

TABLE 5

Audit Title		Recommendations / Actions
CLINICAL SUPPORT – PATHOLOGY & RADIOLOGY		
1	Appropriateness of lumbar spine radiograph requested in primary care (3303)	<ul style="list-style-type: none"> Guidelines for the appropriateness of lumbar spine radiograph requested in primary care have been sent to GPs
2	Compliance of the transfusion care bundle (3028)	<ul style="list-style-type: none"> The transfusion care pathway has been implemented across the trust. This has also been distributed across the community hospitals and hospices we provide blood components to. Re-audit should take place around September 16
3	CT for traumatic hip pain (3468)	<ul style="list-style-type: none"> To raise awareness, the results of the audit have been disseminated to colleagues
4	Foundation doctors knowledge of radiation legislation and exposure (3387)	<ul style="list-style-type: none"> A review of the teaching programme will be discussed with induction programme supervisors. A re-audit is planned following implementation
5	Nephrostomy insertion (3305)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary
6	Paediatric CT head Lens exclusion (3466)	<ul style="list-style-type: none"> CT superintendent radiographers have been made aware of audit findings New CT scanner installed at RSH since the audit period. A CT scanner at PRH is planned within the next 5 years. A re-audit is planned.
7	Partial or incomplete mammography (3273)	<ul style="list-style-type: none"> Any client presenting with a temporary condition such as illness or a recent operation should be offered another appointment if their condition impairs the practitioner's ability to perform the mammogram to the highest standard. They should not be classified as partial or incomplete mammography Any client attending with a piercing should be advised of the potential to obscure the tissue and it should be removed or a nipple view performed Any client with a permanent pacemaker, or line should not be classified as partial mammography unless a view cannot be performed because of the device; supplementary views should be considered. Any client with a temporary line should be offered another appointment if the examination Any examination with a missing image should be classified as partial Any examination where <10% breast tissue is missing from all images should not be classified as partial Arbitrate technical recalls
8	Review of CT Prior to Lung Cancer MDT (3469)	<ul style="list-style-type: none"> <i>Results satisfactory, no recommendations necessary</i>
9	Shropshire Breast Screening Programme Client Satisfaction Survey (3296)	<ul style="list-style-type: none"> Following issues raised by patients in the Shropshire Breast Screening Programme Client Satisfaction Survey, a copy of Trust parking guidance is now displayed in each screening area Doors to the mobile unit are opened 5 minutes before the start of the morning and afternoon sessions to enable women to wait on the unit rather than outside
10	Stress only studies and usefulness of	<ul style="list-style-type: none"> A re-audit to ensure good practice continues will

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	summed stress score in myocardial perfusion imaging (3304)	take place during March 2017.
11	Ultrasound Slots for GATU (Jan - June 2015) (3346)	<ul style="list-style-type: none"> • Due to under utilisation of the GATU (Gynaecology Assessment and Treatment Unit) ultrasound slots, service has been reduced. This will be reviewed to endure adequate use of the ultrasound slots
12	Upper GI MDT (3549)	<ul style="list-style-type: none"> • The co-ordinator will ensure the deadline for imaging will be added to MDT list. • The co-ordinator will ensure the external images are made available for the MDT meetings
13	VR vs DD - Transcription Error re-audit (3467)	<ul style="list-style-type: none"> • No recommendations necessary. Re-audit showed very substantial improvement in performance
CLINICAL SUPPORT – PHARMACY		
14	Administration of verbal order and unsigned prescriptions (2605)	<ul style="list-style-type: none"> • Medicine code section relating to verbal orders rewritten to provide clarification • Discussed at NMF and band 7 nursing meetings for dissemination to ward nurses
15	Are in-patients provided with enough information about their medicines? (2954)	<ul style="list-style-type: none"> • An inpatient leaflet has been developed to hand to patients when pharmacy staff speak to patients on admission • A paragraph has been included in the Trust in-patient handbook regarding talking to staff (doctors, nurses and pharmacy) about side effects of medicines • Pharmacist attending PEIP (Patient Engagement and Involvement Panel) to ask for recommendations from the patient panel • A re-audit is in-progress
CORPORATE – TRUST WIDE		
16	Hospital Associated Thrombosis – Root Cause Analysis (3450)	<ul style="list-style-type: none"> • Patients who had prescribed interventions but not assessments to be reviewed by consultants • A re-audit is planned for Sep-16.
17	Venous Thromboembolism Risk Assessment and Treatment in the Trust (CQUIN) - Quarter 1 (2970)	<ul style="list-style-type: none"> • Education to prescribers on the importance of assessment and treatment for VTE for all hospital patients • Practitioners should aim for the assessment to be completed within 6 hours of admission to ensure VTE prophylaxis given within 12 hours • Education to prescribers that mechanical prophylaxis should be written on drug cards where appropriate
SCHEDULED - HEAD, NECK AND OPHTHALMOLOGY		
18	Local anaesthetic consent audit patient satisfaction survey (3404)	<ul style="list-style-type: none"> • Improve local anaesthetic information; the leaflet will be updated by Jun-16.
19	Macular oedema (diabetic) - ranibizumab – NICE TAG274 (3244)	<ul style="list-style-type: none"> • A re-audit is planned as per Trust's NICE 5 year rolling programme
20	NHSLA Casenote & Stamp ENT 2014-15 (3402)	<ul style="list-style-type: none"> • Medical staffing are now providing all new doctors a GMC stamp • Remind junior doctors the importance of good documentation
21	NHSLA Casenote & Stamp Max Fax 2015 (3276)	<ul style="list-style-type: none"> • The importance of using GMC stamps has been discussed with junior doctors. • A re-audit has been completed
22	NHSLA Casenote & Stamp Max Fax August 2015 (3401)	<ul style="list-style-type: none"> • A reminder on the use of stamps has been displayed on the notes trolley

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		<ul style="list-style-type: none"> • A re-audit is planned for Sep-16.
23	NHSLA Casenote Ophthalmology 2015 (3239)	<ul style="list-style-type: none"> • Continue to encourage use of name stamp or use of legible name and number by every doctor (continue to make it part of doctors induction program when they arrive). • A re-audit is planned for 2016
24	Patient Satisfaction of Cataract Extraction Procedure 2015 (3487)	<ul style="list-style-type: none"> • High levels of satisfaction were achieved, and a re-audit is planned for 2018.
25	SATH PTOSIS Audit (3394)	<ul style="list-style-type: none"> • Results satisfactory, the next ptosis audit to be by individual surgeon, not pooled
26	Stamp audit ENT 2014 (3036)	<ul style="list-style-type: none"> • The audit results have been disseminated at local induction. • A re-audit has been undertaken
27	Stamp audit Ophthalmology 2015 (3238)	<ul style="list-style-type: none"> • Notices have been placed in the ARC (Acute Referral Clinic) to stress the importance of good documentation • New trainees e.g. F2s/optometrists have been taught how to document in notes. Induction can also include specifics of ophthalmology e.g. pressures, ant segments, L/R eyes etc. • Medical staffing are now providing all new doctors a GMC stamp • A re-audit is planned for 2016
28	Tracheoesophageal fistula valve change documentation (3342)	<ul style="list-style-type: none"> • A new proforma for Tracheoesophageal fistula valve change documentation has been implemented. • A re-audit is planned for Jun-16.
29	Vocal cord function in thyroid & parathyroid surgery (2971)	<ul style="list-style-type: none"> • A re-audit is in-progress
SCHEDULED - ANAESTHETICS, THEATRES & CRITICAL CARE		
30	Anaesthetic Casenote audit 2014 (RSH) (3292)	<ul style="list-style-type: none"> • Awareness is being raised to improve documentation amongst junior doctors and anaesthetists • A re-audit is planned for 2016
31	Electroconvulsive treatment (3425)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory
32	Evaluation of pre-operative assessment service at RSH (3024)	<ul style="list-style-type: none"> • More opportunities of pre-op assessment focused CPD/ training for staff have been agreed • The amount of Consultant led clinic sessions has been increased • A new format for the pre-op assessment form is currently being trialed.
33	Out of Hours Discharge, Delayed discharge and Post –discharge Review by the Outreach in intensive Care unit (3309)	<ul style="list-style-type: none"> • Prioritising beds and beds to be made available on urgent basis for patients about to breach delays for more than 24 hours for Intensive care, is part of the Trust's action plan for critical care and is being actively worked upon
34	Paediatric Resuscitation (3295)	<ul style="list-style-type: none"> • Missing items on the resus trolley have been replaced, and checklist updated accordingly • Hard copies of policies and flow have been made available in PAU(paediatric assessment unit), A&E and Theatres • Paediatric resus training sessions for permanent staff and anaesthetists are planned
35	Peri-operative temperature control in	<ul style="list-style-type: none"> • To increase awareness of temperature control, the

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	children (3405)	<ul style="list-style-type: none"> results of the audit have been presented in the department • A re-audit is planned
36	Propofol usage for sedation on ITU (3320)	<ul style="list-style-type: none"> • Presentation to department about propofol infusion syndrome to raise awareness • checking of CK and triglycerides was discussed at ITU meeting
37	Treatment of atrial fibrillation in ITU at PRH (3302)	<ul style="list-style-type: none"> • Aim for all patients in atrial fibrillation on intensive care to have an echocardiograph • if AF does not resolve as expected, get a cardiology review • All patients leaving ITU still in AF should be followed up by cardiology +/- GP
SCHEDULED – MSK		
38	Antibiotic use at anaesthetic induction in THR/TKR (3069)	<ul style="list-style-type: none"> • The pre-op checklist should include if antibiotics have been given • A re-audit is planned
39	Clinical Coding audit for patients treated with Hemiarthroplasties and Ankle ORIFs (3383)	<ul style="list-style-type: none"> • A formal letter has been sent to clinical coding to allow changes to their protocol • A re-audit is planned for 2016
40	Hip Fracture - best practice tariff (3272)	<ul style="list-style-type: none"> • More patients meeting all criteria for best practice tariff
41	Hip Hemiarthroplasty Post-op Radiograph Audit (3417)	<ul style="list-style-type: none"> • Results satisfactory, practice is to remain the same.
42	Is DVT prophylaxis correctly prescribed for orthopaedic patients on discharge re-audit (3198)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory
43	Isolated pubic rami fractures (3307)	<ul style="list-style-type: none"> • A new policy to refer isolated pubic rami fractures to rehab has been suggested to Midlands Network
44	Mid Term Outcome of Larger heads on X3 Liner THR re audit (3203)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory
45	Neck of femur pathway documentation re-audit (3224)	<ul style="list-style-type: none"> • The introduction of an orthogeriatrician will hopefully improve documentation. • A re-audit has been undertaken
46	Neck of femur pathway documentation re-audit (3370)	<ul style="list-style-type: none"> • Improvements following the introduction of an orthogeriatrician have been made, however results will be discussed with juniors to improve this further. • A re-audit is planned for 2017
47	NHSLA Casenote Orthopaedic RSH 2015 (3384)	<ul style="list-style-type: none"> • Consultant has discussed with the ward manager the importance of correct filing • Continuing on-going junior education on appropriate documentation • A re-audit has been undertaken
48	Paediatric cases transfer from RSH (3324)	<ul style="list-style-type: none"> • Further data is required, a re-audit is in-progress
49	Pre-operative echo's for patient with NOFs (3349)	<ul style="list-style-type: none"> • It has been agreed verbally that neither pacemaker nor echo check should delay surgery • A re-audit is planned for Jul-16
50	Pre-operative pacemaker checks leading to a delay in management of NOFs (3350)	<ul style="list-style-type: none"> • The development of Trust guidelines in conjunction with cardiologists for pacemaker checks prior to NOF surgery to reduce operative delay is underway
51	Prescription chart audit - Orthopaedic PRH 2014 (3201)	<ul style="list-style-type: none"> • A re-audit is in-progress
52	Prescription chart audit - Orthopaedics	<ul style="list-style-type: none"> • A letter has been sent to the ward sister to

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	RSH 2015 (3298)	<ul style="list-style-type: none"> emphasise the importance of weight recording • A letter has been sent to the head of pharmacy to emphasise the importance of appropriate abbreviations • A re-audit is planned for 2016
53	Prescription chart audit - Orthopaedics RSH Mar-13 (2859)	<ul style="list-style-type: none"> • Feedback on the audit has taken place at induction and on the wards regarding the importance of stating max dose and legible handwriting • A re-audit has been undertaken
54	Proximal Femoral locking plate # NOF (3055)	<ul style="list-style-type: none"> • The audit found that complications were high in the use of Proximal Femoral Plate. Therefore, the Trust will now favour Proximal Femoral Nail where indicated, and no further study is planned
55	Proximal Femoral Nail # NOF (3054)	<ul style="list-style-type: none"> • A prospective re-audit with larger numbers is planned for 2016.
56	Spinal clearance in the trauma patients (BOAST 2) (3388)	<ul style="list-style-type: none"> • A new protocol for spinal clearance has been written, and is awaiting implementation
57	Time to Theatre and Procedures Performed in Fractured Neck of Femur Patients (3386)	<ul style="list-style-type: none"> • The possibility of operating on patients on Saturday was discussed
58	Trauma theatre utility (3308)	<ul style="list-style-type: none"> • A business case for morning trauma sessions Mon-Fri, is being developed
59	Trunion Problems in 40mm heads – Myth? (3204)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory. A re-audit is planned
SCHEDULED - SURGERY, ONCOLOGY & HAEMATOLOGY		
60	All plans March to September 2015 - 72RP (3484)	<ul style="list-style-type: none"> • Audit discussed at radiotherapy management meeting. A meeting is planned to discuss further changing Doctorr's planning sessions etc. • Causes of CT delay have been investigated • A re-audit is planned for 2017
61	Audit of QA system (4.2.4CR + 5.6.2CR) - 68R (3430)	<ul style="list-style-type: none"> • To ensure the system is up to date, the documents requiring review are completed.
62	CBCT consistency matching - 55R (3333)	<ul style="list-style-type: none"> • It is recommended that a CBCT competency refresher is completed by all radiographers on an annual basis to check consistency of cbct matching – this is planned for Jun-16. • A further audit took place to capture more data on head & neck patients
63	CBCT consistency matching re-audit - 69R (3431)	<ul style="list-style-type: none"> • An annual training program will be developed once an IGRT specialist is in post • A re-audit is planned for 2016
64	Checking of Chemo Spillage Kits - 53R (3334)	<ul style="list-style-type: none"> • A review of QAP 7.3.3.1CR with chemotherapy QA to see if it is still appropriate. This has taken place and the document has been removed.
65	Coeliac Disease – NICE CG86 (3251)	<ul style="list-style-type: none"> • A re-audit is planned as per Trust's NICE 5 year rolling programme
66	Colorectal cancer (Part 1 - Surgery) - CG131 (3019)	<ul style="list-style-type: none"> • Undertake similar audit with rectal cancer patients • A re-audit is planned as per Trust's NICE 5 year rolling programme. Re-audit to include follow-up care and additional criteria in the future e.g. surveillance (CTs, colonoscopy and CEA)
67	Consent - 52R (3332)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory. A re-audit is planned
68	Constipation (women) – prucalopride –	<ul style="list-style-type: none"> • A re-audit is planned as per Trust's NICE 5 year

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	NICE TAG211 (2863)	rolling programme
69	Document and Data Control – 73 (3485)	<ul style="list-style-type: none"> • Plan to update QAP by Jun-16.
70	Early and locally advanced breast cancer – NICE CG80 (3253)	<ul style="list-style-type: none"> • Design stickers template for mastectomy patients “Mastectomy think Recon”. Sample sheet given to all breast consultants • Pre-booking chemotherapy and radiotherapy slots at MDT • Increase investment in radiotherapy department new LINAC due 2017 • A re-audit has been undertaken
71	Effectiveness of Primary Endocrine Therapy in the management of over 70s Breast cancer (3419)	<ul style="list-style-type: none"> • Discussion has taken place to improve record keeping. • A re-audit is planned for 2017
72	Endoscopic Ultrasound Audit (2844)	<ul style="list-style-type: none"> • New guideline has been developed • Assessment of specimens for histology to see how we can improve has been reviewed and different needles are being trialed • A re-audit is in-progress
73	Endoscopy Unit Patient Satisfaction Questionnaire (7) re-audit (3245)	<ul style="list-style-type: none"> • The importance of keeping patients updated with any delays has been reiterated at both unit meetings • Both patient information leaflets and appointment letters have been updated to highlight possible delays.
74	Endovenous mechanochemical ablation for varicose veins – NICE IPG435 (3412)	<ul style="list-style-type: none"> • The consultant surgeon is to review the patient information leaflet, with the possibility of including potential treatment options. • A re-audit is planned as per Trust’s NICE 5 year rolling programme
75	Fiducial marker matching for photon breast boosts - 65R (3427)	<ul style="list-style-type: none"> • The results of the audit were discussed at the Breast site specific meeting
76	Fiducial marker matching vs. cbct image matching - 57R (3337)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
77	Gentamicin Prescribing (3213)	<ul style="list-style-type: none"> • To ensure adherence to the gentamicin prescribing guidelines, the drug chart has now been re-designed • Recommendations from the audit have been sent to all juniors
78	Handover Log - 61RP (3381)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
79	Hepatitis B – entecavir – TAG153 & Hepatitis B - tenofovir disoproxil fumarate – TAG173 (3016)	<ul style="list-style-type: none"> • Service development for viral hepatitis B is a priority and includes an additional hepatology CNS. This is under discussions with management • A re-audit is planned as per Trust’s NICE 5 year rolling programme
80	Hernia - laparoscopic surgery review – NICE TAG83 (2839)	<ul style="list-style-type: none"> • A re-audit is planned as per Trust’s NICE 5 year rolling programme
81	IGRT process QAP 7.3.5.1RP - 74R (3486)	<ul style="list-style-type: none"> • Image guided radiotherapy training for QAP 7.3.5.1RP - 74R to be updated • Imaging protocols to be updated • A re-audit is planned for 2016
82	IGRT process QAP7.3.5.1RP - 54R (3336)	<ul style="list-style-type: none"> • The results of the audit were discussed at the staff meeting

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		<ul style="list-style-type: none"> • Only review necessary pre epi online • A re-audit has been undertaken
83	IGRT process QAP7.3.5.1RP - 60R re-audit (3380)	<ul style="list-style-type: none"> • Following the audit, a IGRT (Image guided radiotherapy training) specialist is now in post • A re-audit is in-progress
84	Imaging Follow Up & Mortality Following Endovascular Aneurysm Repair (EVAR) (3325)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
85	NCEPOD waiting times (3034)	<ul style="list-style-type: none"> • A re-audit is planned for 2016
86	Negative pressure wound therapy for the open abdomen – NICE IPG467 (3353)	<ul style="list-style-type: none"> • A re-audit is planned as per Trust's NICE 5 year rolling programme
87	NHSLA Casenote Surgical 2014 (3205)	<ul style="list-style-type: none"> • An email has been sent to all FY1's to remind them of the importance of good documentation • All consultants to remind juniors on a daily basis on ward rounds • A re-audit is planned
88	Obesity: identification, assessment and management of overweight and obesity in children, young people and adults – NICE CG189 (3480)	<ul style="list-style-type: none"> • A re-audit is planned as per Trust's NICE 5 year rolling programme
89	Online fiducial marker matching vs online bony match - 56R (3335)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
90	Pancreatitis management (3254)	<ul style="list-style-type: none"> • The development of a local pathway for management of pancreatitis is in-progress
91	Patient ID process - 63R (3397)	<ul style="list-style-type: none"> • Results discussed with clinic manager to address HCA ID process • Email sent to consultants to remind them of their ID responsibilities in clinic
92	QAP 7.3.2d3RP pre trt head and neck patients with immobilisation shell – 66 (3428)	<ul style="list-style-type: none"> • Update QAP when review is due, minor changes
93	QAP 7.5.5RP radiotherapy handling + storage - 67R (3429)	<ul style="list-style-type: none"> • Update QAP at review very minor change
94	Radiographers competency and individual training requirements - 62R (3382)	<ul style="list-style-type: none"> • Staff training matrix has been updated • Devise training for gulmay/electron and ensure staff can attend • IGRT specialist post- to be advertised – to cover CBCT training
95	Radiotherapy Review Clinics – 64 (3426)	<ul style="list-style-type: none"> • Train other staff to be able to review, so that a review radiographer is able to see all patients in a week
96	Reference mark audit – 70 (3482)	<ul style="list-style-type: none"> • Reference marks if they are under 1cm, have been stopped • Patients whose reference marks would be over 1cm will be re-scanned • A re-audit is planned for Jun-16.
97	Report identification - 58R (3338)	<ul style="list-style-type: none"> • A further audit of specific practice in clinic to check whether patients are identified appropriately has taken place
98	Stamp audit Surgery Nov-14 (3223)	<ul style="list-style-type: none"> • An email/letter has been sent to junior doctors to remind them the importance of using stamps • A re-audit is planned
99	Stapled Haemorrhoidopexy for the treatment of haemorrhoids against NICE	<ul style="list-style-type: none"> • No recommendations necessary as the procedure is unlikely to continue to be used at SaTH

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	TAG 128 (re-audit) (2285)	
100	Systematic error correction – 71 (3483)	<ul style="list-style-type: none"> • A re-audit is planned for Nov-16
101	Treatment time for patients who have cervical cancer - 59R (3379)	<ul style="list-style-type: none"> • A re-audit is planned for Aug-16
102	Treatment time Radical Chemo-radiotherapy to Intracavitary Brachytherapy - 76R (3514)	<ul style="list-style-type: none"> • A re-audit is planned for Apr-17
103	Use of gas sticker for prostate patients - 75R (3513)	<ul style="list-style-type: none"> • A review of QAP 7.3.5.4R is underway • A re-audit is planned for Aug-16
UNSCHEDULED - EMERGENCY		
104	A&E Documentation PRH (3372)	<ul style="list-style-type: none"> • The importance of good documentation within the ED was discussed at local induction • The results were disseminated and discussed at clinical governance
105	A&E Documentation RSH (3375)	<ul style="list-style-type: none"> • The importance of good documentation within the ED was discussed at local induction • The results were disseminated and discussed at clinical governance
106	Accuracy of GP letters PRH (3373)	<ul style="list-style-type: none"> • The importance of accurate GP letters was discussed at local induction. • The results were disseminated and discussed at clinical governance
107	Accuracy of Transcription of Discharge Summary RSH (3377)	<ul style="list-style-type: none"> • The results of the audit were included in the junior doctors local induction. • The audit results were discussed at clinical governance.
108	Assessment & treatment of needlestick injuries PRH (3363)	<ul style="list-style-type: none"> • The audit was presented at the SHO teaching program. • The audit results are due to discussed at clinical governance.
109	College of Emergency Medicine: #NOF 2015 RSH (3358)	<ul style="list-style-type: none"> • A pain score column will be included on the ED whiteboard. This is currently waiting to go live.
110	College of Emergency Medicine: Consultant sign-off in the A&E Dept - PRH 2015 (3355)	<ul style="list-style-type: none"> • To increase emphasis at the new doctor induction.
111	College of Emergency Medicine: Consultant sign-off in the A&E Dept - RSH 2015 (3356)	<ul style="list-style-type: none"> • To increase emphasis at the new doctor induction.
112	Head injury – NICE CG176 – PRH (3359)	<ul style="list-style-type: none"> • Discuss the audit findings at clinical governance. • A re-audit is planned as per Trust's NICE 5 year rolling programme.
113	Observation and response in the ED (RSH) (3376)	<ul style="list-style-type: none"> • The results were disseminated and discussed at clinical governance
114	Recording of observations in ED (PRH) (3389)	<ul style="list-style-type: none"> • The results were disseminated and discussed at clinical governance
115	Screening for Dementia and Delirium in the ED (PRH) (3371)	<ul style="list-style-type: none"> • The results of the audit were included in the junior doctor local induction. • The results were disseminated and discussed at clinical governance
116	Screening for Dementia and Delirium in the ED (RSH) (3374)	<ul style="list-style-type: none"> • The results of the audit were included in the junior doctor local induction. • The results were disseminated and discussed at clinical governance
UNSCHEDULED – MEDICINE		

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117	Accuracy of discharge summaries re-audit (3169)	<ul style="list-style-type: none"> • The lead consultant is liaising with head of pharmacy to redevelop the discharge summary to include additional items that the audit highlighted
118	AMU Antibiotic Prescribing Audit (3326)	<ul style="list-style-type: none"> • Continual education is taking place around the antibiotic prescribing policy
119	Dabigatran etexilate for the prevention of stroke and systemic embolism in atrial fibrillation – NICE TAG249 (3187) Apixaban for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation – NICE TAG275 (3188) Atrial fibrillation (stroke prevention) - rivaroxaban – NICE TAG256 (3189)	<ul style="list-style-type: none"> • All doctors on stroke unit (both rehab and acute) have been emailed reminding them to document risk factors and discussion with patient/family • A re-audit is in-progress
120	Consenting of thrombolysis for ischaemic stroke (3190)	<ul style="list-style-type: none"> • A consent form with visual illustrations of statistics of risks & benefits to make consent process easier and less time consuming in acute settings has been designed • The new consent form has been incorporated in the stroke pathway • Education sessions have been planned to emphasise the importance of consent process • A re-audit has been planned
121	First Fit audit – NICE CG137 re-audit (3318)	<ul style="list-style-type: none"> • Results disseminated to A&E staff with invitation to feedback any comments or suggestions. • Plan to present audit at Medical Governance Meeting to publicise First Fit pathway and referral proforma • A re-audit has been planned for 2016
122	First Fit Clinic Delays 2014/15 re-audit (3470)	<ul style="list-style-type: none"> • Referral route to First Fit OPA to be re-designed • A re-audit has been planned following implementation of changes
123	Motor neurone disease - riluzole – NICE TAG20 (3085)	<ul style="list-style-type: none"> • Standardised information on Riluzole to be offered to patients on diagnosis • Standardised information on Riluzole (to include monitoring requirements) to be sent to GPs and patients for those patients who on diagnosis express interest in this therapy • Monitoring checks to form routine part of all reviews • A re-audit is planned as per Trust's NICE 5 year rolling programme
124	NHSLA Casenote & GMC documentation Medical RSH 2015 (3243)	<ul style="list-style-type: none"> • A clearer section for past medical history on the proforma has been added. • Additional pages have been added in the initial proforma for subsequent notes • Doctors have been reminded of the importance of using stamps
125	Oxygen Prescribing Audit (3493)	<ul style="list-style-type: none"> • Staff education on oxygen prescribing is on-going • O2 prompt cards are in place on ward 9
126	Prescription chart audit - Medical PRH Sep-14 (3128)	<ul style="list-style-type: none"> • New Drs to the Trust have been given the Trust guidelines at induction • A re-audit is in-progress
127	Review of Thrombolysis timings for acute stroke (3341)	<ul style="list-style-type: none"> • During normal working hours, all FAST positive calls will be reviewed by Stroke consultant of the day along with medical registrar on call.

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		<ul style="list-style-type: none"> • All FAST positive patients details will be given to CT so that they can prioritise the patient. • All scans for potential thrombolysis needs to be reported ASAP without any delay.
WOMEN & CHILDREN'S		
128	An 11 year retrospective audit of hysterectomy complications (3040)	<ul style="list-style-type: none"> • The development of SATH hysterectomy guideline is planned
129	Anxiety management on colposcopy services (2842)	<ul style="list-style-type: none"> • The colposcopy unit at PRH has been refurbished • The RSH unit is waiting refurbishment
130	Appropriateness of paediatric referrals to PAU (3249)	<ul style="list-style-type: none"> • The existing pathways to be revised to reflect the most recent national guidelines • The Senior Paediatrician on-call to encourage the use of the pathways, to use the pathways to give advice to the referral clinician • A re-audit is planned for 2016
131	Child Protection (3489)	<ul style="list-style-type: none"> • A larger scale audit is required to gain meaningful results
132	Daily activity audit of RSH CAU (3217)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
133	Deliberate Self Harm (3082)	<ul style="list-style-type: none"> • A new self-harm checklist has been created to improve documentation on self-harm patients • The importance of clear documentation has been discussed during the junior doctor induction
134	Diabetic Ketoacidosis Network Audit (3314)	<ul style="list-style-type: none"> • Improve the use of the flow chart by devising a DKA pack, and education • The review of fluid management guideline in line with new NICE guidance. Highlight importance of blood glucose review.
135	Documentation of communication with parents in neonatal unit re-audit (3267)	<ul style="list-style-type: none"> • No recommendations necessary, results satisfactory.
136	Door to Needle times in Febrile Oncology Patients re-audit (3378)	<ul style="list-style-type: none"> • Teaching session at induction has been planned • Oncology nurses to encourage prompt assessment/prescription by ensuring juniors prescribe early • A spot review of febrile Neutropenic admission's approx. once/month is planned • A re-audit with larger numbers is planned for Oct-16
137	Hypertension in pregnancy – NICE CG107 (3134)	<ul style="list-style-type: none"> • The importance of clear documentation in notes will be discussed during induction • A re-audit is planned as per Trust's NICE 5 year rolling programme
138	Initiation of enteral feeds in very-low-birth weight preterm infants (3418)	<ul style="list-style-type: none"> • A review and update of the SaTH guideline is planned. Possible changes to include adopting the SSBCNMN Nutrition guideline (2015-2017 version) • Liaison with SaTH Infant Feeding Advisor with regards to facilitating early expressing in mothers post delivery
139	Management of heart murmurs in routine newborn examination (3365)	<ul style="list-style-type: none"> • Feedback to neonatal team through 'message of the week' regarding Documentation of advice to parents that red flags symptoms and signs had been discussed • The current guideline is to be reviewed
140	Management of neonates with antenatally diagnosed multicystic dysplastic kidneys	<ul style="list-style-type: none"> • The guideline is currently being reviewed

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Audit Title		Recommendations / Actions
	(MCDK) and renal pelvic dilatation (RPD) (3354)	
141	Maternity Safeguarding Record Keeping audit (3186)	<ul style="list-style-type: none"> • The results of the audit have been shared with Maternity teams via ward meetings • The audit has been re-developed to incorporate maternity safeguarding / domestic abuse guideline • Re-audit is in-progress
142	MRI (sedation scan) (3271)	<ul style="list-style-type: none"> • The sedation guideline has been updated to reflect audit results • A teaching session on sedation has taken place
143	Neonatal Death & Bereavement (3237)	<ul style="list-style-type: none"> • Feedback to neonatal team through 'message of the week' regarding awareness of neonatal death guidelines and checklists
144	Neonatal Handover project (3264)	<ul style="list-style-type: none"> • The registrars have provided assistance with updating handover sheet and delivery of key information • Labour ward activity of high risk cases will be discussed with whole team in every handover • The paediatric team and registrars have discussed the importance of attending the handover on time • The Consultant and registrar are now present in the morning and evening handover • Discussion has taken place with IT department about providing a neonatal handover folder which can be accessible via a shared drive.
145	Neonatal Jaundice – NICE CG98 (2956)	<ul style="list-style-type: none"> • Further awareness of Jaundice guideline among midwifery and neonatal staff has taken place through inclusion in the mandatory study days, induction and simulation scenarios • Enquiry about high risk factors has been documented in Medway • Staff has been reminded to document if leaflets have been provided • The Prolonged Jaundice proforma on PAU has been updated • Summary report has been discussed at Clinical Governance meeting • A re-audit is planned as per Trust's NICE 5 year rolling programme
146	Neonatal Pneumothoracies (3060)	<ul style="list-style-type: none"> • A new proforma is now in place to improve resuscitation documentation • The audit results have been shared with obstetricians • Neonatal teams have been educated to ensure pneumothoracies excluded before starting CPAP • Ensure radiology reports are viewed on consultant ward round
147	Neonatal Prescribing Audit (3396)	<ul style="list-style-type: none"> • The audit results have been included in the 'message of the week' • A re-audit has been planned
148	Neonatal training on new equipment (3247)	<ul style="list-style-type: none"> • A training day on transport incubator for neonatal nurses has taken place • All staff have now received training on blender and neopuff • Resuscitation training has taken place for staff on

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		<p>the PANDA Unit. If further training is required, staff have been asked to contact the appropriate trainer</p> <ul style="list-style-type: none"> • All staff requiring use of BG machine have had training and passwords • Drager Arms training has taken place. If further training is required, staff have been asked to contact the appropriate trainer • Memo put out for all staff to contact myself or team leader for any equipment training needs
149	Neonatal unit blood stream infections monitoring (2966)	<ul style="list-style-type: none"> • A reminder to neonatal staff on the importance of documenting blood cultures in the notes has been included in 'message of the week'.
150	NHSLA Casenote Paediatrics 2015 (3478)	<ul style="list-style-type: none"> • Individual consultants have been encouraged to undertake a documentation audit of their own practice. • A re-audit is planned for 2016
151	Non accidental injury in children (2932)	<ul style="list-style-type: none"> • No recommendations agreed
152	Paediatric Asthma 2015 (3299)	<ul style="list-style-type: none"> • Education to junior doctors and nurses on the importance of a written asthma/wheeze plan on discharge. • Education to junior doctors and nurses on the importance of having preventer medication reviewed/considered during admission • Doctors to receive regular training on the importance of the initial clerking
153	Paediatric patients with syncope (3463)	<ul style="list-style-type: none"> • An ECG machine has been ordered to ensure availability for using during symptoms and out of hours • DH/Arrhythmia alliance primary care SOP on Transient loss of Consciousness to adopted for local use • A re-audit is planned for 2017
154	Paediatric re-attendance (3216)	<ul style="list-style-type: none"> • Junior doctors will be reminded at induction to document information given to families on ward round • Open access now only offered to children less than 5 years. Older patients have open access only after discussion with the consultant • Further discussion within gastroenterology team for further possible options regarding clinic slots are underway
155	Periorbital cellulites 2015 re-audit (3433)	<ul style="list-style-type: none"> • To improve awareness regarding importance of multidisciplinary management of the condition, the audit has been presented at the departmental meeting. • The guideline now forms part of local induction
156	Pneumonia (3511)	<ul style="list-style-type: none"> • During induction junior doctors have been shown how to follow the pneumonia guidelines • Emphasise during induction the importance of recording parental smoking status in notes and offer smoking cessation advice if parents are smokers
157	Postmenopausal bleeding clinic services re-audit (3313)	<ul style="list-style-type: none"> • An induction process for staff prior to running a PMB clinic to allow uniform completion of the proforma has now taken place • GPs have been informed that women should be

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		given an information leaflet prior to attending the PMB clinic.
158	Prescription chart audit - Paediatrics 2015 (3395)	<ul style="list-style-type: none"> • On-going short Audits to check safe prescription • Weekly feedback and reviews of prescription forms between the Paediatric pharmacist and doctors needs discussion
159	RSH CAU Transfer and Triage (3220)	<ul style="list-style-type: none"> • The Ward manager will discuss the importance of completing transfer forms at both locations • A new improved referral form is now being used to ensure early decision to admit and request correct transport.
160	SaTH Paediatric Asthma Audit 2015 (3494)	<ul style="list-style-type: none"> • Deliver Education to raise awareness of the asthma guidelines with both the medical and nursing staff, which will highlight: <ul style="list-style-type: none"> - patients should have oral prednisolone administered asap following contact with - Assessment of severity to be made and treatment as recommended - preventer medication reviewed/considered during admission • The importance of the discharge checklist has been highlighted to staff • Participation in the National BTS audit is underway
161	Timing of and database entry cranial USS (3235)	<ul style="list-style-type: none"> • The 'message of the week' will highlight <ul style="list-style-type: none"> - Badgernet to be completed with Cranial USS results on next week day ward round after review with Consultant - Repeat CUSS request card to be completed with cranial USS results on next week day ward round after review with Consultant