

TABLE 5

No.	Audit Title	Key actions/improvements following audit
CLINICAL SUPPORT - PATHOLOGY & RADIOLOGY AND THERAPIES		
1	Cervical spine imaging for trauma 2019 (4320)	<ul style="list-style-type: none"> • There has been an overall reduction in the number of patients imaged, suggesting that the application of clear guidelines has been of benefit • A further re-audit is planned
2	Ultrasound guided fine needle aspiration (FNA) of thyroid nodules (4324)	<ul style="list-style-type: none"> • Audit demonstrates reporting within national targets
3	Audit of thyroid u-scoring and subsequent fine needle aspiration cytology (4325) Thyroid U scoring and subsequent fine needle aspiration cytology - re-audit (4389)	<ul style="list-style-type: none"> • Laminated 'u guidelines' and educational posters have been put on display in every ultrasound room • Teaching sessions have taken place for staff on 'U score' • Re-audit has shown a significant reduction in number of thyroid nodules not 'u-scored' following implementation of above actions
4	Numbers of Reports created During Weekend Working Sessions (4326)	<ul style="list-style-type: none"> • Circulate to ensure those consultants not attending Audit meeting are aware of the results • A re-audit is planned
6	An evaluation of the RSH MRI/Ultrasound fusion guided biopsy service for the detection of prostate cancer (4390)	<ul style="list-style-type: none"> • The Trusts detection rate is better than the quoted literature • Radiologists have increased fusion marking.
CORPORATE – TRUST WIDE		
7	Analysis of the quality of recent discharge summaries from the Trust 2018 (4136)	<ul style="list-style-type: none"> • The FY1 and FY2 doctors have received an update on the learning points raised by audit • Further junior doctor training has also been undertaken throughout the 2019/20 education programme.
8	Carer's Survey – Learning disabilities (Jan - Oct 2018) (4254 & 4258)	<ul style="list-style-type: none"> • 90% of carers felt that the patient passport is useful to staff. • The audit showed an improvement in the proportion of carers who felt that they opportunities to discuss difficulties concerning the person they care for with staff. • Information was re-circulated to GP Practices, Carers Trust 4 all and the Carers Centre to raise awareness with carers and relatives in their newsletters of the benefit of taking the patient passport to hospital when the patient is admitted • Learning disabilities is now included in the Trust Induction programme with dementia.
9	End of life care plan Jun-19 (4262)	<ul style="list-style-type: none"> • On-going support is provided for patients who are EOL
10	DCT and AND Audit - January 2019 (4277)	<ul style="list-style-type: none"> • The ReSPECT process has now been implemented in alignment with local healthcare economy • Discussion of DCT & AND with the patient and the family was well documented, with discussions taking place in over 75% of cases • Evidence as part of the appraisal process
11	Mouth care audit 2019 (4314)	<ul style="list-style-type: none"> • Taste for pleasure was well supported on the wards • The use of mouth eZe guidelines has been formulated. • Further publicity to raise awareness will continue in-house and on the intranet

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12	Defined Ceiling of Treatment (DCT) and Allow Natural Death (AND) Audit - July 2019 (4318)	<ul style="list-style-type: none"> • Discussion of DCT & AND with the patient and the family was well documented • A re-audit has been carried out following the introduction of the ReSPECT process
13	The Deteriorating Patient (Jul to Dec 2018) (4344)	<ul style="list-style-type: none"> • Key personnel will be identified to lead the deteriorating patient process • The Trust have appointed a Sepsis lead nurse
14	Mental Capacity Act (MCA)/Deprivation of Liberty (DOLs) & Adult Safeguarding Audit 2019 (4387)	<ul style="list-style-type: none"> • Level 3 Adult safeguarding training will commence in during 2020 • A hospital-wide review of documentation has started to ensure consistent and standardized documentation.
SCHEDULED - ANAESTHETICS, THEATRES & CRITICAL CARE		
15	Anaesthetic Casenote Audit 2018 (PRH) (4237)	<ul style="list-style-type: none"> • A column will be inserted in anaesthetic chart so that documentation of blood loss can be recorded • A re-audit is planned
16	Obstetric theatre cases re-audit 2018 (4281)	<ul style="list-style-type: none"> • The audit showed improvement in documentation however, further education will be provided to improve Medway documentation.
17	Epidural Cases 2018 (4282)	<ul style="list-style-type: none"> • Good patient satisfaction was recorded. • A re-audit is planned
18	Labour ward anaesthetic cover 2020 (re-audit) (4482)	<ul style="list-style-type: none"> • Recruitment of obstetric anaesthetist has commenced.
SCHEDULED - HEAD, NECK AND OPHTHALMOLOGY		
19	Patient satisfaction survey – DESP (3600)	<ul style="list-style-type: none"> • The audit highlighted there were no major causes for concern or improvement • Weekend clinics have now been implemented, and evening appointments are being discussed.
20	Macular oedema (retinal vein occlusion) – ranibizumab TAG283 + Macular oedema (central retinal vein occlusion) - aflibercept solution for injection - TAG305 (4150)	<ul style="list-style-type: none"> • One stop injection clinics are working well preventing delays. • More doctors have been recruited.
21	Choroidal neovascularisation (pathological myopia) - ranibizumab - TAG298 (4156)	<ul style="list-style-type: none"> • Patients on both Lucentis and Eyelea show improvement in BCVA following treatment with both anti VEGF agents.
22	Endoscopic stapling of pharyngeal pouch – IPG22 - re-audit (4161)	<ul style="list-style-type: none"> • The audit highlighted good compliance with NICE guidance. • Information leaflets have been produced
23	VTE Compliance (4186)	<ul style="list-style-type: none"> • The audit provided reassurance that VTE compliance is higher than recorded figure
24	Head and Neck Oncology audit (Nov-18) (4192)	<ul style="list-style-type: none"> • The audit demonstrated good outcomes and successful team / protocols.
25	Day case adenotonsillectomy for children with obstructive sleep apnoea (4217)	<ul style="list-style-type: none"> • The audit highlighted that day-case tonsillectomy for children with obstructive sleep apnoea is safe • Day-case rates have improved with the introduction of the new criteria

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No.	Audit Title	Key actions/improvements following audit
26	ENT Casenote Audit 2019 (4244)	<ul style="list-style-type: none"> • A new ward round proforma sheet has been designed and implemented to improve documentation further.
27	BCC & SCC removal & surgical margin assessment (4379)	<ul style="list-style-type: none"> • The audit confirmed good practice so continue annual audit to monitor patterns.
28	Dental assessment & treatment prior to radical radiotherapy for H&N cancer (4411)	<ul style="list-style-type: none"> • The audit identified timely assessment of these patients.
29	Frequency of visual fields in chronic open angle glaucoma (4460)	<ul style="list-style-type: none"> • To raise awareness to physicians treating glaucoma patients, regarding national guidelines of visual field intervals a poster has been put on display in all clinic rooms where glaucoma patients are examined.
SCHEDULED - SURGERY, ONCOLOGY & HAEMATOLOGY		
30	Non conformities from 1st April – 31st July 2019 198 (4493)	<ul style="list-style-type: none"> • Public Health England Safer Radiotherapy analyses have produced targets going forward for all centres to meet. • A re-audit is planned to access these targets
31	Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, crohn's disease or adenomas – NICE CG118 (3756)	<ul style="list-style-type: none"> • A re-audit is planned
32	Consent - Surgery 2017 (3786)	<ul style="list-style-type: none"> • A 10 point plan has been introduced for reducing unplanned extubation
33	Stoma Patient Satisfaction Audit (3931)	<ul style="list-style-type: none"> • Overall positive feedback was received. • A stoma discharge booklet is in the process of being updated and will be available for patients this year.
34	Management of patients with head injury - NICE CG176 (4058)	<ul style="list-style-type: none"> • To improve standards, the Head injury policy has been re-written • An online referral / advice form to neurosurgeons is now available
35	Hospital Palliative Care Team - patient survey 2018 (4078)	<ul style="list-style-type: none"> • All positive feedback, no areas for development identified • A re-audit has commenced
36	Neoadjuvant chemotherapy, a local experience (4092)	<ul style="list-style-type: none"> • The audit shows a good, effective, safe service
37	Reconstruction rate following mastectomy for DCIS 5year audit 2012- 2017 (4212)	<ul style="list-style-type: none"> • No issues identified with reconstruction rate after audit.
38	Minimising interruptions in theatre (never event action - CQC) (4214)	<ul style="list-style-type: none"> • Posters have been put up on all entry doors to the operating rooms as a visual cue to remind staff the importance of not interrupting and that they should speak to the theatre coordinator. • Following sharing of the audit results, endoscopy have also displayed the posters.
39	Disease free survival & BMI in breast cancer patients (4218)	<ul style="list-style-type: none"> • Further studies are needed to clarify aspects of the audit outcome and whether methods of reducing BMI may improve disease free survival.
40	Dosimetry equipment – 160 (4269)	<ul style="list-style-type: none"> • An overhaul of commissioning procedures and documentation is in progress

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41	Endoscopy Unit Patient Satisfaction Questionnaire (13) - re-audit (4254)	<ul style="list-style-type: none"> The survey showed that 90% of carers felt the patient passport is useful to staff. Plastic bedside holders have been introduced to increase visibility of the Patient Passport.
42	Endoscopy Unit Patient Satisfaction Questionnaire (13) - re-audit (4259)	<ul style="list-style-type: none"> Good feedback on the whole. Patients found their procedure acceptable and would have it again if required. Privacy and dignity was maintained. Patient information leaflets have been updated and ratified by patient panel and have more of an emphasis on waiting times. Staff have been reminded to keep patients informed if there are delays
43	Patient information: are we getting it right? (re-audit) (4260)	<ul style="list-style-type: none"> The audit showed a vast improvement in actually providing patient information leaflets across all domains of surgery.
44	Document & data control – 156 (4265)	<ul style="list-style-type: none"> The distribution list and master reference list requires checking – to ensure physics requirements are covered.
45	IMRT and VMAT QA – 157 (4266)	<ul style="list-style-type: none"> The system is generally working well and being followed correctly for most patients.
46	Linac Maintenance – 158 (4267)	<ul style="list-style-type: none"> New maintenance schedule paperwork has been developed, updated and implemented. Document template is electronic but paper version is more practical and saved in linac maintenance folder.
47	Timeliness of Plans – 159 (4268)	<ul style="list-style-type: none"> The prostate pathway is currently under review to identify stages that cause delays.
48	Review of % single fraction treatments – 162 (4271)	<ul style="list-style-type: none"> A review data collection has taken place to ensure correct info is collected at correct point.
49	Management Review – 163 (4272)	<ul style="list-style-type: none"> The audit showed an improvement throughout the year of the content and flow of the management minutes as the agendas have been reviewed and tightened and the actions from each meeting are clearer.
50	IPEM Radiotherapy CT scans – 164 (4273)	<ul style="list-style-type: none"> 4DCT documentation has been updated to reflect new process. This will reduce dose.
51	Tinzaparin prescribing on discharge in vascular patients (4283)	<ul style="list-style-type: none"> Recommendations from previous audits had a clear effect resulting in 100% of patients being prescribed Tinzaparin on discharge as they should.
52	Patient information audit – 165 (4308)	<ul style="list-style-type: none"> A follow up audit will take place looking at Gynae/colorectal and palliative patients, to see if situation has changed.
53	Breast IGRT and CBCT usage Audit Official – 166 (4309)	<ul style="list-style-type: none"> The current process is working well
54	IMC audit March 2019 – 167 (4310)	<ul style="list-style-type: none"> The Technique was introduced successfully A re-audit has commenced
55	Urology single slice audit form – 168 (4311)	<ul style="list-style-type: none"> The QA document has been changed to new single slices as there has been an improvement from previous practice
56	IMC patients – 169 (4312)	<ul style="list-style-type: none"> The audit has proved that the need for single slices is now unnecessary as the extra radiation dose is providing no benefit to

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		the patient.
57	Planning work flow – 170 (4313)	<ul style="list-style-type: none"> • A review of the pathways for each patient is underway.
58	Brachy audit 2018 - 2019 – 171 (4391)	<ul style="list-style-type: none"> • All patients received treatment within the target. • A re-audit is planned
59	Retrospective review of last 12 radical cervix patients – 172 (4392)	<ul style="list-style-type: none"> • To ensure accuracy of data, the audit will be repeated to obtain additional patient data.
60	Scan Limit Audit – 173 (4393)	<ul style="list-style-type: none"> • No problems with scan limits uncovered
61	Non cons received by QA radiographer – 174 (4394)	<ul style="list-style-type: none"> • We compared well against the national data within this period • A re-audit has been undertaken
62	Non cons received by QA radiographer (dec18 - mar19) – 175 (4395)	<ul style="list-style-type: none"> • The audit indicates a strong reporting culture. • A re-audit is planned
63	MV Electrons Linac Optics – 176 (4396)	<ul style="list-style-type: none"> • It was felt that additional time was required for qc on LA1 electrons, this was requested and has been implemented.
64	E-referral Audit – 177 (4397)	<ul style="list-style-type: none"> • All referrals were acceptable against requirements
65	Physics Training Records audit June 2019 – 178 (4398)	<ul style="list-style-type: none"> • Consideration is being given to move to an electronic system in future.
66	Timeliness of Plans (3 month period) – 179 (4399)	<ul style="list-style-type: none"> • A review of the current plan is underway
67	Compliance to the head and neck imaging protocol for IMRT/VMAT 30 fractions or more – 180 (4400)	<ul style="list-style-type: none"> • Improvement in practice identified
68	Non DIBH Audit table – 181 (4401)	<ul style="list-style-type: none"> • Review breast imaging using this information to attempt to streamline the protocol
69	Breast MV KV Aug 19 ES – 182 (4402)	<ul style="list-style-type: none"> • A review of the breast imaging protocol in light of audit 181/182 is underway to streamline the process
70	Patients with MSCC treated with radiotherapy Aug17 and Jan18 – 183 (4403)	<ul style="list-style-type: none"> • No concerns identified
71	Gynae colorectal single slice audit – 184 (4404)	<ul style="list-style-type: none"> • The protocol is working well, no recommendations necessary
72	6 Degrees of Freedom couch (6DOF) – 185 (4443)	<ul style="list-style-type: none"> • A review of the current protocol is in-progress
73	Consent checked prior to first radiotherapy treatment – 186 (4444)	<ul style="list-style-type: none"> • The audit showed full compliance.
74	Pregnancy status check prior to any exposure to ionising radiation – 187 (4445)	<ul style="list-style-type: none"> • The audit showed full compliance.
75	Imaging protocol compliance - Q.A.P 7.3.5.1RP (4.1-IGRT) – 188 (4446)	<ul style="list-style-type: none"> • A reminder was sent to staff regarding the importance of completing review/approved buttons in offline review.
76	Handover logbook QAP 3.6-TRT – 189 (4447)	<ul style="list-style-type: none"> • A re-audit has commenced
77	Compliance with QAP 7.6.2 – Technical Test	<ul style="list-style-type: none"> • No concerns identified

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	Equipment – 190 (4448)	
78	Review of Concessions – 191 (4449)	<ul style="list-style-type: none"> • No concerns identified
79	Systematic Error – 192 (4450)	<ul style="list-style-type: none"> • Overall there has been an improvement since the last audit. • A reminder was sent to staff regarding the need for patient orientation to be considered more when completing SE calculations.
80	Laterality checks 3rd weekly – 193 (4451)	<ul style="list-style-type: none"> • A re-audit is planned
81	Archeck measurement – 194 (4452)	<ul style="list-style-type: none"> • An adjustment to the LA1_TB DLG to reduce dose delivered has been completed.
82	Daily spotlight CBCT's for Gynae and Anal Cancer patients – 195 (4453)	<ul style="list-style-type: none"> • A larger audit is required to make more conclusive recommendations.
83	CBCT consistency – 196 (4454)	<ul style="list-style-type: none"> • To improve documentation, training is currently being formulated and will be rolled out later in the year
84	Patient Identification – 197 (4455)	<ul style="list-style-type: none"> • Some areas of the QAP have been updating to reflect changes in practice • A re-audit is planned
85	90 day readmission after prostatectomy (4483)	<ul style="list-style-type: none"> • Following measures introduced in the previous, the re-audit has showed that readmissions have improved.
86	Patient Feedback – 199 (4494)	<ul style="list-style-type: none"> • No concerns identified
SCHEDULED - MSK		
87	Orthopaedic operation notes (4220)	<ul style="list-style-type: none"> • The proforma needs redesigning to capture important information, this is currently under review.
88	Fracture clinic optimisation (4417)	<ul style="list-style-type: none"> • The audit provided foundation for VFC pilots
89	NHSLA Casenote Orthopaedic RSH 2018 (4118)	<ul style="list-style-type: none"> • The department has written to the Medical Director to highlight concerns.
90	Venous thromboembolism assessment in the orthopaedic department at PRH (4367)	<ul style="list-style-type: none"> • A re-audit has been undertaken
91	Venous thromboembolism assessment in the orthopaedic department at PRH re-audit (4406)	<ul style="list-style-type: none"> • No concerns identified
92	NOF pathway documentation (4418)	<ul style="list-style-type: none"> • The audit highlighted to importance of documentation within the NOF pathway and also the need to remove some sections that are not required.
UNSCHEDULED – EMERGENCY ASSESSMENT & MEDICINE		
93	Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) for mediastinal masses - IPG254 (3871)	<ul style="list-style-type: none"> • The audit identified waiting times were too long. A business case submitted to Lingen-Davies, who have agreed to fund equipment. The aim is to have 2nd list running by the end of 2020.
94	Cardiovascular risk assessment as part of MDT foot clinic (3986)	<ul style="list-style-type: none"> • To comply with the guidance, HCAs will now take the new patients' BP. • To ensure all the relevant data is collected, the proforma has been

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No.	Audit Title	Key actions/improvements following audit
		redesigned.
95	IPC sleeves (4082)	<ul style="list-style-type: none"> • Learning points from the audit were disseminated to staff and reinforced via email. • A re-audit has commenced
96	Pneumothorax management (4101)	<ul style="list-style-type: none"> • The audit highlighted some issues with coding. A discussion with coding manager has taken place to help identify the right primary diagnosis and refine the issue.
97	Pneumonia in adults: diagnosis and management - CG191 (4147)	<ul style="list-style-type: none"> • A patient information leaflet has been designed and will be made available shortly. • A re-audit is planned
98	Hyperglycaemia in Acute Coronary Syndrome (4206)	<ul style="list-style-type: none"> • A larger audit is required to enable the current guidelines to be updated
99	Warfarin prescription during evening shift (4234)	<ul style="list-style-type: none"> • After the board round, the team will then discuss warfarin prescription.
100	Should we be checking Vitamin D levels? (4275)	<ul style="list-style-type: none"> • To ensure routine Vit D levels in are checked, the epilepsy clinic proforma now includes bone health guidance in identified patients
101	Reviewing and documentation of ECGs on daily ward rounds (4287)	<ul style="list-style-type: none"> • Creating awareness and providing knowledge about ECG checks and documentation led to a substantial increase in the number of both.
102	Lumbar Punctures RSH (4329)	<ul style="list-style-type: none"> • The audit results provided evidence that documentation quality varies greatly so, a lumbar puncture proforma has been designed and published on neurology website.
103	National Lung Cancer Audit 2019 (following external review) (4343)	<ul style="list-style-type: none"> • A direct to CT pathway has been designed and approved in principle by CCG cancer lead • Patient information leaflet designed, approved and awaiting distribution to GP practices and radiology departments • Diagnostic test bundles designed, approved via USC governance and implemented • The Lung CNS team has been expanded • A regular forum for lung cancer MDT to discuss difficult cases, clinical updates and governance concerns is in progress • The Medical Director has agreed to act as executive sponsor for the lung cancer value stream
WOMEN & CHILDREN'S		
104	Feverish illness in children under 5 years - QS64 (3841)	<ul style="list-style-type: none"> • The importance of documentation has been reiterated at doctor's induction.
105	Depth of excision with LLETZ cervical treatment (4077)	<ul style="list-style-type: none"> • The audit showed full compliance with the standards.
106	Casenote Paediatrics 2017 & 2018 (4085)	<ul style="list-style-type: none"> • The importance of documentation has been reiterated at doctor's induction.
107	Gynaecology Casenote audit 2018 (4113)	<ul style="list-style-type: none"> • College tutors have been emailed to remind them to continue to put documentation on junior doctors induction programme

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108	Miscarriage diagnosis and management - QS69 (4149)	<ul style="list-style-type: none"> • New updated NICE guideline has been published and being transcribed into local guidance
109	Intravesicle botox administration (4153)	<ul style="list-style-type: none"> • Incorporating follow up by telephone calls into specialist nurse job planning is under way
110	Neonatal 2 year Follow Up Outcomes (4171)	<ul style="list-style-type: none"> • Overall results of the audit do not show areas of major concern. • Neonatal consultants to contact Community Paediatricians/Health Visitors for feedback on 2 year developmental assessments
111	Speech and Language Delay on Bayley Assessment and Outcomes (4208)	<ul style="list-style-type: none"> • SLT referral at the same time as community paediatric referral has been implemented.
112	Paediatric Pneumonia Audit (4228)	<ul style="list-style-type: none"> • The majority of guidelines are being followed. An email was sent to the paediatric team reminding them to follow current guidelines.
113	Parent Communication Sheet (4303)	<ul style="list-style-type: none"> • The parent's communication log has been altered to include a signature box, updated from names to "Who present" and add separate box for documentation of breast milk discussion.
114	Neonatal resuscitation documentation audit (4306)	<ul style="list-style-type: none"> • The majority of resuscitaires had all the appropriate documentation, • To ensure NLS algorithm can be easily accessed, these have been laminated and displayed in the all relevant areas.
115	Documentation of breastfeeding discussion (4307)	<ul style="list-style-type: none"> • Addition of a breastfeeding documentation box has been added to the parent's communication sheet.
116	Child Protection Medical Report & Timeliness audit (4331)	<ul style="list-style-type: none"> • Learning points of the audit have been reinforced at induction and peer review meeting.
117	Surgical Management of Tubal Pregnancy 2019 (re-audit) (4332)	<ul style="list-style-type: none"> • To minimize delays to treatment, weekly meetings have been arranged for Monday pm or Tuesday morning.
118	Cystic Fibrosis, Paediatric, Service User Audit (4342)	<ul style="list-style-type: none"> • Adequate sharps bin provisions are now in place for home IV courses. • Catering have provided a snack and meal list which gives additional off menu options to our Cystic Fibrosis patients and these can be ordered at ward level.
119	Colposcopy patient satisfaction survey 2019 (4353)	<ul style="list-style-type: none"> • Overall the results were excellent. • A re-audit is planned