

Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-112023-000448

Date: 22nd December 2023

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

Request

1. A list of all current and past audits and quality improvement projects started within the urology and general surgical department over the last 10 years.
 1. Please provide date started, date completed, title, objectives, summary, action plan, whether the action plan was completed, and any closing of the loop/repeat.
2. A list of all current clinical guidelines within the field of urology.
 1. Please provide a summary table of each guideline, when it was first created, last updated, frequency of updates
 2. Please provide a copy of each guideline in word document or pdf form.
3. A list of clinical chemistry/electrolyte guidelines (e.g. hyperkalaemia, hypokalaemia etc)
 1. Please provide a summary table of each guideline, when it was first created, last updated, frequency of updates
 2. Please provide a copy of each guideline in word document or pdf form.

Response

Please note, as per NHS England's Records Management Code of Practice which specifies a maximum retention period for clinical audit of 5 years, please find attached a list of the clinical audits for the past 5 years.

Please also find attached the relevant Trust guidelines as requested – please note, these have been redacted of any personal identifiable information or internal website links which cannot be accessed outside of the organisation.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands

DY1 2HQ

Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office

Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Tel: 0303 123 1113

www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

Yours sincerely

**Freedom of Information Team
The Dudley Group NHS Foundation Trust**

Audit code	Audit title	objectives	summary	action plan	date closed
GENSUR/2019/02	Retrospective analysis of intra-operative cholangiograms in the management of ductal stones at the time of surgery.	Objectives Establish the value of selective intra-operative cholangiograms and implement a Service guideline for this procedure.	There was 100% compliance with guidance as all stones were cleared, either intra operatively or through post op ERCP or MRCP. It is worth noting 83% were cleared intra operatively	Reaudit with higher numbers of patients.	02/09/2020
GENSUR/CA/2023-24/28	Retrospective analysis of the management of rib fractures presenting to Russell's Hall Hospital	Retrospective audit of the management of rib fractures in adults at RHH over a six month period. Objectives	still in progress		
VASCSUR/2019/04	Retrospective assessment of the exercise programme for patients with intermittent claudication	Objectives It is expected that those who do not attend the exercise program will go on to develop worsening symptoms and possibly critical limb ischaemia.	This audit found that departmental compliance with best medical therapy was very high. Clinic review motivated 42% of patients to stop smoking, but referral to smoking cessation services was low (48%). Compliance with a supervised exercise program was very poor. 14.5% completed the program and at one year none required intervention. Those with partial or nonattendance had higher intervention rates (5.3% and 35.7% respectively) and a reduced rate of improvement in claudication distance (47.4% and 10.7% respectively) without intervention. The clinical implications from this single-centre audit suggest significant barriers to compliance with a supervised exercise program. This needs to be evaluated further so that these barriers are better understood. Through this, clinical practice can then be modified to improve patient outcomes.	no actions needed	25/02/2020
GENSUR/CA/2023-24/26	Role of Group and Save in Pre-Operative Assessment for Routine Elective Laparoscopic Cholecystectomy	Objectives We expect to find the NICE guidelines are not being followed	still in progress		
GENSUR/2019/09	Service evaluation of Emergency General Surgical Workload	Objectives determine the year-on-year service requirement for emergency general surgery in comparison to other acute surgical specialities Determine staff to patient ratio at each grade of doctor dedicated to managing these patients Identify common non-general surgical presentations that are being managed by general surgery and classify according to speciality Identify what additional resources or support would be beneficial in the safe management of the acute surgical take.	1.A wrong perception that EGS surgeon (GI) of 21st century is a traditional GS of last century. 2.Slightly disproportionate work allocation to GI surgeons compared to other specialities. 3.Around 25% GI surgeon's work is not related to specialties, taking away attention of the whole team from real abdominal emergencies . 4.Substantial proportion of head injuries admitted under GI surgeon, intra cranial bleed the commonest cause (under the care of consultant with no or little experience required to manage such pts). 5.Large amount of paediatric cases with no named consultant paediatrician as part of the team. Lack of understanding of National standards required to treat such patients. 6.Lack of proper protocol for Multi-trauma management, most admitted under an already over-stretched specialty. 7.Alarming concerns among GS (GI) doing work beyond their professional boundaries. 8.There is room for improvement o stick to National guidelines.		24/03/2021
GENSUR/CA/2020-21/12	Study of parastomal hernias following bowel surgeries	Identify the percentage of PSH among the patients who had bowel stoma of a stipulated time. Identify fate of stoma and PSH. Identify state of factors related to wound healing among the study population Identify the anatomy of stoma and PSH from axial imaging	94% were not reversed 59% had a trans-rectus stoma exit 17% of patients were hospitalised due to complications Audit was limited due to large amounts of missing data (unable to trace from stoma online registry and Sunrise not fully updated) Re-audit		30/12/2020
URO/CA/2023-24/02	To assess the probability of biopsy proven prostate cancer in low probability MRI	To assess whether a similar number of patients have been subsequently diagnosed with prostate cancer following a low probability MRI . To assess whether factors such as Family history/ethnicity/PSA/PSA density are being considered enough to warrant a biopsy. To assess the sensitivity of MRI for prostate cancers	still in progress		
URO/2019/04	To Improve the current practice of IV fluid Prescription	Objectives To improve upon the current practises of IV fluid prescription	The choice of fluid is in line with the standards particularly in cases of resuscitation •Most of the essential information missing from the top column of IV fluid prescription is covered in the actual prescription in some cases (55%). •The IV fluid prescription chart is already updated covering the standard guidelines.	Departmental protocols to be developed, inhouse teaching of junior doctors, liaise with nursing staff to improve the intake / output recording@	06/12/2019
VASCSUR/2019/07	VTE Audit in the Vascular Department	To evidence the rate of VTE compliance on the vascular ward To implement any changes from the initial audit to ensure compliance to VTE requirements are 100% To re-audit to evidence implemented changes have been effective and if so, to create guidelines that ensure these implemented changes are made permanent within the vascular department.	In conclusion, it is clear that the uptake of completion of the second VTE assessment is very low in comparison to the initial VTE assessment. The uptake of completion of the initial VTE assessment (within 12 hours) is better but not at the recommended 100% and needs improvement. Those who have had their VTE completed, several had mismatch in their prescription to their VTE completion.	Arranged a dedicated teaching session for the juniors on VTE assessments, go through the VTE forms and what each section means, discuss the importance of VTE in surgery and go through scenarios.	30/03/2020
GENSUR/CA/2021-22/07	VTE prophylaxis in emergency surgical patients	Audit implementation of NICE guidelines for VTE prophylaxis of surgical patients. Meeting 14 hour deadline for VTE prophylaxis prescription and implementation. TED stockings applied and clexane administered without unnecessary delay. Update trust guidelines and clerking documentation as appropriate to ensure consistent implementation of VTE prophylaxis guidelines	poor compliance to VTE guidance	We will notify clinical management to re-consider junior doctor rota, introduce online DVT prophylaxis course with essential pass score and and organise quarterly refresher teachings for all surgical staff. We recommend re-audit in 6 months.	08/06/2021
GENSUR/2019/11	VTE prophylaxis in emergency surgical patients	Objectives Audit implementation of NICE guidelines for VTE prophylaxis of surgical patients. Meeting 14 hour deadline for VTE prophylaxis prescription and implementation. TED stockings applied and clexane administered without unnecessary delay. Update trust guidelines and clerking documentation as appropriate to ensure consistent implementation of VTE prophylaxis guidelines	Inadequate VTE assessment & reassessment completion Unclear if patients are aware of the rationale for VTE risk assessment and why it is necessary Substantial number of patients do not have LMWH administered within national guidance timeframe. Mechanical prophylaxis not applied despite being prescribed Inadequate prescription of duration of mechanical prophylaxis Inadequate prescription of duration of pharmacological prophylaxis for non cancer laparotomy patients Extended pharmacological prophylaxis for cancer patients is good but there is room for improvement.	To incorporate the VTE assessment and prophylaxis document in to clerking document or electronic patient information access/prescription page. To ensure pharmacological prophylaxis prescribed and the timing of administration entered by the clerking clinician unless contraindicated. To ensure VTE re-assessment at first Consultant review as an integral part of ward round. TTO should have an essential column/paragraph or tick box for post discharge duration or continuation of DVT prophylaxis (extended DVT prophylaxis). Awareness and education of newly inducted junior doctors and refresher courses for others on regular basis. Re-audit at 6 months to see improvement and so on until standards are achieved and then as needed.	24/03/2021