Clinical Audit Annual Report

2008

Report by: Stuart Metcalfe, Clinical Audit Manager.
Date: June 2009.
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Public summary

Clinical Audit is a quality improvement tool used widely in the National Health Service. It involves doctors, nurses and other healthcare professionals agreeing the best way to treat patients (e.g. the most appropriate choice of treatment; the way it should be given; the right time for it to be given; and so on), and then collecting data - usually from patients’ medical records, or sometimes from electronic databases - to find out whether or not they are doing the things they said they would do. If the clinical audit results show that there is room for improvement, an action plan will be agreed. Please be assured that when clinical audits are carried out, the data is anonymised, i.e. individual patients are not identified on data collection tools or in project reports.

During the financial year 2008/9, there were around 430 clinical audit projects taking place in our hospitals. These projects represent a mixture of national work which the Healthcare Commission (the ‘Governance health watch dog’) asks us to participate in, and a range of other audits agreed within our Trust. For example, when the National Institute for Clinical Excellence (NICE) publishes its recommendations about which drugs and treatments should be available on the NHS, we usually set up clinical audits to check that we are following those recommendations properly.

Some Clinical Audits simply confirm that we are doing the right things; but others reveal a need for us to make improvements. The Clinical Audit Annual Report for 2008/9 includes a number of pages (ordered by Clinical Division) listing changes and benefits brought about by our clinical audit activity within the past year.

If this report raises any points of interest that you would like to pursue, please feel free to contact Stuart Metcalfe at UHBristol Headquarters, Marlborough Street, Bristol BS2 8HW, or email stuart.metcalfe@uhbristol.nhs.uk
1. **Introduction from the Chair of Clinical Audit Committee**

Clinical Audit is a valuable tool to assess the standards of care that we deliver. Used skilfully it brings together professionals from a many disciplines to improve clinical services. It was a pleasure to hear this described as a ‘spiral of improvement’ by a trainee at a recent presentation.

The report shows a very active audit programme throughout the Trust again this year with a balance of projects initiated in response to guidance issued by the National Institute for Health and Clinical Excellence (NICE), the National Patient Safety Agency (NPSA), the Medical Royal Colleges, and projects initiated in response to local priorities.

Of the 483 projects undertaken in 2008/2009 24 were abandoned. This has generated some discussion and of course we aspire to complete all our projects. However my personal view is that a rate of 95% of projects completed is a remarkable achievement for which all concerned should be congratulated. You will see many examples in the report of positive outcomes of audit projects and we will continue to build on this in the future.

There have been a number of changes to the membership of the Clinical Audit Committee this year. I would like to thank all those convenors who are stepping down and I would like to welcome all those who are taking up the challenge and replacing them. Special thanks must go to Mr Nigel Harradine, the longest standing member of the Clinical Audit Committee by far, who has given many years of commitment to promoting high quality audit both in the Bristol Dental Hospital and in the Trust as a whole.

Within the Trust we have sought to strengthen the links between clinical audit, clinical risk and clinical effectiveness and we have recently been pleased to welcome Dr Jonathan Sheffield as Chair of the Clinical Risk Assurance Committee and Mr Andrew Hooper, Director of Information Management & Technology, to speak at Clinical Audit Committee meetings. Later in 2009 we are looking forward to receiving Sarah Blackburn, Non-Executive Director and Chair of the Audit & Assurance Committee, with extensive experience of risk management and assurance, and Dr Jan Dudley, Chair of the Clinical Effectiveness.

The Healthcare Quality Improvement Partnership (HQIP) has been working at a national level to reinvigorate clinical audit. Members of our Trust have participated in consultations, focus groups and a national conference run by HQIP to influence national policy. I would like to thank all who responded to the invitation to participate. I would also like to congratulate Chris Swonnell, Stuart Metcalfe, the audit convenors and the facilitators past and present on the success we achieved at the national conference where the University Hospitals Bristol was awarded Runner-up prize in the Programme of the Year award.

In the year ahead we expect clinical audit to remain an integral part of the assurance and governance activities of the Trust and to contribute to Quality Accounts as it has this year. We will continue to seek partnerships with outside organisations and to foster user involvement in the development of our audit programme. We await with interests the details of the plans for consultant revalidation as we believe these may influence the development of our audit programme in the future.

Carol Inward
Chair Clinical Audit Committee
2. Report from the Assistant Director for Audit and Assurance

2.1 HQIP Clinical Audit Programme of the Year award

This year the Trust was delighted to receive a Runner-up prize in the prestigious Clinical Audit Programme of the Year award category at the Healthcare Quality Improvement Partnership’s inaugural annual conference. HQIP judges were particularly impressed with the Trust’s approach to monitoring the progress of its clinical audit programme using a range of key performance indicators. The award reflects the hard work of the team over a number of years.

2.2 Clinical Audit Team

Clinical audit at the University Hospitals Bristol NHS Foundation Trust is currently supported by a team of 8.65 whole time equivalent staff who are employed by the Trust Services Division, but based mostly in the Clinical Divisions. Further support is provided by a number of other staff who are employed by the Clinical Divisions with a specific remit for clinical audit (in Radiology, Cardiac Services and Homeopathy). Full details are shown in Appendix A.

A significant change during 2008/9 was the appointment of Stuart Metcalfe, initially in the role of Assistant Clinical Audit Manager – succeeding Eleanor Bird – and more recently with the formal title of Clinical Audit Manager, reflecting the confidence that the Assistant Director and the Chair of Clinical Audit Committee have had in Stuart’s ability to lead the team of Clinical Audit Facilitators and manage the clinical audit programme.

Regrettably the Division of Surgery Head & Neck has endured a lengthy gap in facilitator support for much of 2008/9 after Stuart Metcalfe’s promotion. Following two unsuccessful attempts to recruit, the team was delighted to welcome James Benwell in April 2009 as the new facilitator for Adult Surgery, Trauma & Orthopaedics, Anaesthesia, Critical Care & Theatres. A review of how the Clinical Audit budget was allocated also enabled the Trust to continue this post on a full-time basis.

During the year Salim Nureni left his position as facilitator for Medicine, after gaining promotion to a Research Governance post at NHS Bristol. Salim was succeeded in post in May 2009 by Samantha Wilkinson.

Elsewhere, Trudy Gale was appointed to the new role of part-time facilitator for Cardiac Services. This has been a challenging role for Trudy due to David Finch’s long-term absence from the Division of Specialised Services.

Mairead Dent formally retired in the spring of 2009; however we are delighted that Mairead has decided to continue working for the team on a part-time basis.

Finally, after nearly a decade in post, Carl Thomas left the Clinical Audit Team in 2009 to take up a new post in the Department of Dermatology. We wish Carl every success and thank him for his years of support as Clerk to the team. We are also delighted to welcome Joanna Snietera who has been appointed as Carl’s successor and will start in post in July 2009.

2.3 Clinical Audit Committee

The Clinical Audit Committee (CAC) met five times in 2008/9. Meetings enabled discussion of core business, i.e. Annual Forward Plans, quarterly progress reports, the Clinical Audit Annual Report and the Healthcare Standards Declaration (in particular for Core Standard C5d and upward reporting of appropriate key performance indicators). The Committee also considered the Trust’s approach to auditing NICE guidance in light of emerging requirements from the local NICE Commissioning College.

The following members joined CAC in 2008/9:

Gavin Murphy - Cardiac Surgery
Tony Brook - Dental services & Maxillo-facial Surgery
Rachel Liebling - Obstetrics & Gynaecology
Amongst outgoing convenors, special mention must go to Nigel Harradine (Dental Services) and Charles Wakeley (Radiology) who have been members of the Committee for many years - in Mr Harradine’s case, since the inception of Medical Audit programmes at the Trust.

### 2.4 Standards for Better Health / Governance Targets

In 2008/9, the Trust once again declared compliance with Healthcare Standards C5d (‘the clinical audit standard’). Assurance Framework evidence was strengthened in the following areas:

In addition to Core Standard C5d, in 2008/9 NHS Trusts were for the first time required to declare compliance with the CQC “Engagement in Clinical Audits” indicator. The Trust declared that it was compliant with the following five criteria:

1. Between 1 April 2008 and 31 March 2009, did the trust participate in local and/or national audits of the treatment and outcomes for patients in each clinical directorate covered by the trust?

2. By 31 March 2009, did the trust have a clinical audit strategy and programme related to both local and national priorities with the overall main aim of improving patient outcomes?

3. Between 1 April 2008 and 31 March 2009, did the trust make available suitable training, awareness or support programmes to all clinicians regarding the trust's systems and arrangements for participating in clinical audit?

4. Between 1 April 2008 and 31 March 2009, did the trust ensure that all clinicians and other relevant staff conducting and/or managing clinical audits were given appropriate time, knowledge and skills to facilitate the successful completion of the audit cycle?

5. Between 1 April 2008 and 31 March 2009, did the trust undertake a formal review of the local and national audit programme undertaken in the trust to ensure that it meets the organisation’s aims and objectives as part of the wider quality improvement agenda?

The Trust declared non-compliance with the following criterion, which is the subject of a local action plan:

6. Between 1 April 2008 and 31 March 2009, did the trust’s management or governance leads receive regular reports on the progress being made in implementing the outcomes of national clinical audits and review the outcomes, with additional or re-audits being conducted where necessary?

This equated to overall compliance with the indicator for 2008/9.

### 2.5 Financial Information

In 2008/9 the corporate Clinical Audit budget was approximately £360k, the majority of which was spent on staff costs.

### 2.6 Clinical Audit Team away day / action plan

The Clinical Audit Team held an away day in November 2008, following the success of a similar event the previous year. During the day, the team considered changes in the national landscape of clinical audit resulting from the Department of Health’s ‘reinvigoration’ agenda; implications of the Darzi Report; the Sheffield Clinical Audit good practice indicators; and planning for a potential random Care Quality Commission inspection of Core Standard C5d.

As a result of the day, an action plan was developed to guide the team’s activities for the remainder of the financial year (see Appendix G).
2.7 Forward plan for 2008/9

Each year, clinical specialties are required to put together a forward programme of planned clinical audit for the next twelve months. These plans set out priority projects, based on considerations such as anticipated NICE guidance, national clinical audits, etc. The forward programme for 2009/10 can be found at Appendix H. A significant addition for 2009/10 is the development of a comprehensive programme of Trust-wide clinical audits, which will be facilitated by the Clinical Audit Manager, and overseen by the Chair of the Clinical Audit Committee. In addition to the forward plan, other audits may be undertaken during the year on an ad-hoc basis, together with any projects still in progress from the previous year.

2.8 National and Regional involvement

During 2008/9 the Assistant Director headed a successful partnership bid with four other NHS Trusts and the Northern Ireland Guidelines & Audit Network to develop Clinical Audit Strategy and Policy guidance/templates on behalf of the Healthcare Quality Improvement Partnership, for the NHS-wide application. The products are due to be published by HQIP in July 2009. The Assistant Director has also actively contributed to an HQIP project to determine high quality markers for clinical audit practice.

During 2008/9 the Assistant Director was appointed as General Secretary of the National Audit Governance Group (a national peer group consisting of representatives from regional clinical audit forums), leading a significant piece of work to update NAGG’s membership and governance arrangements, ensuring transparency and fitness for purpose. NAGG continues to work closely with HQIP, NICE and other relevant national bodies to further the development of clinical audit within the NHS.

During 2008/9, the Assistant Director and Clinical Audit Manager have also ensured that the Trust has been represented in discussions hosted by the South West Audit Network (SWANS).

2.9 Involving patients

Since the Trust achieved Foundation status, approximately 350 Members have expressed an interest in the process of auditing the Trust’s services (although not clinical audit per se). A significant challenge for 2009/10 is therefore how to engage these members and explore ways in which they might wish to contribute to future clinical audit programmes.

Chris Swonnell
Assistant Director for Audit and Assurance

June 2009

3.1 NICE & National Service Framework, National and NPSA audits

The project numbers listed in the table below provide a quick reference guide to the Trust’s participation in national audit projects, audits of National Institute for Clinical Excellence (NICE) and National Service Framework (NSF) guidance, and audits of National Patient Safety Agency (NPSA) guidelines. Further details of these specific projects can be found within Divisional project lists.

<table>
<thead>
<tr>
<th>Audits of NICE/NSF guidance</th>
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<td>1819</td>
<td>1841</td>
<td>1889</td>
<td>1892</td>
<td>1897</td>
<td>1898</td>
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<tr>
<td>1899</td>
<td>1900</td>
<td>1901</td>
<td>1902</td>
<td>1945</td>
<td>1948</td>
<td>2043</td>
<td>2054</td>
<td>2095</td>
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<table>
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<tr>
<th>NPSA audits</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>1960</td>
<td>1967</td>
<td>1977</td>
<td>2164</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

There are a number of other ‘national audits’ in which UHBristol participates, but which are not managed through the Clinical Audit Team. This will usually be where the ‘audits’ are large-scale data collection exercises, rather than genuine clinical audit. A full list of national audits that the Trust participates in can be found in Appendix H.
3.2 Introduction to Divisional Reports

3.2.1 Introduction & explanation of statistics

All project information for this report is taken from the UHBristol Clinical Audit Project Management Database. The statistics and list of projects are based on the number of audits in progress during the financial year 2008/9. This includes projects started in previous years (2007/8 roll-overs) and projects completed in 2008/9. It does not include projects abandoned or deferred during the year or those with a status of ‘Transferred to SR database’ at the end of the financial year - for details of these, please see Appendix B, Appendix C and Appendix D. Audits started in 2008/9 are defined as those that first appeared in a progress report in that financial year (i.e. Sept 2008, November 2008, February 2009 or April 2009 reports).

Projects are listed by Division. Appendix A gives details of the clinical audit staff supporting Divisions/specialties.

Definition of terms:

**Re-audit:** The repetition of an audit project in order to measure whether practice has improved since the initial audit

**Ongoing (continuous) audit:** The continuous collection of data in order to measure practice. Ongoing audit should involve regular review of data and implementation of changes in practice (where necessary) in order to improve performance

**National:** Denotes national audits, e.g. Healthcare Commission National Audits, Royal College and other professional bodies’ national audits

**Regional:** This relates to audits carried out in collaboration with other health organisations within the region

**Interface:** Audit of care across organisational boundaries in the patient pathway, e.g. patient referrals in from primary care to UHBristol.

**Multi-specialty:** Involving a specialty/specialties other than the specialty under which the project has been registered

**Multi-professional:** Involving more than one profession (e.g. nurses and doctors)

**Projects with patient involvement:** Patients/carers involved in one or more of the following: identification of audit topic; developing audit idea/project design; carrying out audit project; receiving audit results

3.2.2 Comment on data in table 3.2.3

The total number of registered projects in 2008/9 is similar to 2007/8 (432 compared to 451 the previous year). The re-audit rate of 24% remains consistent with last year and reflects what we would hope to see. There has been a percentage increase in a number of indicators, most notably in the proportion of audits undertaken on a multi-professional basis and those audits looking at care across organisational boundaries (Interface audits). Both of these indicators were identified as priorities for improvement in 2007/8. Although the figures show that there has been a decrease in the proportion of completed projects resulting in the production of an action plan, it should be noted that the proportion of audits confirming good/acceptable practice has increased by 9% on last year.
### 3.2.3 Summary ‘dashboard’ of indicators

<table>
<thead>
<tr>
<th></th>
<th>Total number of projects *</th>
<th>Ongoing (continuous) audits</th>
<th>First audits</th>
<th>Re-audits</th>
<th>Abandoned</th>
<th>Deferred</th>
<th>Audits of NICE / NSF guidance</th>
<th>National</th>
<th>Regional</th>
<th>Interface</th>
<th>Multi-specialty</th>
<th>Multi-professional</th>
<th>Projects with patient involvement</th>
<th>Completed projects</th>
<th>Action Plan produced</th>
<th>Confirmed good/acceptable practice #</th>
<th>Report produced</th>
</tr>
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<tbody>
<tr>
<td>Diagnostic and Therapy</td>
<td>49</td>
<td>4%</td>
<td>76%</td>
<td>20%</td>
<td>5</td>
<td>0</td>
<td>10%</td>
<td>2%</td>
<td>0%</td>
<td>5%</td>
<td>27%</td>
<td>49%</td>
<td>6%</td>
<td>23</td>
<td>83%</td>
<td>13%</td>
<td>96%</td>
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<tr>
<td>Medicine</td>
<td>65</td>
<td>3%</td>
<td>74%</td>
<td>23%</td>
<td>3</td>
<td>0</td>
<td>17%</td>
<td>12%</td>
<td>3%</td>
<td>0%</td>
<td>15%</td>
<td>31%</td>
<td>2%</td>
<td>37</td>
<td>92%</td>
<td>11%</td>
<td>100%</td>
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<td>Specialised Services</td>
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<td>72%</td>
<td>13%</td>
<td>2</td>
<td>1</td>
<td>21%</td>
<td>13%</td>
<td>2%</td>
<td>0%</td>
<td>15%</td>
<td>96%</td>
<td>6%</td>
<td>18</td>
<td>83%</td>
<td>16%</td>
<td>89%</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>119</td>
<td>2%</td>
<td>74%</td>
<td>31%</td>
<td>4</td>
<td>3</td>
<td>12%</td>
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<td>2%</td>
<td>3%</td>
<td>39%</td>
<td>38%</td>
<td>7%</td>
<td>55</td>
<td>69%</td>
<td>16%</td>
<td>87%</td>
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<td>Women and Children’s</td>
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<td>9%</td>
<td>68%</td>
<td>23%</td>
<td>8</td>
<td>8</td>
<td>15%</td>
<td>9%</td>
<td>4%</td>
<td>1%</td>
<td>19%</td>
<td>26%</td>
<td>7%</td>
<td>64</td>
<td>77%</td>
<td>23%</td>
<td>89%</td>
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<tr>
<td>Non-division specific</td>
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<td>28%</td>
<td>44%</td>
<td>28%</td>
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<td>0</td>
<td>14%</td>
<td>14%</td>
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<td>14%</td>
<td>71%</td>
<td>71%</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td><strong>432</strong></td>
<td><strong>7%</strong></td>
<td><strong>69%</strong></td>
<td><strong>24%</strong></td>
<td><strong>24</strong></td>
<td><strong>12</strong></td>
<td><strong>15%</strong></td>
<td><strong>7%</strong></td>
<td><strong>2%</strong></td>
<td><strong>2%</strong></td>
<td><strong>25%</strong></td>
<td><strong>38%</strong></td>
<td><strong>6%</strong></td>
<td><strong>196</strong></td>
<td><strong>79%</strong></td>
<td><strong>17%</strong></td>
<td><strong>92%</strong></td>
</tr>
<tr>
<td><strong>TOTAL (07/08)</strong></td>
<td><strong>451</strong></td>
<td><strong>7%</strong></td>
<td><strong>69%</strong></td>
<td><strong>24%</strong></td>
<td><strong>27</strong></td>
<td><strong>12</strong></td>
<td><strong>13%</strong></td>
<td><strong>5%</strong></td>
<td><strong>3%</strong></td>
<td><strong>0%</strong></td>
<td><strong>23%</strong></td>
<td><strong>34%</strong></td>
<td><strong>6%</strong></td>
<td><strong>226</strong></td>
<td><strong>87%</strong></td>
<td><strong>8%</strong></td>
<td><strong>90%</strong></td>
</tr>
</tbody>
</table>

* In progress or completed during the year. All percentages are based on this total, apart from those in the last 4 columns which are based on only those audits completed during the year.

# **Please note:** this statistic applies only to projects where an action plan was not produced, i.e. there will also have been a number of projects which produced an action plan, but where practice was nevertheless identified as being of an acceptable standard.
### 3.3 DIAGNOSTIC & THERAPY

#### SUMMARY FIGURES

<table>
<thead>
<tr>
<th>2007/8 roll-overs</th>
<th>22</th>
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</thead>
<tbody>
<tr>
<td>Audits first registered in 2008/9</td>
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</tr>
<tr>
<td>First audits</td>
<td>F</td>
</tr>
<tr>
<td>Re-audits</td>
<td>R</td>
</tr>
<tr>
<td>Ongoing monitoring projects</td>
<td>O</td>
</tr>
<tr>
<td><strong>Total number of audits</strong></td>
<td><strong>49</strong></td>
</tr>
<tr>
<td>Completed audits</td>
<td></td>
</tr>
<tr>
<td>Current (uncompleted) audits carried forward</td>
<td></td>
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The project list below details audits that are led by Diagnostic & Therapy staff and are not related to any specific clinical division. Other audits led by, or otherwise involving, Diagnostic and Therapy staff are listed under the clinical division to which they pertain and, where possible, cross-linked via the table below the list of projects registered within this division.

#### PROJECT LIST

The “Ref.” refers to the registration number of the project on the Audit Project Management Database. X indicates the audit is of the type specified.

<table>
<thead>
<tr>
<th>Ref</th>
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<td>Are all Trust employees complying with the Infection Control Hand Hygiene Policy?</td>
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**Specialty: Radiology**

**Sub-specialty: Cross-sectional Imaging**

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<td>Adam Wallis</td>
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**Sub-specialty: General Radiology**

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<td>Fleur Kilburn-Toppin</td>
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**Sub-specialty: Mammography**

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<td>Suma Chakrabarti</td>
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**Sub-specialty: Ultrasound**

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Specialty: Speech & Language Therapy (Adult)

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<td>Anna Daniell</td>
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The list below indicates projects where there is participation from staff in Divisions or Specialties other than those registering the project

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<td>Audit of Turnaround Times for Dermatology Histopathology Specimens (Joint dermatology and histopathology audit)</td>
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<td>Surgery and Head and Neck</td>
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<td>Current management of congenital talipes equinovarus (CTEV)</td>
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<td>Appropriateness of third trimester scans - (NICE CG 62)</td>
<td>Radiology</td>
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**Summary of benefits, actions or changes achieved in 2008/9**

982 - Results from this national audit of Percutaneous Nephrostomy confirmed that we are treating our patients according to best practice.

1490 - Training sessions have been introduced to raise staff awareness as to the correct procedures for cancelling clinics and processing ‘do not attend’ letters at the Dietetic Outpatient Services in Bristol Royal Infirmary.

1491 - This audit has led to the adoption of the Bristol General Hospital guidance for use of proprietary oral nutritional supplements within the Bristol Royal Infirmary.

1575 - This audit resulted in the Introduction of a Radiographer’s Image Interpretation Form as an Addendum to the Red Dot. This will provide more in depth communication of the radiographer’s opinion, helping to inform patient diagnosis and assist the Emergency Department in deciding the most appropriate treatment and management.

1667 - A clinic assessment proforma was developed as a result of this audit.

1731 - Information about the Policy for the Restriction of Antibiotic Prescribing has been included in the handout for new doctors to raise staff awareness.

1737 - The care plan for oral nutritional supplements and education leaflet has been updated and re-launched. An information campaign has raised awareness of the implications of giving patients the wrong supplements.

1747 - This audit demonstrated that improvements in areas of our upper limb rehabilitation service provided to stroke patients have been achieved.
1756 - The induction checklist for rotational occupational therapy staff has been updated to help ensure completion of the Stroke Integrated Care Pathway.
1762 - This audit has identified areas for improved training in the use and documentation of Fresh Frozen Plasma (FFP).
1797 - A tick-box relating to the provision of written patient information has been added to the Oral Anticoagulation Therapy Outpatient Counselling checklist.
1798 - Specific Occupational Therapy communication sheets have been introduced in Kartex as a result of this audit.
1865 - A direct health promotion programme has been introduced in the Charlotte Keel Health Centre.
1887 - The results of this audit have led to improvements being made to laboratory documentation, helping to improve the service.
1888 - This audit demonstrated that improved communication with the wards via the Transfusion Practitioner and a change to paediatric bottle labels has reduced the incidence of rejected samples.
1946 - Falls education groups have been set up in wards in BGH as a result of this audit. The discharge process flow chart has been updated and a session on the process of discharging patients has now been included in the induction programme for all new staff.
2010 - A teaching session on balance assessments has been added to the weekly in-service training programme during each Band 5 nurse rotation period.
2019 - This audit has led to improved identification of sickle cell patients requiring phenotyping.
2022 - The implementation of the new request form for Computed Tomography Pulmonary Angiography has shown to be effective in improving the compliance with the British Thoracic Society guidelines.
2038 - This re-audit confirmed sustained improvement in practice for paediatric and adult patients regarding blood transfusion samples labelling.
2064 - These audit results showed that complications rates following radiologically-guided Percutaneous Nephrostomy Insertion met published international standards.
2092 - This audit confirmed good practice against Clinical Pathology Accreditation standards for bacteriology reports.
### 3.4 MEDICINE

#### SUMMARY FIGURES

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<tr>
<th>2007/8 roll-overs</th>
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#### PROJECT LIST

“Ref.” refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

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<td>Liz Laurence</td>
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<td>Sophie Scutt</td>
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<td>Sarah Woolley, Anne Frampton</td>
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<td>Melissa Marlow</td>
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<td>Pregnancy screening in the ED</td>
<td>Angela Lee</td>
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<td>Cary McClellan</td>
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<td>Katie Davies</td>
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<td>Tim Howes</td>
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<td>Lee Salkeld, Fiona Richie</td>
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<td>Does the ED request imaging of head injury patients as the NICE CG56 guideline recommends?</td>
<td>Marinne Lynch</td>
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<td>Our practice using ottowa ankle rules for ankle injuries gold standard</td>
<td>Andrew Lyon</td>
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<td>Michaela Johnson</td>
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**Specialty: Medical Specialties**

**Sub-specialty: Care of the Elderly**

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<td>Assessment and management of patients with acute stroke</td>
<td>Sarah Gillet</td>
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<td>NCEPOD (National Confidential Enquiry into Patient Outcome and Death) guidelines and documentation on the post take ward round</td>
<td>Sarah Gillett</td>
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<td>Auditing the effectiveness of the Stroke Thrombolysis Service</td>
<td>Stephanie Jordan</td>
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<td>Insertion and follow-up of urinary catheters in elderly stroke patients</td>
<td>Victoria Taylor</td>
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<td>Natasha Spalding</td>
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**Sub-specialty: Contraceptive & Sexual Health Services (CASH)**

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<td>Audit of record keeping of repeat issue of Progestogen-only injectable contraception under Patient Group Direction (PGD) 3</td>
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<td>Re-audit of record keeping of repeat issue of combined oral contraception under Patient Group Direction (PGD) 2A</td>
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**Sub-specialty: Dermatology**

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<td>Mohamed Alwari</td>
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<td>Management of incompletely excised basal cell carcinomas</td>
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<td>Audit of Turnaround Times for Dermatology Histopathology Specimens (Joint dermatology and histopathology audit)</td>
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**Sub-specialty: Diabetes & Endocrinology**

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<td>South West Regional Audit of Diabetic Lower Limb Amputations</td>
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<td>UK Comparative Audit of Upper Gastrointestinal Bleeding and the Use of blood</td>
<td>Peter Collins</td>
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<td>Anne McCune</td>
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<td>Peter Collins</td>
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<td>Helen Johnston</td>
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<td>Monitoring use of cytotoxic drugs (Methotrexate) in IBD</td>
<td>Anindya Dixit</td>
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<td>Richard Parker</td>
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<td>Lauren Cooper-Jones</td>
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<td>Richard Parker</td>
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<td>Aneurin Buttress</td>
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<td>Thomas Teare</td>
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<td>Sara Louise Scofield</td>
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<td>Amy Nunn</td>
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<td>Audit of insertion and care of chest drains in BRI Respiratory Wards</td>
<td>Mathew Cates</td>
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<td>Re-audit of CPAP usage and allocation CPAP in patients issued with long term</td>
<td>Kathryn Bateman</td>
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<td>2113</td>
<td>The management of Spinal Cord Compression – are we meeting the guidelines?</td>
<td>Hannah Smith</td>
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<td>Do cystic fibrosis patients have chest x-rays, liver ultrasound and DEXA scans annually?</td>
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Sub-specialty: Rheumatology

| 1904   | Anti TNF in psoriatic arthritis.                                              | Maria Juarez              | X   |   |   |   |     |
|        |                                                                                | Catherine Morgan          |     |   |   |   |     |
| 2040   | Audit of care of Ankylosing Spondylitis patients at the Bristol Royal Infirmary.| Melissa Domaille          | X   |   | X |   |     |

The list below indicates projects where there is participation from staff in Divisions or Specialties other than those registering the project.

<table>
<thead>
<tr>
<th>Division listed under</th>
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<td>Diagnostic and Therapy</td>
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<td>Infection Control Ward/Department audit</td>
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<td>Are all Trust employees complying with the Infection Control Hand Hygiene Policy?</td>
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<td>Falls Programme in the William Lloyd Unit</td>
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<td>2008 Bedside Transfusion Re-audit</td>
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<td>223</td>
<td>Central Cardiac Audit Database/Myocardial Infarction National Audit Project (MINAP)</td>
<td>Emergency Department (Adult)</td>
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</table>
Specialised Services | 2085 | Early ACS Management | Medical Specialties
Surgery and Head and Neck | 1409 | Patient Care pathway for fractured Neck of Femur | Emergency Department (Adult)
Surgery and Head and Neck | 1710 | Audit of Orthopaedic Coding | Medical Specialties
Surgery and Head and Neck | 1832 | Management of suspected scaphoid fractures | Emergency Department (Adult)
Surgery and Head and Neck | 2155 | Effectiveness of use of Bristol Observation Chart: Transfers to ITU or HDU [NICE CG50] | Medical Specialties
Surgery and Head and Neck | 2178 | An audit of Gentamicin prescribing & monitoring in UH Bristol | Medical Specialties

Summary of benefits, actions or changes achieved in 2008/9

1443 - This re-audit has resulted in further actions from the Service Commissioners within the PCT to integrate other providers (Marie Stopes International or MSI) into the care pathway. The pilot collaboration with MSI commenced in May 2008 and has reduced waiting times further.
1461 - Although all patients were seen within the two week target, large variations remain; therefore currently in the process of liaising with local GPs and radiologists to perform CT staging scans prior to clinic for those patients who cannot obtain an appointment until the second week.
1553 - This audit helped to identify the need for a Tuberculosis specialist nurse, a position which has now been filled.
1828 - A redesign of the existing discharge summary form is in progress to incorporate either a tick box system for common co-morbidities, or a specific blank area for co-morbidities.
1869 - A revision of the current GU clinic guidelines for Gonorrhoea has been completed.
1875 - This audit confirmed general good practice in record keeping for patients on repeat issue of progesterone only injectable contraception.
1896 - A proforma for patients to complete detailing their total daily insulin dose and hypoglycaemic episodes has been designed as a result of this audit.
1906 - The development of a new patient information booklet for use in the emergency department is underway.
1926 - Highlighted the need to treat patients according to the new NICE guidelines for the management of diabetic ketoacidosis.
1951 - An awareness-raising campaign has been instigated within hospitals to raise awareness of venous thromboembolism. A DVT prophylaxis tick sheet will be attached to patient drug charts on admission.
1994 - In the process of developing new methods for patients with inflammatory bowel disease to remind them to have blood taken to improve monitoring. In addition there is an assessment in progress to determine the appropriateness of a virtual clinic.
1998 - The catheter section on Emergency Department notes is being redeveloped to include “consent”, “date”, “time” and “name of person inserting”.
2024 - Discussion are ongoing between Urology, Emergency Departments and Primary Care regarding direct referral of patients to Urology outpatient clinics if they meet the criteria for renal colic.
2025 - The discharge advice sheet and “First Fit” proforma has been updated and changes now in progress to place the revised proforma in the patient notes.
2031 - Good practice was confirmed for the use of the Ottawa ankle rules for patients with ankle injuries.
### 3.5 SPECIALISED SERVICES

#### SUMMARY FIGURES

<table>
<thead>
<tr>
<th>2007/8 roll-overs &lt;&lt;</th>
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<tr>
<td>Audits first registered in 2008/9</td>
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#### PROJECT LIST

“Ref.” refers to the registration number of the project on the Audit Project Management Database.  
X indicates the audit is of the type specified.

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<td>Richard Downes</td>
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<td>Amit Kura</td>
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<td>Closure of atrial septal defects in patients with pulmonary hypertension</td>
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<td>Marie Meader</td>
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**Specialty: Homeopathy**

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<td>The use of a patient generated outcome measure to monitor outcome and completion of package of care and facilitate goal setting in routine practice</td>
<td>Elizabeth Thompson</td>
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<td>Will Muir</td>
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<td>Sue Barron</td>
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**Specialty: Oncology & Clinical Haematology**

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<td>Louise Medley</td>
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<td>Michael Carter</td>
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<td>Paula Wilson</td>
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<td>Radiographer-led planning</td>
<td>Simon Smith</td>
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<td>Hayley Long</td>
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<td>Alison Cameron</td>
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<td>Gemma Gregory</td>
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<td>Jeanine Stone Reela Verghese</td>
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<td>The use of steroids in patients receiving whole brain radiotherapy for brain</td>
<td>Rosemary Walters</td>
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<td>Pregnancy -Consent for radiotherapy - re-audit</td>
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<td>Capecitabine, Oxaliplatin, 5FU in adjuvant treatment of stage III (Dukes C)</td>
<td>Jessica Mason</td>
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<td>Tara Shine</td>
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<td>Amelia Stockley</td>
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<td>2162</td>
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<td>Heather Kent</td>
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<td>2166</td>
<td>NCEPOD - Chemotherapy patient care</td>
<td>Clare Barlow Suzanna</td>
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<td>Temozolomide for newly diagnosed High Grade Glioma (NICE TAG 121)</td>
<td>Emma Gray Kirsten Hopkins</td>
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**Sub-specialty: Clinical Haematology**

| 1848 | Use CMV negative blood components in allogeneic and prospective allogeneic   | Jane Norman             | X  |    | X  |    |
|      | transplant patients                                                           |                          |    |    |    |    |
| 2084 | Identification Of Potential/Obligate Haemophilia carriers                     | Inas El-Najjar           | X  | X  |    |    |
| 2163 | Assessment and Prescribing of Thromboprophylaxis - VTE Prophylaxis - Inpatients AHU | Kathy Hodby             | X  | X  |    |    |
| 2171 | Sickle Cell (Acute) Management                                               | Sajid Pervaiz           | X  | X  |    |    |

**Sub-specialty: Oncology**

| 2051 | Re-audit of Neutropenic Guidelines                                           | Ramayana Modgil         | X  |    |    |    |
| 2083 | Prescribing and signing of 1st prescriptions for chemotherapy - BHOC Standard  | Rachael Herrington      | X  |    |    |    |
|      | Operating Policy                                                              |                          |    |    |    |    |
| 2086 | Head & Neck Radiotherapy review follow-up - re-audit of part of project 145   | Abi Jenner              | X  | X  |    |    |

**Sub-specialty: Palliative Medicine**

| 1840 | Re-audit of aspects of opioid prescribing for the management of cancer pain   | Carolyn Campbell        | X  |    | X  |    |
| 1932 | Management of malignant hypercalcaemia                                        | Rachel McCoubrie        | X  |    |    |    |
| 2047 | Re-audit of Fentanyl prescription                                            | Ahmed Iqbal             | X  |    |    |    |
The list below indicates projects where there is participation from staff in Divisions or Specialties other than those registering the project.

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<td>992</td>
<td>Are all Trust employees complying with the Infection Control Hand Hygiene Policy?</td>
<td>Cardiac Services, Oncology &amp; Clinical Haematology</td>
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<td>Diagnostic and Therapy</td>
<td>733</td>
<td>Infection Control Ward/Department audit</td>
<td>Cardiac Services, Oncology &amp; Clinical Haematology</td>
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<td>Diagnostic and Therapy</td>
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<td>Pre cardiac surgery carotid artery duplex and management of patients with significant carotid disease.</td>
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<td>Diagnostic and Therapy</td>
<td>2110</td>
<td>The use of cephalosporins, quinolones and clindamycin within the Bristol Royal Infirmary</td>
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<td>Diagnostic and Therapy</td>
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<td>Audit of Antibiotic Prescribing Guidelines for Adult Cardiac Surgery</td>
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<td>Medicine</td>
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<td>The management of Spinal Cord Compression – are we meeting the guidelines?</td>
<td>Palliative Medicine</td>
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<td>Early Acute Coronary Syndrome (ACS) management</td>
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<td>Surgery and Head and Neck</td>
<td>2172</td>
<td>Antibiotic prophylaxis for patients at risk of developing infective endocarditis [NICE CG64]</td>
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<td>Surgery and Head and Neck</td>
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<td>An audit to evaluate the role of the multi-disciplinary cancer team in recruiting patients into a National Randomised Trial, OEO5</td>
<td>Oncology &amp; Clinical Haematology</td>
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</table>

**Summary of benefits, actions or changes achieved in 2008/9**

1840 - Teaching sessions on breakthrough prescribing for junior doctors to be introduced early in rotation as well as sessions for nurses on correct breakthrough opioid prescribing and the need to question prescriptions. The audit raised discussions regarding the need for increased pharmacy input on the ward – this matter has been added to Divisional Risk Register.

1867 - A working party has been set up to review recording of allergies. The Training Manager will also provide a training session on allergy recording and the use of abbreviations in update day for BHOC staff.

1915 - Teaching sessions on the ward to help staff approach the subject of resuscitation will be introduced. Form filling and documentation is to be highlighted at “Lean and Productive Ward” meeting.

1932 - The management of malignant hypocalcaemia is to be included in 5th year medical student core teaching in Palliative Oncology.

2047 - All junior doctors are to receive a copy of the Bristol Palliative Care Collaborative guidelines at induction (or be made aware of the availability of the document on the Trust Document Management System).

2083 - All prescribers of chemotherapy to have training on version 5 ChemoCare electronic prescribing system and will use electronic signatures when prescribing on this system. The Clinical Trials SOPs have been reviewed and specific training is now provided for doctors prescribing for patients in clinical trials.

2162 - The audit led to the introduction of a treatment specific referral form for BHOC patients referred to the Dental Hospital to ensure correct dental assessment pre radiotherapy.
2157 - New guidelines were implemented and an Acute Coronary Syndrome nurse has been appointed as a result of this audit; plan to re-audit later in the year
2197 - This audit led to further education of staff and the production of a patient information leaflet.
2199 - General satisfaction with the one stop clinic, 86% seen within 15 minutes (standard = 90%); plan to re-audit in summer 2009 in the new Bristol Heart Institute.
### 3.6 SURGERY AND HEAD AND NECK

#### SUMMARY FIGURES

<table>
<thead>
<tr>
<th>Category</th>
<th>2007/8 roll-overs</th>
<th>First audits</th>
<th>Re-audits</th>
<th>Total number of audits</th>
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<td>2007/8 roll-overs</td>
<td>&lt;&lt; 56</td>
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<td>Audits first registered in 2008/9</td>
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<td>Ongoing monitoring projects</td>
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<td>Current (uncompleted) audits carried forward</td>
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#### PROJECT LIST

“Ref.” refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

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<tr>
<th>Ref</th>
<th>Provisional Title of Project</th>
<th>Name</th>
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<td>Nutritional assessment of patients with head and neck cancer and adherence to NICE guidelines</td>
<td>Rebekah Stone</td>
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<td>Myringoplasty: Experience at St Michael’s Hospital</td>
<td>Yulia Nicholson</td>
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<td>Graham Porter</td>
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<td>Alla Belhaj</td>
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<td>Jill Homewood</td>
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<td>Ongoing Monitoring of Patients Undergoing General Anaesthesia for Caesarean Section</td>
<td>Nick Wharton</td>
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<td>The use of monitoring devices to assess the neuromuscular function of patients</td>
<td>Claire Heywood</td>
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<td>An audit into the mean arterial pressure (MAP) ranges on ward patients post-bowel resection</td>
<td>Rebecca Aspinall</td>
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<td>The completion of anaesthetic records within UBHT</td>
<td>Diana Terry</td>
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<td>Daycase Haemorrhoidectomies and Varicose Veins - An Audit</td>
<td>Hannah Blanchard</td>
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<td>What Problems are Being Experienced with Regional Anaesthesia for Caesarean Section?</td>
<td>Mike Kinsella</td>
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<td>Epidural Analgesia - Following up post procedure (re audit 1488)</td>
<td>Claire Dowse</td>
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<td>Mark Scrutton</td>
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<td>Timely anaesthetic review of patients with cardiac problems presenting to the delivery suite</td>
<td>Robert Jackson</td>
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<td>An audit of seniority of anaesthetist managing morbidly obese (BMI&gt;40) obstetric anaesthetics</td>
<td>Mark Scrutton</td>
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<td>Lifestyle advice in preoperative assessment</td>
<td>Mathew Thomas</td>
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<td>The use of coagulation testing in pre-operative assessment (NICE CG3)</td>
<td>Richard Jones</td>
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<td>Sub-specialty: Orthodontics</td>
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<td>1641 Incidence of infected titanium plates following orthognathic surgery</td>
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<td>1822 Orthodontic instrument trays from sterilisation unit: Are they of a satisfactory standard?</td>
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<td>2036 Failure rate of vacuum formed retainers</td>
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<td>2037 Duration of treatment and number of visits for orthodontic treatment</td>
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<td>2173 Orthodontic treatment and General Dental Practitioner (GDP) attendance (includes standard from NICE CG19)</td>
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<td>1495 Presence of a final working length in patients undergoing apexification – re-audit</td>
<td>Rebecca John</td>
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<td>1496 Specialist treatment plans - re-audit</td>
<td>Rebecca John</td>
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<td>1750 Longevity of Fissure Sealants</td>
<td>Ruth Fairhurst</td>
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<td>1751 Placement of Stainless Steel Crowns following pulpotomy or pulpectomy</td>
<td>Stetan Abela</td>
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<td>1905 Repeat General Anaesthetics for dental extractions in children - re-audit</td>
<td>Deborah Franklin, Andrea Roger</td>
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<td>2050 Are radiographs being taken when children are assessed for routine extractions under general anaesthesia? - re-audit</td>
<td>Rachel Fletcher</td>
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<td>1805 Antibiotic prescribing in PCDS - re-audit</td>
<td>Katherine Walls</td>
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<td>2009 Advice on the prevention of dental caries for patients aged 3 years and above</td>
<td>Mouna Rajashekar</td>
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<td>1615 Are dental implants being prescribed and funded in accordance with the Royal College of Surgeons’ guidelines?</td>
<td>Karen Andrews</td>
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<td>1675 Dental screening and treatment compliance of pre-radiotherapy head and neck patients</td>
<td>David Naimi-Akbar</td>
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<td>1806 Are General Anaesthetic protocols for Special Needs patients being followed?</td>
<td>Roger Yates</td>
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<td>1854 Oral care of patients undergoing treatment for Head and Neck Cancer - re-audit</td>
<td>Ediz Cakin</td>
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<td>2174 Patient experience during attendance at a consultant clinic</td>
<td>Lucy Marsden</td>
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<td>2175 Cast cobalt chromium frameworks: Quality of information given to lab technicians by clinicians</td>
<td>Jagdip Kalsi</td>
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<td>2176 Quality of cast chromium metal frameworks constructed by dental technicians to prescriptions from dentists</td>
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<td>1231</td>
<td>MRSA audit</td>
<td>Ruth Evans</td>
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<td>Modified Obs charts and their role in emergency protocol</td>
<td>Sanjay Krishnamoorthy</td>
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<td>An Audit of Critical Care Discharge (NICE CG 50)</td>
<td>Thuli Whitehouse</td>
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<td>Therapeutic Hypothermia for Cardiac Arrest on ITU</td>
<td>Matt Thomas</td>
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<td>CVP line insertion in ITU and Theatre (NICE TA 49)</td>
<td>Anne Whaley</td>
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<td>An audit of sepsis management in intensive care patients - Surviving Sepsis Campaign</td>
<td>Matt Thomas</td>
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<td>Effectiveness of use of Bristol Observation Chart: Transfers to ITU or HDU [NICE CG50]</td>
<td>John Hadfield</td>
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Sub-specialty: Orthoptics & Optometry

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<td>Referrals to paediatric ophthalmology clinics at BEH from community orthoptic clinics</td>
<td>Elizabeth Fisher</td>
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Sub-specialty: Paediatrics, Oculoplastics & Squint

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<td>Joanna Waterfall</td>
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<td>Suman Biswas</td>
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<td>Petros Aristodemou</td>
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<td>Cathy Williams</td>
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<td>Children's ophthalmology clinics at North Bristol NHS Trust: waiting times and quality of service</td>
<td>Cathy Williams</td>
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Specialty: Orthopaedics (T&O)

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<td>James Livingstone</td>
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<td>Alys Macone</td>
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<td>Audit of Orthopaedic Coding</td>
<td>Charles Chambers</td>
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<td>1790</td>
<td>The Availability of Patient Notes and X-rays in Orthopaedic and Fracture Clinics</td>
<td>Jonathan Eldridge</td>
<td>X</td>
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<tr>
<td>1832</td>
<td>Management of suspected scaphoid fractures</td>
<td>Phil McGann</td>
<td>X</td>
<td>X</td>
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<tr>
<td>1916</td>
<td>Documentation of Correct Site Surgery Checking</td>
<td>Brenton Fisher</td>
<td></td>
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<tr>
<td>1975</td>
<td>An audit of Trauma operating notes</td>
<td>Laura Ghosh</td>
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<td>1977</td>
<td>Correct Site Surgery (re audit)</td>
<td>Jonathan Eldridge</td>
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<tr>
<td>2033</td>
<td>Improving Hand Hygiene at the Bristol Royal Infirmary (Audit and Re-Audit)</td>
<td>Koyes Ahmed</td>
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<td>2034</td>
<td>An audit of good practice at key stages of hip fracture care</td>
<td>Shafat Gangov</td>
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<td>2125</td>
<td>Clinical Audit of Venous Thromboembolism Management in Orthopaedic Surgery</td>
<td>Sue Fyfe-Williams</td>
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<td>2139</td>
<td>Hand surgery at Bristol Royal Infirmary</td>
<td>Peter Robinson</td>
<td>X</td>
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<td>2140</td>
<td>Antimicrobial prophylaxis in patients at high risk of MRSA colonisation with insertion of metalwork</td>
<td>Peter Robinson</td>
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**Specialty: Surgical Specialties**

| 1931 | NHS Litigation Authority (NHSLA) Documentation Audit | Jane Palmer | X | X |
| 1969 | Effective pain assessment and management post operatively | Emma Neale | X | X |
| 2178 | An audit of Gentamicin prescribing & monitoring in UH Bristol | Rob Longman Joe Manjaly | X |

**Sub-specialty: Lower GI (Gastrointestinal) Surgery**

| 1285 | Global Rating Scale (GRS) - Are we meeting quality standards for Colonoscopy | Rebecca Griggs Paul Sylvester | X | X |
| 1857 | An audit of fluid replacement for patients undergoing colorectal surgery | Rob Longman | X | X | X |
| 1856 | An audit of nutrition replacement for patients undergoing colorectal surgery | Rob Longman | X | X | X |

**Sub-specialty: Upper GI (Gastrointestinal) Surgery**

| 1282 | Global Rating Scale (GRS) - Are we meeting quality standards for Endoscopic Ultrasonography (EUS) and EUS FNA (Fine Needle Aspiration) | Jayshri Shah | X | X |
| 1351 | Implementation of decisions from the colorectal MDT | Jane Blazeby James Woods | X | X | X |
| 1561 | An audit of clinical outcomes in patients with pancreatic adenocarcinoma undergoing Percutaneous Transhepatic Cholangiography | Jane Blazeby Natalie Blencowe | X | X | X |
| 1735 | A re-audit of the patient pathway from GP referral to treatment decision and then to start of treatment for patients with upper GI cancer | Jane Blazeby Jonathan Rees | X | X | X |
| 1855 | An audit to evaluate the role of the multi-disciplinary cancer team in recruiting patients into a National Randomised Trial, OEO5 | Jane Blazeby Angus McNair | X | X | X |
| 1972 | An audit of the risks and complications of feeding jejunostomy | Ian Pope | X | X |
| 1978 | An audit of informed consent for elective Oesophagectomy | Jane Blazeby | X | X |
| 2145 | Completion of Upper GI preoperative safety checks | Andrew Hollowood | X | X |

**Sub-specialty: Urology**

| 1563 | Investigation and management of microscopic haematuria | Ben Ayres | X | X | X |
| 1619 | An audit of outcomes of the Bristol Andrology service | Richard Pearcy Jonathan Shaw | X | X | X |
| 1643 | Patients satisfaction of the haematuria clinic | Helena Burden | X | X | X |
### Sub-specialty: Vascular Surgery

<table>
<thead>
<tr>
<th>Year</th>
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<th>Authors</th>
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<tbody>
<tr>
<td>1970</td>
<td>Audit of Radiofrequency Ablation of Varicose veins VNUS CLOSURE Fast</td>
<td>Marcus Brooks, Nicola Laurence</td>
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### Specialty: Theatres & Central Sterile Services

<table>
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<tr>
<th>Ref</th>
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<tr>
<td>1345</td>
<td>Are we following the guidance on ensuring Correct Site Surgery</td>
<td>Dina Plowes</td>
<td>X</td>
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<tr>
<td>2090</td>
<td>Instrument sterilisation in community dental clinics [including aspect of NICE CG2]</td>
<td>Maureen Hornsby</td>
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</table>

The list below indicates projects where there is participation from staff in Divisions or Specialties other than those registering the project.

<table>
<thead>
<tr>
<th>Division listed under</th>
<th>Ref</th>
<th>Project Title</th>
<th>Participating specialties</th>
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<tbody>
<tr>
<td>Diagnostic and Therapy</td>
<td>733</td>
<td>Infection Control Ward/Department audit</td>
<td>Surgical Specialties</td>
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<tr>
<td>Diagnostic and Therapy</td>
<td>914</td>
<td>Diagnosis and Treatment of Pseudoaneursym</td>
<td>Surgery</td>
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<td>Diagnostic and Therapy</td>
<td>992</td>
<td>Are all Trust employees complying with the Infection Control Hand Hygiene Policy?</td>
<td>Surgical Specialties</td>
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<tr>
<td>Diagnostic and Therapy</td>
<td>2110</td>
<td>The use of cephalosporins, quinolones and clindamycin within the Bristol Royal Infirmary</td>
<td>Surgical Specialties</td>
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<tr>
<td>Diagnostic and Therapy</td>
<td>2124</td>
<td>Abdominal X-ray evaluation in the Trust</td>
<td>Surgical Specialties</td>
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<tr>
<td>Medicine</td>
<td>824</td>
<td>South West Regional Audit of Diabetic Lower Limb Amputations</td>
<td>Orthopaedics (T&amp;O)</td>
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<tr>
<td>Medicine</td>
<td>1889</td>
<td>The National Clinical Audit of Falls &amp; Bone Health in Older People</td>
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<tr>
<td>Medicine</td>
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<td>Management of osteoporosis in people with previous hip fracture treated at the BRI</td>
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<td>Non-division specific</td>
<td>1620</td>
<td>Infection Control Clinical Care Audit</td>
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<td>Non-division specific</td>
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<td>2008 Bedside Transfusion Re-audit</td>
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<td>Specialised Services</td>
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<td>Prescribing and signing of 1st prescriptions for chemotherapy - BHOC Standard Operating Policy</td>
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<td>Specialised Services</td>
<td>2162</td>
<td>Head &amp; Neck Cancer - Dental Assessment</td>
<td>Dental &amp; Maxillofacial Surgery</td>
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<td>Surgery and Head and Neck</td>
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<td>Are we following the guidance on ensuring Correct Site Surgery</td>
<td>Anaesthesia, Surgical Specialties</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>1641</td>
<td>Incidence of infected titanium plates following orthognathic surgery</td>
<td>Adult Ear, Nose and Throat (ENT)</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>1706</td>
<td>Delays to theatre of patients with fractured neck of femur</td>
<td>Orthopaedics (T&amp;O)</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>1735</td>
<td>A re-audit of the patient pathway from GP referral to treatment decision and then to start of treatment for patients with upper GI cancer</td>
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<tr>
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<tr>
<td>Surgery and Head and Neck</td>
<td>1790</td>
<td>The Availability of Patient Notes and X-rays in Orthopaedic and Fracture Clinics</td>
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<td>Surgery and Head and Neck</td>
<td>1837</td>
<td>The use of monitoring devices to assess the neuromuscular function of patients</td>
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<td>Surgery and Head and Neck</td>
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<td>An audit of nutrition replacement for patients undergoing colorectal surgery</td>
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<td>Surgery and Head and Neck</td>
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<td>An audit of fluid replacement for patients undergoing colorectal surgery</td>
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<td>1968</td>
<td>An audit into the mean arterial pressure (MAP) ranges on ward patients post-bowel resection</td>
<td>Integrated Critical Care Services</td>
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<td>Surgery and Head and Neck</td>
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<td>Effective pain assessment and management post operatively</td>
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<td>Surgery and Head and Neck</td>
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<td>Audit of Radiofrequency Ablation of Varicose veins VNUS CLOSURE Fast</td>
<td>Surgery</td>
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<td>Surgery and Head and Neck</td>
<td>1972</td>
<td>An audit of the risks and complications of feeding jejunostomy</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2090</td>
<td>Instrument sterilisation in community dental clinics [including aspect of NICE CG2]</td>
<td>Dental &amp; Maxillofacial Surgery</td>
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<tr>
<td>Surgery and Head and Neck</td>
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<td>Completion of Upper GI preoperative safety checks</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2147</td>
<td>CVP line insertion in ITU and Theatre (NICE TA 49)</td>
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<td>Surgery and Head and Neck</td>
<td>2148</td>
<td>Lifestyle advice in preoperative assessment</td>
<td>Anaesthesia</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2155</td>
<td>Effectiveness of use of Bristol Observation Chart: Transfers to ITU or HDU [NICE CG50]</td>
<td>Surgical Specialties</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2156</td>
<td>Daycase Haemorrhoidectomies and Varicose Veins - An Audit</td>
<td>Surgical Specialties</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2178</td>
<td>An audit of Gentamicin prescribing &amp; monitoring in UH Bristol</td>
<td>Surgery</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>2182</td>
<td>NHS Litigation Authority (NHSLA) Documentation Audit - 2009</td>
<td>Theatres &amp; Central Sterile Services</td>
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<tr>
<td>Women's and Children's</td>
<td>1976</td>
<td>Are gynaecological surgical patients receiving appropriate thromboembolic prophylaxis at St Michael's Hospital, Bristol (NICE CG 46)</td>
<td>Anaesthesia Theatres &amp; Central Sterile Services</td>
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<tr>
<td>Women's and Children's</td>
<td>1979</td>
<td>NHSLA Litigation Authority (NHSLA) Documentation Audit - Gynaecology</td>
<td>Theatres &amp; Central Sterile Services</td>
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<tr>
<td>Women's and Children's</td>
<td>2184</td>
<td>Audit of the implementation of Modified Obstetric Early Warning Score (MOEWS) charts at St Michaels Hospital Delivery Suite</td>
<td>Anaesthesia</td>
</tr>
</tbody>
</table>
Summary of benefits, actions or changes achieved in 2008/9

1345 - Pre-operative marking and correct site checklist has been incorporated into theatre documentation.
1495 - The audit demonstrated improvements in practice, with 100% of patients having working length for apexification established radiographically by their second appointment, compared to 88% in 2005 audit (1221).
1496 - This audit demonstrated improvements since a 2004 audit of Child Dental Health treatment clinics, with all patients now having an up to date treatment plan in place in their medical records.
1615 - It was established that the Bristol Dental Hospital is meeting Royal College of Surgeons’ guidelines for dental implant funding applications as a result of this audit.
1675 - Improvements in the numbers of head and neck cancer patients receiving dental screens before starting radiotherapy since a previous audit were indicated.
1752 - Good practice with regard to providing patients on anti-platelet medication with information following dental extractions and also packing and suturing of sockets was confirmed.
1746 - This audit has led to the writing of clear protocols and improved arrangements for management of patients receiving immunosuppressant drugs at Bristol Eye Hospital.
1805 - Improvements in antibiotic prescribing practice within the Primary Care Dental Service since a previous audit were demonstrated.
1806 - Demonstrated good practice in following local protocols for dental treatment of special needs patients.
1808 - Good practice in the screening of neonates for retinopathy of prematurity and in the rapidity of treatment where disease was determined.
1822 - The audit led to improved procedures for maintenance of orthodontic instruments within Dental Hospital sterilisation unit.
1826 - The audit led to an increase in the adherence to completion of bereavement checklist and subsequent tissue donation as demonstrated by the re-audit.
1905 - Demonstrated improved compliance with measures to reduce the need for repeat dental treatment under general anaesthetic for children since a previous audit.
1916 - A number of actions have been implemented for different staff groups, aimed at raising awareness of the need to carry out pre-operative checks for trauma and orthopaedic patients.
1934 - Good outcomes for Prolene® brow suspension to correct congenital ptosis at Bristol Eye Hospital were demonstrated.
1937 - The results from this audit helped support the service redesign of Eye Casualty department and demonstrated benefits of nurse practitioner-led care.
1971 - An improvement in the completion of the anaesthetic chart was shown in this re-audit.
1975 - This audit led to the introduction of a new operation note for trauma patients. This will be re audited in the future.
2002 - Good outcomes for treatment of Age-Related Macular Degeneration with Lucentis® at Bristol Eye Hospital were shown.
2003 - The audit demonstrated the appropriate referral of patients to Ophthalmologists from community orthoptists working from Bristol Eye Hospital.
2004 - The results of this project contributed to agreement to appoint new Consultant Oral Pathologist to improve reliability of oral biopsy reporting.
2023 - Assurance of quality of image grading within Bristol and Weston Diabetic Retinopathy Screening Programme was provided as a result of this audit.
2033 - Shelving units have been introduced outside of trauma wards after this audit identified poor compliance with the Trust’s hand hygiene policy amongst staff carrying notes and other objects. A subsequent re-audit has shown that compliance has increased following this action.
2048 - A comprehensive re-design of hospital referral documentation was undertaken.
2178 - An online Gentamicin dosage calculator is currently in development to aid junior doctors. Teaching regarding Gentamicin prescribing has been added to the Trust induction programme for junior doctors. Sections of the existing Gentamicin chart have been redesigned to allow for easier monitoring of dosage levels.
### 3.7 WOMEN AND CHILDREN'S

#### SUMMARY FIGURES

<table>
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<tr>
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<th>2007/8 roll-overs</th>
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<tr>
<td>Audits first registered in 2008/9</td>
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<td>Re-audits R</td>
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<td>Ongoing monitoring projects O</td>
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<td>Total number of audits</td>
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<td>Completed audits</td>
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<td>Current (uncompleted) audits carried forward</td>
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#### PROJECT LIST

“Ref.” refers to the registration number of the project on the Audit Project Management Database.

X indicates the audit is of the type specified

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<td><strong>Sub-specialty: CAMHs (Child Adolescent Mental Health)</strong></td>
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<td>1947</td>
<td>Audit of standards of record keeping in Child and Adolescent Mental Health Services (CAMHS)</td>
<td>Rdo dri David</td>
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<td>Audit of timescales regarding Deliberate Self harm Assessments</td>
<td>Chrissie Gay</td>
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<td>2134</td>
<td>Audit of prescribing practice in child and adolescent mental health service</td>
<td>Louise Molodynski</td>
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<td>1814</td>
<td>Current service provision for children with Down's Syndrome</td>
<td>John Somarib</td>
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<td>Management of child protection cases admitted to hospital : a re-audit following introduction of new documentation</td>
<td>Ben Marsh</td>
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<td>2049</td>
<td>Audit of service provision for children with special needs - re audit</td>
<td>Ben Marsh</td>
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<td>Inpatient care of the disabled child - audit of service provision for children with special needs.</td>
<td>Ben Marsh</td>
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<td>Are we following the Did not attend (DNA) outpatients policy within Children’s Services</td>
<td>Katherine Penney</td>
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<td>2150</td>
<td>Comparing current practice with Paediatric Fluid Guidelines</td>
<td>Lais Borges Blakely</td>
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<td>2154</td>
<td>Use of parent held child health record (PHCHR) in outpatient / ward settings</td>
<td>Rosie Fish</td>
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<td>International, national and regional benchmarking of mortality &amp; morbidity and resource allocation on the newborn intensive care unit</td>
<td>David Harding</td>
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<td>1602</td>
<td>Audit series to improve infection rates on NICU</td>
<td>Karen Luyt</td>
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<td>A re-audit of care plans - ETT tube length</td>
<td>Carol Arlidge</td>
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<td>Audit of pre and post operative management of Tracheo oesophageal Fistula</td>
<td>Ali Raza</td>
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<td>Audit to assess the accuracy of the neonatal naso-gastric tube length chart</td>
<td>Jennifer Kemp</td>
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<td>National Neonatal Audit Programme</td>
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<td>2017</td>
<td>Post-natal assessment of newborns with anomalies on fetal scans</td>
<td>Deborah Osio</td>
<td>X</td>
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<td>2018</td>
<td>Audit of NICU Documentation - NHSLA</td>
<td>Kay Pullen</td>
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<td>NICU Care Plan - ETT Suction Limit</td>
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<td>Audit of NICU Care Plans - Mandatory and Specialist Sheets</td>
<td>Carol Arlidge</td>
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<td>2079</td>
<td>Compliance with CESDI 27/28 recommendations (re-audit)</td>
<td>Archana Mishra</td>
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<td>2080</td>
<td>Positioning of infants in the Neonatal Intensive Care Nursery</td>
<td>Sue Braithwaite</td>
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<td>2081</td>
<td>An audit of NICU care plans – Blood Pressure monitoring</td>
<td>Carol Arlidge</td>
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<td>2183</td>
<td>Frequency and quality of head scans in neonate</td>
<td>Ashraf Tarabishi</td>
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**Sub-specialty: Paediatric Anaesthesia**

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<td>1754</td>
<td>An evaluation of the use of proseal laryngeal masks in un premedicated children</td>
<td>Fiona Kelly</td>
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<td>1755</td>
<td>Evaluation of size 1.5 proseal laryngeal masks (PLMA) in babies undergoing inguinal hernia repair</td>
<td>Fiona Kelly</td>
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<td>1884</td>
<td>Audit of anti emetic prescription and practice in postoperative children at Bristol Children’s Hospital in 2008</td>
<td>Adrian Upex</td>
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<td>1939</td>
<td>Audit of anaesthesia for inguinal hernia repair in babies in 2006 at Bristol Children’s Hospital</td>
<td>Fiona Kelly</td>
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<td>Audit of antimicrobial prophylaxis against infective endocarditis in children undergoing interventional procedures</td>
<td>Sarah Sanders</td>
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<td>2105</td>
<td>Audit of pain management in paediatric cardiac surgery</td>
<td>Chris Bordeaux</td>
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**Sub-specialty: Paediatric Audiology**

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<td>1660</td>
<td>Hearing Tests for Children after Bacterial Meningitis - a re-audit</td>
<td>Melanie Parker</td>
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**Sub-specialty: Paediatric Cardiac Services**

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<td>79</td>
<td>Post-Operative Morbidity Following Cardiac Catheterisation</td>
<td>Rob Martin</td>
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<td>80</td>
<td>Post-Operative Morbidity Following Cardiac Surgery</td>
<td>Graham Stuart</td>
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<td>81</td>
<td>Radiofrequency Ablation in Paediatric Arrhythmias</td>
<td>Graham Stuart</td>
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<td>83</td>
<td>Review of peri-operative Infections</td>
<td>Rob Martin</td>
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<td>Paediatric cardiac surgery audit (CCAD - Central Cardiac Audit Database)</td>
<td>Andrew Tometzki</td>
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<td>Retrospective audit of management of pulmonary stenosis in neonates and children with balloon valvoplasty</td>
<td>Syed Ali Raza</td>
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<td>1893</td>
<td>Management of cyanotic spell in infant</td>
<td>Rob Tullo</td>
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<td>1911</td>
<td>Management of chest pain in children presenting to the children’s emergency department</td>
<td>Rob Tullo</td>
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<td>1918</td>
<td>cardiac referrals from emergency department for children with transient loss of consciousness</td>
<td>Rob Tullo</td>
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<td>Audit of Home Anticoagulation with Warfarin in the Paediatric Cardiology Patient Group</td>
<td>Jonathan Forsey</td>
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<td>1957</td>
<td>Healthy Start Vitamin Uptake</td>
<td>Sarah Bergun</td>
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<td>1985</td>
<td>Audit of nutritional screening in paediatric patients</td>
<td>Camille Jankowski</td>
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<td>1851</td>
<td>The assessment of objective measures of infection in children with secondary post tonsillectomy haemorrhage</td>
<td>Julie Dando, Nicola Wright</td>
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<td>1908</td>
<td>Child Protection Documentation in Infants presenting to the Emergency Department with Head Injuries</td>
<td>Rebecca Preece</td>
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<td>1958</td>
<td>Audit of Bristol Bowel Management Group - Paediatric Constipation Guidance distribution and reported use in Primary Care</td>
<td>Wynne Smith</td>
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<td>1961</td>
<td>The Voice of the Child</td>
<td>Katherine Penney, Lisa Goldsworthy</td>
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<td>Management of febrile pre-school children presenting to the Emergency Department (ED)</td>
<td>Simon Binks</td>
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<td>Management of children under two years with head injuries in whom non accidental injury is suspected</td>
<td>Russell Jones</td>
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<td>1451</td>
<td>National Diabetes Audit (NCASP)</td>
<td>Christine Burren</td>
<td>X</td>
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<td>1786</td>
<td>Management of Multiple Endocrine Neoplasia (Type 2) Syndromes</td>
<td>Wendy Bailey</td>
<td>X</td>
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<td>1928</td>
<td>Correlation of clinical procedures to clinical coding applied to Endocrine admissions to the Clinical Investigations unit</td>
<td>Melanie Guilder</td>
<td>X</td>
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<td>1929</td>
<td>Audit of annual reviews for children with Diabetes according to National Institute for Clinical Excellence Guidance 04 (2005)</td>
<td>Tiru Nootigattu</td>
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<td>1942</td>
<td>Audit on the screening of Endocrinopathies and Cognitive Dysfunction in childhood brain tumour survivors</td>
<td>Christine Wei</td>
<td>X</td>
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<td>1959 New Referrals to General Paediatric Practice for constipation</td>
<td>Kay Blackwell</td>
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<td>2008 Management of Paediatric Inflammatory Bowel Diseases in the South West Region</td>
<td>Saras Hosdurga</td>
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<tr>
<td>72 Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)</td>
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<td>1445 Audit to assess elective central venous line insertion in cardiac theatre versus NICE guidelines</td>
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<td>1527 Chest Drain Removal in Post-op Cardiac Paediatric Patients</td>
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<td>1547 Bronchiolitis in need of CPAP: outcome project (BINCO)</td>
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<td>1687 Audit of medical discharge list sticky labels</td>
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<td>1894 Audit of paediatric resuscitation event recording</td>
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<td>1925 Suction Audit</td>
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<td>1948 National Health Service (NHSLA) Documentation Re-audit</td>
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<td>2046 End of life planning</td>
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<td>2158 National Health Service Litigation Authority (NHSLA) Documentation audit 08/09 Children's Services UHB</td>
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<td>2168 Audit of Management of Traumatic Brain Injury in PICU</td>
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<td>1788 Advice given to children with isolated scars on DMSA scan</td>
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<td>1859 An audit of dialysis access service</td>
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<td>2006 Audit of prescription and administration of blood products in paediatric nephrology patients</td>
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<td>2181 Audit of prescribing drugs on discharge from renal ward</td>
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<td>1992 Newer Drugs for Epilepsy -National Institute for Clinical Excellence (NICE) Technology Appraisal (TA79)</td>
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<td>2027 Discharging children with a hip spica plaster</td>
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<td>1478 Central line safety training audit</td>
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**Sub-specialty: Paediatric Radiology**

| 1965 | Gonad protection for children undergoing hip/pelvis x rays | Gurpreet Narang | X | | |
| 2108 | What is the right way to do cranial ultrasounds? | Gurpreet Narang | X | | |

**Sub-specialty: Paediatric Respiratology**

<p>| 1785 | Serum levels of vitamin D in children with cystic fibrosis (CF) | Hannah Midwinter | X | X | X |
| 1794 | Asthma in schools | Neil Archer | X | X | X |
| 1815 | Asthma education at discharge | Phillipa Bowen | X | X | X |
| 1941 | The use of Cyclosporine in children and young people with difficult to treat asthma | Jessica Hymans | X | X | X |
| 1984 | Parapneumonic effusion and empyema | Nwe Soe | X | | |
| 2007 | Timeliness of letters from the Respiratory Dept | Mala Raman | X | X | X |
| 2100 | An audit of Palivizumab use in paediatrics | Kamran Mahmood | X | X | X |
| 2102 | Audit of the use of the South West network Integrated Care Pathway (ICP) for children with diabetic ketoacidosis (DKA) | Fiona Duncan | X | X | X |
| 2103 | Audit of effectiveness of Epipen training in nursery school staff | Deborah Marriage Fiona Duncan | X | X | X |</p>
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<tr>
<td>British Paediatric Respiratory Society / British Thoracic Society Asthma Audit 2008</td>
<td>Deborah Marriage</td>
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<td>Audit of intra-articular steroid injection in children with juvenile idiopathic arthritis (JIA)</td>
<td>Nwe Soe</td>
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<td>Re-Audit of emergency theatre list usage</td>
<td>Jonathan Graham</td>
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<td>Neonatal inguinal hernia repair at Bristol Children's Hospital</td>
<td>Oliver Old</td>
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<td>Sub-specialty: Paediatric Trauma &amp; Orthopaedics (T&amp;O)</td>
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<td>Audit of management of patients' undergoing external fixation from pre-admission to three months post discharge</td>
<td>Sharron Carrie, Sarah Parry</td>
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<td>Current management of congenital talipes equinovarus (CTEV)</td>
<td>Guy Atherton</td>
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<td>Failure rate of Pavlik Harness treatment for children with Developmental Dysplasia of the Hips</td>
<td>Mike Walton</td>
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<td>Choose and Book - an audit and patient survey of new outpatient appointment system</td>
<td>Lucinda Frank</td>
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<td>Specialty: Women's Services</td>
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<td>Audit of blood usage on Central Delivery Suite</td>
<td>Annie Tizzard</td>
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<td>Audit of physiotherapy management of stress urinary incontinence (SUI)</td>
<td>Jess Butterly</td>
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<td>Domestic abuse screening - a re-audit</td>
<td>Belinda Cox</td>
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<td>A series of audits of UNICEF UK Baby Friendly Initiative best practice standards</td>
<td>Sally Tedstone</td>
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<td>Thuili Whitehouse</td>
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<td>Caroline Besley</td>
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<td>Re-audit of severe post partum haemorrhage</td>
<td>Cressida Downie</td>
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<td>Fetal vesico-amniotic shunt for lower urinary tract outflow obstruction (NICE IPG 202)</td>
<td>Elizabeth Glanville</td>
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<td>Re-audit of Third and Fourth Degree Perineal Tear Management After Vaginal Delivery</td>
<td>Edward Coats</td>
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<td>Chickenpox in pregnancy</td>
<td>Charlotte Sullivan</td>
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<td>Sucheta Mane</td>
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<td>Re-audit of care of women with pre-gestational diabetes against local and CEMACH standards</td>
<td>Frances Blackmore</td>
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<td>1878</td>
<td>Practice and outcomes of operative vaginal delivery at St Michael's Hospital</td>
<td>Abi Oliver</td>
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<td>Re-audit of the management of women with group B streptococcus on vaginal swab or urine</td>
<td>Lalrinawmi Lalrinawmi</td>
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<td>1949</td>
<td>The Management of Epilepsy in Pregnancy</td>
<td>Kate Collins</td>
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<td>2072</td>
<td>Management of anaemia in antenatal women (NICE CG 62 - Antenatal Care)</td>
<td>Jennifer Yin</td>
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<td>2073</td>
<td>Care of HIV positive women</td>
<td>Eleanor Hogath</td>
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<td>External Cephalic Version (ECV) notes documentation</td>
<td>Rachel Ion</td>
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<td>2076</td>
<td>Identification and management of obesity in pregnancy</td>
<td>David Quinn</td>
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<td>Thromboprophylaxis in post-partum period (NICE CG13)</td>
<td>Zoey Robinson</td>
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<td>Appropriateness of third trimester scans - (NICE CG 62)</td>
<td>Sarah Caulkwell</td>
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<td>Use of syntocinon for augmentation of labour (NICE CG 55, CG 70)</td>
<td>Emma Treloar</td>
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<td>Vaginal Birth After Caesarean Section (VBAC)</td>
<td>Chloe Broughton</td>
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<td>2170</td>
<td>Re-audit of heart disease in pregnancy</td>
<td>Jo Marsden-Williams</td>
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<td>Re-audit of the guidelines for pre eclampsia, eclampsia</td>
<td>Sian Chivers</td>
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<td>2184</td>
<td>Audit of the implementation of Modified Obstetric Early Warning Score (MOEWS) charts at St Michaels Hospital Delivery Suite</td>
<td>Kathryn Jackson</td>
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**Sub-specialty: Gynaecology**

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<th>Participant</th>
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<td>231</td>
<td>The collection of regional gynaecological cancer for the purposes of audit and improvement of management</td>
<td>Jon Murdoch</td>
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<td>1765</td>
<td>The management of gestational trophoblastic disease</td>
<td>Caroline Overton</td>
<td>X</td>
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<td>1945</td>
<td>National audit of invasive cervical cancers</td>
<td>Robert Anderson</td>
<td>X</td>
<td>X</td>
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<td>1976</td>
<td>Are gynaecological surgical patients receiving appropriate thromboembolic prophylaxis at St Michael's Hospital, Bristol (NICE CG 46)</td>
<td>Julia Vasant</td>
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<td>1979</td>
<td>NHSLA Litigation Authority (NHSLA) Documentation Audit - Gynaecology</td>
<td>Amanda Harris</td>
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<td>2075</td>
<td>Audit of laparoscopy hysterectomy complications (NICE IPG 239)</td>
<td>Himanhsu Borace</td>
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<td>Re-audit of quality of colposcopy service in St Michael’s Hospital</td>
<td>Wale Folarin</td>
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</table>
### South West Cancer Intelligence Services Uterine Cancer Quality Assurance Audit

**Sub-specialty:** Reproductive Medicine

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Participating specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>2180</td>
<td>South West Cancer Intelligence Services Uterine Cancer Quality Assurance Audit</td>
<td>Diana Bailey, X, X</td>
</tr>
</tbody>
</table>

### Management of patients with ovarian hyperstimulation syndrome

<table>
<thead>
<tr>
<th>Ref</th>
<th>Project Title</th>
<th>Participating specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>1921</td>
<td>Management of patients with ovarian hyperstimulation syndrome</td>
<td>Gaya Vivehanantha, X</td>
</tr>
</tbody>
</table>

The list below indicates projects where there is participation from staff in Divisions or Specialties other than those registering the project:

<table>
<thead>
<tr>
<th>Division listed under</th>
<th>Ref</th>
<th>Project Title</th>
<th>Participating specialties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Therapy</td>
<td>733</td>
<td>Infection Control Ward/Department audit</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Diagnostic and Therapy</td>
<td>992</td>
<td>Are all Trust employees complying with the Infection Control Hand Hygiene Policy?</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Medicine</td>
<td>821</td>
<td>Regional audit of Diabetic Pregnancies</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Medicine</td>
<td>1443</td>
<td>Re-audit of the management of women requesting abortion</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Non-division specific</td>
<td>1620</td>
<td>Infection Control Clinical Care Audit</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Non-division specific</td>
<td>2095</td>
<td>2008 Bedside Transfusion Re-audit</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>538</td>
<td>Audit of Epidural Anaesthesia for Gynaecological Operations</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>1743</td>
<td>Timely anaesthetic review of patients with cardiac problems presenting to the delivery suite</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>1770</td>
<td>Post Caesarean Section Analgesia Audit</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>1808</td>
<td>Retinopathy of Prematurity screening - re-audit</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>1967</td>
<td>Retinopathy of Prematurity screening - re-audit (RoP) screening</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>1680</td>
<td>Identifying patients requiring Retinopathy of Prematurity (RoP) screening</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1391</td>
<td>Audit of physiotherapy management of stress urinary incontinence (SUI)</td>
<td>Women's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1593</td>
<td>Perinatal transmission of HIV: audit of infected infants born in England between 2002 and 2005</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1680</td>
<td>Re-audit of shoulder dystocia management</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1698</td>
<td>Audit of pre and post operative management of Tracheo oesophageal Fistula</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1907</td>
<td>Audit of ward 34 paediatric oncology discharge summaries</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>1908</td>
<td>Child Protection Documentation in Infants presenting to the Emergency Department with Head Injuries</td>
<td>Children's Services</td>
</tr>
</tbody>
</table>
Summary of benefits, actions or changes achieved in 2008/9

1391 - Following this audit of stress urinary incontinence, the assessment proforma has been revised to be more “user friendly” and highlight QOL and agreed goals. Additional administrative time has been provided to Physiotherapists which would allow more time for discharge letters.

1445 - Training has been conducted as part of audit action plan for elective central line insertion for anaesthetists

1602 - Infection rates reduced following a series of infection control audits.

1638 - Results from the breastfeeding audits met the requirements for UNICEF “Baby Friendly” status

1663 - Suggested actions were discussed with the Patient Group following this audit of consent for fetal post-mortems.

1680 - Following this audit of shoulder dystocia management which demonstrated improvements in record keeping, it was agreed relevant training should be continued.

1754 - Confirmed best practice compared to National Standards

1765 - Following this audit of the management of gestational trophoblastic disease it was recommended that the guideline should be placed on the Document Management System.
1811 - Following this audit of massive obstetric haemorrhage a structured proforma was agreed for review of these cases at morbidity meetings.

1831 - Results indicated, overall, performance consistent with NICE Guidance for vesico-amniotic shunt (IPG 202).

1836 - Local guideline for management of perineal tears to updated as a result of this audit.

1838 - This audit of actions following exposure of staff and mothers to risk of infection with chicken pox, demonstrated good compliance with Trust guidance, with no untoward outcomes recorded.

1862 - Following this re-audit of care of women with pre-gestational diabetes issues of pre-conception counselling were raised with primary care.

1878 - Following this audit of operative vaginal delivery the guideline was revised and a new training package introduced.

1679/2069 - This audit and re-audit demonstrated improvement in recording of care plans for endotracheal tubes.

1884 - Guidelines on postoperative nausea and vomiting currently being formulated as a result of this audit.

1892 - The green child protection form has been revised and circulated. Discharge planning arrangements revised to improve accountability.

1908 - A tick box system of red flags to identify infants at risk of non accidental injury coupled with an improved programme of education has resulted in a statistically significant increase in clinicians completing child protection documentation.

1921 - Following this audit of management of patients with ovarian hyperstimulation syndrome (OHSS) it was recommended that patients should not be admitted if they were only “mild”.

1922 - This re-audit of the management of women with group B streptococcus demonstrated a marked improvement in unit performance.

1929 - Audit of diabetes reviews (NICE) identified need to improve and re-audit specific areas such as retinopathy screening (results recorded in the medical casenotes) podiatry and dietetic provision. These projects have been identified as priority projects on the 2009/10 Forward Plan.

1948 - NHSLA documentation audit - recommendations made from Children’s Services regarding improving continuation sheets. Commitment to involve Bristol University medical students with ongoing re-audit with the possibility of introducing a “documentation” module to curriculum for students.

1949 - Following this audit of management of epilepsy in pregnancy it was agreed a checklist to prompt appropriate action should be developed.

1958 - Interface project assessing access to guidelines for GP’s identified need for further work and educational strategy regarding inappropriate referrals for constipation.

1959 - Pilot project linked to Proj Ref- 1958 (access to referrals for constipation from Primary Care) Snapshot identified 13 inappropriate referrals, further audit with larger sample size to identify full extent of inappropriate referrals.

1960 - Standing Operating Procedure in development as part of action plan.

1961 - Feedback of results by email to relevant healthcare professionals, re-audit identified as part of 2009/10 Forward Plan.

1976 - Following this audit of thromboembolic prophylaxis for gynaecological surgical patients a prompt sheet has been developed incorporating guidance from NICE CG 46.

1979 - This re-audit of gynaecology note keeping demonstrated improvements in some areas, including recording of GP details, and use/recording of patient information leaflets.

1985 - Introduced a screening tool for assessment of malnutrition through hospital wide consultation. Further audit of this indicated on 2009/10 Forward Plan.

2011 - Amendment to STORK system as part of audit action plan.

2018 - Following audit of documentation on NICU more ward clerks employed to print labels and typed stickers for drugs introduced.

2070 - Following audit of NICU Care Plans Mandatory and Specialist Sheets results were shared and followed up by encouragement and spot checks from education team.

2072 - Good compliance demonstrated with standards for management of anaemia in antenatal women (NICE CG 62 - Antenatal Care).

2073 - Following this audit of management of HIV in pregnancy it was agreed a checklist to prompt appropriate action should be developed.

2075 - Outcomes from laparoscopic surgery (NICE IPG 239) comparable with published results.

2076 - A leaflet has been developed to assist education of mothers following this audit on the identification and management of obesity in pregnancy.

2077 - The Caesarean section form has been revised to make risk factors requiring thromboprophylaxis clearer following this audit on thromboprophylaxis in the postpartum period.

2078 - Following this audit of third trimester scans a revised guideline has been drafted, incorporating relevant NICE Guidance, with the intention of reducing inappropriate scans.

2081 - Following the re-Audit of non-invasive blood pressure monitoring it was agreed the Guideline should be revised and made more visible e.g. by making laminated copies available in nurseries.

2107 - Following this audit of use of syntocinon for augmentation of labour (NICE CG 55, CG 70) a revised guideline to be prepared, followed by re-audit.
2114 - Systems to be reviewed following audit of colposcopy services.
2170 - Following this re-audit of heart disease in pregnancy it was recommended the heart should be checked in women attending consultant clinics.
### 3.8 NON-DIVISION SPECIFIC

**SUMMARY FIGURES**

<table>
<thead>
<tr>
<th>Roll-overs</th>
<th>2007/8 roll-overs</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audits first registered in 2008/9</td>
<td>First audits</td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>Re-audits</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>Ongoing monitoring projects</td>
<td>O</td>
</tr>
<tr>
<td>Total number of audits</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Completed audits</td>
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<td></td>
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<tr>
<td>Current (uncompleted) audits carried forward</td>
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(includes 2 ongoing monitoring projects)

**PROJECT LIST**

“Ref.” refers to the registration number of the project on the Audit Project Management Database. 
X indicates the audit is of the type specified.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Provisional Title of Project</th>
<th>Name</th>
<th>&lt;&lt;</th>
<th>F</th>
<th>R</th>
<th>O</th>
<th>&gt;&gt;</th>
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</thead>
<tbody>
<tr>
<td>1510</td>
<td>Saving Lives – a programme to reduce healthcare associated infections</td>
<td>Carly Hall</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>1620</td>
<td>Infection Control Clinical Care Audit</td>
<td>Lindsey Scott</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carly Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1820</td>
<td>An audit of 24 hour observation charts</td>
<td>Sandra Harriss</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>1895</td>
<td>Admission and Discharge process</td>
<td>Anne Berry</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2095</td>
<td>2008 Bedside Transfusion Re-audit</td>
<td>Edwin Massey</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Soo Cooke</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2126</td>
<td>Trustwide Audit of Compliance with Anaesthetic Machine Checking</td>
<td>Dawn Scott</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>2169</td>
<td>Catering Ward Rounds – Managing the patient journey through nutritional care</td>
<td>Toni Williams</td>
<td>X</td>
<td>X</td>
<td></td>
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### Appendix A - UHBrstol Clinical Audit Staff

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>SPECIALTY</th>
<th>AUDIT SUPPORT</th>
<th>ROLE &amp; W.T.E</th>
<th>AUDIT CONVENOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Therapy</td>
<td>Laboratory Medicine</td>
<td></td>
<td></td>
<td>Dr Paul Thomas</td>
</tr>
<tr>
<td></td>
<td>Medical Physics &amp; Bioengineering</td>
<td></td>
<td></td>
<td>Mr Phil Quirk</td>
</tr>
<tr>
<td></td>
<td>Pharmacy</td>
<td></td>
<td></td>
<td>Sally-Ann Hall</td>
</tr>
<tr>
<td></td>
<td>Physiotherapy</td>
<td>Isabella To</td>
<td>Audit facilitator (0.8)</td>
<td>Linda Clarke</td>
</tr>
<tr>
<td></td>
<td>Audiology (adult), Occupational Therapy, Orthotics, Nutrition &amp; Dietetics, Speech &amp; Language Therapy (adult)</td>
<td></td>
<td></td>
<td>N/A – contact Heads of Service</td>
</tr>
<tr>
<td></td>
<td>Radiology</td>
<td>Sally King</td>
<td>Superintendent Radiographer, QA, Audit (estimated 0.2)</td>
<td>Dr Charles Wakeley</td>
</tr>
<tr>
<td>Medicine</td>
<td>Medical Specialties</td>
<td>Samantha Wilkinson</td>
<td>Audit facilitator (1.0)</td>
<td>Dr Robert Marshall</td>
</tr>
<tr>
<td></td>
<td>Emergency Services</td>
<td></td>
<td></td>
<td>Dr Sarah Woolley</td>
</tr>
<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>David Finch, Trudy Gale</td>
<td>Audit (0.5) &amp; Clinical Data Manager, Audit facilitator (0.6)</td>
<td>Mr Gavin Murphy (Cardiac Surgery), Dr Angus Nightingale (Cardiology)</td>
</tr>
<tr>
<td></td>
<td>Homeopathy</td>
<td>Sue Barron</td>
<td>Audit facilitator (0.3)</td>
<td>Dr Liz Thompson</td>
</tr>
<tr>
<td></td>
<td>Oncology &amp; Haematology</td>
<td>Mairead Dent</td>
<td>Audit facilitator (0.6)</td>
<td>Dr Paula Wilson</td>
</tr>
<tr>
<td>Surgery &amp; Head &amp; Neck</td>
<td>Dental Services &amp; Maxillo-facial Surgery</td>
<td>Jonathan Penny</td>
<td>Audit facilitator (0.8)</td>
<td>Mr Tony Brooke</td>
</tr>
<tr>
<td></td>
<td>Ophthalmology</td>
<td></td>
<td></td>
<td>Ms Cathy Williams</td>
</tr>
<tr>
<td></td>
<td>Anaesthesia, Critical Care &amp; Theatres</td>
<td>James Benwell</td>
<td>Audit facilitator (1.0)</td>
<td>Mr. Mark Wright</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td></td>
<td></td>
<td>vacant</td>
</tr>
<tr>
<td></td>
<td>Orthopaedics (T&amp;O)</td>
<td></td>
<td></td>
<td>Mr Graham Porter</td>
</tr>
<tr>
<td></td>
<td>Adult ENT</td>
<td></td>
<td></td>
<td>vacant</td>
</tr>
<tr>
<td>Women &amp; Children’s</td>
<td>Obstetrics &amp; Gynaecology</td>
<td>Richard Hancock</td>
<td>Audit facilitator (0.8)</td>
<td>Ms Rachael Liebling</td>
</tr>
<tr>
<td></td>
<td>Neonatology</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Children’s Services</td>
<td>Chrissie Gardner</td>
<td>Audit facilitator (1.0)</td>
<td>Mr Stephen Marriage</td>
</tr>
</tbody>
</table>

**Clinical Audit Central Office**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Swonnell</td>
<td>Assistant Director of Audit and Assurance (includes 0.25 clinical audit)</td>
</tr>
<tr>
<td>Stuart Metcalfe</td>
<td>Assistant Clinical Audit Manager (1.0)</td>
</tr>
<tr>
<td>Post Vacant</td>
<td>Audit clerk (0.8)</td>
</tr>
</tbody>
</table>

**Membership of the Clinical Audit Committee**

Dr Carol Inward (Chair)
Chris Swonnell (Assistant Director for Audit and Assurance)
Stuart Metcalfe (Clinical Audit Manager)
Phil Hall (Assistant Director to the Medical Director)
Clinical Audit Convenors - see above
Appendix B - Clinical Audit projects abandoned during 2008/9

The majority of the projects listed below were abandoned after the project was started (i.e. after data collection had commenced)

<table>
<thead>
<tr>
<th>Division</th>
<th>Specialty</th>
<th>Sub-Specialty</th>
<th>Ref</th>
<th>Title</th>
<th>Reason Abandoned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Therapy</td>
<td>Laboratory Medicine</td>
<td>Infection Control</td>
<td>59</td>
<td>Are the Trust's bench top sterilisers managed, used and maintained to a safe standard?</td>
<td>Deferred since 15 March 2003, replaced by a similar project ID1291, completed in April 2007.</td>
</tr>
<tr>
<td>Diagnostic and Therapy</td>
<td>Laboratory Medicine</td>
<td>Infection Control</td>
<td>561</td>
<td>Are wound swabs obtained correctly and systematically to ensure appropriate, accurate care?</td>
<td>Project was deferred in December 2003 and has now been abandoned.</td>
</tr>
<tr>
<td>Diagnostic and Therapy</td>
<td>Pharmacy</td>
<td></td>
<td>1521</td>
<td>Audit of in-patient prescription writing</td>
<td>Both the project lead and supervisor left the trust. The project may be revisited in 2009</td>
</tr>
<tr>
<td>Diagnostic and Therapy</td>
<td>Physiotherapy</td>
<td></td>
<td>1079</td>
<td>Audit of notes standards for referral of patients to physio assistants and technicians</td>
<td>Project was deferred for almost a year and has now been superseded by a more recent similar audit.</td>
</tr>
<tr>
<td>Diagnostic and Therapy</td>
<td>Radiology</td>
<td>General Radiology</td>
<td>1834</td>
<td>Audit of the importance and usefulness of radiographs of the fore-foot (toes excluding hallux)</td>
<td>The audit lead has left the Trust. The problem that the audit addressed has been resolved by other means.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Emergency Department (Adult)</td>
<td></td>
<td>1740</td>
<td>An audit of the management of STEMs presenting in the Emergency Department</td>
<td>Supervisor on long term sick and audit lead has left the Trust.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Medical Specialties</td>
<td>Gastroenterology &amp; Hepatology</td>
<td>1584</td>
<td>Re-audit of the incidence and clinical outcome of C. difficile infection following the new C. difficile infection management guidelines</td>
<td>Audit lead left the Trust. This topic has now been address by other means.</td>
</tr>
<tr>
<td>Medicine</td>
<td>Medical Specialties</td>
<td>General Medicine</td>
<td>1933</td>
<td>Audit of endoscopic care of patients with non variceal upper GI haemorrhage against UBHT guidelines.</td>
<td>Lead could not complete data collection and has now left the Trust. No replacement has been identified by the Supervisor as the topic is no longer a priority within the department. On further investigation it was found that this project was a research project</td>
</tr>
<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Anaesthesia</td>
<td>1651</td>
<td>Glycaemic control post-cardiac surgery</td>
<td></td>
</tr>
<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Anaesthesia</td>
<td>1780</td>
<td>Does Nicorandil reduce postoperative supraventricular arrhythmias following cardiac surgery?</td>
<td>On further investigation it was found that this project was a research project</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Adult Ear, Nose and Throat (ENT)</td>
<td>Ear, Nose and Throat (Adult ENT)</td>
<td>1648</td>
<td>As a department do we receive referrals and list for surgery in accordance with the SIGN guidelines for recurrent tonsillectomies</td>
<td>Project lead has left the Trust. No replacement has been identified by the Supervisor as the topic is no longer a priority within the department.</td>
</tr>
<tr>
<td>Service</td>
<td>Department/Unit</td>
<td>AGM Code</td>
<td>Audit Description</td>
<td>Status</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>--------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Anaesthesia</td>
<td>1558</td>
<td>Morphine protocol audit</td>
<td>This has been awaiting presentation for months and the lead has now left the Trust</td>
<td></td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Orthopaedics (T&amp;O)</td>
<td>1278</td>
<td>Record Keeping T&amp;O</td>
<td>Audit lead went on maternity leave. Topic will form part of the Essence of Care project</td>
<td></td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Surgery</td>
<td>1791</td>
<td>An audit of respiratory observation recordings on ward 14</td>
<td>Staff Nurse has left the Trust. Audit methodology superseded by use of new observation chart</td>
<td></td>
</tr>
<tr>
<td>Women's and Children's</td>
<td>Children’s Services</td>
<td>1817</td>
<td>Auditing Hepatitis B vaccination within the infants born to drug abusing mothers</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
<td></td>
</tr>
<tr>
<td>Women's and Children’s</td>
<td>Children’s Services</td>
<td>1513</td>
<td>Documentation of baby notes in St Michael’s Hospital NICU</td>
<td>Unable to get any form of write up from audit lead or supervisor. Presented NICU July 2007 but no record of results or actions. No response from audit lead as to this information</td>
<td></td>
</tr>
<tr>
<td>Women's and Children’s</td>
<td>Neonatology</td>
<td>1713</td>
<td>Re-audit of temperature on admission to NICU</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
<td></td>
</tr>
<tr>
<td>Women's and Children’s</td>
<td>Children’s Services</td>
<td>1330</td>
<td>Audit to assess usage of morphine via patient controlled analgesia in laparoscopic appendectomy</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
<td></td>
</tr>
<tr>
<td>Women's and Children’s</td>
<td>Paediatric Anaesthesia</td>
<td>1482</td>
<td>Are all patients with isomerism being referred for GIT assessment</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit. Audit lead unable to complete project - alternative lead not identified; new database not in place for data collection</td>
<td></td>
</tr>
<tr>
<td>Women's and Children’s</td>
<td>Paediatric Cardiac Services</td>
<td>1481</td>
<td>PICU Discharge Delay Re-Audit</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
<td></td>
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<tr>
<td>Women's and Children’s</td>
<td>Paediatric Intensive Care (PICU)</td>
<td>1846</td>
<td>An audit of glomerular filtration rate practice within the Paediatric Oncology Department</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
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<tr>
<td>Women's and Children’s</td>
<td>Paediatric Oncology</td>
<td>1787</td>
<td>An audit of abdominal pain, query appendicitis, over the last year presenting to Children’s Services</td>
<td>Audit lead left post, no replacement identified as no longer a priority for audit.</td>
<td></td>
</tr>
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</table>
Appendix C - Clinical Audit projects with status of ‘deferred’ at end of 2008/9 financial year

The below list contains projects that were deferred in the 2007/8 financial year and that remained deferred by the end of the year.

<table>
<thead>
<tr>
<th>Division</th>
<th>Specialty</th>
<th>Sub-Specialty</th>
<th>Ref</th>
<th>Title</th>
<th>Reason Deferred</th>
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<tbody>
<tr>
<td>Specialised Services</td>
<td>Homeopathy</td>
<td></td>
<td>2016</td>
<td>Audit of Iscador use adherence to Guidelines</td>
<td>Delay due to resignation of audit lead. Project to be completed ASAP</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Anaesthesia</td>
<td></td>
<td>1730</td>
<td>Central Venous Access Devices – An audit of request process, indication, insertion, use and care (NICE TAG 49)</td>
<td>Audit lead left the Trust. Supervisor in the process of identifying a replacement.</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Dental &amp; Maxillofacial Surgery</td>
<td>Oral &amp; Maxillofacial Surgery</td>
<td>1655</td>
<td>Are all radial free forearm flap patients undergoing an Allen’s Test and Doppler as appropriate?</td>
<td>Data collection delayed due to delays in procuring equipment</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>Orthopaedics (T&amp;O)</td>
<td></td>
<td>1550</td>
<td>The quality of x-rays used for peri-operative planning in limb reconstruction surgery</td>
<td>Audit lead has left the Trust, trying to find a replacement.</td>
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<tr>
<td>Women's and Children’s</td>
<td>Children’s Services</td>
<td>Paediatric Endocrinology</td>
<td>1909</td>
<td>Re - audit of obesity NICE guidelines CG43 (December 2006)</td>
<td>Clinical lead left post, replacement to be identified</td>
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<tr>
<td>Women's and Children’s</td>
<td>Children’s Services</td>
<td>Paediatric Neurology</td>
<td>1768</td>
<td>Folic acid prescription and advice in female young people with epilepsy.</td>
<td>Clinical lead left post, replacement to be identified</td>
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<tr>
<td>Women's and Children’s</td>
<td>Children’s Services</td>
<td>Paediatric Neurology</td>
<td>2035</td>
<td>Re-Audit of Neurological Investigations for Children with Epilepsy (NICE Guidance CG 20)</td>
<td>Clinical lead left post, replacement to be identified</td>
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<td>Women's and Children’s</td>
<td>Women's Services</td>
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<td>1839</td>
<td>Audit into the management of women at high risk of preterm labour through the preterm labour clinic</td>
<td>Deferred on instruction from relevant Consultant - lead left</td>
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<td>Women's and Children’s</td>
<td>Women's Services</td>
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<td>1876</td>
<td>Re-audit of fetal monitoring in labour</td>
<td>Original lead left without completing - New lead allocated - Data collection to start June 2009</td>
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<td>Women's and Children’s</td>
<td>Women's Services</td>
<td>Gynaecology</td>
<td>1587</td>
<td>Re-audit of the medical management of miscarriage</td>
<td>Lead left the Trust - advised this project on hold - August 2008</td>
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<tr>
<td>Women's and Children’s</td>
<td>Women's Services</td>
<td>Gynaecology</td>
<td>1923</td>
<td>Audit of the medical prescription of “to take home” drugs on Ward 78 (Gynaecology)</td>
<td>Member of staff on long term sick leave</td>
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<td>Gynaecology</td>
<td>1963</td>
<td>Audit of Referrals to Gynaecology from Emergency Department</td>
<td>Member of staff on long term sick leave</td>
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</table>
Appendix D - Clinical Audit projects with status of ‘Transferred to SR database’ at end of the 2008/9 financial year

In 2008, a separate ‘Service Review’ database was established to capture details of those projects that do not fall under the umbrella of Clinical Audit (i.e. Service Evaluation, Service Improvement and other non standards based work). It is intended to support the Trust in evidencing compliance with Core Healthcare Standard C5d (“clinicians participate in regular clinical audit and reviews of clinical services”). Below is a list of projects that were originally registered on the Clinical Audit database but have subsequently been transferred to this ‘Service Review’ database.

<table>
<thead>
<tr>
<th>Division</th>
<th>Specialty</th>
<th>Sub-Specialty</th>
<th>Ref</th>
<th>Title</th>
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<tr>
<td>Medicine</td>
<td>Medical Specialties</td>
<td>Diabetes &amp; Endocrinology</td>
<td>629</td>
<td>Outcome of Management of Patients with Acromegaly (National database)</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Anaesthesia</td>
<td>1599</td>
<td>Intraoperative Transoesophageal Echocardiography (re audit)</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Anaesthesia</td>
<td>1621</td>
<td>Mortality and complications in patients &gt;80 years undergoing cardiac surgery</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>206</td>
<td>Adult Cardiac Surgery Annual Report</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>208</td>
<td>Audit of Exstubation Data</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>219</td>
<td>Usage of Blood Products After Cardiac Surgery</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>577</td>
<td>Radio frequency Ablation of Chronic Atrial Fibrillation</td>
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<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>1110</td>
<td>Outcomes of mechanically ventilated patients who require a tracheostomy</td>
</tr>
<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>1715</td>
<td>Audit of regional brain oxygen saturation during cardiopulmonary bypass</td>
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<tr>
<td>Specialised Services</td>
<td>Cardiac Services</td>
<td>Cardiac Surgery (Adult)</td>
<td>1716</td>
<td>An audit of mitral valve surgery outcomes at the Bristol Royal Infirmary</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>Anaesthesia</td>
<td>Anaesthesia</td>
<td>146</td>
<td>NCEPOD – review in Day Surgery</td>
</tr>
<tr>
<td>Surgery and Head and Neck</td>
<td>Integrated Critical Care Services</td>
<td></td>
<td>160</td>
<td>Intensive Care National Audit and Research Centre (ICNARC) Database</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>Orthopaedics (T&amp;O)</td>
<td></td>
<td>1349</td>
<td>Progression of disease in patients with rheumatoid arthritis awaiting hand surgery in a single surgeon’s practice</td>
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<tr>
<td>Surgery and Head and Neck</td>
<td>Surgery</td>
<td>Lower GI (Gastrointestinal Surgery)</td>
<td>1736</td>
<td>Same Day Admission for Colorectal Surgery - An Audit of Service</td>
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<tr>
<td>Women's and Children's</td>
<td>Women's Services</td>
<td>Gynaecology</td>
<td>1993</td>
<td>Blood transfusion in gynaecology</td>
</tr>
</tbody>
</table>
### Appendix E - University Hospitals Bristol Clinical Audit Forward Plan 2009/10

The forward plan below details projects to be carried out in the 2009/10 financial year, by Division.

**Key**

- **PPI** – whether audit involves patients/carers
- **Multi** – whether audit is multi-professional/multi-disciplinary
- **Int** – Interface (involves other healthcare organisations)

Y in column indicates that this aspect is included in the proposed audit. Further details on PPI and other organisations given in Rationale.

Please note that the contact in the ‘Lead’ column may not be the person who will carry out this audit, but the senior clinician proposing and supervising a project which they plan to delegate to a junior member of staff to carry out (who would then become the project lead). The Lead’s name is followed by an indication of seniority, including abbreviations as follows:

- Cons – Consultant
- SpR – Specialist Registrar
- SHO – Senior House Officer
- F1/F2 – Foundation year doctor
- Supt. – Superintendent
- Sen. – Senior
- ADM – Assistant Divisional Manager
- AD – Divisional Manager
- CNS – Clinical Nurse Specialist
- SHO – Senior House Officer
- OT – Occupational Therapist

#### DIAGNOSTICS & THERAPIES

<table>
<thead>
<tr>
<th>Title</th>
<th>Sub-Specialty</th>
<th>Lead</th>
<th>Rationale</th>
<th>PPI</th>
<th>Multi</th>
<th>Int.</th>
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<tbody>
<tr>
<td>Laboratory Medicine</td>
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<tr>
<td>Frozen section service</td>
<td>Histopathology</td>
<td>Mohammed Sohail (Cons)</td>
<td>Re-audit CA ID 886 Royal College of Pathology guidelines (Feb. 2006); Local Consensus</td>
<td>Y</td>
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<tr>
<td></td>
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<td>Trust department guidelines for histology reporting (2009)</td>
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<tr>
<td>Histological reporting of lung specimen</td>
<td>Histopathology</td>
<td>Joya Pawade (Cons)</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>The recognition and diagnosis of coeliac disease</td>
<td>Clinical Biochemistry</td>
<td>Paul Thomas (Cons)</td>
<td>NICE CG 86 (May 2009)</td>
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<tr>
<td>The use of the transfusion prescription form</td>
<td>Laboratory Haematology</td>
<td>Soo Cooke (Transfusion Practitioner)</td>
<td>Blood Safety and Quality Regulations Guidelines (2005); Department of Health Better Blood Transfusion 3 (2008); NPSA Safer Practice Notice 14 (Nov 2006)</td>
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<tr>
<td>Laboratory diagnosis of candidaemia</td>
<td>Microbiology</td>
<td>Barbara Kirkpatrick (Cons)</td>
<td>Standards based on local consensus and evidence base</td>
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<tr>
<td></td>
<td></td>
<td>Vijay Richard (SpR)</td>
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<tr>
<td>Medical Physics &amp; Bioengineering</td>
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<tr>
<td>The handover of radiology equipment</td>
<td></td>
<td>Phil Quirk (Clinical Scientist)</td>
<td>Standards based on local handover checklist</td>
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<td>Nutrition And Dietetics</td>
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<tr>
<td>Record keeping</td>
<td>Nutrition and Dietetics</td>
<td>Helen Brown (Head of Services)</td>
<td>Guidance for dieticians for records and record keeping - The British Dietetic Association (Aug 2008)</td>
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<tr>
<td>Occupational Therapy</td>
<td>Acute Stroke</td>
<td>Scott Allan (Sen. OT)</td>
<td>Joint audit with the physiotherapy team on guidelines for upper limb assessment (2008)</td>
<td>Y</td>
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<td>Bronagh Corlett (OT)</td>
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<td>Respiratory care pathway</td>
<td>Medicine/Respiratory</td>
<td>Scott Allan (Sen. OT)</td>
<td>Local care pathway (April 2009)</td>
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<td></td>
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<td>Fay Colvin (OT)</td>
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<tr>
<td>Pharmacy</td>
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<td>Title</td>
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<td>Lead</td>
<td>Rationale</td>
<td>PPI</td>
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<td>Int.</td>
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<tr>
<td>The use of cephalosporins, quinolones and clindamycin within the Bristol Royal Infirmary</td>
<td>Pharmacy</td>
<td>Elizabeth Jonas (Sen. Pharmacist)</td>
<td>Re-audit CA ID 2110 Department of Health ‘Clostridium difficile a board to ward approach’ document</td>
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<td>Intravenous to oral antibiotic switch</td>
<td>Pharmacy</td>
<td>Elizabeth Jonas (Sen. Pharmacist)</td>
<td>Re-audit CA ID 1729 Trust guidelines for IV to oral antibiotic switch (May 2007)</td>
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<td>Audit of prescribing and administering of medicines policies</td>
<td>Pharmacy</td>
<td>Sarah Hepburn (Sen. Pharmacist)</td>
<td>Re-audit CA ID 2012 Trust Medicines Code M2 (Sept 2007) and M9 (July 2007)</td>
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<tr>
<td>Discharge process for patients on the elderly rehabilitation wards at the Bristol General Hospital</td>
<td>Physiotherapy</td>
<td>Lin Leong (Sen. Physiotherapist)</td>
<td>Re-audit CA ID 1946 Trust standards for discharge process for patients on elderly rehabilitation wards (2007)</td>
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<td>Physiotherapy management of general medical patient</td>
<td>Physiotherapy</td>
<td>Katy Buchan (Medical Respiratory Physiotherapist)</td>
<td>Re-audit CA ID 2128 Trust standards for management of general medical patients (2008)</td>
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<td>Physiotherapy for adult cystic fibrosis patients on a home intravenous antibiotic course</td>
<td>Physiotherapy</td>
<td>Hannah Douglass (Cystic Fibrosis Physiotherapist)</td>
<td>Trust guidelines for the home physiotherapy service (Nov 2008)</td>
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<td><strong>Adult Audiology</strong></td>
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<td><strong>Adult Speech And Language Therapy</strong></td>
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<td>Audit of dysphagia standards</td>
<td>Adult Speech &amp; Language Therapy</td>
<td>Anna Daniell (Speech Therapist)</td>
<td>Re-audit CA ID 1883 Royal College of Speech &amp; Language Therapy guidelines (2005) and departmental guidelines</td>
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<td><strong>Radiology</strong></td>
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<tr>
<td>Iodinated contrast injection in patients on Metformin</td>
<td>Cross-sectional Imaging</td>
<td>Paula Murphy (Cons) Muhammad Hanif (SpR)</td>
<td>Guidance from Royal College of Radiologists (Nov 2005)</td>
<td></td>
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<tr>
<td>Consenting procedure for paediatric Magnetic Resonance Imaging</td>
<td>Cross-sectional Imaging</td>
<td>Kathryn Isaacs (Supt. Radiographer MRI)</td>
<td>Department of Health good practice in consent implementation guide: consent to examination or treatment (Nov 2001)</td>
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<td>Nasogastric tube imaging</td>
<td>General Radiology</td>
<td>Paula Murphy (Cons)</td>
<td>Ionising radiation (medical exposure) regulations (May 2000)</td>
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<td>Impact of transport on surgical time for localisation patients at the BRI</td>
<td>Mammography</td>
<td>Hannah Savage (Radiologist) Suma Chakrabarti (Cons)</td>
<td>Concern due to disruption of lists and cause of distress to patients</td>
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<td>Radiographer reporting of</td>
<td>Ultrasound</td>
<td>Tina Stoyles</td>
<td>Royal College of Radiologist</td>
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<td>PPI</td>
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<td>normal abdominal ultrasound examination</td>
<td>(Radiology Section Head)</td>
<td>guideline handbook</td>
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### MEDICINE

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<th>Multi</th>
<th>Int.</th>
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<tr>
<td>Ward transfers</td>
<td>Care of the Elderly</td>
<td>Nicky Henderson (Patient Safety Manager)</td>
<td>NHS Litigation Authority Risk Management standard 1.4.5</td>
<td>Y</td>
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<tr>
<td>Osteoporosis - primary prevention</td>
<td>Care of the Elderly</td>
<td>Rachel Bradley (Cons)</td>
<td>NICE TAG 160 (Oct 2008) Audit assurance requested by the local NICE commissioning college.</td>
<td>Y</td>
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<tr>
<td>Osteoporosis - secondary prevention including strontium ranelate</td>
<td>Care of the Elderly</td>
<td>Rachel Bradley (Cons)</td>
<td>NICE TAG 161 (Oct 2008) Audit assurance requested by the local NICE commissioning college.</td>
<td>Y</td>
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<td>Record keeping of issue of Progestogen-only emergency contraception under Patient Group Direction (PGD) 1</td>
<td>Contraceptive &amp; Sexual Health Service (CASH)</td>
<td>Sharon Boddard (Cons – UHBristol) Tracey Masters (Cons – NBT)</td>
<td>To assess compliance of prescribing as outlined in the Patient Group Direction</td>
<td>Y</td>
<td></td>
<td></td>
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<td>Audit of record keeping of Progestogen-only oral contraceptive pill under Patient Group Direction (PGD) 2B</td>
<td>Contraceptive &amp; Sexual Health Service (CASH)</td>
<td>Sharon Boddard (Cons – UHBristol) Tracey Masters (Cons – NBT)</td>
<td>To assess compliance of prescribing as outlined in the Patient Group Direction</td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>The use of Dermoscopes in clinical assessment of skin cancer</td>
<td>Dermatology</td>
<td>David DeBerker (Cons) Kat Nightingale (SpR)</td>
<td>To determine whether we’re following local guidance in the use of Dermoscopes</td>
<td>Y</td>
<td></td>
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<tr>
<td>The standards of service for patients treated with oral/bath PUVA phototherapy</td>
<td>Dermatology</td>
<td>Giles Dunhil (Cons)</td>
<td>To assess the service provided against recommendations outlined by the British Photodermatology Group.</td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>The diagnosis and management of thyrotoxicosis</td>
<td>Diabetes &amp; Endocrinology</td>
<td>Karin Bradley (Cons) Rajeev Raghavan (SpR)</td>
<td>Comparing practice to our local guideline and to national best practice.</td>
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<tr>
<td>The management of patients with pre-existing diabetes during pregnancy.</td>
<td>Diabetes &amp; Endocrinology</td>
<td>Karin Bradley (Cons)</td>
<td>NICE CG 63 (Mar 2008)</td>
<td>Y</td>
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<tr>
<td>A retrospective audit of late complications of ERCP (endoscopic retrograde cholangiopancreatography) at UHB Foundation Trust</td>
<td>Gastroenterology &amp; Hepatology</td>
<td>John Smithson (Cons)</td>
<td>Comparison against national standards (British Society of Gastroenterologists)</td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>Peginterferon alfa and ribavirin for the treatment of mild hepatitis C</td>
<td>Gastroenterology &amp; Hepatology</td>
<td>Fiona Gordon (Cons)</td>
<td>NICE TAG 106 (Aug 2006) Audit assurance requested by the local NICE commissioning college.</td>
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<td>Thromboprophylaxis administration on the MAU</td>
<td>General Medicine</td>
<td>Sarah Mungall (Cons)</td>
<td>Introduction of thromboprophylaxis section of clerking proforma</td>
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<td>Inpatient ward referrals at the BRI.</td>
<td>Neurology</td>
<td>Luke Benetto (Cons)</td>
<td>Adherence to local referral practice</td>
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<td>Sleep apnoea - continuous positive airway pressure (CPAP)</td>
<td>Respiratory</td>
<td>Adrian Kendrick (Cons)</td>
<td>NICE TAG 139 (Mar 2008) Audit assurance requested by the local NICE commissioning college.</td>
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**Re-audit of compliance with British Thoracic Society guidelines for non-invasive ventilation**

- **Title**: Re-audit of compliance with British Thoracic Society guidelines for non-invasive ventilation
- **Sub-Specialty**: Respiratory
- **Lead**: Liz Gamble (Cons)
- **Rationale**: Introduction of a new non-invasive ventilation proforma
- **PPI**: Y
- **Multi**: Int.

**An audit of the Care Pathway for early Rheumatoid arthritis**

- **Title**: An audit of the Care Pathway for early Rheumatoid arthritis
- **Sub-Specialty**: Rheumatology
- **Lead**: Robert Marshal (Cons)
- **Rationale**: New care pathway introduced in (April 2009). covers certain aspects of NICE CG 79
- **PPI**: Y
- **Multi**: Int.

**SPECIALISED SERVICES**

**Cardiac Services**

<table>
<thead>
<tr>
<th>Title</th>
<th>Sub-Specialty</th>
<th>Lead</th>
<th>Rationale</th>
<th>PPI</th>
<th>Multi</th>
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<tr>
<td>Adult Cardiac Surgery</td>
<td>Cardiac</td>
<td>Alan Bryan (Cons)</td>
<td>National Central Cardiac Audit Database (CCAD)</td>
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<td>Angioplasty (cardiac intervention)</td>
<td>Cardiac</td>
<td>Andreas Baumbach (Cons)</td>
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<td>Cardiac Rehabilitation</td>
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<td>Fiona Barnard (CNS)</td>
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<td>Pacing and Implantable Cardiac Defibrillators (ICDs)</td>
<td>Cardiac</td>
<td>Tim Cripps (Cons)</td>
<td>National Central Cardiac Audit Database (CCAD)</td>
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<td>Myocardial Infarction National Audit Programme (MINAP)</td>
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<td>Jenny Tagney (CNS)</td>
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<td>UK Heart Valve registry</td>
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<td>National Audit Project (UKHVR)</td>
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<td>Coronary Artery Bypass Grafts</td>
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<td>Alan Bryan (Cons)</td>
<td>NCEPOD requirement</td>
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<td>Heart Failure Audit</td>
<td>Cardiac</td>
<td>Angus Nightingale (Cons)</td>
<td>National Audit Project</td>
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<td>Acute Coronary Syndrome</td>
<td>Cardiac</td>
<td>Valentino Oriolo (CNS)</td>
<td>National guidelines surrounding ACS patient pathways</td>
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<td>ECG filter settings</td>
<td>Cardiology</td>
<td>Jonathan Pitts-Crick (Cons) Anthony French (SpR) Jo Lim (SHO)</td>
<td>National Guidelines</td>
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<td>Arrhythmia Service</td>
<td>Cardiac</td>
<td>Jenny Tagney (CNS)</td>
<td>New local service. Protocols/guidelines in development, will be audited in due course</td>
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<td>Patients for post MI echo and action if reduced LV function noted for ICD implant</td>
<td>Cardiology</td>
<td>Jenny Tagney (Sen. Nurse) Arrhythmia Nurses Steve Dorman (SpR)</td>
<td>NICE TAG 95 (Jan 2006)</td>
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<td>Critical Care and ITU NICE Guidelines</td>
<td>Cardiac Anaesthesia</td>
<td>Steve Linter (Cons)</td>
<td>NICE CG 83 (Mar 2009)</td>
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<td>Oral decontamination with chlorhexidine and ventilator associated pneumonia (VAP)</td>
<td>Cardiac Anaesthesia</td>
<td>Steve Linter (Cons)</td>
<td>Change in practice approx 18 months ago. Need to re-audit to establish an improvement in practice.</td>
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<td>Patient safety and effectiveness projects as a result of moving to the new BHI building</td>
<td>Cardiac Anaesthesia</td>
<td>Steve Linter (Cons)</td>
<td>Various projects in connection with patient safety and effectiveness of services to be identified following the move to the Bristol Heart Institute</td>
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<td>Re-audit of goal setting</td>
<td>Homeopathy</td>
<td>Elizabeth Thompson (Cons)</td>
<td>Re-audit CA ID 1623 Determine whether the setting of treatment goals has improved</td>
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<td>Audit of Package of Care and Discharge Policy</td>
<td>Homeopathy</td>
<td>Elizabeth Thompson (Cons)</td>
<td>The Homeopathic Hospitals Outcome Project (HHOP) has revealed the need to review hospital treatment package of care and discharge policy</td>
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<td>Multiple myeloma - Boretezomib</td>
<td>AHU</td>
<td>Jenny Bird (Cons)</td>
<td>NICE TAG 129 (Oct 2007) Audit assurance requested by the local NICE commissioning college.</td>
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<td>Leukaemia (chronic myeloid) - Imatinib</td>
<td>AHU</td>
<td>Priyanka Mehta (Cons)</td>
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<td>Lung cancer (non-small-cell) - Erlotinib</td>
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<td>Adam Dangoor (Cons)</td>
<td>NICE TAG 162 (Nov 2008)</td>
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<td>Lymphoma (follicular non-Hodgkin’s) - Rituximab</td>
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<td>Mathew Beasley (Cons)</td>
<td>NICE TAG 137 (Feb 2008) Assurance requested by the local NICE commissioning college.</td>
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<td>Mesothelioma - Pemetrexed Disodium</td>
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<td>Jeremy Braybrooke (Cons)</td>
<td>NICE TAG 135 (Jan 2008)</td>
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<td>Head and neck cancer – Cetuximab</td>
<td>Oncology</td>
<td>Hoda Booz (Cons)</td>
<td>NICE TAG 145 (Jun 2008)</td>
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<td>Colorectal cancer (advanced) - Irinotecan, Oxaliplatin and Raltitrexed</td>
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<td>Stephen Falk (Cons)</td>
<td>NICE TAG 93 (Aug 2005)</td>
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<td>Ovarian cancer - Paclitaxel</td>
<td>Oncology</td>
<td>Jo Parkinson (Locum Cons)</td>
<td>NICE TAG 55 (Jan 2003)</td>
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<td>Emergency admissions</td>
<td>Oncology</td>
<td>Alison Cameron (Cons)</td>
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<td>High dose rate brachytherapy</td>
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<td>Amit Bahl (Cons)</td>
<td>NICE IPG 174 (May 2006)</td>
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<td>Antibiotics – start/stop dates</td>
<td>Oncology</td>
<td>Paula Wilson (Cons)</td>
<td>Trust Guidelines</td>
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<td>Neutropenic guidelines</td>
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<td>Preferred place of death</td>
<td>Palliative Medicine</td>
<td>Rachel McCoubrie (Cons)</td>
<td>National Guidelines</td>
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<td><strong>SURGERY, HEAD &amp; NECK</strong></td>
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<td>An audit of fractured neck of femur patients</td>
<td>Anaesthesia</td>
<td>Frances Forrest (Cons)</td>
<td>Need for audit outlined through the LEAN trauma project</td>
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<td>The AAGBI audit compendium; raising the standard of anaesthesia</td>
<td>Anaesthesia</td>
<td>Diana Terry (Cons) Anaesthetists Consultants</td>
<td>A number of projects outlined by guidance from the Association of Anaesthetists of Great</td>
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<tr>
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<td>Prevalence and management of peri-operative iron deficiency anaemia</td>
<td>Anaesthesia</td>
<td>Tony Pickering (Cons) James Sidney (SpR)</td>
<td>To determine whether patients with anaemia are managed appropriately</td>
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<td>Same day cancellations in surgery</td>
<td>Anaesthesia</td>
<td>Frances Forrest (Cons)</td>
<td>An area of concern, impacting on patient care and theatre usage.</td>
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<td>The use of Bupivacaine and Fentanyl in labour epidurals</td>
<td>Obstetrics Anaesthesia</td>
<td>Mike Kinsella (Cons)</td>
<td>Patient safety issues surrounding the use of these drugs in epidurals</td>
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<td>Administration of epidural medicines</td>
<td>Obstetrics Anaesthesia</td>
<td>Mark Scrutton (Cons)</td>
<td>NPSA alert 21 (March 2007)</td>
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<td>An audit of analgesic techniques post amputation</td>
<td>Pain Service</td>
<td>Nilesh Chauhan (Cons)</td>
<td>Guidance on specific anaesthesia available prom published sources</td>
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<td>Postoperative PCA and epidurals outcomes</td>
<td>Pain Service</td>
<td>Nilesh Chauhan (Cons)</td>
<td>Comparing outcomes to those in published literature</td>
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<td><strong>Dental Services</strong></td>
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<td>Communicating with GPs re Head &amp; Neck cancer diagnosis</td>
<td>Oral and Maxillofacial Surgery</td>
<td>Chris Bell (Associate Specialist) Hannah Pepper (F1)</td>
<td>Re-audit CA ID 1473 NICE CSGHN guidance to see whether improvement in promptness of communication with GPs</td>
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<tr>
<td>Special needs patients care pathway for General Anaesthesia</td>
<td>Restorative Dentistry</td>
<td>Roger Yates (Cons)</td>
<td>To provide assurance of good practice, following national concern over care of special needs patients</td>
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<tr>
<td>Mini/micro screw implantation for orthodontic anchorage</td>
<td>Orthodontics</td>
<td>Nigel Harradine (Cons)</td>
<td>NICE IPG 238 (Nov 2007) Audit of outcomes for first 4 years of use at BDH.</td>
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<td>Consent for inhalation sedation</td>
<td>Paediatric Dentistry</td>
<td>Deborah Franklin (Cons)</td>
<td>Re-audit CA ID 1333. To determine whether improvements made in obtaining consent</td>
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<td>Histopathology reporting</td>
<td>Oral Medicine</td>
<td>Tony Brooke (Associate Specialist) Rachel Adamson (Clinical Assistant)</td>
<td>Re-audit CA ID 2004 To determine whether improvements made in agreement between clinical and pathological diagnoses</td>
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<td>The use of sub-gingival ultrasonic tips</td>
<td>Oral Hygiene</td>
<td>Sarah Bain (Head of Dental Care Professional School)</td>
<td>Monitoring of clinical incidents indicated need for further training of staff and students</td>
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<tr>
<td>Oral health care in care homes</td>
<td>Avon SPCDS</td>
<td>Katherine Walls (Sen. Dental Officer)</td>
<td>Assessing knowledge of care home staff and provision of information by PCDS Oral Health Promotion team</td>
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<td><strong>ENT</strong></td>
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<td>Out patient management of pre-endoscopic sinus surgery</td>
<td>ENT</td>
<td>Claire Langton - Hewer (Cons) Michael Saunders (Cons) Graham Porter (Cons)</td>
<td>To assess compliance with local guideline</td>
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<td>The use of Lucentis (ranibizumab) for treatment of Age- Related Macular Degeneration</td>
<td>Medical &amp; Surgical Retina</td>
<td>Clare Bailey (Cons)</td>
<td>Re-audit CA ID 2002 NICE TAG 155 (Jun 2008) as additional criteria. Audit assurance requested by the local NICE commissioning college.</td>
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<td>Retinopathy of prematurity screening</td>
<td>Paediatrics, Oculoplastics &amp; Squint</td>
<td>Cathy Williams (Cons)</td>
<td>Re-audit CA ID 1808 &amp; 2094 Expanded to full audit of Royal College of Ophthalmologists guidelines (Dec 2007)</td>
<td>Y</td>
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<td>Biometry</td>
<td>Cornea &amp; Cataracts</td>
<td>Derek Tole (Cons)</td>
<td>Quality assurance of lens power calculations for cataract surgery</td>
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<td>Glaucoma follow-up appointments</td>
<td>Glaucoma &amp; Shared Care</td>
<td>Paul Spry (Shared Care Optometrist)</td>
<td>Re-audit CA ID 2177. Local guidelines for follow-ups to determine whether improvements made in seeing patients on time</td>
<td>Y</td>
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<td>Waiting times for paediatric clinics at North Bristol</td>
<td>Orthoptics &amp; Optometry</td>
<td>Julie Parker (Orthoptist)</td>
<td>Re-audit CA ID 2149 Once changes implemented</td>
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<td>Management of patients on immunosuppression in uveitis service</td>
<td>Medical ophthalmology</td>
<td>Annie Hinchcliffe (Nurse Practitioner)</td>
<td>Re-audit CA ID 1746. To determine whether changes led to improved management of patients before and during therapy</td>
<td>Y</td>
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<td>Endophthalmitis</td>
<td>All surgical sub-specialties</td>
<td>Derek Tole (Cons)</td>
<td>Re-audit CA ID 1125. Looking at endophthalmitis rate and related record-keeping</td>
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<td>Integrated Critical Care Services</td>
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<td>Effectiveness of use of the Bristol observation chart: Transfers to ITU or HDU</td>
<td>ITU</td>
<td>John Hadfield (Cons) Peter Murphy (Cons)</td>
<td>Bristol Observation Chart created as part of the Safer Patient Initiative. Audit also considers NICE CG50</td>
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<td>The use of the “do not attempt resuscitation” (DNAR) form in the Bristol Royal Infirmary.</td>
<td>ITU</td>
<td>Anne Whaley (Cons)</td>
<td>To determine whether DNAR forms are completed correctly</td>
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<td>The documentation of care given in ITU through paper free system</td>
<td>ITU</td>
<td>Jeremy Bewley (Cons) Louise Jenkins (Nurse)</td>
<td>Audit to establish whether patients records are being completed appropriately</td>
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<td>Orthopaedics (T&amp;O)</td>
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<td>The outcome of Webber B ankle fractures</td>
<td>Trauma &amp; Orthopaedics</td>
<td>Jonathan Eldridge (Cons)</td>
<td>Comparing outcomes to those in published literature</td>
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<td>The role of patient information leaflets in consent for Trauma/Orthopaedic Surgery: Do they help patients better understand the risks?</td>
<td>Trauma &amp; Orthopaedics</td>
<td>James Livingstone (Cons) Hannah Smith (F1)</td>
<td>To determine whether we are providing appropriate patient information to aid the consenting process for Trauma/Orthopaedic patients</td>
<td>Y</td>
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<td>The National Hip Fracture Database</td>
<td>Trauma &amp; Orthopaedics</td>
<td>Rachael Bradley (Cons)</td>
<td>National Audit requiring submission of data for all patients undergoing surgery for Fractured Neck of Femur</td>
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<td>Surgical Specialties</td>
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<td>The prescription of VTE prophylaxis</td>
<td>All Surgical Specialties</td>
<td>Rob Longman (Cons) Steve Dalton (SpR)</td>
<td>Local guidelines</td>
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<td>An audit of Gentamicin usage</td>
<td>All Surgical Specialties</td>
<td>Rob Longman (Cons) Jo Manjaly (F1)</td>
<td>Re-audit CA ID 2178</td>
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<td>Radiotherapy and chemotherapy waiting times after surgery</td>
<td>Breast Surgery</td>
<td>Zen Rayter (Cons)</td>
<td>To determine whether patients are being seen within recommended timescales</td>
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<td>Pre-op carbohydrate loading for elective colorectal patients</td>
<td>Lower GI</td>
<td>Rob Longman (Cons) Steve Dalton (SpR)</td>
<td>Local pre operative assessment guidelines</td>
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<td>Pre-op nutritional support for elective</td>
<td>Lower GI</td>
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<td>Local pre operative</td>
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<td>Megan Gallagher (Dietician)</td>
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<td>Reduction of Surgical Site Infections in Colorectal Surgery</td>
<td>Lower GI</td>
<td>Rob Longman (Cons) Peter Vaughan Shaw (SHO)</td>
<td>NICE CG 74 (2008)</td>
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<td>Missed colon cancers</td>
<td>Lower GI</td>
<td>Oliver Old Rob Longman (Cons)</td>
<td>Audit as part of the flexible sigmoidoscopy ‘straight to treat’ colorectal cancer fast track pathway.</td>
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<td>The coding of Thoracic cases</td>
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<td>Comparison of hospital coding of procedures to local collected information</td>
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<td>Percutaneous Pancreatic Necrosectomy (PPN)</td>
<td>Upper GI</td>
<td>Meg Finch Jones (Cons)</td>
<td>NICE IPG 33 (Dec 2003). New procedure ratified by the Clinical Effectiveness Committee. Outcomes of this patient group will be audited</td>
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<td>An audit of urology procedure coding</td>
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<td>Raj Persad (Cons)</td>
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<td>Abdominal aortic aneurism - endovascular stent-grafts</td>
<td>Vascular</td>
<td>Marcus Brooks (Cons)</td>
<td>NICE TA 167 (Feb 2009). Audit assurance requested by the local NICE commissioning college.</td>
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**WOMEN’S & CHILDREN’S**

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<td>Pre-op testing for sickle cell anaemia at Bristol Dental Hospital</td>
<td>Anaesthesia</td>
<td>Phil Segar (Cons) Gail Tovey (Cons)</td>
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<td>Audit of hearing aid review clinics</td>
<td>Audiology</td>
<td>Dawn O’Dwyer Liz Midgley (Chief Audiologist)</td>
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<td>Hickman line patient safety training</td>
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<td>Wendy Saegenschmitter (CNS) Stephen Robinson (Cons)</td>
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<td>Red cell/platelet transfusion practice - cross match to transfusion ratio and documentation</td>
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<td>Michelle Cummins (Cons)</td>
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<td>Re-audit of Pneumocystis Carinii Pneumonia (PCP) prophylaxis in adult patients post stem cell transplant</td>
<td>Bone Marrow Transplant Oncology</td>
<td>Rachel O’Donnell (Pharmacist) David Marks (Professor)</td>
<td>Recommendations from the European Group for Blood and Marrow Transplantation (EBMT)</td>
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<td>Investigation in tuberous sclerosis</td>
<td>Clinical Genetics</td>
<td>Ruth Newbury-Acob (Cons) Sam Leonard (SpR)</td>
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<td>Guidelines for testing in childhood</td>
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<td>Methicillin resistant streptococcus aureus (MRSA) - out of area referrals to Bristol Royal Hospital for Children</td>
<td>Cross Division</td>
<td>Huw Thomas (Cons) Kathy Hole</td>
<td>Re-audit CA ID 1742 Local Trust Guidance on Infection Control</td>
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<td>Promoting safer measurement and administration of oral and other enteral routes</td>
<td>Cross Division</td>
<td>Mike Dunn (Pharmacist)</td>
<td>National Patient Safety Alert No 10 (Mar 2007) Rolled over from 08/09 FP</td>
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<td>Medicines adherence</td>
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<td>An audit of the use of the Screening Tool for Assessment of Malnutrition in Paediatrics (STAMP)</td>
<td>Dietetics</td>
<td>Dharum Basude (Cons) Sarah Trace (Dietitian) Camille Jankowski (Dietitian)</td>
<td>Council for Europe Resolution '10 key Characteristics for Good Nutritional care in Hospitals</td>
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<td>Management of Gastroenteritis in the Emergency Department</td>
<td>Emergency Department</td>
<td>Ann Frampton (Cons)</td>
<td>NICE Guidance (due April 2009)</td>
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<td>Management of Urinary Tract Infection in the Emergency Department</td>
<td>Emergency Department</td>
<td>Ann Frampton (Cons)</td>
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<td>Voice of the child</td>
<td>Emergency Department</td>
<td>Lisa Goldsworthy (Cons) Katherine Penney</td>
<td>Re-audit CA ID 1961 Laming recommendations/ Child Protection</td>
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<td>Diabetes annual review</td>
<td>Endocrinology</td>
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<td>The management of childhood obesity</td>
<td>Endocrinology</td>
<td>Julian Shields (Cons)</td>
<td>Re-audit CA ID 1700 NICE CG 43 (Dec 2006)</td>
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<td>Retinopathy screening reporting</td>
<td>Endocrinology</td>
<td>Christine Burren (Cons)</td>
<td>NICE CG 15 (Jul 2004) National Diabetes Audit requirement</td>
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<td>Human growth hormone for the treatment of growth failure in children</td>
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<td>NICE TA 42 (May 2002)</td>
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<td>Discharge criteria for Tonsillectomy /Adenoidectomy Day Cases</td>
<td>Ears Nose and Throat (ENT)</td>
<td>Claire Langton Hewer (Cons)</td>
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<td>Cochlea implants for children</td>
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<td>Transition to adult services</td>
<td>Gastroenterology</td>
<td>Bhupinder Sandhu (Cons)</td>
<td>Department of Health National Service Framework Guidance</td>
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<td>Coeliac disease - recognition and assessment</td>
<td>Gastroenterology</td>
<td>Christine Spray (Cons)</td>
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<td>IV fluids prescription</td>
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<td>Use of antibiotics in Children's Services</td>
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<td>Prescription charts</td>
<td>General Paediatrics</td>
<td>Reg Bronagion (Cons) Rachel Nestel Senior Pharmacist</td>
<td>Local and National (NHSLA) standards of prescription documentation</td>
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<td>Discharge summaries</td>
<td>General Paediatrics</td>
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<td>Quality of discharge summaries in General Paediatrics</td>
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<td>Total parenteral nutrition (TPN)</td>
<td>Neonatal Intensive Care (NICU)</td>
<td>Pam Cairns (Cons) Jackie Moxham (Patient Safety Manager)</td>
<td>National directives expected because of safety concerns</td>
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<td>Transfer of sick newborns to the neonatal unit</td>
<td>Neonatal Intensive Care (NICU)</td>
<td>James Tooley (Cons)</td>
<td>CNST Maternity Standards 3.5.3</td>
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<td>The use of red cells in neonates</td>
<td>Neonatal Intensive Care (NICU)</td>
<td>Anoo Jain (Cons)</td>
<td>National Comparative Audit Planned National Audit (Sept 2009)</td>
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<td>Anaemia management in children with chronic kidney disease.</td>
<td>Nephrology</td>
<td>Carol Inward (Cons)</td>
<td>Re-audit CA ID 1594 NICE CG 39 (Sept 2006)</td>
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<td>Management of Epilepsy</td>
<td>Neurology</td>
<td>Phil Jardine (Cons)</td>
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<td>Are children admitted under neurology receiving the Occupational Therapy input and rehabilitation that they require?</td>
<td>Occupational Therapy</td>
<td>Dani Winker (OT) Ruth Reid (OT) Phil Jardine (Cons)</td>
<td>Local consensus based standards underpinned by the NSF for children - standards for hospital services.</td>
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<td>When do children get better after Tonsillectomy?</td>
<td>Pain Service in conjunction with Anaesthesia</td>
<td>Sarah Parry (CNS) Pete Stoddart (Cons)</td>
<td>Re-audit CA ID 1029</td>
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<td>Accuracy of death certification in PICU and NICU</td>
<td>PICU</td>
<td>James Fraser (Cons) Peter Fleming (Cons)</td>
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<td>Resuscitation audit</td>
<td>PICU</td>
<td>Peter Davis (Cons)</td>
<td>Re-audit CA ID 1894 National Audit. Local assurance audit of data quality</td>
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<td>Auditing the standard of Chest x-rays within Bristol Royal Hospital for Children</td>
<td>Radiology</td>
<td>Donna Dimond (Supt. Radiographer Rob Hawkes (Cons)</td>
<td>Local Concern Auditing against consensus standards</td>
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<td>Chest computerised tomography under general anaesthetic</td>
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<td>David Grier (Cons) Katy Phelps (Radiographer)</td>
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<td>Gonad Shield placement</td>
<td>Radiology</td>
<td>Stephanie Mackenzie (Cons) Donna Dimond (Supt. Radiographer)</td>
<td>Re-audit CA ID 1965 Audit of local protocol</td>
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<td>Hip ultra sound scans at six weeks</td>
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<td>Surgical site infection</td>
<td>Surgery</td>
<td>Guy Nichols (Cons)</td>
<td>NICE CG 74 (Oct 2008)</td>
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<td><strong>Women’s Services</strong></td>
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<td>Re-Audit of health records</td>
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<td>Janet Pollard (Patient Safety Midwife)</td>
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<td>Compliance with national colposcopy standards</td>
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<td>Robert Anderson (Cons) Gynaecology Working Party</td>
<td>NHSCSP standard</td>
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<td>Delays in diagnosing endometrial cancer</td>
<td>Gynaecology</td>
<td>John Murdoch (Cons) Gynaecology Working Party</td>
<td>Apparent problem area. Regional project by SW Cancer Intelligence Service</td>
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<td>Screening tests</td>
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<td>Belinda Cox (Practice Development Midwife) CDS Working Party</td>
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<td>Compliance with standards from Confidential Enquiries</td>
<td>Obstetrics and Midwifery</td>
<td>Jackie Moxham (Patient Safety Manager)</td>
<td>Recommendations from CEMACH, NCEPOD, NCISH</td>
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<td>Teenage pregnancy</td>
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<td>Area of local concern</td>
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<tr>
<td>Food policy (catering ward round)</td>
<td>Diabetics</td>
<td>Toni Williams (Chief Dietician)</td>
<td>Re-audit ID 2169 NPSA (2009) patient environment action team assessments; NICE CG 32 Nutrition support in adults (Feb 2006): data will be seen on a clinical dashboard and a real time 'traffic light' system.</td>
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<td>The duration of cannulae insertion</td>
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<td>Highlighted by one of our Patient Governors as an area of concern. Local policy outlines standards.</td>
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<td>Pre operative screening for MRSA</td>
<td>Infection Control</td>
<td>Divisional Leads</td>
<td>Highlighted by Cathy Bradshaw (Commissioning for Quality Manager – NHS Bristol). New infection control guidelines introduced</td>
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<td>The “Bristol observation chart” audit</td>
<td>Nursing</td>
<td>Peter Murphy (Cons) Trevor Brookes (Modern Matron) Modern Matrons</td>
<td>New observation chart introduced as part of the Safer Patient Initiative. Compliance with completion to be audited.</td>
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<td>Rationale</td>
<td>PPI</td>
<td>Multi</td>
<td>Int.</td>
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</tr>
<tr>
<td>Essence of Care</td>
<td>Nursing</td>
<td>Modern Matrons</td>
<td>Also forms part of required evidence for NCEPOD “Emergency Admissions” study</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHSLA documentation audit</td>
<td>Patient Safety</td>
<td>Nicky Henderson (Patient Safety Manager)</td>
<td>Department of Health initiative. The implementation of this initiative will lead to areas of audit.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are we consenting patients appropriately?</td>
<td>Surgical Specialties</td>
<td>Nicky Henderson (Patient Safety Manager)</td>
<td>NHS Litigation Authority standard 4.4. Annual requirement of the Trust. Standards to be amended to support required evidence for NCEPOD “Emergency Admissions” study</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>&quot;Do not attempt resuscitation&quot; documentation audit</td>
<td>Resuscitation Services</td>
<td>Jo Bruce-Jones (Resuscitation Manager) Resuscitation Officers (Trust-wide)</td>
<td>Need for audit identified through the Clinical Risk &amp; Assurance Committee.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Cardiac Arrest trolley audit</td>
<td>Resuscitation Services</td>
<td>Jo Bruce-Jones (Resuscitation Manager) Resuscitation Officers (Trust-wide)</td>
<td>To assess whether cardiac arrest trolleys within the trust carry the appropriate equipment</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>National Cardiac Arrest Audit</td>
<td>Resuscitation Services</td>
<td>Jo Bruce-Jones (Resuscitation Manager) Clinical Site Managers (Trust-wide)</td>
<td>New national audit on the horizon. We have been collecting similar data for a number of leads. This method will be adapted to capture the relevant data.</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Shutdown/Start-up of anaesthetic machines</td>
<td>Theatres</td>
<td>Dawn Scott (ADM Theatres) Patient Safety Leads</td>
<td>The original audit of machine checking following a number of serious untoward incidents highlighted the need for Standard Operating Procedures to be written. Compliance with these will be audited in due course.</td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Open and honest communication following incidents, complaints and claims</td>
<td>Trust Services</td>
<td>Nicky Henderson (Patient Safety Manager)</td>
<td>NHS Litigation Authority Risk Management standard 1.5.10. Requirement to determine whether Trust procedures on “openness” are being followed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination against complainants</td>
<td>Trust Services</td>
<td>Anne Reader (Assistant Director Governance &amp; Risk Management)</td>
<td>To ascertain whether complaints correspondence has inadvertently been filed in patient’s casenotes. Supporting evidence required for Healthcare Standard 14b.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Title</td>
<td>Sub-Specialty</td>
<td>Lead</td>
<td>Rationale</td>
<td></td>
<td></td>
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<td>------------------------------------</td>
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<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medicines Management</td>
<td>Trust-wide</td>
<td>Divisional Leads to be identified</td>
<td>Audits highlighted by Medicines Management Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quality of discharge information</td>
<td>Trust-wide</td>
<td>Anne Berry (Discharge Manager)</td>
<td>The need for an audit has been highlighted by Sarah Blackburn (Chair of the Audit &amp; Assurance Committee)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultant input within 24hrs</td>
<td>Trust-wide</td>
<td>Divisional Leads</td>
<td>NCEPOD “Emergency Admissions” study. Audit evidence highlighted by Divisions as a priority.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy identification audit</td>
<td>Trust-wide</td>
<td>Nicky Henderson (Patient Safety Manager)</td>
<td>To ensure that patients are wearing the correct ID bands identifying them as having an allergy</td>
<td></td>
<td></td>
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</tbody>
</table>
Appendix F - Clinical Audit Committee work plan 2009/10

Standing items at all meetings:

- Programme progress report and key performance indicators
- Review of national audit register
- Assurance Framework end of year report for Core Standard C5d

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>Planned agenda items</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd April 2009</td>
<td>Discussion and agreement of full draft clinical audit programme for 2009/10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual invitation to Medical Director / Chair of Clinical Risk Assurance Committee</td>
<td></td>
</tr>
<tr>
<td>18th June 2009</td>
<td>Confirmation of BNSSG NICE College expectations for clinical audit of NICE guidance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review of CAC attendance records April 2007-February 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Formal agreement of this work plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Invitation to Director of IM&amp;T</td>
<td>To discuss IM&amp;T support for current and future clinical audit activity.</td>
</tr>
<tr>
<td></td>
<td>Confirm plans for 2009 Clinical Audit awards, i.e. Oscars date; also discuss possibility of annual Divisional Clinical Audit prizes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss how to involve FT Members</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Present outline of evidence in readiness for potential CQC random inspection of Core Standard C5d</td>
<td>Random inspections may take place at any time from 1st June</td>
</tr>
<tr>
<td>16th September 2009</td>
<td>Agree recommendation to Board for C5d compliance</td>
<td>Assumes a half-year Declaration for 2009/10 as per CQC consultation</td>
</tr>
<tr>
<td></td>
<td>Receive half-year update on progress against clinical audit forward plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discuss draft clinical audit policy and strategy documents</td>
<td>Review CAC Terms of Reference as part of this work</td>
</tr>
<tr>
<td></td>
<td>Formal review of Action Plan agreed at November 2008 team away day; agree approach to any outstanding actions</td>
<td></td>
</tr>
<tr>
<td>25th November 2009</td>
<td>Invitation to Chair of Clinical Effectiveness Committee</td>
<td>To discuss how CAC and CEC can work together effectively to promote quality and clinical excellence.</td>
</tr>
<tr>
<td>February 2010</td>
<td>Invitation to Chair of Audit &amp; Assurance Committee</td>
<td>To discuss the relationship between AAC and CAC.</td>
</tr>
<tr>
<td></td>
<td>Determine forward plan process for 2010/11</td>
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</tr>
</tbody>
</table>
## Appendix G - Clinical Audit Team action plan December 2008 – Summer 2009

### Assistant Director for Audit & Assurance to action:

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen C5d Assurance Framework for non-CA lines of enquiry</td>
<td>January 2009 – to coincide with next round of reporting for the Healthcare Standards</td>
</tr>
<tr>
<td>Contact Trust Members who have expressed an interest in clinical audit – find out how they would like to take the discussion forward</td>
<td>January 2009</td>
</tr>
<tr>
<td>More robust approach to flagging and acting upon ‘stuck’ projects at CAC</td>
<td>February 2009</td>
</tr>
<tr>
<td>2009/2010 planning needs to take account of Commissioner’s views; in particular need clarity about NICE audit expectations</td>
<td>February-April 2009</td>
</tr>
<tr>
<td>For CA lines of enquiry, do preparatory work for a possible C5d inspection - evidence checklists</td>
<td>By end of April 2009 (in readiness for a possible inspection in June/July)</td>
</tr>
<tr>
<td>Update CA strategy - needs to describe relationship with main commissioner (plus other changes too); record dissemination of this document once review completed</td>
<td>Suggest schedule this for June 2009 CAC</td>
</tr>
<tr>
<td>Explore possibility of establishing and funding annual audit prizes across Trust</td>
<td>Discuss at CAC April 2009 (with a view to prizes being awarded at end of 2009/10 year)</td>
</tr>
<tr>
<td>Look again at whether Dr Foster data can be used to focus clinical audit activity – Chris to d/w Medical Director</td>
<td>Pending outcome of discussions with Medical Director</td>
</tr>
<tr>
<td>Clarification of responsibilities for grey area activities</td>
<td>Pending outcome of discussions with Medical Director</td>
</tr>
</tbody>
</table>

### Clinical Audit Manager and Clinical Audit Team to action:

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must have systems in place so that we know when all national clinical audits are due to report, and that we have audit trails demonstrating that findings of national audits have been discussed in appropriate local forums, and actions taken where appropriate</td>
<td>Urgent and ongoing</td>
</tr>
<tr>
<td>Develop interface audit – major priority area highlighted by Non-Executive Directors</td>
<td>Urgent and ongoing</td>
</tr>
<tr>
<td>Ensure accurate attendance records at audit meetings</td>
<td>Urgent and ongoing</td>
</tr>
<tr>
<td>Renewed focus on capturing and recording change as a result of audit (generate database reports to review o/s actions?)</td>
<td>Urgent and ongoing</td>
</tr>
<tr>
<td>Need to record when an approach has been made to primary care, even if nothing came of this, i.e. we can demonstrate that we have been trying to initiate suitable interface audit</td>
<td>January 2009</td>
</tr>
<tr>
<td>Cross-reference our list of Specialties with Directory of Services</td>
<td>January 2009</td>
</tr>
<tr>
<td>Can we demonstrate linkages between clinical incidents and audit topics - not just occasional topics, but processes for having these discussions?</td>
<td>January 2009</td>
</tr>
<tr>
<td>Develop proposals for trust-wide audit topics for 2009/10</td>
<td>February-April 2009</td>
</tr>
<tr>
<td>Need to get our training accredited - discuss Royal College options with James</td>
<td>March 2009</td>
</tr>
<tr>
<td>Task</td>
<td>Date</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Review training (formats, etc)</td>
<td>March 2009</td>
</tr>
<tr>
<td>Review How To leaflets</td>
<td>March 2009</td>
</tr>
<tr>
<td>Making team meetings more productive - ideas for how these times will add value</td>
<td>April 2009</td>
</tr>
<tr>
<td>Developing lists of Divisional evidence to support entries in C5d AF</td>
<td>April 2009</td>
</tr>
<tr>
<td>Review potential for audit newsletters</td>
<td>Summer 2009</td>
</tr>
<tr>
<td>Develop staff satisfaction survey to find out what people think of the service we provide and how it might be improved – explore possibility of a short standard questionnaire being issued to all project leads at the end of projects</td>
<td>Summer 2009</td>
</tr>
<tr>
<td>Possibility of making CA/SR databases available on Connect in read-only format</td>
<td>Summer 2009</td>
</tr>
</tbody>
</table>
## Appendix H - National audit participation list

The following abbreviations are used below to indicate the professional body responsible for the organisation of the project; HC - Healthcare Commission; NCAPOP - National Clinical Audit Patient & Outcome Program; RC - Royal College; O - Other

<table>
<thead>
<tr>
<th>Title</th>
<th>Type</th>
<th>Division</th>
<th>Speciality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiac Rehabilitation</td>
<td>HC</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Patients Pathway (cardiac outcomes)</td>
<td>HC</td>
<td>Specialised Services Woman's &amp; Children's</td>
<td>Cardiac Services (Adult &amp; Paediatric)</td>
</tr>
<tr>
<td>ERAN (Early Rheumatoid Arthritis Network)</td>
<td>HC</td>
<td>Medicine</td>
<td>Rheumatology</td>
</tr>
<tr>
<td>National Audit of Continence Care for Older People</td>
<td>HC/RC</td>
<td>Medicine</td>
<td>Care of the Elderly</td>
</tr>
<tr>
<td>Urinary Retention</td>
<td>HC/O</td>
<td>Medicine</td>
<td>Adult A&amp;E</td>
</tr>
<tr>
<td>Fractured Neck of Femur</td>
<td>HC/O</td>
<td>Medicine</td>
<td>Adult A&amp;E</td>
</tr>
<tr>
<td>Paracetamol Overdose</td>
<td>HC/O</td>
<td>Medicine</td>
<td>Adult A&amp;E</td>
</tr>
<tr>
<td>Adult Cardiac Surgery</td>
<td>NCAPOP</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Congenital Heart Disease (inc paediatric cardiac surgery)</td>
<td>NCAPOP</td>
<td>Woman's &amp; Children’s</td>
<td>Children’s Services (Paediatric Cardiac)</td>
</tr>
<tr>
<td>Cardiac Interventions (angioplasty)</td>
<td>NCAPOP</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Myocardial Infarction National Audit Programme (MINAP)</td>
<td>NCAPOP</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Heath Rhythm Management (pacing and ICDs)</td>
<td>NCAPOP</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Heart Failure Audit</td>
<td>NCAPOP</td>
<td>Specialised Services</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Falls and Bone Health in Older People</td>
<td>NCAPOP</td>
<td>Medicine</td>
<td>Care of the Elderly</td>
</tr>
<tr>
<td>National Diabetes Audit</td>
<td>NCAPOP</td>
<td>Medicine Woman's &amp; Children's</td>
<td>Medicine (Diabetes) Children’s Services</td>
</tr>
<tr>
<td>National Asthma Audit in Adults</td>
<td>NCAPOP</td>
<td>Medicine</td>
<td>Adult A&amp;E</td>
</tr>
<tr>
<td>National Sentinel Audit of Stroke</td>
<td>NCAPOP</td>
<td>Medicine</td>
<td>Care of the Elderly</td>
</tr>
<tr>
<td>National Bowel Cancer Audit (NBOCAP)</td>
<td>NCAPOP</td>
<td>Surgery, Head &amp; Neck</td>
<td>Lower GI Surgery</td>
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<tr>
<td>Head &amp; Neck Cancer (DAHNO)</td>
<td>NCAPOP</td>
<td>Surgery, Head &amp; Neck</td>
<td>Dental, Max Fax, ENT</td>
</tr>
<tr>
<td>Title</td>
<td>Type</td>
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<td>National Lung Cancer Audit (LUCADA)</td>
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<td>Thoracic Surgery Respiratory Medicine</td>
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<td>National oesophago-gastric (stomach) cancer</td>
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<td>Surgery, Head &amp; Neck Medicine</td>
<td>Upper GI Surgery Gastroenterology</td>
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<td>Mastectomy and Breast Reconstruction</td>
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<td>Surgery, Head &amp; Neck Medicine</td>
<td>Breast Surgery</td>
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<td>Carotid Endarterectomy Audit</td>
<td>NCAPOP</td>
<td>Surgery, Head &amp; Neck Medicine</td>
<td>Vascular Surgery</td>
</tr>
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<td>National Neonatal Audit Programme (NNAP)</td>
<td>NCAPOP</td>
<td>Woman's &amp; Children's Medicine</td>
<td>Children's Services (Neonatology)</td>
</tr>
<tr>
<td>Paediatric Intensive Care Audit Network (PICANet)</td>
<td>NCAPOP</td>
<td>Woman's &amp; Children's Medicine</td>
<td>Children's Services (PICU)</td>
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<tr>
<td>Emergency Admissions Study</td>
<td>NCEPOD</td>
<td>All relevant areas of the Trust</td>
<td></td>
</tr>
<tr>
<td>Severely Injured Patients Study</td>
<td>NCEPOD</td>
<td>Medicine Woman's &amp; Children's</td>
<td>Trauma departments (adult and paediatric)</td>
</tr>
<tr>
<td>Sickle Cell Disease &amp; Thalassaemia</td>
<td>NCEPOD</td>
<td>Specialised Services Woman's &amp; Children's</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>Coronary Artery Bypass Grafts</td>
<td>NCEPOD</td>
<td>Specialised Services Woman's &amp; Children's</td>
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<tr>
<td>Systematic Anti-cancer Therapy</td>
<td>NCEPOD</td>
<td>All relevant areas of the Trust</td>
<td></td>
</tr>
<tr>
<td>Death in Acute Hospitals</td>
<td>NCEPOD</td>
<td>All relevant areas of the Trust</td>
<td></td>
</tr>
<tr>
<td>Acute Kidney Injury</td>
<td>NCEPOD</td>
<td>All relevant areas of the Trust</td>
<td></td>
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<tr>
<td>National audit of invasive cervical cancers</td>
<td>NCSP</td>
<td>Woman's &amp; Children's Medicine</td>
<td>Gynaecology/ Histopathology</td>
</tr>
<tr>
<td>ICNARC Case Mix Program</td>
<td>O</td>
<td>Surgery, Head &amp; Neck Medicine</td>
<td>Critical Care</td>
</tr>
<tr>
<td>National Asthma Audit</td>
<td>O</td>
<td>Woman's &amp; Children's Medicine</td>
<td>Children's Services (General Paediatrics)</td>
</tr>
<tr>
<td>National Potential Donor Audit</td>
<td>O</td>
<td>Surgery, Head &amp; Neck Medicine</td>
<td>Critical Care</td>
</tr>
<tr>
<td>Renal Transplant Outcomes</td>
<td>O</td>
<td>Woman's &amp; Children's Medicine</td>
<td>Children's Services</td>
</tr>
<tr>
<td>Thoracic Register</td>
<td>O</td>
<td>Surgery, Head &amp; Neck Medicine</td>
<td>Thoracic Surgery</td>
</tr>
<tr>
<td>National Port Cystic Fibrosis (CF) Database</td>
<td>O</td>
<td>Medicine Medicine</td>
<td>Respiratory</td>
</tr>
<tr>
<td>UK Heart Valve Registry</td>
<td>O</td>
<td>Specialised Services Medicine</td>
<td>Cardiac Services</td>
</tr>
<tr>
<td>National Comparative Audit of the use of Fresh Frozen Plasma</td>
<td>O</td>
<td>Diagnostics &amp; Therapies Medicine</td>
<td>Lab Medicine</td>
</tr>
<tr>
<td>Title</td>
<td>Type</td>
<td>Division</td>
<td>Speciality</td>
</tr>
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<td>BAPM National Neonatal Data Set</td>
<td>O</td>
<td>Woman's &amp; Children's</td>
<td>Children's Services (Neonatology)</td>
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<td>National Audit of Paediatric Resuscitation</td>
<td>O</td>
<td>Woman's &amp; Children's</td>
<td>Children's Services (PICU)</td>
</tr>
<tr>
<td>OTIS (Obstetric Transfusion and Iron Survey)</td>
<td>O</td>
<td>Woman's &amp; Children's</td>
<td>Women's Services (Obstetrics and Midwifery)</td>
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<td>Surgical Site Infection (SSI) Surveillance</td>
<td>O</td>
<td>Surgery, Head &amp; Neck</td>
<td>Orthopaedics</td>
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<td>Vermont Oxford Network Neonatal Care Benchmarking</td>
<td>O</td>
<td>Woman's &amp; Children's</td>
<td>Children's Services (Neonatology)</td>
</tr>
<tr>
<td>Appropriate Use of Red Cells</td>
<td>O</td>
<td>Diagnostics &amp; Therapies</td>
<td>Lab Medicine</td>
</tr>
<tr>
<td>National Audit of Services for people with Multiple Sclerosis</td>
<td>RC</td>
<td>Diagnostics &amp; Therapies</td>
<td>Neurophysiotherapy</td>
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<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit</td>
<td>RC</td>
<td>Medicine</td>
<td>Respiratory</td>
</tr>
<tr>
<td>UK Inflammatory Bowel Disease (UK IBD)</td>
<td>RC</td>
<td>Medicine</td>
<td>Gastroenterology</td>
</tr>
<tr>
<td>National Audit of Major Complications of Spinal and Epidural Anaesthesia</td>
<td>RC</td>
<td>Surgery, Head &amp; Neck</td>
<td>Anaesthesia</td>
</tr>
<tr>
<td>Occupational Health National Audit</td>
<td>RC</td>
<td>Medicine</td>
<td>Occupational Health</td>
</tr>
<tr>
<td>Single fraction radiotherapy for bone metastases</td>
<td>RC</td>
<td>Specialised Services</td>
<td>Oncology</td>
</tr>
<tr>
<td>Radiotherapy for the treatment of spinal cord compression</td>
<td>RC</td>
<td>Specialised Services</td>
<td>Oncology</td>
</tr>
<tr>
<td>UK Inflammatory Bowel Disease (UK IBD)</td>
<td>RC</td>
<td>Woman's &amp; Children's</td>
<td>Children's Services (Gastroenterology)</td>
</tr>
<tr>
<td>Re-audit of bedside transfusion practice</td>
<td>RC</td>
<td>Diagnostics &amp; Therapies</td>
<td>Laboratory Haematology</td>
</tr>
<tr>
<td>Audit of Percutaneous Nephrostomy</td>
<td>RC/O</td>
<td>Diagnostics &amp; Therapies</td>
<td>Radiology</td>
</tr>
<tr>
<td>National Study of HIV in Pregnancy &amp; Childhood</td>
<td>RC/O</td>
<td>Woman's &amp; Children's</td>
<td>Children's Services</td>
</tr>
<tr>
<td>UK Comparative Audit of Upper Gastrointestinal Bleeding and the Use of blood</td>
<td>RC</td>
<td>Medicine</td>
<td>Gastroenterology/Hepatology</td>
</tr>
<tr>
<td>Late effects of chemoradiotherapy for carcinoma of the cervix (V2.0)</td>
<td>RC</td>
<td>Specialised Services</td>
<td>Oncology</td>
</tr>
</tbody>
</table>