Aftab Maqsood	Ophthalmology
	to consider minimum 3 month follow-up post-surgery	01-Apr-2015		Mr Jim Innes; Dr	Ophthalmology




























Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
				Mohammed Aftab Maqsud	
Auditing the Management of Paediatric Inpatients with Head Injury According to NICE Guidelines	To affix small posters from the NICE Head trauma guidance to the relevant clinical areas.	09-Jan-2015		Dr Remy Toko	Paediatric Medicine
	To produce inpatient discharge advice leaflet.	01-Mar-2015		Dr Remy Toko	Paediatric Medicine
	To re-audit after 6 months	31-Jan-2015		Dr Remy Toko	Paediatric Medicine
Patient Information & Consent Audit - Ophthalmology	To re-audit following presentation of initial results	31-Dec-2015		Mr Colin Vize	Ophthalmology
	To complete re-audit in 2015	31-Dec-2015		Mr Colin Vize	Ophthalmology
Record Keeping Audit - Dermatology	To consider updating the list of information required to be recorded in the case notes when a surgical procedure is performed (can be used as an aide memoire)	30-Jun-2015		Dr Deborah Graham	Dermatology
	To re-audit during (2015/16)	29-Feb-2016		Dr Deborah Graham	Dermatology
Transfusion of Blood Products on the Neonatal Unit - Audit of Practice	To add a copy of the 'request for transfusions within the neonatal unit' to the neonatal intranet pages	01-Jun-2015		Dr Joanna Preece	Neonates
Audit of the Management of Infants with Diabetic Mothers on the Prevention of Hypoglycaemia Plan	To complete some case ascertainment through PNW checks or medical obstetric clinic in preparation for planning a further audit	31-Jul-2015		Dr Joanna Preece	Neonates
Record Keeping Audit - Ophthalmology	To disseminate audit to Medical and Nursing teams	11-Nov-2014		Dr Mohammed Aftab Maqsud; Mr Colin Vize	Ophthalmology
	To disseminate audit findings related to front sheet to patient admin	11-Nov-2014		Dr Mohammed Aftab Maqsud; Mr Colin Vize	Ophthalmology
	To re-audit during 2015/16	31-Jul-2015		Dr Mohammed Aftab Maqsud	Ophthalmology
Patient Information & Consent Audit - Obstetrics	To e-mail all medical staff highlighting the good and poor performance	30-Apr-2015		Mr Kevin Phillips	Obstetrics
	To include consent section in junior doctors induction	31-Mar-2016		Mr Kevin Phillips	Obstetrics
	To undertake re-audit during 2015/16 audit period	30-Apr-2015		Mr Kevin Phillips	Obstetrics
Patient Information & Consent Audit - Gynaecology	To e-mail all medical staff highlighting the good and poor performance	30-Apr-2015		Mr Kevin Phillips	Gynaecology
	To include consent section in junior doctors induction	31-Mar-2016		Mr Kevin Phillips	Gynaecology

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To undertake re-audit during 2015/16 audit period	30-Apr-2015		Mr Kevin Phillips	Gynaecology
RE-AUDIT Management of Gastroenteritis in Children under 5 Years Old	Consultant to put into effect the implementation of guidelines via induction and discussion on ward rounds	31-Aug-2015		Dr Sanjay Gupta	Paediatric Medicine
	To update the local guideline for gastroenteritis in children	31-Aug-2015		Dr Sanjay Gupta	Paediatric Medicine
	To develop A4 sheet for PAU about fluid challenge in keeping with NICE guidance	31-Aug-2015		Dr Rajiv Mohan	Paediatric Medicine
Audit of the Growth of Infants Less Than 28 Weeks Gestation on the Neonatal Unit	To discuss with NICU nursing staff about weekly weigh day on the unit to help improve data collection	31-Jan-2015		Dr Joanna Preece	Neonates
	To analyse weight gain against birth centile	03-Feb-2016		Dr Joanna Preece	Neonates
Intra-vitreous Lucentis for Diabetic Macular Oedema - NICE TA274	To undertake re-audit during 2017	01-Jan-2017		Miss Louise Downey	Ophthalmology
Patient Information & Consent - Breast Services	To re-audit in 2015	31-Dec-2015		Mr Peter Kneeshaw	Breast Screening; Breast Surgery
Record Keeping Audit - Breast Services	To re-audit in 2015	31-Dec-2015		Mr Peter Kneeshaw	Breast Screening; Breast Surgery
Vision Screening Audit - Hull and East Yorkshire 2013/14	To discuss with team on how to reduce false positive rate	28-Feb-2015		Dr Mohammed Aftab Maqsd	Ophthalmology
	To maintain reduced OLS appointment waiting times	28-Feb-2015		Dr Mohammed Aftab Maqsd	Ophthalmology
	To make assessment of false negative rate of service	01-Jan-2016		Dr Mohammed Aftab Maqsd	Ophthalmology
Record Keeping Audit - Obstetrics	To discuss the results from the audit at Perinatal Mortality and Obstetrics and Gynaecology Governance Meeting.	31-May-2015		Mr Kevin Phillips	Obstetrics
	Health Group Administration Manager to inform all administration staff the importance and need for complete data to be present for all patients	31-May-2015		Mr Kevin Phillips	Obstetrics
	Senior Nursing/Management Staff to undertake weekly spot checks of two random complete sets of case notes using the audit proforma. Following 3 months of spot checks, the findings will be disseminated and discussed with any area/individuals of non-compliance.	31-May-2015		Family & Women's QSM's	Obstetrics
Effectiveness of Narrow Band UVB TL01 Phototherapy	To redraft the phototherapy consent form	31-Mar-2016		Dr Priya Patel	Dermatology
	To redraft the patient information leaflets	31-Mar-2016		Dr Priya Patel	Dermatology



















Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	To educate staff	31-Mar-2016		Dr Priya Patel	Dermatology
Record Keeping Monthly Spot Checks	To disseminate report findings via Supervisors of Midwives (SoM's) to all midwives	31-May-2015		Jane McFarlane	Obstetrics
	To review audit form to include new standard for audit of documentation of FGM	30-Apr-2015		Jane McFarlane	Obstetrics
	To develop action plan to improve compliance with standards that require improvement or are of concern	30-Apr-2015		Jane McFarlane	Obstetrics
	To undertake re-audit during 2015/16	31-May-2015		Jane McFarlane	Obstetrics
Vaginal Birth After Caesarean Section	To raise the profile of use of the VBAC sticker	31-Mar-2016		Mr Jagdish Gandhi	Obstetrics
	For medical staff to look at the sticker and change if required	31-Mar-2016		Mr Jagdish Gandhi	Obstetrics
	To Re-audit in 2015.16 to ensure improvement in compliance	31-Mar-2016		Mr Jagdish Gandhi	Obstetrics
Severe Sepsis	To deliver training to all departments	31-Jul-2015		Mrs Reeta Jha; Sue Sallis	Obstetrics
	To redesign the sepsis pathway to have a clear start and finish time	31-Jul-2015		Sue Sallis	Obstetrics
	To ensure improved DATIX reporting from all departments for any woman on the sepsis pathway	31-Jul-2015		Sue Sallis	Obstetrics
Caesarean Section Grade 1 LSCS Audit	To disseminate results at labour ward forum	30-Mar-2015		Helen Dent	Obstetrics
	To disseminate results to staff via LWP newsletter	30-Apr-2015		Helen Dent	Obstetrics
	To undertake snap shot re-audit during 2015/16 audit period	31-Mar-2016		Helen Dent	Obstetrics

## Medicine Health Group













Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Ability of HealthCare Professionals (HCP) in Using a pMDI as Assessed Using an Aerosol Inhalation Monitor (AIM) Machine	To implement regular training, to be conducted at respiratory departmental teachings.	31-Mar-2016		Dr Jaymin Morjaria	Chest Medicine
Potentially Preventable Strokes in High Risk Patients with Atrial Fibrillation	To undertake a re-audit in six months' time.	01-Apr-2015		Dr Rayessa Rayessa	Stroke Medicine
Implementation of the Medical Checklist (CCAVEDD Tool)	To implement improvement measures through departmental teaching, presentation of audit findings, ward posters and prompts available on wards for use of the CCCAVEDD tool.	01-Jul-2014		Kirsten Richards	Elderly Medicine
	To undertake re-audit during February 2015	28-Feb-2015		Kirsten Richards	Elderly Medicine
Record Keeping Audit - Emergency Department	To re-audit.	31-Aug-2014		Dr Lisa Perez	Emergency Department
RE-AUDIT Accuracy of RadCentre Data Entry for Bone Density (DXA) Scans	Re-audit in 12-18 months (2016/17 plan)	30-Dec-2016		Ann Goodby	Diabetes & Endocrinology
Record Keeping Audit - Diabetes & Endocrinology	To place transfer sheet in every patient's notes	30-Apr-2015		Dr Belinda Allan	Diabetes & Endocrinology
Patient Information & Consent Audit - Cardiology	Education to be given regarding: 1. Not abbreviating procedures on consent forms. 2. Attaching labels to all pages. 3. Completing front page fully. 4. Offering pink copy to patient.	31-Mar-2015		Dr Michael Cunnington	Cardiology
	To have a discussion regarding whether additional information sheets should be routinely provided and whether transfusion should be routinely discussed for PCI	31-Mar-2015		Dr Michael Cunnington	Cardiology
Record Keeping Audit - Chest Medicine	To educate medical and nursing staff	31-Dec-2015		Dr Jack Kastelik	Chest Medicine
	To re-audit in 2015	31-Dec-2015		Dr Jack Kastelik	Chest Medicine
Patient Information & Consent Audit - Chest Medicine	To educate medical and nursing staff	31-Dec-2015		Dr Jack Kastelik	Chest Medicine
	To re-audit in 2015	31-Dec-2015		Dr Jack Kastelik	Chest Medicine
Clinical Audit to Assess the Time from Referral to First Seizure Clinic Appointment	Local "First Seizure clinic referral form" to be used to refer a patient with suspected first seizure.	31-Mar-2016		Dr Alec Ming	Neurology
	The consultant of the week is to review the patients who are referred as suspected first seizure in "Acute Neurology clinic."	31-Mar-2016		Dr Alec Ming	Neurology
	First seizure database to be maintained	31-Mar-2016		Dr Alec Ming	Neurology






Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	Perform Re-audit in 6-12 months	31-Mar-2016		Dr Alec Ming	Neurology
Record Keeping Audit - Nephrology/Renal	Re-audit in 2016	31-Mar-2016		Dr Matthew Edey	Renal
RE-AUDIT Vascular Access – Patients Commencing HD via Catheters	Re-audit during 2015/16	31-Dec-2015		Dr Matthew Edey	Renal
RE-AUDIT Checking Vitamin B12 and Folate Levels of Patients Active on the Transplant List	To confirm commencement of universal supplementation.	01-Jul-2015		Dr Matthew Edey	Renal
Record Keeping Audit - AAU	To perform a re-audit	31-Mar-2016		Dr Mukesh Thakur	AAU
Record Keeping Audit - Cardiology	To provide Education regarding printing of name and the designation of signatory	31-Mar-2015		Dr Adam Mather	Cardiology
	To provide education regarding recording time of entry	31-Mar-2015		Dr Adam Mather	Cardiology
Patient Information & Consent Audit - Nephrology/Renal	To educate each new team of Junior Doctors	31-Dec-2015		Dr Matthew Edey	Renal
	To undertake re-audit during 2015/16	31-Dec-2015		Dr Matthew Edey	Renal

## Surgery Health Group

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Reviewing efficiency of Data Collection of the Cardiothoracic Surgery Cases onto Dendrite	Cardiac data collection to be statistically relevant on collection.	31-Mar-2016		Mr Alex Cale	Cardiothoracic Surgery
	Modification of Thoracic database.	31-Mar-2016		Mr Alex Cale	Cardiothoracic Surgery
An Audit of the Referral Source of Patients Diagnosed with Colorectal Cancer	Audit of the patients diagnosed with colorectal cancer referred in via standard GP referral.	31-Mar-2016		Dr Andy Hunter	Colorectal Surgery
Pain Management Audit in the Fracture and Orthopaedic Outpatient Department	Develop a protocol/flowchart.	31-Mar-2016		Mrs Vivien Holdsworth	Orthopaedics (Trauma)
Endorectal Ultrasound in the Management of Rectal Cancer - How does our Early Experience of the Technique Compare with other Centres	Discussion and presentation to both colorectal surgical and radiology department.	31-Mar-2016		Dr Andy Hunter	Colorectal Surgery
	Presentation and dissemination of results.	31-Mar-2016		Dr Andy Hunter	Colorectal Surgery
	Re-audit in 2016.	31-Mar-2016		Dr Andy Hunter	Colorectal Surgery
AKI in Elective Lower Limb Arthroplasty	Discuss with Orthopaedics and Microbiology regarding antibiotic choice.	31-Mar-2016		Mr Rajesh Ramaswamy	Orthopaedics (Elective)
	Disseminate audit to Orthopaedic Department especially juniors regarding importance of fluid management post operatively.	31-Mar-2016		Mr Rajesh Ramaswamy	Orthopaedics (Elective)
	Discuss with Anaesthesia regarding prescribing enough fluids before leaving theatre suite.	31-Mar-2016		Mr Rajesh Ramaswamy	Orthopaedics (Elective)
Pain Relief After LSCS	Changing Local Guidance on Regular Opiate Prescription	31-Mar-2016		Dr Dan Mikl	Anaesthetics (Inpatient)
	Re-audit	31-Mar-2016		Dr Dan Mikl	Anaesthetics (Inpatient)
Re-audit of Radiological Exposures and Reporting on Outcome	Disseminate findings to group.	31-Mar-2016		Mr Stephen Crank	Head & Neck Max Fax
	To be included in departmental induction.	31-Mar-2016		Mr Stephen Crank	Head & Neck Max Fax
	Departmental Reception/Sister to inform staff to include X-ray mount sheet/plastic wallet during notes preparation.	31-Mar-2016		Mr Stephen Crank	Head & Neck Max Fax
DNA Rates Among New Patients in Max Fax	Review again after text message reminders commence.	31-Mar-2016		Mr Robert Goddard	Head & Neck Max Fax
	Consider telephone confirmations for appointments with less than 3 weeks' notice.	31-Mar-2016		Mr Robert Goddard	Head & Neck Max Fax
Suture Removal on Paediatric Patients with Facial Lacerations	Re-audit	31-Mar-2016		Mr Robert Goddard	Head & Neck Max Fax

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Specimen Collection in Theatre - Compliance with the WHO Checklist and Day Surgery Care Plan	Divisional Nurse Manager to re-iterate the importance of continuing to record specimens information within WHO checklist and patient care plan.	31-Mar-2016		Stacey Healand	Theatres
	Divisional Nurse Manager to re-iterate to day surgery teams the importance of accurate completion of specimen log books	31-Mar-2016		Stacey Healand	Theatres
	Results will be disseminated to day surgery teams through theatre briefings and theatre newsletter.	31-Mar-2016		Stacey Healand	Theatres
	Uniform process for logging specimens in day surgery. All 3 units must use same specimen log book.	31-Mar-2016		Stacey Healand	Theatres
	Re-audit	31-Mar-2016		Stacey Healand	Theatres
Record Keeping Audit - Acute Surgery	Educate/implement reminders to improve note taking.	31-Mar-2016		Mr Michael Pellen	Acute Surgery
	Re-audit	31-Mar-2016		Mr Michael Pellen	Acute Surgery
Re-audit Anaesthetic Chart Record Keeping Audit	Staff training.	31-Mar-2016		Dr Anita Samaan	Anaesthetics (Inpatient)
	Re-audit	31-Mar-2016		Dr Anita Samaan	Anaesthetics (Inpatient)
Patient Information and Consent - Vascular Surgery	Patient label on all pages of the consent form.	31-Mar-2016		Mr Bankole Akomolafe	Vascular Surgery
	Patient name printed alongside their signature.	31-Mar-2016		Mr Bankole Akomolafe	Vascular Surgery
	Record of discussion held with the patient. Fully completing consent form (eg blood transfusion, alternative procedures) as well as in the casenotes.	31-Mar-2016		Mr Bankole Akomolafe	Vascular Surgery
Record Keeping Audit MaxFax	Re-audit	31-Mar-2016		Mr Stephen Crank	Head & Neck Max Fax
Record Keeping Audit - Pain Services	Need to document information given to patients regarding the procedure.	31-Mar-2016		Dr Swaroop Sampu	Pain Services
Patient Information and Consent Audit - Pain Services	Re-audit	31-Mar-2016		Dr Swaroop Sampu	Pain Services
Record Keeping Audit - Plastic Surgery	Re-audit	31-Mar-2016		Mr Paolo Matteucci	Plastic Surgery
Patient Information and Consent - Colorectal Surgery	Disseminate results of the audit.	31-Mar-2016		Dr Andy Hunter	Colorectal Surgery
Patient Information and Consent Audit - Cardiothoracic Surgery	Re-audit	31-Mar-2016		Mr Martin Jarvis	Cardiothoracic Surgery
Record Keeping - Cardiothoracic Surgery	Re-audit	31-Mar-2016		Mr Martin Jarvis	Cardiothoracic Surgery

Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Audit of Management of Severe Traumatic Brain Injuries in Critical Care	Monitoring of compliance following introduction of amended observation charts.	31-Mar-2016		Dr Thomas Cowlam	
Management of Post Operative Hypokalemia Following Cardiac Surgery	Education to staff regarding the importance of hypokalemia treatment.	31-Mar-2016		Mr Martin Jarvis	Cardiothoracic Surgery
	Encourage patients to eat high K diets.	31-Mar-2016		Mr Martin Jarvis	Cardiothoracic Surgery
	Re-audit	31-Mar-2016		Mr Martin Jarvis	Cardiothoracic Surgery
Record Keeping Audit - Critical Care	Education of staff.	31-Mar-2016		Dr Andrew Gratrix	Critical Care (ICU & HDU)
Record Keeping Audit - Neurosurgery	Re-audit	31-Mar-2016		Mr George Spink	Neurosurgery
Patient Information and Consent - Neurosurgery	Presentation/dissemination of results	31-Mar-2016		Mr George Spink	Neurosurgery
Managing Epicardial Pacing System	All pacing thresholds should be checked and documented.	31-Mar-2016		Mr Mamoud Loubani	Cardiothoracic Surgery
	Junior doctor education regarding managing epicardial system.	31-Mar-2016		Mr Mamoud Loubani	Cardiothoracic Surgery
Multidisciplinary Approach (Heart Team) in Managing Patients with Coronary Artery Disease	Implement the ESC/EACTS/ACC/AHA guidelines.	31-Mar-2016		Mr Mamoud Loubani	Cardiothoracic Surgery
Record Keeping Audit - Urology	Trial period for using a new template for operation notes.	31-Mar-2016		Mr Fady Youssef	Urology
	Disseminate results of audit.	31-Mar-2016		Mr Fady Youssef	Urology

Action Status	
	Cancelled
	Overdue; Neglected
	Unassigned; Check Progress
	Not Started; In Progress; Assigned
	Completed



**Progress of the actions identified as a result of national clinical audits completed in 2014/15**

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2014/15 has been provided below. Actions taken in response to reports published in 2015/16 will be included in the Quality Accounts for 2016/17.

Audit	Proposed actions	Progress
<b>National audit</b>		
National Pleural Procedures Audit	<ul style="list-style-type: none"> <li>• To perform pleural procedures in a designated procedure room</li> <li>• To perform all pleural procedures under direct ultrasound guidance</li> </ul>	<ul style="list-style-type: none"> <li>• The majority of pleural procedures are now done in a designated procedure room</li> <li>• The majority of pleural procedures are now done under ultrasound guidance</li> </ul>
MINAP (Myocardial Ischaemia National Audit Project)	<ul style="list-style-type: none"> <li>• To communicate with the National Institute for Cardiovascular Outcomes Research (NICOR) in regards to having HRI and CHH reported as a single Hospital Trust</li> </ul>	<ul style="list-style-type: none"> <li>• This is an ongoing effort in order to increase the quality of data provided by our Trust</li> </ul>
SSNAP – (Stroke National Audit Programme)	<ul style="list-style-type: none"> <li>• To ensure the National Institute of Health Stroke Scale (NIHSS) is available on the first Stroke Team contact</li> <li>• To design a sticker to prompt Stroke Team members to complete the NIHSS</li> <li>• To increase the awareness of NIHSS with junior doctors</li> </ul>	<ul style="list-style-type: none"> <li>• The National Institute of Health Stroke Scale (NIHSS) has been made available</li> <li>• Stickers are now available</li> <li>• Awareness has been increased with the junior doctors through training</li> </ul>
National Care of the Dying Audit for Hospitals	<ul style="list-style-type: none"> <li>• The Specialist Palliative Care Service to undertake a scoping exercise to look at the feasibility of providing a 9-5, 7 day a week face to face</li> </ul>	<ul style="list-style-type: none"> <li>• The scoping exercise has been carried out and additional clinical nurse specialists have been recruited in preparation for</li> </ul>

	<p>service</p> <ul style="list-style-type: none"> <li>• To develop a guideline for the assessment and delivery of mouth care</li> <li>• To liaise with the chaplaincy team regarding spiritual care and documentation of chaplaincy input</li> <li>• To develop a nursing care plan to ensure appropriate documentation of care after death</li> </ul>	<p>7 day working.</p> <ul style="list-style-type: none"> <li>• A pilot project for oral care has been carried out in 5 wards across the Trust in Feb-March 2016 – Trustwide policy to be finalised following this</li> <li>• Chaplaincy keep a database of patients that they see, which can be consulted by the palliative care team</li> <li>• The newly-developed nursing care plans incorporate this</li> </ul>
National Joint Registry	<ul style="list-style-type: none"> <li>• To discuss the issue of consent for inclusion in the audit for both elective and acute patients</li> </ul>	<ul style="list-style-type: none"> <li>• This issue was raised within specialty and is being monitored by the Trauma Co-ordinators. The consent rate has now risen to 83%</li> </ul>
Epilepsy 12 National Audit Round 2	<ul style="list-style-type: none"> <li>• To include a diagnosis section with seizure and syndrome type on clinic letters; document unclassified where unable to classify</li> <li>• To evidence communication regarding water safety in the clinic letter and Patient Information Folders.</li> </ul>	<ul style="list-style-type: none"> <li>• As standard practice the service adheres to both actions when relevant</li> </ul>
National Review of Asthma Deaths (NRAD)	<ul style="list-style-type: none"> <li>• To raise awareness of the smoking cessation services offered by City Health Care Partnership (CHCP) within asthma clinics</li> <li>• To promote the importance of the correct inhaler technique within the local healthcare body via local</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to the smoking cessation services are made, where required. In addition, leaflets for the City Healthcare Partnership smoking cessation service are available on the ward</li> <li>• This audit was completed in 2015 and, as a result, regular training on correct</li> </ul>

	audit	inhaler technique is conducted at respiratory departmental teachings
National Audit of Inpatient Falls (pilot)	<ul style="list-style-type: none"> <li>• To implement the new falls tool within the Trust</li> <li>• To develop an educational and training package to support the implementation of the new falls tool</li> <li>• To implement the falls information leaflet within the Trust</li> </ul>	<ul style="list-style-type: none"> <li>• The new falls tool has been implemented</li> <li>• 'Falls: Assessment and Intervention' course is available to all staff members via the online learning portal at HEY247.net</li> <li>• 'Staying Safe in Hospital (Falls Prevention)' is now available within the Trust, or via the Trust's internet site</li> </ul>