

# HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

## Clinical Audit and Effectiveness Annual Report 2017 / 18

### 1. Introduction

The Clinical Audit and Effectiveness Team sits within the Quality, Governance and Assurance Directorate. 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. The team also undertakes 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 2.6 WTE Clinical Audit and Effectiveness Facilitators. In addition, the team is supported by a 0.5 WTE administrator and an Audit Clerk (0.7 WTE), who is based at the Medical Records site.

The Clinical Effectiveness, Policies and Practice Development Committee met 11 times during 2017/18. The committee meets monthly and membership includes the Health Group Medical Directors, pharmacy, nursing and therapy representatives and the Clinical Audit and Effectiveness Manager. Dr Saleh chairs this committee, which reports to the Operational Quality Committee.

This report summarises the clinical audit and effectiveness activity for 2017/18 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
<b>National audits</b>	1
<b>Audits identified as a result of risk issues</b> (including SIs, incidents, PALS/complaints)	1
<b>CQC audits</b>	1
<b>Quality Accounts</b>	1
<b>CQUIN audits</b>	1
<b>NHS Commissioning Board Special Health Authority Audits</b> (including Patient Safety Alert Notices, Rapid Response Alerts, Safer Practice Notices, Patient Safety Information)	1
<b>Peer Review</b>	1
<b>NICE Guidance</b> (including Technology Appraisals, Interventional Procedures and Guidelines)	1
<b>NCEPOD audits</b>	1
<b>Local policy audits</b>	2
<b>Trust-wide audits</b>	2

<b>Care pathway/local guideline audits</b>	<b>3</b>
--	----------

### **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 2018/19, which were approved at the Clinical Effectiveness, Policies and Practice Development Committee in April 2018. See Appendix I for the audit plan 2018/19.

### **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 2017/18, 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 2017/18 audit plan per Health Group.

<b>Number of audits commenced</b>	<b>Current stage of audits</b>		<b>Number of audits completed</b>
195	Data collection	11	187
	Data analysis	4	
	Report	2	
	Complete	187	
	Ongoing	13	
	Abandoned	0	
<b>Number of audits due to have commenced</b>			<b>Number of audits due to have been completed</b>
223			203

The table shows that 87% of audits on the audit plan commenced compared to 100% last year.

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
169	Data collection	67	95
	Data analysis	1	
	Report	9	
	Complete	95	
	Ongoing	77	
	Abandoned	6	

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

During 2017/18, performance against the clinical audit plan was monitored via quarterly reports to the Clinical Effectiveness, Policies and Practice Development Committee.

In 2017/18, 383 audit projects were approved compared to 329 in 2016/17, and 339 in 2015/16.

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	62	43
Family and Women's Health	125	86
Medicine	64	55
Surgery	125	92
Trust-wide	7	6
<b>Total</b>	<b>383</b>	<b>280</b>

*NB. 26 audits are not due to be completed until 2018/19 (Clinical Support = 11, Family and Women's Health = 8, Medicine = 3, Surgery = 4)*

The table shows that at the end of 2017/18, 73% of audits were complete compared to 85% at the end of 2016/17.

10 learning audits were approved during 2017/18. 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 Clinical Audit and Effectiveness 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 2016/17.

#### 5. 7 day working

The Clinical Audit and Effectiveness Team are responsible for the 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. In September 2017, an audit was undertaken against standard 2 (patients

reviewed by a Consultant within 14 hours of admission to hospital). This involved the audit staff being based in the Acute Medical Unit during the day for 7 days, to prospectively collect the data. For patients admitted to other specialties, a casenote review was undertaken retrospectively. In total, 376 emergency patients admitted between 9 and 16 October 2017 were included in the audit. The results showed that 82% of patients were reviewed within 14 hours on a weekday, compared to 68% at weekends. This gave an overall compliance rate of 78%, an improvement from 69% in the previous audit.

Of the 22% of patients who did not meet the 14 hour standard, 4% did not have the relevant episode in the casenotes and 8% did not have the time that the patient saw the Consultant recorded.

## **6. 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 directions. The Committee reports to the Operational Quality Committee.

## **7. National Audits**

During 2017/18, 46 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 98% 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 2016/17.

## **8. 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. In addition, the Clinical Audit and Effectiveness Team have been working with the Hull Clinical Commissioning Group to provide assurance regarding Trust systems and processes for determining compliance with NICE guidance.

## 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 2017/18.

Health Group Technology Appraisals	Fully compliant	Partially compliant	Non compliant	In progress
Clinical Support	30	0	0	2
Family and Women's Health	5	0	0	0
Medicine	13	0	0	0
Surgery	4	0	0	0
Trustwide	0	0	0	0

The table below shows the status of the Interventional Procedures that have been published during 2017/18.

Health Group Interventional Procedures	Fully compliant	Partially compliant	Non compliant	In progress
Clinical Support	0	0	0	0
Family and Women's Health	5	0	0	0
Medicine	2	0	0	0
Surgery	1	0	0	2

## 8.2 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 2017/18, compliance was determined with 54 guidelines published in previous years. Work is ongoing to determine the compliance with guidelines published during 2017/18 (see table below).

Health Group	Fully compliant	Partially compliant	Non compliant	In progress
Clinical Support	0	0	0	2
Family and Women's Health	2	0	0	6
Medicine	1	0	0	2
Surgery	0	0	0	1
Trustwide	1	0	0	7

## 8.3 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 31 Quality Standards, compared to 45 last year.

See Appendix IV for the progress in determining compliance with the Quality Standards published during 2017/18.

## 9. NCEPOD activity 2017/18

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 2017/18:-

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	Participation (Yes/No)	% cases submitted
Cancer in Children, Teens and Young Adults	Yes	100%
Heart Failure	Yes	80%
Peri-Operative Diabetes Study	Yes	70%

<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. 'Inspiring Change' (Acute Non-Invasive Ventilation – July 2017) and 'Each and Every Need' (Chronic Neurodisability – March 2018) were published.

The Adult Non-Invasive Ventilation gap analysis has been completed and was ratified at the Clinical Effectiveness, Policies and Practice Development Committee in October 2017. The Chronic Neurodisability gap analysis is currently being completed.

## **10. Clinical Practice Development**

The Clinical Audit and Effectiveness Manager manages the process for all staff who wish to introduce or change a procedure, technique (including laboratory tests), or therapy to the Trust. The process also covers interventional procedures whereby clinicians no longer in a training post are using a procedure for the first time in their NHS clinical practice.

Clinicians must complete an Introduction or Extension of Practice/Procedure Form, discuss the application with their colleagues and gain approval at the Health Group governance meeting. Providing the application has been signed by the Health Group Medical Director, it can be discussed at the Clinical Effectiveness, Policies and Practice Development Committee.

The table below shows the applications that were approved at the Clinical Effectiveness, Policies and Practice Development Committee during 2017/18.

<b>Approved Clinical Practice Development applications 2017/18</b>
Urolift for Men with Benign Prostatic Hyperplasia
Endoscopic Vein Harvesting, Cardiothoracic Surgery
Robot Assisted Partial Nephrectomy
Diveen Intravaginal Device
CT Support Staff (B3 Clinical Imaging Support Workers) Role Extension to Prepare In-Patients for CT Scanning
Prescriptions for Pregnant Women (Non-medical Prescriber)
Rocket® Pleural Vent™ - Ambulatory Pneumothorax Device for the Treatment of Spontaneous, Iatrogenic or Traumatic Simple Pneumothorax
Non-medical Prescribing in Neonatal and Paediatric Parenteral Nutrition
Artificial Urinary Sphincter and Sling Insertion

## **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.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST  
2018/19 AUDIT PLAN

Trustwide

Corporate Safeguarding

Audit Title	Planned Start Date	Due Date
Audit of Mental Capacity Assessment and Associated Documentation	26-Mar-2018	11-May-2018

Trustwide

Audit Title	Planned Start Date	Due Date
Audit of Compliance with RESPECT Policy		31-Mar-2019
National Cardiac Arrest Audit (NCAA)	01-Apr-2018	31-Mar-2019
Seven Day Hospital Services	11-Apr-2018	31-Mar-2019
Fundamental Standards Audit	01-Apr-2018	31-Mar-2019
Classic Safety Thermometer	01-Apr-2018	31-Mar-2019
Nursing Census	01-Apr-2018	31-Mar-2019



## Clinical Support Health Group

### Imaging Division Radiology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Radiology	01-Oct-2018	31-Mar-2019
RE-AUDIT of Assessment of Radiation Dose to the Eye and Protection in Interventional Procedures	01-Jun-2018	31-Mar-2019
RE-AUDIT of Clinical Indications for MRI Examinations of Knees from Direct Access Sources		31-Mar-2019
RE-AUDIT of Handovers - Radiology Registrars	01-Sep-2018	31-Mar-2019
RE-AUDIT of Ultrasound Referrals		31-Mar-2019
Audit of the Use of CT for Weight Loss	01-Feb-2018	01-Jun-2019

### Pathology Division Blood Transfusion

Audit Title	Planned Start Date	Due Date
Management of Massive Haemorrhage	01-Sep-2018	01-Feb-2019
National Comparative Audit of The Use of Fresh Frozen Plasma, Cryoprecipitate and other Blood Components in Neonates and Children		31-Mar-2019
Use of Fresh Frozen Plasma and Cryoprecipitate in Neonates and Children	01-Apr-2018	01-Jul-2018

### Pathology Division Central Pathology

Audit Title	Planned Start Date	Due Date
Audit of Invasive Cervical Cancers	01-Apr-2018	31-Mar-2019
RE-AUDIT of Ezetimibe in the Management of Familial and Non-Familial Hypercholesterolaemia (TA385)	01-Sep-2018	31-Mar-2019

Pathology Division  
Haematology (Lab)

Audit Title	Planned Start Date	Due Date
RE-AUDIT of Labelling of Blood Samples for Transfusion	01-Jun-2018	31-Mar-2019

Pathology Division  
Infectious Diseases

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Infectious Diseases	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Infectious Diseases	01-Jul-2018	31-Dec-2018

Specialist Service Division  
Cardiology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Cardiology	01-Oct-2018	31-Mar-2019

Specialist Service Division  
Clinical Haematology (Ward)

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Clinical Haematology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Clinical Haematology	01-Jul-2018	31-Dec-2018
Audit of Verification of Chemotherapy Drug and Dose - Stem Cell Autologous Transplant Team	01-Jun-2018	31-Mar-2019
Audit on the Management of Cellular Therapy Products - Stem Cell Autologous Transplant Team	01-Jun-2018	31-Mar-2019
Central Venous Catheter Infection Audit - Stem Cell Autologous Transplant Team	01-Jun-2018	31-Mar-2019
Diagnosis to Treatment Times for Myeloma Patients	01-May-2018	31-Mar-2019
Med A Audit (JACIE)	01-Jun-2018	31-Mar-2019
Morbidity and Mortality Audit - Stem Cell Autologous Transplant Team	01-Jun-2018	31-Mar-2019
RE-AUDIT of Consent for Transfusion of Blood Products	01-Jun-2018	31-Mar-2019
RE-AUDIT of Haematology Patient Watch List	01-Jun-2018	31-Mar-2019

RE-AUDIT of Nutritional Support of Haematology Patients Following Treatment		31-Mar-2019
---	--	-------------

Specialist Service Division  
Clinical Immunology (Ward)

Audit Title	Planned Start Date	Due Date
RE-AUDIT of Modified Rush Venom Immunotherapy Audit	01-Jun-2018	31-Mar-2019
RE-AUDIT of Nut Anaphylaxis	01-Jun-2018	31-Mar-2019
RE-AUDIT of Outcome of Latex Investigations and Assessment of the Safety of Latex Glove Challenges	01-Jun-2018	31-Mar-2019

Specialist Service Division  
Clinical Oncology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Clinical Oncology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Clinical Oncology	01-Jul-2018	31-Dec-2018
RE-AUDIT of Neutropenic Sepsis	01-Jun-2018	31-Mar-2019
RE-AUDIT of Prescribing Laxatives for Prevention or Treatment of Opioid Associated Constipation		31-Mar-2019
RE-AUDIT of the Pathway for Metastatic Spinal Cord Compression	01-Jun-2018	31-Mar-2019

Specialist Service Division  
Palliative Medicine

Audit Title	Planned Start Date	Due Date
National Audit of Care at the End of Life (NACEL)	01-Apr-2018	31-Mar-2019

Therapy & Therapeutics Division  
Dietetics

Audit Title	Planned Start Date	Due Date
Re-Audit of Home Enteral Tube Feeding Audit/Evaluation of the Home Enteral Tube Feeding Service Provided by the Trust	01-Feb-2018	31-Mar-2019

Therapy & Therapeutics Division  
Occupational Therapy

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Occupational Therapy	01-Jul-2018	31-Dec-2018

Therapy & Therapeutics Division  
Pharmacy

Audit Title	Planned Start Date	Due Date
Antibiotic Indication Duration and Allergy Status Prescribing Audit		31-Mar-2019
Audit of Patient Own Drugs (PODs)		31-Mar-2019
Audit of Ward and Department 6 Monthly Controlled Drug Checks		31-May-2019
RE-AUDIT of Safe Insulin Prescribing	01-Jun-2018	31-Mar-2019

Therapy & Therapeutics Division  
Physiotherapy

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Physiotherapy	01-Jul-2018	31-Dec-2018
RE-AUDIT of Therapies Activities	01-Jun-2018	31-Mar-2019

Therapy & Therapeutics Division  
Rehabilitation

Audit Title	Planned Start Date	Due Date
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Need following Major Injury (NCASRI)	01-Apr-2018	31-Mar-2019

## Family & Women's Health Group

### Division 1 (FWHG)

#### Breast Screening; Breast Surgery

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Breast Services	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Breast Services	01-Jul-2018	31-Dec-2018
BASO - British Association of Surgical Oncology	01-Apr-2018	31-Mar-2019
National Audit of Breast Cancer in Older Patient (NABCOP)	01-Apr-2018	31-Mar-2019
The iBRA-2 Study - Immediate Breast Reconstructive and Adjuvant Therapy Audit	01-Apr-2018	31-Mar-2019
The TeaM Study - A National Audit of the Practice and Outcomes of Therapeutic Mammoplasty	01-Apr-2018	31-Mar-2019

### Division 1 (FWHG)

#### Breast Surgery

Audit Title	Planned Start Date	Due Date
RE-AUDIT of Breast Surgery Mortality and Morbidity	01-Jun-2018	31-Mar-2019

### Division 1 (FWHG)

#### Dermatology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Dermatology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Dermatology	01-Jul-2018	31-Dec-2018
National Clinical Audit: Assessment and Management of Psoriasis	01-Apr-2018	31-Mar-2019
RE-AUDIT of Two Week Waits in Dermatology	01-Jun-2018	31-Mar-2019

Division 1 (FWHG)  
ENT

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in ENT	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in ENT	01-Jul-2018	31-Dec-2018
BAETS National Audit	01-Apr-2018	31-Mar-2019
RE-AUDIT of Last Minute Cancellations of ENT Day Surgery Patients and Appropriateness of Patient Selection	01-Sep-2018	31-Mar-2019
The National Epistaxis Audit	01-Apr-2018	31-Mar-2019
Antibiotic Management in Necrotising Otitis Externa	01-Jan-2018	01-Jun-2019
RE-AUDIT of The Appropriateness of ENT A&E Clinic	04-Feb-2018	31-May-2018

Division 1 (FWHG)  
Ophthalmology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Ophthalmology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Ophthalmology	01-Jul-2018	31-Dec-2018
Audit of Retinal Detachment Surgery - BEAVRS National Prospective Audit	01-Apr-2018	31-Mar-2019
RE-AUDIT Improving VTE Compliance on the Ophthalmology Ward	01-Jun-2018	31-Mar-2019
RE-AUDIT of Clinical Outcomes for Corneal Collagen Crosslinking for Keratoconus	01-Jun-2018	31-Mar-2019
RE-AUDIT of Endophthalmitis Incidence Post Intra-Vitreous Injections		31-Mar-2019
RE-AUDIT of Patient Reported Benefit from Ptosis Surgery	01-Jun-2018	31-Mar-2019
The British Ophthalmological Surveillance Unit (BOSU) Audit	01-Apr-2018	31-Mar-2019
Outcomes with Intravitreal Anti-VEGF Agents	15-Jan-2018	01-Mar-2019
An Audit of Outcome of Intravitreal Ozurdex and Illuven Implant for Diabetic Macular Oedema	06-Feb-2018	31-Jul-2019
Service Evaluation of DR00V Virtual Clinic Assessments of Diabetic Patients with Sub-Clinical Diabetic Maculopathy	20-Feb-2018	31-Oct-2018
Endophthalmitis Management and Outcomes Audit	01-Jan-2018	31-Dec-2018
National Audit of Macular Hole Surgery (BEAVRS)	01-Mar-2018	31-Mar-2019
National UK Ocular Tissue Corneal Transplant Audit (for the UK Transplant Registry)		31-Mar-2019

Division 1 (FWHG)  
Retinal Screening

Audit Title	Planned Start Date	Due Date
Audit of "Under the Care of Ophthalmology" Failsafe Trigger Cohort (DESP)	01-Apr-2018	31-Dec-2019
Certificate of Visual Impairment (CVI) Registration for Diabetic Reason Audit (DESP)	01-Apr-2018	31-Mar-2019
Eligible for Screening but not Screened for 3 Years Audit		31-Oct-2019
Laser for Diabetic Reason "Laser Book" Audit (DESP)	01-Apr-2018	31-Mar-2019
R3a Urgent Referral Screening to Treatment Timeline (STTT) Audit (DESP)		01-Apr-2019
Re-audit R3a Grading and Clinical Outcome Audit (DESP) 2017-18	01-Oct-2017	30-Jun-2019
Routine Diabetic Eye Disease Referral Screening to Treatment Timeline (STTT) Audit (DESP)	01-Apr-2018	31-Mar-2019
Symptomatic Presentation of Diabetic Eye Disease to Hospital Eye Services (DESP)		31-Oct-2019
Effect on Diabetic Retinopathy after Commencement of Insulin Pump 2017-18	12-Feb-2018	31-Oct-2018
Discharged at First Hospital Eye Service Assessment 2018- 19 Audit (DESP)	01-Mar-2018	31-Mar-2019

General Medicine Division; Women & Children's Division  
Chest Medicine; Paediatric Medicine

Audit Title	Planned Start Date	Due Date
UK Cystic Fibrosis Registry	01-Apr-2018	31-Mar-2019

Women & Children's Division  
Gynaecology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Gynaecology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Gynaecology	01-Jul-2018	31-Dec-2018
RE-AUDIT of Heavy Menstrual Bleeding	01-Jun-2018	31-Mar-2019
RE-AUDIT of Management and Outcomes of Women with a Diagnosis of Endometrial Hyperplasia in HRI		31-Mar-2019
RE-AUDIT of Urine Pregnancy Test Prior to Laparoscopic Sterilisation in Theatre	01-Jun-2018	31-Mar-2019
Appropriateness of Referrals to Emergency Gynaecology Unit	15-Jan-2018	14-Mar-2018

Women & Children's Division  
Neonates

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Neonates	01-Jul-2018	31-Dec-2018
National Neonatal Audit programme (NNAP)	01-Apr-2018	31-Mar-2019

Women & Children's Division  
Neonates; Obstetrics

Audit Title	Planned Start Date	Due Date
MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	01-Apr-2018	31-Mar-2019

Women & Children's Division  
Obstetrics

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Obstetrics	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Obstetrics	01-Jul-2018	31-Dec-2018
Each Baby Counts	01-Apr-2018	31-Mar-2019
GAP Audit (Perinatal Institute)		31-Mar-2019
National Maternity and Perinatal Audit (NMPA)	01-Apr-2018	31-Mar-2019
RE-AUDIT Documentation on Emergency Caesarean Section	01-Jul-2018	31-Mar-2019
RE-AUDIT of Abnormal Results Process for Antenatal Women	01-Jun-2018	31-Mar-2019
RE-AUDIT of Compliance with and Effectiveness of Induction of Labour Proforma in Reducing Number of Complaints Surrounding the Induction of Labour Process	01-Jun-2018	31-Mar-2019
RE-AUDIT of Discharge of Antenatal Women from Hospital Guideline (109)	01-Jun-2018	31-Mar-2019
RE-AUDIT of External Cephalic Version (ECV) Documentation		31-Mar-2019
RE-AUDIT of Guideline - Care and Checking of Swabs, Needles and Equipment Following Operative Procedure or Normal Birth	01-Jun-2018	31-Mar-2019
RE-AUDIT of Patients with Prolonged SROM (longer than 18 hours)		31-Mar-2019
RE-AUDIT of Postnatal Bladder Care	01-Jun-2018	31-Mar-2019
RE-AUDIT of Pre-Term Labour Guideline (133)		31-Mar-2019
RE-AUDIT of Thromboprophylaxis in Pregnancy and the Puerperium (Guideline 111)		31-Mar-2019
RE-AUDIT on Induction of Labour Guideline (62) Indications, Documentation Decision to Delivery Interval	01-Jul-2018	31-Mar-2019



RE-AUDIT on the Compliance of Acknowledgement on the CTG Review Sticker that the CTG is Running at 1cm/min	01-Jun-2018	31-Mar-2019
RE-AUDIT Review of Elective C-Sections: Indications, Documentation, Outcomes	01-Jul-2018	31-Mar-2019
UK Obstetric Surveillance System (UKOSS)	01-Apr-2018	31-Mar-2019
Re-Audit of Iron Therapy for Women not Responding to Oral Iron Therapy - Guideline (68)	01-Jan-2018	31-May-2018
Re-Audit of Reasons for Grade 1 LSCS Indications & (Classification of CTG), Grading, Decision to Delivery Interval and Outcomes	06-Feb-2018	31-Aug-2018

## Women & Children's Division Paediatric Medicine

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Paediatric Medicine	01-Jul-2018	31-Dec-2018
Facing the Future Audit 2018	01-Apr-2018	31-Mar-2019
National Paediatric Diabetes Audit (NPDA)	01-Apr-2018	31-Mar-2019
RE-AUDIT of Headache Investigations in Paediatrics		31-Mar-2019
RE-AUDIT of Hospital Management of Bronchiolitis	01-Jun-2018	31-Mar-2019
Audit of the Use of High Flow Humidified Oxygen Therapy on Ward 130	01-Feb-2018	31-May-2018

## Women & Children's Division Paediatric Surgery

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Paediatric Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Paediatric Surgery	01-Jul-2018	31-Dec-2018
To Assess the Implementations made in Paediatrics for Pregnancy Testing in Females 12Years and Over having a General Anaesthetic have shown Improvements in Documentation and Testing	01-Jan-2018	30-Jun-2018

## Medicine Health Group

### Division 1 (FWHG) Retinal Screening

Audit Title	Planned Start Date	Due Date
Effect on Diabetic Retinopathy after Commencement of Insulin Pump 2017-18	12-Feb-2018	31-Oct-2018

### Elderly Medicine Division Elderly Medicine

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Elderly Medicine	01-Jul-2018	31-Dec-2018
National Audit of Dementia (NAD)	01-Apr-2018	01-Apr-2019
Re-AUDIT of CT Head Requesting Practice in the Department of the Medical Elderly		31-Mar-2019
Audit of VTE Assessment in DME	15-Jan-2018	22-Jun-2018

### Emergency Medicine Division AAU

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Acute Medicine	01-Jul-2018	31-Dec-2018
RE-AUDIT of AKI in AMU		31-Mar-2019
RE-AUDIT of Assessment and Management of Alcohol Withdrawal in AAU	01-Jun-2018	31-Mar-2019
RE-AUDIT of Clinical Quality Indicators in AMU		31-Mar-2019
RE-AUDIT of CT Head Imaging for Head Injury in AAU	01-Jun-2018	31-Mar-2019
Audit to Check TFT and Magnesium Levels in Patients with New AF	01-Jan-2018	30-Apr-2018

Emergency Medicine Division  
Emergency Department

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in the Emergency Department	01-Jul-2018	31-Dec-2018
Consultant Sign Off (Local Re-Audit of 2016 RCEM Audit)	01-Jun-2018	31-Mar-2019
Feverish Children (Care in Emergency Departments)(RCEM)	01-Sep-2018	31-Jan-2019
RE-AUDIT of Analgesia in the Emergency Department	01-Jun-2018	31-Mar-2019
RE-AUDIT of Paediatric Sepsis		31-Mar-2019
RE-AUDIT of Pain in Children (Re-Audit of RCEM 2017 Audit)	31-Aug-2018	31-Mar-2019
RE-AUDIT of Return to Paediatric ED for Febrile Children	01-Jun-2018	31-Mar-2019
Re-Audit of Vital Signs in Children in Paediatric ED		31-Mar-2019
Vital Signs in Adults (RCEM)	01-Sep-2018	31-Jan-2019
VTE Risk in Lower Limb Immobilisation (RCEM)	01-Sep-2018	31-Jan-2019

General Medicine Division  
Chest Medicine

Audit Title	Planned Start Date	Due Date
Adult Community Acquired Pneumonia (CAP)	01-Feb-2019	31-May-2019
Audit of Patient Information and Consent in Chest Medicine	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Chest Medicine	01-Jul-2018	31-Dec-2018
National Asthma and COPD Audit Programme (NACAP)	01-Apr-2018	31-Mar-2019
National Audit of Pulmonary Hypertension	01-Apr-2018	31-Mar-2019
National Lung Cancer Audit (NLCA)	01-Apr-2018	31-Mar-2019
Non-Invasive Ventilation (British Thoracic Society)	01-Feb-2019	31-May-2019
RE-AUDIT of Oxygen Prescribing in Respiratory Wards	23-Feb-2018	31-May-2018

General Medicine Division  
Diabetes & Endocrinology

Audit Title	Planned Start Date	Due Date
Association of British Clinical Diabetologists Nationwide Freestyle Libre Audit	01-Apr-2018	31-Mar-2019

Audit of Record Keeping in Diabetes & Endocrinology	01-Jul-2018	31-Dec-2018
National Acromegaly Audit	01-Apr-2018	31-Mar-2019
National Diabetes Audit (NDA)	01-Apr-2018	31-Mar-2019
National Diabetes Foot Care Audit (NDFA)	01-Apr-2018	31-Mar-2019
National Diabetes Inpatient Audit (NaDIA)	14-Sep-2018	30-Sep-2018
National Pregnancy in Diabetes Audit (NPID)	01-Apr-2018	31-Mar-2019

**General Medicine Division  
Diabetes & Endocrinology; Metabolic Bone**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
RE-AUDIT on the Accuracy of RadCentre Data Entry for Bone Density (DXA) Scans	01-Jun-2018	31-Mar-2019

**General Medicine Division  
Renal**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
Audit of Patient Information and Consent in Nephrology/Renal	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Nephrology	01-Jul-2018	31-Dec-2018
RE-AUDIT of PD Peritonitis	01-Jun-2018	31-Mar-2019
UK Renal Registry (UKRR) - (Renal Replacement Therapy)	01-Apr-2018	31-Mar-2019

**General Medicine Division  
Rheumatology**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
Audit of Record Keeping in Rheumatology	01-Jul-2018	31-Dec-2018
National Rheumatoid and Early Inflammatory Arthritis Audit	07-May-2018	31-Mar-2019

**General Medicine Division; Women & Children's Division  
Chest Medicine; Paediatric Medicine**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
UK Cystic Fibrosis Registry	01-Apr-2018	31-Mar-2019

Specialist Medicine Division  
Cardiology

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Cardiology	01-Jul-2018	31-Dec-2018
Myocardial Ischaemia National Audit Project (MINAP)	01-Apr-2018	31-Mar-2019
National Audit of Cardiac Rhythm Management (CRM)	01-Apr-2018	31-Mar-2019
National Audit of Percutaneous Coronary Intervention (PCI)	01-Apr-2018	31-Mar-2019
National Heart Failure Audit	01-Apr-2018	31-Mar-2019
RE-AUDIT of Heart Failure Management on Cardiology Ward	01-Jun-2018	31-Mar-2019

Specialist Medicine Division  
Neurology

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Neurology	01-Jul-2018	31-Dec-2018
RE-AUDIT of Immediate Discharge Letters (IDLs) in Neurology	01-Jun-2018	31-Mar-2019
RE-AUDIT on Factors Influencing Inpatient's Length of Stay of Neurology Patients on H11	01-Jun-2018	31-Mar-2019

Specialist Medicine Division  
Stroke Medicine

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Stroke Medicine	01-Jul-2018	31-Dec-2018
Sentinel Stroke National Audit Programme (SSNAP)	01-Apr-2018	31-Mar-2019

Specialist Service Division; Women & Children's Division  
Neurophysiology; Paediatric Medicine

Audit Title	Planned Start Date	Due Date
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy12)	01-Apr-2018	31-Mar-2019

## Surgery Health Group

### Digestive Diseases Division Acute Surgery

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Acute Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Acute Surgery	01-Jul-2018	31-Dec-2018
National Bariatric Surgery Registry (NBSR)	01-Apr-2018	31-Mar-2019
National Emergency Laparotomy Audit (NELA)	01-Apr-2018	31-Mar-2019
Audit of Acute General Surgical Admissions following a Breach in the ED 4 Hour Target	20-Mar-2018	30-Jun-2018

### Digestive Diseases Division Colorectal Surgery

Audit Title	Planned Start Date	Due Date
A Prospective Observational Study to Validate the Utility of C-Reactive Protein Trajectory as a Predictor of Anastomotic Leak in Patients with a Bowel Anastomosis (PREDICT Study)	01-Apr-2018	31-Mar-2019
Audit of Patient Information and Consent in Colorectal Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Colorectal Surgery	01-Jul-2018	31-Dec-2018
National Audit of Small Bowel Obstruction (NASBO)	01-Apr-2018	31-Mar-2019
National Bowel Cancer Audit (NBOCAP)	01-Apr-2018	31-Mar-2019
Audit of Polyp Surveillance Over the Age of 75	01-Feb-2018	31-May-2018
Assessment of Nerve Stimulation in the Management of Faecal Incontinence and Urgency	20-Mar-2018	30-Jun-2019

### Digestive Diseases Division Gastroenterology & Endoscopy

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Gastroenterology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Gastroenterology	01-Jul-2018	31-Dec-2018
Inflammatory Bowel Disease Registry (IBD)	01-Apr-2018	31-Mar-2019
JAG Endoscopy Quality Audits	01-Apr-2018	31-Mar-2019

RE-AUDIT Involvement of the Specialist Hepatology Service in the Inpatient Management of Patients with a Liver Transplant or Referred for a Liver Transplant		31-Mar-2019
RE-AUDIT the Use of Haemospray in Gastrointestinal Bleeding	01-Jun-2018	31-Mar-2019

**Digestive Diseases Division  
Upper GI**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
Audit of Patient Information and Consent in Upper GI	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Upper GI	01-Jul-2018	31-Dec-2018
National Oesophago-Gastric Cancer Audit (NOGCA)	01-Apr-2018	31-Mar-2019
RE-AUDIT of VTE Assessment on C14		31-Mar-2019

**Specialist Surgery Division  
Cardiothoracic Surgery**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
Adult Cardiac Surgery (CABG & Valvular Surgery)	01-Apr-2018	31-Mar-2019
Audit of Patient Information and Consent in Cardiothoracic Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Cardiothoracic Surgery	01-Jul-2018	31-Dec-2018
RE-AUDIT of Complications Associated Post-Insertion of Intra-Aortic Balloon Pumps	01-Jun-2018	31-Mar-2019
RE-AUDIT of Opioid Use in Post-Operative Cardiothoracic Patients		31-Mar-2019
RE-AUDIT of Ward Patient Discharge		31-Mar-2019
RE-AUDIT to Analyse the Significance of Post-Operative Day 4 Chest X-ray After Cardiac Surgery	01-Jun-2018	31-Mar-2019
Re-Audit of Antiplatelet Therapy Post Coronary Artery Bypass Surgery	29-Jan-2018	31-May-2018

**Specialist Surgery Division  
Head & Neck Max Fax**

<b>Audit Title</b>	<b>Planned Start Date</b>	<b>Due Date</b>
Audit of Patient Information and Consent in Head & Neck Max Fax	01-Oct-2018	31-Mar-2019

Specialist Surgery Division  
Head & Neck Max Fax; Oral & Max Fax Surgery

Audit Title	Planned Start Date	Due Date
RE-AUDIT of Outcomes of Fractured Mandibles		31-Mar-2019
RE-AUDIT of the Use of PET CT Scans at Head and Neck MDT Meetings	01-Jun-2018	31-Mar-2019
RE-AUDIT to Assess Bracket Success Rate		31-Mar-2019

Specialist Surgery Division  
Oral & Max Fax Surgery

Audit Title	Planned Start Date	Due Date
Audit of Quality of Ward Round Notes	01-Jan-2018	31-Jul-2018
Audit on the Use of Electronic Operative Notes for Elective Cases at Castle Hill Hospital During December 2017	01-Jan-2018	31-May-2018
Audit of Record Keeping in Oral and Maxillofacial Surgery	01-Jul-2018	30-Apr-2018

Specialist Surgery Division  
Pain Services

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Pain Services	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Pain Services	01-Jul-2018	31-Dec-2018

Specialist Surgery Division  
Plastic Surgery

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Plastic Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Plastic Surgery	01-Jul-2018	31-Dec-2018



Specialist Surgery Division  
Urology

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Urology	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Urology	01-Jul-2018	31-Dec-2018
BAUS: Cystectomy	01-Apr-2018	31-Mar-2019
BAUS: Female Stress Urinary Incontinence	01-Apr-2018	31-Mar-2019
BAUS: Nephrectomy	01-Apr-2018	31-Mar-2019
BAUS: Percutaneous Nephrolithotomy (PCNL)	01-Apr-2018	31-Mar-2019
BAUS: Radical Prostatectomy	01-Apr-2018	31-Mar-2019
National Prostate Cancer Audit (NPCA)	01-Apr-2018	31-Mar-2019
RE-AUDIT of Multiparametric MRI and Fusion Biopsies in Suspected Prostate Cancer	01-Jun-2018	31-Mar-2019

Specialist Surgery Division  
Vascular Surgery

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Vascular Surgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Vascular Surgery	01-Jul-2018	31-Dec-2018
National Vascular Registry (NVR)	01-Apr-2018	31-Mar-2019
RE-AUDIT to Determine Whether All Patients Receive Doppler Scans Following Discharge From Femoral-distal Bypass Grafts in Hull Royal Infirmary	01-Jun-2018	31-Mar-2019

Theatres Division  
Anaesthetics (Inpatient)

Audit Title	Planned Start Date	Due Date
ACTACC National Audit (Complications in Perioperative TOE)	01-Apr-2018	31-Mar-2019
RE-AUDIT to Assess the Current Practice of Pain Management in Rib Fracture Patients	01-Jun-2018	31-Mar-2019
Audit of Cardiac Surgery Score (CASUS) in Patients Undergoing Cardiac Surgery	01-Sep-2017	31-Jan-2019

Theatres Division  
Critical Care (ICU & HDU)

Audit Title	Planned Start Date	Due Date
Audit of Record Keeping in Critical Care (ICU & HDU)	01-Jul-2018	31-Dec-2018
Case Mix Programme - ICNARC	01-Apr-2018	31-Mar-2019
RE-AUDIT of the Management of Obstetric Critical Care Patients in Hull	01-Jun-2018	31-Mar-2019

Trauma Division  
Neurosurgery
















Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Neurosurgery	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Neurosurgery	01-Jul-2018	31-Dec-2018
National Cauda Equina Audit	01-Apr-2018	31-Mar-2019
National Shunt Registry	01-Apr-2018	31-Mar-2019
Neurosurgical National Audit Programme (NNAP)	01-Apr-2018	31-Mar-2019
Orion Network - Skull Base Module University of Cambridge	01-Apr-2018	31-Mar-2019
RE-AUDIT on the Timing of Antibiotic Prophylaxis in Patients Undergoing Craniotomy for Brain Tumours	01-Jun-2018	31-Mar-2019

















Trauma Division  
Orthopaedics (Elective); Orthopaedics (Trauma)

Audit Title	Planned Start Date	Due Date
Audit of Patient Information and Consent in Orthopaedics	01-Oct-2018	31-Mar-2019
Audit of Record Keeping in Orthopaedics	01-Jul-2018	31-Dec-2018
Fracture Liaison Service Database (FLS-DB)	01-Apr-2018	31-Mar-2019
Major Trauma Audit (Trauma Audit & Research Network - TARN)	01-Apr-2018	31-Mar-2019
National Hip Fracture Database (NHFD)	01-Apr-2018	31-Mar-2019
National Joint Registry (NJR)	01-Apr-2018	31-Mar-2019
Paediatric Medial Epicondyle Fracture Management: A National Audit	01-Apr-2018	31-Mar-2019
RE-AUDIT of Ankle Fracture Management Following BOAST Guidance	01-Jun-2018	31-Mar-2019
RE-AUDIT of Open Fractures at HRI: Adherence to BOAST Guidelines		31-Mar-2019
















RE-AUDIT of Open Fractures Management : Antibiotics in Pre-Hospital and Hospital Setting		31-Mar-2019
RE-AUDIT of Shoulder Distention Arthrogram	01-Jun-2018	31-Mar-2019
RE-AUDIT of the Hull Bone Bank	01-Jun-2018	31-Mar-2019
RE-AUDIT of the Surgical Treatment of Lateral Malleolar Fractures in the over 65's		31-Mar-2019
RE-AUDIT of Timely Post-op X-Rays in Paediatric Upper Limb Fractures		31-Mar-2019
RE-AUDIT of Trauma Postoperative X-Rays in the Trauma and Orthopaedic Department	01-Jun-2018	31-Mar-2019
RE-AUDIT on Orthopaedics and Trauma Ward Handover	01-Jun-2018	31-Mar-2019
Review of Infection or Revision Surgery following TKR: Review as Requested by the NJR (National Joint Registry) and CQC (Care Quality Commission)	01-Mar-2018	31-Dec-2019







## PROGRESS OF ACTIONS FROM LOCAL CLINICAL AUDITS COMPLETED IN 2016/17

Clinical Support Health Group						
Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.004 Actions	Service Evaluation of Regular Snack Prescription on an Acute Oncology Unit.	To educate staff to ensure that a minimum of two snacks per are given to each patient every day, and that two high protein milkshakes are given in the case of moderate risk patients (unless contraindicated).	31-Mar-2018		Carly Killen; Wendy Krstenic	Dietetics
		To introduce Nutritional Whiteboards to all wards, to ensure that patient's snack requirements and nutritional risk are communicated to staff members.	31-Mar-2018		Carly Killen; Wendy Krstenic	Dietetics
		To consider adding the prescription of Meritene milkshakes onto the drug chart for all moderate risk patients.	31-Mar-2018		Carly Killen; Wendy Krstenic	Dietetics
		To continue monitoring snack rounds and snack provision through the fundamental standards audit.	31-Mar-2018		Carly Killen; Wendy Krstenic	Dietetics
2016.005 Actions	Assessment of Pain Management in Sickle Cell Disease	Adopt Sheffield's guidelines, with amendments.	01-Nov-2016		Dr Andrew Fletcher	Clinical Haematology (Ward)
2016.015 Actions	Compliance with post-admission consultant review (as per medical admission form).	Re-audit	30-Jun-2017		Dr Rajarshi Roy	Clinical Oncology
		To hold a consultant's meeting where the importance of a standardized consultant review can be discussed and a plan be formulated to improve upon the areas of deficiencies, as identified in this audit.	30-Jun-2017		Dr Rajarshi Roy	Clinical Oncology
2016.017 Actions	Audit of Outcome of Latex Investigations and to Assess Safety of Latex Glove Challenges	To be discussed at MDT meeting	31-Mar-2017		Dr Bryan Fernandes	Clinical Immunology (Ward)
		Re-audit (2018/19 plan)	31-Mar-2019		Dr Bryan Fernandes	Clinical Immunology (Ward)
2016.018 Actions	Modified Rush Venom Immunotherapy Audit	Present results to MDT.	31-Mar-2017		Dr Bryan Fernandes	Clinical Immunology (Ward)
		Re-audit (2018/19 plan).	31-Mar-2019		Dr Bryan Fernandes	Clinical Immunology (Ward)
2016.023 Actions	Compliance of Employees with Extravasation Guidelines	Education of chemotherapy day unit nurses on new extravasation guidelines.	31-May-2017		Dr Waqas Ali	Clinical Haematology (Ward); Clinical Oncology
		Education of Oncology/ Haematology Registrars on new Extravasation Policy.	31-May-2017		Dr Waqas Ali	Clinical Haematology (Ward); Clinical Oncology
2016.024 Actions	RE-AUDIT Audit on Following the Guidelines of Prescribing Regular Medication in In-Patient's Drug Charts	Re-audit	31-Mar-2017		Dr Samar Bukhari; Dr Rajarshi Roy	Clinical Oncology
2016.050 Actions	Orthopaedics and Trauma Ward Handover	To implement the handover within Trauma and Orthopaedics	31-Dec-2016		Zach North	Orthopaedics (Elective); Orthopaedics (Trauma)






Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		To undertake a reaudit in 2017/18.	31-Mar-2018		Zach North	Orthopaedics (Elective); Orthopaedics (Trauma)
2016.065 Actions	Home Enteral Tube Feeding Audit/ Evaluation of the Home Enteral Tube Feeding Service Provided by the Trust	To trial the updated Home Enteral Tube Feeding Checklist on high usage wards (e.g. Stroke, Head and Neck) for evaluation by the dietitians from those areas.	31-Jul-2017		Noelle Hynes	Dietetics
		To trial the updated Home Enteral Tube Feeding stamp on high usage wards in conjunction with pharmacy, in order for the dietitians from those areas to fully evaluate.	31-Jul-2017		Noelle Hynes	Dietetics
		Home Enteral Tube Feeding training for ward staff to be developed to highlight key aspects of the discharge standard.	31-Jul-2017		Noelle Hynes	Dietetics
		Pharmacy staff to be made aware of their responsibilities regarding the Home Enteral Tube Feeding discharge via email. To be further reinforced through the use of posters and the Home Enteral Tube Feeding stamp.	31-Jul-2017		Noelle Hynes	Dietetics
		To raise with Nutritional Steering Group whether ancillaries for Home Enteral Tube Feeding discharges can be supplied to the ward in a premade pack which would ensure appropriate giving sets, syringes, ampoules, etc. are provided on discharge.	31-Jul-2017		Noelle Hynes	Dietetics
		To inform wards that they must give 2 days notice to dietitians prior to discharge (this will be highlighted in the ward training).	31-Jul-2017		Noelle Hynes	Dietetics
		To inform patients and carers that they should have 10 days of feed and ancillaries on discharge, which will be added to the discharge standard and checklist.	31-Jul-2017		Noelle Hynes	Dietetics
2016.082 Actions	Improvement in Neutropenic Sepsis pathway by the addition of MASCC Score	Re-audit	31-Dec-2016		Dr Iqtedar Muazzam	Clinical Oncology
2016.091 Actions	Audit of Ward and Department 6 Monthly Controlled Drug Checks	Discuss at Pharmacy Governance Meeting.	01-Jul-2017		Susan Lees	Pharmacy
		Discuss at the Trust's Accountable Officer Meeting.	01-Jul-2017		Susan Lees	Pharmacy
		Re-audit.	01-Jul-2017		Susan Lees	Pharmacy
2016.096 Actions	Nutritional Support of Haematology Patients	To update nursing staff on requirements of transplant patients.	01-Oct-2017		Jo Day	Clinical Haematology (Ward)
2016.097 Actions	Audit of Engraftment in Autologous Stem Cell Transplant Patients	Yearly re-audit	31-Jan-2018		Louise Clark; Dr Russell Patmore	Clinical Oncology
2016.099 Actions	Use of Radiology Safety Checklist Audit for Interventional Procedures	Staff to be reminded of the need to fully complete a checklist.	01-May-2017		Oliver Byass	Radiology
		Individual practitioners identified as not meeting the standard are to be informed and re-audited.	01-May-2017		Martine Nutman	Radiology

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.108 Actions	Med A Audit (JACIE)	Corrections of forms and re-submission	01-Apr-2017		Donna Brown; Dr Safia Dawi	Clinical Oncology
		Annual re-audit	31-Mar-2018		Donna Brown	Clinical Oncology
2016.109 Actions	Audit of ICU Transfers in HPC Patients	Findings to be presented to haematology and transplant team at educational meeting.	31-Dec-2016		Dr Russell Patmore	Clinical Haematology (Ward)
		Report to be sent to Caroline Hibbert for circulation to ICU staff.	28-Feb-2017		Dr Russell Patmore	Clinical Haematology (Ward)
		Nursing staff on ward 33 to be reminded of the absolute need to instigate antibiotics without delay in transplant patients suffering sepsis.	31-Dec-2016		Dr Russell Patmore	Clinical Haematology (Ward)
2016.133 Actions	RE-AUDIT Prescribing Laxatives for Prevention or Treatment of Opioid Associated Constipation	Education of colleagues	31-May-2017		Dr Khawaja Zahid	Clinical Oncology
		Re-audit	31-Mar-2019		Dr Rajarshi Roy; Dr Khawaja Zahid	Clinical Oncology
2016.136 Actions	Audit to Identify any Patient Safety and/ or Operational Issues when Patients are Discharged Prior to Discharge Medications Being Ready	To update the discharge policy, including: the management of discharging patients prior to medications being ready; review and embed the use of the discharge checklist incorporating documented action plan for medications if the patient is leaving prior to them being prepared; consider incorporating the checklist onto Lorenzo	01-May-2018		Wendy Page	Pharmacy
		To review the role of the discharge assistant.	01-Dec-2017		Wendy Page	Pharmacy
		To improve the management and use of PODS and ONE STOP items.	01-May-2018		David Corral; Julie Randall	Pharmacy
		To disseminate results of the audit through various committees and present to pharmacy group for actions.	01-Jul-2017		Michelle Chick	Pharmacy
2016.141 Actions	Patient Information and Consent Audit - Clinical Oncology	Re-audit	31-Mar-2018		Dr Rajarshi Roy	Clinical Oncology
		To hold a departmental educational session on consent and consent form completion.	31-Oct-2016		Dr Rajarshi Roy	Clinical Oncology
2016.143 Actions	Antibiotic Indication, Duration and Allergy Status Prescribing Audit	Re-audit	31-Mar-2018		Anna Steele	Pharmacy
		Present results at the ACAT, IRC and IPCC.	31-Mar-2018		Simon Gaines; Anna Steele	Pharmacy
		Send results to HG lead pharmacists.	31-Mar-2018		Simon Gaines; Anna Steele	Pharmacy
2016.155 Actions	Record Keeping Audit - Physiotherapy	Findings to be shared with the Physiotherapy Senior Management Team.	30-Nov-2016		Angela Green	Physiotherapy
		Findings to be shared with the Physiotherapy section heads for action.	31-Dec-2016		Amanda Hancock	Physiotherapy












Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		Modification of front sheets to include school and parental responsibility for services that treat children.	31-Dec-2016		Amanda Hancock	Physiotherapy
		Remind staff:  -when they communicate information or require a decision from another member of the MDT, to document the name and method by which they obtained the information/ decision  -to complete ethnicity and Next of Kin details on front sheets  -to record the patient's consultant on the front sheet, and to remind staff to update the consultant details when necessary	31-Dec-2016		Nicola Gilchrist; Amanda Hancock	Physiotherapy
		To consider the purchase of stamps for physiotherapy staff which include professional registration number.	30-Nov-2016		Nicola Gilchrist	Physiotherapy
		The physiotherapy department abbreviation list will be circulated and reviewed.	31-Oct-2017		Nicola Gilchrist; Angela Green	Physiotherapy
		To identify staff to attend in-house documentation by an external provider.	30-Nov-2016		Nicola Gilchrist	Physiotherapy
2016.174 Actions	Ultrasound Referrals: Good, Bad, Does it Matter?	To hold a sonographer workshop to remind staff of the referral guidelines.	31-Dec-2018		Kimberley Gregson; Pamela Parker	Radiology
		Re-audit to assess use of guidelines.	31-Dec-2018		Kimberley Gregson; Pamela Parker	Radiology
2016.186 Actions	Safe and Secure Handling of Medicines: Flammable	Standards to be agreed at SMPC.	18-Aug-2017		Paul O'Brien; Hannah Smailes	Pharmacy
		Standards for flammable cupboards to be determined.	18-Oct-2017		Paul O'Brien; Hannah Smailes	Pharmacy
		To identify a suitable storage container and establish costs.	18-Oct-2017		Paul O'Brien; Hannah Smailes	Pharmacy
		To create a poster highlighting the agreed standards (once agreed).	18-Nov-2017		Paul O'Brien; Hannah Smailes	Pharmacy
		Dissemination of poster to all health groups.	18-Dec-2017		Paul O'Brien; Hannah Smailes	Pharmacy
2016.188 Actions	Audit of Safe Insulin Prescribing and Medicines Reconciliation	To raise at SMPC the issue of old drug card stocks - should they be destroyed and replaced?	01-Oct-2017		Michelle Lam	
		Re-audit of safe insulin prescribing.	01-Jul-2019		Michelle Lam	
2016.189	Audit of Selected Prescribing	Present results to SMPC for consideration and review as to further	31-Jul-2017		Matthew Heppel	Pharmacy

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Actions	Standards	dissemination of results.				
		Discuss the impact that implementation of the electronic prescribing system will have on the prescribing standards measured with Claire Doyles (Seniot Principal Pharmacist - E-prescribing Project).	31-Jul-2017		Matthew Heppel	Pharmacy
		Review prescribing standards in light of results found for next version of the Trust Drug Policy.	31-Mar-2018		Matthew Heppel; Julie Randall	Pharmacy
2016.197 Actions	Evaluation of the Preparation and Administration of High-Risk Injectable Medicines in Clinical Areas in the Medicine Health Group	Present results to the pharmacy department.	16-Aug-2017		Jeetha Mathew	Pharmacy
		Produce a summary of results to share with nursing leads of each ward involved in the audit.	16-Aug-2017		Jeetha Mathew	Pharmacy
		Clarification of the need to label bolus injections for the immediate administration by the safe medication committee.	16-Aug-2017		Jeetha Mathew	Pharmacy
		Re-audit.	16-Jul-2018		Julie Randall	Pharmacy
2016.216 Actions	Audit of Parenteral Cancer Treatment Wastage	Re-audit	30-Jun-2018			
		Increase number of dose banded products available at the department.	30-Jun-2018		Sarah Scargill	Pharmacy
		Review aseptic standards to reduce the number of products with preparation errors.	30-Jun-2018		Sarah Scargill	Pharmacy
2016.224 Actions	The Restricted use of Piperacillin/Tazobactam and Meropenems	Re-audit after the implementation of daily emails and electronic records to establish the impact on adherence.	31-Mar-2019		Ana Megias Bas	Pharmacy
		To audit missed doses of restricted antibiotics to ensure that all antibiotics are given in a timely manner.	31-Mar-2019		Ana Megias Bas	Pharmacy
		Disseminate the results of the audit within pharmacy department and antimicrobial team to reinforce the adherence to antimicrobial standards.	31-Aug-2017		Nathan Medcalf; Ana Megias Bas	Pharmacy
2016.225 Actions	An Audit of Clinical Indications for MRI Examinations of Knees from Direct Access Sources	To educate staff to ensure that referral criteria are communicated to GPs on an ongoing basis.	01-Oct-2018		Dr Jo Bates; Nicola Webster	Radiology
		To educate MRI staff to ensure that referral forms are reviewed in line with the pathway for investigation and management of knee problems in primary care.	01-Oct-2018		Dr Jo Bates; Nicola Webster	Radiology
		Re-audit.	31-Mar-2019		Dr Jo Bates; Nicola Webster	Radiology
2016.230 Actions	Radium 223 Dichloride for Treatment of Hormone-Relapsed Prostate Cancer with Bone Metastases (TA412)	Re-audit.	30-Sep-2019		Dr Sanjay Dixit	Nuclear Medicine
		Amend prescription form.	30-Sep-2017		Dr Sanjay Dixit	Nuclear Medicine
2016.245 Actions	Audit of Dietetic Records and Casenotes	Re-audit	31-Mar-2018		Jo Donaldson-Smith	Dietetics



















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		Review and revise Standard 1 and Audit tool.	31-Mar-2018		Jo Donaldson-Smith	Dietetics
2016.254 Actions	Patient Information & Consent Audit - Clinical Haematology	Education (especially of vCJD risk and abbreviations).	01-May-2017		Dr James Bailey	Clinical Haematology (Ward)
2016.258 Actions	RE-AUDIT Diagnosis and Monitoring of Depression Following Acquired Brain Injury	To incorporate mood screening questions into ward 29 admission documentation.	31-Dec-2017		Dr Abayomi Salawu	Rehabilitation
		Re-audit on 2018/19 plan.	31-Mar-2019		Dr Abayomi Salawu	Rehabilitation
2016.260 Actions	Patient Information & Consent Audit - Infectious Diseases	To establish why out-of-date consent forms are being used on the Infectious Diseases ward (ward 20, CHH).	31-Mar-2018		Dr Kate Adams	Infectious Diseases

### Family & Women's Health Group

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.007 Actions	Grade 2 Caesarean Section Audit	LSCS grading guideline to be reviewed and reworded	31-Oct-2016		Mr Androniks Mumdzjans	Obstetrics
		Action points to be disseminated to all Obstetricians and midwives via email	31-Oct-2016		Sue Sallis	Obstetrics
		Training of Obstetricians on the afternoon doctors meeting	31-Oct-2016		Mr Androniks Mumdzjans; Dr Uma Rajesh	Obstetrics
2016.008 Actions	SI/2015/31236 - Audit of the Completion of Back to Basics Training by all Midwives	Results to be presented to the Supervisors of Midwives and fed back to the panel for SI/2015/31236	31-Jan-2017			
		Presentation to be e-mailed to all staff who did not attend the MTD2 session to ensure increased compliance.	20-Feb-2017			
2016.016 Actions	Investigating Headaches in Paediatrics	Implement use of paediatric headache assessment proforma	01-Feb-2017		Dr Sandhya Jose	Paediatric Medicine
		To undertake teaching session on assessment of headaches.	13-Dec-2016		Dr Sandhya Jose	Paediatric Medicine
		To undertake a re-audit in 2017/18.	31-Mar-2018		Dr Sandhya Jose	Paediatric Medicine
2016.044 Actions	Audit of Antenatal and Newborn Screening	Raise Awareness of Requirement to record Accept or Decline of Screening Tests in records	31-May-2017			
		Re-audit in 1 Year	31-Mar-2018			
2016.046	Audit of Induction of Labour	Examine GAP protocol and rational for IUGR IOL.	31-Mar-2018		Karen Thompson	Gynaecology; Obstetrics

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Actions	Guideline (62)	Monitor use of proforma for booking IOL.	31-Mar-2018		Karen Thompson	Gynaecology; Obstetrics
2016.048 Actions	RE-AUDIT - The Use of Oxytocin in Labour	To present at perinatal meeting on 15/07/2016	31-Mar-2018		Dr Uma Rajesh	Obstetrics
		To undertake reaudit in 2018/19	31-Mar-2019		Dr Uma Rajesh	Obstetrics
2016.049 Actions	Patient Information & Consent Audit - Obstetrics	Audit results to be circulated to wider Team and Senior Managers	31-Oct-2016		Dr Deborah Graham	Obstetrics
		Clinicians to refresh their knowledge of the current Trust policies which can be accessed electronically on the Trust Intranet: Mental Capacity Act, Deprivation of Liberty Safeguards, Consent and Physical Restraint Policy CP354 Patient Documentation Policy CP185 Patient Information Policy CP304 Transmissible Spongiform Encephalopathy (TSEs)/Creutzfeldt Jacob Precautions for the Hospital Environment CP130	31-Oct-2016		Dr Deborah Graham	Obstetrics
		Clinicians to refresh their knowledge of the GMC publication: "Consent: patients and doctors making decisions together (2008)"	31-Oct-2016		Dr Deborah Graham	Obstetrics
		Update the pre-printed Consent forms for Caesarean Section	31-Jul-2017		Dr Deborah Graham	Obstetrics
		Update the patient information leaflets about Caesarean Section	31-Jul-2017		Dr Deborah Graham	Obstetrics
		A pre-inked stamp to be provided for each clinician which details their full name, job title and GMC number to improve legibility and documentation of these points in the handwritten records	30-Nov-2016		Dr Deborah Graham	Obstetrics
		2016.072 Actions	Written Consent and WHO Checklist Compliance (Hysteroscopy)	Re-audit 2 random clinics, on 2017/18 audit plan	31-Mar-2018	
2016.084 Actions	Factors Associated with a Higher Than National Average of 3rd/4th Degree Tear Rate	To provide sessions for midwives and medical staff with regards to reducing severe perineal trauma.	31-Dec-2017			
		As no actual standards set - to compare more recent incidences of perineal trauma to see if higher than national average figures continue.	31-Dec-2017			
2016.085 Actions	Re-Audit of Pregnancy Unknown Location	To Update Current Trust Guideline	30-Sep-2017			
2016.088 Actions	Audit of Babies with Hypotension and on Inotropes	To include teaching on managing hypotension in the teaching programme for junior doctors.	01-Jul-2017		Dr Helen Yates	Neonates
2016.089 Actions	Record Keeping Audit - Gynaecology	Documentation of information given to patients on discharge including; risks of treatment, goals of care, any instructions on aftercare and discussions on resuscitation- Highlight to both medical and nursing staff	01-Dec-2016		Elizabeth Morris; Mr Androniks Mumdzjans	Gynaecology

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		Professional registration number (e.g. GMC number) recorded after every entry – MEDICAL- Highlight to medical staff	31-Oct-2016		Mr Androniks Mumdzjans	Gynaecology
		Professional registration number (e.g. GMC number) recorded after every entry – NURSING- Highlight to nursing staff	31-Dec-2016		Mr Androniks Mumdzjans	Gynaecology
		All entries are timed (24hr clock) - MEDICAL- Highlight to medical staff	31-Oct-2016		Mr Androniks Mumdzjans	Gynaecology
		All entries are timed (24hr clock) - NURSING- Highlight to nursing staff	31-Oct-2016		Elizabeth Morris	Gynaecology
2016.101 Actions	Audit of Swab and Needle Count Guideline (83) - SI Action	Email compliance level to all staff	14-Oct-2016		Julia Chambers	Obstetrics
		Present findings to Obstetrics and Gynaecology Governance Meeting	14-Oct-2016		Julia Chambers	Obstetrics
2016.102 Actions	Venous Thromboembolism in Pregnancy and the Puerperium	Circulate all Findings of this Audit to All Staff Working in Maternity Setting.	31-May-2017			
		Create a System to Identify Pregnant Women with VTE for Audit Purposes	30-Jun-2017			
		To Provide Education in Relation to the Completion of the Paper VTE Assessment.	31-May-2017			
2016.103 Actions	Audit of Guideline 118: Reduced / Altered Fetal Movements Guideline (SI Action)	Share the findings of the audit with senior midwifery management team and Obstetric clinical lead	28-Oct-2016		Lorraine Cooper	Obstetrics
		For senior midwifery management team to discuss at team meetings and handovers to ensure the cascade of information following the audit and highlight the areas for improvement.	28-Oct-2016		Lorraine Cooper	Obstetrics
		To undertake a further audit in September 2017 of 20 records.	30-Sep-2017		Lorraine Cooper	Obstetrics
2016.105 Actions	Re-audit: Patient Information and Consent - Plastic Surgery	To present audit results to the Plastics department.	31-Jul-2016		Mr Paolo Matteucci	Plastic Surgery
2016.113 Actions	Audit of the use of a CTG Interpretation Sticker and LSCS Classification Sticker	Disseminate results to all staff.	31-Mar-2018		Julia Chambers	Obstetrics
		Review the current practice.	31-Mar-2018		Julia Chambers	Obstetrics
		Re-audit when new practice has been implemented and embedded.	31-Mar-2018		Julia Chambers	Obstetrics
2016.114 Actions	RE-AUDIT - Abnormal Results Process for Antenatal Women	Share the outcome form with all Obstetric consultants by letter	31-Oct-2016		Mrs Jane Allen	Obstetrics
		Share the outcome form at the Obstetric and Gynaecology Governance meeting.	31-Oct-2016		Mrs Jane Allen	Obstetrics
		The Clinical Director to remind the two members of staff who reviewed a small number of their results over the agreed timeframe, what the agreed timeframe is	31-Oct-2016		Mrs Jane Allen	Obstetrics


















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		for reviewing these results				
		Clinical Director to remind all secretaries that they are required to show results to another member of the senior staff for review during leave periods.	31-Oct-2016		Mrs Jane Allen	Obstetrics
		Ask secretaries to ensure each member of staff completes an individual audit sheet with their name stated at the top of sheet to allow ease of identifying who was responsible for reviewing that result when re-audit performed.	31-Oct-2016		Mrs Jane Allen	Obstetrics
		To undertake re-audit in 18-24 months.	31-Oct-2018		Mrs Jane Allen	Obstetrics
2016.129 ACTIONS	MHRAT	Dr Jack Preece to ensure that staff education and training is completed as soon as possible in respect of the outcome of the audit.	31-Mar-2017		Dr Jack Preece	
2016.131 Actions	Record Keeping Audit - Dermatology	Revise the minor surgical notes. To contact the Clinical Effectiveness Committee with regard to the creation of a standardised surgical checklist for the Dermatology department.	30-Jun-2017		Dr Rubeena Zaman	Dermatology
		To educate staff about improving handwriting and making notes more clear. To include information on ensuring that GMC number and printed name are present under the signature.	28-Feb-2017		Dr Rubeena Zaman	Dermatology
2016.137 Actions	Re-audit - Prescription & Administration of H2 Receptor Antagonists Prophylaxis in High Risk Women in Labour	Educate staff on the importance of prescribing antacid prophylaxis in labour.	30-Jun-2017			
		Re-audit in 1 year	20-Jan-2018			
2016.139 Actions	Patient Information & Consent Audit - Dermatology	Audit results to be circulated to Dermatology Team and Senior Management.	01-Dec-2016		Dr Rubeena Zaman	Dermatology
2016.144 Actions	Spot Check Audit of Referrals into the Dermatology Department at Hull Royal Infirmary (SI Action)	Feedback findings to Consultants, to highlight learning points at Dermatology governance meeting and face to face dialogue with individual clinicians	31-Jan-2017		Dr Rubeena Zaman	Dermatology
		Re-audit to provide assurance that the department remains 100% compliant	31-Jan-2017		Dr Rubeena Zaman	Dermatology
2016.145 Actions	Growth Assessment Protocol - Compliance and Outcomes	To re-audit with a larger sample.	30-Sep-2017			
2016.147 Actions	Audit of Iron Therapy for Women not responding to Oral Iron Therapy Guideline (68)	To undertake a re-audit in 12 months.	31-Mar-2018		Mr Androniks Mumdzjans	Obstetrics
2016.152 Actions	Audit of Guideline Referral When A Fetal Abnormality is Detected	FASP MDT to review the guideline and suggest areas for audit for 2017. Must include women having a copy of scan report on leaving u/s department and review of timing of MDT discussion.	31-May-2017			
		Re-audit in 1 year (To be included in ongoing annual audit plan - PHE requirement).	31-Mar-2018			
2016.172 Actions	Re-audit of Breast Surgery Mortality and Morbidity	To undertake a re-audit within 6 months.	01-Jul-2017		Mr Peter Kneeshaw	Breast Surgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		To include a comparison of previous audit results in the re-audit.	31-Dec-2018		Mr Peter Kneeshaw	Breast Surgery
2016.180 Actions	Record Keeping Audit - Paediatric Surgery	Clerical, nursing and medical staff to be informed of audit results.	31-Dec-2016		Mr Mahmud Fleet	Paediatric Surgery
2016.181 Actions	Record Keeping - Breast Services	To undertake staff training.	31-Jan-2018		Mr Peter Kneeshaw	Breast Surgery
2016.183 Actions	Patient Information & Consent Audit - Ophthalmology	To present audit findings at the next departmental meeting.	19-Dec-2016		Mr Naeem Zaman	Ophthalmology
2016.184 Actions	Urine Pregnancy Test prior to Laparoscopic Sterilisation in Theatre	To update current guideline	31-Mar-2017		Mr Androniks Mumdzjans	Gynaecology
2016.185 Actions	Heavy Menstrual Bleeding Audit	Memo to all clinicians highlighting the indications and importance of documenting an endometrial biopsy in the action plan.	31-Mar-2017			
		Letter to local GP's to advise them that they should:- Request a pelvic ultrasound scan and provide patients with information and pharmaceutical treatment prior to outpatient appointment.	31-Mar-2017		Mr Alex Oboh	
		Re-audit in 12 months to assess for changes.	28-Feb-2018		Mr Prabath Suraweera	
2016.198 Actions	Grade 1 and 2 LSCS Audit	Re-audit	31-Mar-2019		Helen Dent	Obstetrics
2016.199 Actions	Record Keeping Audit - Paediatric Medicine	To hold a discussion about a bespoke front sheet for paediatrics at audit/governance meeting.	28-Feb-2017		Dr Sanjay Gupta	Paediatric Medicine
		To emphasise recording professional registration in medical notes at the junior doctor induction.	28-Feb-2017		Dr Sanjay Gupta	Paediatric Medicine
		To hold a discussion with the matron about policy around documentation of professional registration in nursing notes.	28-Feb-2017		Dr Sanjay Gupta	Paediatric Medicine
2016.201 Actions	Support for Breastfeeding Mothers with Pre-Term Babies or those at risk of Feeding Problems	Create a pro-forma for admission notes - initially just a trial pro-forma to be used for audit purposes.	28-Feb-2017			
		Re-audit to be completed by 31 May 2017	31-May-2017			
2016.248 Actions	Audit of Pre-op MRI Scan in Patients with Breast Cancer	To develop a project on use of pre-op MRI in patients with breast cancer undergoing neo-adjuvant chemo.	31-Mar-2018		Mr Kartikae Grover	Breast Screening; Breast Surgery
		To survey all breast consultants in the UK regarding practice: use of MRI in the Breast Cancer?NACT	31-Mar-2018		Mr Kartikae Grover	Breast Screening; Breast Surgery
		Present audit at local clinical governance meeting.	31-Mar-2018		Mr Kartikae Grover	Breast Screening; Breast Surgery
2016.248	Audit of Pre-Operative MRI Scan in	To present results at local clinical governance meeting.	31-Mar-2018		Miss Priyatma	Breast Surgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Actions	Patients with Breast Cancer				Khincha	
2016.251 Actions	Audit on the Management of Babies Eligible for Transitional Care	TC Bay to be located in Beech Ward and will be managed by NICU Nurses	31-May-2017			
		Review of the current TC guideline	30-Jun-2017			
		Approach Jo Preece to establish if she wishes to undertake a re-audit to evaluate the new way of working (dependant upon TC bay being relocated to Beech Ward and managed by NICU Nurses) - to be an off plan audit!	30-Nov-2017			
2016.253 Actions	Audit of the compliance of acknowledgement on the CTG review sticker that the CTG is running at 1cm/minute	Disseminate results at Labour Ward Forum	31-Mar-2017			
		Further Audit to ensure increased compliance	31-Mar-2017			
2016.257 Actions	Re-audit of Hospital Management of Bronchiolitis	Staff Training as per guidelines	31-Dec-2017		Dr Mary Barraclough	Paediatric Medicine; Paediatric Surgery
		Re-audit in 12 months.	31-Mar-2018		Dr Mary Barraclough	Paediatric Medicine; Paediatric Surgery
		On-going monitoring of capacity for R3a assessment and laser.	31-Mar-2018		Miss Helen Cook	Retinal Screening
		Re-audit for 2017-18	31-Mar-2018		Miss Helen Cook	Retinal Screening

### Medicine Health Group

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.025 Actions	To Assess the Appropriate Change in Medication in Accordance to Biochemical Profile on Arrival to Acute Assessment Unit	To present the results of the audit to AAU governance meeting, in order to ascertain whether there needs to be any actions made based on the results of this audit.	31-Jan-2017		Dr Belinda Allan; Diane Holden	Diabetes & Endocrinology
2016.061 Actions	Dislocated Hip Prosthesis Audit	Education to triage nurses regarding existing analgesia protocol and to document pre-hospital analgesia/meds	30-Sep-2016		Dr Will Townend	Emergency Department
		Education to triage nurses to treat patients with THR admitted with fall/hip pain to have urgent hip XR (as for #NOF)	30-Sep-2016		Dr Will Townend	Emergency Department
		Re-audit in 6 months.	31-Jan-2017		Dr Will Townend	Emergency Department
2016.070 Actions	Audit of DVT Treatment Against NICE Guidelines	Teaching and training.	28-Feb-2017		Dr Reuben Griscti; Dr Simon Street	Emergency Department
		Re-audit	31-Dec-2017		Dr Reuben Griscti; Dr Simon Street	Emergency Department

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.095 Actions	RE-AUDIT Minimising Missed Antibiotic Doses (M.M.A.D.)	To educate staff on the documentation of prescription and administration of antibiotics on CAS cards, and to ensure taht all staff are aware of the gold standard of care.	31-Aug-2018		Dr Biju Cherian	Emergency Department
2016.125 Actions	Patient Information & Consent Audit - Nephrology/ Renal	Urgent staff training.	01-May-2017		Dr Martin Chanayireh; Dr Matthew Edey; Dr Sarah Naudeer	Renal
		Urgent feedback for one trainee.	01-May-2017		Dr Sarah Naudeer	Renal
2016.126 Actions	Patient Information & Consent Audit - Chest Medicine	Education of medical and nursing staff.	31-Mar-2018		Dr Jack Kastelik	Chest Medicine
2016.148 Actions	Record Keeping Audit - Neurology	To randomly appraise notes at Monday morning Neurology MDT	31-Mar-2017		Dr James Harley	Neurology
		To highlight the results of the record keeping audit at the juniors/ staff induction.	01-Jul-2017		Dr James Harley	Neurology
2016.177 Actions	Record Keeping Audit - Emergency Department	To incorporate departmental specific guidance into both department and Trust induction.	31-Mar-2018		Dr Reuben Griscti; Dr Simon Long	Emergency Department
		Dissemination of results to ED medical staff on a regular basis, to reaffirm the need to meet record keeping standards.	01-Feb-2017		Dr Reuben Griscti	Emergency Department
		Dissemination of results to ED nursing staff on a regular basis, to reaffirm the need to meet record keeping standards.	01-Feb-2017		Rosemary Flanagan	Emergency Department
2016.196 Actions	RE-AUDIT Vascular Access - Patients Commencing HD via Catheters	Re-audit	31-Mar-2018		Dr Matthew Edey	Renal
		Root Cause Analysis for all cases of temporary access.	31-Dec-2017		Dr Matthew Edey	Renal
2016.200 Actions	Record Keeping Audit - Diabetes & Endocrinology	To discuss the results at Specialty Governance Meeting, in order to raise awareness of areas of lower compliance.	01-Feb-2017		Dr Belinda Allan	Diabetes & Endocrinology
2016.212 Actions	RE-AUDIT Assessment and Management of Alcohol Withdrawal in AAU	To develop an alcohol withdrawal pathway.	30-Aug-2017		Dr Irshad Ali	AAU
		Re-audit after implementing the pathway	31-Mar-2018		Dr Irshad Ali	AAU
2016.213 Actions	RE-AUDIT Quality Indicators in AMU	Re-audit.	31-Mar-2018		Dr Alan Webb	AAU
2016.233 Actions	Audit of Return to Paediatric ED For Febrile Children	To develop and publish a Patient Information Leaflet.	31-Mar-2019		Dr Elizabeth Herrievan	Emergency Department
		To educate trainees regarding the necessity of Consultant sign-off for febrile children under 1 and for re-attenders.	31-Aug-2017		Dr Elizabeth Herrievan	Emergency Department
		Re-audit.	31-Aug-2018		Dr Elizabeth Herrievan	Emergency Department


















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.247 Actions	Audit of PD Peritonitis	To review the Peritoneal Dialysis pathway and service.	31-Mar-2018		Dr Helen Collinson	Renal
		To create a new referral and home assessment form.	01-Jul-2018		Dr Helen Collinson	Renal
		To create a peritoneal dialysis training booklet and competency document.	01-Jul-2018		Dr Helen Collinson	Renal
		To create a constipation management document.	01-Jul-2018		Dr Helen Collinson	Renal
		To update relevant Peritoneal Dialysis Policies.	01-Jul-2018		Dr Helen Collinson	Renal
		To revise Root Cause Analysis form.	01-Jul-2018		Dr Helen Collinson	Renal
		To identify a PD link consultant.	01-Jul-2018		Dr Helen Collinson	Renal
		Re-audit (2018/19 Plan).	01-Jul-2018		Dr Helen Collinson	Renal
2016.256 Actions	RE-AUDIT of Continence Care Documentation Within DME Inpatient Areas	To pilot the continence care plan on one of the inpatient DME areas.	31-Mar-2018		Julie Taylor	Elderly Medicine
		Continence care teaching for all staff within the DME inpatient areas.	31-Mar-2018		Julie Taylor	Elderly Medicine
		To implement the continence care plan in all DME inpatient areas.	16-Jan-2018		Julie Taylor	Elderly Medicine

## Surgery Health Group




Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.001 Actions	Audit of Ultrasound Guidance Prior to Vein Harvest for CABG	Business case to be reviewed again to purchase another ultrasound machine.	31-Jan-2017		Mr Mubarak Chaudhry; Richard Thomson	Cardiothoracic Surgery
2016.002 Actions	Audit of the Management of Obstetric Critical Care Patients in Hull	To undertake a re-audit in 2018/19.	31-Mar-2019		Dr Abdul Dawood	Critical Care (ICU & HDU)
		To undertake a survey of midwifery staff with regard to competencies in managing critically ill pregnant or recently pregnant women.	31-Dec-2017		Dr Abdul Dawood	Critical Care (ICU & HDU)
2016.003 Actions	Review of Long Term Follow Up and Revision Rates of TKR	Present findings of the audit.	31-Mar-2018		Mr Rajesh Ramaswamy	Orthopaedics (Elective); Orthopaedics (Trauma)
2016.010 Actions	Audit of the Use of PET CT Scans at Head and Neck MDT Meetings	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Stephen Crank	Head & Neck Max Fax; Oral & Max Fax Surgery
2016.011	Audit on Radiation Exposure	Obtain 10 thyroid shields for CHH DSU3 theatres.	31-Mar-2018		Dr Vinod Sanem	Anaesthetics (Inpatient)








Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Actions	During Pain Intervention Procedure	To undertake a re-audit in 2017.18.	31-Mar-2018		Dr Vinod Sanem	Anaesthetics (Inpatient)
2016.020 Actions	An Audit to Determine whether all Patients Receive Doppler Scans following discharge from Femoro-Distal Bypass Grafts	Creation of new guidelines regarding follow up.	31-Mar-2018		Mr Bankole Akomolafe; Ms Aimee Charnell; Mr George Smith	Vascular Surgery
		Creation of electronic operation note template.	31-Mar-2018		Mr Bankole Akomolafe	Vascular Surgery
		Explain importance of detailed IDLs to new juniors.	31-Mar-2018		Mr Bankole Akomolafe	Vascular Surgery
2016.021 Actions	Surgical Treatment of Lateral Malleolar Fractures in the over 65's	To undertake a re-audit in 2017/18.	31-Mar-2018		Mrs Sally Hobson	Orthopaedics (Elective); Orthopaedics (Trauma)
2016.032 Actions	Alcohol History Documentation	Training for AAU team/foundation doctors/core medical trainees.	30-Aug-2016		Dr Anca Staicu	Gastroenterology & Endoscopy
		To undertake a re-audit following the appointment of an Alcohol Liaison Nurse.	31-Mar-2018		Dr Anca Staicu	Gastroenterology & Endoscopy
2016.033 Actions	Ventilated Associated Pneumonia in ICU	Standardise template for documentation of intubation/tube change.	31-Mar-2018		Dr Abdul Dawood	Critical Care (ICU & HDU)
2016.036 Actions	Audit to Assess the Current Practise of Pain Management in Rib Fracture Patients	To undertake a re-audit in 2018/19.	31-Mar-2019		Dr Sundar Muthukrishnan; Caroline Weetman	Anaesthetics (Inpatient)
		To discuss with Matron and Teacher Practitioners for ED.	31-Aug-2017		Caroline Weetman	Anaesthetics (Inpatient)
		To target a cohort of Band 6 Nurses who will be trained to set up IV-PCA equipment.	31-Aug-2017		Caroline Weetman	Anaesthetics (Inpatient)
		To invite the CME Trainer to do Advanced user Training for the CME IV-PCA pumps.	31-Aug-2017		Caroline Weetman	Anaesthetics (Inpatient)
		To produce a Standard Operating Procedure regarding the process, equipment and appropriate areas for patients to be transferred to.	31-Aug-2017		Caroline Weetman	Anaesthetics (Inpatient)
2016.040 Actions	To Analyse the Significance of Post Operative Day 4 Chest X-ray after Cardiac Surgery	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Mubarak Chaudhry	Cardiothoracic Surgery
2016.047 Actions	Re-audit of Emergency Laparotomy Clinical Pathway Compliance	To produce a poster for acute cardiac theatres with details of cardiac output monitoring and protocol.	31-Aug-2017		Dr Kimberly Caines	Anaesthetics (Inpatient)
		Dissemination of information to Anaesthetists, ODPs and critical care nursing staff	31-Aug-2017		Dr Elanchezian Balakumar; Dr Kimberly Caines	Anaesthetics (Inpatient)
		To produce written guidelines detailing the use of cardiac output monitoring for emergency laparotomy.	31-Aug-2017		Dr James Knock	Anaesthetics (Inpatient)

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		To re-audit the use of cardiac output monitoring in emergency laparotomy patients following protocol implementation.	31-Aug-2017		Dr Elanchezian Balakumar; Dr Kimberly Caines	Anaesthetics (Inpatient)
2016.052 Actions	An Audit to Determine Progression of Abdominal Aortas Found to be 2-3cm on Abdominal Aortic Aneurysm (AAA) Screening	Determine difference between inner > inner/outer > outer ultrasound measurements.	31-Mar-2018		Mr Bankole Akomolafe	Vascular Surgery
		Present audit at Vascular Society Meeting.	31-Mar-2018		Mr Bankole Akomolafe	Vascular Surgery
		To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Bankole Akomolafe	Vascular Surgery
2016.053 Actions	Bi-annual Audit of Anaesthetic Chart Record Keeping	To ensure the named consultant supervising/responsible for SAS grades is documented on the CLWrota (Anaesthetics rota management system).	31-Dec-2017		Dr Richard Owen-Smith; Dr Christopher Snowden	Anaesthetics (Inpatient)
		To undertake a re-audit in 2017/18.	31-Mar-2018		Dr Richard Owen-Smith; Dr Christopher Snowden	Anaesthetics (Inpatient)
2016.054 Actions	Re-audit of Skin Tears in Elderly Orthopaedic Patients	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Rajesh Ramaswamy	Orthopaedics (Elective); Orthopaedics (Trauma)
2016.057 Actions	An Audit on the Management of Cardiac Arrest Patients in ICU	Present Data at European Society of Intensive Care Society	31-Dec-2017		Dr Mohsan Mallick	Anaesthetics (Inpatient)
		Re-audit using the revised ERC guidelines in 2015 only for patients treated with the new ALS guidelines.	31-Dec-2017		Dr Mohsan Mallick	Anaesthetics (Inpatient)
2016.058 Actions	Outcomes of Fractured Mandibles	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Stephen Crank	Head & Neck Max Fax; Oral & Max Fax Surgery
2016.064 Actions	Bowel Cancer Screening Dataset Completion and Quality Audit	SSP nursing assessment documentation to be altered to incorporate 2 SSP checks.	20-Jan-2017		Sally Wood	Colorectal Surgery
2016.067 Actions	The Audit of the Nutritional Care on the Intensive Care Unit	To update current guidelines	04-Oct-2017		Dr Abdul Dawood	Critical Care (ICU & HDU)
		To undertake a re-audit in 2017/18.	04-Oct-2017		Dr Abdul Dawood	Critical Care (ICU & HDU)
2016.074 Actions	Record Keeping - Head and Neck Max Fax	Communication of results and areas for improvement at departmental clinical governance meeting.	11-Aug-2016		Mr Narassah Narayan	Head & Neck Max Fax; Oral & Max Fax Surgery
2016.083 Actions	Patient Information & Consent Audit - Head & Neck Max Fax	To discuss with staff to ensure not to abbreviate on the consent forms, signatures are dated and patients names are printed.	11-Aug-2016		Mr Narassah Narayan	Head & Neck Max Fax; Oral & Max Fax Surgery
2016.104 Actions	Ward Patient Dishcharge Audit	Re-audit 2018	31-Mar-2018		Mr Mubarak Chaudhry	Cardiothoracic Surgery
2016.106 Actions	Record Keeping - Pain Services	Inform staff regarding professional registration number.	22-Dec-2016		Dr Swaroop Sampu	Pain Services

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.119 Actions	Audit of CTCs Requested by Humber and Yorkshire Coast Bowel Cancer Screening Centre	To alter the Cancer datasheet to incorporate 2 SSP checks.	20-Jan-2017		Jane Lovel	Colorectal Surgery
2016.120 Actions	Acute Pancreatitis: Does Use of the Marshall Score Change Management	To develop an acute pancreatitis clinical pathway for use in the emergency department (ED) and wards.	30-Jun-2017		Mr Richard Young	Upper GI
		The modified marshal score will be used to stratify acute pancreatitis patients. To deliver teaching session to F1/F2/CT/ST.	05-Apr-2017		Mr Richard Young	Upper GI
2016.164 Actions	Review of Trauma Postoperative X-rays	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Muhammad Ismail	Orthopaedics (Elective); Orthopaedics (Trauma)
2016.165 Actions	A Surgical Proforma - Can it Result in Better Clerking of Vascular Patients?	To implement a new clerking proforma.	30-Apr-2017		Mr Bankole Akomolafe; Mr Daniel Carradice; Mr Junaid Sultan	Vascular Surgery
2016.169 Actions	Re-audit on the Management of Acute Gall Stones Pancreatitis	To extend the C.POD list on weekday evenings, to enable operations to be performed in a timely manner.	30-Sep-2017		Mr James Gunn	Upper GI
		To undertake a re-audit in 2017/18.	31-Mar-2018			Upper GI
2016.193 Actions	Audit of Antiplatelet Therapy Post Coronary Artery Bypass Surgery in Patients with Recent ACS	To undertake a re-audit during 2017/18.	31-Mar-2018		Mr Yama Haqzad; Professor Mahmoud Loubani	Cardiothoracic Surgery
2016.209 Actions	CPEX Testing as a Prognostic Tool for Head and Neck Oncology Cases	To continue data collection to evaluate if there is a statistical difference in prognostic ability between ACE-27 and CPEX.	30-Jun-2017		Mr Stephen Crank; Dr Lydia Thom	Head & Neck Max Fax; Oral & Max Fax Surgery
2016.211 Actions	Quality of Cardiothoracic Discharge Letters in Patients receiving Valve Replacement or are Discharged on Warfarin	Re-audit after QIP.	31-Mar-2018		Mr Mubarak Chaudhry	Cardiothoracic Surgery
2016.227 Actions	Perioperative Management of Anticoagulation for Elective Colorectal Patients	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Andy Hunter; Mr Richard Young	Colorectal Surgery
2016.228 Actions	Audit of the Sensitivity of Investigations for Diagnosis of Parotid Gland Tumours Over a 2 Year Period 2013-2015	Dissemination of current guidelines and audit findings to all staff members in clinical governance meeting.	31-Mar-2018		Dr Insiyah Anjari	Oral & Max Fax Surgery
2016.236 Actions	Complications Associated Post Insertion of Intra-aortic Balloon Pumps	Complete the the audit of complications of IABP in the last 6 years.	31-Jul-2017		Mr Yama Haqzad; Mr Nabil Hussein	Cardiothoracic Surgery
		To evaluate improvement in clinical outcomes following IABP insertion.	31-Jul-2017		Mr Yama Haqzad; Mr Nabil Hussein	Cardiothoracic Surgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2016.238 Actions	Review of the Endoscopy Referrals Requests Received by Endoscopy Unit for the Month of Jan 2017	To launch the electronic request system for endoscopic procedures on Lorenzo, to ensure all mandatory fields are complete before referral is accepted.	31-May-2018		Dr Anca Staicu	Gastroenterology & Endoscopy
		To support non-trained colonoscopists (nurses , middle grades and juniors) in making the right decision as whether or not a patients is suitable for colonoscopy as well as deciding the urgency of the test.	31-May-2018		Dr Anca Staicu	Gastroenterology & Endoscopy
2016.255 Actions	Audit of Kinematically Aligned Total Knee Replacements	To commence RCT of kinematically aligned total knee replacements.	31-Mar-2018		Mr Sandeep Datir	Orthopaedics (Elective); Orthopaedics (Trauma)

#### 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 2016/17

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2016/17 has been provided below. Actions taken in response to reports published in 2017/18 will be included in the Quality Accounts for 2018/19.

Audit	Proposed actions	Progress
<b>National audit</b>		
Neonatal Intensive and Special Care (National Neonatal Audit Programme - NNAP)	<ul style="list-style-type: none"> <li>• To review the process for documentation of first consultation with parents</li> </ul>	<ul style="list-style-type: none"> <li>• Update awaited from lead</li> </ul>
National Emergency Oxygen Audit	<ul style="list-style-type: none"> <li>• To liaise with Education and Training to establish how safe use of oxygen training could be made mandatory and available to be completed online</li> <li>• To create a safety bulletin on the subject of oxygen prescribing, in order to raise awareness of the issue</li> <li>• To discuss a potential pilot scheme with the Acute Medical Unit and Ward 1, which would involve attaching laminated signs to every oxygen point to serve as a reminder to ensure that all oxygen is prescribed in accordance with the Trust Oxygen Therapy Policy.</li> <li>• To carry out an audit in order to establish whether the above results in an improvement</li> <li>• To review and update the Trust Oxygen Therapy</li> </ul>	<ul style="list-style-type: none"> <li>• An e-learning package has been developed and is awaiting final approval</li> <li>• This will be produced to coincide with the launch of the e-learning package and revised oxygen policy</li> <li>• This has been discussed but has not been implemented to date</li> <li>• This will be undertaken once the pilot in the Acute Medical Unit has taken place</li> <li>• The policy has been updated in line with the</li> </ul>

	Policy	British Thoracic Society guidelines and recommendations
National Bowel Cancer Audit	<ul style="list-style-type: none"> <li>To undertake a review of 2 year mortality data</li> </ul>	<ul style="list-style-type: none"> <li>Data has been collected and is awaiting analysis</li> </ul>
Cardiac Arrhythmia (Cardiac Rhythm Management)	<ul style="list-style-type: none"> <li>To provide ongoing education to highlight the importance of primary prevention in suitable patients.</li> <li>To hold fortnightly multi-disciplinary team meetings (MDT) to discuss patients that may be suitable for CRM</li> </ul>	<ul style="list-style-type: none"> <li>There is a monthly Journal club where all cardiology trainees and consultants meet</li> <li>There is a weekly MDT to discuss patients that may be suitable for ICD therapy</li> </ul>
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	<ul style="list-style-type: none"> <li>To review how insulin pumps are recorded on the Twinkle database and through the National Paediatric Diabetes Audit.</li> <li>To provide a training session for users of Twinkle at a multi-disciplinary team meeting</li> </ul>	<ul style="list-style-type: none"> <li>This has been communicated to the whole team</li> <li>A 'how to' guide has been written to ensure data is entered correctly</li> </ul>
National Pregnancy in Diabetes Audit	<ul style="list-style-type: none"> <li>To carry out a local audit of glucose control</li> <li>To contact Public Health, Clinical Commissioning Groups and Family Planning clinics to discuss potential further actions</li> </ul>	<ul style="list-style-type: none"> <li>An audit is underway</li> <li>The results are to be discussed at the local maternity network board</li> </ul>
National Diabetes Footcare Audit	<ul style="list-style-type: none"> <li>To clarify the definition of 'ischemia' with the national audit team, to better understand our figures</li> <li>To ensure that patients who present direct to the Emergency Department or</li> </ul>	<ul style="list-style-type: none"> <li>The national team have provided a clearer definition</li> <li>Actions complete</li> </ul>

	<p>ward are captured in the audit</p> <ul style="list-style-type: none"> <li>• To raise awareness of the audit with community staff in order to increase participation</li> <li>• To raise a query with the national team around amputation as an outcome</li> </ul>	
National Diabetes Inpatient Audit	<ul style="list-style-type: none"> <li>• To reduce prescription errors through the introduction of a new drug chart incorporating a specific section on insulin and highlighting the importance of giving oral agents with meals</li> <li>• To reduce the number of hypoglycaemic events through the introduction of a new prescription chart to emphasise the correct timing of diabetes medication</li> <li>• To highlight patients on insulin in hospital, to ensure timing of insulin is with a meal</li> <li>• To improve the timeliness of diabetes foot assessments and ensure that they are properly completed and documented</li> </ul>	<ul style="list-style-type: none"> <li>• A new drug chart (incorporating a specific section on insulin and highlighting the importance of giving oral agents with meals) has been implemented. This aims to reduce the number of hypoglycaemic events – data is awaited to determine if this has happened</li> <li>• There is a diabetes specific foot check document in use on Ward 7</li> </ul>
National Cardiac Arrest Audit (NCCA)	<ul style="list-style-type: none"> <li>• To share learning from the NCCA dataset, including ceilings of care and the prescription of appropriate resuscitation in the Consultant mandatory</li> </ul>	<ul style="list-style-type: none"> <li>• The ReSPECT process was released nationally at the end of February 2017. The Trust as the lead organisation, has worked with other local healthcare</li> </ul>

	<p>update training.</p> <ul style="list-style-type: none"> <li>• To develop links with Primary Care to improve communication relating to DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) decisions.</li> <li>• To develop a strategy for the Trust and local healthcare providers to implement the ReSPECT (Recommended Summary Care Plan for Emergency Treatment) document</li> </ul>	<p>providers to develop an implementation strategy for ReSPECT within the Hull and East Riding locality. Partner organisations include Both Hull and the East Riding Clinical Commissioning Groups (CCGs), City Health Care Partnership, Dove House Hospice and Humber Foundation Trust. To allow adequate time to train staff and develop policies and procedures the launch date of the 9 April 2018 was agreed.</p> <ul style="list-style-type: none"> <li>• It is planned to utilise the patient records system (Lorenzo) within the Trust to document that a ReSPECT decision is in place. This will aid communication to primary care via the Immediate Discharge Summary, alert Emergency Department staff via the Emergency Department records if readmitted and have an alert icon on the patients records to inform all staff. This is to allow staff to begin conversations about previous ReSPECT decisions and to ask for the patient held records.</li> <li>• With developments in the Advanced Summary Care Records it is hoped communication of decisions in Primary Care can be communicated to</li> </ul>
--	--	---



		the acute setting by utilising this facility
Paediatric Asthma (British Thoracic Society)	<ul style="list-style-type: none"> <li>To provide asthma pathway education at junior doctor induction</li> <li>To undertake nursing education via specialist nurses and teacher practitioners on the use of asthma treatments.</li> </ul>	<ul style="list-style-type: none"> <li>Training has been provided at junior doctor induction</li> <li>2 training sessions have been provided</li> </ul>
Vital Signs in Children (College of Emergency Medicine)	<ul style="list-style-type: none"> <li>To produce and distribute laminated cards that include reference ranges for paediatric vital signs</li> <li>To remind the paediatric charge nurse of the need to complete full observations within 15 minutes of triage</li> <li>To ensure that staff members circle any abnormal vital signs, and clearly document any actions that are taken to rectify them</li> <li>To ensure that staff members record the time that observations are carried out on the door of the cubicle and also in the comments section of Lorenzo</li> <li>Any questions that juniors ask regarding a patient's care are now recorded on a question form, which is kept with the patient notes</li> <li>To reconsider the use of an early warning score when</li> </ul>	<ul style="list-style-type: none"> <li>All nursing and medical staff members now carry vital signs cards for reference</li> <li>The paediatric charge nurse actively encourages prompt observations to be completed following triage.</li> <li>Both the paediatric charge nurse and the paediatric emergency medicine consultant actively encourage and regularly monitor that abnormal vital signs are documented and rectified, and that the time of observations is recorded appropriately.</li> <li>The paediatric emergency medicine consultant reminds junior medical staff of this process on a regular basis.</li> <li>There is still no Early</li> </ul>

	more validation work has been carried out	Warning Score validated for use in children, however validation is ongoing for the Paediatric Observation Priority Score (POPS), developed in Leicester
Procedural Sedation in Adults (College of Emergency Medicine)	<ul style="list-style-type: none"> <li>• To disseminate results, highlighting areas for improvement</li> <li>• To design a new sedation proforma for use with both adults and children</li> <li>• To design a new Patient Advice Sheet to be given for Adult patients</li> <li>• To design a new Patient Advice Sheet to be given for Paediatric patients</li> <li>• To re- audit once the new proforma has been implemented</li> </ul>	<ul style="list-style-type: none"> <li>• A sedation pathway has been designed and implemented within the Emergency Department. Staff have been educated on how to use the pathway. The pathway also includes a patient advice sheet for adults. A separate Standard Operating Procedure for children was developed at the same time – the proforma is the same, as is the advice sheet. Emergency Department staff completed the RCEM Sedation audit in January 2018.</li> </ul>
VTE Risk in Lower Limb Immobilisation (College of Emergency Medicine)	<ul style="list-style-type: none"> <li>• To discuss an appropriate anti-coagulation for patients waiting longer than 48 hours to be seen in the fracture clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Update awaited from lead</li> </ul>
PICANET (Paediatric Intensive Care Audit Network)	<ul style="list-style-type: none"> <li>• To discuss a business case for providing family psychological support at the Paediatric Governance meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Various options for psychological support are currently being considered</li> </ul>
End of Life Care Audit	<ul style="list-style-type: none"> <li>• To include a section in the End of Life guidance regarding the recognition that a patient may be dying</li> </ul>	<ul style="list-style-type: none"> <li>• The updated Trust Guideline for the Management of the Dying Patient was ratified in May 2017, which includes a section on the recognition</li> </ul>

	<ul style="list-style-type: none"> <li>• To develop an individualised End of Life care plan or prompt sheet featuring sections on communication with nominated persons, needs and concerns of the patient/ nominated person, and the holistic assessment</li> <li>• To discuss the possibility of having a lay member on the Trust Board with a responsibility for End of Life care with the Chief Nurse</li> <li>• To introduce the 7 day face-to-face (i.e. non-telephone) service</li> <li>• To discuss opportunities for the funding of an end of life facilitator post with commissioners</li> <li>• To implement Sage and Thyme Communication skill training across the Trust to improve the level of basic communication skills</li> </ul>	<p>of likelihood of dying.</p> <ul style="list-style-type: none"> <li>• The care plan has been developed and through a series of consultations. Awaiting final ratification of the document before implementation</li> <li>• A Non-Executive Director is now responsible for End of Life Care.</li> <li>• Since September 2016, the Palliative Care Team have operated 7 days a week (including bank holidays) from 8am until 6pm, with out of hours cover being provided via bleep.</li> <li>• Currently, there is no funding available</li> <li>• Sage and Thyme Communication Skill training is held monthly, with courses being accessed via online booking</li> </ul>
<p>National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis</p>	<ul style="list-style-type: none"> <li>• To perform a local re-audit on standards 2 – 5 in order to better establish how the service is performing</li> <li>• To recruit another nurse to assist with providing the helpline and emergency clinics</li> </ul>	<ul style="list-style-type: none"> <li>• A local audit has been undertaken, which showed the Trust performed well against NICE guidance</li> <li>• An additional nurse has been recruited</li> </ul>

Sentinel Stroke National Audit Programme (SSNAP)	<ul style="list-style-type: none"> <li>• To design and implement a patient survey aimed specifically at Stroke patients</li> <li>• To undertake a peer review, to better understand staff shortages</li> <li>• To develop business cases to address staffing shortfalls, as identified by both the organisational audit and the peer review</li> </ul>	<ul style="list-style-type: none"> <li>• Update awaited from lead</li> </ul>
National Hip Fracture Database	<ul style="list-style-type: none"> <li>• To liaise with the Elderly Medicine Consultants with regard to the perioperative assessment and middle grade medical position</li> <li>• Nerve blocks can be performed by trauma coordinators. Arrange training for other coordinators to conduct nerve block procedures.</li> <li>• To liaise with the Elderly Medicine consultants with regard to hip fractures as an inpatient</li> <li>• To define what follow-up arrangements are, as per best practice tariff, at 120 days</li> </ul>	<ul style="list-style-type: none"> <li>• Action complete</li> <li>• Action complete</li> <li>• Action complete</li> <li>• Follow up arrangements have been confirmed with the NHFD team – they can be by letter or telephone call to the patient</li> </ul>
National Vascular Registry	<ul style="list-style-type: none"> <li>• To review the pathway for Abdominal Aortic Aneurysm care</li> <li>• To review the pathway of carotid care</li> <li>• To review the pathway of critical limb ischaemia care</li> </ul>	<ul style="list-style-type: none"> <li>• Update awaited from lead</li> </ul>

## Compliance with NICE Quality Standards determined during 2017/18

Health Group	Current Status of Quality Standards
<b>Clinical Support</b>	
QS013 End of Life Care	Partial compliance
QS055 Children and Young People with Cancer	Partial compliance
QS056 Metastatic Spinal Cord Compression	Full compliance
QS058 Sickle Cell Acute Painful Episode	Partial compliance
QS065 Hepatitis B	Partial compliance
QS078 Sarcoma	Full compliance
QS097 Drug Allergy: Diagnosis and Management	Partial compliance
QS121 Antimicrobial stewardship	Partial compliance
QS124 Suspected cancer	Partial compliance
QS138 Blood transfusion	Partial compliance
QS150 Haematological cancers	Partial compliance
<b>Family &amp; Womens</b>	
QS004 Specialist Neonatal Care	Partial compliance
QS007 Glaucoma	Partial compliance
QS012 Breast Cancer	Partial compliance
QS018 Ovarian Cancer	Full compliance
QS019 Bacterial Meningitis and Meningococcal Septicaemia in Children and Young People	Partial compliance
QS022 Antenatal Care	Partial compliance
QS027 The Epilepsies in Children and Young People	Partial compliance
QS032 Caesarean Section	Partial compliance
QS035 Hypertension in Pregnancy	Partial compliance
QS037 Postnatal Care	Full compliance
QS036 Urinary Tract Infection in Infants, Children and Young People Under 16	Partial compliance
QS040 Psoriasis	Partial compliance
QS044 Atopic Eczema in Children	Full compliance
QS046 Multiple Pregnancy	Partial compliance
QS047 Heavy Menstrual Bleeding	Full compliance
QS057 Neonatal Jaundice	Full compliance
QS060 Induction of Labour	Full compliance
QS062 Constipation in Children and Young People	Partial compliance
QS064 Feverish Illness in Children under 5 Years	Partial compliance
QS069 Ectopic Pregnancy and Miscarriage	Full compliance
QS073 Fertility Problems	Partial compliance
QS075 Antibiotics for Neonatal Infection	Partial compliance
QS077 Urinary Incontinence in Women	Partial compliance
QS098 Nutrition: Improving Maternal and Child Nutrition	Full compliance
QS105 Intrapartum Care	Partial compliance
QS109 Diabetes in Pregnancy	Partial compliance
QS112 Gastro-oesophageal Reflux in Children and Young People	Partial compliance
QS115 Antenatal and postnatal mental health	Partial compliance
QS122 Bronchiolitis in children	Full compliance
QS125 Diabetes in children and young people	Partial compliance
QS129 Contraception	Partial compliance

QS130 Skin cancer	Full compliance
QS131 Intravenous fluid therapy in children and young people in hospital	Partial compliance
QS135 Preterm labour and birth	Full compliance
QS140 Transition from children's to adults' services	Partial compliance
QS143 Menopause	Full compliance
QS146 Head and neck cancer	Partial compliance
<b>Medicine</b>	
QS001 Dementia	Full compliance
QS002 Stroke in adults	Partial compliance
QS005 Chronic Kidney Disease	Partial compliance
QS006 Diabetes in Adults	Partial compliance
QS009 Chronic Heart Failure	Partial compliance
QS010 Chronic Obstructive Pulmonary Disease (COPD)	Partial compliance
QS017 Lung Cancer for Adults	Partial compliance
QS021 Stable Angina	Partial compliance
QS025 Asthma	Partial compliance
QS026 The Epilepsies in Adults	Partial compliance
QS030 Supporting People to Live Well with Dementia	Partial compliance
QS033 Rheumatoid Arthritis	Partial compliance
QS041 Familial hypercholesterolaemia	Partial compliance
QS042 Headaches in Young People and Adults	Partial compliance
QS063 Delirium	Partial compliance
QS068 Acute Coronary Syndromes (including myocardial infarction)	Partial compliance
QS071 Transient Loss of Consciousness	Full compliance
QS072 Renal Replacement Therapy Services	Partial compliance
QS074 Head Injury	Partial compliance
QS076 Acute Kidney Injury	Partial compliance
QS079 Idiopathic Pulmonary Fibrosis	Partial compliance
QS086 Falls in Older People: Assessment After a Fall and Preventing Further Falls	Partial compliance
QS087 Osteoarthritis	Full compliance
QS093 Atrial Fibrillation: Treatment and Management	Partial compliance
QS099 Secondary Prevention After a Myocardial Infarction	Full compliance
QS100 Cardiovascular Risk Assessment and Lipid Modification	Full compliance
QS103 Acute Heart Failure: Diagnosis and Management in Adults	Partial compliance
QS108 Multiple Sclerosis	Full compliance
QS110 Pneumonia in Adults	Partial compliance
QS126 Motor neurone disease	Partial compliance
QS141 Tuberculosis	Partial compliance
QS149 Osteoporosis	Full compliance
<b>Surgery</b>	
QS011 Alcohol Dependence and Harmful Alcohol Use	Partial compliance
QS016 Hip Fracture in Adults	Partial compliance
QS020 Colorectal Cancer	Partial compliance
QS038 Acute Upper Gastrointestinal Bleeding	Partial compliance
QS045 Lower Urinary Tract Symptoms in Men	Partial compliance
QS049 Surgical Site Infection	Partial compliance
QS052 Peripheral Arterial Disease	Full compliance
QS054 Faecal Incontinence	Full compliance

QS067 Varicose Veins in the Legs	Full compliance
QS081 Inflammatory Bowel Disease	Partial compliance
QS090 Urinary Tract Infections in Adults	Partial compliance
QS091 Prostate Cancer	Partial compliance
QS096 Dyspepsia and Gastro-oesophageal Reflux Disease in Adults: Investigation and Management	Full compliance
QS104 Gallstone Disease	Partial compliance
QS106 Bladder Cancer	Partial compliance
QS114 Irritable Bowel Syndrome in Adults	Full compliance
QS127 Obesity: clinical assessment and management	Partial compliance
QS134 Coeliac disease	Full compliance
QS152 Liver disease	Partial compliance
QS155 Low back pain and sciatica in over 16s	Partial compliance
<b>Trust-wide</b>	
QS003 VTE Prevention	Partial compliance
QS015 Patient Experience in Adult NHS Services	Partial compliance
QS043 Smoking Cessation: Supporting People to Stop Smoking	Full compliance
QS061 Infection Prevention and Control	Partial compliance
QS082 Smoking: Reducing Tobacco Use	Full compliance
QS084 Physical Activity: Encouraging Activity in all People in Contact with the NHS	Partial compliance
QS089 Pressure Ulcers	Full compliance
QS092 Smoking: Harm Reduction	Full compliance
QS113 Healthcare-Associated Infections	Partial compliance
QS117 Preventing excess winter deaths and illness associated with cold homes	Partial compliance
QS142 Learning disabilities: identifying and managing mental health problems	Partial compliance
QS144 Care of dying adults in the last days of life	Partial compliance
QS147 Healthy workplaces: improving employee mental and physical health and wellbeing	Full compliance
QS148 Community engagement: improving health and wellbeing	Full compliance