

TABLE 5

Audit Title		Recommendations / Actions
CLINICAL SUPPORT - PATHOLOGY & RADIOLOGY		
1	Audit of Chest X-Ray (CXR) Quality 2016 (3709)	<ul style="list-style-type: none"> To raise awareness, the results of the audit have been presented at the governance meeting Possible improvements to facilities at Whitchurch are being discussed A move to digital equipment is planned.
2	Comparison of cranio-caudal (CC) & medio-lateral (MLO) views (3479)	<ul style="list-style-type: none"> A re-audit is planned.
3	CTVC for BCSP 2015 (3711)	<ul style="list-style-type: none"> A re-audit is planned prior to next BCSP visit
4	CTVC results in BCSP patients-missed cancers (3710)	<ul style="list-style-type: none"> Staff have been made aware of possible ICV cancer-look on ST Windows A re-audit is planned prior to next BCSP visit
5	Emergency Head computed tomography (CT for thrombolysis (3584)	<ul style="list-style-type: none"> The findings of the report have been discussed with the Stroke team A re-audit is planned.
6	Nurse led HSG service 2016 re-audit (3704)	<ul style="list-style-type: none"> Continue with the nurse-performed HSG service. To sustain this we will need to consider the involvement and training of additional staff An annual re-audit is planned.
7	Inappropriate ordering of platelet leading to wastage at RSH (3746)	<ul style="list-style-type: none"> To increase awareness about platelets' shelf life and steps to prevent inappropriate ordering, all nursing and medical staff have received mandatory training Discussion and agreement with ward/clinic managers has taken place regarding the reallocation of platelets to other patients if no longer needed. The possibility of arranging blood test on day or previous day before planned transfusion is being progressed
8	Percutaneous Biopsy Procedures (3754)	<ul style="list-style-type: none"> The audit identified no concerns An annual re-audit is planned to ensure that the standards are maintained
9	Plain abdominal x-ray in investigation of abdominal pain (3702)	<ul style="list-style-type: none"> The audit identified no concerns An annual re-audit is planned to ensure that the standards are maintained
10	Radiographer extremity reporting 2017 re-audit (3755)	<ul style="list-style-type: none"> The audit identified no concerns An annual re-audit is planned to ensure that the standards are maintained
11	Radiographer extremity reporting 2016 re-audit (3706)	<ul style="list-style-type: none"> The audit identified no concerns An annual re-audit is planned to ensure that the standards are maintained
12	Reporting times for CTVC patients in BCSP (3712)	<ul style="list-style-type: none"> The audit identified no concerns An annual re-audit is planned to ensure that the standards are maintained
13	Reporting times for major trauma (3705)	<ul style="list-style-type: none"> We are failing to meet the reporting standards for major trauma reporting. The results were therefore discussed with colleagues to try to rectify this. An annual re-audit is planned.
14	Urgent GP request via the open access CRIS to PRH (3703)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary A re-audit is planned.
15	Wire guided localisations (3586)	<ul style="list-style-type: none"> Discussion points have been recorded and distributed to relevant team members A summary of the findings have been discussed at the MDT Minor changes in practice were agreed to try to

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		reduce the number of unexpected events
CORPORATE – TRUST WIDE		
16	Bereavement Voices Questionnaire 2016 (3263)	<ul style="list-style-type: none"> The results are reported to the steering group and ward managers on a regular basis. This enables the ward managers to discuss the findings and make the necessary changes in practice. End Of Life Care Training is taking place throughout 2017
17	Sepsis screening & treatment for Commissioning for Quality and Innovation (CQUIN) 2015 (3391)	<ul style="list-style-type: none"> To improve screening of patients for sepsis in the A & E department, a stamp has been produced and is being used in the A&E cards
SCHEDULED - ANAESTHETICS, THEATRES & CRITICAL CARE		
18	Consent for blood transfusion (3437)	<ul style="list-style-type: none"> A transfusion care pathway has been implemented A teaching session has been incorporated into the lecture given by the blood transfusion nurse to junior doctors on consenting for blood transfusion A re-audit is planned.
19	Insulin knowledge in the department of anaesthetics (3351)	<ul style="list-style-type: none"> An endocrinologist teaching session has been planned for 2017 A re-audit will take place following this teaching session.
20	Labour ward anaesthetic cover (3573)	<ul style="list-style-type: none"> Re-audit in one year and to include obstetric clinics cancelled.
21	Perioperative hypothermia – National Institute for Health and Care Excellence (NICE) Clinical Guideline (CG)65 re-audit 2016 (3691)	<ul style="list-style-type: none"> There were limitations to this audit A re-audit is planned As per NICE 5 year rolling programme
22	Perioperative Hypothermia (3521)	<ul style="list-style-type: none"> The importance of increasing the use of the warming blanket was discussed at departmental meeting
23	Pre-operative fasting guidelines (3306)	<ul style="list-style-type: none"> The pre-op starvation guidelines have been updated and are now available on the intranet Ward staff were surveyed to determine their knowledge of the guidelines
24	Preoperative management of ICPS & pacemakers (3688)	<ul style="list-style-type: none"> New guideline written and education delivered. Audit was to demonstrate improvement in knowledge before and after education, which it has done.
25	Pre-operative team brief on Confidential Enquiry into Peri-operative Deaths (CEPOD) list (3596)	<ul style="list-style-type: none"> A Team Brief now takes place at the start of each theatre list A Further team brief now takes place if a case added or list order changed
26	Prevalence of 'top-up' transfusions in ITU patients (3547)	<ul style="list-style-type: none"> Smaller blood sample tubes have been implemented. Guidance on pre-op anaemia has been developed.
27	Temperature control in maternity (3321)	<ul style="list-style-type: none"> Due to financial constraints at present, it is hoped that an underwarmer will be purchased by the department later this year.
SCHEDULED - HEAD, NECK AND OPHTHALMOLOGY		
28	Acute sore throat (3537)	<ul style="list-style-type: none"> The audit results have been discussed at a departmental meeting, and the guidelines have been updated
29	Cessation of oral anti-coagulation in ENT patients prior to elective surgery (3422)	<ul style="list-style-type: none"> New guidelines have been widely distributed in outpatient clinic, pre-op team and anaesthetic department
30	Delivery of prevention to adult patients	<ul style="list-style-type: none"> Deliver preventable advice to patients undergoing GA

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	planned for extractions under general anaesthesia (GA) (3678)	<ul style="list-style-type: none"> multiple extractions A re-audit is planned.
31	Management of food bolus obstruction and foreign bodies in the upper/lower digestive tract (3343)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary.
32	Retrobulbar irradiation for thyroid eye disease – National Institute for Health and Care Excellence (NICE) Interventional Procedure Guidance (IPG)148 (3523)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary. A re-audit is planned As per NICE 5 year rolling programme
33	Surgical Endodontics (3435)	<ul style="list-style-type: none"> Plan to assess more patients at a 12 month interval to check outcome both clinically radiographically.
34	Tracheoesophageal fistula valve change documentation re-audit (3707)	<ul style="list-style-type: none"> Regular valve clinics to be established at both sites To re-launch the use of an electronic database to record each valve change Undertake an audit of valves ordered against number of entries on database
SCHEDULED - MSK		
35	Antibiotic re-audit (3567)	<ul style="list-style-type: none"> A re-audit is planned.
36	Arthroplasty patient satisfaction (3538)	<ul style="list-style-type: none"> Rapid Rehab is being arranged for Arthroplasty Patients
37	Assessing use of tranexamic acid in primary hip & knee arthroplasty (3266)	<ul style="list-style-type: none"> Plan to undertake an audit on the use of tranexamic acid in fracture neck of femur A re-audit is planned.
38	Casenote Orthopaedic PRH 2016 (3473)	<ul style="list-style-type: none"> Medico-legal teaching has taken place at orthopedic lunchtime meeting An annual re-audit is planned.
39	Casenote Orthopaedic PRH 2017 (3720)	<ul style="list-style-type: none"> A trial to check the feasibility of the use of stickers when taking notes on the board rounds is in progress An annual re-audit is planned.
40	Casenote & Stamp - Urology 2015 (3445)	<ul style="list-style-type: none"> An annual re-audit is planned.
41	Casenote Oncology 2015 (3618)	<ul style="list-style-type: none"> To ensure on Trust induction staff understand the importance of record keeping, and stress the importance of documenting clear Presenting complaint To ensure Ward location is documented on all occasions, using pre-printed continuation sheets with Ward number may aid clear documentation. An annual re-audit is planned.
42	Casenote Surgery 2015 (3481)	<ul style="list-style-type: none"> Ensure a training and education session takes place during induction week An annual re-audit is planned.
43	Consent Surgery 2016 (3576)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary. A re-audit is planned
44	Check x-rays in trauma & elective orthopaedic patients (3635)	<ul style="list-style-type: none"> The sample size was too small to determine any meaningful recommendations. Therefore a larger audit is now underway.
45	Emergency oxygen usage in orthopaedic patients (3455)	<ul style="list-style-type: none"> A Lunch time educational session covering BTS guidelines on oxygen therapy is planned A re-audit is planned following this awareness session.
46	Fascia iliaca block pain assessment scoring audit (3666)	<ul style="list-style-type: none"> All team members and A&E are to be reminded regarding the need to consider Fascia iliaca Hip Blocks. Juniors to be trained in this technique

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47	Hyponatremia in Neck of Femur (NOF) & joint replacement (3458)	<ul style="list-style-type: none"> • Medical team considered that the drop in Na levels post-op were not significant, therefore no change in the management of Orthopaedic patients needed.
48	Medical record keeping in orthopaedic trauma patients; is the weight-bearing status clearly documented? (3664)	<ul style="list-style-type: none"> • Junior doctors and physiotherapists to check clinical portal and operative report • If unsure about the WB status, to liaise with the surgeon/consultant responsible for the patient. MDT meeting the best time to raise concerns • Surgeon who is dictating to be specific and avoid expressions such as routine mobilisation or as pain allows. Unless there is a clear pathway that allows everyone to be on the same page • A re-audit is planned
49	National Hip Fracture Database (NHFD): How accurate are we in hip fracture classification and operative management documentation? (3665)	<ul style="list-style-type: none"> • A hip fracture poster and National Hip Fracture Database categories poster has been distributed to the Trauma & Orthopaedic meeting room & theatre coffee room • A local teaching with junior doctors and nurses responsible for National Hip Fracture Database coding has been conducted • A re-audit showed huge improvement in data accuracy.
50	Oxygen prescribing on orthopaedic wards (3634)	<ul style="list-style-type: none"> • Orthopaedic Surgeon to check protocol regarding Oxygen prescribing/recording with the assistance of the anaesthetist
51	Pre-operative fasting (3663)	<ul style="list-style-type: none"> • Action plan being developed
52	Prescription chart audit 2016/17- Orthopaedic PRH (3518 & 3721)	<ul style="list-style-type: none"> • The possibility of having a review date not stop date on the drug chart is being progressed An annual re-audit is planned.
53	Referral of patients with fragility fractures to falls clinic & dual energy X-ray absorptiometry (DEXA) screening (3592)	<ul style="list-style-type: none"> • Once financial implications are clear, implementation of change will be discussed at next Fracture Liaison Service and Clinical Governance meeting. • Plan to re-audit once changes have been established
54	Stamp audit Orthopaedic RSH 2015 (3297)	<ul style="list-style-type: none"> • Reinforcement of hospital policy regarding acceptable forms of identification in case notes at present meeting to those present and at induction for new doctors joining the department • A re-audit is in-progress
55	Trauma & Orthopaedics consent form audit (3515)	<ul style="list-style-type: none"> • Further junior doctor education on consent forms is planned • A re-audit is planned
56	Trauma list – utilisation of theatre time 2016 re-audit (3539)	<ul style="list-style-type: none"> • A further audit is planned for 2017
SCHEDULED - SURGERY, ONCOLOGY & HAEMATOLOGY		
57	Catheterisation rates (3215)	<ul style="list-style-type: none"> • Results satisfactory. • Recording of catheter and asepsis details was very good. A re-audit is planned to ensure this is maintained.
58	Cone Beam Computed Tomography consistency matching re-audit - 86R (3630)	<ul style="list-style-type: none"> • Results satisfactory, no recommendations necessary. • A re-audit is planned
59	Chronic myeloid leukaemia (imatinib-resistance or intolerance) – dasatinib, high-dose imatinib and nilotinib – National Institute for Health and Care Excellence (NICE) Technology Appraisal Guidance (TAG)241	<ul style="list-style-type: none"> • All patients receive the appropriate treatment according to the guidelines • A re-audit is planned as per NICE 5 year rolling programme

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	(3393)	
60	Colonic Endoscopic Mucosal Resection (EMR) prospective audit (2845)	<ul style="list-style-type: none"> • A re-audit is planned
61	Consent - 79R (3566)	<ul style="list-style-type: none"> • Results satisfactory, no recommendations necessary. • A re-audit is planned
62	Correct saving of Cone Beam Computed Tomography's - 77R (3564)	<ul style="list-style-type: none"> • The results of the audit were discussed in the Image-guided radiation therapy (IGRT) meeting
63	Early and locally advanced breast cancer – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)80 re-audit (3499)	<ul style="list-style-type: none"> • Pre-booking chemotherapy and radiotherapy slots at the Multi-disciplinary Team (MDT) meeting have been implemented • An Oncology Business case has been compiled to increase investment in the radiotherapy & oncology department • A re-audit is planned as per NICE 5 year rolling programme
64	Endoscopic mucosal resection and endoscopic submucosal dissection of non-ampullary duodenal lesions – National Institute for Health and Care Excellence (NICE) Interventional Procedure Guidance (IPG)359 (2996)	<ul style="list-style-type: none"> • Results satisfactory, no recommendations necessary • A re-audit is planned as per NICE 5 year rolling programme
65	Endoscopic thoracic sympathectomy for primary hyperhidrosis of the upper limb – National Institute for Health and Care Excellence (NICE) Interventional Procedure Guidance (IPG)487 (3524)	<ul style="list-style-type: none"> • Doctors were advised at the governance meeting of the importance of documentation of prior treatment • A re-audit is planned as per NICE 5 year rolling programme
66	Endoscopic Ultrasound re-audit (3500)	<ul style="list-style-type: none"> • Findings matched national standards so routine repeat in a year
67	Endoscopy Unit Patient Satisfaction Questionnaire (8) re-audit (3542)	<ul style="list-style-type: none"> • Both unit managers to reiterate at team meetings the importance of keeping patients informed with regard to delays in procedure • Patient information leaflets have been updated to reflect possible delays and reasons for this. These leaflets have recently been ratified and are now being sent to the patients. We hope this will reduce patient's anxieties regarding delays • An annual re-audit is planned
68	Enema use - 78R (3565)	<ul style="list-style-type: none"> • The use of Microlax enema's is now being reviewed by the Urologists
69	Familial Breast Cancer – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)164 (3411)	<ul style="list-style-type: none"> • Provision of surveillance for previously affected women who continue to be at high risk will be addressed by the Breast Surgery Department • Tamoxifen uptake will be audited • A re-audit is planned as per NICE 5 year rolling programme
70	Image-guided radiation therapy (IGRT) process Quality Assurance Plan (QAP) 7.3.5.1RP - 80R (3581)	<ul style="list-style-type: none"> • A rolling program to ensure workbooks are completed has been implemented • A re-audit is planned.
71	Image-guided radiation therapy (IGRT) process Quality Assurance Plan (QAP) 7.3.5.1RP - 89R (3728)	<ul style="list-style-type: none"> • A re-audit will be repeated on a regular basis.
72	Ipsilateral arm lymphoedema following axillary treatment for breast cancer (3339)	<ul style="list-style-type: none"> • Various treatment options for Breast cancer patients who have 1 or 2 sentinel lymph node positive who have BCS with breast radiotherapy are now going to be considered by the Breast multi-disciplinary

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		meetings (MDT) for this patient group
73	Is a Pre-operative Group & Save essential for Elective Breast Surgery? – A 5-year retrospective audit (3554)	<ul style="list-style-type: none"> • A protocol for Group & Save in breast surgery has been created. • A re-audit is planned
74	La1 and La3 3rds and weekly checks (follow up to treatment sheet audit 85R) - 87R (3726)	<ul style="list-style-type: none"> • action plan in progress
75	Lateral imaging on palliative spine treatments – 91 (3725)	<ul style="list-style-type: none"> • A re-audit is planned
76	Patient information: are we getting it right? (3517)	<ul style="list-style-type: none"> • Information will now be given to patients by the doctor in the clinic • The EIDO healthcare leaflet will now be given to patients • The importance of educating those giving the information was discussed at the governance meeting • When written information is given, it was decided that this should be indicated on the consent form
77	Peri-operative compliance with Vascular Society of Great Britain and Ireland (VSGBI) quality improvement framework for major limb amputations in a single vascular centre: re-audit 2015 (3042)	<ul style="list-style-type: none"> • New amputation guideline in development. • A re-audit is planned.
78	Prostate Cone beam computed tomography (CBCT) protocol - 82R (3620)	<ul style="list-style-type: none"> • Protocol has been updated to ensure patients have weekly volumetric imaging • A re-audit is planned
79	Quality Assurance Plan (QAP) 5.6.1 Management Review - 81R (3582)	<ul style="list-style-type: none"> • New ISO standard will be updated during management review to reflect the department changes and also the standards changes
80	Radiotherapy Patient questionnaire re-audit (3236)	<ul style="list-style-type: none"> • Re-audit as Peer Review recommendation
81	Reference mark audit - 84R (3622)	<ul style="list-style-type: none"> • An annual re-audit is planned
82	Systematic Error Correction - 90R (3729)	<ul style="list-style-type: none"> • A re-audit is planned
83	Treatment sheet audit - 85R (3623)	<ul style="list-style-type: none"> • A re-audit has been undertaken to see if it has improved for completed weekly checks • The request sheet has been discussed, but no changes currently
84	Use of biphosphonates in patients with newly diagnosed multiple myeloma (3291)	<ul style="list-style-type: none"> • A re-audit is planned
85	Use of gas sticker for prostate patients (re-audit) - 83R (3621)	<ul style="list-style-type: none"> • The imaging sheets have been updated to incorporate the gas sticker which eliminates the change of not remembering to put a sticker on a patient's treatment sheet • IGRT workbook to be completed by radiographers to provide further clarity on the use of gas stickers
86	Varicose veins in the legs – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)168 (3641)	<ul style="list-style-type: none"> • No recommendation necessary, compliant with NICE Guidance. • A re-audit is planned as per NICE 5 year rolling programme
87	Virtual Simulation Plans - 88R (3727)	<ul style="list-style-type: none"> • The findings of the audit have been discussed at the management meeting.
UNSCHEDULED – MEDICINE		
88	Ambulatory ECG monitoring in stroke patients (3580)	<ul style="list-style-type: none"> • Re-audit to see improvement in the detection rate of paroxysmal atrial fibrillation (PAF)
89	Apixaban for preventing stroke and systemic	<ul style="list-style-type: none"> • A section on this is now incorporated into the

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	embolism in people with nonvalvular atrial fibrillation – NICE TAG275 & Atrial fibrillation (stroke prevention) - rivaroxaban – National Institute for Health and Care Excellence (NICE) Technology Appraisal Guidance (TAG)256 (3498)	<ul style="list-style-type: none"> introduction booklet given at local induction A re-audit is planned as per Trust NICE 5 year rolling programme.
90	Casenote & Stamp Medical PRH 2015/2016 (3476 & 3286)	<ul style="list-style-type: none"> Stroke Pro-forma to have a 'plan page' similar to the medical admissions pro-forma Assign new junior FY1 doctor to include a short presentation and aide memoir for doctors joining the trust, similar to the one given out by the palliative care team Medical staffing have been sent a memo to ensure doctors receive their General Medical Council (GMC) stamps An annual re-audit has been undertaken.
91	Diagnosis Pathway of Motor Neurone Disease (MND) (3492)	<ul style="list-style-type: none"> A Motor Neurone Disease (MND) specialist has accurate up to date list of patients and will inform secretary to update departmental spread sheet more frequently A re-audit is planned.
92	IV fluid prescription (3193)	<ul style="list-style-type: none"> Junior doctors have been educated on the use of Dextrose saline as a maintenance fluid and improvements in fluid prescription have been evident following this
93	Management of Diabetes Ketoacidosis – DKA (3612)	<ul style="list-style-type: none"> Education is conveyed in the Junior doctors induction
94	Multiple sclerosis - National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)186 (3409)	<ul style="list-style-type: none"> The department are in the process of increasing the consultant capacity. A re-audit is planned as per NICE 5 year rolling programme
95	Psoriasis - efalizumab and etanercept – National Institute for Health and Care Excellence (NICE) Technology Appraisal Guidance (TAG)103 (3651)	<ul style="list-style-type: none"> To ensure that all patients receiving Etanercept have both PASI and DLQI calculated after 12 week the treatment was initiated, may require extra time in clinic to calculate this. A re-audit is planned as per NICE 5 year rolling programme
96	Stroke (acute, ischaemic) - alteplase – National Institute for Health and Care Excellence (NICE) Technology Appraisal Guidance (TAG)264 (3168)	<ul style="list-style-type: none"> To achieve 20% thrombolysis and 100% CT within 1 hour target, there will be an on-going review via SSNAP audit.
WOMEN & CHILDREN'S		
97	Antibiotics for early-onset neonatal infection – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)149 (3546)	<ul style="list-style-type: none"> Sticky labels have been introduced in the unit to document the time of decision and the time when first dose of antibiotics are given A re-audit is planned as per Trust 5-year rolling NICE audit programme.
98	Bacterial meningitis and meningococcal septicaemia - diagnosis and management National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)102 re-audit (3636)	<ul style="list-style-type: none"> A LocSSIP (Local safety standards for invasive procedure) has been implemented A re-audit is planned as per NICE 5 year rolling programme
99	Bacterial meningitis and meningococcal septicaemia - Pharmacological intervention - National Institute for Health and Care	<ul style="list-style-type: none"> There is a session during induction – management of paediatric emergencies, including management of meningitis which includes the importance of history

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	Excellence (NICE) Clinical Guidance (CG)102 re-audit (3505)	<ul style="list-style-type: none"> taking emphasising the need for clear & precise documentation • A re-audit is planned as per NICE 5 year rolling programme
100	Caesarean section : maternal request for caesarean section National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)132 (3443)	<ul style="list-style-type: none"> • Ensure leaflet and risks/benefits discussed with patient are documented • A pathway has been established • A re-audit is planned as per NICE 5 year rolling programme
101	Caesarean section : mother-to-child transmission of HIV - National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)132 (3442)	<ul style="list-style-type: none"> • The importance of information sharing between GUM and obstetric team was reiterated at MDT. • A re-audit is planned as per NICE 5 year rolling programme
102	Casenote Gynaecology 2015 (3369)	<ul style="list-style-type: none"> • The results of the audit were discussed with the junior doctors • The importance of adequate and appropriate filling of documents has been discussed with the team during monthly meetings • An annual re-audit is planned
103	Casenote Obstetrics 2015 (3535)	<ul style="list-style-type: none"> • A brief session in the medical staff's induction programme to make them aware of the importance of proper documentation, and to help them organise patients medical files more precisely has been included in the agenda • It was emphasised during the meeting that junior staff should use the stamps provided by the Trust during their induction for every entry • A re-audit is in-progress
104	Colposcopy patient satisfaction and facilities survey (3568)	<ul style="list-style-type: none"> • Results satisfactory, no recommendations necessary. • A re-audit is planned during 2017.
105	Did Not Attend (DNA) Audit (3477)	<ul style="list-style-type: none"> • Ensure patient details are accurate and up to date to allow text messages to be sent in advance
106	Documentation of x-rays in neonatal unit (3536)	<ul style="list-style-type: none"> • Simple sticky labels have been re-introduced to document in baby case notes following insertion of lines & tubes (UAC, UVC or long line) • Guideline to promote documentation of bleeds back has been implemented.
107	E-Script letters to GP (3519)	<ul style="list-style-type: none"> • Letters need to be checked by senior doctor (middle grade/consultant) regularly to ensure follow-up arrangements are clearly documented.
108	Estimated Fetal Weight re-audit (3506)	<ul style="list-style-type: none"> • Results satisfactory, no recommendations necessary. • A re-audit is planned during 2018.
109	Gynaecology Assessment and Treatment Unit (GATU) patient satisfaction questionnaire re-audit (3594)	<ul style="list-style-type: none"> • The results of the audit have been shared at Ward meeting and also available to all staff on desktop • A re-audit is planned
110	Hip USS in babies at risk of Developmental Dysplasia of the Hip - re-audit (3560)	<ul style="list-style-type: none"> • Continued and improved use of existing filter on Medway system when completing normal infant physical examination (NIPE) • To ensure relevant family history of hip problems taken during NIPE and cross-checked with information recorded during the booking appointment this is highlighted to accredited midwives undertaking NIPE via midwife supervisors • The Parent Information Leaflet (PIL) on Neonatal Hip Dysplasia has been updated and uploaded onto the

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		<p>intranet.</p> <ul style="list-style-type: none"> Trust has ongoing plan to implement electronic system of ordering hip USS
111	Medical management of ectopic pregnancy – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)154 (3293)	<ul style="list-style-type: none"> A re-audit is planned as per NICE 5 year rolling programme
112	Nutrition management of preterm infants (3508)	<ul style="list-style-type: none"> A regular day of the week for head circumference and plot growth chart has now been set, to ensure that this is remembered The importance of reviewing the growth chart during ward round has been discussed with the neonatal team through message of the week.
113	Paediatric Readmissions audit 2016 (3677)	<ul style="list-style-type: none"> Clinicians to highlight natural history of disease to parents and carers Clinicians to be more specific about reasons for offering open access with parents & carers
114	Pregnancy (rhesus negative women) - routine anti-D (review) – National Institute for Health and Care Excellence (NICE) Technology Appraisal Guidance (TAG)156 (3135)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary. A re-audit is planned as per Trust 5-year rolling NICE audit programme.
115	Puerperal Psychosis Admissions (Brockington Unit) re-audit (3670)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary.
116	Sacrocolpoplexy National Institute for Health and Care Excellence (NICE) Interventional Procedure Guidance (IPG)283 and 284 (3589)	<ul style="list-style-type: none"> No recommendations necessary, as though small numbers shows good compliance with low complications. A re-audit is planned as per Trust 5-year rolling NICE audit programme.
117	Two week wait referrals (3561)	<ul style="list-style-type: none"> To increase awareness in primary care, a GP liaison officer has been contacted and GP communication re findings sent. Now have regular breach meetings to investigate potential breeches and reasons behind them. To increase awareness, a departmental letter is in place and is now sent to 2 week wait patients.
118	Urinary Incontinence – National Institute for Health and Care Excellence (NICE) Clinical Guidance (CG)171 re-audit (3462)	<ul style="list-style-type: none"> Results satisfactory, no recommendations necessary. A re-audit is planned as per Trust 5-year rolling NICE audit programme.