

## Trust Position against National Audits March 2013

## Key :

GREEN	FULL PARTICIPATION
RED	TRUST NOT PARTICIPATING
DARK GREY	NOT APPLICABLE TO TRUST
LIGHT GREY	NO DATA COLLECTION
AMBER	PARTIAL PARTICIPATION
CLEAR	DATA COLLECTION NOT YET COMMENCED
BLUE	NOT COMPLETED; CARRY

										Priority for improvement		
	National Audit	Business Unit	QA	NCAPOP	Confidential Enquiry	CIC	WCH	Comments	Clinical Lead	Result:	Improvement	Risk (H/M/L)
1	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Medicine	Yes	Yes		Yes	Yes	Continuous; public report published in November 2012	Dr M Cowley	Fully compliant against latest report		
2	Adult Asthma	Medicine	Yes	No		No	Yes	CIC not taking part due to lack of resources; WCH SIAP received (Project 2400).	Dr S Ting	1. PEFR needs to be recorded pre and post bronchodilators. 2. ABG is an essential test in asthmatics with low oxygen saturation below 92%. 3. Upon discharge inhaler technique must be checked with the patient. 4. A follow-	1. Training session, Acute asthma check list. 2. Acute asthma check list. 3. Teaching session. 4. Address in a training session that include junior doctors.	Medium
3	Adult Cardiac surgery		Yes	Yes				Not applicable				
4	Adult community acquired pneumonia	Medicine	Yes	No		Yes	Yes	2011/12 - Reported. 2012/13 - WCH (Project 2469); CIC - This CAP audit is open until the end of May and CIC will complete later due to resources.	Dr M Hewson	2011/12 CIC: 1. CURB65 score to be completed for all CAP patients. 2. More frequent use of local antibiotic policy for CAP. WCH: 1. Improve the timing of patients receiving antibiotics who have a positive CXR. 2. Better understanding of the correct antibiotics for the level of severity of CAP.	2011/12 CIC: 1. National reaudit December 2012. 2. National reaudit December 2012. WCH: 1. Need to improve the confidence of the junior doctors who review CXR to get help and advice quickly from senior review to enable antibiotics to be prescribed. Look at how senior doctors can be encouraged to ensure this occurs. 2. Better education of the Trust antibiotic guidelines for CAP. Easier access to antibiotic guidelines, comments from doctors on EAU stated they often could not find them on the intranet. Also time was an issue	

5	Adult Critical Care	Surgical	Yes	No		yes	yes	Continuous.	Dr C Flucker/Dr M Hodson	WCH: Low SMR and Low HAI rates but high occupancy. CIC:- delayed discharge from unit to ward.	WCH: review bed occupancy and possible options to reduce eg. Ward based NIV. CIC: Highlight compromise of delayed discharge to senior management	Low
6	Bowel cancer	Support	Yes	Yes		Yes	Yes	Continuous (Public report Dec 2012). SIAP from Mr Hinson in Feb 2013.	Mr F Hinson/Dr J Nicoll	We were a poor performing outlier in the adjusted mortality statistics for Bowel Cancer resections undertaken in the above period. Subsequent investigation showed that there did not appear to be any unifying factor in the deaths that had occurred. There was a suspicion that we had submitted wrong codings (ASA) on the fitness of patients which combined with the play of chance	Improve the ASA codings on the submission of data and for these to be reviewed before submission. Continue to strive to improve perioperative care, patient selection and surgical techniques.	low
7	Bronchiectasis	Medicine	Yes	No		Yes	No	CIC only (Project 2479)Report available Mid March	Dr M Hewson	Results being reviewed		
8	Cardiac Arrest	Medicine	Yes	No		No	No	Team decision not to take part due to funding; 3 local audits in place which cover more than National.	Mr M Greene	Improvement required for cardiac arrest and management of deteriorating patient.	Reduce the number of hospital cardiac arrests. Improve response to management of deteriorating patient. Escalation of MEWS to Critical Care Outreach.	Medium
9	Cardiac Arrhythmia	Medicine	Yes	Yes		Yes	Yes	Continuous; no public report as yet. All data collection from both hospitals collected from CIC site	Dr M Cowley	Shorter outpatient waiting time	To reduce outpatient waiting time	Low
10	Cardiothoracic transplant		Yes	No				Not applicable				
11	Carotid interventions	Surgical	Yes	Yes		Yes	Yes	Continuous (Public report Aug 2012)	Mr T Joseph	No issues identified	No improvements	low
12	Comparative audit of blood transfusion	Support	Yes	No		No	No	Data collection commenced March 2013. Report will follow.	Theresa Woodman	Report to follow		n/a
13	Congenital heart disease (Paediatric cardiac surgery)		Yes	Yes				Not applicable				
14	Chronic Obstructive Pulmonary Disease	Medicine	Yes	Yes				No national data collection for 2012/2013				
15	Coronary Angioplasty	Medicine	Yes	Yes		Yes	Yes	Continuous; no public report as yet. All data collection from both hospitals collected from CIC site	Dr R Moore	No report as service started 2012-no issues currently identified		n/a

16	Diabetes (Adult)	Medicine	Yes	Yes		Yes	Yes	Taking part	Dr K Vithian	The audit was overall positive showing that patients with diabetes were receiving good quality care with minimum medication errors. Most patients had regular blood glucose recordings which were generally acceptable. The key areas that were identified for improvement were with regards to reducing the numbers of people admitted with foot related problems and to improve staff knowledge regarding diabetes.	Since this audit was conducted the Trust has been working towards developing a Foot Protection Team and we now have a MDT foot clinic. We hope that these steps will help reduce numbers of patients with diabetes. Our Diabetes Specialist Nurses are now engaging in a rolling programme of providing diabetes based education to the nursing staff and this will help improve staff awareness of diabetes. We are also encouraging all staff members to take part in the NHS Diabetes Safe Use of Insulin e-learning module which will also help to improve staff knowledge and competence further. We are rolling out a	Moderate
17	Diabetes (Paediatric)	Paediatric	Yes	Yes		Yes	Yes	Audit complete, report published Jan 2013	Dr P Whitehead, Dr S Precious	The percentage of infants, children and young people 12 years of age and over with all care processes recorded, as recommended by the National Institute for Health and Clinical Excellence (NICE), has increased, and is at the highest since 2004. However this still remains unacceptably low with overall only 5.8% of infants, children and young people with diabetes recorded as having received all eight care processes. Nearly one third of infants, children and young people with diabetes have an unacceptable HbA1c of >9.5%. In both England and Wales, using the whole population as a denominator, there has	Improve performance in the key process indicators.	Low

18	Emergency Laparotomy	Surgical	Yes	Yes				No national data collection for 2012/2013. Registration complete on both sites January 2013. This will be CAP 2013/14 requirement.	Dr R O'Dowd/Dr F Graham			
19	Emergency use of oxygen	Medicine	Yes	No		No	Yes	CIC not taking part; lack of resources; WCH SIAP received (Project 2394).	Dr S Ting	Active evaluation of patients' oxygen requirements and appropriate prescription of oxygen which is clear and easy for nurses to administer	1. Presentation to medical staff - junior doctors at postgraduate teaching. 2.	Low
20	Epilepsy 12 (Childhood Epilepsy)	Paediatric	Yes	Yes		Yes	Yes	Registered in round 2.	Dr C Stuart	Numbers were small but we were a negative outlier in relation to the number of children seen by a "Consultant Paediatrician with	Recruit a specialist nurse, there is no consultant who takes a special interest in epilepsy in west; this gap	Low
21	Falls and Bone Health		Yes	Yes				No national data collection for 2012/2013				
22	Fever in children	Medicine	Yes	No		Yes	Yes	WCH and CIC data uploaded	Mr C Brett/Miss R Read		Ensure recording of all obs in children; to make the traffic lights system more readily available	medium
23	Fractured neck of femur	Medicine	Yes	No		Yes	Yes	WCH and CIC data uploaded	Mr C Brett/Miss R Read	No report available		n/a
24	Head and neck oncology (DAHNO)	Support	Yes	No		Yes	Yes	Continuous (Public 7th Annual report)	Mr R Cathcart	Nationally, the submission of multi-professional data has improved greatly this year with much greater assurance of treatment delivery by the range of professionals involved in head and neck cancer care. Time from diagnosis to primary radiotherapy has fallen for the first time to 42 days, from the 44-day figure in the sixth Annual Report, however within networks and trusts, significant variation remains in this interval and further reduction	Locally- our treatment data submission was very good. Some deficiencies in data submission for AHP elements of care was noted and an action plan has already corrected this for the 8th Annual report due to be published in June 2013.	Low
25	Heart failure	Medicine	Yes	Yes		Partial	Partial	Taking part but not meeting required numbers as identified by National Heart Failure Audit Report 2012. To submit 20 cases per month or 70% against HES. (Presently 22.3% against HES submission rate)	Dr Mark Wilson	Confirm numbers of heart failure per month		n/a
26	Health promotion in hospitals		Yes	No				Not applicable				
27	Heavy menstrual bleeding	Surgical	No	Yes				No national data collection for 2012/2013				
28	Hip fracture database	Surgical	Yes	Yes		yes	Yes	Continuous (Annual report Sept 2012)	Mr M Orr/Mr P Armstrong	No issues identified.	None required.	Low
29	Inflammatory bowel disease (UK IBD)	Medicine	Yes	Yes		Yes	No	WCH not registered due to lack resources, IBD Nurse just appointed to start 05/04/13. Audit will commence	Dr D Burke/Dr Z Mahmood	results for 2012/13 need to be reviewed		n/a

30	Lung cancer (LUCADA)	Support	Yes	Yes		Yes	Yes	Continuous	Dr Paul Plant	We now have the highest rate of surgery for non-small cell lung cancer in the Network, double that of the lowest. We were criticised in the past for low surgery rates and big efforts were made to increase surgical involvement at the MDT which seem to have paid off well.	Need to increase rate of Nurse Specialist involvement – multiple roles of CNS has been highlighted within Trust as hindering effective involvement with lung cancer patients. (Note Cancer Nurse specialist appointed Feb 2012). Need to increase rate of chemo for small cell lung cancer – reason unclear but may be poor recording, late presentation, poor	Medium
31	National joint registry	Surgical	Yes	Yes		yes	Yes	Report complete Sept 2012	Mr M Orr/Mr P Armstrong	Some patients don't get to theatre until >36hours after admission	Implement change to service to get > number of patients to theatre within 36hours	Low
32	Neonatal Intensive and Special Care	Paediatric	Yes	Yes		Yes	Yes	Continuous, Report due Spring 2013	Dr P Whitehead, Dr M Ben-Hamida	North Cumbria University Hospitals did not participate in the 2012 report (covers 2011 data). A major factor was that BadgerNet was only acquired by the trust midway through 2011	NCUH are participating in the 2012 audit (closing date 11 March 2013) In light of last year's report we are reviewing case-notes to ensure as much	Low
33	Non-invasive ventilation	Medicine	Yes	No		Yes	No	WCH service not provided CIC participating (Project 2516)	Dr M Hewson	outcome from audit TBC 20/3/2013		
34	Oesophago-gastric cancer	Support	Yes	Yes		Yes	Yes	Continuous; public report published for 2012	Dr J J Nicoll/ Mr Wayman	When surveyed in 2012, 90% of North Cumbria GP's were happy with service provided to their patients by the oesophago-gastric MDT yet patient and carer survey data, including patients diagnosed with HPB cancer, consistently shows areas of	Urgent provision of specialist nurse to support patients diagnosed with Hepato-biliary malignancy.	medium
35	Paediatric asthma	Paediatric	Yes	No		Yes	Yes	Audit complete, report published Feb 2013	Dr Ben-Hamida	Although numbers were small we seem to conform to the national average i.e. proportion getting chest X ray and antibiotics are similar	Improve recording discharge information e.g. leaflet (new Health Builder with help with this), inhaler technique, written asthma plan, follow up appointment with GP in 1week. Nationally plans for follow up, information provided etc on discharge does	Low
36	Paediatric Intensive Care		Yes	Yes				NA to Trust				
37	Paediatric pneumonia	Paediatric	Yes	No		Yes	Yes	Carole Parker collecting data for Trust, closing date 02/04/2013. On	Dr Ben-Hamida	Awaiting report		n/a

38	Pain Database	Surgical	Yes	Yes		Yes	Yes	Continuous (Public report complete Dec 2012)	Dr A Shanks CIC	No issues identified however national data shows high degree of variability	Not required	Low
39	Parkinson's disease	Medicine	Yes	No		Yes	No	CIC data submission January 2013. WCH not taking part due to lack of resources; Parkinson's Disease Nurse Specialist now in post.	Dr J George/Dr N Russell	Awaiting report due Mid March		n/a
40	Potential donor	Surgical	Yes	No		Yes	Yes	Report received 29/01/13 on data collected Apr to Spet 2012. Annual report due in June 2013	Dr C Rodgers	Organ donation numbers continue to rise.	Compliance in 1) the stabilisation of every patient in a critical care environment while donation potential is assessed, and 2) the approach to those near to the potential donor for consent to be improved	Low
41	Prescribing Observatory for Mental Health		Yes	No				Not applicable				
42	Psychological therapies		Yes	Yes				Not applicable				
43	Pulmonary hypertension		Yes	No				Not applicable				
44	Renal colic	Medicine	Yes	No		Yes	Yes	WCH and CIC data uploaded	Mr C Brett/Miss R Read	Improvement from 56% in 2010 to 78% in 2012	No improvement	low
45	Renal Registry	Medicine	Yes	No		Yes	Yes	Continuous	Dr P Mead	Perform well on anaemia management and quality of dialysis	Pt education and training - blood pressure control pre and post dialysis. Improved fluid management	medium
46	Renal transplantation (NHSBT UK Transplant Registry)	Medicine	Yes	No		Yes	Yes	Continuous data submission for regional submission	Dr P Mead	N/A	N/A	low
47	Schizophrenia		Yes	Yes				Not applicable				
48	Stroke National Audit Programme (combined Sentinel and SINAP)	Medicine	Yes	Yes		Partial	Partial	WCH and CIC completed Acute Organisational audit; public report published and site level report available to lead clinicians. Core audit data collection system started on both sites in February 2013 (start date for national data collection 01/12/2012).	Dr P Davies/Dr O Orugun	Results in lower quartile	Comprehensive service improvement plan in place; monitored weekly; real time data capture implemented to support this. Key Targets: Admission to stroke unit within 4 hrs; CT within 24 hours; 90% stay on acute stroke ward.	Medium
49	Trauma (TARN)	Medicine	Yes	No		Partial	Partial	Continuous; NCUH completeness of Data 2012 – 39% database is compared to the number of patients with a primary diagnosis of ICD10.	Miss R Read/Mr M Greene	Querying data accuracy		medium
50	Vascular surgery (VSGBI Vascular Surgery Database)	Surgical	Yes	No		Yes	Yes	Continuous, Business case for vascular nurse to support audit.	Mr T Joseph	No review of data undertaken	No improvement identified	Low
51	National Audit of Dementia	Medicine	Yes	Yes		Yes	Yes	CIC and WCH data uploaded No 2012/13 report available	Dr J George/Dr O Orugun	lack of cognitive assessment of patients and lack of training for staff nationally	Internet training package	Low
52	Asthma Deaths	Medicine			Yes	Yes	Yes	Taking part	Dr M Hewson	On target for submission?		

53	Child Health	Paediatric	Yes	Yes	Yes	Yes	Yes	Taking part	Dr C Stuart			
54	Maternal infant and perinatal	Surgical			Yes	Yes	Yes	Continuous	Mr V Ravimohan	No review of data undertaken	No improvement identified	Medium
55	Patient Outcome and Death			Yes	Yes							
	a) Alcohol related liver disease		Yes	Yes	Yes	Yes	Yes	4 complete; 3 outstanding; study data now closed. No report available as yet.		Awaiting report		
	b) Subarachnoid haemorrhage		Yes	Yes	Yes	Yes	Yes	3 complete, 7 not applicable. No report available as yet.	Dr P Davies	Awaiting report		
	c) Tracheostomy care		Yes	Yes	Yes	Yes	Yes	Commenced 25 Feb-24 June 2013.	Dr M Hodgson/Dr C Flucker	No report available		
	d) Cardiac arrest procedures	Medicine	Yes	No	Yes	Yes	Yes	Eight forms returned.	Bob Crabb/Dave Miller	Awaiting response to report		
	e) Bariatric surgery							Not applicable				
56	Suicide and homicide in mental health				Yes			Not applicable				
57	Elective surgery National PROMs Programme)	Surgical			Yes	Yes	Yes	Continuous	Mr M Walker (Jean Addison)	Slight reduction in health benefit perceived by patient, especially in groin hernia	Information to be correlated to complication rate for the groin hernia group.	Low
58	Continence care audit		No	Yes			TBC	TBC	The National Audit of Continence Care is currently closed			
59	Children head injury project		No	Yes			TBC	TBC	Data collection 2009/10; research report to be published winter 2013			

Project Reg No	Trust Priority						Priority for Improvement					
	Project Title	Business unit	Specialty	Start Date	Project End Date	Current status	Outcome	Result:	Improvement	Risk (H/M/L)		
2152	VTE Clinical Audit - Elective Orthopaedics CIC	Surg	T&O	05/09/2011	10/08/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Miss C Young	Compliant with measure currently in place	Comprehensiveness of current data to be re-assessed	Low	
2284	VTE Clinical Audit - Elective Orthopaedics CIC	Surg	T&O	03/05/2012	30/05/2012	Complete	Good practice; No action required	Mr E Jehangir	Compliant with measure currently in place	Comprehensiveness of current data to be re-assessed	Low	
2285	VTE Clinical Audit - General Surgery CIC	Surg	General Surgery	03/05/2012	07/02/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Mr Thomas Joseph	Compliant with measure currently in place	Comprehensiveness of current data to be re-assessed	Low	
2365	VTE Clinical Audit - ENT Emergency Admission	Surg	Head & Neck	23/08/2012	15/01/2013	Complete	Completed; not good practice; SI/AP with business unit	Mr Andrew Robson	The admitting clinician should use the hospital VTE assessment proforma to document the assessment and the proforma should be kept in the observation folder. The ENT team should liaise with nurses to ensure that patients receive an information leaflet. The admitting clinician should prescribe mechanical thromboprophylaxis on	At the mortality and morbidity meeting, all clinicians have been encouraged to: assess patients for risk of VTE on admission using the hospital proforma and reassessed within 24 hours using the same proforma. To liaise with nurses to ensure that patients receive an	Low	
2351	VTE Medicine - A&E CIC	Medicine	A&E	27/07/2012	21/12/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr R Read	Use of VTE label	Further medical and nursing staff education	low	
	VTE Medicine - EMAU CIC and WCH	Medicine				No audit; carry forward to CAP 13/14					low	
2246	NHS LA Casenote Audit 2012 - Ophthalmology	Surg	Ophthalmology	13/03/2012	21/08/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Miss D Depla, Mr W Sellar	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low	
2318	NHS LA Casenote Audit 2012 - ENT	Surg	Head & Neck	15/06/2012	02/08/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Mr Donald Clark	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low	
2397	NHS LA Casenote Audit - Oral Surgery	Surg	Head & Neck	24/09/2012	05/02/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Mr John Elliott	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low	
2398	NHS LA Casenote Audit - Orthopaedics WCH	Surg	T&O	02/10/2012		Not complete; carry forward to		Mr Ashraf Naguib				
2433	NHS LA Casenote Audit - Orthopaedics CIC	Surg	T&O	05/11/2012	13/12/2012	Complete	Completed; not good practice; SI/AP with business unit	Mr Michael Orr	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low	
2473	NHSLA Casenote Audit - General Surgery CIC	Surg	General Surgery	17/12/2012		Not complete; carry forward to CAP 13/14		Mr Frank Hinson				
2470	NHSLA Casenote Audit - General Surgery WCH	Surg	General Surgery	11/12/2012	31/01/2013	Complete	Completed; not good practice; SI/AP with business unit	Mr Adam Sowinski	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low	



2490	NHSLA Casenote Audit - Urology WCH	Surg	Urology		15/01/2013	12/03/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Mr Jaswant Mom	Audits identify the need for improvement in filing/merging of notes	Issues being address through records group	Low
2404	NHS LA Casenote audit - Dermatology CIC	Medicine	Dermatology		04/10/2012	29/11/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr M Nik	1. Organisation and filing of clinical notes. 2. All staff making an entry in clinical notes must print the time of the entry and record a legible printed name on completion of entry.	1. All departmental staff will have access to Trust clinical notes formatting policy, especially admin, clerical and secretarial staff. 2. All staff informed that these standards must be met.	low
2382	NHS LA Casenote audit - Clinical Oncology (Larch D) CIC	Clinical Support	Clinical Oncology		17/09/2012	06/12/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr S Singhal	Report demonstrated good practice	include time on all entries in notes, checking of DNAR when a new patient or transferred patient arrives, and recording of other health professionals attending the patient. To be re-audited in one year	Low
2274	NHS LA Casenote audit - Elderly Care/COTE Willow A CIC	Medicine	COTE		16/04/2012	15/08/2012	Complete	Not good practice; SIAP with business unit; reaudit 01/02/2013	Dr J George	Improved recording in notes.	To be emphasised at junior doctors in shadowing/induction.	low
2445	NHS LA casenote audit - Rheumatology CIC	Medicine	Rheumatology		01/11/2012		Complete	Good practice; need for improvement; SIAP with business unit; re-audit 01/12/2013	Dr A Hassan	1. Patients full name and hospital number needs to be on all pages. 2. Date and time all entries. 3. Legible name of documenting health	1. Audit to be presented at department meeting. 2. E-mail with the audit and	low
2320	NHS LA Casenote audit - COTE	Medicine	COTE		13/06/2012		Not complete; carry forward to CAP 13/14		Dr Huda			low
2193	NHS LA Casenote audit (CNST) - Elderly Care/COTE Jenkin	Medicine	COTE		03/01/2012		Not complete; carry forward to CAP 13/14		Dr E Orugun			low
2488	NHS LA Casenote audit - Cardiology WCH	Medicine	Cardiology		08/01/2012		Not complete; carry forward to CAP 13/14		Dr Abbas			low
2505	NHS LA Casenote audit - Cardiology CIC	Medicine	Cardiology		01/12/2012		Not complete; carry forward to CAP 13/14		Mr M Cowley			low
	NHS LA Casenote audit - Renal	Medicine					Consultant aware; no audit registered		Dr P Mead			low
2334	NHS LA Casenote audit Paediatric - WCH	Paediatric	Paediatrics		10/07/2012		Not complete; carry forward to CAP 13/14		Dr M Ben-Hamida			low

2088	NHS LA Casenote audit Paediatric - CIC	Paediatric	Paediatrics		15/07/2011	03/09/2012	Complete	Not good practice; SIAP with business unit; reaudit 03/09/2013	Dr John Storr	poor practice was discovered. Make sure each page carries adequate patient identifier and improve recording of time of entries.	Improve record keeping and discuss with junior doctors. Discuss at department Governance Committee and re-audit.	Low
	NHS LA Casenote Audit Gynae - WCH	Surgery	Obs & Gynae				WCH - Mr Bober/Mr Eldred aware; no audit registered; carry forward					low
2375	NHS LA Casenote Audit Gynae - CIC	Surgery	Obs & Gynae		03/09/2012		Not complete; carry forward to CAP 13/14		Mr V Ravimohan	Audit not completed	N/A	Low
2436	Dietetics Record Keeping audit	Medicine	Dietetic		01/11/2012	03/12/2012	Complete	Not good practice; SIAP with business unit; reaudit 01/11/2013	Jacqui Ross	1. Documentation of patient consent. 2. Adherence to abbreviations. 3. Spelling and grammar.	1. Initial patient contact notes consent. 2. Stick to approved abbreviations. 3. Proof read before saving	low
2304	Allied Health Professional - Record keeping	Medicine	OT		16/05/2012	24/01/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Valerie Marshall	1. Ensure that OT neurological assessment and treatment is aimed at service users who need it. 2. Increase the competencies of band 5 OTs on the elderly care rotation in managing stroke patients. 3. Investigate the possibility of staff from NRU providing clinical input onto ASU, particularly for those who have been put on the waiting list for Elm C. 4. Reduce the time spent on 'non face to face contact'. 5. Improved multi-disciplinary working. 6. Improved monitoring systems of recording the duration of treatment	1. Review the blanket referral system that is currently in operation on ASU. Stopping OT intervention when it is no longer beneficial. 2. Provide stroke competencies training to staff that are on rotation on elderly care. 3. Trial organising allocated time slots for NRU staff to provide treatment pending staff skill mix and annual leave cover. Trail the use of group therapy as a potential means of providing 45 minutes of therapy. 4. Audit of the time that staff are allocated to 'non face to face contact'. 5. Joint working	low
2292	Allied Health Professional - Record keeping	Medicine	OT		01/06/2012		Not complete; carry forward to CAP 13/14		Valerie Marshall			low
	Allied Health Professional - Record keeping	Medicine	Physio				Dept head aware; carry forward to CAP 13/14					low



Project Reg No	NICE							Priority for Improvement				
	Project Title	Division	Specialty	NICE No	Start Date	Project End Date	Current status	Outcome	Result:	Improvement	Risk (H/M/L)	
2194	Post Cardiac Arrest Cooling Protocol Audit	Surg	TCA	CG386	05/01/2012	09/02/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr M Holliday	Good practice	Increase awareness of staff	Low
2209	Retrospective Review Of Patients With Radiofrequency Ablation For Varicose Veins	Surg	General Surgery	IPG8	20/01/2012	01/08/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Mr Theo Ojimba	Good practice and recommendations made	Increase number of patients on a morning list	Low
2239	Colonic Stenting in Acute Large Bowel Obstruction	Surg	General Surgery	CG131	28/02/2012	08/03/2013	Abandoned	Abandoned	Mr E Jehangir			
2242	Quality of Dentoalveolar Referral to Oral Surgery at CIC	Surg	Head & Neck	TA1	09/03/2012	27/07/2012	Complete	Not good practice; SIAP with business unit; reaudit 01/04/2013	Mr John Elliott	GDPs not completing the referral form correctly	Report to be issued to GDPs to raise awareness	Low
2249	Anastomosis Leak in Elective Colonic Resections	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Good practice identified	No improvements identified	Low
2250	Anastomosis Leak in Elective Rectal Resection	Surg	General Surgery	CG131	16/03/2012		Not complete; carry forward to CAP 13/14		Mr E Jehangir			
2251	Difference Between Stapled & Hand Sewn Leak in Emergency Colonic Resection	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Audits conducted against RCS guidance therefore inappropriate	Reaudit against appropriate areas in NICE guidance	Low
2252	Impact of Patient ASA Grades in Emergency Bowel Surgery (Title amended on 08/03/2013)	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Audits conducted against RCS guidance therefore	Reaudit against appropriate areas in	Low
2253	Anastomosis Leak Rate in Emergency Colonic Resections	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Audits conducted against RCS guidance therefore inappropriate	Reaudit against appropriate areas in NICE guidance	Low
2254	Difference Between Stapled and Hand Sewn Leak in Elective Rectal Resection	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Audits conducted against RCS guidance therefore inappropriate	Reaudit against appropriate areas in NICE guidance	Low
2255	Impact of Colorectal Anastomosis Leak on Patient Morbidity & Mortality	Surg	General Surgery	CG131	16/03/2012	12/03/2013	Complete	Good practice; No action required	Mr E Jehangir	Audits conducted against RCS guidance therefore inappropriate	Reaudit against appropriate areas in NICE guidance	Low
2367	Post cardiac Arrest Cooling (Re-audit)	Surg	TCA	IPG386	01/10/2012	07/02/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr M Holliday	Reaudit confirms good practice	Improvement to documentation required	Low
2412	Quality of Dentoalveolar Surgery Referrals	Surg	General Surgery	TA1	01/10/2012		Not complete; carry forward to CAP 13/14		Dr Fahad Shabbir			n/a
2419	Measurement of the Trust compliance with NICE guideline 56 on head injury WCH	Medicine	A&E	CG56	08/10/2012		Not complete; carry forward to CAP 13/14		Dr M Greene			n/a
2464	Assessment of Risk for people who self Harm	Medicine	A&E	CG16	10/11/2012		Complete	Not good practice; SIAP with business unit; reaudit 01/05/2013.	Dr R Read	1. Training to medical staff when it is undertaken should emphasise more on procedure than theory. 2. Similar training should also take place to the nursing who can prompt medical staff that the appropriate documentation has been filled in, including a clear statement of risk.	1. Face to face training with medical staff. 2. Face to face training with nursing staff.	medium
2288	Unstable angina and non-STEMI - Implementation of NICE CG94	Medicine	Cardiology	CG94	04/05/2012		Not complete; carry forward to CAP 13/14		Dr S Abbas			n/a
2346	Anti-TNF use in Rheumatoid Arthritis (RA)	Medicine	Rheumatology	TA130	25/07/2012		Not complete; carry forward to CAP 13/14		Dr A I Hassan			n/a

2315	TNF $\alpha$ (alpha)-blocker in ankylosing spondylitis	Medicine	Rheumatology	TA143	12/06/2012	03/09/2012	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr A I Hassan	1. Tighter control with monitoring disease activity by doing 2 pre BASDI/VAS score at least 12 weeks apart. 2. Combine clinics with physiotherapist & consultant.	1. More vigilant with initial & review of BASDI & VAS scoring. 2. Dr Hassan already started combine clinics & physio and other consultant need to do as well.	medium
2243	Management of osteoporosis; secondary prevention after hip fracture	Medicine	Elderly Care/Stroke	TA161	06/03/2012		Not complete; carry forward to CAP 13/14		Dr J Orgee			n/a
2244	Tocilizumab for the treatment of rheumatoid arthritis	Medicine	Rheumatology	TA198	05/03/2012	19/04/2012	Complete	Good practice; reaudit 01/05/2013	Dr A I Hassan	100% compliance, no change to current practice recommended.		low
2240	Patients' weights	Medicine	EMAU	CG32	10/03/2012	31/07/2012	Abandoned	Abandoned	Dr J George			n/a
2341	Diarrhoea & Vomiting in children under 5 years old	Paediatric	Paediatrics	CG84	17/07/2012		Not complete; carry forward to CAP 13/14		Dr M Ben-Hamida			n/a
2283	Management of Febrile children 2012	Paediatric	Paediatrics	CG47	30/04/2012	29/01/2013	Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr M Ben-Hamida	Good practice	Develop PEWS (paediatric early warning system) charts, target date April 2013.	Low
2374	Bacterial meningitis and meningococcal septicaemia	Paediatric	Paediatrics	CG102	03/09/2012		Complete	Good practice; need for improvement; SIAP with business unit; no reaudit planned	Dr P Whitehead	Good practice	New protocol written: Referral pathway for obtaining urgent audiology for post meningitis paediatric patients	Low
2191	NICE CG 129 Care in Multiple pregnancy	Surg	Obs & Gynae	CG129	10/12/2011		Not complete; carry forward to CAP 13/14		Dr Nalini Munjuluri	Results await review by directorate	N/A	Low
2162	Induction of labour (IOL)	Surg	Obs & Gynae	CG70	01/07/2011		Not complete; carry forward to CAP 13/14		Dr Lawley/ Ms Nalini Munjuluri	No evidence that audit completed	N/A	Medium
2265	Fetal Blood Sampling	Surg	Obs & Gynae	CG55	01/04/2012	15/01/2013	Complete	Not good practice; SIAP with business unit; reaudit 01/04/2013	Dr N Zahid	Areas for improvement identified in the audit-directorate yet to identify an action plan	TBC	Medium
2381	Management of newborn were group B haemolytic streptococcus present in either newborn or mother	Paediatric	Obs & Gynae	CG149	13/09/2012		Not complete; carry forward to CAP 13/14		Dr Glynn Jones			n/a
2291	Risk Factors in the Antenatal Period with Reference to Growth	Surg	Obs & Gynae	CG62	01/04/2012	08/08/2012	Complete	Good practice; need for improvement; SIAP with business unit; Reaudit planned 01/07/2013	Anne Musgrave	Good practice however areas for improvement not identified by the directorate	TBC	Low

	<p>Technical patient safety solutions for medicines reconciliation on admission of adults to hospital</p>	<p>Clinical Support</p>		<p>PSG001</p>			<p>Quarterly report to PCT</p>			<p>During a Trust wide audit in Quarter 2 2012/13, 10.5% of adult in-patients had their medicines reconciled by the pharmacy team within 24 hours of admission.</p>	<p>Target of more than 80% not met. This target is difficult to achieve without weekend or extended hours clinical service and with existing limited clinical service to some areas Due to</p>	<p>medium</p>
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