

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

Clinical Audit and Effectiveness Annual Report 2016 / 17

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 3.1 WTE Clinical Audit and Effectiveness Facilitators. In addition, the team is supported by an Audit Clerk (0.7 WTE), who is based at the Medical Records site.

The Clinical Effectiveness, Policies and Practice Development Committee met 11 times during 2016/17. 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 2016/17 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
National audits	1
Audits identified as a result of risk issues (including SIs, incidents, PALS/complaints)	1
CQC audits	1
Quality Accounts	1
CQuIN audits	1
NHS Commissioning Board Special Health Authority Audits (including Patient Safety Alert Notices, Rapid Response Alerts, Safer Practice Notices, Patient Safety Information)	1
Peer Review	1
NICE Guidance (including Technology Appraisals, Interventional Procedures and Guidelines)	1
NCEPOD audits	1
Local policy audits	2
Trust-wide audits	2

Care pathway/local guideline audits	3
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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 2017/18, which were approved at the Clinical Effectiveness, Policies and Practice Development Committee in April 2017. See Appendix I for the audit plan 2017/18.

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 2016/17, 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 2016/17 audit plan per Health Group.

Number of audits commenced	Current stage of audits		Number of audits completed
239	Data collection	20	201
	Data analysis	4	
	Report	5	
	Complete	201	
	Ongoing	9	
	Abandoned	0	
Number of audits due to have commenced			Number of audits due to have been completed
239			154

The table shows that 100% of audits on the audit plan commenced compared to 99.6% 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
98	Data collection	13	77
	Data analysis	2	
	Report	3	
	Complete	77	
	Ongoing	3	
	Abandoned	0	

4. Monitoring of Clinical Audit Activity and Outcome Forms

During 2016/17, performance against the clinical audit plan was monitored via quarterly reports to the Clinical Effectiveness, Policies and Practice Development Committee.

In 2016/17, 329 audit projects were approved compared to 339 in 2015/16, and 303 in 2014/15.

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

Health Group	Approved Clinical Audits	Number of Completed Audits
Clinical Support	48	37
Family and Women's Health	108	87
Medicine	51	46
Surgery	114	100
Trust-wide	8	8
Total	329	278

NB. 23 audits are not due to be completed until 2017/18 (Clinical Support = 5, Family and Women's Health = 10, Medicine = 2, Surgery = 6)

The table shows that at the end of 2016/17, 85% of audits were complete compared to 82% at the end of 2015/16.

6 learning audits were approved during 2016/17. 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 2015/16.

5. Internal Audit

In October 2016, internal audit undertook a review of the processes by which compliance with NICE guidance is established. The rating was given was 'limited assurance' due to the backlog of NICE guidance, for which compliance is to be determined. The report notes the clear process that is followed and that the 'Procedure for the Implementation of NICE Guidance' is of a good quality.

In March 2017, internal audit undertook a review of the clinical audit arrangements within the Trust. The rating given was 'significant assurance' with 2 low risk actions identified.

The reports reflect the high priority given to clinical audit by the Clinical Audit and Effectiveness Team due to its inclusion in the Quality Accounts and role in CQC inspections. The actions identified as a result of both internal audits have been included in the objectives for 2017/18 in section 13.

6. 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 2016, an audit was undertaken against standards 2, 5, 6 and 8. This involved a casenote review of 295 emergency admissions (admitted for ≥ 14 hours), between 11 and 17 July 2016.

In March 2017, a casenote audit of 40 patients, who were admitted as an emergency, was undertaken and the data submitted to the Urgent and Emergency Care Network. The audit covered patients who were admitted to the hyperacute stroke unit, major trauma, emergency vascular services and patients admitted with STEMI heart attacks. The audit covered standards 2 and 8 of the clinical standards.

7. Clinical Effectiveness, Policies and Practice Development Committee

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

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

8. National Audits

During 2016/17, 42 national clinical audits covered NHS services that Hull and East Yorkshire Hospitals NHS Trust provides.

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

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

See Appendix III for the progress of the actions identified as a result of national clinical audits completed in 2015/16.

9. NICE Guidance

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

To address the backlog of NICE Quality Standards and Guidelines, a member of the Clinical Audit and Effectiveness Team (0.6WTE) was dedicated to work on NICE Guidance from 1 January 2017.

9.1 Technology Appraisals and Interventional Procedures

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

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

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

The table below shows the status of the Technology Appraisals that have been published during 2016/17.

Health Group Technology Appraisals	Fully compliant	Partially compliant	Non compliant	Yet to be determined
Clinical Support	30	0	0	0
Family and Women's Health	3	0	0	0
Medicine	10	1	0	0
Surgery	2	0	0	0
Trustwide	0	0	0	0

The table below shows the status of the Interventional Procedures that have been published during 2016/17.

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

9.2 NICE Guidelines

The Clinical Audit and Effectiveness Team have been working with clinicians to complete the form and escalating non-compliance with individual guidelines where necessary. Many clinical leads have chosen to adopt the NICE guideline in its entirety and the Clinical Audit and Effectiveness Team facilitate the process of ensuring this is approved at the relevant Health Group governance meeting. During 2016/17, compliance was determined with many of the guidelines published the year before. Work is ongoing to determine the compliance with guidelines published during 2016/17 (see table below).

Health Group	Fully compliant	Partially compliant	Non compliant	Yet to be determined
Clinical Support	1	1	0	3
Family and Women’s Health	0	0	0	2
Medicine	0	0	0	2
Surgery	2	0	0	2
Trustwide	0	0	0	4

Compliance with 26 NICE guidelines published in previous years was also determined during 2016/17.

9.3 Quality Standards

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

This year, compliance has been determined against 45 Quality Standards, compared to 37 last year.

See Appendix IV for the progress in determining compliance with the Quality Standards published during 2016/17.

10. NCEPOD activity 2015/16

The Clinical Audit and Effectiveness Manager is the named local reporter for NCEPOD and acts as a link between the non-clinical staff at NCEPOD and individual consultants. This role includes compiling and sending datasets requested by NCEPOD. The Trust participated in the studies below during 2016/17:-

National Confidential Enquiry into Patient Outcome and Death (NCEPOD) study	Participation (Yes/No)	% cases submitted
Non-invasive Ventilation (NIV)	Yes	100%
Mental Health in General Hospitals	Yes	71%
Chronic Neurodisability	Yes	100%
Young People's Mental Health	Yes	80%

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

This year, two NCEPOD reports were published that are relevant to this Trust. 'Treat the Cause' (Acute Pancreatitis – July 2016) and 'Treat as One' (Mental Health in General Hospitals – January 2017) were published.

The Acute Pancreatitis gap analysis has been completed and was ratified at the Clinical Effectiveness, Policies and Practice Development Committee in March 2017. The Mental Health in General Hospitals gap analysis is currently being completed and is due to be presented to the committee in May 2017.

11. 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 2016/17.

Approved Clinical Practice Development applications 2016/17
Surgical First Assistant Role - Ophthalmology
Procedure Specific Consent Forms in Gynaecology
Identified Senior Early Pregnancy Assessment Unit Nurses to Undertake Consenting for Local Anaesthetic Surgical Management of Miscarriage and Medical Management of Miscarriage
Simple and Radical Hysterectomies Combined with Staging and Other Procedures (carried out with the Da Vinci Robot)
Non-Medical Prescribing (Paediatric Cystic Fibrosis Patients)
Pharmacist Non-Medical Prescribers to Prescribe Prescriptions on Discharge
Advanced Practitioner (Band 7 Radiographer) to Perform Linograms
Advanced Practitioner (Band 7 Radiographer) / Radiographer to Perform and Report Cystograms
GI Radiographers to Perform Procedures (small bowel enema, contrast swallow examinations, water soluble contrast enema, routine gastrostomy, NG/NJ tube insertions)
Introduction of Optical Coherence Tomography (OCT)
Protocol for Nurses and Midwives Ordering Pathology Tests in ED

The Policy for the Introduction of New Clinical Therapies, Procedures and Techniques was amended and approved at the the Clinical Effectiveness, Policies and Practice Development Committee in November 2016.

12. 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.

13. Clinical Audit Objectives 2017/18

- To revise the Clinical Audit Policy, clinical audit outcome form and escalation report templates to formally escalate any risk factors arising from audit outcomes
- To amend the terms of the reference of the Clinical Effectiveness, Policies and Practice Development Committee to include the need to audit the effectiveness of the Trust responses to any high level enquiries
- To reduce the backlog of determining compliance with NICE guidance
- To allocate NICE guidance to a clinical lead on publication

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
2017/18 AUDIT PLAN**

Clinical Support Health Group

Audit Title	Planned Start Date	Due Date	Specialty
Annual Audit of Donor Screening and Testing - Stem Cell Autologous Transplant Team	01-May-2017	31-Dec-2017	Clinical Haematology (Ward)
Assessment of Radiation Dose to the Eye and Protection in Interventional Procedures	01-Apr-2017	31-Aug-2017	Radiology
Audit of Compliance with Nasogastric Tube Placement SOP (SUI/2016/23859)	01-Apr-2017	31-May-2017	Radiology
Audit of Engraftment - Stem Cell Autologous Transplant Team	01-Jul-2017	31-Dec-2017	Clinical Haematology (Ward)
Audit of Neutropenic Sepsis	01-May-2017	31-Dec-2017	Clinical Oncology
Audit of Outcomes in Lymphoma Patients According to Age - Stem Cell Autologous Transplant Team	01-Jun-2017	01-Dec-2017	Clinical Haematology (Ward)
Audit of Patient Information and Consent in Clinical Haematology	01-Oct-2017	31-Mar-2018	Clinical Haematology (Ward)
Audit of Patient Information and Consent in Clinical Oncology	01-Jul-2017	31-Mar-2018	Clinical Oncology
Audit of Patient Information and Consent in Infectious Diseases	01-Jul-2017	31-Mar-2018	Infectious Diseases
Audit of Patient Information and Consent in Radiology	01-Oct-2017	31-Mar-2018	Radiology
Audit of Record Keeping in Clinical Haematology	01-Jul-2017	31-Dec-2017	Clinical Haematology (Ward)
Audit of Record Keeping in Clinical Oncology	01-Jul-2017	31-Dec-2017	Clinical Oncology
Audit of Record Keeping in Infectious Diseases	01-Jul-2017	31-Dec-2017	Infectious Diseases
Audit of Record Keeping in Occupational Therapy	01-Jul-2017	31-Dec-2017	Occupational Therapy
Audit of Record Keeping in Physiotherapy	01-Jul-2017	31-Dec-2017	Physiotherapy
Audit of Verification of Chemotherapy Drug and Dose - Stem Cell Autologous Transplant Team	01-Jul-2017	31-Dec-2017	Pharmacy
Audit on the Management of Cellular Therapy Products - Stem Cell Autologous Transplant Team	01-Sep-2017	31-Mar-2018	Clinical Haematology (Ward)

Audit Title	Planned Start Date	Due Date	Specialty
Central Venous Catheter Infection Audit - Stem Cell Autologous Transplant Team	01-May-2017	31-Oct-2017	Clinical Haematology (Ward)
Diagnosis to Treatment Times for Myeloma Patients	01-Aug-2017	28-Feb-2018	Clinical Haematology (Ward)
MedA Audit	01-Jun-2017	31-Jan-2018	Clinical Haematology (Ward)
Monitoring and Feedback of Indication/ Duration Antibiotic Prescription Documentation on Drug Chart	01-May-2017	01-Oct-2017	Infectious Diseases
Monitoring of Antibiotic Prescribing (Particularly Piperacillin/Tazobactam and Meropenem)	01-May-2017	31-Mar-2018	Infectious Diseases
Monitoring of the 48 to 72 hour Antibiotic Review	01-Jul-2017	31-Jan-2018	Infectious Diseases
Morbidity and Mortality Audit - Stem Cell Autologous Transplant Team	01-Aug-2017	31-Jan-2018	Clinical Haematology (Ward)
National Clinical Audit of Specialist Rehabilitation for Patients with Complex Need following Major Injury (NCASRI)	01-Apr-2017	31-Mar-2018	Rehabilitation
National HIV Audit	01-Apr-2017	31-Mar-2018	Infectious Diseases
Physiotherapy Department Activity Audit	01-Jun-2017	31-Mar-2018	Physiotherapy
Re-audit of Compliance with Post-Admission Consultant Review	01-May-2017	01-Dec-2017	Clinical Oncology
Re-audit of Dietetic Record Cards and Casenotes	01-Jun-2017	01-Dec-2017	Dietetics
Re-audit of Following the Guidelines for Prescribing Regular Medication in In-patient's Drug Charts	01-Jun-2017	01-Nov-2017	Clinical Oncology
Re-audit of HIV Testing in the TB Clinic	01-Aug-2017	31-Mar-2018	Infectious Diseases
Re-audit of Physiotherapy Department Activity	01-Jun-2017	01-Dec-2017	Physiotherapy
Re-audit of the Diagnosis and Monitoring of Depression Following Acquired Brain Injury	01-Apr-2017	01-Oct-2017	Rehabilitation
Re-audit on the Safety and Efficacy of Ultrasound Marking of Site for Subsequent Remote Aspiration or Chest Drain Insertion	01-May-2017	01-Nov-2017	Radiology
Re-audit on the Use of Ciprofloxacin Post Autologous Transplant	01-May-2017	01-Nov-2017	Clinical Haematology (Ward)
Red Cell & Platelet Transfusion in Adult Haematology Patients (Re-audit) (NHSBT)	01-Apr-2017	31-Mar-2018	Blood Transfusion; Clinical Haematology (Ward)
Review of Antibiotic Related Incidents Within the Trust	01-May-2017	31-Mar-2018	Infectious Diseases
UK Parkinson's Audit (Physiotherapy)	01-Apr-2017	31-Mar-2018	Physiotherapy

Audit Title	Planned Start Date	Due Date	Specialty
Uterine Artery Embolization Outcomes Audit	01-May-2017	31-Oct-2017	Radiology
Audit on Current Practice of Baseline CT Staging in Patients Receiving Neoadjuvant Chemotherapy for Breast Cancer	03-Feb-2017	31-May-2017	Clinical Oncology
Is Best Practice for Feeding Being Followed in the Management of Stroke Patients?	01-Mar-2017	22-Sep-2017	Speech & Language Therapy
Audit of Ward and Department 6 Monthly Controlled Drug Checks	01-Jun-2017	31-Mar-2018	Pharmacy
Audit on the Management of Patients at Risk of Transfusion Associated Circulatory Overload (TACO)	01-Apr-2017	31-Mar-2018	Blood Transfusion
Audit of Invasive Cervical Cancers	01-Apr-2017	31-Mar-2018	Central Pathology

Family & Women's Health Group

Audit Title	Planned Start Date	Due Date	Specialty
Audit of Adalimumab for treating Moderate to Severe Hidradenitis Suppurativa - NICE TAG392	01-Jul-2017	31-Mar-2018	Dermatology
Audit of Early Recognition of Severe Illness in Pregnancy and Postnatal Period - Guideline (148)	01-Sep-2017	31-Mar-2018	Obstetrics
Audit of Hand Hygiene on NICU (SUI/2016/30711)	01-May-2017	31-Mar-2018	Neonates
Audit of Insertion, Maintenance and Removal of Naso/Oro Gastric Tubes in Adults, Children and Infants (CP298 - SUI/2016/23859)	01-May-2017	31-Mar-2018	ENT
Audit of Intra-vitreous Lucentis for Diabetic Macular Oedema - NICE TAG274	01-Jun-2017	31-Mar-2018	Ophthalmology
Audit of Patient Information and Consent in Breast Services	01-Sep-2017	31-Mar-2018	Breast Screening; Breast Surgery
Audit of Patient Information and Consent in Dermatology	01-Jul-2017	31-Mar-2018	Dermatology
Audit of Patient Information and Consent in ENT	01-Jul-2017	31-Mar-2018	ENT
Audit of Patient Information and Consent in Gynaecology	01-Jul-2017	31-Mar-2018	Gynaecology
Audit of Patient Information and Consent in Obstetrics	01-Sep-2017	31-Mar-2018	Obstetrics
Audit of Patient Information and Consent in Ophthalmology	01-Jul-2017	31-Mar-2018	Ophthalmology
Audit of Patient Information and Consent in Paediatric Surgery	01-Jul-2017	31-Mar-2018	Paediatric Surgery

Audit Title	Planned Start Date	Due Date	Specialty
Audit of Patient Information and Consent in Plastic Surgery	01-Jul-2017	31-Mar-2018	Plastic Surgery
Audit of Record Keeping in Breast Services	01-Jul-2017	31-Dec-2017	Breast Screening; Breast Surgery
Audit of Record Keeping in Dermatology	01-Jul-2017	31-Dec-2017	Dermatology
Audit of Record Keeping in ENT	01-Jul-2017	31-Dec-2017	ENT
Audit of Record Keeping in Gynaecology	01-Jul-2017	31-Dec-2017	Gynaecology
Audit of Record Keeping in Neonates	01-Jul-2017	31-Dec-2017	Neonates
Audit of Record Keeping in Obstetrics	01-Jul-2017	31-Dec-2017	Obstetrics
Audit of Record Keeping in Ophthalmology	01-Jul-2017	31-Dec-2017	Ophthalmology
Audit of Record Keeping in Paediatric Medicine	01-Jul-2017	31-Dec-2017	Paediatric Medicine
Audit of Record Keeping in Paediatric Surgery	01-Jul-2017	31-Dec-2017	Paediatric Surgery
Audit of Record Keeping in Plastic Surgery	01-Jul-2017	31-Dec-2017	Plastic Surgery
Audit of Retinal Detachment Surgery - BEAVRS National Prospective Audit	01-Apr-2017	31-Mar-2018	Division 1 (FWHG); Ophthalmology
Audit of SANDS Audit Tool in Maternity Services 2016	01-Aug-2017	31-Mar-2018	Obstetrics
Audit of SBAR Tool Pilot (SUI/2016/25846)	01-Apr-2017	31-Mar-2018	Paediatric Medicine
Audit of Thromboprophylaxis in Pregnancy and the Puerperium - Guideline (111)	01-Sep-2017	31-Mar-2018	Obstetrics
Audit on the Management of Women in Non Maternity Care Settings - Guideline (59)	01-Sep-2017	31-Mar-2018	Obstetrics
Audit on the Supervisor of Midwives Record Keeping Spot Check	01-Jul-2017	31-Mar-2018	Obstetrics
Audit on the Use of Injectable Medicines - Family & Women's Health Group	01-Jun-2017	31-Mar-2018	Family & Women's Health Group
Audit on the Use of Longlines and Umbilical Catheters on the NNU – Current Practice and Complications	01-Jul-2017	31-Mar-2018	Neonates
Audit to Assess the Safety and Quality of Paediatric Prescribing in an Inpatient Setting	14-Apr-2017	31-May-2017	Paediatric Medicine
BAETS National Audit	01-Apr-2017	31-Mar-2018	ENT
BASO - British Association of Surgical Oncology	01-Apr-2017	31-Mar-2018	Breast Screening; Breast Surgery
Each Baby Counts	01-Apr-2017	31-Mar-2018	Obstetrics
External Cephalic Version (ECV) Documentation Audit	01-May-2017	31-Mar-2018	Obstetrics

Audit Title	Planned Start Date	Due Date	Specialty
GAP Audit (Perinatal Institute)	01-Apr-2017	31-Mar-2018	Obstetrics
MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK	01-Apr-2017	31-Mar-2018	Neonates; Obstetrics
National Audit of Breast Cancer in Older Patient (NABCOP)	01-May-2017	31-Mar-2018	Breast Screening; Breast Surgery
National Audit of Seizures and Epilepsies in Children and Young People	01-Sep-2017	31-Mar-2018	Paediatric Medicine
National Head and Neck Cancer Audit (HANA)	01-Apr-2017	31-Mar-2018	ENT
National Maternity and Perinatal Audit (NMPA)	01-Apr-2017	31-Mar-2018	Obstetrics
National Neonatal Audit programme (NNAP)	01-Apr-2017	31-Mar-2018	Neonates
National Ophthalmology Database Audit - (Cataracts)	01-Oct-2017	31-Mar-2018	Division 1 (FWHG); Ophthalmology
National Paediatric Diabetes Audit (NPDA)	01-Apr-2017	31-Mar-2018	Paediatric Medicine
Paediatric Intensive Care Audit Network (PICANet)	01-Apr-2017	31-Mar-2018	Paediatric Medicine
Re-audit of Abnormal Results Process for Antenatal Women	01-Oct-2017	31-Mar-2018	Obstetrics
Re-audit of GAP Compliance and Outcomes - Guideline (426)	01-Oct-2017	31-Mar-2018	Obstetrics
Re-audit of Iron Therapy for Women not responding to Oral Iron Therapy - Guideline (68)	01-Oct-2017	31-Mar-2018	Obstetrics
Re-audit of Operative Vaginal Delivery	01-Jul-2017	31-Mar-2018	Obstetrics
Re-audit of Reduced Fetal Movement - Guideline (118)	01-Jul-2017	31-Mar-2018	Obstetrics
Re-audit of Swab and Needle Count Guideline (83)	01-Jun-2017	31-Mar-2018	Obstetrics
Re-audit of the Medical Cover on Labour Ward	01-Jul-2017	31-Mar-2018	Obstetrics
Re-audit of Written Consent and WHO Checklist Compliance (Hysteroscopy)	01-Aug-2017	31-Mar-2018	Gynaecology
Re-audit on Investigating Headaches in Paediatrics	01-May-2017	31-Mar-2018	Paediatric Medicine
Re-audit on the Induction of Labour Guideline (62)	01-Jun-2017	31-Mar-2018	Obstetrics
Re-audit on the Use of Oxytocin in Labour	01-Jun-2017	31-Mar-2018	Obstetrics
Stillbirth Audit	01-Sep-2017	31-Mar-2018	Neonates; Obstetrics
The British Ophthalmological Surveillance Unit (BOSU)	01-Apr-2017	31-Mar-2018	Division 1 (FWHG); Ophthalmology
The iBRA-2 Study - Immediate Breast Reconstructive and Adjuvant Therapy Audit	01-Apr-2017	31-Mar-2018	Breast Screening; Breast Surgery

Audit Title	Planned Start Date	Due Date	Specialty
The National Epistaxis Audit	01-Apr-2017	31-Mar-2018	ENT
The National Maternity and Perinatal Audit (NMPA)	01-Apr-2017	31-Mar-2018	Obstetrics
The TeaM Study - A National Audit of the Practice and Outcomes of Therapeutic Mammoplasty	01-Apr-2017	31-Mar-2018	Breast Screening; Breast Surgery
UK Cystic Fibrosis Registry - Paediatrics	01-Apr-2017	31-Mar-2018	Paediatric Medicine
UK Obstetric Surveillance System (UKOSS)	01-Apr-2017	31-Mar-2018	Obstetrics
Intravenous Cannula Record Keeping in Paediatric Surgery and Paediatric Medicine	14-Feb-2017	30-Apr-2017	Paediatric Medicine; Paediatric Surgery
Retrospective Audit of 14G Stereotactic Core Biopsy for Breast Calcifications	01-Feb-2017	31-Mar-2018	Breast Screening; Breast Surgery
Re-Audit of Two Week Waits in Dermatology	09-Feb-2017	31-Mar-2018	Dermatology
A Review on the Incidence of Aspiration in Post-Operative Elective Paediatric Surgical Patients: A Prospective Study	06-Mar-2017	31-Mar-2018	Paediatric Surgery
To Assess the Benefit and Compliance of the SBAR Form	01-Mar-2017	31-Mar-2018	Paediatric Medicine; Paediatric Surgery
Improving VTE Compliance on the Ophthalmology Ward	22-Mar-2017	31-Jul-2017	Ophthalmology
Audit on the Compliance of Acknowledgement on the CTG Review Sticker that the CTG is Running at 1cm/Minute	22-Mar-2017	31-Jul-2017	Obstetrics
Re-audit on the Support for Breastfeeding Mothers with Preterm Babies or Those at Risk of Feeding Problems	12-Mar-2017	30-Jun-2017	Neonates
Audit of 12 "Under the Care of Ophthalmology" Failsafe Trigger Cohort (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening
Certificate of Visual Impairment (CVI) Registration for Diabetic Reason Audit (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening
Laser for Diabetic Reason "Laser Book" Audit (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening
R3a Grading and Clinical Outcome Audit (DESP)	01-Mar-2017	31-May-2017	Retinal Screening
Routine Diabetic Eye Disease Referral Screening to Treatment Timeline (STTT) Audit (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening
Symptomatic Presentation of Diabetic Eye Disease to Hospital Eye Services (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening
Urgent R3a Referral Screening to Treatment Timeline (STTT) Audit (DESP)	01-Apr-2017	31-Oct-2018	Retinal Screening

Medicine Health Group

Audit Title	Planned Start Date	Due Date	Specialty
Adult Bronchoscopy Audit (BTS)	01-Apr-2017	31-Mar-2018	Chest Medicine
Audit of Compliance with NICE Guidelines in the Management of MND Patients	01-Jun-2017	31-Dec-2017	Neurology
Audit of Patient Information and Consent in Cardiology	01-Oct-2017	31-Mar-2018	Cardiology
Audit of Patient Information and Consent in Chest Medicine	01-Oct-2017	31-Mar-2018	Chest Medicine
Audit of Patient Information and Consent in Nephrology/Renal	01-Oct-2017	31-Mar-2018	Renal
Audit of Record Keeping in Acute Medicine	01-Jul-2017	31-Dec-2017	AAU
Audit of Record Keeping in Cardiology	01-Jul-2017	31-Dec-2017	Cardiology
Audit of Record Keeping in Chest Medicine	01-Jul-2017	31-Dec-2017	Chest Medicine
Audit of Record Keeping in Diabetes & Endocrinology	01-Jul-2017	31-Dec-2017	Diabetes & Endocrinology
Audit of Record Keeping in Elderly Medicine	01-Jul-2017	31-Dec-2017	Elderly Medicine
Audit of Record Keeping in Nephrology/Renal	01-Jul-2017	31-Dec-2017	Renal
Audit of Record Keeping in Neurology	01-Jul-2017	31-Dec-2017	Neurology
Audit of Record Keeping in Rheumatology	01-Jul-2017	31-Dec-2017	Rheumatology
Audit of Record Keeping in Stroke Medicine	01-Jul-2017	31-Dec-2017	Stroke Medicine
Audit of Record Keeping in the Emergency Department	01-Jul-2017	31-Dec-2017	Emergency Department
Audit of Sskin Bundle Documentation in Diabetes (SUI/2016/30999)	01-May-2017	31-Mar-2018	Diabetes & Endocrinology
Fractured Neck of Femur (CEM)	01-Jun-2017	31-Mar-2018	Emergency Department
Immediate Discharge Letter (IDL) Audit	01-Jun-2017	01-Dec-2017	Neurology
Myocardial Ischaemia National Audit Project (MINAP)	01-Apr-2017	31-Mar-2018	Cardiology
National Acromegaly Audit	01-Apr-2017	31-Mar-2018	Diabetes & Endocrinology
National Audit of Cardiac Rhythm Management (CRM)	01-Apr-2017	31-Mar-2018	Cardiology
National Audit of Dementia (NAD)	01-Jul-2017	31-Mar-2018	Elderly Medicine
National Audit of Inpatient Falls (NAIF)	01-May-2017	30-Oct-2017	Elderly Medicine

Audit Title	Planned Start Date	Due Date	Specialty
National Audit of Percutaneous Coronary Intervention (PCI)	01-Apr-2017	31-Mar-2018	Cardiology
National Audit of Pulmonary Hypertension	01-Apr-2017	31-Mar-2018	Cardiology
National COPD Audit Programme: Pulmonary Rehabilitation Workstream	01-Apr-2017	31-Mar-2018	Chest Medicine
National COPD Audit Programme: Secondary Care Workstream	01-Apr-2017	31-Mar-2018	Chest Medicine
National Core Diabetes Audit (NDA)	01-Jul-2017	31-Mar-2018	Diabetes & Endocrinology
National Diabetes Foot Care Audit (NDFA)	01-Jul-2017	31-Mar-2018	Diabetes & Endocrinology
National Diabetes Inpatient Audit (NaDia)	01-Sep-2017	31-Mar-2018	Diabetes & Endocrinology
National Heart Failure Audit	01-Apr-2017	31-Mar-2018	Cardiology
National Lung Cancer Audit (NLCA)	01-Apr-2017	31-Mar-2018	Chest Medicine
National Pregnancy in Diabetes Audit (NPID)	01-Jul-2017	31-Mar-2018	Diabetes & Endocrinology
Paediatric Sepsis	01-Apr-2017	01-Sep-2017	Emergency Department
Pain in Children (CEM)	01-Jul-2017	31-Mar-2018	Emergency Department
Paracetamol Overdose	31-May-2017	31-Dec-2017	Emergency Department
Procedural Sedation in Adults (CEM)	01-Jul-2017	31-Mar-2018	Emergency Department
Re-audit of Dislocated Hip Prosthesis	01-May-2017	01-Nov-2017	Emergency Department
Re-audit of DVT treatment against NICE Guidelines	01-Jun-2017	31-Mar-2018	Emergency Department
Re-audit of Vital Signs in Children in Paediatric ED	01-Oct-2017	31-Mar-2018	Emergency Department
Re-audit on the Accuracy of RadCentre Data Entry for Bone Density (DXA) Scans	01-Aug-2017	31-Mar-2018	Diabetes & Endocrinology; Metabolic Bone
Sentinel Stroke National Audit Programme (SSNAP)	01-Apr-2017	31-Mar-2018	Stroke Medicine
UK Parkinson's Audit (Neurology)	01-Apr-2017	31-Mar-2018	Neurology
UK Renal Registry (UKRR) - (Renal Replacement Therapy)	01-Apr-2017	31-Mar-2018	Renal
Audit of Heart Failure Management on Cardiology Ward	16-Feb-2017	01-May-2017	Cardiology
Clinical Audit of CT Head Imaging for Head Injury in AAU	15-Feb-2017	01-Jul-2017	AAU
Revaxis Audit	16-Feb-2017	15-Apr-2017	Emergency Department
Audit of Rapid Sequence Induction in the Emergency Department	16-Feb-2017	01-May-2017	Emergency Department

Audit Title	Planned Start Date	Due Date	Specialty
Investigation and Management of Anaemia in the Elderly	09-Mar-2017	05-May-2017	Elderly Medicine
Management of Diabetic Ketoacidosis in Young Adults in the Emergency Department	20-Mar-2017	30-Jul-2017	Emergency Department
Assessing for Cognitive Impairment in Older People	01-Apr-2017	01-Jul-2017	Emergency Department
Audit on Factors Influencing Inpatient's Length of Stay of Neurology Patients on H11	15-Mar-2017	01-May-2017	Neurology

Surgery Health Group

Audit Title	Planned Start Date	Due Date	Specialty
ACTACC National Audit (Complications in Perioperative TOE)	01-Apr-2017	31-Mar-2018	Anaesthetics (Inpatient)
Adult Cardiac Surgery (CABG & Valvular Surgery)	01-Apr-2017	31-Mar-2018	Cardiothoracic Surgery
Audit of Acute General Surgical Admissions following a Breach in the ED 4 Hour Target	01-Sep-2017	31-Mar-2018	Acute Surgery
Audit of Anaesthetic Chart Record Keeping	01-Aug-2017	31-Mar-2018	Anaesthetics (Inpatient)
Audit of Deep Infection Rate following Arthroplasty and Trauma	22-May-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit of Emergency Patients in Critical Care (SUI/2016/26575)	01-May-2017	31-Mar-2018	Critical Care (ICU & HDU)
Audit of Outcomes for Patients following Transphenoidal Surgery (Endoscopic and Microscopic)	01-May-2017	31-Mar-2018	Neurosurgery
Audit of Patient Information and Consent in Acute Surgery	01-Nov-2017	31-Mar-2018	Acute Surgery
Audit of Patient Information and Consent in Cardiothoracic Surgery	01-Jul-2017	31-Mar-2018	Cardiothoracic Surgery
Audit of Patient Information and Consent in Colorectal Surgery	01-Jun-2017	31-Mar-2018	Colorectal Surgery
Audit of Patient Information and Consent in Gastroenterology	01-Jul-2017	31-Mar-2018	Gastroenterology & Endoscopy
Audit of Patient Information and Consent in Head & Neck Max Fax	01-Jul-2017	31-Mar-2018	Head & Neck Max Fax; Oral & Max Fax Surgery
Audit of Patient Information and Consent in Neurosurgery	01-Aug-2017	31-Mar-2018	Neurosurgery
Audit of Patient Information and Consent in Orthopaedics	01-Jul-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit of Patient Information and Consent in Pain Services	01-Aug-2017	31-Mar-2018	Pain Services

Audit Title	Planned Start Date	Due Date	Specialty
Audit of Patient Information and Consent in Upper GI	01-Nov-2017	31-Mar-2018	Upper GI
Audit of Patient Information and Consent in Urology	01-Nov-2017	31-Mar-2018	Urology
Audit of Patient Information and Consent in Vascular Surgery	01-Nov-2017	31-Mar-2018	Vascular Surgery
Audit of Periprosthetic Fractures	01-Jul-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit of Record Keeping in Acute Surgery	01-Jul-2017	31-Dec-2017	Acute Surgery
Audit of Record Keeping in Cardiothoracic Surgery	01-Jul-2017	31-Dec-2017	Cardiothoracic Surgery
Audit of Record Keeping in Colorectal Surgery	01-Jul-2017	31-Dec-2017	Colorectal Surgery
Audit of Record Keeping in Critical Care (ICU & HDU)	01-Jul-2017	31-Dec-2017	Critical Care (ICU & HDU)
Audit of Record Keeping in Gastroenterology	01-Jul-2017	31-Dec-2017	Gastroenterology & Endoscopy
Audit of Record Keeping in Head & Neck Max Fax	01-Jul-2017	31-Dec-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
Audit of Record Keeping in Neurosurgery	01-Jul-2017	31-Dec-2017	Neurosurgery
Audit of Record Keeping in Orthopaedics	01-Jul-2017	31-Dec-2017	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit of Record Keeping in Pain Services	01-Jul-2017	31-Dec-2017	Pain Services
Audit of Record Keeping in Upper GI	01-Jul-2017	31-Dec-2017	Upper GI
Audit of Record Keeping in Urology	01-Jul-2017	31-Dec-2017	Urology
Audit of Record Keeping in Vascular Surgery	01-Jul-2017	31-Dec-2017	Vascular Surgery
Audit of VTE Assessment on C14	01-May-2017	31-Mar-2018	Upper GI
Audit on the Quality of Colon Preparation	01-May-2017	31-Mar-2018	Gastroenterology & Endoscopy
Audit on the Timing of Antibiotic Prophylaxis in Patients undergoing Craniotomy for Brain Tumours	01-May-2017	31-Mar-2018	Neurosurgery
Audit to Assess the Number of Patients requiring Renal Replacement Therapy following Planned Admission to ITU Post-Nephrectomy	14-Apr-2017	31-Aug-2017	Urology
BAUS: Cystectomy	01-Apr-2017	31-Mar-2018	Urology
BAUS: Female Stress Urinary Incontinence	01-Apr-2017	31-Mar-2018	Urology
BAUS: Nephrectomy	01-Apr-2017	31-Mar-2018	Urology
BAUS: Percutaneous Nephrolithotomy (PCNL)	01-Apr-2017	31-Mar-2018	Urology

Audit Title	Planned Start Date	Due Date	Specialty
BAUS: Radical Prostatectomy	01-Apr-2017	31-Mar-2018	Urology
Case Mix Programme - ICNARC	01-Apr-2017	31-Mar-2018	Critical Care (ICU & HDU)
Current Trends, Timings and Complications Associated with Central Venous Access Devices in Patients requiring Total Parenteral Nutrition in Hull	01-May-2017	31-Mar-2018	Gastroenterology & Endoscopy
Fracture Liaison Service Database (FLS-DB)	01-Apr-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Inflammatory Bowel Disease Registry (IBD)	01-Apr-2017	31-Mar-2018	Gastroenterology & Endoscopy
JAG Endoscopy Quality Audits	01-Apr-2017	31-Mar-2018	Gastroenterology & Endoscopy
JAG ERCP Audit	01-Jul-2017	31-Mar-2018	Gastroenterology & Endoscopy
Major Trauma Audit (Trauma Audit & Research Network - TARN)	01-Apr-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
National Audit of Small Bowel Obstruction (NASBO)	01-Apr-2017	31-Mar-2018	Colorectal Surgery
National Bariatric Surgery Registry (NBSR)	01-Apr-2017	31-Mar-2018	Acute Surgery
National Bowel Cancer Audit (NBOCAP)	01-Apr-2017	31-Mar-2018	Colorectal Surgery
National Cauda Equina Audit	01-Apr-2017	31-Mar-2018	Neurosurgery
National Complicated Acute Diverticulitis Audit (CADS)	01-Apr-2017	31-Mar-2018	Colorectal Surgery
National Emergency Laparotomy Audit (NELA)	01-Apr-2017	31-Mar-2018	Acute Surgery
National Hip Fracture Database (NHFD)	01-Apr-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
National Joint Registry (NJR)	01-Apr-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
National Oesophago-Gastric Cancer Audit (NAOGC)	01-Apr-2017	31-Mar-2018	Upper GI
National Prostate Cancer Audit (NPCA)	01-Apr-2017	31-Mar-2018	Urology
National Shunt Registry	01-Apr-2017	31-Mar-2018	Neurosurgery
National Vascular Registry (NVR)	01-Apr-2017	31-Mar-2018	Vascular Surgery
Neurosurgical National Audit Programme (NNAP)	01-Apr-2017	31-Mar-2018	Neurosurgery
Orion Network - Skull Base Module University of Cambridge	01-Apr-2017	31-Mar-2018	Neurosurgery
Prevalence and Cost Effectiveness of Microscopic Colitis in Diarrhoea Patients	01-May-2017	31-Mar-2018	Gastroenterology & Endoscopy
Re-audit of Alcohol History Documentation	01-May-2017	31-Mar-2018	Gastroenterology & Endoscopy

Audit Title	Planned Start Date	Due Date	Specialty
Re-audit of Antiplatelet Therapy Post Coronary Artery Bypass Surgery in Patients with Recent ACS	01-Jun-2017	31-Mar-2018	Cardiothoracic Surgery
Re-audit of Dental Damage in Anaesthetics	01-May-2017	31-Mar-2018	Anaesthetics (Inpatient)
Re-audit of Inadvertent Hypothermia in Intensive Care Patients	01-Jul-2017	31-Mar-2018	Critical Care (ICU & HDU)
Re-audit of Radiation Exposure during Pain Interventional Procedures	01-May-2017	31-Mar-2018	Anaesthetics (Inpatient)
Re-audit of Skin Tears following Surgery in Trauma Theatres	01-Jun-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Re-audit of the In-hospital Mortality after Cardiac Surgery and review of Perioperative Factors that could be a Contributor to Mortality	01-Oct-2017	31-Mar-2018	Cardiothoracic Surgery
Re-audit of the Nutritional Care on the Intensive Care Unit	01-Jun-2017	31-Mar-2018	Critical Care (ICU & HDU)
Re-audit on the Management of Acute Gall Stones Pancreatitis	01-Sep-2017	31-Mar-2018	Upper GI
Re-audit on the Outcomes of Fractured Mandibles	01-Jun-2017	31-Mar-2018	Head & Neck Max Fax; Oral & Max Fax Surgery
Re-audit on the Quality of Cardiothoracic Discharge Letters in Patients receiving Valve Replacement or discharged on Warfarin	01-Nov-2017	31-Mar-2018	Cardiothoracic Surgery
Re-audit on the Review of Trauma Postoperative X-rays in the Trauma and Orthopaedic Department	01-Oct-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Re-audit on the Surgical Treatment of Lateral Malleolar Fractures in the over 65's	01-Jun-2017	31-Mar-2018	Orthopaedics (Elective); Orthopaedics (Trauma)
Re-audit on the Use of PET CT Scans at Head and Neck MDT Meetings	01-Jun-2017	31-Mar-2018	Head & Neck Max Fax; Oral & Max Fax Surgery
Re-audit to Analyse the Significance of Post-Operative Day 4 Chest X-ray after Cardiac Surgery	01-Jul-2017	31-Mar-2018	Cardiothoracic Surgery
Re-audit to Determine Progression of Abdominal Aortas Found to be 2-3cm on Abdominal Aortic Aneurysm (AAA) Screening	01-Jun-2017	31-Mar-2018	Vascular Surgery
Spot Check Audit of Dressings on Vascular Ward (SUI/2016/27416)	01-May-2017	31-Mar-2018	Vascular Surgery
The Surgical Management of Orbital Floor Fractures	01-May-2017	31-Mar-2018	Head & Neck Max Fax; Oral & Max Fax Surgery
VTE Assessments within Neurosurgery	01-Jun-2017	31-Mar-2018	Neurosurgery
Timing of Dental Extractions Prior to Radiotherapy	14-Feb-2017	30-Jun-2017	Head & Neck Max Fax; Oral & Max Fax Surgery
Technique of Anaesthesia for Caesarean Section	14-Feb-2017	31-Jan-2018	Anaesthetics (Inpatient)
Audit on the Effectiveness of the OMFS Management of Dental Trauma Presented in	16-Feb-2017	01-Sep-2017	Head & Neck Max Fax; Oral & Max Fax Surgery














Audit Title	Planned Start Date	Due Date	Specialty
the Emergency Department within the last 2 Years			
Use of Direct Oral Anticoagulants in Patients Developing Non-Valvular Atrial Fibrillation Post-Coronary Artery Bypass Surgery	16-Feb-2017	31-May-2017	Cardiothoracic Surgery
Audit of ICU Admission Quality Markers	15-Mar-2017	31-Jul-2017	Critical Care (ICU & HDU)
Audit of Ankle Fracture Management following the release of BOAST Guidance	15-Mar-2017	31-Jul-2017	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit of Timely Post-op X-rays in Paediatric Upper Limb Fractures	15-Mar-2017	31-Jul-2017	Orthopaedics (Elective); Orthopaedics (Trauma)
The Use of Hemospray in Gastrointestinal Bleeding	21-Mar-2017	30-May-2017	Gastroenterology & Endoscopy
Involvement of the Specialist Hepatology Service in the Inpatient Management of Patients with a Liver Transplant or referred for a Liver Transplant	21-Mar-2017	30-Aug-2017	Gastroenterology & Endoscopy
Audit on the Management of Isolated Distal Radial Fractures in Children (Under 18 Years)	21-Mar-2017	30-Aug-2017	Orthopaedics (Elective); Orthopaedics (Trauma)
Audit on Communication with Relatives of Critically Ill Patients	28-Mar-2017	30-Jun-2017	Critical Care (ICU & HDU)


















Trust-wide


















Audit Title	Planned Start Date	Due Date	Specialty
Audit of DNACPR Forms	01-Aug-2017	31-Mar-2018	Trustwide
Audit of Patients admitted with Mental Health Conditions	01-Sep-2017	31-Mar-2018	Trustwide
Classic Safety Thermometer Audit	01-Aug-2017	31-Mar-2018	Trustwide
Fundamental Standards Audit	01-Apr-2017	31-Mar-2018	Trustwide
HEY Safer Care Audit	01-Aug-2017	31-Mar-2018	Trustwide
Mental Capacity and Associated Documentation Audit	01-Aug-2017	31-Mar-2018	Trustwide
National Cardiac Arrest Audit (NCAA)	01-Apr-2017	31-Mar-2018	Trustwide
Resuscitation Trolley Audit	01-Apr-2017	31-Mar-2018	Trustwide
Trust-wide Call Bell Audit	01-Apr-2017	31-Mar-2018	Trustwide













PROGRESS OF ACTIONS FROM LOCAL CLINICAL AUDITS COMPLETED IN 2015/16

Clinical Support Health Group						
Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.001 Actions	The Use of Prophylactic Ciprofloxacin Post Autologous Transplant	To educate on the importance of the use of Ciprofloxacin where appropriate.	31-Mar-2017		Dr Safia Dawi	Clinical Haematology (Ward)
		Re-audit	31-Mar-2017		Dr Safia Dawi	Clinical Haematology (Ward)
2015.021 Actions	Biochemical Assessment of Hyperandrogenaemia for the diagnosis of PCOS	Discuss with Endocrinology	01-Jun-2016		John Shepherd	Biochemistry
		Disseminate to CCG clinical leads.	01-Oct-2016		John Shepherd	Biochemistry
2015.022 Actions	HIV Testing in the TB Clinic	To create and implement a protocol for HIV testing and results delivery in the TB Clinic	30-Sep-2015		Dr Charlotte Hall	Infectious Diseases
		To undertake re-audit during 2017/18 audit year	30-Mar-2018		Dr Charlotte Hall	Infectious Diseases
2015.047 Actions	Antibiotic Indication, Duration and Allergy Status Prescribing Audit	Re-audit	31-Jan-2017		Anna Steele	Pharmacy
		Present results at ACAT, IRC and IPCC	29-Feb-2016		Simon Gaines	Pharmacy
		Send to healthcare group lead pharmacists	29-Feb-2016		Anna Steele	Pharmacy
2015.074 Actions	Validation of the Early Warning Food Record Chart: Comparison of Plate Wastage vs. Recorded Intake and Action Taken Based on Score Generated	Liaise with the Dietetic Head of Department and catering manager, regarding the inclusion of documentation on the EWFRC into catering staff roles.	31-May-2016		Tina McDougall	Dietetics
		Revert to 3 day per page EWFRC to enable easier identification of deteriorating patient intake.	31-May-2016		Tina McDougall	Dietetics
		Results are to be disseminated at Nutritional Steering Group and Dietetic Meetings.	31-Mar-2016		Carly Killen	Dietetics
		Continued training to be provided to all wards of the use of the Nutritional Care plans, Nutrition Whiteboard, provision of the moderate risk (amber) booklet and offering of snacks.	31-Mar-2016		Dietetics; Tina McDougall	Dietetics
		Re-audit within 2 years.	30-Nov-2017		Tina McDougall	Dietetics
2015.096 Actions	Audit of Parenteral Cancer Treatment Wastage	Review recommendations and consider implementation if appropriate.	30-Jun-2016		Sue Renn	Pharmacy
		Re-audit	28-Feb-2017		Sarah Scargill	Pharmacy
		Disseminate results to aseptic pharmacy team and wider pharmacy community.	30-Jun-2016		Sue Renn	Pharmacy





Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.122 Actions	Record Keeping - Haematology	Discussion of results needed to raise awareness of issues	31-Mar-2016		Dr James Bailey	Clinical Haematology (Ward)
2015.142 Actions	Audit of Hull & East Yorkshire Occupational Therapy Documentation	To reinforce the need for all staff to ensure information contained within the front sheet is complete and accurate emphasising the need to pay attention to ensuring that information re: patient telephone numbers and next of kin/ GP details are transcribed onto the front sheet from main medical record if they are omitted from the referral generated by Lorenzo.	31-Jul-2016		Sharon Murray	Occupational Therapy
		To liaise with IT services to ascertain if able to ensure all required information pertaining to patient and next of kin details can be transcribed onto front sheet generated by ward on creation of referral thereby ensuring no information is omitted.	31-Aug-2016		Sharon Murray	Occupational Therapy
		To reinforce the documentation standards devised by the Occupational Therapy department through delivery of audit outcomes at in-service or staff meeting. Compliance with certain aspects of the standards subsequently needs to be monitored on a regular basis through the process of supervision.	31-Jul-2016		Sharon Murray	Occupational Therapy
		For all clinical leads to formally review a clinical record of all team members using the trust proforma bi-monthly for a period of 12 months to ascertain level of improvement in relation to compliance with trust standards. To feedback outcomes within clinical lead meetings to enable further actions to be devised as required.	31-Mar-2017		Sharon Murray	Occupational Therapy
		To review the documentation guidelines currently in circulation for the Occupational Therapy Department and make required recommendations to improve compliance.	28-Jan-2017		Sharon Murray	Occupational Therapy
		Re-audit of the documentation to clarify if above actions have further enhanced standard of documentation achieved within Occupational Therapy.	30-Mar-2018		Sharon Murray	Occupational Therapy
		2015.159 Actions	The Safe and Secure Handling of Medicines	Produce poster educating nursing staff on actions to take when drugs room is possibly above 25 Degrees Celsius	31-Mar-2016	
Senior pharmacy team to consider ambient temperature monitoring on each ward at both sites on a cyclic basis e.g. every 2 weeks over a 6 month period to gauge the extent of the problem.	31-May-2016				Paul O'Brien	Pharmacy
Develop an SOP for the wards to follow when ambient temperatures exceed 25 degrees Celsius in line with pharmacy actions.	01-Jul-2016				Paul O'Brien	Pharmacy
2015.160 Actions	Audit of Compliance of VTE Prophylaxis in Ante and Post-Natal Patients	Discuss the possibility of pre-packaged TTOs of Dalteparin to be arranged by the pharmacy department.	30-Sep-2016		Marie Miller	Pharmacy
		Send outcome form & report to SMPC.	31-Mar-2016		Marie Miller	Pharmacy
2015.161 Actions	Audit of Safe Insulin Use	Highlight the Trust's insulin prescribing recommendations to prescribers by displaying posters on the wards and in doctor's offices. Target junior doctors/ HYMS students during teaching sessions.	31-Jul-2017		Michelle Lam	Pharmacy

















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		Highlight the Trust's insulin prescribing recommendations to pharmacy staff by discussing this at team briefs and displaying posters in pharmacy.	31-Jul-2017		Michelle Lam	Pharmacy
		Re - Audit of safe use of insulin.	31-Mar-2017		Michelle Lam	Pharmacy
2015.163 Actions	Review of Medicines Optimisation in Patients with Complex Discharge Needs	Remind Pharmacy Staff of standards for MRC/ DomMAR.	01-Jun-2016		Marie Miller	Pharmacy
		Re-audit of MRC/ DomMAR SOP.	01-Oct-2016		Marie Miller	Pharmacy
2015.166 Actions	Audit of HEY OT Student Placements Against National Placement Profiles	To develop a mentor register so the educational lead within the service is fully aware of the clinical educators who are responsible for undertaking clinical education.	30-Apr-2016		Sharon Murray	Occupational Therapy
		To review the induction process available to students on commencement of clinical education to further enhance the roles and responsibilities they play, with regards to the evaluation of quality practice placement.	31-Dec-2016		Sharon Murray	Occupational Therapy
		To incorporate the completion of both mentor and student evaluations into the final assessment process to enhance compliance with completion of both aspects of evaluation.	31-Jul-2016		Sharon Murray	Occupational Therapy
		Organisation of a mentor update to ensure that all educators are fully informed of the changes with regards to the clinical education of Occupational Therapy students and the importance of ensuring quality education.	31-Jul-2016		Sharon Murray	Occupational Therapy
		Observation of clinical educators in practice to ensure any variations to delivery of clinical education are identified and addressed and/ or any exemplary practice is identified and shared.	31-Jan-2017		Sharon Murray	Occupational Therapy
		Re-audit of the clinical education on offer at Hull & East Yorkshire Hospitals in association with the HEI (York St John University) on an annual basis, as directed by the Local Education & Training Board for Yorkshire & Humber.	31-Aug-2017		Sharon Murray	Occupational Therapy
2015.203 Actions	Patient Information and Consent - Radiology	Staff are to be reminded of the need to place patient identifier/label on all pages of the consent form	31-Mar-2016		Mandy Hay	Radiology
2015.215 Actions	Prescribing Laxatives for Prevention or Treatment of Opioid Associated Constipation	Education of colleagues.	31-Mar-2017		Dr Khawaja Zahid	Clinical Oncology
		Re-audit.	31-Mar-2017		Dr Khawaja Zahid	Clinical Oncology
2015.216 Actions	Audit of Ward and Department 6 monthly Controlled Drug Checks	Discuss at Pharmacy Governance Meeting.	31-May-2016		Susan Lees	Pharmacy
		Discuss at the Trust's Accountable Officer meeting.	31-May-2016		Susan Lees	Pharmacy
		CG1 form for next year's audit to be completed.	31-May-2016		Susan Lees	Pharmacy
2015.217 Actions	The Safety & Efficacy of Ultrasound Marking of Site for Subsequent Remote Aspiration or Chest	Re-audit	30-Apr-2017		Dr Najeeb Ahmed; Dr Abdul Razack	Radiology












Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
	Drain Insertion					
2015.219 Actions	RE-AUDIT on Following the Guidelines Relating to the Prescribing of Regular and Newly Initiated Medications on Inpatient's Drug Charts	Re-audit in 1 year.	31-Jan-2017		Dr Rajarshi Roy	Clinical Oncology
		Consultants to check quality of prescribing on ward rounds and promote good practice.	31-Mar-2017		Dr Rajarshi Roy	Clinical Oncology
2015.220 Actions	Audit of Compliance with IV Paracetamol Dosing Guidance	To discuss the outcomes of the audit with the Medicines Management Nurse and lead Dietitian, in order to establish if any previous audits have looked at patient weight being recorded on drug charts, and to compare results with this audit. Appropriate actions will be based on this.	30-Apr-2016		Simon Gaines	Pharmacy
		To send the results of this audit to Medical and Surgical Health Group Governance Meetings for review, and to establish whether any further actions are required.	31-May-2016		Simon Gaines	Pharmacy
		To present the findings of this audit to members of the pharmacy department and the Safe Medicines Practice Committee for review, and to decide on any additional actions.	31-May-2016		Simon Gaines	Pharmacy
2015.222 Actions	Physiotherapy Department Activity Audit	Review on duty activity and skill mix with Section heads at one-to-ones, undertaking further audit as necessary.	31-Mar-2017		Nicola Gilchrist	Physiotherapy
		Re-audit annually to ensure clinical time is maximised.	01-Jul-2017		Nicola Gilchrist	Physiotherapy
2015.228 Actions	Using Dalteparin Incident Information to Reduce Dispensing Errors	Second check of dalteparin dispensing introduced.	31-Mar-2017		Michelle Chick	Pharmacy
		Dalteparin 5000 units to be kept outside of the pharmacy robot, in order to separate the commonly-used strengths.	31-May-2016		Michelle Chick	Pharmacy
		Refresher training on the use of the pharmacy computer system (Ascribe) to be given as needed.	30-Jun-2016		Andrew Philpot	Pharmacy
2015.238 Actions	Audit to Measure Documentation of Controlled Drug Wastage Against Trust SOPs	Trial of the New CD Register.	30-Jun-2016		Michelle Chick	Pharmacy
		To re-issue the Trust SOP CD 1.4 Preparation and Administration of Controlled Drug (CD) with the poster.	30-May-2016		Michelle Chick	Pharmacy
		To share the results with SMPC.	30-May-2016		Michelle Chick	Pharmacy
2015.253 Actions	Dietetic Record Card and Casenote Review	Annual re-audit	01-Apr-2017		Jo Donaldson-Smith	Dietetics
		Review and revise standard 1 following Trust-wide introduction of Lorenzo	30-Jun-2016		Jo Donaldson-Smith	Dietetics
2015.254 Actions	Patient Information and Consent Audit - Clinical Oncology	Re-audit	31-Mar-2017		Dr Rajarshi Roy	Clinical Oncology
		To hold a departmental educational session on consent and consent form completion.	30-Jun-2016		Dr Rajarshi Roy	Clinical Oncology

















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.258 Actions	Speech and Language Therapy Casenote Audit	To discuss the results of the audit at the next staff meeting.	31-Jan-2017		Teresa Guy	Speech & Language Therapy
		Re-audit in 2018	31-Mar-2018		Teresa Guy	Speech & Language Therapy
2015.259 Actions	VTE Risk Assessment & Prophylaxis for Myeloma Patients on Treatment with	Create Lorenzo Risk Assessment form.	31-Mar-2017		David Allsup	Clinical Haematology (Ward)
		Create reminder on ARIA.	31-Mar-2017		David Allsup	Clinical Haematology (Ward)
2015.263 Actions	Patient Information and Consent - Haematology	To hold a departmental educational session on consent and consent form completion.	31-Mar-2016		Dr James Bailey	Clinical Haematology (Ward)
2015.272 Actions	Neutropenic Sepsis Audit	Liaison with Lorenzo team to assess feasibility of electronic data entry for NSA.	31-Dec-2016		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
		Liaison with oncology data management to check whether ICD code is available for NS.	31-Dec-2016		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
		Education of junior doctors on Neutropenic Sepsis and its management.	31-Dec-2016		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
		All the documents for patients with new admission should have a reminder (red stamp) to follow protocol for taking blood cultures.	31-Dec-2016		Clare Norris	Clinical Oncology
		Rolling audit of NS to continue.	30-Jun-2017		Dr George Bozas; Dr Iqtedar Muazzam	Clinical Oncology
		Discuss the need for a test prior to a staff member working on-call.	31-Jan-2017		Dr Corinna Hauff	Radiology
		Re-audit.	30-Sep-2016		Dr Corinna Hauff	Radiology

Family & Women's Health Group











Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.014 Actions	Audit of the Management of Suspected Giant Cell Arteritis at Hull Eye Hospital	To raise doctors awareness of the national guidelines for the management of GCA, especially frontline doctors	31-Jul-2015		Mr Colin Vize	Ophthalmology
2015.025 Actions	RE-AUDIT of Early Onset Sepsis Guidelines	To discuss whether Lorenzo patient list would be helpful to current NICU doctors	31-Aug-2016		Dr Joanna Preece	Neonates
2015.027 Actions	Patient Information & Consent Audit - Paediatric Surgery	To undertake twice a year teaching on consent within the department (during induction for registrars and core trainees)	31-Dec-2015		Miss Sanja Besarovic; Mr Rejoo Daniel; Mr Mahmud Fleet	Paediatric Surgery
		To put up consent standards and how to adhere to in doctor's office (include	31-Dec-2015		Dr Olusola	Paediatric Surgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		audit proforma)			Olafimihan	
		To re-audit 6 monthly with core trainees	31-Dec-2015		Mr Rejoo Daniel; Mr Mahmud Fleet	Paediatric Surgery
2015.039 Actions	Sepsis	To discuss new checklist and new sepsis criteria for maternity service with obstetric and anaesthetic consultant	31-Jan-2016		Dr Kate Adams; Sue Sallis	Obstetrics
		To redesign the pathway/checklist in line with new maternity guideline	29-Feb-2016		Sue Sallis	Obstetrics
		To develop new guideline	29-Feb-2016		Dr Kate Adams; Sue Sallis	Obstetrics
		Introduction to the new pathway	31-Mar-2016		Dr Kate Adams; Miss Jaishree Hingorani; Dr Sarah Price; Sue Sallis	Obstetrics
		To train all departments	31-Mar-2017		Dr Kate Adams; Miss Jaishree Hingorani; Dr Sarah Price; Sue Sallis	Obstetrics
2015.040 Actions	Patient Information & Consent Audit - Dermatology	To circulate audit results to Dermatology Team and senior managers	31-Aug-2015		Dr Deborah Graham	Dermatology
		Clinicians to refresh their knowledge of the current trust policies CP354 - <i>Mental Capacity Act, Deprivation of Liberty Safeguards, Consent and Physical Restraint Policy</i> and CP 185 - <i>Patient Documentation Policy</i>	30-Sep-2015		Dr Deborah Graham	Dermatology
		Clinicians to refresh their knowledge of the GMC publication - "Consent: patients and doctors making decisions together (2008)".	30-Sep-2015		Dr Deborah Graham	Dermatology
		To re-audit Trust consent policy during 2016/17 audit year	31-Oct-2016		Dr Deborah Graham	Dermatology
2015.041 Actions	RE-AUDIT of the Management of Paediatric Inpatients with Head Injury According to the NICE Guidelines	A discussion to take place between A&E, Neurosurgery and Paediatrics with respect to the care of paediatric head trauma patients.	31-Jul-2016		Dr Remy Toko	Paediatric Medicine
		To include re-audit on 2016/17 audit plan.	31-Mar-2017		Dr Remy Toko	Paediatric Medicine
2015.043 Actions	Medical Cover Labour Ward - Review of Signing in Sheets (Snap Shot Review)	To issue reminder to all medical staff to sign in at the beginning of the shift	31-May-2015		Mr Kevin Phillips	Obstetrics
		To record on the signing in sheet when a member of staff is in Theatre/with a patient	31-May-2015		Mr Kevin Phillips	Obstetrics
2015.046 Actions	Audit of Written Consent and WHO Checklist Compliance	To review the case notes from random two hysteroscopy clinics during week commencing 3rd august 2015 to ensure the level of compliance is maintained.	30-Sep-2015		Gemma Haire; Tracey Milner	Gynaecology
		To educate both medical and midwifery staff about antacid prophylaxis.	31-Dec-2016		Mr Prabath Suraweera	Obstetrics







Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		To re-audit during 2016/17 audit year	31-Dec-2016		Mr Prabath Suraweera	Obstetrics
2015.050 Actions	Review on the Quality and Effectiveness on the Current Visual Field Service Provided at HRI	To discuss summary of the audit departmental study day on 11/11/2015	01-Jan-2016		Dr Mohammed Aftab Maqsud	Ophthalmology
		To summarise findings of the report to the visual field technicians	01-Jan-2016		Dr Mohammed Aftab Maqsud	Ophthalmology
2015.069 Actions	Patient Information & Consent Audit - Obstetrics	To highlight the following to staff at departmental meeting on 23.10.15 • record the discussion with patients • Remember to attach patient identifiers to each page of consent forms.	23-Oct-2015		Mr Androniks Mumdzjans	Obstetrics
2015.070 Actions	Record Keeping Audit - Obstetrics	To email all staff detailing results of this audit and reinforcing trust policy	30-Nov-2015		Mr Androniks Mumdzjans	Obstetrics
2015.076 Actions	RE-AUDIT The Use of Oxytocin in Labour	To present at staff meeting to raise awareness of results	31-Dec-2015		Mr Androniks Mumdzjans	Obstetrics
		To undertake re-audit during 2016/17	31-Aug-2016		Mr Androniks Mumdzjans	Obstetrics
2015.098 Actions	Fetal Fibronectin Test	To communicate results and emphasis trust guidelines to all staff involved.	15-Jan-2016		Mr Androniks Mumdzjans	Obstetrics
2015.100 Actions	RE-AUDIT Management of Tubal Ectopic Pregnancy	To introduce a tick box on EPAU proforma regarding discussion with Consultant after 2nd HCG to ensure 100% compliance	31-Mar-2016		Mrs Jane Allen	Gynaecology
2015.102 Actions	Audit of PAWS Score in General Paediatrics and Paediatric Surgery	To re-audit in June 2016 and to include deteriorating patients and impact of graded responses on care given	31-Jul-2016		Dr Remy Toko	Paediatric Surgery
		To organise training for nursing staff	31-Jul-2016		Dr Remy Toko	Paediatric Surgery
2015.106 Actions	Record Keeping Audit - Dermatology	To undertake re-audit during 2016/17	30-Jun-2016		Dr Deborah Graham	Dermatology
2015.124 Actions	Record Keeping Audit - Neonates	To disseminate instructions at induction	31-Aug-2016		Dr Joanna Preece	Neonates
		To undertake re-audit during 2016/17	28-Feb-2017		Dr Joanna Preece	Neonates
2015.125 Actions	Patient Information & Consent Audit - Gynaecology	To undertake re-audit during 2016/17	31-Dec-2016		Mr Androniks Mumdzjans	Gynaecology
		To inform staff regarding the importance of consent and the components that were <80% adherence	31-Dec-2015		Dr Benjamin Snowden	Gynaecology
2015.128 Actions	Service Evaluation of Elective LSCS List Theatre Utilisation	To re-audit after the new recommendations are implemented in ≥ 6 months' time	31-Dec-2016		Mr Prabath Suraweera	Obstetrics
2015.131 Actions	Audit on the Use of Antibiotics for the Prevention and Treatment of Early Onset Neonatal Infection	To discuss audit results with Obstetrics and Gynaecology Team to ensure judicious use of maternal sepsis pathway.	01-Dec-2016		Dr Irina Bacila	Neonates

















Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		To liaise with Microbiology Department • To obtain a better understanding of steps in obtaining a blood culture result (ie. inoculation, incubation, colorimetric method) and the time frame involved.	01-Dec-2016		Dr Irina Bacila	Neonates
		To liaise with Microbiology Department • To discuss possibility of out of hours microbiology cover/reading of neonatal cultures at 20:00/access to computerised microbiology results for NICU staff.	01-Dec-2016		Dr Irina Bacila	Neonates
		Following completion of actions 2 and 3, to review and update protocol for starting prophylactic antibiotic treatment for neonates with maternal risk factors for early onset neonatal sepsis (considering the alternative of no antibiotics and regular monitoring for this group of neonates).	01-Dec-2016		Dr Irina Bacila	Neonates
2015.132 Actions	Audit of the Abnormal Blood Results Process	To share the outcomes form with all the clinicians within obstetrics	30-Oct-2015		Mrs Jane Allen; Gemma Haire	Obstetrics
		To share the outcomes form with the Obstetrics and Gynaecology Governance Meeting	30-Oct-2015		Mrs Jane Allen; Gemma Haire	Obstetrics
		To undertake a random audit in 6 months' time to demonstrate whether compliance has increased or decreased.	31-Mar-2016		Mrs Jane Allen; Gemma Haire	Obstetrics
2015.154 Actions	Record Keeping Audit - Breast Services	To undertake re-audit during 2016/17 audit year	31-Mar-2017		Mr Peter Kneeshaw	Breast Surgery
2015.177 Actions	Patient Information & Consent Audit - Paediatric Surgery	To undertake re-audit	31-Aug-2016		Paediatric Surgery	Paediatric Surgery
2015.178 Actions	Outcome of twin pregnancies	To look into introducing care check lists into patients notes	31-Dec-2016		Mr Steve Maguiness	Obstetrics
		To improve documentation on Hb level at booking and 28 weeks	31-Dec-2016		Dr Slavyana Maydanovych	Obstetrics
		To improve documentation on uptake of Down Syndrome screening	31-Dec-2016		Dr Slavyana Maydanovych	Obstetrics
2015.179 Actions	Audit of Growth of Babies on Donor Expressed Breast Milk (DEBM) and Maternal Expressed Breast Milk (MERM)	To perform a case note review of babies who developed NEC when on DEBM - as highlighted by the audit	30-Jun-2016		Dr Nicola Holme	Neonates
		To encourage all trainees to insert head circumference measurement onto Badger every week for every baby when preparing for Grandround	30-Jun-2016		Dr Nicola Holme	Neonates
		To liaise with midwives to develop a strategy for enabling early expressing on delivery suite - discussions already in place	31-Jul-2016		Katy Stephenson	Neonates
2015.180 Actions	Prospective Audit of Term Admissions to NICU	To discuss with O&G about making steroid administration to mothers more identifiable in notes	01-May-2016		Mr Hassan Gaili; Dr Joanna Preece	Neonates
2015.187 Actions	Number of Positive results of GTT (Glucose Tolerance Test) Depending on the Indication for Screening	To undertake a further audit to check whether patients with BMI <35 who screened positive required any treatment	30-Jun-2016		Miss Jaishree Hingorani	Obstetrics














Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.188 Actions	Patient Information & Consent - Ophthalmology	To present and discuss audit findings with the ophthalmic team	11-Nov-2015		Dr Matthew Hartley; Dr Emma Kellett	Ophthalmology
		For consenting clinicians to refresh their consenting knowledge	11-Nov-2015		Dr Matthew Hartley; Dr Emma Kellett	Ophthalmology
		To review the necessity of CJD/vCJD patient risk on trust consenting forms	11-Nov-2015		Dr Matthew Hartley; Dr Emma Kellett	Ophthalmology
		To review the relevance of blood transfusion and its present inclusion in the annual audit for ophthalmic surgery.	11-Nov-2015		Dr Matthew Hartley; Dr Emma Kellett	Ophthalmology
		To re-audit annually	30-Oct-2016		Dr Matthew Hartley; Dr Emma Kellett	Ophthalmology
2015.189 Actions	RE-AUDIT of Written Consent and Who Checklist Compliance	To remind all staff that the patient should be automatically given a copy of their completed consent form. They should not be offered the opportunity to decline receiving a copy. if a patient ever declines a copy of their consent form this must be recorded in their case notes.	31-Mar-2016		Mrs Jane Allen	Gynaecology
2015.191 Actions	Medical Cover Labour Ward	To remind all medical staff to sign in at the beginning of the shift and especially on an evening.	31-Dec-2015		Mrs Jane Allen	Gynaecology
		To record on the signing in sheet when a member of staff is in theatre/with a patient	31-Dec-2015		Mrs Jane Allen	Gynaecology
		To undertake a re-audit in 6 months' time	31-May-2016		Mrs Jane Allen	Gynaecology
2015.194 Actions	Audit on the Opening of the 2nd Obstetrics Theatre	To make a minor amendment to the SOP for opening of a 2nd Obstetric theatre, so it covers the opening of a second emergency theatre.	01-Apr-2016		Mrs Jane Allen; Nicky Foster	Obstetrics
		To undertake re-audit during 2016/17 audit year on opening of a second emergency Obstetric theatre over a 6 month period	31-Mar-2017		Mrs Jane Allen; Nicky Foster	Obstetrics
2015.196 Actions	Stillbirth Audit	To obtain further demographic data from Evolution to inform the results and subsequent action plan	30-Jun-2016		Janet Cairns	Obstetrics
2015.197 Actions	An Evaluation of Endophthalmitis incidence post intra-vitreous Injections Nov 2014 - Oct 2015	Re-audit to be undertaken in November 2016	30-Nov-2016		Miss Louise Downey	Ophthalmology
2015.199 Actions	Recommendations from Maternal Death Action Plan	To share results with all midwives and clinicians	01-May-2016		Jacqui Powell	Obstetrics
		To feedback to community midwives as this has particular relevance for taking booking histories	01-May-2016		Jacqui Powell	Obstetrics
2015.240 Actions	Audit of Injectables Use - FWHG	To review guidance and support available to mitigate risk of harm	31-May-2016		Marie Miller	Family & Women's Health Group
		To undertake a re-audit during 2017/18 audit year	31-Mar-2018		Tracey Milner	Family & Women's Health Group
2015.264 Actions	Breast Morbidity and Mortality Audit	Re-audit during 2016/17	31-Dec-2016		Mr Peter Kneeshaw	Breast Screening; Breast Surgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.270 Actions	Supervisors of Midwives Record Keeping Spot Checks	To disseminate report findings via Supervisors of Midwives (SoM's to all midwives	31-May-2016		Jane McFarlane	Obstetrics
		To review audit form by SoM's to include new standards	31-May-2016		Jane McFarlane	Obstetrics
		To develop action plan to improve compliance with standards that require improvement or are of concern.	31-May-2016		Jane McFarlane	Obstetrics
		To undertake a re-audit during 2016/17	31-Mar-2017		Jane McFarlane	Obstetrics
2015.271 Actions	Re-audit of the Abnormal Results Process for Antenatal Women	To share the outcomes form with all the clinicians within Obstetrics by individual letter	29-Feb-2016		Mrs Jane Allen; Gemma Haire	Obstetrics
		To share the outcomes form with the Obstetrics and Gynaecology Governance Meeting	31-Mar-2016		Mrs Jane Allen; Gemma Haire	Obstetrics
		Change process to individuals reviewing results	29-Feb-2016		Mrs Jane Allen	Obstetrics
		To remind all staff to continue to complete audit sheets to allow re-audit	29-Feb-2016		Mrs Jane Allen	Obstetrics
		To inform clinicians of the need to review all results within 4 days (Mon-Fri only)	29-Feb-2016		Mrs Jane Allen	Obstetrics
		To re-audit in May 2016	31-May-2016		Mrs Jane Allen; Gemma Haire	Obstetrics





Medicine Health Group

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.002 Actions	Accuracy of Discharge Letters	Include pointers in induction package for junior doctors at start of posting regarding important and essential information that should be considered mandatory for IDLs.	30-Mar-2017		Dr Rayessa Rayessa	Stroke Medicine
		To perform a re-audit in 2016/2017.	30-Mar-2017		Dr Rayessa Rayessa	Stroke Medicine
2015.003 Actions	Quality of Stroke Admission Documentation	To adopt the revised admission document created by Dr Humphreys.	31-Dec-2015		Dr Rayessa Rayessa	Stroke Medicine
		To incorporate recommendations into the induction for junior doctors at the start of their posting, in order to stress the importance of recording all information on admission documentation.	28-Mar-2016		Dr Rayessa Rayessa	Stroke Medicine
		To perform a re-audit in 2016/2017.	30-Mar-2017		Dr Rayessa Rayessa	Stroke Medicine
2015.030 Actions	Quality Indicators In AAU	Re-Audit to ensure that the standards are met and we are improving the standards.	30-May-2016		Dr Alan Webb	AAU







Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.067 Actions	Assessment and Management of Alcohol Withdrawal in AAU	Teaching session regarding scoring system for alcohol withdrawal symptoms.	20-May-2016		Dr Irshad Ali	AAU
		Re-audit once training has been carried out.	15-Sep-2016		Dr Irshad Ali	AAU
2015.068 Actions	Assessing Factors Contributing to Delays in Carrying Out Investigations for Ward Patients	To develop radiology teaching sessions on how to improve clinical request forms for radiology based on three commonly ordered scans (CT head, CTPA and CT abdomen & pelvis)	30-Mar-2017		Dr Kallankara	Rheumatology
2015.089 Actions	Audit of Exposed Cuffs in Haemodialysis Catheters That Fell Out	Staff training to insert Perm caths.	31-May-2016		Dr M Imran	Renal
		Dialysis staff training in the event of any further cuff exposures.	31-May-2016		Dr M Imran	Renal
2015.090 Actions	Record keeping Audit - Rheumatology	Staff training.	30-Mar-2017		Dr Sathish Kallankara	Rheumatology
2015.108 Actions	Record Keeping - Cardiology	Improve printing of name, entry and designation of signatory	31-Mar-2016		Dr Adam Mather	Cardiology
		Record Patient contact details	31-Mar-2016		Dr Adam Mather	Cardiology
2015.117 Actions	Audit of PD Peritonitis	Continued education and training of patients in vigilance for infection and seeking specialist advice early - including if admitted to peripheral hospitals.	31-Mar-2017		Dr Helen Collinson	Renal
		RCA of all infections and form, embed regular discussion in PD MDT.	31-Mar-2017		Dr Helen Collinson	Renal
		Review of PD Peritonitis treatment algorithm and share with service.	31-May-2016		Dr Helen Collinson	Renal
		Audit of time from decision to remove to removal (surgeons).	31-May-2016		Dr Helen Collinson	Renal
		Continue annual audit.	31-Mar-2017		Dr Helen Collinson	Renal
2015.129 Actions	Record Keeping Audit - Nephrology/Renal	To Disseminate the results and discuss in the speciality governance meeting.	31-Mar-2016		Dr Muhammad Imran	Renal
2015.133 Actions	Record Keeping Audit - AAU	Disseminate results to medical and nursing team	30-Mar-2017		Dr Alan Webb	AAU
		Re-audit in 12 months	30-Mar-2017		Dr Alan Webb	AAU
2015.134 Actions	Patient Information and Consent - Nephrology	To perform a consent "Spot Check"	30-Mar-2017		Dr Matthew Edey	Renal
		Emphasize to medical staff the importance of Page 1	30-Mar-2017		Dr Matthew Edey	Renal
2015.156	Record Keeping - Emergency Department	To email findings and recommendations of this audit to colleagues	31-Mar-2016		Dr Reuben Griscti	Emergency Department






Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
Actions		To undertake a re-audit at the start of 2016/17 year.	31-Mar-2016		Dr Reuben Griscti	Emergency Department
2015.182 Actions	Record Keeping - Chest Medicine	Education of medical and nursing staff	31-Mar-2016		Dr Patrick Liu	Chest Medicine
		re-audit	31-Mar-2016		Dr Patrick Liu	Chest Medicine
2015.183 Actions	Patient Information and Consent - Chest medicine	Provide education to medical and nursing staff	31-Mar-2016		Dr Patrick Liu	Chest Medicine
		Undertake a re-audit	31-Mar-2016		Dr Patrick Liu	Chest Medicine
2015.202 Actions	Record Keeping - DME	Re-audit	31-Mar-2016		Kirsten Richards	Elderly Medicine
2015.218 Actions	Quality Indicators in AMU	Re- audit	30-Sep-2016		Dr Alan Webb	AAU
2015.252 Actions	RE-AUDIT to assess time from referral to first seizure clinic	Advertise the availability and procedure of booking in first seizure clinic among GPs and medical departments.	31-Dec-2016		Dr Alec Ming	Neurology
		Clarify with appointment system correct procedure for booking first seizers.	31-Dec-2016		Dr Alec Ming	Neurology
2015.260 Actions	Adequacy of Kidney Transplant Biopsies	Disseminate results in order to improve consent process.	21-Jan-2016		Dr Matthew Edey	Renal
2015.265 Actions	RE-AUDIT Vascular Access - Patients Commencing HD Via Catheters	Re-Audit in 2016/2017.	31-Mar-2017		Dr Matthew Edey	Renal
		Review of low clearance referral criteria.	31-Mar-2017		Dr Matthew Edey	Renal
2015.266 Actions	RE-AUDIT Accuracy of RadCentre Data Entry for Bone Density (DXA) Scans	Re-audit in 12-18 months or perform an alternative audit as suggested by the Radiation Protection Advisor.	31-Dec-2017		Dr Mo Aye; Ann Goodby	Diabetes & Endocrinology

Surgery Health Group

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.012 Actions	Compliance with the Delirium Bundle	Incorporation into induction for trainees.	31-Mar-2016		Dr Dale Ventour	Critical Care (ICU & HDU)
		Incorporation into the drug chart.	31-Mar-2016		Dr Dale Ventour	Critical Care (ICU & HDU)
2015.013 Actions	WYCCN 6 Hour Sepsis Care Bundle	Incorporation into induction for trainees.	31-Mar-2016		Dr Dale Ventour	Critical Care (ICU & HDU)
		In process of reviewing hospital sepsis guideline.	31-Mar-2016		Dr Dale Ventour	Critical Care (ICU & HDU)

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
2015.017 Actions	Audit of the Adequacy of Ankle Fracture Reduction Intra-operatively	Presentation in departmental meeting.	30-Sep-2017		Mr Rajesh Ramaswamy	Orthopaedics (Elective); Orthopaedics (Trauma)
2015.037 Actions	Technique of Anaesthesia for Caesarian Section	Undertake an audit to find out why there is a large increase in the number of under-functioning spinals than in previous years which can be presented in the joint audit meeting in January 2016.	30-Mar-2017		Dr Makani Purva	Anaesthetics (Inpatient)
2015.044 Actions	Throat Packs: Are we Compliant with NPSA Guidelines?	Present findings to the Anaesthetic Department.	01-Aug-2016		Mr Peter Brotherton	Head & Neck Max Fax; Oral & Max Fax Surgery
2015.060 Actions	Audit of Inadvertent Hypothermia in Intensive Care Patients	Produce guideline.	31-Aug-2016		Dr Ian Smith	Critical Care (ICU & HDU)
		To undertake a re-audit.	31-Mar-2018		Dr Ian Smith	Critical Care (ICU & HDU)
2015.082 Actions	Selection Criteria for Dental Implants and Occurrence of Peri-Implantitis	Staff training.	21-Dec-2015		Ms. Pallavi Gaitonde	Head & Neck Max Fax; Oral & Max Fax Surgery
		Planning an implant procedure protocol.	31-Aug-2016		Ms. Pallavi Gaitonde	Head & Neck Max Fax; Oral & Max Fax Surgery
2015.084 Actions	Record Keeping - Cardiothoracic	Re-audit	31-Mar-2016		Cardio/Vascular & Critical Care Division	Cardiothoracic Surgery
2015.086 Actions	Patient Information and Consent Audit - Cardiothoracic	Re-audit	31-Mar-2016		Mr Mubarak Chaudhry	Cardiothoracic Surgery
2015.087 Actions	Record Keeping - Orthopaedics	To implement posters near computers	30-Mar-2017		Mr Rajesh Ramaswamy	Orthopaedics (Elective); Orthopaedics (Trauma)
2015.088 Actions	Patient Information and Consent - Plastic Surgery	Present and highlight results at Audit meeting	30-Jul-2015		Mr Paolo Matteucci	Plastic Surgery
		Re-audit to ensure the correct standards are maintained	30-Dec-2015		Mr Paolo Matteucci	Plastic Surgery
2015.113 Actions	Patient Information and Consent Audit	Raise awareness at business meeting.	31-Mar-2016		Dr Swaroop Sampu	Pain Services
2015.115 Actions	Patient Information and Consent Audit	Discuss outcomes at Neurosurgery Governance meeting.	31-Mar-2016		Mr Vasileios Arzoglou	Neurosurgery
		Present the actual audit in one of the M&M or Academia meetings.	31-Mar-2016		Mr Vasileios Arzoglou	Neurosurgery
2015.116 Actions	Record Keeping Audit - Neurosurgery	Discuss outcomes at Neurosurgery Governance meeting.	31-Mar-2016		Mr Vasileios Arzoglou	Neurosurgery

Ref	Audit Title	Description of Action	Due Date	Status	Action Lead	Responsible OUs
		Present the actual audit in one of the M&M or Academia meetings.	31-Mar-2016		Mr Vasileios Arzoglou	Neurosurgery
2015.135 Actions	To Analyse the In-Hospital Mortality after Cardiac Surgery and Review the Perioperative Factors that could be Main Contributor of Mortality	To undertake a re-audit in 2017/18.	31-Mar-2018		Mr Mubarak Chaudhry	Cardiothoracic Surgery
2015.168 Actions	Prospective Monitoring of Screen Colonoscopy KPIs	Local guidance to be developed.	30-Jun-2016		Mark Hughes	Bowel Screening
		Address outlier for minimum screening colonoscopies with job plan discussion and change with employing Trust NLAG.	28-Feb-2017		Mark Hughes	Bowel Screening
2015.236 Actions	Orthopaedic Operation Notes	Posters near computers in operation theatre.	31-Mar-2016		Mr Rajesh Ramaswamy	Orthopaedics (Elective); Orthopaedics (Trauma)
		Circulate email regarding new operation notes template.	31-Mar-2016		Mr Rajesh Ramaswamy	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 2015/16

An update regarding the implementation of the actions identified as a result of a national clinical audit report published in 2015/16 has been provided below. Actions taken in response to reports published in 2016/17 will be included in the Quality Accounts for 2017/18.

Audit	Proposed actions	Progress
National audit		
Neonatal intensive and special care (National Neonatal Audit Programme - NNAP)	<ul style="list-style-type: none"> • To implement a process to ensure 2 year follow-up information is submitted at point of clinic attendance • To undertake regular review of 2 year follow-up data completeness through continued audit of BadgerNet (the neonatal database) 	<ul style="list-style-type: none"> • A process for monitoring 2 year follow-up has been implemented • A regular review of 2 year follow-up is undertaken through BadgerNet
National Chronic Obstructive Pulmonary Disease Audit	<ul style="list-style-type: none"> • To raise awareness amongst medical and nursing staff of the need to document ceiling of care escalation plan for all patients, via a departmental training session • To raise awareness of the need to refer to pulmonary rehabilitation via a departmental training session • Senior Nurses to remind staff to refer to pulmonary rehabilitation prior to discharge 	<ul style="list-style-type: none"> • Presentations have been delivered at the grand round and to the acute medicine department on COPD and related issues, such as escalation of care and referral to pulmonary rehab. These are also addressed during the Respiratory attachment that junior doctors undertake. • Work is currently underway with ED to improve pathways and facilitate referrals for patients attending ED. • The Acute Respiratory Assessment Service has raised the issue of referral to pulmonary discharge with the respiratory ward

		teams. This is also a part of the BTS discharge bundle, which is completed for all COPD patients.
Lung cancer (National Lung Cancer Audit)	<ul style="list-style-type: none"> To obtain more in-depth data – specifically data for resection rate for localised (stage I/II) lung cancer To undertake an audit of biopsy proven cancer 	<ul style="list-style-type: none"> In-depth data was obtained through data.gov.uk, including resection rates for localised (stage I/II) cancer An audit on biopsy proven cancer was undertaken by cellular pathology
Adult Community Acquired Pneumonia Audit	<ul style="list-style-type: none"> To hold a training session to reiterate the importance of good record keeping, including the CURB65 score 	<ul style="list-style-type: none"> The importance of good record keeping (including the CURB65 score) is emphasised as part of departmental teaching
Diabetes (Royal College of Paediatrics and Child Health - RCPCH National Paediatric Diabetes Audit)	<ul style="list-style-type: none"> To appoint dedicated administrative clerk for robust data capture on the Twinkle database To establish a pathology link with Twinkle to ensure a true reflection of annual screening in this audit 	<ul style="list-style-type: none"> Administrative Clerk appointed to manage Twinkle database Ongoing work with the Pathology team to establish a link between systems
National Pregnancy in Diabetes Audit	<ul style="list-style-type: none"> To focus on health promotion in the outpatient clinic, in order to raise awareness of the issues associated with pregnancy in diabetes To discuss the promotion of pre-pregnancy planning at the Diabetes Network Board meeting 	<ul style="list-style-type: none"> This is currently ongoing – work between dietetics, outpatient diabetes staff and diabetes specialist midwife This information was discussed at the Diabetes Network Board in April 2016
National Inpatient Falls Audit	<ul style="list-style-type: none"> To audit the availability of call bells in all inpatient areas to ensure they are 	<ul style="list-style-type: none"> Call bell availability has been audited three times over the past 12 months

	<p>within reach of the patient</p> <ul style="list-style-type: none"> • To ensure that all staff within the Elderly Medical inpatient areas participate in continence care training • To implement the pilot of the continence care plan on all Elderly Medicine inpatient areas 	<p>with a further audit scheduled for April 2017.</p>
National Cardiac Arrest Audit (NCCA)	<ul style="list-style-type: none"> • To share learning from the NCCA dataset including ceilings of care and the prescription of appropriate resuscitation in the Consultant mandatory update training • Undertake a snapshot audit of patients transferred from the acute admissions unit to assess if treatment escalation plans are clearly documented on the post take ward round 	<ul style="list-style-type: none"> • The NCCA data set is discussed quarterly at the Resuscitation and Deteriorating Patient Committee. Areas of good practice and areas requiring attention are highlighted and escalated to Health Groups and Operational Quality Committee. This information is also included in Consultant mandatory training sessions • Snapshot audits have been undertaken in the Acute Medical Unit and Elderly Assessment Unit and the results shared with the Medicine health groups governance meeting. Both audits showed limited documentation and decision making around DNACPR and ceilings of care
Initial Management of the Fitting Child (College of Emergency Medicine)	<ul style="list-style-type: none"> • To plan a training session, to include all nursing staff • To produce a patient information leaflet, as per 	<ul style="list-style-type: none"> • Training sessions are now given on an ongoing basis • Patient information leaflet for discharge from

	the recommendations made by the College of Emergency Medicine	Emergency Department has been written, and is currently awaiting approval from the relevant committee
Asthma in Children (College of Emergency Medicine)	<ul style="list-style-type: none"> To educate staff regarding the importance of recording all vital signs To remind staff to record the discharge prescription for oral prednisolone 	<ul style="list-style-type: none"> The importance of recording all vital signs has been re-iterated a number of times Staff are reminded to document this, as standard (FP10) prescription forms are given to patients that are discharged out of hours
Severe Sepsis and Sepsis Shock (College of Emergency Medicine)	<ul style="list-style-type: none"> To audit antibiotic use during severe sepsis / septic shock To educate staff regarding the importance of recording all vital signs (including urine output measurement) 	<ul style="list-style-type: none"> A number of audits on antibiotic use and the management of sepsis have been carried out since this national audit, which suggest that a number of aspects of sepsis management have improved over this time The importance of recording all vital signs has been re-emphasised following the subsequent audits A sepsis nursing competency is to be launched before Summer 2017
Paracetamol Overdose in Adults (College of Emergency Medicine)	<ul style="list-style-type: none"> To feedback to all doctors and nurses the importance of beginning treatment with N-acetylcysteine as soon as possible, and within 8 hours of ingestion if the patient presents early enough 	<ul style="list-style-type: none"> Junior doctors receive a teaching session on toxicology, which covers the physiology and treatment of paracetamol overdose Toxicology is part of the junior doctor's ED

	<ul style="list-style-type: none"> To educate nurses that the use of N-acetylcysteine should be discussed with a senior doctor in patients where the overdose is staggered and in those cases where ingestion was over 8 hours ago 	<p>induction, which highlights the guidance available via the Trust intranet, and Toxbase.org</p> <ul style="list-style-type: none"> Up-to-date N-acetylcysteine pathways are on the Trust intranet Study sessions have been carried out for nursing staff, and a competency based on paracetamol is to be introduced
Mental Health in the Emergency Department (College of Emergency Medicine)	<ul style="list-style-type: none"> To continue work on creating a new Immediate Discharge Sheet, incorporating College of Emergency Medicine guidance regarding referral or follow-up arrangements To continue working towards a dedicated assessment room for mental health and to work towards the standards as set out by the Psychiatric Liaison Accreditation Network 	<ul style="list-style-type: none"> One of the consultants is now working on improving the system of creating Immediate Discharge Sheets – this work will incorporate mandatory coding, in order to ensure more accurate details are provided patient GPs, in order to facilitate referral/ follow-up arrangements While a PLAN accredited mental health assessment room was part of the initial plans for restructuring the Emergency Care Area, this was lost as plans were modified during the process – this will be reconsidered during the next phase of restructuring work
Assessing Cognitive Impairment of Older People (College of Emergency Medicine)	<ul style="list-style-type: none"> To educate staff regarding the importance of documenting the Early Warning Score To incorporate the 4 As Test (for delirium and 	<ul style="list-style-type: none"> Staff education undertaken at the Emergency Department governance meeting The 4 As Test has been incorporated into nursing

	cognitive impairment) into nursing forms, in order to improve the record keeping of cognitive assessment	documentation
Sentinel Stroke National Audit Programme (SSNAP)	<ul style="list-style-type: none"> To ring-fence stroke beds in order to minimise outliers To undertake a root cause analysis in all cases where no pre-alert occurs To improve identification of communication issues by referring all patients that are at all disarthric To improve the implementation of mood and cognition screening through the use of an appropriate tool To ensure that the use of mood and cognition screening is properly documented 	<ul style="list-style-type: none"> The department have been unable to ring-fence beds for a number of reasons (bed pressures within the organisation), so this has now been placed on the risk register All thrombolised patients are discussed on a regular basis, including any issues Better identification of communication issues has been addressed through an increase in referrals to Speech and Language Therapy – update 30/3 from AC “We have requested that this be put on the risk register, and are currently working on a business plan to fund further SLT input. Mood and cognition screening has vastly improved [from 20% to almost 80%] in the past year Data quality has improved through the submission of higher levels of data over the last year:
National Emergency Laparotomy Audit (NELA)	<ul style="list-style-type: none"> To implement the new laparotomy pathway 	<ul style="list-style-type: none"> The guideline for emergency laparotomy was published in May 2016
National Hip Fracture	<ul style="list-style-type: none"> To encourage Trauma Co- 	<ul style="list-style-type: none"> Trauma Co-ordinators can

Database	<p>ordinators to provide nerve block to patients on admission where appropriate</p> <ul style="list-style-type: none"> To ensure a weekly meeting takes place to discuss the resources for extra theatre sessions as difficulties are experienced in staffing these extra sessions 	<p>now provide nerve blocks</p> <ul style="list-style-type: none"> A weekly performance meeting for Theatres has been established
National Vascular Registry	<ul style="list-style-type: none"> To review the waiting time for lower limb angiogram with the Radiology team To arrange a joint meeting with Stroke Medicine to discuss the performance of symptom to procedure for Carotid Endarterectomy 	<ul style="list-style-type: none"> The waiting time is reducing but will not be altered in a major way until the final room refurbishment is finished in April/May 2017 The performance of symptom to procedure for Carotid Endarterectomy Second was discussed at the Getting it Right First Time review - we are within national guidance
MBRRACE-UK	<ul style="list-style-type: none"> To undertake a local stillbirth audit to identify any factors which may be responsible for the high rate of stillbirths in Hull To implement the use of customised growth charts and the West Midlands Perinatal Institute maternity hand held records to ensure a co-ordinated approach to the management of reduced fetal growth To implement a new patient information leaflet regarding fetal movements and count kicks towards an 	<ul style="list-style-type: none"> A stillbirth audit to be undertaken in 2017 Customised growth charts and the West Midlands Perinatal Institute maternity hand held records have been implemented A 'Your Babys Movements in Pregnancy' leaflet has been developed and is given at 16weeks K2 package CTG interpretation training is ongoing All stillbirths are reviewed

	<p>agreed approach to the management of reduced or altered movements</p> <ul style="list-style-type: none"> • To implement K2 CTG interpretation training to ensure midwives and medical staff are using the NICE guidance correctly including assessment and escalation • To continue to undertake a review of all stillbirths via the maternity case review, to consider implementing the NPSA toolkit to review these as an added measure and to replicate what is being done across the region 	<p>at the maternity case review meeting. The NPSA toolkit is not yet in use but is to be reviewed and used with any adjustments made accordingly.</p>
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Compliance with NICE Quality Standards determined during 2016/17

Health Group	Current Status of Quality Standards
Clinical Support	
QS065 Hepatitis B	Partial compliance
QS124 Suspected cancer	Partial compliance
Family and Women's Health	
QS004 Specialist Neonatal Care	Partial compliance
QS022 Antenatal Care	Partial compliance
QS032 Caesarean Section	Partial compliance
QS035 Hypertension in Pregnancy	Partial compliance
QS036 Urinary Tract Infection in Infants, Children and Young People Under 16	Partial compliance
QS037 Postnatal Care	Fully compliant
QS046 Multiple Pregnancy	Partial compliance
QS047 Heavy Menstrual Bleeding	Fully compliant
QS057 Neonatal Jaundice	Fully compliant
QS060 Induction of Labour	Fully compliant
QS062 Constipation in Children and Young People	Partial compliance
QS069 Ectopic Pregnancy and Miscarriage	Fully compliant
QS073 Fertility Problems	Partial compliance
QS077 Urinary Incontinence in Women	Partial compliance
QS098 Nutrition: Improving Maternal and Child Nutrition	Fully compliant
QS105 Intrapartum Care	Partial compliance
QS115 Antenatal and postnatal mental health	Partial compliance
QS122 Bronchiolitis in children	Fully compliant
QS125 Diabetes in children and young people	Partial compliance
QS129 Contraception	Partial compliance
QS130 Skin cancer	Fully compliant
Medicine	
QS002 Stroke in adults	Partial compliance
QS005 Chronic Kidney Disease	Partial compliance
QS042 Headaches in Young People and Adults	Partial compliance
QS071 Transient Loss of Consciousness	Fully compliant
QS099 Secondary Prevention After a Myocardial Infarction	Partial compliance

QS100 Cardiovascular Risk Assessment and Lipid Modification	Fully compliant
QS103 Acute Heart Failure: Diagnosis and Management in Adults	Partial compliance
QS108 Multiple Sclerosis	Fully compliant
QS109 Diabetes in Pregnancy	Partial compliance
QS110 Pneumonia in Adults	Partial compliance
Surgery	
QS016 Hip Fracture in Adults	Partial compliance
QS049 Surgical Site Infection	Partial compliance
QS052 Peripheral Arterial Disease	Fully compliant
QS090 Urinary Tract Infections in Adults	Partial compliance
QS091 Prostate Cancer	Partial compliance
QS104 Gallstone Disease	Partial compliance
QS106 Bladder Cancer	Partial compliance
Trust-wide	
QS061 Infection Prevention and Control	Partial 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
QS147 Healthy workplaces: improving employee mental and physical health and wellbeing	Fully compliant