

The Trust also undertook 235 local audits, shown in table 4 below.

Table 4: Trust Local Audits

TABLE 4 – Trust local audits 2023-24		
CLINICAL SUPPORT SERVICES – PATHOLOGY		
No.	Audit Title	Key actions/improvements following audit
5366	Reporting of Thyroid Cytology Specimens and their Correlation with Thyroid Histology October 2021 – September 2022	<ul style="list-style-type: none"> The audit showed good compliance with the standards, therefore thyroid FNA's will continue to be classified as proposed in the Royal College of Physicians (RCP)/British Thyroid Association guidance.
5496	Punch biopsies of melanocytic lesions	<ul style="list-style-type: none"> The audit identified fewer punch/incisional biopsies should be performed of melanocytic lesions on 'non-sensitive' sites. Findings are being shared and further education sessions have been delivered to address this.
5497	The Influence of Covid-19 Surveillance Guidelines Changes on Urine Cytology Outcomes in Bladder Cancer Patients receiving BCG therapy	<ul style="list-style-type: none"> An education session has been delivered to discuss the limitations of urine cytology post Bacillus Calmette Guérin (BCG). A consensus was reached within the cytology department on BCG-related inflammation categorization.
5498	Cellular pathology Lymphoma audit	<ul style="list-style-type: none"> Awareness for the potential for wrong grading of a follicular lymphoma vs DLBCL. IT was agreed that if uncertain to have low threshold to defer grading until specialist review. Findings were discussed at the audit meeting.
5371	Clostridioides difficile infection: antimicrobial prescribing - NICE NG199	<ul style="list-style-type: none"> Teaching sessions have taken place to improve patient assessment.
CLINICAL SUPPORT SERVICES – RADIOLOGY		
No.	Audit Title	Key actions/improvements following audit
5248	Shropshire Breast Screening Programme Client Satisfaction Survey 2022	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5358	Ultrasound assessment of lymph node status in positive breast cancer patients	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5424	Radiological guidance for the recognition and reporting of osteoporotic Vertebral Fragility Fractures (VFF)	<ul style="list-style-type: none"> The audit results were presented to raise awareness within the radiology team of the template on PACS to use when needed. An email was sent to outsourcing company to give feedback on Royal College of Radiologist (RCR) guidance.
5439	Carotid artery duplex ultrasound January-March 2022	<ul style="list-style-type: none"> The report was disseminated, and teaching was provided to sonographers regarding the correct application of Doppler angle and cursor placement. The use of PSV ratio in addition to absolute PSV in suspected 50-70% stenosis was also discussed in the teaching session.

TABLE 4 – Trust local audits 2023-24

5525	The use of PI-RADS v2.1 in pre-biopsy multi-parametric MRI - re-audit	<ul style="list-style-type: none"> • A review of the MRI protocol with radiographers is underway. Once the review has taken place, a lecture regarding the changes will be held.
5528	Post Imaging Colorectal Cancer	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. A re-audit is planned in 3 years' time to ensure compliance is maintained.
5530	An assessment of practice when performing x-rays on ITU and HDU on newly acquired mattresses with X-ray detector pouch	<ul style="list-style-type: none"> • It was agreed that practice will not be changed when undertaking portable x-rays in ITU and HDU with the new mattress. The imaging detector should be placed directly under the patient's back, as before and the x-ray pouch is not to be used due to the inherent risk that it poses. • The audit report was sent to Hillrom as they were keen to receive feedback
5532	Exploring the Impact of Radiology Taster on Junior Doctors	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5537	CTVC audit 2023	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • A re-audit will be carried out to ensure compliance is maintained.
5598	Indications of MRI prostate referral	<ul style="list-style-type: none"> • The indications of prostate MRI according to NICE guidelines were reviewed with consultants of urology and members of urology MDT. • A re-audit is planned.
5599	Referrers' Awareness of Radiation Exposure and Associated Risks of Imaging	<ul style="list-style-type: none"> • An education session for referrers was held. • A re-audit is planned and will include a wider range of grades.
5605	Breast MRI audit results from a GDH. Are we compliant?	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • A re-audit will be carried out to ensure compliance is maintained.
5635	Timely Recording of X-ray Evaluations in the Emergency Department	<ul style="list-style-type: none"> • Multiple reminders have been sent using a variety of platforms to affected members of staff to increase awareness of need to document findings.
5717	Audit Of CT colonography reports 2022	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • A re-audit will be carried out to ensure compliance is maintained.
5718	CT guided lung biopsy diagnostic accuracy and complication rates - re-audit	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • A re-audit will be carried out to ensure compliance is maintained.
5723	Review of chest x-ray follow up alert compliance	<ul style="list-style-type: none"> • The NPSA alert was be discussed at the Radiology meeting to raise awareness.
5740	Compliance with the Cauda Equina Syndrome (CES) (re-audit)	<ul style="list-style-type: none"> • A reminder was sent to all referring clinicians to ensure all urgent requests should document red flags for CES and must be clearly referred from A&E or inpatient ward to be reported urgently. • GIRFT CES Pathway has been reviewed and updated.

TABLE 4 – Trust local audits 2023-24		
5715	Head CT - Lens exclusion re-audit	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards.
5526	Frequency of recommendation for further action in outpatient ultrasound reports	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards.
5527	Frequency of recommendations for further action in GP-referred body CT	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards.
CLINICAL SUPPORT SERVICES – THERAPY		
No.	Audit Title	Key actions/improvements following audit
5251	#NOF standards for physiotherapy	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards.
5547	Adult Critical Care Rehab Outcomes Group National Rehabilitation Survey	<ul style="list-style-type: none"> A new SOP for Critical Care Therapy Service has been developed. A group has been set up to improve the quality and consistency of pathway completion cross site.
5574	Inpatient referral criteria audit	<ul style="list-style-type: none"> A communication has been shared with the wider MDT and Trust regarding the number of inappropriate referrals. An improvement project is underway, focussed on education of medical staff on AMU at both sites. A re-audit is planned.
5688	Casenotes & Stamp Audit - Therapies 2023	<ul style="list-style-type: none"> Registered staff have been educated on the importance of recording HCPC numbers after each entry within the notes along with their signature.
CORPORATE – TRUST WIDE		
No.	Audit Title	Key actions/improvements following audit
5028	Children's Emergency Department Notes	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards.
5110	Bereavement feedback questionnaire 2022-2023	<ul style="list-style-type: none"> The Palliative and End of Life Care team have implemented an action plan to ensure that all required actions are identified and implemented after each quarterly report.
5191	Care after Death - Jan 2023	<ul style="list-style-type: none"> A one-minute brief was produced and shared with all ward managers and PEoLC champions in December 2023 highlighting the areas of poor compliance. The ward managers are monitoring practice and supporting improvements where required.
5418	Symptom control audit	<ul style="list-style-type: none"> The audit form has been simplified for the next cycle of the audit.
5538	Audit of Regulation 20: Duty of candour	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required
5545	T34 loan process audit	<ul style="list-style-type: none"> Medical Engineering Services (MES) have added the equipment return date to the loan form. A re-audit is planned.
SURGERY, ANAESTHETICS & CANCER – THEATRES, ANAESTHETICS & CRITICAL CARE		
No.	Audit Title	Key actions/improvements following audit

TABLE 4 – Trust local audits 2023-24

5024	Anaesthetic involvement in hypertensive obstetric patients (Ockenden)	<ul style="list-style-type: none"> • A re-audit against the local SOP has taken place
5198	Recovery - Post Operative Delivery Care	<ul style="list-style-type: none"> • Full monitoring for all patients using portable monitoring device during transfer has commenced. • The local SOP has been updated.
5215	Obstetric Anaesthetic Annual Summary Report	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further action required
5234	Epidural Care and Neurological Problems 2023	<ul style="list-style-type: none"> • Labour ward managers and midwives have been reminded about the blue tip and observations.
5317	Women who require obstetric anaesthetic referral	<ul style="list-style-type: none"> • An MDT (obstetricians, midwives and anaesthetists) approach has been adopted in improving the antenatal referral system.
5318	Difficult airway management in obstetric audit	<ul style="list-style-type: none"> • A reminder was sent to all anaesthetist regarding improvement of documentation and improved follow up of patients.
5321	Anaesthetic management - cardiac disease in pregnancy	<ul style="list-style-type: none"> • Improvements to the system have been made for referring to the anaesthetic antenatal clinic for patients with cardiac disease in pregnancy.
5322	Anaesthetic management in patients declining blood transfusion and blood products audit	<ul style="list-style-type: none"> • The process has been changed to ensure that all patients who decline blood products receive anaesthetic review. • An audit has taken place to review referral of patients to antenatal clinic.
5400	Anaesthetics for Emergency Obstetric Cases 2023	<ul style="list-style-type: none"> • The audit was presented, and awareness was raised regarding documentation of consent and block height.
5421	Anaesthetic management of the pregnant patient with suspected or confirmed Pre-Eclampsia/Eclampsia	<ul style="list-style-type: none"> • Posters to remind staff that platelet check should be done within 6 hours prior to regional anaesthesia were created and displayed.
5432	When to call consultant anaesthetist to delivery suite / or when to inform a consultant anaesthetist	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further action required
5468	Post-dural puncture headache audit	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further action required
5469	Raised BMI Audit	<ul style="list-style-type: none"> • During presentation, all anaesthetists were reminded of the importance of fully completing the assessment.
5645	Anaesthetic Involvement in Antenatal Long QT Patients	<ul style="list-style-type: none"> • No relevant patients identified for the reporting period. This will be reviewed again in 12 months.
5646	Pruritus after Intrathecal Opioids - Audit 2022	<ul style="list-style-type: none"> • During presentation, anaesthetists were reminded of the importance of the management of pruritus.

TABLE 4 – Trust local audits 2023-24

5694	Anaesthetic approach to the pregnant patient with suspected or confirmed malignant hyperthermia	<ul style="list-style-type: none"> No relevant patients identified for the reporting period. This will be reviewed again in 12 months.
5699	Suxamethonium apnoea in pregnancy re-audit	<ul style="list-style-type: none"> No relevant patients identified for the reporting period. This will be reviewed again in 12 months.
5700	Anaesthetic Management of Local Anaesthetic Toxicity in Obstetric Anaesthetics	<ul style="list-style-type: none"> No relevant patients identified for the reporting period. This will be reviewed again in 12 months.
5701	Anaesthetic management - CPR in pregnancy re-audit	<ul style="list-style-type: none"> No relevant patients identified for the reporting period. This will be reviewed again in 12 months.
5733	Post-Anaesthesia Follow-Up Pathway Review	<ul style="list-style-type: none"> Further regular audits are being carried out to review compliance with this pathway.
5316	Pain scores and complications after rectus sheath catheter (RSC) insertion in anaesthetics - re-audit	<ul style="list-style-type: none"> Further teaching on RSC insertion was delivered at the governance meeting and will continue in theatre.

SURGERY, ANAESTHETICS & CANCER – HEAD & NECK AND OPHTHALMOLOGY

No.	Audit Title	Key actions/improvements following audit
5153	Cochlear Implant Referral Criteria Audit (CIRCA)	<ul style="list-style-type: none"> Audiology have added a section in the notes template for severe-profound hearing loss patients within the hearing therapy and complex hotkey to promote and record CI discussion during appointments if appropriate. The BAA service quality committee resource “its time to talk about cochlea implants” has been shared with Audiology staff.
5312	Hearing loss in adults: assessment and management - NICE NG98 & QS185	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. A re-audit is planned.
5352	Casenote Audit - ENT	<ul style="list-style-type: none"> Session on the importance of good documentation is included in the junior doctors' induction.
5506	Post Thyroidectomy Bleed Monitoring - re-audit	<ul style="list-style-type: none"> Training video has been uploaded to the intranet. Module included in junior doctor's induction.
5448	Casenotes & Stamp Audit - Ophthalmology	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required
5652	Dilate at home (DAH)	<ul style="list-style-type: none"> Single DAH clinics have been set up.
5488	Emergency medicine clinician knowledge, confidence & experience of managing avulsed teeth	<ul style="list-style-type: none"> An information poster has been produced and displayed to improve knowledge and training required for Junior A&E Staff.

TABLE 4 – Trust local audits 2023-24

5552	Orthodontic Improvement project: clinic utilisation audit	<ul style="list-style-type: none"> • Booking guidance for orthodontic patients has been created and shared. • A new receptionist has been recruited to ensure that the reception desk is always covered.
5704	Paediatric clinical quality report for Auditory Brainstem Response testing (ABR)	<ul style="list-style-type: none"> • Monitoring will take place of the next 12 months to ensure >90% calibration target is met. • Implementation of new peer review form on Auditbase is underway. The paediatric team were consulted to ensure that time is allocated to do this.
5705	Paediatric clinical quality report for hearing aid appointments 2022	<ul style="list-style-type: none"> • A comments box has been added to the assessment forms where the team can add the relevant information, to help future assessments and to ensure data collections run more smoothly. • Local paediatric speech testing processes in children and local and national guidelines on speech testing were reviewed.
5706	Paediatric Clinical quality report for Local Hearing clinics (LHC) 2023	<ul style="list-style-type: none"> • Monitoring of dashboard over next 12 months is underway to ensure >90% calibration target is met. • A Review has taken place to look at clinic planning to accommodate increased capacity. • Site specific data has been shared with the paediatric team.
5707	Paediatric Clinical quality report for Pre-School Audiology Clinic (PAC) 2022-2023	<ul style="list-style-type: none"> • New outcomes have been added to Auditbase so the necessary training needs can be identified and given to staff. • A copy of the results has been shared with the community team.
5708	Paediatric patient experience 2022	<ul style="list-style-type: none"> • A poster has been produced to show trends per site. • Monitoring of the clerical teams is on-going to make sure the texts are being sent to parents after their appointment.
5709	Local Hearing Clinic Audiology Clinic Vertical Audit 2022 -23	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further action required.
5710	Pre-School Audiology Clinic Vertical Audit 2022 -23	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further action required.
5791	Paediatric patient experience 2023-24	<ul style="list-style-type: none"> • Posters showing trends per site have been displayed. • Data shared with the Paediatric team and wider Audiology groups.
5546	EYE PA DNA Audit	<ul style="list-style-type: none"> • The manager has liaised with finance and other relevant departments and the outreach clinics have now recommenced.
5430	COVID-19 Delay audit	<ul style="list-style-type: none"> • Patients identified where harm may be possible due to delay from the COVID-19 pandemic were brought in for review on urgent appointments.
5429	Telephone clinic audit	<ul style="list-style-type: none"> • The audit has identified the telephone clinic is successful, so these have been continued.
5639	Delay to treatment in orthodontics referral for dento-alveolar procedures since post COVID pandemic	<ul style="list-style-type: none"> • Plan to introduce tabletop MDT clinics to allow patient assessment virtually. • The planned new elective hub will increase capacity and improve waiting times.

TABLE 4 – Trust local audits 2023-24

5805	Pre-School Audiology clinical quality report 2023-24	<ul style="list-style-type: none"> Monitoring of dashboard over next 12 months is underway to ensure >90% calibration target is met. A re-audit will include a minimum of 100 “complex” discharge patients to make sure the correct processes for discharge procedures have been followed.
5806	Pre-School Audiology Clinic Vertical Audit 2023 -24	<ul style="list-style-type: none"> The results were shared with the SMT team / Community teams, ENT & Paediatric team. A Vertical audit to be undertaken bi-annually.
5808	LHC (School age) Audiology clinical vertical audit 2023-24	<ul style="list-style-type: none"> The results were shared with the SMT team / Community teams, ENT & Paediatric team. A Vertical audit to be undertaken bi-annually.

SURGERY, ANAESTHETICS & CANCER – TRAUMA & ORTHOPAEDIC

No.	Audit Title	Key actions/improvements following audit
5108	Post-operative infections in NOF patients	<ul style="list-style-type: none"> Ongoing surveillance which includes all infected cases recorded on a database.
5242	Compliance to ASIA spine chart for spine fractures 2022 - re-audit	<ul style="list-style-type: none"> The results showed improvement since the previous audit, and satisfactory compliance with the audit standards.
5503	Achilles Tendon Rupture Complication Audit	<ul style="list-style-type: none"> The continued audit of patient care shows improved outcomes and reduced complication rates.
5577	Outpatient satisfaction survey - fracture clinic 2023	<ul style="list-style-type: none"> Information about expected waiting times is written on the Notice/information Board in the Patient waiting area.
5616	Work up for Neck of femur Patients by Emergency Department	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5617	Work up for Neck of femur Patients by Emergency Department - re-audit	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. A re-audit is planned.
5622	Patient initiated follow-up (PIFU) questionnaire - second cycle	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. A re-audit is planned.
5685	Group and Save for Ankle Fracture Fixation	<ul style="list-style-type: none"> Th results showed satisfactory compliance with the audit standards. No further action is required.

SURGERY, ANAESTHETICS & CANCER – SURGERY

No.	Audit Title	Key actions/improvements following audit
4948	Early and locally advanced breast cancer - NG101 re-audit 2021	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action is required.
5397	Review Of Re-Excision after Primary Breast Conserving Operations for Cancer	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards (results fell within the national average). To be re-audited every 3 years to ensure compliance is maintained.
5398	National Margin Audit 2 (NMA2)	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards (results fell within the national average).

TABLE 4 – Trust local audits 2023-24

		<ul style="list-style-type: none"> To be re-audited every 3 years to ensure compliance is maintained.
5615	Change of practice for localisation of impalpable breast cancer	<ul style="list-style-type: none"> Further audit of Magtrace against NICE guidance will be carried out to assess cost effectiveness, and improve theatre utilisation.
4733	Patient information following appendicectomy	<ul style="list-style-type: none"> A patient leaflet has been developed and is handed out to ensure consistent advice is provided to patients.
4956	1 year mortality for patients presenting to SaTH	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5356	Obesity: identification, assessment and management of overweight and obesity in children, young people and adults - Obesity: NICE CG189 & Clinical assessment and management QS127	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5519	Liver Shrinkage Diet in elective cholecystectomy patients with high BMI	<ul style="list-style-type: none"> Liver shrinking diet advice is now provided for obese patients listed for cholecystectomy.
4954	Endoscopy Unit Patient Satisfaction Questionnaire - re-audit	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5373	Colonoscopic surveillance for prevention of colorectal cancer in people with ulcerative colitis, Crohn's disease or adenomas - NICE CG118	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5573	Upper GI Bleeding Audit 2022	<ul style="list-style-type: none"> GI bleed proforma and guidelines have been developed for use in ED.
5614	Pancreatic Cysts	<ul style="list-style-type: none"> The Trust has reviewed practice in other centres to help facilitate improvement.
5254	Gallstone disease - NICE CG188 re-audit	<ul style="list-style-type: none"> NICE standards were mainly adhered to. Patients who were not offered cholecystectomies were seen by a specialist surgeon and were considered unfit for surgery. Delays were noted in referral to the upper gastrointestinal (GI) team. The referral pathway is being reviewed and updated.
5467	Casernote audit – general surgery	<ul style="list-style-type: none"> Session included in induction programme.
5548	Routine preoperative tests for elective surgery (NG45)	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5370	Casernote and Stamp - urology	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5464	Urinary Incontinence in neurological diseases (CG148)	<ul style="list-style-type: none"> The Clinical Nurse Specialists have been educated on the importance of ensuring patients and relatives are involved in discussions about potential complications.

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5662	Urology on the day (OTD) Theatre Cancellation Audit	<ul style="list-style-type: none"> To reduce rate of OTD cancellations, the SOP has been updated.
5465	Bypass surveillance audit	<ul style="list-style-type: none"> The vascular team now add instructions in the operation note for the patient to have an ultrasound scan within 6 weeks. A re-audit is planned.
4773	Patient Information Leaflets provision as part of consenting process for Vascular surgery Operations	<ul style="list-style-type: none"> The audit showed good compliance with the standards following the introduction of a patient leaflet. These will continue to be provided to patients.
5433	Assessing the length of hospital stay following parathyroid operation compared to national standards	<ul style="list-style-type: none"> This protocol has been successfully implemented in patients with secondary hyperparathyroidism who are deemed suitable for day case parathyroidectomy.
5671	Vascular audit of surveillance imaging after endovascular aneurysm repair (EVAR) and bypass surgery re-audit	<ul style="list-style-type: none"> To ensure the appropriate scan is requested instructions are now be included on the operation note.

SURGERY, ANAESTHETICS & CANCER – ONCOLOGY & HAEMATOLOGY

No.	Audit Title	Key actions/improvements following audit
5270	Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable - NICE TAG765	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. A re-audit will be carried out to ensure compliance is maintained.
5420	Myeloma: diagnosis and management - NICE NG35	<ul style="list-style-type: none"> Provision of cross-sectional imaging was reviewed and updated with the radiologists.
4947	Casenotes - oncology	<ul style="list-style-type: none"> A teaching session was delivered to target areas for improvement.
5210	Opioids in palliative care - NICE CG140 re-audit	<ul style="list-style-type: none"> A staff leaflet is being written on communication and advice to be given to patients/family.
5238	Hospital Palliative Care Team - patient survey	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required
5348	Neutropenic sepsis - NICE CG151 - re-audit	<ul style="list-style-type: none"> Stickers with the scoring system have been implemented to act as a prompt.
5471	CT audit - 6M clinical – 347	<ul style="list-style-type: none"> A manufacturer visit to review laser stability was carried out.
5473	Palliative mortality - 2yrs – 349	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5474	QAPs satisfied through management meetings – 350	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.
5475	QC - WI check for linac optics etc – 351	<ul style="list-style-type: none"> All 7 WI documents have been updated.
5476	Patient satisfaction 2022 – 352	<ul style="list-style-type: none"> The results showed satisfactory compliance with the audit standards. No further action required.

TABLE 4 – Trust local audits 2023-24

5477	Technical Test Equipment 2023-01-12 – 353	<ul style="list-style-type: none"> • A request has been logged for missing calibration certificate from the calibration service.
5478	Pregnancy status and laterality for treatment – 354	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5479	3rd check + weeklies – 355	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5480	Chemo spill training Jan 2023 – 356	<ul style="list-style-type: none"> • A new signatory list has been produced to ensure that all staff have received appropriate training.
5481	Prostate treatment re- audit Jan 23 – 357	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5482	Consent audit Jan 2023 – 358	<ul style="list-style-type: none"> • The Quality Audit Protocol has been updated.
5483	Concessions 2022 – 359	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5484	Nonconformity forms review Nov - Feb – 360	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5554	Patient ID & Accessories – 361	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5555	Bone single # % achieved over 2022 – 362	<ul style="list-style-type: none"> • The audit summary was discussed at the management meeting and safety meeting to ensure doctors aware.
5556	QAP 5.1-Review – 363	<ul style="list-style-type: none"> • The QAP has been updated to reflect changes needed from concession, WI 92R and breast + prostate review.
5557	QAP 1.4-QA Document and Data control – 364	<ul style="list-style-type: none"> • An update has included to include MPE statement. • The master list of reference documents has been updated.
5558	QAP 1.4-QA All quality documents should be reviewed in a timely manner – 365	<ul style="list-style-type: none"> • 7 documents have been reviewed/removed.
5559	Management of prostate patient side effects – 366	<ul style="list-style-type: none"> • The midstream specimen of urine (MSU) protocol was reviewed and updated.
5560	Recorded off-protocol treatments – 367	<ul style="list-style-type: none"> • A protocol review is underway for each of the 4 areas, West Midland Cancer Alliance (WMCA) protocol has been adopted and a companion document produced.
5561	Photon QC Results – 368	<ul style="list-style-type: none"> • Brief instructions were obtained from the engineers to on steering adjustments from Varian to allow steering correction when necessary. • A new standard plan has been created.
5562	Gynae Radical Radiotherapy Audit – 369	<ul style="list-style-type: none"> • Additional training on image guided radiotherapy (IGRT) has taken place.
5563	IRR17 Audit – 370	<ul style="list-style-type: none"> • The radon risk assessment has been given to health & safety for a review.
5564	IGRT Rectum Prostate Audit – 371	<ul style="list-style-type: none"> • A urology site specific group meeting took place and agreed to the introduction of this approach.
5565	Radiotherapy On Call 2022 Audit – 372	<ul style="list-style-type: none"> • CT log book reminder was sent to staff

TABLE 4 – Trust local audits 2023-24

5566	Scanning Spot Check Audit – 373	<ul style="list-style-type: none"> • A repeat audit was carried out to check what is happening now. An updated WI was issued with allowance for any staff member to be able to scan and approve these documents so that it is not just band 6 rads.
5746	Handover log – 374	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5747	3rds and weekly checks audit – 375	<ul style="list-style-type: none"> • Changes have been made to the weekly checking protocol to make this check more manageable for staff while ensuring those patient groups with more complexity are still managed effectively.
5748	Peer review check – 376	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5750	Head and neck patients on treatment – 378	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5751	Quality records – 379	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5752	Cat 2 gaps- 380	<ul style="list-style-type: none"> • The results were discussed with pre-treatment Support and tech support to increase awareness.
5753	Mortality review - 3years- 381	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5754	Audit mapping – 382	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5755	Brachytherapy – 383	<ul style="list-style-type: none"> • The results were shared with the gynaecology consultants to improve compliance.
5756	Colorectal patients fail 1st CT planning scan – 384	<ul style="list-style-type: none"> • Pre-assessment will be trialled for this group of patients.
5757	Lung Radiotherapy volumetric imaging - 385	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5758	Prostate CBCT consistency audit - 386	<ul style="list-style-type: none"> • A Reminder was sent to radiographers to sign for images matched and to circle all aspects of image match on imaging forms, and to seek support if there are issues with matching images.
5759	Head & Neck Radiotherapy volumetric imaging – 387	<ul style="list-style-type: none"> • A memo was sent to staff to ensure they check the scanned documents for legibility prior to approval.
5760	IMC consistency audit – 388	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5761	Bladder CBCT consistency audit – 389	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5763	Colorectal consistency audit - 391	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5764	Gynae CBCT consistency audit - 392	<ul style="list-style-type: none"> • A reminder was sent to radiographers to ensure they circle all aspects of image match on imaging forms and to sign for images taken even when not treated on.
5765	Staff IGRT competency audit – 393	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5766	KV MV SE audit – 394	<ul style="list-style-type: none"> • Radiographers were reminded to check the protocols for imaging scheduling if unsure, and to record reasons for taking additional images.

TABLE 4 – Trust local audits 2023-24

5767	Quality documentation audit - 395	<ul style="list-style-type: none"> • A concession was completed for out-of-date documents.
5780	QPA, QP, QO, management review 2023 - 396	<ul style="list-style-type: none"> • A change management review is underway.
5781	Training record audit – Treatment Jan 2024 - 397	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5782	Gulmay - 398	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5783	Drug cupboard temperature recording LA1 - 399	<ul style="list-style-type: none"> • A reminder was added to the newsletter of the correct process for reporting temperature deviation.
5784	Automatch feasibility for morning QA - 400	<ul style="list-style-type: none"> • Automatch will not be used for morning QA as a replacement for one radiographer matching.
5785	Patient feedback forms 2023 - 401	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5786	Datix review 2023 - 402	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5787	Concessions review 2023 - 403	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5789	3rd check and on treatment checks- 405	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5790	Audit QAP + process - 406	<ul style="list-style-type: none"> • The quality assurance process is being updated.

MEDICINE & EMERGENCY CARE – EMERGENCY CARE

No.	Audit Title	Key actions/improvements following audit
5244	Transient loss of consciousness ('blackouts') in over 16s - NICE CG109	<ul style="list-style-type: none"> • A teaching session was held on the TLOC guidelines. • The TLOC standards were added to message of the week.
5355	ED documentation audit 2022	<ul style="list-style-type: none"> • “Perfect week” happened in November which resulted in improved triage times.
5417	Prescribing in resuscitation	<ul style="list-style-type: none"> • The use of professional registration numbers to annotate prescriptions was highlighted in ED Board Rounds. • Prescribing of oxygen in accordance with target SpO2 is now included on the ED CAS card.
5524	Oxygen prescribing in the Emergency department	<ul style="list-style-type: none"> • Oxygen prescribing was included on the message of the week.
5536	Anaphylaxis - assessment and referral (CG134 & QS119)	<ul style="list-style-type: none"> • Information has been provided to the treating doctors.
5636	Age-adjusted D-dimer in patients with suspected pulmonary embolism with a low clinical probability in a district hospital	<ul style="list-style-type: none"> • The introduction to streamline request form in requesting CTPA is being reviewed by the radiology department.

MEDICINE & EMERGENCY CARE – MEDICINE

TABLE 4 – Trust local audits 2023-24

No.	Audit Title	Key actions/improvements following audit
5500	Chest pain of recent onset: assessment and diagnosis - CG95	<ul style="list-style-type: none"> • An educational poster has been produced to give a clear understanding about symptoms of sudden onset chest pain. • A checklist has been created to further improve compliance.
5505	Bisphosphonates for treating osteoporosis - TAG 464 (zoledronate)	<ul style="list-style-type: none"> • Results show that majority of patients are treated with Zoledronate in accordance with guidelines. • Fracture liaison service has been set up for the county.
5221	Dermatology minor procedures audit	<ul style="list-style-type: none"> • No recommendation made as no concerns identified.
5271	Apremilast for treating moderate to severe plaque psoriasis - NICE TAG419	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further actions required.
5279	Atopic eczema in children - CG57 & Atopic eczema in under 12s - QS44	<ul style="list-style-type: none"> • Patient documentation has been updated in line with NICE guidance.
5280	Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing - NG190	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further actions required.
5529	Perioperative wound infection	<ul style="list-style-type: none"> • Tissue viability nurse contacted and agreed current dressing choice not suitable therefore switched to an alternative dressing. Surgical staff informed of this and to implement immediately. • Nursing staff have replaced all literature with new updated leaflets.
5171	Diabetic foot problems: prevention and management - NICE NG19	<ul style="list-style-type: none"> • Issues with foot screening were highlighted to the Community providers.
5405	Hypo Box audit	<ul style="list-style-type: none"> • A Hypo box checklist has been updated. • “Think glucose” stickers have been supplied to all areas.
5406	Adherence to diabetic ketoacidosis (DKA) treatment /management pathway	<ul style="list-style-type: none"> • A new proforma has been developed and training has been delivered in high dependency areas.
5407	Think glucose compliance	<ul style="list-style-type: none"> • Link information to Think Glucose Champions has been shared with staff in their areas. • A new referral criterion has been distributed to all wards.
5408	Hypoglycaemia treatment & concordance pathway	<ul style="list-style-type: none"> • Hypoglycaemia management has been incorporated into mandatory trust courses to all junior doctors and nursing staff. • The Trust guidelines have been updated.
5409	Maternity clinical outcomes of type 1 DM service	<ul style="list-style-type: none"> • There are current discussions regarding a pre-conception service, however there is still no formally commissioned pre-conception service. • A meeting has been requested to discuss plan for new pregnancy Hybrid Closed Loop (HCL) pump.

TABLE 4 – Trust local audits 2023-24

5411	Key performance data for benchmarking & service improvement	<ul style="list-style-type: none"> • A new Database has been set up to ensure data is easily accessible. • A re-audit is planned.
5412	Complex diabetes clinic outcome data	<ul style="list-style-type: none"> • Psychology support in diabetes clinics is being reviewed by consultants. • Draft contracts for patients to sign at beginning of clinic (expectations of clinic) are being drafted.
5413	Patient satisfaction - services provided in insulin pump therapy	<ul style="list-style-type: none"> • In response to feedback received time slots have been increased to allow more time during appointments.
5416	Patient satisfaction (Think Glucose)	<ul style="list-style-type: none"> • Trial of self-administration on SAU is planned. • Insulin adjustment stickers have been devised and are currently in discussion with safe medication committee.
5253	Management of acute kidney injury (AKI) in AMU - NICE NG148 & QS76	<ul style="list-style-type: none"> • To increase awareness amongst staff the audit was presented at several meetings.
5353	Casenotes - medicine	<ul style="list-style-type: none"> • An education session was delivered.
5486	Discharge process in SDEC re-audit	<ul style="list-style-type: none"> • The audit showed that compliance with the guideline has since the last audit. • No further actions required.
4837	Improving culture negative peritonitis rate	<ul style="list-style-type: none"> • Improvement in the rate of culture-negative peritonitis was shown. • No further actions required.
4933	Renal replacement therapy and conservative management - NG107	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further actions required.
5158	PD Peritonitis re-audit	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. • No further actions required.
5452	Renal Alteplase issues re-audit	<ul style="list-style-type: none"> • Pharmacy will explore alternative price models and supply chains for the drug.
5553	Urine dip stick documentation to vital Pac	<ul style="list-style-type: none"> • Urine dip documentation is now included in the Trust induction programme.
5638	Improving the consent process in the renal department - re-audit	<ul style="list-style-type: none"> • Consent training is now mandatory. • A consent checklist has been introduced. • A re-audit is planned.
5126	Psychological distress in lung cancer: patient self-assessment versus lung CNS clinical judgement	<ul style="list-style-type: none"> • Holistic needs assessment is now being carried out by the Lung Cancer Nurse Specialist (LCNS) at the point of diagnosis. LCNS now asks patients to describe distress using the distress thermometer.
5613	Casenotes audit - medicine	<ul style="list-style-type: none"> • Further education of doctors being carried out to stress the importance of completing the minimum standard for documentation. • The governance lead is working with the team to ensure chaperone details are recorded in the casenotes.
5354	Stable angina: management - NICE - CG126 & Stable angina - QS21	<ul style="list-style-type: none"> • A letter of correspondence was sent to GPs to emphasize the importance of Lipid Management.

TABLE 4 – Trust local audits 2023-24

5653	Safer Opioid Prescribing	<ul style="list-style-type: none"> Posters have been produced and teaching sessions arranged. These include world health organisation (WHO) step ladder for analgesic prescription, timely co- prescription with opiates and key points of the Trust guidance.
WOMEN & CHILDREN'S – GYNAECOLOGY		
No.	Audit Title	Key actions/improvements following audit
4809	UTI rates after urodynamics	<ul style="list-style-type: none"> The current guidelines will be discussed in Uro-gynaecology MDT. The guideline has been updated to incorporate stricter implementation of pre-procedure prophylaxis in high-risk women.
5169	Casenote audit - gynaecology	<ul style="list-style-type: none"> Discussion included at Induction – includes the importance of documentation, use of stamp, date and time, contemporaneous entry. A re-audit is planned.
5359	Fibroid Sarcoma	<ul style="list-style-type: none"> Current 2 week wait pathway and multi-disciplinary review process is appropriate.
5435	GATU note audit (Smears and Doctors name)	<ul style="list-style-type: none"> Doctors are now prompted to check smear history and offer a smear to patients who are not up to date.
5609	Colposcopy patient satisfaction survey 2023	<ul style="list-style-type: none"> Clinic 6 facilities identified as sub-standard; this has been added to the risk register. A re-audit is planned.
WOMEN & CHILDREN'S – NEONATOLOGY		
No.	Audit Title	Key actions/improvements following audit
5213	Neonatal Hypocarbia management	<ul style="list-style-type: none"> An audit of prescription of respiratory support is planned. Action has been taken to ensure blood gases are now signed to evidence review by member of the medical team.
5426	Badgernet system audit for preterm birth communication - re-audit	<ul style="list-style-type: none"> The neonatal team are now documenting pre-birth discussions on Maternity Badgernet. The neonatal network are working towards implementation of tertiary team support for parental discussions at that level.
5517	Casenote Audit - Neonatal	<ul style="list-style-type: none"> The Documentation Guide has been displayed on the unit.
5580	Perinatal Optimisation for Preterm Babies – caffeine, probiotics, VTV	<ul style="list-style-type: none"> A review of the guideline is in progress in view of differences in nationally available recommendations.
WOMEN & CHILDREN'S – OBSTETRICS		
No.	Audit Title	Key actions/improvements following audit
5246	Management of 3rd & 4th degree perineal trauma	<ul style="list-style-type: none"> Procedure specific consent form for 3rd and 4th degree tears has been designed and implemented. The current service is being integrated into the post-partum haemorrhage service.

TABLE 4 – Trust local audits 2023-24

5286	Care of Women in Labour on Consultant Delivery Suite	<ul style="list-style-type: none"> • A poster has been designed by the digital and fetal monitoring midwife highlighting “Time when Fresh eyes are due are on the board”. • Purple pushing pen has been introduced, this will highlight time active second stage and updates.
5344	Antenatal and Postnatal Mental Health - NICE CG192 and QS115	<ul style="list-style-type: none"> • The process and leaflets for referrals to the birth reflections clinic are being updated. • A memo was sent to community midwives reminding them to discuss mood during the postnatal period
5372	Enhanced Recovery Pathway (ERP) following Caesarean Section	<ul style="list-style-type: none"> • The SOP has been amended now that the ERP has been implemented
5431	Implementation of the new fetal growth surveillance pathway - Initial risk assessment	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5462	Bladder care v7.4 (009) October 2021 – March 2024	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5463	HIV Infection management in maternity	<ul style="list-style-type: none"> • This audit did not show whether women were advised how they would receive their results. Planned audit of Antenatal screening guideline will provide this information. • Cases of non-compliance will be highlighted to the screening midwife and booking co-ordinator.
5485	Induction of labour care pathway – delays due to high activity or short staffing (Ockenden IEA 10.5)	<ul style="list-style-type: none"> • A framework was developed and published for women awaiting transfer to labour ward for artificial rupture of membranes (ARM). • A re-audit is planned.
5487	Electronic situation background assessment recommendation (SBAR) handovers in the antenatal, intrapartum and postnatal periods	<ul style="list-style-type: none"> • Staff have been encouraged to use SBAR in safety huddles, and ward meetings.
5514	Smoking cessation in pregnancy and the postnatal period	<ul style="list-style-type: none"> • The guideline has been updated to reflect current guidance.
5571	Concealed Pregnancy - (includes management for women who are booked elsewhere) - 027 (1)	<ul style="list-style-type: none"> • Referrals to Children’s Social care will only be completed if the safeguarding threshold has been met. This is in line with the Local Authority’s Safeguarding Partnership guidance. The concealed pregnancy guideline has been updated to reflect this.
5576	Acute Fetal Hypoxia - re-audit	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.
5745	Patient Information Guideline – Maternity - 127 (1)	<ul style="list-style-type: none"> • Badgernet training updates now include ward support assistants and midwifery support workers.
5507	Newborn Blood Spot screening	<ul style="list-style-type: none"> • To review informed consent further, an assessment of how much digital information is being access by patients will take place. • Work is in progress to provide information in different formats.

WOMEN & CHILDREN’S – PAEDIATRICS

TABLE 4 – Trust local audits 2023-24

No.	Audit Title	Key actions/improvements following audit
5095	Investigation & Management of BRUE (Brief Resolved Unexplained Event) in the West Midlands	<ul style="list-style-type: none"> • A Poster has been designed summarising the recommendations.
5349	Faltering growth: recognition and management of faltering growth in children - NICE NG75	<ul style="list-style-type: none"> • To improve documentation, the key findings were highlighted to junior staff.
5367	Diarrhoea and vomiting in children under 5 - CG84	<ul style="list-style-type: none"> • An education session was delivered to improve documentation of assessments and management.
5384	Paediatric cervical lymphadenopathy	<ul style="list-style-type: none"> • Review system updated to ensure correct investigations requested. • A re-audit is planned.
5446	Arthritis (juvenile idiopathic, systemic) - tocilizumab - TAG238	<ul style="list-style-type: none"> • The results showed satisfactory compliance with the audit standards. No further action required.

Clinical Audit Outcomes

The reports of 235 clinical audits were reviewed by the provider and a compliance rating against the standards audited agreed. However, 20 (8%) of these local audits demonstrated significant non-compliance with the standards audited (compared to 14% for 2022/2023). On completion of the audit, the lead auditor fills in a sign-off form with the audit conclusions, recommendations, and action plan. This includes an overall rating of compliance with the standards audited. Significant non-compliance is rated as red and denotes less than 50% overall compliance with the standards audit. These are reported to the speciality governance meetings and divisional governance meetings and then through to the Quality Operational Committee chaired by the Medical Director. SaTH intends to take actions to improve the quality of healthcare provided and will consider re-audit against these standards once actions have been appropriately embedded. These audits are listed in table 5.