



University Hospitals
Birmingham
NHS Foundation Trust

Quality Account 2016/17

Additional Clinical Audit Information



Quality Report 2016/17

Appendix: Additional Clinical Audit Information

National Clinical Audits

The reports of 19* national clinical audits were reviewed by the provider in 2016/17 and UHB intends to take the following actions to improve the quality of healthcare provided:

(*the main Quality Report 2016/17 stated 14, however 19 is the correct figure).

Audit Title	Outcome
National Heart Failure Audit	Compliant
National Ophthalmology Audit (Cataract Surgery)	Compliant
National Dementia Audit	Compliant
National Diabetes Inpatient Audit	Compliant
National Vascular Registry	Action plan in development to address shortfalls in time to surgery.
National Cardiac Rhythm Management Audit	Case ascertainment issues addressed. Otherwise compliant.
National Lung Cancer Audit	Compliant
National COPD Audit	Compliant
Myocardial Ischaemia National Audit Project	Compliant
National Bowel Cancer Audit	Case ascertainment and data completeness addressed. Action plans in place for other concerns.
Sentinel Stroke National Audit Programme	Compliant
National Inflammatory Bowel Disease Audit	Compliant
National Hip Fracture Database	Action plans in place to address concerns.
National Oesophago-Gastric Cancer Audit	Compliant
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis	Compliant
National Emergency Laparotomy Audit	Compliant
National Congenital Heart Disease Audit	Compliant
National Audit of Percutaneous Coronary Interventions	Compliant
ICNARC Case Mix Programme	Compliant

Local Clinical Audit

Over the financial year 809 clinical audits were registered with the provider: of these 255 were completed and reports reviewed by the provider. At UHB, staff undertaking clinical audit are required to report any actions that should be implemented to improve service delivery and clinical quality to the Clinical Risk & Compliance department via an electronic recording system. Examples of specific actions reported are shown in the table overleaf:

Specialty	Audit Title	Actions
Acute Medicine	Auditing admission blood glucose checks in the acute medical unit	Education for doctors and nurse on how to send HbA1C
	Audit of clinical case note documentation on CDU	Brief all new members on how to complete the clerking document. Ensure adequate supply of patient stickers before ward rounds. Name stamps with designation to be given to all staff. Brief staff members on findings of audit.
	Cellulitis Pathway	To formulate a cellulitis pathway (guidelines) Review recovery at home data on community based intravenous antibiotic treatment for cellulitis and incidence of recurrence. Re-audit.
	Lumbar puncture documentation	Continue to use the lumbar puncture proforma and educate staff on use. Re-audit.
Anaesthetics	Preoperative Fasting Times	Patient education in the preoperative assessment clinic about the fasting times. Patient letter with correct instructions. Adherence to theatre list order as much as possible. Discussion in the theatre team brief about allowing water to the patients who is later in the order of the list. Better communication between the theatre and ward staff about the order of the list. Start IV fluids preoperatively if too much delay anticipated
	AAGBI Glossy Audit	Standardised folder available in all areas. Re-audit Results given to ACAS lead and CSL
	Barriers to incident reporting in Critical Care	Increase education about reporting incidents
	A Survey of Anaesthetic Trainees' Confidence in using Anaesthetic Equipment	Quick start guides written for PCA pump, epidural pump, TIVA pump and Aisys anaesthetic machine to be published on the intranet and used for induction.
	Line of Sight Re-audit	To have a PICS/computer access point next to the anaesthetic machines. To source equipment as interim solution.
	Preoperative Fasting Times	Disseminated the audit results in the anaesthetic department to consider IV/oral fluids for their patients who will be later in the order of the list. Educate about the preoperative fasting and make preoperative patient instructions letter uniform across surgical specialities.
	LMA insertion pressures and sore throats	Promotion of the new AAGBI guidelines. Education of theatres staff and Anaesthetists in the equilibrium technique. Re-audit.

Specialty	Audit Title	Actions
Anaesthetics	Audit of Central Venous Cannulation	To develop a departmental consensus/SOP on the insertion of central lines. Re-audit.
	Anaesthetic Handover in Recovery	Handover timing and details to be reiterated to all anaesthetists and guidance to be updated. The location of Department Online Handover recovery tool to be informed to everyone. Clear guidance from department regarding use of CVC by recovery nurses and instructions for diabetic patients provided.
	Delayed Discharge from Theatre Recovery	Improve Bed Management through planning and staffing. Re-audit.
	Anaesthetic Machine Checks	Education to the anaesthetic team staff regarding the importance of the machine check including documentation in log book is available. Re-audit.
	Anaesthesia Clinical Services Accreditation audit 2016	ACSA co-ordinator appointed and is currently putting together a team to try and gain ACSA recognition.
	Perioperative DVT prophylaxis	A specific audit looking solely at ambulatory care
	To determine the correlation between upper limb anaesthesia in ambulatory care and database completion	Increase awareness of the database among anaesthetic colleagues
	Temperature Control in Theatres	The outcomes of the audit have been informed to the operations department.
	Rescue Airway Trolley Audit	Change labelling to all new guidelines. Daily checks to be performed in the 2 missing areas
	Assessing Preoperative Anaemia in Upper Gastrointestinal Cancer Surgery	All patients attending staging laparoscopy are to have iron studies completed. Patients with upper GI surgery are to be assessed and treated with parental iron.
	Availability of emergency drugs in clinical areas where sedation and/or anaesthesia are provided	Implement stockage of Dantrolene and Sugammadex in ED Resus. Ensure all emergency drugs cupboards are easily accessible. Re-audit.
	Acoustic theatre audit	Results presented to neuro theatre group. Agree plan to trial automatic send for vestibular schwannoma surgery.
Audiology	Re audit of Accuracy of Pure Tone Audiometry (PTA) carried out on new patients in ENT clinics	To present findings to audiologists and discuss how to educate and implement.
	Is there any benefit to carrying out 2 Epley manoeuvres in one treatment session?	Continue data collection on double epley treatment in one session to comparable data numbers with the single epley treatment data.
Breast	Adherence to EPP Drainage of Seroma/Resolving Haematoma by Breast Care CNS	Update protocol to include drainage of haematoma.
Cardiology	Audit of the use of Propranolol and in burn patients and outcomes	To publish auditing findings as a poster in the British Burns Association meeting. Re-audit.
	Clinical Notes Re-Audit	Update burns induction booklet. Re-audit.

Specialty	Audit Title	Actions
Cardiology	FEED IN BURNS	Present findings to Burns team to look at improvements. Questionnaire to nurses to find out how data is inputted about feeding into the PICS system.
	Operation notes delay	An operation note either on PICS or handwritten/typed and given to the ITU within one hour of skin closure is the standard. Re-audit.
	Radiation dose used in Coronary angiography and angioplasty	The recommendations and audit have been forwarded to all attendees and interventional cardiology consultants and registrars. Re-audit.
	Procedural cancellations within the Cardiac Electrophysiology Department	New patient information booklets Aim for pre-assessment at least 6 weeks prior to procedure to identify potential cancellations. Re-audit.
	New Performa to facilitate effective discharges from ambulatory care after coronary intervention procedures	Ensure that all the patients post angiography have a sticky label before sending back to ambulatory care from recovery area. Advise the nursing staff to paste a label on arrival to cath lab on case notes Ensure all medical staff tick the appropriate box before the patient sent back to recovery.
	Audit of 259 EPP for the Sonographer-led Follow Up Valve Clinic Version 3	Continue with review of EPP
	Pre-operative echocardiograms for non-cardiac surgery	Continue to educate stakeholders with created flowsheet for pre-op echo requests. On PICs referrals, have an 'indication' drop down box, with a selection for 'pre op'.
Clinical Haematology	Ensuring Hodgkin's Lymphoma Patients receive Irradiated Blood Products	A formal referral system for blood bank and PICS to ensure the diagnosis is recorded A review of patients already diagnosed with Hodgkin's Re-audit.
	Protocol for stem cell collection and plasma exchange by apheresis	Sign off and publish the reviewed protocol
	Adequacy and concordance of bone marrow aspirate and trephine samples.	Amend bone marrow SOP. Re-audit.
Critical Care	Sedation holds of critically ill patients	Guidance and a QEHB protocol on sedation. Disseminate to professional development/ nursing/ clinical teams for awareness. Re-audit.
	Position of arterial line transducer in patients with traumatic brain injury	Changes to electronic observations chart with assistance of PICS team. Re-audit.
	Assessment of Hand Wash Technique Amongst ITU Staff	Disseminate results to Matrons, Ward Managers, Infection Control Link Practitioners and Ward Housekeepers. Educate importance of right technique. Re-audit
	Adherence of Critical Care Unit to the UHB ICU bowel guideline	Increase awareness of guideline Re-audit

Specialty	Audit Title	Actions
Critical Care	Biologics in Psoriasis	Re-audit use of biologics following an update in the screening and monitoring protocols.
	Indications and monitoring for the use of dapsone in dermatology	Introduce "Dapsone Monitoring booklet" and improve guideline. Re-audit.
	Personal audit of diagnostic accuracy	Continue to record the clinical diagnosis on portal so that concordance can be looked at prospectively.
	An audit on the comorbidity coding on PICS for Dermatology patients	Agreed coding should be performed for inpatients. Re-audit.
	Audit of Apremilast treatment pathway in moderate to severe plaque psoriasis and 16 week outcomes	Ensure assessment pathway is followed.
	Use of referral forms in 2 week wait referrals to Dermatology	Present findings to Dermatology department. Complete second cycle of quality improvement project. Relaunch referral form.
	Audit on safety, efficacy and efficiency of the phototherapy treatment in Dermatology Department	To report adverse events using E1-4 grading To change discharge letter template To use electronic waiting list. Re-audit.
Diabetic Medicine	Audit on the current practice of the management of steroid induced hyperglycaemia	Approve Trust Guidance. QIP in progress.
	Improving the quality of care of steroid induced hyperglycaemia.	Recruited new audit Lead, diabetes specialist nurse. Re-audit.
Ear Nose and Throat	Audit of the use of prosthetic implants in patients following temporal bone resection	Placement of OI fixtures at the time of resection surgery prior to radiotherapy
	Post-tonsillectomy bleed rate	Compare with regional audit results. Re-audit.
Elderly Care	Standard of junior doctor taking medication history for new patients	To Present in CDU and improve doctors' documentation of all patient's regular medications. Re-audit.
	Adherence if antibiotic prescribing with guidelines	When prescribing antibiotics, using a P note to state what infection is treated Discussion with PICS team for a box to appear stating what infection is being treated when prescribing antibiotics Better way of highlighting that antibiotic prescription is due to expire
	Standard of junior doctor taking medication history for new patients	Poster in CDU office highlighting key points in Medication History Clerking Standards
	Improving hydration in the Frail and Elderly -a multi organisation project	Paper PDSA cycles developed. Feed back to Division.
Emergency Medicine	Tranexamic acid use for patients with, or at risk of significant bleeding in trauma alerts	Revision of the Massive Transfusions guidelines. Presented audit findings to West Midlands Immediate care governance meeting, MTC Ward round and MTC Business meeting. Re-audit.

Specialty	Audit Title	Actions
Emergency Medicine	Mental Health in the Emergency Department	Review of mental state examination and highlighting importance of drug/alcohol history to doctors. Documenting times for referral and assessment, and use of dedicated facility.
	Emergency medicine hand injury audit	Include assessment and management of hand injuries in SHO teaching. Emphasise need to document pain score in RCEM Standards. Use hand proforma as a baseline for assessment.
	A Review of Admissions of High Service Users to the Queen Elizabeth Hospital	Continue the MDT discussion of frequent attenders to hospital To review the hospital admission patterns of a greater number of patients.
	Screening for signs of Child Maltreatment	All staff should be educated on the importance of completing the sticker for all patients aged <18 years attending ED, especially the parental responsibility section
	Use of Abdominal X-ray in Emergency Department	Education session was delivered to ED.
	Spontaneous Pneumothorax in Adults	Patient leaflet prepared. Departmental guidelines prepared.
	MRI for lumbar back pain in the Emergency Department	Introduction of proforma to aid assessment of back pain and ensure red flag symptoms are not missed.
	Audit of Cardiac Arrest Post-Resuscitation Care	Produce ED relevant element of pathway. Re-audit after implementation of pro-forma
	Audit of EPP for application of POP and removal of casts	Update and publish protocol
	Management of Acute Pain in the Emergency Department	Re-invigorate PGD initiative.
	Transient Loss of Consciousness	Document of audit findings disseminate to ED staff.
	Diagnosing and managing UTI in ED	Disseminate findings with microbiology and ED staff. Re-audit
	DKA in ED	Reminder to ED doctors re criteria for definition of DKA. Weighing scales need to be readily available in the ED. Re-audit to include electronic as well as ED card documented senior review.
	Dermatological presentations to the ED	Findings to be disseminated to the ED stockholder group.
	Antibiotics in LRTI	Findings to be sent all doctors currently working in A&E. Ensure all doctors are documenting CURB-65. Ensure senior doctors advise juniors where to find abx prescribing guidelines.
RCEM Consultant sign off	Introduce latest Standards in Department. Update Oceano to highlight high risk groups. Re-audit.	
Endocrinology	ACROMEGALY UHB AUDIT	Clinical protocol development for evaluation, management and follow-up of acromegalic patients. Re-audit.
Gastro-enterology	NPSA compliance – Early Detection of Complications after Gastrostomy Insertion	Contact all relevant medical and nursing staff via email with the results of the audit and the NPSA RRR. Contact medical staff inserting gastrostomy tubes in theatres to ascertain how best to implement the high-visibility warning into post-op notes Re-audit.

Specialty	Audit Title	Actions
Gastro- enterology	IBD MDT record of outcomes	2 cycle audit to be converted to a Quality Improvement Project.
	Audit of adherence to EPP for IBD Helpline by Gastroenterology CNS	Continue with review of EPP
	Audit of adherence EPP for Gastroenterology CNS Led Clinic for Patients with IBD	Continue with review of EPP
	Vitamin D Deficiency in Patients with IBD	Review NICE guidance regarding Vitamin D testing in patients with IBD
General Medicine	Audit of Fracture Liaison Service	Submit for publications and disseminate results for benefit of other FLS.
General Surgery	Determining universal processes related to best outcome in emergency abdominal surgery	Continue involvement in GlobalSurg Projects.
	Post-operative ward-based pain control after GI surgery	Education of junior surgical staff regarding prevalence of postop pain and appropriate postop analgesia protocols. Supports commitment of further time and resource in the surgical department for research in to how postoperative pain control can be improved.
	Prescription and appropriate application of TED stockings of hospital inpatients	For intervention: educate patients regarding the need for wearing AES. Also increase observation of stockings being worn.
Haemophilia	Hepatitis status in patients with bleeding disorders	Test the two vW Disease individuals not previously tested. Re-audit.
Hands	Documentation standards for inter scalene regional anaesthesia for shoulder surgery	Creation of Regional Anaesthetic Proforma and Log to facilitate the documentation of block procedures. Disseminate audit results.
	Snapshot audit for adherence to antibiotic guidelines for management of hand infection.	Antibiotic guidelines for hand admissions Create quick-reference cards and posters to be distributed.
	Clinical Coding of Ambulatory Care Procedures in Hand Surgery	Revise audit codes and ensure compliance
	Snapshot audit for adherence to antibiotic guidelines for management of hand infection.	Provision of credit card sized antibiotic guidelines for trainees. Conduct registration and induction of New starters on eHands.
	Microbiology samples taken from hands patients arriving lab.	To send microbiology samples in the tube system. To make sure the porter comes at the end of the day to collect the remaining samples.
	Clinical Coding of Ambulatory Care Procedures in Hand Surgery	To continue with regular coder - clinician liaison with a designated contact person among the clinicians
Hepatology/ Liver	Monitoring of metabolic control post liver transplant.	GP should be alerted about managing the metabolic aspects of patients as they would in any other population
	Albumin administration during large volume paracentesis- A re-audit of current practices	Continue the PICS prompt Any amendments to protocol need to be assessed for appropriateness and included in guidelines as acceptable exceptional circumstance
HIV	Prevalence of causes of anaemia in HIV patients	The results of the audit have been presented to the department and as a poster. Re-audit.

Specialty	Audit Title	Actions
HIV	Obesity in HIV infected patients and the role of dieticians in its management.	Raise awareness to HIV dieticians of the effective methods for helping obese patients lose weight.
	An assessment of HIV patients view on generic (non-branded) antiretroviral therapy.	Significant preparations are required before use of generic ARV drugs in the department.
	The reasons and financial impact of switching antiretroviral drugs; room for improvement?	The results have enabled the pharmacists to discuss the main issues with the patients in advance and proactively to reduce switching medicines.
	Comparison of STI management for HIV infected and non-infected patients attending UHB	The results have been discussed with the HIV health advisors.
	Monitoring HIV clinics' throughput	To continue with the new procedure for running of the clinics.
	A review of the prescribing of Stribild® for HIV-1 infected adults at QEHB	Improve documentation and compliance to the policy standards.
	Lipid management in the HIV clinic	New letter template to be introduced to improve communication with GPs and highlight need to address modifiable risk factors Re-audit.
Imaging	CD ref: 264 (CP 36) EPP for MPI stress sessions	Ensure all relevant staff are familiarised with the updated protocol and signed off against it.
	Audit of Cerebral CT Angiography Quality	Re-audit to take place once implementation of protocol changes to ensure improving scan quality.
	Audit of fibroid embolisation 2013-2015	Continue current practice and do re-audit.
	Audit of the use of Conscious Sedation in the Interventional Radiology Department	Disseminate the results to the relevant staff in the IR department.
	Audit of the use of Conscious Sedation in the Interventional Radiology Department	Ensure the nursing and medical staff are aware of the standards for medicines administration. The Re-audit.
	Optimisation of CTPA Scans	Re-audit.
	Audit of CD282 Protocol for Registered Practitioners to Undertake and Report US Examinations	This protocol is to be archived as it is no longer considered to be an expanded practice
Reproductive and Sexual Health	An Audit of the Management of Complainants of Sexual Assault	Update proforma and training. Re-audit.
	Combined hormonal contraception and the risk of DVT: Does prescribing meet the FSRH standards	Update documentation, disseminate audit results. Re-audit.
	Ella One prescription audit	Findings to be presented to the staff at a staff meeting. Re-audit.
	Documented evidence of palpable Sub-dermal Contraceptive Implant at the time of insertion	Re-audit.
	Documentation of Client Consent for communication and confidentiality for psychosexual therapy	Re-audit.

Specialty	Audit Title	Actions
Reproductive and Sexual Health	Male Patients Presenting to GUM Clinic Receiving HIV Testing	Update training with staff.
	Adherence of Whittall Street GUM Department to Syphilis Point-of-Care Testing (POCT) Guidelines	Update local guidelines and disseminate audit results.
	Assessing if midstream urines are requested for appropriate indications according to trust policy.	Update MSU guidelines and update training to staff.
	The public health management of cases of hepatitis B identified by GUM in the west midlands	Education that hepatitis B is a notifiable disease. Recommended both sexual and household contacts are screened for hepatitis B. All patients with a new diagnosis of hepatitis B have contact tracing performed.
	Management of problematic bleeding while on hormonal contraception	Dissemination of audit results and highlight training gap.
	Proportion of women who had a pelvic assessment by bimanual exam or USS before insertion of IUCD	Staff were made aware of the importance of accurate documentation of pelvic assessment findings
	Partner Notification in cases of gonorrhoea infection	Continue to encourage TOC – discuss resistance and importance of re-testing.
	Partner Notification in cases of Syphilis Infection	Disseminate audit results to clinical staff.
	HIV testing in contraception only patients	Disseminate audit results to staff.
Maxillo-Facial Surgery	An Audit of Outpatient WHO Checklists For Minor Oral Surgery	Form initially changed to help compliance
Neurology	Clinical evaluation of patients with false positive acetylcholine receptor antibodies	Change measurements to RIA assay
	Use of diagnostic criteria in the diagnosis of neuromyelitis optica	New diagnostic criteria for NMO has been published which includes various new MRI features.
	Steroid monitoring in neurology patients	Re-audit.
	Usage of plasma exchange in Neurology	Re-audit.
	Adherence to monitoring requirements of immunosuppressants in Neurology	Develop shared cared agreement for immunosuppressants
Neuro-physiology	Adherence BSCN and ANS Standards for Ulnar Neuropathy at Elbow (UNE) testing	Continue with current protocols
Neurosurgery	Post-operative pain management following spinal surgery audit	New post-operative analgesia guidelines to be drafted and education for nursing staff
	Post Pituitary Hydrocortisone Replacement Compliance Audit	Disseminate the findings and suggestions with other departments involved i.e. ITU
	Protocol for sampling CSF from EVDs by registered nurses	Update protocol

Specialty	Audit Title	Actions
Neurosurgery	The use of dipstick testing to diagnose urinary tract infections in adults with urinary catheters	Disseminate audit results to staff. Update training and educations programme. Re-audit.
	The Use of Dipstick Testing to Diagnosing UTI in Adults with Urinary Catheters	Proposal to introduce the urine catheter checklist in the clinical use on the Neurosurgical. Re-audit.
Oncology	VTE prophylaxis in oncology patients.	Further audits to look into VTE assessment practice.
	Radiotherapy Fractionation for the Palliative Treatment of Bone Metastases	Need for on-going audit to continue to monitor performance
Ophthalmology	Assessing the accuracy of intra-ocular pressure measurements using the Tonopen applanation tonometer	QEHB eye clinic to purchase iCare tonometers to replace used tonopens.
Pathology	Audit of histology of papillary breast lesions	Re-audit.
	Audit of needle sizes used at UHB to obtain bone marrow trephine biopsy samples	SOP in haematology to be amended
Physiotherapy	Audit of Compliance of Physiotherapy Treatment with NICE CG88 for Non-specific Low Back Pain	Patients to be offered written information about their illness or condition, the treatment and care they should be offered, the service providing their treatment and care.
Plastic Surgery	A radical approach to the management of radiotherapy induced angiosarcoma of the breast.	Re-audit.
	Plastic Surgery Operative Workload in Major Trauma: a national survey	Dissemination of findings at Departmental audit.
	Re-audit of surgical patients with diabetes after implementation of 'NHS Diabetes 2011' guideline	Further education to individual surgical teams regarding pre-operative diabetes management Pre – and peri-operative proforma to be created for surgeons, anaesthetists, pre-assessment nurses and diabetologists to create pre- and peri-operative plan PICS tool for Pre-assessment nurses to indicate letters to GP Improve documentation regarding diabetes care plan on portal.
Pre-admission Screening	Pre-screening medication compliance	Record all medications on PICS.
Renal Medicine (Nephrology)	Tunnelled Line Audit 2013	Optimisation of pre-op anti-staph procedures. Re-audit.
	Adherence to 914 EPP for referral for HD Line Procedures by HD Access Nurse Specialists	Review and update expanded practice protocol Disseminate updated protocol to relevant staff
	DNAR /lack capacity	Educate health care professional about important of DNAR documentation.

Specialty	Audit Title	Actions
Renal Surgery	Renal Surgery Case Note documentation Audit	Proformas to be rolled out. Re-audit.
	Preoperative assessment of B-hcg in female patients for renal transplant vs other type of surgery.	Re-audit.
Respiratory Medicine	Adequacy of Home NIV therapy	Update guidelines.
	Antimicrobial Prescribing	Ensure faster PO to IV switch with use of posters and guidance.
Rheumatology	Rheumatology Inpatient Referral Audit: 2011-2014	Update education for trainees on gout
	Positioning of subcutaneous abatacept in the sequence of biologic agents for rheumatoid arthritis	Highlighted need for standardisation in TB screening.
	The occurrence and management of neutropenia in patients starting DMARDs for inflammatory arthritis	Need for further guidance in monitoring DMARDs.
	Out Patient satisfaction survey: Patients attending Rheumatology clinic	Share information with UHB management.
	Screening for and management of latent TB prior to initiation of biological therapy.	Disseminate findings to specialties.
	Rituximab infusion for rheumatoid arthritis	Disseminate information to staff.
Theatres	292.3 (CP 64): EPP for the Removal of Endotracheal Tube by Registered Practitioners.	Protocol updated and reviewed.
	Adherence to 275 (CP 46): EPP for Removal of Laryngeal Mask Airways In Recovery Areas	Update protocol
	Audit of EPP ref 846 (189)	Update Expanded Practice Protocol
Therapies	Audit of CD 474 Expanded Practice Protocol for Registered AHPs to Request MRIs	Continue to review protocol
	Audit of CD 475 Expanded Practice Protocol for AHPs to refer for X-Ray	Continue with protocol review
	Audit of CD783.1 EPP for S-NAB	continue with review of EPP
Tissue Viability	Audit of CD 290.5.1 (CP 62) EPP for NPWT	Continue with review of EPP
Trauma and Orthopaedics	Application and Removal form for Patients with Plaster of Paris or Syntetic Cast from A&E	Improve staff teaching. Re-audit.
	Audit of Antimicrobial Prophylaxis of Closed Ankle Fracture Fixation	Additional junior staff teaching Further Antimicrobial guidelines implementations Re-audit
	CD 465: X-ray referral by TNP's, Limb Reconstruction CNS and Hands CNS	Complete the review of the protocol

Specialty	Audit Title	Actions
Trauma and Orthopaedics	Leg elevation in patients with ankle fractures requiring hospital admission	Improve documentation and staff education. Staff education
	Reversal of INR in patients with neck of femur fractures & impact on time to surgery	Clear guidelines on use of vitamin K in patients on warfarin for AF requiring surgery for fractured neck of femur. Re-audit.
	Audit of Antimicrobial Prophylaxis of Closed Ankle Fracture Fixation	Education of the junior doctors about antibiotics prophylaxis. Re-audit
	PFN/DHS Re-audit	Implement NICE guidelines in implant selection for extra capsular Neck of Femur Fractures. Re-audit
	Audit of Audits	Departmental audit strategy to be undertaken.
	An Audit assessing the use of pain relief given to suspected neck of femur fracture admissions.	Re-audit prospective monitions of pain relief and nerve blocks in NOF admissions.
Trust Wide / Corporate	Internal buggy proposal - patient views	Task and finish group working on proposals/operating procedures and charity bid.
	Electronic prescribing of doses above dose limits in PICS	Review and implement changes in prescribing.
	Young Person's Council buddy scheme survey	Scheme to go ahead
	Audit of avoidable Trust apportioned Clostridium difficile cases April 2015 to August 2016	Update Clostridium difficile infection management procedure and implement Trust wide action plan.
	Divisional Nutrition Audit	Disseminate results to Divisional Nutrition leads.
	Patient Property Audit (Following KPMG Patient property follow up review 2014/5)	Feedback to individual ward managers and Deputy Chief Nurse
	Policy Audit CD Ref; 382 Policy for Patient Identification	Continue monitoring of intravenous administration practice. Re-audit.
	Patient Property Audit (Following KPMG Patient property follow up review 2014/5)	Feedback to ward managers
	Audit of Intravenous Drug Preparation and Administration and ID band Practice	Disseminate results to appropriate Pharmacy leads, Clinical Skills, Clinical Education and Infection Prevention and Control. Re-audit
	Effective, safe transfer and discharge of care CQUIN	Action plan included in CCG report
	Audit of Discharge Lounge Handover Checklist	Results disseminated to Discharge Lounge staff, Senior Sister, Associate Director of Nursing
	Audit of 239.6: EPP for the Care of a Continuous Epidural Infusion	Continue with review of EPP and finalise next version
	Patient property audit	Feedback to ward managers and Deputy Chief Nurse.
	Medicines Missed Doses Audit	Task and finish group and CQMG to develop action plan.
Enhanced Care Audit	Feedback to Chief Nurse's Team, matrons and senior sisters/charge nurses. Re-audit.	

Specialty	Audit Title	Actions
Trust Wide / Corporate	Audit of the use of flumazenil throughout the Trust	Disseminate report to Trust's Conscious Sedation Committee. Review the stock levels and ordering history for all clinical areas.
Urology	An audit on the discussion of malignant histology results at the multi-disciplinary meeting	Re-audit.
	Conservative management of asymptomatic PUJ obstruction	Re-audit.
Vascular Surgery	Concurrent prescription of antiemetics and laxatives with opiates on an acute surgical ward	Update teaching on anti-emetic choice for consultants, registrars and foundation doctors.