

U.B.H.T.

Clinical Audit Report

2004/2005

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1 Introduction from Chairman of Clinical Audit Committee

Modernisation of the National Health Service demands the delivery of high quality evidence based patient care. Clinical audit provides an essential part of this process by informing us of current practice, against recognised standards, and using this information to facilitate change. This report summarises the significant contribution staff at UBHT have made to clinical audit activity over the past year.

Many projects have provided assurance of best practice at UBHT. In other projects, areas for improvement have been identified and change initiated. The large number of projects involving the multi-disciplinary team, as well as many audits across directorates, confirm the value of health professionals co-operating to deliver improvements in patient care. Inevitably much of UBHT's clinical audit activity has been driven by national guidance published by NICE or National Service Framework's. With the increasing number of guidelines issued, this, along with participation in national audit projects, will remain a major focus for audit activity in the forthcoming year. It is however important to remember that many of the best audit proposals are identified at a local level, where staff recognise an area of need and produce a specific project that leads to improvement in patient care.

Recognition of the value of clinical audit remains an important challenge. The success of audit activity at UBHT is dependent upon all staff contributing ideas, enthusiasm and time. We are fortunate to have a committed team of Clinical Audit Facilitators who ensure that projects are conducted efficiently and completed to a high standard. Individual directorates have been well served by lead staff (in the main, Consultants) who have committed precious time and energy as Clinical Audit Convenors. Chris Swonnell and Eleanor Ferris have continued to provide valuable guidance and advice from the Clinical Audit Central Office. I would like to thank all the staff involved in clinical audit and, in particular, all at UBHT who have contributed to the large number of successful projects. I would also like to express my personal thanks to Graham Bayly for his work as Chairman of the Clinical Audit Committee during the past year and his encouragement to me in taking over this role.

UBHT is undergoing a period of transition from directorates to divisions. This will provide specific challenges to the clinical audit team. In particular, there will be a need to identify clear processes that build on the existing success of speciality based clinical audit. Divisions will provide new opportunities and the value of an effective clinical audit programme for patients must remain a priority.

Jeremy Braybrooke
Chairman of the Clinical Audit Committee

2 Clinical Audit Co-ordinator's Report

2.1 Clinical Audit team

In 2004/5, Clinical Audit activity at UBHT continued to be supported by a Central Office at Trust Headquarters and a team of directorate-based clinical audit staff.

There were a number of changes within the directorate team. Of the team in post at 1st April 2004, we said goodbye to Carolyn Southwell (after many years supporting audit in Dental Services), Sorrel Hewes, Helen Cooney, Liz Sargent, and Sarah Spinks, whilst Kate Chew joined Dental Services for a brief period before also moving on. Further new appointments in 2004/5 were Stuart Metcalfe (covering joint responsibilities in Surgery and Critical Care), Jon Penny (Dental Services), Amanda Holmes (Medicine) and Joscelin Miles (Obs & Gynae / ENT). The only change within the Clinical Audit Central Office team was a reduction in Eleanor Ferris' hours.

Three directorate posts were held vacant for the whole of 2004/5 as a contribution towards wider cost savings: Ophthalmology, Laboratory Medicine and a third post in the Bristol Royal Infirmary held vacant following the decision to merge Surgery and Critical Care audit support into one post.

In March 2005 a proposal was approved by the Trust Board to bring together the management of directorate Clinical Audit budgets and the line management of directorate audit staff under the wing of the Clinical Audit Central Office. Following a period of staff consultation it has been confirmed that these changes will go ahead, with implementation anticipated during the summer of 2005, coinciding with the restructure of clinical services into new Divisions.

2.2 Clinical Audit Committee

The Clinical Audit Committee (CAC) met 8 times in 2004/5. This reflected a move to a pattern of bi-monthly meetings after July 2004 in response to the general drive within the organisation to reduce committee meetings. As in previous years, the main business of the Committee was to receive a rolling programme of annual 'reports' from the clinical directorates, thereby assuring the Trust that appropriate clinical audit activity was being undertaken across the organisation.

The following members joined CAC in 2004/5: Michael Greaney (succeeding Clare Bailey as convenor for Ophthalmology), Paula Wilson and Jeremy Braybrooke (succeeding Andrew Davies at BHOC). Bev Guard, Rachel O'Donnell and Diana Terry stepped down from their respective roles in Children's Services, Pharmacy and Critical Care, whilst Jeremy Braybrooke was later appointed as Chairman of the Committee, succeeding Graham Bayly.

At the time of writing this report, the role and membership of the CAC are being reviewed to ensure that the Committee is ready to meet the challenges of Divisional working and new structures for corporate governance / assurance.

Full details of the Trust's audit team of facilitators and convenors are shown in [Appendix A](#).

2.3 Financial Information

In 2004/5, the majority of clinical audit funding continued to be devolved to clinical directorates, supporting the posts detailed in Appendix A. For 2005/6 it has been confirmed that all directorate-based pay budgets (excluding Radiology, Homeopathy and Cardiothoracic Services) will be brought back under the management of the Clinical Audit Central Office. Directorate non-pay budgets will remain in the new Divisions to support the day-to-day running costs of the various audit 'offices'.

In 2004/5 the Clinical Audit Central Office received total funding of £114k. Of this figure, £94k was spent on pay costs, with £12k on non-pay. Workshops generated a total income of around £1k, leaving a total budget underspend at end-of-year of approximately £9k

2.4 Clinical Audit Forward Programme 2005/6

Each year, directorates are required to put together a forward programme of planned clinical audit for the coming year. These plans set out priority projects, based on considerations such as anticipated NICE guidelines, National Service Frameworks and national clinical audits. The forward programme for 2005/6 can be found in [Appendix E](#). In addition to these projects, other audits may be undertaken during the year on an ad-hoc basis, together with any projects still in progress from the previous year. [Appendix B](#) provides details of progress against the forward programme contained in last year's report.

2.5 Optical Character Reader (OCR)

The TELEform OCR system is now networked for use by clinical audit staff across the Trust. The main scanning station is in Trust Headquarters, operated by Carl Thomas (Clinical Audit Clerk), whilst the system is overseen and managed by Eleanor Ferris.

2.6 Innovation and Improvement Day

The inaugural Trust Innovation & Improvement Day was held in September 2004, showcasing advances in patient care achieved through Clinical Governance and Service Improvement. Two clinical audit projects were presented as part of this celebration of best practice: "Post-operative Nausea and Vomiting following Cardiac Surgery", presented by Lisa Mace, and "Carotid Artery Duplex Scans and the Medical Management of Embolic Retinal Arterial Disease" presented by Richard Lee.

Chris Swonnell
Clinical Governance & Audit Co-ordinator

June 2005

3 Project Reports for 2004/2005

3.1 Contracted audits

In past years, UBHT had a Clinical Audit Contract with Avon Health Authority. Since the change to Avon Gloucestershire and Wiltshire Strategic Health Authority, no specific 'contract' has been in place. The headings below reflect both the general guidance provided by Avon Health and also some of the key themes set out in UBHT's Clinical Audit Strategy. The references are to projects listed in subsequent sections of this report.

National Priorities

Audits of NICE/NSF guidance								
3-3.3	3-3.4	3-4.6	3-4.16	3-4.17	3-4.18	3-4.20	3-4.22	3-4.23
3-4.24	3-4.25	3-4.26	3-4.27	3-5.8	3-5.34	3-5.52	3-7.6	3-7.8
3-7.15	3-9.2	3-9.21	3-10.4	3-11.32	3-11.33	3-11.35	3-11.36	3-11.50
3-12.1	3-12.14	3-12.16	3-12.18	3-12.19	3-12.28	3-12.30	3-12.32	3-13.1
3-13.9	3-13.17	3-15.2	3-15.7	3-15.10	3-15.14	3-15.15	3-16.2	3-16.9
National Audits								
3-4.1	3-4.9	3-4.13	3-4.16	3-4.18	3-4.25	3-4.30	3-5.1	3-5.7
3-5.12	3-5.17	3-5.23	3-5.47	3-6.21	3-6.22	3-9.9	3-11.1	3-11.10
3-11.34	3-11.50	3-11.60	3-12.11	3-12.12	3-16.1	3-16.9	3-16.20	

Other 'national audits' are participated in by UBHT but not registered on the audit database as part of the Clinical Audit programme: DAHNO (Data for Head & Neck Oncology), National Cataract Audit, Royal College of Radiologists Re-audit of Head & Neck Cancers.

Local/Regional Health Economy Priorities

Local Priorities (taken from the Bristol Health Improvement & Modernisation Programme 2002-5)								
Services for Children:			3-5.1 - 3-5.56		3-6.4	3-6.25	3-7.14	3-12.5
3-12.9	3-12.41	3-15.7	3-16.12	3-16.18	3-17.13			
Services for Older People:			3-11.48 - 3-11.51		3-6.5	3-9.24	3-11.24	3-15.15
Coronary Heart Disease:			3-4.3 - 3-4.27		3-6.7	3-6.17	3-15.1	3-15.11
Stroke:	3-11.48	3-11.49	3-11.50					
Cancers: All audits registered to Oncology directorate (section 3.13) plus:							3-5.35 - 3-5.36	
3-4.29	3-5.36	3-7.2	3-7.6	3-7.19	3-8.1	3-9.4	3-9.10	3-9.14
3-9.15	3-9.16	3-9.17	3-10.1	3-11.29	3-11.56	3-11.58	3-12.23	3-12.30
3-16.11	3-16.17	3-17.6						
Diabetes:	3-5.48	3-11.35	3-11.36	3-11.37	3-11.51	3-12.42	3-14.2	
Reducing Waiting Times:			3-4.27	3-5.36	3-5.46	3-5.56	3-7.6	3-11.22
3-11.47	3-11.56	3-12.14	3-12.30	3-14.2	3-15.11	3-16.16	3-17.4	3-17.5
Regional Audits								
3-5.36	3-5.48	3-5.49	3-5.52	3-7.10	3-7.11	3-7.12	3-11.34	3-11.35
3-11.36	3-11.46	3-11.64	3-12.5	3-12.6	3-12.23	3-12.24	3-12.39	3-13.17
3-15.6	3-17.18	3-17.6						
Interface Audits (see section 3.2.1 for definition)								
3-4.27	3-5.8	3-5.36	3-5.46	3-7.8	3-11.37	3-15.3	3-15.5	3-15.10
3-15.15	3-18.7							

3.2 Introduction to Directorate Reports

3.2.1 Introduction & explanation of statistics

All project information for this report is taken from the UBHT Clinical Audit Project Management Database, which was implemented in April 2002.

The statistics and list of projects are based on the number of audits in progress during the financial year 2004-5. This includes projects started in previous years (2003/4 roll-overs) and projects completed in 2004/5. It does not include projects abandoned during the year or projects with a status of 'deferred' at the end of the financial year - for details of these, please see [Appendix C](#) and [Appendix D](#). Audits started in 2004/5 are defined as those that first appeared in a quarterly report in that financial year (i.e. Jul 04, Oct 04, Jan 05 or Apr 05 quarterlies).

Projects are listed under the main directorate, as registered on the database. Projects that a directorate has been involved in but are registered under another directorate, are listed separately. Please see [Appendix A](#) for a list of clinical audit staff supporting these directorates.

Definition of terms:

Pre-audit: A project where there are no available standards to measure practice against. A pre-audit should involve the development of standards with which to audit practice against in future.

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.

Linked to NSF, NICE guidance or similar national guidance: This includes Confidential Enquiry recommendations, Royal College guidelines & National Professional Bodies.

Regional: This relates to audits carried out across the local health community.

Interface: Audits across care sectors. These will usually involve primary care (PCTs, Avon Ambulance etc) but may include social care.

Multi-disciplinary: Although strictly speaking, this means the involvement of more than one discipline (i.e. staff from different areas of work, e.g. surgery & anaesthesia), it has been taken to mean the involvement of more than one profession, where this would be a better indicator of team working than cross disciplinary working (e.g. nurses and doctors from surgery).

Other method of consumer involvement / consumer involvement (non-survey): 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.

Changes in practice: Following completion of audit, action plan recorded on database with one or more actions partially or fully implemented

Measurable benefits to patients: As assessed by the audit lead and/or clinical audit facilitator for completed or ongoing audits. Benefits can only be confirmed following re-audits. For some completed/ongoing projects it may be too early to measure/confirm benefits.

Audits arising from a critical incident: Audits following a problem identified by clinical or incident reporting

Audits with no clinical audit facilitator involvement: Generally means audit first reported to the facilitator after completion of the audit

Audits leading to better ways of working for staff: As assessed by the audit lead and/or clinical audit facilitator for completed or ongoing audits

3.2.2 Summary 'dashboard' of indicators

	Total number of projects *	Pre audits	First audits	Re-audits	Ongoing (continuous) audits	Linked to NSF, NICE or similar national guidance	National	Regional	Interface	Multi-directorate	Multi-disciplinary	Evidence based standards used	Incorporates a Patient Survey	Other method of consumer involvement	Total projects with consumer involvement	Action Plan produced ~	Changes in practice ~	Measurable benefits to patients ~	Confirmed measurable benefits to patients #
Ambulatory Care & Outpatients	4	25%	75%	0%	0%	75%	0%	0%	0%	75%	50%	50%	25%	50%	75%	0%	0%	0%	N/A
Cardiothoracic Services	30	33%	7%	0%	60%	40%	23%	0%	3%	30%	37%	57%	13%	10%	13%	20%	25%	35%	N/A
Children's Services	56	7%	73%	7%	13%	27%	11%	7%	5%	5%	39%	52%	9%	9%	16%	44%	34%	13%	25%
Critical Care	25	16%	60%	12%	12%	20%	8%	0%	0%	28%	36%	28%	16%	0%	16%	56%	11%	22%	0%
Dental Services	21	19%	48%	29%	5%	33%	0%	14%	5%	19%	43%	62%	10%	5%	10%	67%	33%	33%	100%
Homeopathy	9	11%	67%	11%	11%	0%	0%	0%	0%	0%	0%	11%	44%	33%	44%	0%	100%	0%	N/A
Laboratory Medicine	24	13%	54%	13%	21%	33%	4%	0%	0%	46%	46%	50%	4%	4%	8%	64%	55%	27%	0%
Medical Physics & Bioengineering	4	25%	25%	0%	50%	25%	0%	0%	0%	50%	100%	25%	0%	0%	0%	0%	0%	0%	N/A
Medicine	64	25%	63%	8%	5%	48%	8%	8%	2%	8%	25%	47%	5%	8%	13%	38%	5%	12%	0%
Obs, Gynae & ENT	42	26%	50%	14%	10%	38%	5%	12%	0%	17%	40%	62%	10%	7%	17%	60%	16%	80%	100%
Oncology	18	0%	100%	0%	0%	17%	0%	6%	0%	17%	100%	100%	6%	6%	6%	91%	64%	55%	N/A
Ophthalmology	14	29%	71%	0%	0%	21%	0%	0%	0%	7%	14%	36%	0%	7%	7%	50%	0%	25%	N/A
Pharmacy	15	0%	60%	40%	0%	47%	0%	7%	27%	80%	80%	80%	7%	0%	7%	86%	14%	57%	0%
Radiology	20	10%	80%	5%	5%	40%	15%	0%	0%	20%	70%	45%	0%	5%	5%	69%	31%	54%	N/A
Surgery	21	19%	67%	14%	0%	43%	0%	10%	0%	10%	38%	43%	10%	0%	10%	40%	0%	0%	N/A
Trustwide	8	13%	38%	38%	13%	25%	0%	0%	13%	63%	25%	50%	13%	0%	13%	40%	0%	20%	50%
TOTAL	375	18%	59%	11%	12%	35%	7%	6%	3%	21%	42%	50%	9%	7%	13%	49%	22%	31%	44%

N/A = no audit projects of this type

* in progress or completed during the year. All percentages are based on this total, apart from those in the last four columns.

~ as a percentage of completed first & pre-audits & ongoing (continuous) audits only

as a percentage of completed re-audits

3.3 AMBULATORY CARE & OUTPATIENTS

SUMMARY FIGURES

2003/2004 roll-overs <<		3
Audits first registered in 2004/5	Pre-audits P	1
	First audits A	0
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		4
Completed audits		2
Current (uncompleted) audits carried forward >		2
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	1/4 25%	4/5 80%	0/1 0%
Audits arising from a critical incident:	0/4 0%	1/5 20%	0/1 0%
Audits prompted by a patient complaint:	1/4 25%	1/5 20%	0/1 0%
Audits with consumer involvement (not including surveys)	2/4 50%	2/5 40%	0/1 0%
Audits incorporating a patient/carer survey	0/4 0%	0/5 0%	1/1 100%
Interface audits (involving primary care)	0/4 0%	0/5 0%	0/1 0%
Audits linked to NSF, NICE guidance, or similar national guidance	0/4 0%	3/5 60%	1/1 100%
Audits with no clinical audit facilitator involvement	2/4 50%	0/5 0%	1/1 100%
Audits with proposal forms completed BEFORE audit started	1/4 25%	5/5 100%	0/1 0%
Audits using evidence based standards	1/4 25%	3/5 60%	0/1 0%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	5/5 100%	2/2 100%	1/2 50%
Audits where an action plan was produced:	2/5 40%	2/2 100%	1/2 50%
If action plan NOT produced, number where audit confirmed current good practice:	3/3 100%	0/0 N/A	0/1 0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	3/4 75%	0/2 0%	0/2 0%
Audits leading to better ways of working for staff:	1/4 25%	1/2 50%	0/2 0%
Audits leading to measurable benefits for patients:	3/4 75%	0/2 0%	0/2 0%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	1/1 100%	0/0 N/A	0/0 N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit				
				<<	P	A	R	>>
Specialty: Outpatient Department								
3.3.1	679	Are patients being given an appropriate appointment with the right consultant in the right clinic after discharge from hospital?	Helen Silvers, Jane Blazeby	X		X		
3.3.2	913	How user friendly is the Rheumatology outpatient centre?	Lindsey Robertson		X			
Specialty: Pre-Op Clinic 10								
3.3.3	757	Meeting NICE guidelines for preoperative assessment - the use of clotting screens and ECG	Jill Homewood	X		X		X
3.3.4	830	Pre-operative chest radiograph requests - An audit	Dr Jonathan Price	X		X		X

3.4 CARDIOTHORACIC SERVICES

SUMMARY FIGURES

	2003/2004 roll-overs <<	31
Audits first registered in 2004/5	Pre-audits P	3
	First audits A	1
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		30
Completed audits		2
Current (uncompleted) audits carried forward >		10
Ongoing monitoring projects carried forward >>		18

(includes 5 subsequently deferred – see [Appendix D](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	10/21 48%	4/16 25%	1/4 25%
Audits arising from a critical incident:	1/21 5%	2/16 13%	0/4 0%
Audits prompted by a patient complaint:	1/21 5%	1/16 6%	0/4 0%
Audits with consumer involvement (not including surveys)	1/21 0%	2/16 13%	0/4 0%
Audits incorporating a patient/carer survey	2/21 10%	2/16 13%	0/4 0%
Interface audits (involving primary care)	0/21 0%	0/16 0%	0/4 0%
Audits linked to NSF, NICE guidance, or similar national guidance	11/21 52%	7/16 44%	0/4 0%
Audits with no clinical audit facilitator involvement	1/21 5%	0/16 0%	1/4 25%
Audits with proposal forms completed BEFORE audit started	19/21 95%	16/16 100%	4/4 100%
Audits using evidence based standards	10/21 48%	7/16 44%	1/4 25%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	5/6 83%	7/7 100%	2/2 100%
Audits where an action plan was produced:	3/6 50%	5/7 71%	1/2 50%
If action plan NOT produced, number where audit confirmed current good practice:	2/3 67%	2/2 100%	1/1 100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	4/26 15%	9/28 32%	5/20 25%
Audits leading to better ways of working for staff:	6/26 23%	7/28 25%	3/20 15%
Audits leading to measurable benefits for patients:	1/26 4%	11/28 39%	6/20 30%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	1/1 100%	0/0 N/A	0/0 N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Directorate Wide									
3.4.1	1010	CNST audit	Fiona Jones		X				X
3.4.2	685	Essence of Care Benchmarking Audit	Fiona Thomas	X				X	
Specialty: Cardiac Surgery									
3.4.3	486	A protocol for the weaning of long-stay patients	Lisa Mace	X	X				X
3.4.4	1044	Abdominal complications post cardiac surgery	Dr Eleanor Soo		X				X
3.4.5	206	Adult Cardiac Surgery Annual Report	Mr A J Bryan	X				X	
3.4.6	205	Appropriate Use of Pressure Relieving Mattresses	Lisa Mace	X				X	
3.4.7	208	Audit of Extubation Data	Kathy Gough	X				X	
3.4.8	210	Audit of Relationship Between Haemocrit on Admission to ICU Following Coronary Surgery and Postoperative MI and/or Death	Dr A Cohen	X				X	

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.4.9	549	CCAD/SCTS National Adult Cardiac Surgery Audit Database	Mr A J Bryan	X				X	
3.4.10	215	Mortality Rate Procedures Based on Parsonnet Scores	Dr S Pryn	X				X	
3.4.11	577	Radio frequency Ablation of Chronic Atrial Fibrillation	Mr Raimondo Ascione	X	X				X
3.4.12	578	Surgical Wound Audit Protocol	Mr Raimondo Ascione	X	X				X
3.4.13	550	UK Heart Valve Registry	Mr A J Bryan	X				X	
3.4.14	219	Usage of Blood Products After Cardiac Surgery	Dr A Cohen	X				X	
Specialty: Cardiology									
3.4.15	1020	An approach to the management of heart disease in pregnancy	Dr S Curtis			X			X
3.4.16	544	BCIS annual angioplasty audit	Dr A Baumbach	X		X			
3.4.17	207	Cardiac Rehabilitation NSF-CHD Audit	Fiona Barnard	X				X	
3.4.18	809	CCAD/BCIS National Angioplasty Database	Dr Andreas Baumbach	X				X	
3.4.19	810	Compliance with Consent Procedures in the Emergency Department: Thrombolysis	Dr Tony Parkes	X	X				
3.4.20	369	Coronary artery stents in the treatment of ischaemic heart disease	Dr A Baumbach	X				X	
3.4.21	917	Coronary Care Unit Audit	Dr Andreas Baumbach		X				X
3.4.22	546	Drug eluting stents for prevention of restenosis	Dr A Baumbach	X				X	
3.4.23	368	Glycoprotein IIb/IIIa inhibitors for acute coronary syndromes	Dr A Baumbach	X				X	
3.4.24	366	Heart Failure NSF-CHD Audit	Toni Dorrington	X				X	
3.4.25	223	Myocardial Infarction National Audit Project	Jenny Tagney	X				X	
3.4.26	367	Prophylaxis for patients who have experienced a MI	Jenny Tagney	X				X	
3.4.27	224	Rapid Access Chest Pain Clinic	Jenny Tagney	X	X				X
Specialty: Thoracic Surgery									
3.4.28	802	Audit of Endobronchial Stenting	Dr S A Husain	X	X				X
3.4.29	484	Early outcome of stage I lung cancer	Dr Ahsan	X	X				X
3.4.30	553	SCTS Thoracic Register Return	Mr J A Morgan	X				X	

Notes:

Project no. 604 (Ref. 3.4.18 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme when it was in fact completed last year.

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.6.7	769	Assessment of LV Function preoperatively in CABG patients.	Critical Care
3.9.7	46	Blood and Blood Product Usage by Wards and Theatres	Laboratory Medicine
3.9.10	885	An audit of macroscopic descriptions of lung resections for cancer	Laboratory Medicine
3.9.18	886	Frozen Section Audit	Laboratory Medicine
3.11.5	1039	Audit of the ED Chest Pain Protocol	Medicine
3.15.1	767	An audit of antibiotic guidelines in cardiac surgery	Pharmacy
3.15.11	937	Audit of timeliness of TTA's on cardiology and cardiac surgery wards	Pharmacy

Summary of benefits, actions or changes achieved in 2004/2005

- 3.4.2 – This audit has delivered a large number of actions over eight wards leading to better patient care in the areas of privacy & dignity, food & nutrition, personal & oral hygiene and communications.
- 3.4.3 – An evidence-based weaning protocol has been introduced leading to earlier identification of problem patients and shorter intubation times for all patients.
- 3.4.5 – Clients and relatives are now able to access surgeon-specific outcomes for the first time in the UK. The BRI was one of the first four centres to publish results directly on the internet last February.
- 3.4.7 – Nurse-led extubation continues to rise with patients enjoying shorter intubation times.
- 3.4.9 – The BRI became one of the first few centres in the UK to upload a substantial amount of audit data to CCAD to enable long-term tracking and quality of life studies by the NHSia
- 3.4.14 – Up-turn in blood transfusion rates from 15% to 35% at beginning of year were counteracted by tighter adherence to guidelines resulting in lowering to 30%. Monitoring with a more detailed audit tool to pinpoint problems continues
- 3.4.16 – The BRI became the first centre in the UK to upload angioplasty audit data to CCAD to enable long-term tracking and quality of life studies by the NHSia.
- 3.4.17 – Continual monitoring of the service coupled with a comprehensive action plan has led to an increase in patients being contacted within 4 working days of discharge (from 45% to 78%) and being offered an outpatient clinic within 4 weeks (from 32% to 59%) over the last year.
- 3.4.20 – Annual auditing of the stent rate with pressure to achieve well nationally has pushed the stent rate from 83% to 91% over the last year.
- 3.4.25 – This national audit continues to drive many changes in both Cardiology and A&E for better management of AMI cases. The percentage of patients within the 30min door-to-needle target has risen, with the yearly average now at 83% (8% clear of the NSF standard). The percentage meeting this target has almost doubled since this audit began in 2002.
- 3.4.26 – Prescription rates for the four major secondary prevention drugs have steadily risen since the inception of this audit and continue to remain well above the 80% NSF target.
- 3.4.28 – One of the first of its kind internationally, this audit revealed significant gains in symptomatic relief enjoyed by cancer patients

3.5 CHILDREN'S SERVICES

SUMMARY FIGURES

	2003/2004 roll-overs <<	31
Audits first registered in 2004/5	Pre-audits P	4
	First audits A	25
	Re-audits R	1
	Ongoing monitoring projects >>	1
Total number of audits		56
Completed audits		29
Current (uncompleted) audits carried forward >		20
Ongoing monitoring projects carried forward >>		7

(includes 5 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	8/20 40%	10/31 32%	12/31 39%
Audits arising from a critical incident:	1/20 5%	6/31 19%	0/31 0%
Audits prompted by a patient complaint:	0/20 0%	0/31 0%	0/31 0%
Audits with consumer involvement (not including surveys)	1/20 5%	5/31 16%	1/31 3%
Audits incorporating a patient/carer survey	1/20 5%	6/31 19%	2/31 6%
Interface audits (involving primary care)	0/20 0%	2/31 7%	1/31 3%
Audits linked to NSF, NICE guidance, or similar national guidance	3/20 15%	9/31 29%	10/31 32%
Audits with no clinical audit facilitator involvement	3/20 15%	5/31 16%	2/31 6%
Audits with proposal forms completed BEFORE audit started	18/20 90%	24/31 77%	27/31 87%
Audits using evidence based standards	10/20 50%	20/31 65%	21/31 68%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	7/24 29%	12/24 50%	16/29 55%
Audits where an action plan was produced:	9/24 38%	10/24 42%	18/29 62%
If action plan NOT produced, number where audit confirmed current good practice:	0/16 0%	0/14 0%	2/11 18%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	3/25 12%	2/26 8%	14/32 44%
Audits leading to better ways of working for staff:	5/25 20%	6/26 23%	11/32 34%
Audits leading to measurable benefits for patients:	4/25 16%	4/26 15%	4/32 13%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	2/4 50%	2/6 33%	1/4 33%

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None specified									
3.5.1	774	CHKS Case note audit	Michele Narey	X		X			
3.5.2	818	Clinical Negligence Scheme for Trusts Standard 4 - Note keeping Audit	Kate Sutor, Andy Landon, Dr Beverley Guard	X		X			
3.5.3	910	Standards in immunology clinics	Wasim Qayum			X			
Specialty: Cross-Directorate									
3.5.4	896	Aseptic non touch technique audit	Karen Sheehan			X			
3.5.5	881	Multi disciplinary clinical audit of discharge planning within Children's Services	Rachel Hughes			X			
3.5.6	974	Preadmission anaesthetic information completed in Children's Services?	Shanie Hempstead			X			X
3.5.7	884	Review of intravenous fluids	Bala Eradi, Miss Eleri Cusick, Bharti Varsani			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3-5.8	658	Support service provision for inpatient children with special needs	Kellie Ace, Jan Kershaw	X		X			X
Specialty: A&E									
3-5.9	1041	Are we complying with the National Poisons Information Services Guidelines 2003 for management of paracetamol overdose in children?	Sally Le Roux			X			X
3-5.10	883	Back to sport after head injury	Joanne Probert			X			
3-5.11	905	Radiographs interpreted by the Emergency Nurse Practitioners (ENPs)	Pauline Chinnick, Katherine Organ			X			
3-5.12	979	Time to analgesia for children with upper limb fractures	Dr Lisa Goldsworthy			X			
Specialty: Anaesthesia									
3-5.13	1029	Are we denying our children's comfort? A look at post discharge management of tonsillectomy patients at the Bristol Children's Hospital	Sarah Parry			X			X
3-5.14	945	Consent in paediatric anaesthesia	Dr Fiona Kelly		X				X
Specialty: CAMHS (Child Adolescent Mental Health)									
3-5.15	876	Audit of clinical supervision within Child and Adolescent Mental Health	Mary Ellen Phillips			X			
Specialty: Cardiac									
3-5.16	889	Out of range and elective admission anticoagulation guidelines	Alison Hayes, Judith Hernandez			X			
3-5.17	947	Paediatric cardiac surgery audit (CCAD - Central Cardiac Audit Database)	Dr Andrew Tometzki			X			X
3-5.18	79	Post-Operative Morbidity Following Cardiac Catheterisation	Dr R Martin	X				X	
3-5.19	80	Post-Operative Morbidity Following Cardiac Surgery	Dr G Stuart	X				X	
3-5.20	81	Radiofrequency Ablation in Paediatric Arrhythmias	Dr G Stuart	X				X	
3-5.21	83	Review of Peri-operative Infections	Dr R Martin	X				X	
Specialty: Community									
3-5.22	817	Case management for child protection cases admitted to hospital	Dr Caroline Heading	X		X			
Specialty: General Paediatrics									
3-5.23	66	Asthma (National Audit) BTS Guidelines	Dr Simon Langton Hewer, Deb Marriage	X			X		
3-5.24	643	Endoscopic biopsy for investigation of possible Coeliac disease	Patrick Nearney, Dr Christine Spray, Emma Heckford	X		X			
3-5.25	875	Infliximab for Crohns Disease in Paediatrics - Local Adherence to NICE recommendations	Dr Adan Varella Dr Andrew Mallick			X			
3-5.26	950	Management of gastroenteritis in A+E	Naveen Shettihalli			X			X
Specialty: Neonatology									
3-5.27	771	An audit of neonatal care of 27-28 week preterm infants. The impact of project 27/28.	Dr Michael Stark	X		X			
3-5.28	1047	Audit of Gastroschisis Protocol in NICU	Sam O'Hare			X			X
3-5.29	869	Audit of Local Guidelines for Testing of Well Neonates with Cardiac Murmur	Dr Muthukumar V Saktivel		X				
3-5.30	907	Audit of management of hypocarbia in neonates on NICU	Dr Vikram Kudumula			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.5-31	1074	Documentation of longline insertion in the upper limb	Charlotte Meller			X			X
3.5-32	911	Reaudit of management of hypocarbia on NICU	Dr Vikram Kudumula				X		
Specialty: Nephrology									
3.5-33	245	Audit of adequacy of renal replacement	Dr Catherine O'Brien	X				X	
3.5-34	926	Audit of peritoneal dialysis catheter insertion and acute complications	Helen Brannam			X			X
Specialty: Oncology									
3.5-35	949	Audit of records of treatment plans and consent to treatment in haematology oncology patients	Keith Sibson			X			X
3.5-36	815	Paediatric Cancer Defining the pathway for children in the South West	Annabele Foot			X			X
Specialty: Physiotherapy									
3.5-37	897	Clinical Audit of assessment of flexible flat feet	Jenny Anstedd			X			
Specialty: PICU									
3.5-38	752	Adherence to Antibiotic Guidelines in Respiratory Infections on PICU	Peter Davis	X			X		
3.5-39	963	An preaudit of 5 years' experience with patients having a Fontan type procedure	Dr Tim Murphy		X				X
3.5-40	493	Audit of the documentation of Invasive Procedures undertaken on PICU and consent for Invasive Procedures undertaken on PICU	Michaela Dixon	X		X			X
3.5-41	772	Audit of the need for intensive care in those children admitted for clonazepam infusions	Jacquelyn Bell	X		X			
3.5-42	977	Complications of Chest Drain Removal in Post-Op Cardiac Patients	Dr John Ellis, Peter Davis		X				X
3.5-43	732	Correct Prescribing of Acyclovir to PICU patients	Amal El-Hawari	X		X			X
3.5-44	73	Could the Level of Drug Errors in PICU be Reduced by Introducing a New Prescribing System?	Dr P Weir	X		X			
3.5-45	74	O ₂ Concentration Supplied to Bagging Circuits in PICU	Christina Gillen	X		X			
3.5-46	678	Paediatric Intensive Care Unit Discharge Delay Audit	Peter Davis	X		X			
3.5-47	946	PICANet (Paediatric Intensive Care Audit Network)	Dr Peter Davis					X	
3.5-48	927	Pre-PICU management of diabetic ketoacidosis	Peter Davis, Will Christian			X			X
3.5-49	72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	Carol Maskrey	X				X	
3.5-50	782	Review of TPN Usage on PICU	Sue Jarvis	X		X			
3.5-51	341	To investigate the use of non-bronchoscopic diagnostic bronchoalveolar lavages on the paediatric intensive care unit at BCH	Louise Owen	X		X			
3.5-52	839	Transfer of head-injured children in the South West, UK	Carol Maskrey			X			X
3.5-53	791	Usage of blood products (red cells & platelets) on PICU	Lesley Thomson	X		X			
3.5-54	787	Use of medical discharge stickers on PICU	Clair Hickson	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Surgery									
3.5.55	90	Fundoplication Audit	Mr M Woodward, Miss E Cusick, Dr N Sudhakaran	X		X			
Specialty: Trauma & Orthopaedics									
3.5.56	966	Time from admission to operation for paediatric trauma cases	M.J Barakul			X			X

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.7.5	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Dental Services
3.9.5	740	Sweat test guidelines - A review of new guidelines and implications for current practice	Laboratory Medicine
3.12.12	666	National Tonsillectomy Audit	Obs, Gynae & ENT
3.12.36	620	Implications and Benefits of Performing Elective Caesarean Sections at 38 Weeks as Opposed to 39 Weeks	Obs, Gynae & ENT
3.12.41	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Obs, Gynae & ENT
3.14.1	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Ophthalmology
3.15.7	784	Audit of Growth Hormone use at Bristol Childrens Hospital	Pharmacy

Summary of benefits, actions or changes achieved in 2004/2005

- 3.5.1 - All activity was coded. The case notes and discharge letters were generally good. A Trust decision was taken to centralise all clinical coding and this audit is now headed by a coding manager.
- 3.5.2 - Improvements in correction methods – medics 64% (previous audit 50%). Included copies of CNST standards at induction for new staff with responsibility for note keeping (including medical records/secretaries). Overall appearance of notes have improved - less filing in pockets.
- 3.5.3 - Good record of tests requested and results received but still room for improvement. To write to Director of each laboratory explaining audit, together with a copy of recommendations.
- 3.5.4 - Anecdotal evidence from those involved in training ANNT that there is a downturn in the number of queries from clinical area and a noticeable improvement in the knowledge of staff undertaking initial IV training
- 3.5.5 - As part of Lord Laming's recommendations, the directorate has changed its discharge documentation. 73% of notes contained the discharge form and it was situated correctly. The multidisciplinary working party will continue to meet to make modifications to the form and monitor completion.
- 3.5.10 - Most children are receiving general head injury advice but only one child received sport advice following head injury. Due to this monitoring process, specific sport advice will now be given to parents and documented. Staff awareness was raised through the audit.
- 3.5.11 - Excellent documentation identified all round. Safe clinical practice with good discharge advice. Accurate interpretation skills of radiographs. Reduced 4 hourly waiting times during pilot study
- 3.5.12 - Confirmed good practice, all children received analgesia within guidelines.
- 3.5.15 - 81% of staff had more than the minimum stated supervision of 30 minutes per month. 86% of staff felt that the supervision was very helpful. As a result of the audit, it was agreed to increase clinical supervision to 1 hour a month with a senior colleague.
- 3.5.22 - Three standards met 100%, (1) Clinical care - physical examination, target time (2) Consultant responsible recorded in hospital casenotes (3) No child discharged without appropriate clinicians decision. Improvement needed in written referral to Social Services within 48 hours of strategy discussion and written report in the notes within 48 hours. Child Protection process difficult to establish from case notes in hospital and this is under review.
- 3.5.23 - Good inhaler technique review. Follow up discharge advice better than in 2002 but needs further improvement)
- 3.5.25 – Audit demonstrated full compliance with NICE TA 40 recommendations.

- 3.5.27 - Appropriate care provided overall, however documentation needs improving. Documentation change to be addressed via a written management plan.
- 3.5.29 - Protocol reasonably well followed. Documentation of CXR and ECG good but can be improved. Documentation of advice to parents before discharge grossly inadequate. Parent information leaflets on cardiac murmurs may be useful and under investigation. New policy introduced and to be reaudited.
- 3.5.30 & 3.5.32 - No significant improvement in clinical variables. Small improvement in documentation. Education and motivation of staff to be addressed via SHO induction programme and staff nurses teaching programmes.
- 3.5.37 - Although all patients were seen within national waiting list times, the audit found there was no formal assessment in place, orthotics were over-prescribed and there was excessive follow up. Due to this, a checklist was created for treatment of flexible flat feet, which has been fully implemented.
- 3.5.41 - Most cases did not follow pharmacokinetic principles. Guidelines are to be developed.
- 3.5.44 - A new prescribing system was introduced and the audit showed a reduction in drug errors.
- 3.5.50 - Patients on PICU did not receive adequate calories in 80% of the cases. The reasons were multi-factorial but mainly related to fluid allowances and concomitant drug administration. Chart calorie intake will now be monitored on a daily basis for patients on TPN. Recommendations for fluid management and lipid administration are to be developed.
- 3.5.54 - Stickers not often used or completed (24% complete). However considered a useful tool for ensuring optimum adequate patient care on discharge when used and completed.
- 3.5.55 - Watson fundoplication achieves similar results to Nissen fundoplication regarding clinical outcome. The complication rate compares favourably with that in Nissen fundoplications especially with a lower dysphagia rate.
- Project 608 (Epicardial pacing wire removal – completed in July 2003 but erroneously omitted from last year's report) – the results from this audit, which looked at practice in every paediatric cardiac unit in the country, were used as a basis for forming the PCNA (Paediatric Cardiac Nurses Association) national guidelines on Removal of Pacing Wires. The guidelines were launched in December 2003 and presented as a poster at an international conference in America in February 2005 by the UBHT audit lead, Karen Sheehan.

3.6 CRITICAL CARE

SUMMARY FIGURES

	2003/2004 roll-overs <<	16
Audits first registered in 2004/5	Pre-audits P	2
	First audits A	7
	Re-audits R	2
	Ongoing monitoring projects >>	0
Total number of audits		25
Completed audits		7
Current (uncompleted) audits carried forward >		15
Ongoing monitoring projects carried forward >>		3

(includes 1 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	8/14	57%	2/14	14%	3/12	25%
Audits arising from a critical incident:	0/14	0%	2/14	14%	3/12	25%
Audits prompted by a patient complaint:	1/14	7%	0/14	0%	0/12	0%
Audits with consumer involvement (not including surveys)	1/14	7%	0/14	6%	0/12	0%
Audits incorporating a patient/carer survey	0/14	0%	2/14	14%	2/12	17%
Interface audits (involving primary care)	0/14	0%	0/14	0%	0/12	0%
Audits linked to NSF, NICE guidance, or similar national guidance	5/14	36%	4/14	29%	4/12	33%
Audits with no clinical audit facilitator involvement	0/14	0%	4/14	29%	0/12	0%
Audits with proposal forms completed BEFORE audit started	13/14	93%	10/14	71%	11/12	92%
Audits using evidence based standards	6/14	43%	6/14	43%	5/12	42%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	2/11	18%	2/21	10%	4/7	57%
Audits where an action plan was produced:	5/11	45%	2/21	10%	5/7	71%
If action plan NOT produced, number where audit confirmed current good practice:	3/6	50%	0/19	0%	0/2	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	3/14	21%	11/22	50%	1/8	13%
Audits leading to better ways of working for staff:	9/14	64%	7/22	32%	1/8	13%
Audits leading to measurable benefits for patients:	6/14	43%	9/22	41%	2/8	25%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	1/2	50%	1/2	50%	0/2	0%

PROJECT LIST

The “No.” refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Anaesthesia									
3.6.1	975	An audit of anaesthesia for Placenta Praevia	Dr Judith Stedeford			X			X
3.6.2	1026	An audit of antacid prophylaxis for high risk labour	Simon Webster			X			
3.6.3	995	An audit of the quality of Postoperative Pain Management	Dr Tim Lovell, Mrs Jacqui Gannon				X		X
3.6.4	137	Are Children Experiencing Acute Pain Following Major Surgery?	Dr P Stoddart	X				X	
3.6.5	1028	Are Departmental Guidelines on epidurals being adhered to?	Sivakumar		X				X
3.6.6	138	Are we meeting acute pain recommendations for provision of service to patients and for anaesthetic training?	Dr Nicola Weale	X		X			
3.6.7	769	Assessment of LV Function preoperatively in CABG patients.	Dr Matt Thomas	X	X				

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.6.8	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Dr Steven Kinsella	X		X			X
3.6.9	970	Audit of the validation of patients anaesthetic complications coding episodes in UBHT from 01.04.99 - 31.07.04	Dr Mike Kinsella, Dr Natasha Clark			X			X
3.6.10	762	Audit of use of reinforced LMAs at BEH	Steve Mather, Dr Tim Murphy	X			X		
3.6.11	140	Direct admission after Day Surgery attendance	Dr S Grimes	X				X	
3.6.12	832	Epidural Response Time Audit	Dr Douglas Mein				X		X
3.6.13	146	NCEPOD – review in Day Surgery	Dr Carl Heideimeyer	X		X			X
3.6.14	1025	Observation of patients on epidurals	Dr Simon Massey			X			X
3.6.15	958	Post-operative Nausea and Vomiting in Day Surgery	David Barnes		X				
3.6.16	770	Review of Hotline Booking Requests	Dr Frances Forrest	X		X			X
3.6.17	154	What is the national practice with regard to the use of regional anaesthesia for adult cardiac surgery?	Dr Tessa Whitton, Dr Tim Lovell	X		X			
3.6.18	155	What Problems are Being Experienced with Regional Anaesthesia for Caesarean Section?	Dr Mike Kinsella	X				X	
Specialty: Intensive Care Unit / High Dependency Unit (ICU/HDU)									
3.6.19	539	Audit of Epidural Usage on the ITU / HDU	Dr Julian Foote	X		X			X
3.6.20	956	Blood sugar control in CICU patients within the 1st 12hrs post op	Susan Underwood, Roberto Mosca			X			X
3.6.21	160	Intensive Care National Audit and Research Centre (ICNARC) Database	Dr Tim Gould	X		X			X
3.6.22	537	Potential Donor Audit	Sarah Caborn, Leanne Sarney	X		X			X
Specialty: Pain Clinic									
3.6.23	759	Post operative acute pain management in the BRI	Jaisun Vivekanandaraja	X	X				
Specialty: Theatres									
3.6.24	994	An audit into the knowledge of the location of Dantrolene in theatres by anaesthetists and anaesthetic assistants	Simon Webster			X			X
3.6.25	1013	Trauma & Orthopaedic theatre usage	Dina Plowes			X			X

Notes:

Project no. 409 (Ref. 3.6.29 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme when it was in fact completed last year.

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.4.3	486	A protocol for the weaning of long-stay patients	Cardiothoracic Services
3.4.5	206	Adult Cardiac Surgery Annual Report	Cardiothoracic Services
3.4.7	208	Audit of Extubation Data	Cardiothoracic Services
3.4.8	210	Audit of Relationship Between Haemocrit on Admission to ICU Following Coronary Surgery and Postoperative MI and/or Death	Cardiothoracic Services
3.4.10	215	Mortality Rate Procedures Based on Parsonnet Scores	Cardiothoracic Services
3.4.14	219	Usage of Blood Products After Cardiac Surgery	Cardiothoracic Services
3.4.15	1020	An approach to the management of heart disease in pregnancy	Cardiothoracic Services
3.4.25	223	Myocardial Infarction National Audit Project	Cardiothoracic Services
3.4.26	367	Prophylaxis for patients who have experienced a MI	Cardiothoracic Services

Ref	No.	Project Title	Directorate
3.9.2	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Laboratory Medicine
3.12.16	1011	The use of preoperative tests for elective ENT surgery - an audit	Obs, Gynae & ENT
3.12.26	1022	Audit of aseptic scrub technique and the maintenance of a sterile field in obstetric theatres	Obs, Gynae & ENT
3.17.4	811	Are patients operated on within NCEPOD's recommended times?	Surgery
3.17.5	959	Audit of start times in Heygroves Theatres	Surgery
3.17.12	1027	Effective set up of humidified oxygen systems in self ventilating patients	Surgery

Summary of benefits, actions or changes achieved in 2004/2005

- 3.6.2 – Overall this audit found that a high proportion (76%) of high-risk labour patients were receiving antacid prophylaxis. It was highlighted that in patients undergoing PET treatment this figure was much less and agreement was made to add ranitidine administration to PET management guidelines.
- 3.6.10 – This audit highlighted major discrepancies between CSSD units within the same trust. It was agreed with the CCSD manager and team that the BEH will adopt policy of other CSSD units. The Anaesthetist will be the arbiter of suitability of RLMA for patient use.
- 3.6.14 – In July 2004 a sticker system was introduced to record the Motor Scores of patients, this audit found that the sticker was being used effectively in 84% of patients. It was also found that after the 1st 24 hour period the recording of other observations was poor. It was agreed that the current observation chart will be updated.
- 3.6.15 - This audit found that the incidence of PONV at 10% compared favourably with the 25% incidence quoted in the literature. Although 75% of patients received some form of anti-emesis, the vast majority received granisetron as the first-line agent or in combination, rather than the less expensive anti-emetics. Recommendations for identifying high risk patients and for prophylactic prescribing have been discussed within the consultant body, and although there was insufficient consensus for protocol development, the recommendations will apply in DSU from November 2004. This has already been put in place under the clinical lead of Dr Siobhan Grimes.

3.7 DENTAL

SUMMARY FIGURES

	2003/2004 roll-overs <<	12
Audits first registered in 2004/5	Pre-audits P	4
	First audits A	3
	Re-audits R	3
	Ongoing monitoring projects >>	0
Total number of audits		21
Completed audits		4
Current (uncompleted) audits carried forward >		16
Ongoing monitoring projects carried forward >>		1

(includes 1 subsequently abandoned – see [Appendix C](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	15/21	71%	5/18
Audits arising from a critical incident:	0/21	0%	0/18
Audits prompted by a patient complaint:	2/21	10%	2/18
Audits with consumer involvement (not including surveys)	4/21	19%	0/18
Audits incorporating a patient/carer survey	2/21	10%	1/18
Interface audits (involving primary care)	4/21	19%	1/18
Audits linked to NSF, NICE guidance, or similar national guidance	6/21	29%	4/18
Audits with no clinical audit facilitator involvement	0/21	0%	1/18
Audits with proposal forms completed BEFORE audit started	20/21	95%	18/18
Audits using evidence based standards	20/21	95%	12/18
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	27/27	100%	17/18
Audits where an action plan was produced:	26/27	96%	16/18
If action plan NOT produced, number where audit confirmed current good practice:	1/1	100%	2/2
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	13/19	68%	6/13
Audits leading to better ways of working for staff:	15/19	79%	8/13
Audits leading to measurable benefits for patients:	13/19	68%	10/13
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	3/9	33%	4/6

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: All departments									
3.7.1	751	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit	Nigel Harradine	X		X			
Specialty: Oral Medicine									
3.7.2	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	A E Brooke	X			X		X
3.7.3	935	Efficacy of treatment in achieving pain control in "Atypical Facial Pain"	Anthony Brooke		X				X
3.7.4	951	Efficacy of treatment in achieving pain control in trigeminal neuralgia	Tony Brooke		X				X
3.7.5	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Tony Brooke	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Oral Surgery									
3-7.6	1050	Are we meeting National Clinical Standards for Head and Neck Cancer waiting times?	Karen Andrews, Jonathan Bernstein		X				X
3-7.7	1052	Audit of Dental Extractions in Warfarinised Patients	Hemendranath Shah			X			X
3-7.8	710	Does referral from General Dental Practitioners requesting 3rd molar extraction follow NICE/departmental guidelines? Re-audit	Chris Bell	X			X		
3-7.9	837	Why do Day Case surgery patients fail to attend? - re-audit	Prof Cowpe				X		X
Specialty: Orthodontics									
3-7.10	968	Audit of Archwire Breakages	Kate House				X		X
3-7.11	192	Osteotomies - regional	Nigel Harradine	X				X	
3-7.12	632	What percentage of treatment with functional appliances is successful? - regional	Nigel Harradine	X		X			X
Specialty: Paediatrics									
3-7.13	337	Are primary molar teeth being restored appropriately?	Deborah Franklin	X		X			X
3-7.14	814	Do all patients undergoing treatment with junior staff in the department of paediatric dentistry have specialist treatment plans?	Rebecca John			X			X
Specialty: Primary Care Dental Services (PCDS)									
3-7.15	1061	Are community dentists and dental nurses following NICE guidelines on infection control and the UBHT hand wash policy? - re-audit	Mark Donnan, Tina Huckle, Sarah Applin				X		
3-7.16	589	Are standards for sterilisation of instruments being implemented within the Personal Dental Service?	Kelly Barnes	X		X			X
3-7.17	929	Medical Emergencies in Dentistry	Felicity Sutton		X				X
3-7.18	778	What is the delay in providing replacement dentures which are lost in hospital?	Felicity Sutton	X		X			X
Specialty: Restorative									
3-7.19	1037	Are we complying with National Clinical Guidelines for the oral care of patients undergoing treatment for Head and Neck Cancer?	Matthew Jerreat, Ethyne Fyfe			X			X
3-7.20	492	Can the introduction of a 'new' safety syringe reduce the frequency of needlestick incidents on ADH2?	Roger Yates	X		X			X
3-7.21	704	Do all new referrals for periodontal disease management accepted for treatment at BDH, follow the protocol disseminated in 1999?	Roger J Yates	X			X		X

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3-9.20	669	Are we decontaminating dental instruments in community settings in compliance with national standards	Laboratory Medicine

Summary of benefits, actions or changes achieved in 2004/2005

- 3.7.1 – This audit found that many aspects of record-keeping were good, but highlighted the need for improvement with regard to signatures and corrections in the notes. Compliance with guidelines in these areas has been reinforced with all staff.
- 3.7.2 - This re-audit identified improvements in undertaking dental assessment, treatment and extractions prior to radiotherapy, and revealed that larger numbers of patients were receiving information on side effects. The information leaflet for Head and Neck Cancer patients is to be further improved on the basis of the audit.
- 3.7.5 – As a result of this audit, an information booklet for haemophilia patients and a protocol for their oral care were developed with the Haematology department, resulting in improved quality of information for patients and a closer working relationship between the Dental directorate and Haematology
- 3.7.8 - 69% of referral reasons given by GDPs followed published guidelines regarding referral for extraction of third molars (an improvement from 48% in the first audit in 2002). The number of cases where GDPs failed to give a reason for referral was also slightly lower, at 20% (25% in 2002).
- 3.7.11 - This ongoing monitoring project will be used as the basis for a forthcoming audit project on surgical severity
- 3.7.15 - This re-audit showed improvements in staff awareness and practice of infection control during domiciliary visits, and in levels of personal protective equipment available, although it was felt more needed to be done. As a result, a checklist of what should be included in a domiciliary kit was produced and disseminated to all clinics and further reinforcement of UBHT Handwashing policy has been carried out at PCDS staff meetings.
- 3.7.17 - As a result of this audit, guidelines covering staff preparedness for medical emergencies have been developed for all primary care clinics.

3.8 HOMEOPATHY

SUMMARY FIGURES

2003/2004 roll-overs <<		6
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	3
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		9
Completed audits		1
Current (uncompleted) audits carried forward >		7
Ongoing monitoring projects carried forward >>		1

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	0/1	0%	0/1	0%	0/3	0%
Audits arising from a critical incident:	0/1	0%	0/1	0%	0/3	0%
Audits prompted by a patient complaint:	0/1	0%	0/1	0%	0/3	0%
Audits with consumer involvement (not including surveys)	0/1	0%	0/1	0%	2/3	67%
Audits incorporating a patient/carer survey	0/1	0%	0/1	0%	2/3	67%
Interface audits (involving primary care)	0/1	0%	0/1	0%	0/3	0%
Audits linked to NSF, NICE guidance, or similar national guidance	0/1	0%	0/1	0%	0/3	0%
Audits with no clinical audit facilitator involvement	0/1	0%	0/1	0%	0/3	0%
Audits with proposal forms completed BEFORE audit started	1/1	100%	1/1	100%	2/3	67%
Audits using evidence based standards	1/1	100%	0/1	0%	0/3	0%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	0/1	0%	1/1	100%	0/1	0%
Audits where an action plan was produced:	1/1	100%	1/1	100%	0/1	0%
If action plan NOT produced, number where audit confirmed current good practice:	0/0	N/A	0/0	N/A	0/1	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	1/2	50%	3/3	100%	2/2	100%
Audits leading to better ways of working for staff:	1/2	50%	1/3	33%	0/2	0%
Audits leading to measurable benefits for patients:	1/2	50%	1/3	33%	0/2	0%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/0	N/A	0/0	N/A	0/0	N/A

Please note that due to the sickness absence of the Clinical Audit Facilitator for Homeopathy, the above figures and below project list may not accurately reflect the true situation.

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit				
				<<	P	A	R	>>
Specialty: Homeopathic								
3.8.1	924	An audit of clinical practice in the cancer clinic at the Bristol Homeopathic Hospital	Elizabeth Thompson			X		X
3.8.2	923	An audit to set Treatment Goals based on patient motivation and expectation	Elizabeth Thompson			X		X
3.8.3	199	Assessing the Effectiveness of Homeopathic Interventions at BHH	Dr David Spence	X		X		
3.8.4	688	Audit of the Effectiveness of the Package of Care and Discharge Policy	Dr Richard Savage	X		X		X
3.8.5	200	Improving patient information through review of current information and understanding motivating factors for attending the homeopathic hospital	Dr Elizabeth Thompson	X		X		X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.8.6	555	Improving the Quality of Information in the Medical Notes	David Spence	X			X		X
3.8.7	203	The Management and Treatment of Asthma	Dr David Spence	X	X				X
3.8.8	925	The use of a patient generated outcome measure to monitor outcome and completion of package of care and facilitate goal setting in routine practice	Elizabeth Thompson			X			X
3.8.9	204	What is the DNA (Did Not Attend) Rate at BHH?	Dr David Spence	X				X	

3.9 LABORATORY MEDICINE

SUMMARY FIGURES

	2003/2004 roll-overs <<	13	(includes 1 subsequently abandoned – see Appendix C)
Audits first registered in 2004/5	Pre-audits P	2	
	First audits A	7	
	Re-audits R	3	
	Ongoing monitoring projects >>	0	
Total number of audits		24	
Completed audits		9	
Current (uncompleted) audits carried forward >		10	
Ongoing monitoring projects carried forward >>		5	

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	6/12	50%	2/6	33%	4/11	36%
Audits arising from a critical incident:	0/12	0%	0/6	0%	2/11	18%
Audits prompted by a patient complaint:	0/12	0%	0/6	0%	0/11	0%
Audits with consumer involvement (not including surveys)	0/12	0%	0/6	0%	1/11	9%
Audits incorporating a patient/carer survey	0/12	0%	1/6	17%	0/11	0%
Interface audits (involving primary care)	0/12	0%	1/6	17%	0/11	0%
Audits linked to NSF, NICE guidance, or similar national guidance	3/12	25%	2/6	33%	6/11	55%
Audits with no clinical audit facilitator involvement	1/12	8%	2/6	33%	4/11	36%
Audits with proposal forms completed BEFORE audit started	3/12	25%	4/6	67%	6/11	55%
Audits using evidence based standards	6/12	50%	2/6	33%	6/11	55%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	1/14	7%	1/7	14%	8/9	89%
Audits where an action plan was produced:	9/14	43%	5/7	71%	7/9	78%
If action plan NOT produced, number where audit confirmed current good practice:	0/5	0%	1/2	50%	0/2	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	10/19	53%	8/13	62%	6/11	55%
Audits leading to better ways of working for staff:	12/19	63%	8/13	62%	7/11	64%
Audits leading to measurable benefits for patients:	1/19	5%	4/13	31%	3/11	27%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/1	0%	0/1	0%	0/3	0%

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: All Departments									
3.9.1	63	Continuous Participation in National External Quality Assurance Schemes	Dr Morgan Moorghen	X		X			
Specialty: Chemical Pathology									
3.9.2	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Dr Paul Thomas, Ms Anna Barton			X			X
3.9.3	916	CNST Notes Audit - Clinical Biochemistry	Dr D Stansbie			X			
3.9.4	313	Laboratory investigation of diagnostic Tumour Markers	Dr Graham Bayly	X		X			
3.9.5	740	Sweat test guidelines - A review of new guidelines and implications for current practice	Dr J Stone	X		X			X
3.9.6	41	Systematic Review of Minor and Major errors Identified by the Laboratory	Dr Paul Thomas	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Haematology									
3.9.7	46	Blood and Blood Product Usage by Wards and Theatres	Mr Ian Martin	X				X	
3.9.8	47	Continuous Participation With Serious Hazards of Transfusion Sentinel Audit	Dr Ed Massey	X				X	
3.9.9	427	National Blood Service Audit of UK Transfusion Practice	Dr Edwin Massey	X		X			
Specialty: Histopathology									
3.9.10	885	An audit of macroscopic descriptions of lung resections for cancer	Dr Joya Pawade				X		
3.9.11	1062	An audit of the standard of radical prostatectomy specimen reporting	Dr M Sohail			X			
3.9.12	49	Annual Audit of Adult Autopsies Carried Out at BRI Mortuary (Trustwide)	Dr C Collins	X				X	
3.9.13	50	Are we Complying with Laboratory Procedures Relating to the Retention of Tissue From Autopsy Examinations?	Dr Richard Daly	X				X	
3.9.14	1014	Audit of Borderline Ovarian Tumour – 10 years	Dr Joya Pawade			X			X
3.9.15	892	Audit of malignant melanoma reporting	Dr Laszlo Intzedy				X		
3.9.16	1015	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Dr Joya Pawade			X			X
3.9.17	55	Correlation between Histology of Ovarian Tissue and Radiological Examination (with Radiology)	Dr Guy Martland	X		X			X
3.9.18	886	Frozen Section Audit	Dr J Pawade				X		
Specialty: Infection Control									
3.9.19	992	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	Stephanie Carroll		X				X
3.9.20	669	Are we decontaminating dental instruments in community settings in compliance with national standards	Christine Perry			X			X
3.9.21	733	Infection Control Ward/Department audit	Michelle Lindsay	X				X	
3.9.22	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Beverley Palmer, Dr Rashmi Sharma	X	X				X
Specialty: Microbiology									
3.9.23	915	Is the antibiotic assay service used appropriately?	Dr Neelam Doshi			X			X
3.9.24	991	The Management of Urinary Tract Infections in patients older than 65yrs of age	Irwin Law		X				X

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.5.36	815	Paediatric Cancer Defining the pathway for children in the South West	Children's Services
3.7.6	1050	Are we meeting National Clinical Standards for Head and Neck Cancer waiting times?	Dental Services
3.11.8	694	Audit of UBHT ED DVT Protocol	Medicine
3.11.39	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI) The use of pantoprazole in upper GI Bleed Patients.	Medicine
3.11.40	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Medicine
3.11.58	628	Informing the Primary Care Team of a new diagnosis of Lung cancer	Medicine

Ref	No.	Project Title	Directorate
3.12.23	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	Obs, Gynae & ENT
3.12.26	1022	Audit of aseptic scrub technique and the maintenance of a sterile field in obstetric theatres	Obs, Gynae & ENT
3.12.27	633	Audit of Blood Usage on Central Delivery Suite	Obs, Gynae & ENT
3.12.30	861	Audit of Patient Pathway for Endometrial Cancer Patients at UBHT and Southmead Hospital	Obs, Gynae & ENT
3.12.41	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Obs, Gynae & ENT
3.14.5	472	Management of Microbial Keratitis	Ophthalmology
3.15.12	806	Identifying causes and treatment of Clostridium difficile infection	Pharmacy

Summary of benefits, actions or changes achieved in 2004/2005

- 3.9.1 - Continued participation in National Assessment schemes has resulted in the identification of some poor analytical performance that has been investigated and corrected. Review of EQA data will continue but will be carried out as part of a developed, ongoing process of clinical governance within individual departments, rather than registered as clinical audit
- 3.9.3 – This audit has resulted in improved recording of patient allergies in the notes
- 3.9.4 – Following the audit, new computer comments have been developed outlining the limitations of tumour makers in diagnosis to encourage more appropriate testing
- 3.9.6 - Analysis of errors has resulted in a number of changes to working practices and increased awareness of the need to maintain high standards of working. Review of errors will continue as part of departmental clinical governance meetings rather than being registered as clinical audit
- 3.9.9 – This audit identified some poor performance which has resulted in the introduction of new training procedures for nurses. A national re-audit was started in April 2005, which will assess whether performance has improved.
- 3.9.10, 3.9.11 & 3.9.15 - Continued monitoring of reporting standards in cellular pathology against new Royal College of Pathologists minimum data sets has resulted in improved consistency of reporting
- 3.9.18 – This audit showed that many aspects of the service were of a high standard and meet user requirements. As a result of the audit, a booking system has been developed for sections and processing improved.
- 3.9.21 – This audit showed that improvements in Infection Control practice, and particularly hand hygiene, were needed. Ward Sisters have completed and returned actions plans for their individual area and the Trust is now participating in the 'Clean Your Hands' campaign. An audit of hand hygiene practice (992) is expected to show improvements in practice

3.10 MEDICAL PHYSICS & BIOENGINEERING

SUMMARY FIGURES

	2003/2004 roll-overs <<	3
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	1
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		4
Completed audits		0
Current (uncompleted) audits carried forward >		2
Ongoing monitoring projects carried forward >>		2

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	1/1	100%	1/1	100%	1/1	100%
Audits arising from a critical incident:	0/1	0%	0/1	0%	0/1	0%
Audits prompted by a patient complaint:	0/1	0%	0/1	0%	0/1	0%
Audits with consumer involvement (not including surveys)	0/1	0%	0/1	0%	0/1	0%
Audits incorporating a patient/carer survey	0/1	0%	0/1	0%	0/1	0%
Interface audits (involving primary care)	0/1	0%	0/1	0%	0/1	0%
Audits linked to NSF, NICE guidance, or similar national guidance	0/1	0%	0/1	0%	1/1	100%
Audits with no clinical audit facilitator involvement	0/1	0%	0/1	0%	0/1	0%
Audits with proposal forms completed BEFORE audit started	1/1	100%	1/1	100%	1/1	100%
Audits using evidence based standards	0/1	0%	0/1	0%	1/1	100%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	0/1	0%	0/1	0%	0/0	N/A
Audits where an action plan was produced:	1/1	100%	1/1	100%	0/0	N/A
If action plan NOT produced, number where audit confirmed current good practice:	0/0	N/A	0/0	N/A	0/0	N/A
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	1/1	100%	0/3	0%	0/2	0%
Audits leading to better ways of working for staff:	0/1	0%	1/3	33%	0/2	0%
Audits leading to measurable benefits for patients:	0/1	0%	0/3	0%	0/2	0%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/0	N/A	0/0	N/A	0/0	N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None specified									
3.10.1	446	Audit Of Precision Intracranial Radiotherapy (P.I.R.T) at Bristol in UBHT	Cathy Hall, Hugh Newman	X	X				X
Specialty: MEMO									
3.10.2	166	Effectiveness of Servicing Methods for Infusion Devices Used by UBHT	Mr Peter Smithson	X				X	
3.10.3	167	How frequent are anaesthetic incidents and breakdowns in UBHT?	Mr Peter Smithson	X				X	
Specialty: Vascular Studies									
3.10.2	914	Diagnosis and Treatment of Pseudoaneurysm	Teresa Robinson			X			X

3.11 MEDICINE

SUMMARY FIGURES

2003/2004 roll-overs <<		28
Audits first registered in 2004/5	Pre-audits P	5
	First audits A	28
	Re-audits R	3
	Ongoing monitoring projects >>	0
Total number of audits		64
Completed audits		40
Current (uncompleted) audits carried forward >		21
Ongoing monitoring projects carried forward >>		3

Includes 1 (ID 269) deferred from 2002/3

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	11/24	46%	10/36	28%	6/36	17%
Audits arising from a critical incident:	1/24	4%	1/36	3%	1/36	3%
Audits prompted by a patient complaint:	1/24	4%	0/36	0%	0/36	0%
Audits with consumer involvement (not including surveys)	0/24	0%	4/36	11%	3/36	8%
Audits incorporating a patient/carer survey	0/24	0%	6/36	17%	0/36	0%
Interface audits (involving primary care)	2/24	8%	2/36	6%	0/36	0%
Audits linked to NSF, NICE guidance, or similar national guidance	17/24	71%	15/36	42%	20/36	56%
Audits with no clinical audit facilitator involvement	10/24	42%	3/36	8%	18/36	50%
Audits with proposal forms completed BEFORE audit started	14/24	58%	16/36	44%	17/36	47%
Audits using evidence based standards	18/24	75%	17/36	47%	17/36	47%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	8/15	53%	17/24	71%	15/40	38%
Audits where an action plan was produced:	3/15	20%	11/24	46%	17/40	43%
If action plan NOT produced, number where audit confirmed current good practice:	1/12	8%	1/13	8%	3/23	13%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	1/17	6%	13/25	52%	2/42	5%
Audits leading to better ways of working for staff:	2/17	12%	12/25	48%	11/42	26%
Audits leading to measurable benefits for patients:	2/17	12%	2/25	8%	5/42	12%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	2/3	67%	0/2	0%	0/1	0%

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: A&E (Emergency Department)									
3.11.1	852	Are NPIS 2003 guidelines on paracetamol overdose in adults being followed in the BRI ED?	Karl le Roux			X			
3.11.2	1033	Are we complying with NICE guidelines when requesting CT heads in the ED?	Sarah Woolley			X			
3.11.3	1032	Are we following the Royal College of Radiologists Guidelines for the use of plain AXRs in patients with acute (non traumatic) abdominal pain?	Gev Bhabra			X			
3.11.4	617	Audit of dependency of all presentations to the emergency department	Alison O'Brien	X		X			
3.11.5	1039	Audit of the ED Chest Pain Protocol	Sarah Green			X			X
3.11.6	1006	Audit of the management of anterior shoulder dislocation in ED	Subhro Banerjee			X			
3.11.7	1018	Audit of the management of epistaxis	Dr Brian Parsons			X			
3.11.8	694	Audit of UBHT ED DVT Protocol	Joanne Probert	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.11.9	850	Bier's block for the manipulation of fractures of the distal radius: A comparison of practice in UBHT with national guidelines	Rebecca Roberts			X			
3.11.10	831	CHAI Acute Assessment Programme for A&E: #NOF	Dr Sarah Woolley			X			
3.11.11	984	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit - ED	Bernadette Greenan			X			
3.11.12	827	Consent procedures in the ED for fracture reduction	Dr Tony Parkes	X	X				
3.11.13	858	Does the BRI clinical management of asthma in the ED meet with BTS guidelines?	Rob Wise			X			
3.11.14	1030	ED management of spontaneous pneumothorax	Hasib Khalid			X			
3.11.15	851	Is the ED within the BRI meeting the standard of using the Ottawa knee rule to determine the need for radiography?	Serena Ledwidge			X			
3.11.16	1017	Management of exacerbation of COPD - do we comply with BTS and NICE Guidelines?	Dr Juyaly Biswas			X			
3.11.17	1031	Management of Pulmonary Embolism in the Emergency Department	Paul Nankivell			X			
3.11.18	853	Sore throat treatment in the emergency department	Jonathan Bernstein		X				
3.11.19	1035	Suicide risk assessment in the Emergency Department	Michael Jenkins			X			
3.11.20	930	Treatment of patients requiring Thrombolysis in A+E	Sarah Killik			X			
3.11.21	934	Triage documentation audit	Tina Claridge			X			X
Specialty: Dermatology									
3.11.22	936	Admission to dermatology inpatient beds	Lindsay Shaw			X			X
3.11.23	731	An audit of Azathroprine prescription and monitoring in Bristol Dermatology Centre	Dr Maureen Connolly	X	X				
3.11.24	872	Audit of patch testing in elderly patients	Maureen Connolly			X			
3.11.25	773	Audit of topical PUVA treatment of dermatitis	Debbie Shipley	X	X				
3.11.26	833	Clinical Management of Bullous Pemphigoid	Dr Alfonso Perez			X			
3.11.27	396	Comparison of Treatment Regimes with National Guidelines for Bowen's Disease	Dr Katherine Finucane	X		X			
3.11.28	653	Provision of Hairpieces	Lynne Skrine	X	X				
3.11.29	801	The Completeness of Melanoma Minimum Data Sets	James Hickey		X				
3.11.30	674	To improve the completion of nurse documentation in Dermatology	Denise Bell	X	X				
Specialty: Dietetics									
3.11.31	696	Audit of the use of the Nutrition Risk Score Chart	Julie Barker	X		X			
Specialty: Endocrinology & Diabetes									
3.11.32	1043	An audit of insulin pump therapy (NICE TAG 57)	Colin Dayan			X			X
3.11.33	727	Are we appropriately referring patients with a high serum creatinine level?	Dr Mimi Chen	X		X			X
3.11.34	629	Outcome of Management of Patients with Acromegaly (National database)	Jane Taheri, Stafford Lightman	X	X				X
3.11.35	821	Regional audit of Diabetic Pregnancies	Andrew Pettit	X				X	
3.11.36	824	South West Regional Audit of Diabetic Lower Limb Amputations	Dr Andrew Pettit	X				X	

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.11.37	804	The management of patients presenting to secondary care with hypoglycaemia	Colin Dayan	X		X				
Specialty: Gastroenterology										
3.11.38	961	Are we following local guidelines for the management of patients with cirrhosis and ascites?	Dr Rebecca Jones, Liz Pettit		X				X	
3.11.39	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI) The use of pantoprazole in upper GI Bleed Patients.	Dr J Makhijani	X	X					
3.11.40	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Hashir Kriel	X		X			X	
3.11.41	700	Azathioprine in Inflammatory Bowel Disease	Jayshri Makhijani	X	X					
3.11.42	819	Re-audit of the Investigation of Iron Deficiency Anaemia	Jon Shufflebotham	X			X		X	
Specialty: General Medicine										
3.11.43	320	Are we following nebuliser guidelines in the BRI?	Helen Bishop	X	X					
3.11.44	864	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit - Medicine	Marion Holland			X				
3.11.45	568	How well do patients coming into Ward 20 fit the pre-determined admission criteria?	Dr R A Mountford, Helen Bishop	X		X				
3.11.46	269	Standardised Cognitive Function Tests during Medical Admission	Veronica Lyell, Helen Alexander	X		X				
Specialty: Medical Assessment Unit (MAU)										
3.11.47	1038	An audit of MAU waiting times	Liz Gamble, David Windsor			X				
Specialty: Medicine for the Elderly										
3.11.48	1008	Addressing risk factors for stroke in patients undergoing carotidendarterectomy (CEA)	Rob Hastings, Suzy Thain			X			X	
3.11.49	1004	Audit of the stroke integrated care pathway	Pauline Baker		X				X	
3.11.50	812	National Sentinel Audit of Stroke	Sarah Caine	X			X		X	
3.11.51	1001	Prevention of foot problems in diabetic patients (of 65 years of age or older)	Obaid Khan			X			X	
Specialty: Nursing BRI										
3.11.52	567	The effectiveness of the link nurse role	Liz May, Gerry Baber	X	X					
Specialty: Respiratory										
3.11.53	116	Annual Review of Cystic Fibrosis - Does This Contribute to the Effective Management of Patients?	Dr Nabil Jarad	X				X		
3.11.54	997	Are the UBHT physiotherapy standards for the management of acute exacerbations of COPD being met?	Jenny Todd			X			X	
3.11.55	953	Audit of BTS guidelines for insertion and care of chest drains	Sothinathan Gurunathan			X			X	
3.11.56	999	Audit of quality of referral received via the 'lung cancer 2 week wait' route	Martin Ball				X		X	
3.11.57	702	Experience, Use and Management of Central Venous Catheters (PORTS) in Adult Patients with Cystic Fibrosis	June Dyer	X	X				X	
3.11.58	628	Informing the Primary Care Team of a new diagnosis of Lung cancer	Martin Ball	X		X				

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.11.59	868	Is inpatient oxygen administration documented appropriately on the BRI respiratory wards?	Jennifer Hudson			X			X
3.11.60	737	National COPD Audit 2003	Jay Suntharalibugham	X		X			
Specialty: Rheumatology									
3.11.61	1003	Production of GP / patient letters following out-patient appointments	Lindsay Roberston		X				X
3.11.62	1046	Re-Audit of Anti-TNF in the treatment of RA at UBHT	Lindsay Robertson				X		
3.11.63	998	Re-audit of the provision of physiotherapy services to people with osteoporosis	Rachel Dowling				X		X
Specialty: Sexual Health									
3.11.64	676	Willingness of female GUM clinic attendees to use contraceptive & cervical screening services from GUM clinics in the SW	Dr Arnold Fernandez	X		X			X

Other projects participated in or receiving input from the clinical audit facilitator during the year:

Specialty	Project Title	Project Lead (Name & job title)	Details of Project
A&E (Emergency Department)	Snapshot of domestic abuse in Bristol	Marianne Hester & Nicole Westmoreland, University of Bristol	To collect information about the client workload related to domestic abuse in a 24 hour period (10/03/05 00:00 to 23:59) in the Bristol area. This project is a collaboration between the School of Policy Studies, University of Bristol and the Bristol Domestic Abuse Forum.
General Medicine	Demand for Liver Beds	Karen Holliwel, Sister, Ward 11	To find out how many patients on each shift met criteria for dedicated liver monitoring and therefore how many dedicated monitoring beds are needed.

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.1	679	Are patients being given an appropriate appointment with the right consultant in the right clinic after discharge from hospital?	Ambulatory Care & Outpatients
3.3.2	913	How user friendly is the Rheumatology outpatient centre?	Ambulatory Care & Outpatients
3.4.28	802	Audit of Endobronchial Stenting	Cardiothoracic Services
3.9.15	892	Audit of malignant melanoma reporting	Laboratory Medicine
3.9.22	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Laboratory Medicine
3.9.24	991	The Management of Urinary Tract Infections in patients older than 65yrs of age	Laboratory Medicine
3.13.18	728	Response to prescriptive symptom control advice from the Palliative Care Team in a hospital setting	Oncology
3.15.3	859	An audit of content and timeliness of discharge information provided to GPs	Pharmacy
3.15.9	1000	Audit of the medical directorate antibiotic guidelines	Pharmacy
3.15.12	806	Identifying causes and treatment of Clostridium difficile infection	Pharmacy
3.15.14	955	Management of Hepatitis C and compliance with NICE TAG no 75	Pharmacy
3.15.15	641	To assess whether data from the one-stop dispensing pilot ward can be extrapolated to care of the elderly wards	Pharmacy
3.16.6	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Radiology
3.17.1	799	Are medicines administered as they are prescribed in the BRI?	Surgery
3.17.14	749	Are patients being referred to the physio service appropriately?	Surgery

Summary of benefits, actions or changes achieved in 2004/2005

- 3.11.1 - This project resulted in the design and introduction of a new proforma to guide clinicians dealing with patients who present with Paracetamol overdose. A re-audit will be needed to confirm benefit to patients
- 3.11.4 - The Jones Dependency Score system has been introduced to allow monitoring of patient dependencies and review of staffing skill mix
- 3.11.7 - A new algorithm has been introduced for the management of epistaxis. A re-audit will be needed to confirm benefit to patients
- 3.11.8 - Access to radiological imaging has been improved by the introduction of a formal appointments and booking system
- 3.11.10 - A "yellow dot" system has been introduced for x-rays of fractured neck of femurs, leading to reduced waits for X-rays and faster provision of analgesia
- 3.11.12 - Consent forms are now placed in the thrombolysis packs to facilitate correct documentation of consent
- 3.11.14 - Updated guidelines for the management of spontaneous pneumothorax are now available on the trust intranet site. A re-audit will be needed to confirm benefit to patients
- 3.11.15 - This audit found people were being referred to knee clinics appropriately and no fractures were missed.
- 3.11.18 - Introduction of the ACP guidelines for the management of acute sore throat has resulted in a significant reduction in inappropriate prescribing of antibiotics for acute sore throats, and an increase in the recommendation of supportive treatments. The reduction in inappropriate antibiotic prescribing will reduce unnecessary cost and antibiotic resistance.
- 3.11.25 - This audit confirmed that change in treatment protocol (use of psoralen gel rather than paint) led to better patient outcomes, and fewer complications of treatment. Can now give patients an indication of potential benefits.
- 3.11.26 - This audit led to more careful monitoring of steroids dosage with daily blood pressure, weight and glucose levels, reducing risk of developing steroids induced complications .
- 3.11.28 - This audit has resulted in a fairer service for the provision of hairpieces, and a defined system for ordering wigs, together with the provision of more information (leaflets).
- 3.11.39 - Local guidelines have been introduced for the use of pantoprazole in upper GI bleed patients.

3.12 OBSTETRICS, GYNAECOLOGY & ENT

SUMMARY FIGURES

	2003/2004 roll-overs <<	15
Audits first registered in 2004/5	Pre-audits P	9
	First audits A	15
	Re-audits R	5
	Ongoing monitoring projects >>	0
Total number of audits		42
Completed audits		25
Current (uncompleted) audits carried forward >		13
Ongoing monitoring projects carried forward >>		4

(includes 2 subsequently abandoned – see [Appendix C](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	4/8 50%	6/17 35%	9/29 31%
Audits arising from a critical incident:	1/8 13%	2/17 12%	2/29 7%
Audits prompted by a patient complaint:	1/8 13%	1/17 6%	0/29 0%
Audits with consumer involvement (not including surveys)	2/8 25%	1/17 6%	2/29 7%
Audits incorporating a patient/carer survey	0/8 0%	3/17 18%	0/29 0%
Interface audits (involving primary care)	1/8 13%	1/17 6%	0/29 0%
Audits linked to NSF, NICE guidance, or similar national guidance	3/8 38%	7/17 41%	14/29 48%
Audits with no clinical audit facilitator involvement	0/8 0%	2/17 12%	9/29 31%
Audits with proposal forms completed BEFORE audit started	7/8 88%	8/17 47%	26/29 90%
Audits using evidence based standards	7/8 88%	6/17 35%	20/29 69%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	0/9 0%	3/10 30%	21/25 84%
Audits where an action plan was produced:	1/9 11%	3/10 30%	19/25 76%
If action plan NOT produced, number where audit confirmed current good practice:	0/8 0%	0/7 0%	5/6 83%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	1/10 10%	1/10 10%	4/24 17%
Audits leading to better ways of working for staff:	1/10 10%	0/10 0%	17/24 71%
Audits leading to measurable benefits for patients:	1/10 10%	0/10 0%	19/24 79%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	0/2 0%	2/3 67%	5/5 100%

PROJECT LIST

The “No.” refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Contraceptive & Sexual Health Services (CASH)									
3.12.1	619	Are Patient Group Directions (PGD) for Issuing Emergency Contraceptive Pills and for Re-Issuing Pills and Injectables being Adhered to ?	Cherry Morgan	X		X			X
3.12.2	527	Audit of Pill-Teaching	Dr Annie Evans	X			X		X
3.12.3	870	Repeat Audit of Copper IUD Fitting	Dr Sharon Bodard				X		
Specialty: Ear, Nose & Throat (ENT)									
3.12.4	912	A Review of Informed Consent for Middle Ear Surgery	Dave Pothier, Pedro Vilas Beas Monteiro			X			
3.12.5	1002	Audit of Hearing Outcome Following Cholesteatoma Surgery on Children	AR Maw		X				
3.12.6	823	Audit of Inter- and Intra-Rater Reliability for Vetting GP Referral Letters	David Pothier			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.12.7	575	Audit of Outcome after Septoplasty +/- Inferior Turbinates Surgery	Mr. Mario Jaramillo	X	X					
3.12.8	828	Audit of Pharyngocutaneous Fistula Evaluation	Dr Maryam Nowghani		X				X	
3.12.9	873	Audit of Results of Myringoplasty in Children (Continuation of 725)	Dr M Nowghani		X				X	
3.12.10	899	CNST Audit of ENT Documentation	Jackie Moxham				X			
3.12.11	35	National Comparative Audit of Surgery for Nasal Polyposis & Rhinosinusitis in England and Wales	Mike Saunders	X	X					
3.12.12	666	National Tonsillectomy Audit	Graham Porter	X		X			X	
3.12.13	808	Pilot Study Audit of Patients' Recognition of OPD Doctors	David Pothier	X		X				
3.12.14	957	Re-audit - The Compliance with the Two Weeks Appointment Time for Urgent Referrals	Aamir Shahzad, Murtaza Mukhtiar				X		X	
3.12.15	33	Review of Mortality & Morbidity in ENT	M Saunders	X				X		
3.12.16	1011	The use of preoperative tests for elective ENT surgery - an audit	Gev Bhabra			X			X	
3.12.17	1012	To assess the value of barium swallow in patients presenting with globus type symptoms	Priya Acher			X			X	
Specialty: Gynaecology										
3.12.18	845	Audit of NICE Guideline No. 3 - Preoperative testing, the use of routine preoperative tests for elective surgery	Sudesh Mittal			X				
3.12.19	874	Audit of Selection of Patients for Microwave Endometrial Ablation (NICE IPG 07)	Dr Abha Bhat			X			X	
3.12.20	920	Audit to Assess Correlation between Ultrasound Findings and Diagnosis of Molar Pregnancy on Histopathology	Dr Naaila Hassan		X					
3.12.21	900	CNST Audit of Gynae Documentation	Jackie Moxham			X				
3.12.22	656	Pre-sterilisation Audit - has documentation improved ?	Sonia Barnfield				X			
3.12.23	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	J Murdoch	X				X		
Specialty: Obstetrics & Midwifery										
3.12.24	436	Antenatal Rubella Audit	Petra Derrington	X		X				
3.12.25	962	Appropriate Admission to CDS and Birthing Suite	Belinda Cox		X				X	
3.12.26	1022	Audit of aseptic scrub technique and the maintenance of a sterile field in obstetric theatres	Harry Smallwood		X					
3.12.27	633	Audit of Blood Usage on Central Delivery Suite	Douglas Barclay	X				X		
3.12.28	866	Audit of NICE Guideline C (inherited) The Use of Electronic Fetal Monitoring	Belinda Cox			X				
3.12.29	867	Audit of Obstetric Thromboprophylaxis (RCOG Guidelines)	Dr Shilpi Pandey			X				
3.12.30	861	Audit of Patient Pathway for Endometrial Cancer Patients at UBHT and Southmead Hospital	Alero Awala			X				
3.12.31	965	Audit of the Uptake of Routine Antenatal Anti-D Prophylaxis	Vicky Bills			X				
3.12.32	985	Audit of the Use of the New DoH Consent Forms for Caesarian Section	Vicky Pitts			X				

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.12.33	942	B Lynch Sutures: Use at St Michael's Hospital	Louise Ashelby		X				X
3.12.34	898	CNST Audit of Maternity Documentation (Reaudit)	Jackie Moxham				X		
3.12.35	1021	Hepatitis B Vaccination in Pregnancy	Wendy Ring			X			X
3.12.36	620	Implications and Benefits of Performing Elective Caesarean Sections at 38 Weeks as Opposed to 39 Weeks	S. Barnfield	X		X			
3.12.37	865	Management of Group B Streptococcus in Antenatal Patients	Caryn Albury, Georgina Toll			X			
3.12.38	933	Management of Hypothyroidism in Pregnancy	Abhay Singh Baghel			X			X
3.12.39	921	Placenta Praevia: What are we Missing?	Dr Roshni Patel		X				
3.12.40	796	Re-audit of the Management of Third and Fourth Degree Tears	Kirstine Haslehurst	X			X		
3.12.41	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Abdel-Fattah, Sherif	X				X	
3.12.42	944	Ultrasound as a Predictor of Macrosomia in Diabetic Pregnancies	Richard Smith		X				

Notes:

Project no. 619 (Ref. 3.12.1 in last year's report) was erroneously marked as complete when it should have shown as rolling over to this year's audit programme.

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.4.15	1020	An approach to the management of heart disease in pregnancy	Cardiothoracic Services
3.6.8	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Critical Care
3.7.2	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.7.6	1050	Are we meeting National Clinical Standards for Head and Neck Cancer waiting times?	Dental Services
3.9.14	1014	Audit of Borderline Ovarian Tumour – 10 years	Laboratory Medicine
3.9.16	1015	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Laboratory Medicine
3.11.35	821	Regional audit of Diabetic Pregnancies	Medicine
3.13.5	607	Audit of Lymphoedema service on baseline standards for BHOC	Oncology

Summary of benefits, actions or changes achieved in 2004/2005

- 3.12.3 - staff are currently conforming to best practice for the majority of the standards audited. As a result of the audit the IUD fitting form will be amended to ensure that staff are recording all the relevant information necessary.
- 3.12.4 - clear guidelines for middle ear consent are currently being produced to ensure that all members of staff are taking a consistent approach to obtaining consent.
- 3.12.5 - the National Otology Data Form will be implemented to ensure that all children have an air and bone conduction audiograms within 1 month of a procedure and 6 weeks after. The results will be monitored and changes implemented to improve outcomes.
- 3.12.6 - there was minimal inter-grade variability with GP letter vetting, but wide intra-grade variability with senior grades only involved in the vetting process. Formal training was not given in letter vetting. The results will be published nationally to draw opinion and debate on plans/action to be taken before local action is implemented.
- 3.12.7 - the audit validated the SNOT 16 questionnaire as an effective outcome measure following nasal septum and/ or Inferior turbinate surgery. The audit data will provide a baseline against which the level of symptom improvement will be measured. In 2005/6 the pre-operative questionnaire will be universally applied and outcomes regularly monitored and audited.
- 3.12.10, 3.12.21 & 3.12.34 - Action following the audit will be focussed where improvements can be made that have a direct impact on patient care, including clear documentation of the patient assessment,

clear plans of care recorded consistently in the notes and the correct documentation of allergies. Training will be provided to staff to enhance their documentation skills and to assist them in data collection.

- 3.12.13 – there was a good level of recognition of Outpatient Department doctors by patients. The audit recommended that the display of ID badges, particularly by SHO's, could be improved.
- 3.12.18 - staff are conforming to NICE guidelines; patients are having the appropriate pre-op tests and unnecessary tests are not being requested. A poster of the NICE pre-op guideline is now in clinic for staff members to refer to.
- 3.12.20 - all products of conception are collected and disposed of sensitively from theatre. Pathology receives the entire specimen, which has improved the accuracy of reporting. The introduction of tissue traps has aided this process.
- 3.12.21 – see 3.12.10
- 3.12.22 - a proforma has been produced providing a template for systematically recording all relevant patient information. The majority of patients are given dates for their sterilisation from clinic (direct booking). Admissions ask them to confirm their acceptance to reduce defaulters.
- 3.12.24 - women now have their rubella status noted on the discharge letter and are vaccinated on discharge. Training issues were identified and a Patient Group Direction (PGD) was introduced to provide information to midwives. Information provided to women has been updated.
- 3.12.26 - The audit has highlighted the need for further training re: scrub technique, so that in future all professions are aware of the scrub technique when entering the sterile field. Maintaining the sterile field is vital to improve patient safety and well-being by limiting the *percentage* of patients who annually contract a hospital born infection.
- 3.12.28 - on the whole patients were receiving the appropriate method of fetal monitoring. The indication for any intervention, a definite diagnosis and plan of action need to be clearly documented. Training will be provided to staff detailing the process of intermittent auscultation.
- 3.12.29 – staff are conforming to the RCOG guidelines and as a result of the audit patients who need anticoagulant prophylaxis are now identified by risk assessment. A summary of risk factors for anticoagulant prophylaxis is found on the back of the instrumental delivery proformas. The discussion suggested that we should now look at thromboprophylaxis after vaginal birth and this audit has been taken forward in the 2005/2006 plan.
- 3.12.30 - overall the audit indicated that the two-week wait was being achieved. The audit also indicated that patient pathways are clearly identified and that the "cancer two week wait" process has improved patient access through this system. However, half of all patients with cancer are not identified through these fast track triggers. These patients are experiencing delays as the majority of resources are directed towards those in the "cancer two week wait".
- 3.12.31 - improvements have been made to the provision of verbal and written information given by midwives to their patients detailing Anti-D.
- 3.12.32 - a proforma is being produced to enable staff to inform patients about consent and the risks of the procedure in a systematic manner.
- 3.12.34 – see 3.12.10
- 3.12.36 – St Michael's hospital is currently achieving best practice with elective caesarean sections carried out at 39 weeks. This has resulted in a reduction in the number of babies admitted to NICU with respiratory distress. However, an increase in emergency work has been recognised.
- 3.12.37 - guidelines have been produced jointly with the Neonatal Unit, detailing who should receive antibiotic prophylaxis, and staff have been updated on current guidelines.
- 3.12.39 - all cases of Placenta Praevia are currently diagnosed accurately. Patient satisfaction has improved due to correct diagnosis.
- 3.12.40 - improvements had been made against the majority of the standards following the original audit in 2002. Multidisciplinary input has been achieved through the introduction of a proforma that aids vital information collection and assists record keeping.
- 3.12.41 - the perinatal meeting has highlighted the need to find a radical and efficient solution to the problems related to perinatal pathology. A policy will be developed addressing the performing and reporting of postmortems.
- 3.12.42 – the audit indicated that ultrasound estimated fetal weight has an acceptable sensitivity and positive predictive value for birth weight. As a result diabetic patients are counselled more appropriately for their risk of shoulder dystocia (which increases with birthweight, with diabetic mothers having a higher risk than non-diabetics at all weights) and therefore for best mode of delivery.
- Project 569 (ref 3.12.11 in 2003/4 report) - those patients who will achieve most benefit from uterine artery embolisation have been identified. Those women at risk of complications (fibroids more than 20 weeks) are now offered alternative treatment. Guidelines and pre-operative investigations have been clarified.

3.13 ONCOLOGY

SUMMARY FIGURES

	2003/2004 roll-overs <<	5
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	14
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		18
Completed audits		11
Current (uncompleted) audits carried forward >		7
Ongoing monitoring projects carried forward >>		0

(includes 1 subsequently abandoned – see [Appendix C](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	15/18	83%	19/19	100%	14/14	100%
Audits arising from a critical incident:	2/18	11%	0/19	0%	0/14	0%
Audits prompted by a patient complaint:	0/18	0%	1/19	5%	1/14	7%
Audits with consumer involvement (not including surveys)	2/18	11%	2/19	11%	1/14	7%
Audits incorporating a patient/carer survey	0/18	0%	0/19	0%	1/14	7%
Interface audits (involving primary care)	1/18	6%	0/19	0%	0/14	0%
Audits linked to NSF, NICE guidance, or similar national guidance	4/18	22%	4/19	21%	3/14	21%
Audits with no clinical audit facilitator involvement	4/18	22%	0/19	0%	0/14	0%
Audits with proposal forms completed BEFORE audit started	13/18	72%	19/19	100%	14/14	100%
Audits using evidence based standards	16/18	89%	17/19	89%	14/14	100%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	12/14	86%	13/18	72%	11/11	100%
Audits where an action plan was produced:	13/14	93%	13/18	72%	10/11	91%
If action plan NOT produced, number where audit confirmed current good practice:	0/1	0%	2/5	40%	1/1	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	0/11	0%	6/16	38%	7/11	64%
Audits leading to better ways of working for staff:	2/11	18%	8/16	50%	7/11	64%
Audits leading to measurable benefits for patients:	6/11	55%	9/16	56%	6/11	55%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	3/3	100%	0/2	0%	0/0	N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None specified									
3.13.1	928	Are all patients with CERB2 3+ being considered for Trastuzamub as per NICE Guidance?	Sam Guglani			X			
3.13.2	940	Are we following local guidelines for Germ Cell (Testicular) Tumours?	Matthew Wheeler			X			
3.13.3	990	Are We Treating Advanced Head and Neck Cancers According to Recommended National Guidelines?	Olivera Frim			X			X
3.13.4	843	Audit of Adherence to Follow-up Scan Protocol for High Grade Glioma	Tom Wells			X			
3.13.5	607	Audit of Lymphoedema service on baseline standards for BHOC	Jo Counsell, Margaret Greham, Jo Hudson	X		X			
3.13.6	841	Audit of Radiotherapy Progress forms	Amanda Gee			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.13.7	826	CNST Audit of Documentation - BHOC	Jacqueline Briggs, Helen Morgan	X		X			
3.13.8	1009	Completeness of X-ray Request Forms	Tristan Grey, Durrane Sajid			X			X
3.13.9	918	Do we conform to NICE Guidance in the use of Capecitabine in metastatic breast cancer?	Hilary Williams			X			X
3.13.10	746	Management of chemotherapy induced neutropenia in pyrexial patients	Matt Brown	X		X			
3.13.11	954	Management of Spinal Cord Compression	Ramayana Modgil			X			X
3.13.12	989	Neutropenic Sepsis Investigations	Hoda Booz, Kalyan Pundli			X			X
3.13.13	842	Non-conformities to the breast radiotherapy protocol	Amit Bahl			X			
3.13.14	922	Prophylactic Antibiotics with Chemotherapy for Small Cell Lung Cancer	Paula Wilson, Tanmay Mukhopadhyay			X			X
3.13.15	952	Quality of Information in Clinic Letters	David Church			X			
3.13.16	931	Timeliness of prostate patient information leaflets	Andrea Maggs			X			X
Specialty: Palliative Medicine									
3.13.22	904	Bereavement service within UBHT	Catherine Blinman, James Rice			X			
3.13.23	728	Response to prescriptive symptom control advice from the Palliative Care Team in a hospital setting	James Rice	X		X			

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.5.36	815	Paediatric Cancer Defining the pathway for children in the South West	Children's Services
3.7.2	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.7.5	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Dental Services
3.9.4	313	Laboratory investigation of diagnostic Tumour Markers	Laboratory Medicine
3.12.8	828	Audit of Pharyngocutaneous Fistula Evaluation	Obs, Gynae & ENT
3.12.23	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	Obs, Gynae & ENT
3.12.30	861	Audit of Patient Pathway for Endometrial Cancer Patients at UBHT and Southmead Hospital	Obs, Gynae & ENT
3.15.2	964	An audit of capecitabine use in metastatic colorectal cancer. Do we conform to NICE Guidelines	Pharmacy
3.17.3	838	A retrospective audit of anastomotic leak rates following anterior resection for rectal cancer at the BRI	Surgery

Summary of benefits, actions or changes achieved in 2004/2005

- 3.13.1 - Project confirmed compliance with NICE Guidance. The outcome will result in more patients who are suitable for this treatment being identified.
- 3.13.2 - Improved pre-chemotherapy assessment which will include sperm storage discussion, audiograms, and lung function. Improved documentation will ensure that correct chemotherapy is given
- 3.13.4 - A protocol alteration for scanning these patients has been agreed with radiology. This will now be circulated and incorporated into site specific protocols for the accreditation documents for CNS

- 3.13.5 - As a result of the audit and working closely with the Macmillan Lymphoedema Service for Bristol, North Somerset and South Glos, many BHOC patients are now being referred to this community based service for long term follow-up. This has allowed the BHOC service to concentrate on assessing new patients and currently these patients are being assessed within the specified six weeks from referral.
- 3.13.6 – All suggested actions are now implemented or partially implemented. New progress forms are readily available in clinics and RCR patient categories have been circulated. Discussions have taken place to establish organisation of follow-ups. Radiographer led planning has been initiated and continues to be developed.
- 3.13.10 - The project confirmed good practice in identifying febrile neutropenia and initiating antibiotics in the first instance. A working party is currently looking at clearer ways to document test results and actions. The protocol is being modified to reflect current infection risks and treatment.
- 3.13.13 – The results of this project were discussed in the breast radiation oncologists meeting. It has been decided to formalise a new protocol based on current evidence and on the audit results. This is now in progress.
- 3.13.15 - Change of practice in the way letters are generated Letters will be generated using MSWord instead MDI as at present. A template is currently being designed for this purpose. Clear layout and the use of a more modern system will assist in the move towards electronic links, e.g. GPs. Patients will benefit in that all clinicians involved in their care will have clear information.
- 3.13.22 - The audit confirmed good practice in dealing with bereaved relatives. Although the Palliative Care Team are not using the tool recommended by NICE to identify potential abnormal bereavement, the results of the audit showed that these patients are being identified and referred appropriately. Changes made to documentation following the audit have ensured clearer communication between clinicians at multi-disciplinary meetings and the detailed documentation of these discussions and action taken.
- 3.13.23 – This project was carried out within BHOC initially and later in the directorates of Medicine and Surgery in the BRI. As a result of the audit there has been an improvement in communication between the palliative care team and the medical and nursing staff on the wards resulting in better patient care. The Palliative Care Team has also liaised with Pharmacy staff to improve the availability of out-of-hours drugs for patients.

3.14 OPHTHALMOLOGY

SUMMARY FIGURES

2003/2004 roll-overs <<		7	Includes 1 (ID 14) deferred from 2002/3
Audits first registered in 2004/5	Pre-audits P	1	
	First audits A	6	
	Re-audits R	0	
	Ongoing monitoring projects >>	0	
Total number of audits		14	
Completed audits		4	
Current (uncompleted) audits carried forward >		10	
Ongoing monitoring projects carried forward >>		0	

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	1/7 14%	1/9 11%	1/7 14%
Audits arising from a critical incident:	1/7 14%	0/9 0%	0/7 0%
Audits prompted by a patient complaint:	0/7 0%	0/9 0%	0/7 0%
Audits with consumer involvement (not including surveys)	0/7 0%	1/9 11%	0/7 0%
Audits incorporating a patient/carer survey	0/7 0%	0/9 0%	0/7 0%
Interface audits (involving primary care)	1/7 14%	0/9 0%	0/7 0%
Audits linked to NSF, NICE guidance, or similar national guidance	0/7 0%	2/9 22%	0/7 0%
Audits with no clinical audit facilitator involvement	0/7 0%	0/9 0%	0/7 0%
Audits with proposal forms completed BEFORE audit started	6/7 86%	8/9 89%	5/7 71%
Audits using evidence based standards	1/7 14%	5/9 56%	2/7 29%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	10/13 77%	6/6 100%	4/4 100%
Audits where an action plan was produced:	10/13 77%	4/6 67%	2/4 50%
If action plan NOT produced, number where audit confirmed current good practice:	2/3 66%	1/2 50%	2/2 100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	7/9 78%	2/4 50%	0/4 0%
Audits leading to better ways of working for staff:	7/9 78%	1/4 25%	2/4 50%
Audits leading to measurable benefits for patients:	6/9 67%	3/4 75%	1/4 25%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	2/4 50%	2/2 100%	0/0 N/A

Please note that due to the current lack of a dedicated Clinical Audit Facilitator for Ophthalmology, and the sickness absence of the Homeopathic Clinical Audit Facilitator who supervises this role, the above figures and below project list may not accurately reflect the true situation.

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Directorate Wide									
3.14.1	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Cathy Williams	X		X			X
3.14.2	14	Audit of new diabetic retinopathy referrals to BEH	Clare Bailey	X	X				X
3.14.3	673	Clinical and Patient Taxi Usage at Bristol Eye Hospital	Tonia Didcott	X		X			
3.14.4	803	Clinical Negligence Scheme for Trusts (CNST) Audit in Ophthalmology	Helen Julian	X		X			
3.14.5	472	Management of Microbial Keratitis	Derek M Tole	X		X			X
3.14.6	986	Outcome of Intra - Ocular Lens Exchange Surgery	Nathaniel Knox Cartwright			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Accident & Emergency									
3.14.7	888	Audit of Protocol for Floaters and flashes presenting to A/E	Mei-Lin Law		X				X
Specialty: Inpatient / Day Case Surgery									
3.14.8	672	Audit of inappropriate referral to Nurse Practitioners meibomian cyst surgery list	Mei-Lin Law	X	X				
3.14.9	714	Audit of Photodynamic Therapy at Bristol Eye Hospital	Helen Long	X	X				X
3.14.10	988	Cataract Surgery Outcomes	Derek Tole			X			X
3.14.11	848	Clinical Outcomes of Phototherapeutic Keratectomy	Mohan Mundasad			X			
3.14.12	895	Outcome of combined cataract extraction, intra-capsular lens implantation and vitrectomy: accuracy of biometry compared with cataract surgery alone	Denize Atan			X			X
3.14.13	987	Outcome of posterior capsule tears during phacoemulsification	Madeleine Adams			X			X
Specialty: Outpatients									
3.14.14	887	Audit of Bleb Needling	Michael Greaney			X			X

Notes:

Project no. 655 (Ref. 3.14.12 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme when it was in fact completed last year.

Summary of benefits, actions or changes achieved in 2004/2005

- 3.14.4 – in the main the standard of documentation was good. Actions to be taken focus on improving documentation of allergies, offering patient consent form copy, and adding two forms of identification to staff signatures. Additional Cataract EPR fields are also to be created.
- 3.14.11 – quality of service confirmed (results equal or better than the literature)

3.15 PHARMACY

SUMMARY FIGURES

	2003/2004 roll-overs <<	6
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	3
	Re-audits R	6
	Ongoing monitoring projects >>	0
Total number of audits		15
Completed audits		8
Current (uncompleted) audits carried forward >		7
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	2/13	15%	6/12	50%	7/9	78%
Audits arising from a critical incident:	0/13	0%	1/12	8%	0/9	0%
Audits prompted by a patient complaint:	0/13	0%	1/12	8%	1/9	11%
Audits with consumer involvement (not including surveys)	1/13	8%	0/12	0%	0/9	0%
Audits incorporating a patient/carer survey	1/13	8%	1/12	8%	0/9	0%
Interface audits (involving primary care)	0/13	0%	5/12	42%	2/9	22%
Audits linked to NSF, NICE guidance, or similar national guidance	3/13	23%	7/12	58%	3/9	33%
Audits with no clinical audit facilitator involvement	4/13	31%	0/12	0%	0/9	0%
Audits with proposal forms completed BEFORE audit started	9/13	69%	11/12	92%	8/9	89%
Audits using evidence based standards	1/13	8%	9/12	75%	7/9	78%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	0/1	0%	9/19	47%	6/8	75%
Audits where an action plan was produced:	0/1	0%	9/19	47%	7/8	88%
If action plan NOT produced, number where audit confirmed current good practice:	0/1	0%	0/10	0%	1/1	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	0/5	0%	5/17	29%	1/7	14%
Audits leading to better ways of working for staff:	0/5	0%	5/17	29%	5/7	71%
Audits leading to measurable benefits for patients:	0/5	0%	2/17	12%	4/7	57%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/1	0%	1/2	50%	0/1	0%

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Pharmacy									
3.15.1	767	An audit of antibiotic guidelines in cardiac surgery	Elizabeth Rose	X		X			
3.15.2	964	An audit of capecitabine use in metastatic colorectal cancer. Do we conform to NICE Guidelines	Louise Beaumont			X			X
3.15.3	859	An audit of content and timeliness of discharge information provided to GPs	Rachel O'Donnell				X		
3.15.4	906	An audit of iv to oral switch antibiotic guidelines in the surgical directorate	Elizabeth Rose				X		X
3.15.5	976	An audit of time accuracy of medication histories on the surgical admissions unit	Barbara Wilson				X		X
3.15.6	716	Audit of Clinical Pharmacy Services in UBHT	Emily Wighton	X		X			
3.15.7	784	Audit of Growth Hormone use at Bristol Childrens Hospital	Katherine Dunn	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.15.8	941	Audit of prophylactic antibiotic guidelines in surgery	Rebecca Wong				X		X
3.15.9	1000	Audit of the medical directorate antibiotic guidelines	Elizabeth Rose				X		X
3.15.10	724	Audit of the use of insulin glargine in UBHT against NICE Guidelines	Helen Porter	X		X			
3.15.11	937	Audit of timeliness of TTA's on cardiology and cardiac surgery wards	Jacqueline Mcdonald				X		X
3.15.12	806	Identifying causes and treatment of Clostridium difficile infection.	Elizabeth Rose	X		X			
3.15.13	846	Linezolid usage within UBHT	Elizabeth Rose			X			
3.15.14	955	Management of Hepatitis C and compliance with NICE TAG no 75	Lisa John			X			X
3.15.15	641	To assess whether data from the one-stop dispensing pilot ward can be extrapolated to care of the elderly wards	Debbie Campbell	X		X			

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.5.5	881	Multi disciplinary clinical audit of discharge planning within Children's Services	Children's Services
3.5.25	875	Infliximab for Crohns Disease in Paediatrics - Local Adherence to NICE recommendations	Children's Services
3.5.38	752	Adherence to Antibiotic Guidelines in Respiratory Infections on PICU	Children's Services
3.11.32	1043	An audit of insulin pump therapy (NICE TAG 57)	Medicine
3.13.9	918	Do we conform to NICE Guidance in the use of Capecitabine in metastatic breast cancer?	Oncology

Summary of benefits, actions or changes achieved in 2004/2005

- 3.15.1 – This audit showed antibiotics were generally prescribed according to guidelines. Improvement in documentation of antibiotic course length is required and this was fed back to cardiac surgeons and anaesthetists at a presentation meeting
- 3.15.3 – 73% of GPs received a discharge summary within 1 week of discharge. Less than half of summaries were completed in full however 67% of GPs stated that they were given sufficient information to continue the care of the patient. Action is in progress on providing more training in writing TTAs for junior doctors.
- 3.15.6 - 2 standards (out of 8) for chart endorsing were met fully and 3 were met in over 90% of cases. The standards have been recirculated together with a comments sheet, and the guidelines have been revised. Improving the standard of chart endorsing improves likelihood of detecting errors in drug therapy of patients.
- 3.15.7 – 90% of patients met NICE criteria for treatment with growth hormone
- 3.15.10 – 93% of prescribing met NICE guidelines
- 3.15.12 – This audit showed that treatment did not follow the guidelines in all patients. New medical and surgical directorate antibiotic policies have been developed and teaching has been delivered to junior doctors on the Clostridium difficile treatment guidelines. This is currently being reaudited.
- 3.15.13 – Microbiology were involved in nearly 90% of prescriptions however only 1/26 prescriptions were for a licensed application. 'Restrictive' antibiotic policy being written, that will only allow linezolid to be prescribed with prior approval from microbiology department.
- 3.15.15 - One-stop dispensing on Care of the Elderly wards has reduced dispensary workload at discharge and therefore time to dispense discharge prescriptions. One-stop dispensing has been extended to some of the cardiology and surgical wards in addition to care of the elderly wards.

3.16 RADIOLOGY

SUMMARY FIGURES

	2003/2004 roll-overs <<	10
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	12
	Re-audits R	1
	Ongoing monitoring projects >>	1
Total number of audits		20
Completed audits		12
Current (uncompleted) audits carried forward >		7
Ongoing monitoring projects carried forward >>		1

(includes 4 subsequently abandoned – see [Appendix C](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	12/13	92%	2/10	20%	9/14	64%
Audits arising from a critical incident:	0/13	0%	0/10	0%	1/14	7%
Audits prompted by a patient complaint:	0/13	0%	0/10	0%	0/14	0%
Audits with consumer involvement (not including surveys)	2/13	15%	0/10	0%	1/14	7%
Audits incorporating a patient/carer survey	0/13	0%	0/10	0%	0/14	0%
Interface audits (involving primary care)	0/13	0%	0/10	0%	0/14	0%
Audits linked to NSF, NICE guidance, or similar national guidance	3/13	23%	3/10	30%	6/14	43%
Audits with no clinical audit facilitator involvement	0/13	0%	1/10	10%	1/14	7%
Audits with proposal forms completed BEFORE audit started	12/13	92%	10/10	100%	14/14	100%
Audits using evidence based standards	9/13	69%	4/10	40%	5/14	36%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	8/10	89%	8/9	89%	10/12	83%
Audits where an action plan was produced:	3/10	33%	1/9	11%	9/12	75%
If action plan NOT produced, number where audit confirmed current good practice:	4/7	57%	6/8	75%	3/3	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	3/8	38%	1/7	14%	4/13	31%
Audits leading to better ways of working for staff:	2/8	25%	0/7	0%	6/13	46%
Audits leading to measurable benefits for patients:	2/8	25%	1/7	14%	7/13	54%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/4	(0%)	0/2	0%	0/0	N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None specified									
3.16.1	982	Audit of Percutaneous Nephrostomy	Dr J Kabbala, Mrs S.King			X			X
3.16.2	863	RF Ablation	Dr M Callaway					X	
Specialty: A&E (Suite E)									
3.16.3	980	Are anatomical markers being used appropriately in the X-ray department?	Collin Nicholson, David Lee			X			
3.16.4	877	Audit demonstration of cervico-thoracic junction in cervical spine radiographs performed for trauma	Dr I.Hagan, Dr C.Wakeley			X			
3.16.5	1054	Audit of Advance Practitioner Reporting of A&E Appendicular examinations	Antonia Kendall			X			
3.16.6	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Dr C.Wakeley	X		X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.16.7	794	The value of stress view of the acromio-clavicular joint	Dr C. Wakeley	X		X				
Specialty: CT										
3.16.8	715	Are the British Thoracic Guidelines being fulfilled in referring patients for C.T.Pulmonary Angiography (CTPA)	Dr A.Jones	X		X			X	
3.16.9	983	CT Scanning Head Injury RCR Audit	Dr C.Wakeley, Mrs S.King			X				
3.16.10	978	Evaluation of CT KUBs for renal colic	Dr Emma Owens, Dr Julian Kabala			X				
3.16.11	981	Is CT Scanning of the thorax necessary for staging patients with pancreatic carcinoma	Dr Caroline Costello, Dr Madeline Strugnell, Dr Mark Callaway			X			X	
3.16.12	901	Spiral CT - Have appropriate settings been selected/changed for paediatric patients since 2002 audit	Dr D.Grier, Dr M.Prentice				X		X	
Specialty: General Radiology										
3.16.13	394	Audit of colonic stricture findings to differentiate between benign and malignant strictures	Dr V.Markos, Dr J.Virjee	X	X					
3.16.14	572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings	Tina Stoyles, Gill Hoult, Jane Holmden	X		X			X	
3.16.15	880	Audit of the use of CORDIS® Smarter Nitinol Biliary Stents	Dr H.Roach			X				
3.16.16	1064	To assess the number of appointment slots wasted due to untimely information	T.Stoyles			X				
Specialty: MRI										
3.16.17	879	Using Magnetic Resonance Spectroscopy in the follow up of brain tumours.	Dr M.Bradley			X			X	
Specialty: Paediatrics										
3.16.18	124	Paediatric Red dot reporting	Mrs D Dimond	X	X					
3.16.19	1065	The presence of radiographic ID markers on radiographs	K.Phelps			X				
Specialty: Vascular										
3.16.20	1056	National audit of Angioplasty complication rates	Dr P.Murphy			X				

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.4	830	Pre-operative chest radiograph requests - An audit	Ambulatory Care & Outpatients
3.5.11	905	Radiographs interpreted by the Emergency Nurse Practitioners (ENPs)	Children's Services
3.5.31	1074	Documentation of longline insertion in the upper limb	Children's Services
3.7.6	1050	Are we meeting National Clinical Standards for Head and Neck Cancer waiting times?	Dental Services
3.9.2	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Laboratory Medicine
3.11.8	694	Audit of UBHT ED DVT Protocol	Medicine
3.11.40	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Medicine
3.12.17	1012	To assess the value of barium swallow in patients presenting with globus type symptoms	Obs, Gynae & ENT

Ref	No.	Project Title	Directorate
3.12.39	921	Placenta Praevia: What are we Missing?	Obs, Gynae & ENT
3.13.4	843	Audit of Adherence to Follow-up Scan Protocol for High Grade Glioma	Oncology
3.13.8	1009	Completeness of X-ray Request Forms	Oncology
3.13.11	954	Management of Spinal Cord Compression	Oncology

Summary of benefits, actions or changes achieved in 2004/2005

- 3.16.3 – This audit demonstrated a significant shortfall in the demonstration of anatomical markers being put on at the time of image acquisition. With the new types of x-ray equipment now in operation, it is possible to add anatomical markers post image acquisition. Updating staff of the requirements and putting up notices has already shown improvements, and a re-audit is planned to confirm this.
- 3.16.5 – 49/50 radiographer reports concurrent with Radiologists (1 false positive), which meets College of Radiographers' gold standard. To be monitored in future via 6 monthly reviews of results
- 3.16.7 – This audit demonstrated that there was little benefit in attaining the stress views in the trauma situation and therefore it was deemed appropriate to stop performing them. This reduces the radiation dose to patients, and saves staff time.
- 3.16.11 – This audit followed the publication by the Royal College of Radiologists of guidelines for imaging protocols for staging malignant disease, in this case for pancreatic carcinoma. CT of the Chest was not included, which was current practice within the BRI at the time. The audit showed that CT of the thorax adds little to the assessment of pancreatic carcinoma in the majority of cases. It was concluded that it was not routinely necessary, but that it is appropriate for patients being considered for Whipple's resection. Protocols will be updated to reflect this decision.
- 3.16.20 – This audit demonstrated complication rates were well within stated levels

3.17 SURGERY

SUMMARY FIGURES

	2003/2004 roll-overs <<	12
Audits first registered in 2004/5	Pre-audits P	0
	First audits A	8
	Re-audits R	3
	Ongoing monitoring projects >>	0
Total number of audits		21
Completed audits		5
Current (uncompleted) audits carried forward >		16
Ongoing monitoring projects carried forward >>		0

(includes 2 subsequently abandoned – see [Appendix C](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003		2003/2004		2004/2005	
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>						
Multidisciplinary audits:	19/23	83%	9/24	38%	3/11	27%
Audits arising from a critical incident:	2/23	9%	5/24	21%	0/11	0%
Audits prompted by a patient complaint:	2/23	9%	4/24	17%	0/11	0%
Audits with consumer involvement (not including surveys)	0/23	0%	3/24	13%	0/11	0%
Audits incorporating a patient/carer survey	1/23	4%	3/24	13%	1/11	9%
Interface audits (involving primary care)	1/23	4%	2/24	8%	0/11	0%
Audits linked to NSF, NICE guidance, or similar national guidance	4/23	17%	10/24	42%	4/11	36%
Audits with no clinical audit facilitator involvement	3/23	13%	1/24	4%	0/11	0%
Audits with proposal forms completed BEFORE audit started	20/23	87%	23/24	96%	9/11	82%
Audits using evidence based standards	7/23	30%	18/24	75%	3/11	27%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	15/25	60%	13/16	81%	2/5	40%
Audits where an action plan was produced:	15/25	60%	11/16	69%	2/5	40%
If action plan NOT produced, number where audit confirmed current good practice:	3/10	30%	2/5	40%	0/3	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	2/20	10%	6/10	60%	0/5	0%
Audits leading to better ways of working for staff:	3/20	15%	1/10	10%	0/5	0%
Audits leading to measurable benefits for patients:	7/20	35%	0/10	0%	0/5	0%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	3/6	50%	0/6	0%	0/0	N/A

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None specified									
3-17.1	799	Are medicines administered as they are prescribed in the BRI?	Helen Bishop	X		X			
3-17.2	857	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit	Tim Whittlestone			X			
Specialty: General Surgery									
3-17.3	838	A retrospective audit of anastomotic leak rates following anterior resection for rectal cancer at the BRI	Serena Ledwidge				X		X
3-17.4	811	Are patients operated on within NCEPOD's recommended times?	Mr P Barham, Dr E Tayton, Dr Z Bee	X		X			X
3-17.5	959	Audit of start times in Heygroves Theatres	Dina Plowes				X		X
3-17.6	582	Audit of the rate of re-excision in patients with breast carcinoma	Mr Rayter, Dr Amit Patel	X		X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.17.7	798	Delays in colorectal endoscopy surveillance	Rob J Longman, Paul Durdey	X	X					
3.17.8	586	Is the UBHT Upper GI Cancer Service practising in accordance to national guidance for major resections?	Miss J Blazeby	X		X			X	
3.17.9	665	Is UBHT following BASO guidance for Mastectomy patients?	Mr Maged Hussien, Miss Zoe Winters, Mr Zen Rayter	X		X			X	
3.17.10	792	Origins of Referral of colorectal cancer patients	Mr R J Longman, Mr M G Thomas	X	X				X	
3.17.11	790	Outcome from reversal of defunctioning ileostomy and colostomy	Mr R J Longman, Mr P Sylvester, Dr S Potter	X	X				X	
Specialty: Physiotherapy										
3.17.12	1027	Effective set up of humidified oxygen systems in self ventilating patients	David Keene			X			X	
Specialty: Trauma and Orthopaedics										
3.17.13	844	Are all orthopaedic surgery operation notes for ankle fractures completed according to the Royal College of Surgeons' guidelines?	Navraj Atwal, Jonathan Eldridge			X			X	
3.17.14	749	Are patients being referred to the physio service appropriately?	Becky Tozer	X	X					
3.17.15	591	Are the outcomes of surgical treatment for past proximal humeral fracture in accordance with published international literature?	Mr J Livingstone, Rouin Amirfeyz	X		X			X	
3.17.16	972	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit	Jonathan Eldridge			X				
3.17.17	960	Outcomes following the use of the Proximal Femoral Nail (PFN) in the treatment of Femoral Hip Fractures	Mike Walton			X			X	
Specialty: Upper Gastrointestinal (Upper GI)										
3.17.18	932	Audit of the concordance between upper gastro intestinal cancer multi disciplinary team treatment decisions and final decisions implemented	Jane Blazeby			X			X	
Specialty: Urology										
3.17.19	1007	An audit of laparoscopic nephrectomy	Tom McKerrell			X			X	
Specialty: Vascular										
3.17.20	919	A prospective audit of vascular surgical wound infection	Tim Beckett				X		X	
3.17.21	973	Management of patients with atherosclerosis (intermittent claudication, AAA or carotid stenosis) referred to vascular clinics.	Mehdi Samim, Mr Frank Smith			X			X	

The directorate also participated in the following audits, listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.3	757	Meeting NICE guidelines for preoperative assessment - the use of clotting screens and ECG	Ambulatory Care & Outpatients
3.4.4	1044	Abdominal complications post cardiac surgery	Cardiothoracic Services
3.6.23	759	Post operative acute pain management in the BRI	Critical Care
3.6.25	1013	Trauma & Orthopaedic theatre usage	Critical Care

Ref	No.	Project Title	Directorate
3.7.2	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.9.2	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Laboratory Medicine
3.9.7	46	Blood and Blood Product Usage by Wards and Theatres	Laboratory Medicine
3.9.22	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Laboratory Medicine
3.10.4	914	Diagnosis and Treatment of Pseudoaneurysm	Medical Physics & Bioengineering
3.11.10	831	CHAI Acute Assessment Programme for A&E: #NOF	Medicine
3.11.36	824	South West Regional Audit of Diabetic Lower Limb Amputations	Medicine
3.11.39	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI) The use of pantoprazole in upper GI Bleed Patients.	Medicine
3.11.43	320	Are we following nebuliser guidelines in the BRI?	Medicine
3.11.48	1008	Addressing risk factors for stroke in patients undergoing carotidendarterectomy (CEA)	Medicine
3.13.18	728	Response to prescriptive symptom control advice from the Palliative Care Team in a hospital setting	Oncology
3.15.3	859	An audit of content and timeliness of discharge information provided to GPs	Pharmacy
3.15.4	906	An audit of iv to oral switch antibiotic guidelines in the surgical directorate	Pharmacy
3.15.5	976	An audit of time accuracy of medication histories on the surgical admissions unit	Pharmacy
3.15.8	941	Audit of prophylactic antibiotic guidelines in surgery	Pharmacy
3.16.10	978	Evaluation of CT KUBs for renal colic	Radiology
3.16.11	981	Is CT Scanning of the thorax necessary for staging patients with pancreatic carcinoma	Radiology
3.16.14	572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Radiology
3.16.7	794	The value of stress view of the acromio-clavicular joint	Radiology

Summary of benefits, actions or changes achieved in 2004/2005

- 3.17.20 - Following the guidelines from NINSS this audit has demonstrated an infection rate for major vascular cases of 7.1% in 2004. This was comparable to the national rate of 6.8%. Microbiology are currently developing updated guidelines on the prescription of prophylactic antibiotics for the surgical directorate.

3.18 TRUSTWIDE

SUMMARY FIGURES

	2003/2004 roll-overs <<	4
Audits first registered in 2004/5	Pre-audits P	1
	First audits A	0
	Re-audits R	3
	Ongoing monitoring projects >>	1
Total number of audits		8
Completed audits		6
Current (uncompleted) audits carried forward >		1
Ongoing monitoring projects carried forward >>		1

(includes 1 subsequently deferred – see [Appendix D](#))

Please refer to definition of terms in Section 3.2.1

	2002/2003	2003/2004	2004/2005
<i>Figures below relate only to audits started in 2004/5, i.e. not including 2003/4 roll-overs</i>			
Multidisciplinary audits:	2/7	29%	0/7
Audits arising from a critical incident:	0/7	0%	1/7
Audits prompted by a patient complaint:	0/7	0%	0/7
Audits with consumer involvement (not including surveys)	0/7	0%	1/7
Audits incorporating a patient/carer survey	2/7	29%	2/7
Interface audits (involving primary care)	1/7	14%	1/7
Audits linked to NSF, NICE guidance, or similar national guidance	1/7	14%	1/7
Audits with no clinical audit facilitator involvement	0/7	0%	1/7
Audits with proposal forms completed BEFORE audit started	4/7	57%	5/7
Audits using evidence based standards	1/7	14%	4/7
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	4/4	100%	7/8
Audits where an action plan was produced:	3/4	75%	7/8
If action plan NOT produced, number where audit confirmed current good practice:	0/1	0%	0/1
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	3/3	100%	3/6
Audits leading to better ways of working for staff:	0/3	0%	4/6
Audits leading to measurable benefits for patients:	1/3	33%	4/6
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	0/1	0%	0/2

This section contains audits that have a Trust-wide focus, or are led by Allied Health Professionals who are not allied to any particular directorate. Please note that AHPs will also be involved in audits registered under the Directorate audit programmes. Infection Control audits, a number of which are carried out Trust-wide, are registered under Laboratory Medicine.

PROJECT LIST

The "No." refers to the registration number of the project on the Audit Project Management Database

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Clinical Risk Management									
3.18.1	788	Recording Allergy/Hypersensitivity information (re-audit)	Nicky Henderson				X		X
Specialty: Nursing (Trust-Wide)									
3.18.2	712	Audit of Discharge Action Plan	Elaine Green	X		X			
Specialty: Occupational Therapy									
3.18.3	903	Review of 'Home Assessments' as an activity within an OT Treatment Plan	Jayne Weare		X				
Specialty: Physiotherapy									
3.18.4	878	Re-audit of standards for the neuro outpatients exercise group at BGH	Mel Falk				X		

Specialty: Research & Effectiveness								
3.18.5	647	Informed Consent in Research	Christine McGrath, Pete Mills	X		X		
3.18.6	1071	Research Study Monitoring	Christine McGrath, Pete Mills					X
Specialty: Speech and Language Therapy								
3.18.7	649	Are Speech & Language Therapy Programmes being carried out by school implementers?	Simon Watts	X		X		
3.18.8	894	Re-audit of Record Keeping	Vicki Weekes				X	

Summary of benefits, actions or changes achieved in 2004/2005

- 3.18.2 – This audit found that nearly all wards now have weekly multidisciplinary discharge meetings at a set day & time. All meetings were wholly or partially discharge focussed and all but one took place in a satisfactory environment. This formed part of the overall work on discharges being undertaken by the Trust, led by the Director of Nursing.
- 3.18.3 - Home assessments are mostly undertaken and delivered within standard time scale
- 3.18.4 - All standards were met in 100% of cases apart from receiving feedback forms from patients, which occurred in less than half of cases (7/16) - this was an improvement on the initial audit results (ID 560). The feedback forms are now given out in the last week of the group, rather than the last day, to improve return rates.
- 3.18.5 - This audit has been replaced by project 1071, which includes monitoring of study approval and conduct as well as informed consent. The pilot audit conducted as part of this audit served as useful preparatory work for audit 1071, ensuring the feasibility of the audit design and data collection form.
- 3.18.8 – The results of this audit showed an improvement on the previous year’s audit (ID 779), with compliance of 90% or above across all areas of the service in 7/16 standards. 4 others were very close to this level and of the other 5, 4 showed an improvement from the previous year. Each service area was asked to identify their individual areas for improvement over the coming year, and progress will be monitored through regular re-audit.

Appendix A - UBHT Clinical Audit Staff (as at 01/04/05)

DIRECTORATE	AUDIT SUPPORT	GRADE (A&C)	ROLE & W.T.E.	AUDIT CONVENOR
Cardiothoracic Services	David Finch	6	Audit (0.5) & data manager	Dr Andreas Baumbach & Mr Malcolm Underwood
Children's Services	Chrissie Gardner <i>Vacant post in PICU/Cardiac</i>	6 5	Audit (1.0) Audit (0.1)	Dr Bev Guard & Dr Carol Inward
Critical Care	Stuart Metcalfe	5	Audit (0.5)	<i>Vacant</i>
Dental Services	Jonathan Penny	5	Audit (0.4)	Mr Nigel Harradine
Homeopathy	Sue Barron	6	Audit (0.4)	Dr Elizabeth Thompson
Laboratory Medicine	<i>Vacant</i>		Audit (0.5)	Dr Paul Thomas
Medical Physics & Bioengineering	Grace Saunders	3	Audit (0.2)	Mr Phil Quirk
Medicine	Amanda Holmes	6	Audit (1.0)	Mr David De Berker
Obs, Gynae & ENT	Joscelin Miles	5	Audit (0.8)	Ms Caroline Overton & Dr Graham Porter
Oncology	Mairead Dent	6	Audit (1.0)	Dr Paula Wilson Dr Jeremy Braybrooke
Ophthalmology	<i>Vacant</i>	5	Audit (0.4)	Mr Michael Greaney
Pharmacy	Grace Saunders	3	Audit (0.2)	<i>Vacant</i>
Radiology	Sally King	Radiographer	Audit part of role approx 0.4 wte	Dr Charles Wakeley
Surgery	Stuart Metcalfe	5	Audit (0.5)	Mr Tim Whittlestone & Mr Jonathan Eldridge

Central Office	Chris Swonnell Eleanor Ferris Carl Thomas	SMP SMP 3	Audit (0.2) Audit (0.8) Audit (0.8)
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Please note that the following are facilitated by clinical audit facilitators other than the relevant directorate facilitator:

Ambulatory Care & Outpatients Directorate - facilitated by Stuart Metcalfe & Amanda Holmes
Maxillofacial Surgery (Surgery Directorate) – joint facilitation by Stuart Metcalfe & Jonathan Penny
Trust-wide audit section - facilitated by Eleanor Ferris

Membership of the Clinical Audit Committee

Jeremy Braybrooke (Chairman)
Chris Swonnell (Clinical Governance & Audit Co-ordinator)
Eleanor Ferris (Clinical Audit Support & Information Manager)
Carol Rainbow (Nursing Representative)

Audit Convenors - see above
Gwen Clark (Non-Executive Director)
Lee Furniss (AHP Representative)

Appendix B - Progress against 2004/5 Forward Plan

Numbers given in the Progress notes refer to the registration number of the project on the Audit Project Management Database. Details for deferred & abandoned (after started) projects are in [Appendix C](#) & [D](#).

Ambulatory Care & Outpatients

Project title	Progress
Care of patients with upper GI symptoms	Referral guidelines for this care pathway have now been developed. Request forms reflecting this pathway have been produced and implemented in UBHT but have not yet been rolled out into PCTs. As "Choose and Book" is due to be introduced into the trust in October 2005, this audit will not be carried out until it is known how this will affect the information requested for referral.

Cardiothoracic Services

Project title	Progress
Enteral Tube-feeding protocol Re-audit	Waiting a further year for larger outcomes sample
Audit of CCU activity and outcomes	917 – in progress
Referral to Rapid Chest Pain Clinic	224 – in progress (adaptation of previous ongoing monitoring project)
Meeting the Plan for Lung Cancer	Delayed due to technical problems with online system
CNST notes (re-audit)	1010 – completed

Children's Services

Project title	Progress
CNST notes audit	818 – completed
Services for children with Special needs	658 – in progress
Drug Errors	Data collected on all drug errors over one year period to determine trends for directorate. May require a prospective audit regarding actual data collection for critical incident system. Karen Evans and Annette Marshal identified as future possible leads.
Management of petechial rash	Awaiting assistance from the Clinical Effectiveness Manager on the development of the guideline and its dissemination prior to doing reaudit of 564
Eating disorders	Written to CAMH's; waiting for audit lead to be identified.
Methylphenidate for ADHD in childhood	Awaiting NICE's review of guideline (expecting version two in April) before doing reaudit of 243
Protocols for Pain Management Prescribing on transfer between PICU & Ward 32	Guideline under review; re audit to follow implementation
Child Protection	817 – completed
Re-audit of Dietetic Care for children with Diabetes	Abandoned – dietetic department has two frozen posts at present
Oncology - defining the pathway for children in the South West	815 – in progress
Referral & transfer of children with serious intracranial pathology	839 – in progress
Audit of TPN usage on PICU according to local guidelines	782 – in progress
Naso-jejunal tube passage on PICU	494 - completed
Dietetic provision for children with cystic fibrosis	Abandoned- dietetic department has two frozen posts at present

Critical Care

Project title	Progress
Central venous catheter placement before and after introduction of sonosite ultrasound machines	Not started in financial year as discussion underway which directorate would be leading it. Added to 2005/6 forward plan.
Pre-operative assessment – Use of chest x-ray	830 – in progress

Project title	Progress
Completion of anaesthetic record charts	Record chart completion reviewed but not registered as a clinical audit project. Chart updated and completion of new chart to be audited.
Use of repeated short term cannulations	785 - abandoned before start, unable to get nurse involvement.
Deaths following day surgery	146 - in progress
Post-operative gynaecological epidurals	538 - in progress
Improving anaesthesia input and patient information	Incorporated in project 995 - in progress
Perioperative temperature management (adults)	Reaudit of 268. Started but not registered. Initial results inadequate due to audit design. To be redone.
Attitudes of intensive care staff to withdrawal / withholding treatment	829 - completed
Audit of documentation (ITU/HDU)	Not started, added to 2005/6 forward plan
Theatre usage and late start times	Not done as clinical audit project - work covered by scope of Meridian Theatre Improvement project
Availability of devices for rapid warming of blood in theatres	Being addressed through clinical risk management however sufficient devices seem to be available
Use of low flow technique	Not started, not considered an audit priority
Use of Total Intravenous Anaesthesia (TIVA)	Not started, not considered an audit priority

Dental Services

Project title	Progress
CNST casenotes audit	751 - completed
Compliance with current and projected DoH guidance on cancer waiting times - regional	1050 - in progress (joint audit with ENT)
Selection criteria for imaging patients with TMJDS	Not carried out - not considered an audit priority
Selection criteria for imaging patients with sinusitis	Not carried out - not considered an audit priority
Written evaluation of radiographic reports (a re-audit)	Postponed to 2005/6 - not an audit priority
Patient knowledge of care of teeth with orthodontic appliances - re-audit	632 - in progress (regional audit)
Consultant led treatment plans for patients seen by SHO/SpR/PG	704 - in progress
Cross infection control on domiciliary visits - re-audit	929 - completed
Dental recalls	Final NICE Guideline issued October 2004 - preparatory work needed before audit in 2005/6

Homeopathy

Project title	Progress
CNST notes audit	555 - in progress (Documentation audit but not using Trust format - to use Trust format in future audits)
The Use of LM Potencies	Not started - other audits have taken priority
The treatment of chronic fatigue syndrome (CFS)	Not started - Clinical fellow has reduced to one session and therefore hasn't enough time for audit
The setting of patient generated outcome goals in homeopathic practice (3 audits)	923 & 925 - in progress
Re-audit of the workload and processes of ordering prescriptions from pharmacy	In planning phase
Information in letters to GPs	To be revisited once goal setting audits are complete
Efficiency and Effectiveness of Cancer Clinics	924 - in progress

Laboratory Medicine

Project title	Progress
Pre-operative testing guidelines	893 - in progress
Case note audit	916 - completed
Trace metal requesting in patients receiving TPN	Review of TPN undertaken but not able to develop standards and not taken forward to full audit
Isolation of patients with infection risk	Not carried out due to changes in priorities in control of infection team
Catheter infections	To be brought forward under MRSA audits but subject to appointment of support staff

Project title	Progress
Monitoring glove use in the trust	Not carried out due to changes in priorities in control of infection team, some aspects of this audit will be incorporated into hand washing audit
Radical prostatectomy reporting	Pro-forma for reporting has been introduced which has improved the consistency of reporting. Although there is still scope for improvement.
Lymph nodes for staging lung cancer	Pro-forma developed to improve consistency of reporting
Audit of practice in immunohistochemistry staining	Limited review of service undertaken but not developed into full audit
Frozen section service	886 - completed
Eyelid basal cell carcinoma	Start delayed but to be carried out.

Medical Physics & Bioengineering

No forward plan produced

Medicine

Project title	Progress
CNST Notes audit	864 - completed
Asthma	858 - completed
Spontaneous pneumothorax	1030 - completed
Pulmonary Embolus	1031 - completed
Paracetamol overdose	852 - completed
Diabetic ketoacidosis	No information available
STI Knee / Ottawa Knee rules	851 - in progress
Sore Throat	853 - completed
AXR in patients with abdo pain	1032 - completed
Low Back Pain	To be rolled over to 2005/6
Consent for Thrombolysis	810 - completed
Consent for Fracture reduction	827 - completed
Documentation audit	984 - completed
Biers Block	850 - completed
Head Injury Guidelines	1033 - completed
Fracture Neck of Femur	831 - completed
Stroke Admissions	Project suggested by Bristol S&W PCT, as interface project. They did not have resources to undertake it this year and would like to roll it into next year but have not got any specific plans. A willing clinical lead from within UBHT would need to be identified if an interface project is to be undertaken. The UBHT stroke care co-ordinator is leading a project (1004) looking at the Integrated Care Pathway for Stroke documentation.
Conformity to prescribing and monitoring guidelines in less common second line systemic therapies in Dermatology	Project believed be in progress but not registered with the CA team. This is a large topic area with therapies likely to be tackled individually. Cameron Kennedy thought to be working on Methotrexate.
Audit of insulin pump therapy	1043 - in progress. Dr Dayan wishes to audit his clinics at BRI and Southmead at the same time, NBT Clinical Audit and Effectiveness team are keen to co-operate.
Audit of colonoscopic surveillance in patients with colonic polyps	This project will probably not happen this year as Dr Mountford has two part time SpRs doing a job share with little opportunity to complete audits. To be rolled over onto 2005/6 forward plan under the supervision of Dr Rebecca Jones
Audit of longstanding inflammatory bowel disease sufferers	This project will probably not happen this year, for the same reason as above (colonic polyps project)
Re-audit of acute admissions in BRI	1038 - completed
Are we following nebuliser guidelines in the BRI? (re-audit)	Action plan not implemented from previous audit due to legislation changes (regarding single use equipment). Re-audit therefore no longer appropriate.
MAU discharges readmitted within 28 days	No information available (thought to have been done by SHO whilst consultant was on maternity leave)

Project title	Progress
Re-audit of length of stay and appropriateness of transfers	No information available (thought to have been done by SHO whilst consultant was on maternity leave)
Re-audit of waiting times for lung cancer	New guidelines expected were not published until Feb 05 – await evaluation and adoption of new guidance before topic is audited again.
Reducing DNA rates for TB contact clinic	No information available for this project. Believed to have been done by a Dr Kerry, who has now moved to Exeter. Attempts to contact Dr Kerry have been unsuccessful.
Re-audit of UBHT Physiotherapy Osteoporosis Service	998 – in progress
Re-audit of anti-TNF service	1046 - completed

Obstetrics, Gynaecology and ENT

Project title	Progress
CNST Notes Audit	898, 899 & 900 - completed
Consent Procedure	985 - completed
Infection Control - Handwashing	992 – under consideration (registered under Laboratory Medicine)
Emergency out of hours operating	This is a review of the organisations inability to perform emergency surgery within hours rather than clinical audit. This has been risk assessed and added to the risk register.
Audit of fertility services	In progress but not entered onto database. To be presented May 2005 and retrospectively registered.
Audit of Combined Oral Contraceptive Prescribing in CASH clinics	619 – in progress
Patient Information	Deferred to 2005/6 due to excessive workload.
Laryngectomy	828 – in progress
Thromboembolic Disease prophylaxis	Deferred to 2005/6 due to staff pressures
Nurse Practitioner/SHO Emergency Clinic	Deferred to 2005/6 due to staff pressures
Surgical Listing and Daycase Suitability	Deferred to 2005/6 due to staff pressures
Swallow outcomes in Patients with Head and Neck Cancer	Not started as decided to be more research than audit.
Valve use for patients following Laryngectomy	Not started as decided to be more research than audit.
Thromboprophylaxis	867 – completed
Preoperative testing, the use of routine preoperative tests for elective surgery	845 – completed
NICE IPG7: Microwave endometrial ablation	874 – in progress
NHS Cancer Plan	231 – ongoing project, 681 – completed
Notes Audit	Completed as part of the CNST notes audit (898)
Baby Friendly	Deferred to 2005/6 as the Practice Development Midwife has been reallocated to Agenda for Change and clinical work
Domestic Violence	Deferred to 2005/6 as the Practice Development Midwife has been reallocated to Agenda for Change and clinical work
Use of Electronic Fetal Monitoring	866 – in progress
Thromboprophylaxis	Deferred to 2005/6
Audit of Guideline for Fundal Height Measurement	Deferred to 2005/6 as the Practice Development Midwife has been reallocated to Agenda for Change and clinical work
Audit of Neonatal Checks performed by Midwives	Deferred to 2005/6. Delayed until an adequate number of midwives have been trained to perform this procedure
Birth Suite	962 – in progress
Audit of Symphysis Pubis Dysfunction	532 – in progress
Maternity Belt use- outcomes	Not started due to staff pressures. Not considered to be a priority for 2005/6.
Divarication class outcomes	Not started due to staff pressures. Not considered to be a priority for 2005/6.

Oncology

Project title	Progress
Bereavement	904 - completed
Non-conformities to breast cancer radiotherapy protocol	842 - completed
Radiotherapy Progress Form completion	841 - completed
Quality of communication - an audit of information provided in clinic letters	952 - completed
Are investigation results being received in the Centre in a timely fashion?	1009 - in progress
Patient information for radiotherapy patients	931 - in progress

Ophthalmology

Project title	Progress
CNST notes audit	803- completed
Endophthalmitis Audit	Currently still outstanding
Diabetic Retinopathy - A Pre audit	14 - recently re-started after deferment
Cataract EPR Audit	988 - in progress
A&E Referrals - Improving Access	780 - under consideration. Aim was to audit 4 hour waiting but this is being covered elsewhere. Probably to be abandoned
PTK Laser Service	848 - completed
The Laser Service (Nurse led YAG laser capsulotomy)	Expected to commence early 2005
Nurse Led Follow Up Clinics (cataract surgery)	Expected to commence early 2005
Glaucoma Follow Up Appointments	Project due to commence
Trabeculectomy - Needling and 5FU	Project started by medical student but no paperwork received - Fellow to take over

Pharmacy

Project title	Progress
Hepatitis C - pegylated interferon, ribavirin, alfa interferon	955 - completed
Renal transplantation - newer immunosuppressive regimes	Postponed as NICE TAG delayed by 5 months from April 2004 to Sept 04
Audit of medication history accuracy	976 - in progress
Is the revised medical directorate antibiotic policy being followed?	1000 - in progress
Newer epilepsy drugs in children	Postponed - audit lead recently left trust and post currently 'frozen'
Audit of iv to oral surgical antibiotic guidelines	906 - in progress

Radiology

Project title	Progress
Radiographer reporting (A&E)	1054 - completed
R.F. Ablation	863 - in progress
Pre - op Chest X-rays	830 - completed (joint pre-op assessment/radiology audit).
Re-audit of Non-Operative Intussusception Reduction	This is being moved forward to 05/06 to provide more appropriate numbers.
Peripheral Angiography complication rates	559 - completed

Surgery

Project title	Progress
Case note audits	857 - complete
Drug administration errors	799 - complete
Emergency Surgery	811 - in progress
Re-audit of pin-site management	786 - abandoned after started
Re-audit of availability of Avon Orthopaedic Centre case notes	585 - complete
Are theatre sessions cancelled due to lack of CSSU equipment?	Not started, not considered an audit priority
Pre-op fluid fasting	813 - abandoned after started
Warfarin: is the policy adhered to?	Not started, not considered an audit priority
Re-audit of controlled-drugs cupboards	Not started, supervisor no longer in post and not considered priority at present.

Trust-wide

Project title	Progress
Food as Treatment	768 – abandoned. Dietetics lead left & not known what happened to data.
Record card re-audit	This audit is completed annually but is considered to be a management audit of the documentation process and hasn't been registered as clinical audit.
Sip feed uptake on elderly care wards	871 – abandoned before started as lead left trust and post not replaced. Not felt to be a priority.
CF adult audit of vitamins	Two studies have been completed by Julie Al-Siadi but not done as audit projects. As part of one study it was found that all 54 patients were prescribed vitamin supplements in line with National Guidelines.
Vitamin & mineral intake of home tube fed patients	Not started due to time limitations of the audit lead (involved in Agenda for Change process). It is hoped to be able to audit this next year.
Home visit form audit	This audit is completed annually but is considered to be a management audit of the documentation process and hasn't been registered as clinical audit
Mouthcare re-audit	939 – under consideration. Audit lead has changed role – new lead hopefully to be chosen from new Divisional Heads of Profession following restructure.
Assessment and treatment of pressure sores	Deferred to 2005/6 following change in NICE guideline publication date from Jan 05 to Aug 05.
Audit of care of people with palliative care needs in BRI	This was a piece of MDT (multidisciplinary team) work to identify pathways and role responsibilities which did not develop into an audit project.
Upper Limb Assessment	Deferred due to departure of a senior OT. To be restarted after Easter 2005
Outcome following flexor tendon surgery repair	Lead has been off on long term sick so project not started.
A + E review clinic	Work has been undertaken as research rather than clinical audit
Neurology outpatients exercise group (reaudit)	878 – completed
Neuro outpatients physiotherapy at BGH	Planning in conjunction with directorate response to NICE guidelines for multiple sclerosis (CGo8)
Implementation of ankle stretch in early stroke	Lead has left. Not considered a priority for audit at present.
Record Keeping Audit	894 – completed
Evaluation of Videofluoroscopy service	Report not completed before lead went on maternity leave – to be completed on return in April 2005
Dysphagia Standards	Deferred to 2005/6 due to maternity leave & lack of staff
Evaluation of the use of 'drop in' sessions for patients with Dysphasia	Done as evaluation rather than clinical audit, with advice given by clinical audit central office

Appendix C - Audit projects abandoned during 2004/2005

Please note that the below list only contains projects that were abandoned after the project was started (i.e. after data collection commenced).

Directorate	Specialty	Project ID	Provisional Title of Project	Reason abandoned
Children's Services		725	Results of Myringoplasty operations in children	It was recommended that this audit be replanned owing to incomplete data collection.
Children's Services	Dietetics	723	Nutritional Support in Paediatric Oncology	Dietetic department have a capacity problem owing to staff leaving - this audit will continue once new staff are recruited
Children's Services	General Paediatrics	606	Prospective clinical audit of children with suspected community acquired pneumonia seen at Bristol Children's Hospital	Clinician has left the hospital
Children's Services	Nursing	645	Recording integration patient / professional partnership	Pilot study undertaken but not reported on – nurse practice felt other priorities more important
Children's Services	Oncology	249	Infection rates in Bionecteur and Click loc bungs	Clinician has left the hospital
Critical Care	ICU/HDU	158	Cancellation of planned admissions to HDU	Unable to contact leads, more service improvement than audit.
Dental Services	Primary Care Dental Services (PCDS)	463	Are patients in pain seen within 24 hours of contact at City Gate Access Centre	Completed, but paperwork/results cannot be found. Lead no longer works for Trust.
Laboratory Medicine	Haematology	428	Laboratory & clinical consequences of abnormal INR results in warfarinised patients	staff left for new post
Obs, Gynae & ENT	Obstetrics & Midwifery	634	Infection and Caesarean Section	Data not available for entire sample identified. No further action taken to date.
Obs, Gynae & ENT	Obstetrics & Midwifery	783	HIV Antenatal Screening Audit	Data collection inadequate. Project to be redesigned
Oncology	AHU	663	Reaudit of use of TPN in AHU	Due to staffing problems the audit lead is unable to continue with this project at the present time.
Radiology	Paediatrics	122	Audit to Determine the Indications for CXR Prior to Paediatric Cardiac Investigations	Audit lead left
Radiology	Radioisotopes (Suite F)	793	Is myoflex as effective a predictor of segmental defect as myoquant and MRI?	Not concluded & lead now also left
Radiology	Vascular	789	Pre-audit of suspected spontaneous intra-abdominal haemorrhage in patients on warfarin. Does imaging result in management change.	Difficulty in obtaining information on all relevant patients, therefore insufficient data for study
Radiology	Vascular	795	Is aortic stent placement using IVUS, acceptable practice for aorto-iliac occlusive disease	Not concluded & lead now also left

Directorate	Specialty	Project ID	Provisional Title of Project	Reason abandoned
Surgery	General Surgery	813	Are nurses following the pre-op fluid fasting protocol on ward 9?	Supervisor no longer in post and topic no longer a priority on the ward. Maybe look at in th future.
Surgery	Trauma and Orthopaedics	786	Are Ilizarov pin-site infections being treated according to the UBHT protocol?	abandoned due to lack of patient cooperation
Trustwide	Nursing (Trust-wide)	768	Are all patients 'at risk' nutritionally being screened and monitored according to the UBHT Food As Treatment policy?	Lead left and not known what happened to the data. No-one apparently interested in picking up this audit

Appendix D - Audit projects with status of 'deferred' at end of 2004/5 financial year

The below list contains projects that were deferred in the 2004/5 financial year and that remained deferred by the end of the year. Projects that have been deferred since before 1st April 2004 are not included.

Directorate	Specialty	Project ID	Provisional Title of Project	Reason deferred
Cardiothoracic Services	Cardiac Surgery	594	Nausea and Vomiting Post Cardiac Surgery (Reaudit)	Lead on maternity leave
Cardiothoracic Services	Cardiac Surgery	686	Cardiac Surgery Pre-assessment Clinic Audit	Pending replacement of project lead
Cardiothoracic Services	Cardiology	357	Implantable cardioverter defibrillators for acute coronary syndromes	Awaiting new NSF-CHD chapter
Cardiothoracic Services	Cardiology	596	Cardiology Pre-assessment Clinic Audit	Loss of audit lead
Cardiothoracic Services	Cardiology	684	Acute Coronary Syndrome Protocol	Audit lead changed post but further work anticipated
Children's Services	A&E	650	Audit of current asthma management in paediatric emergency department BRHC	Change of staff waiting for new registrar to take over.
Critical Care	Anaesthesia	150	Re-admission after Day Surgery	Started off but came across problems after a while. Possibly to be restarted this year
Trustwide	Trust-wide	781	Are Patient held cancer diaries (Teamwork file) being used in UBHT and NBT?	Deferred due to difficulties in identifying pts given diaries and newly diagnosed pts (for cross-matching) and change of audit lead

Appendix E - UBHT Clinical Audit Forward Plan 2005/6

The forward plan below details projects to be carried out in the 2005/6 financial year, by directorate. This is in addition to the projects listed in the main bulk of the report which are incomplete or ongoing monitoring projects, which will be carried forward into the next financial year.

Key

PPI – whether audit involves patients/carers

MP / MD – whether audit is multi-professional/multi-disciplinary

Other Orgs – 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

Lead name is followed by an indication of seniority as follows:

Cons – Consultant

SpR – Specialist Registrar

SHO – Senior House Officer

Nurse Cons. – Nurse Consultant

CNS – Clinical Nurse Specialist

Supt. – Superintendent (AHP)

GM – General Manager

AGM – Assistant General Manager

Sen. – Senior (Nurse, Physio etc)

NICE/NSF guidance which is not to be audited is described under each directorate's forward plan, with an explanation why. This does not include any guidance mentioned in the 2003/4 annual report, Appendix E (2004/5 forward plan), where the situation is not changed.

Ambulatory Care & Outpatients

This directorate should be brought back under Medicine and Surgery (as before 2002-3) under the Divisional restructure plans and therefore a separate forward plan was felt to be unnecessary.

Cardiothoracic Services

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
CNST audit of documentation	Cardiology	Sarah Carson (Sen. Nurse)	Compliance with CNST standards		Y	
An Audit of the Effectiveness of Groin Closure Devices	Cardiology	Dr Baumbach (Cons)	To establish best-practice in groin closure and develop local standards		Y	
CNST audit of documentation	Cardiac Surgery	Graham Brant (Sen. Nurse)	Compliance with CNST standards		Y	
Enteral Tube-feeding protocol (Re-audit)	Cardiac Surgery	Claudia Jemmott (Supt. Dietician)	ETF protocol introduced to enhance nutritional status. Re-audit of 551, to assess efficacy of protocol.		Y	
Outcomes of mechanically ventilated patients who require a tracheostomy	Cardiac Surgery	Dr Roberto Mosca (SpR)	To establish a protocol for tracheostomy in CICU for improved patient care			
CNST audit of documentation	Thoracic Surgery	Lois Philips (Sen. Nurse)	Compliance with CNST standards		Y	
Standards of care following thoracic surgery	Thoracic Surgery	Lois Philips (Sen. Nurse)	Preaudit to establish levels of post-op care to target protocol development		Y	

Note: the limited number of new projects reflects the significant ongoing workload represented by projects 207, 223, 366, 544 (Cardiology), 206, 215, 549, 550, (Cardiac Surgery), 553 (Thoracic Surgery), 685 (Directorate), listed in the main body of the report.

Details of NICE/NSF guidance **not** being audited, with reason why:

- Coronary Imaging - myocardial perfusion scintigraphy in the diagnosis and management of cardiac disease – alternative diagnostic techniques are used
- Extracorporeal membrane oxygenation (ECMO) in adults - Procedure not undertaken
- Non-surgical reduction of myocardial septum - Procedure not undertaken

- Partial left ventriculectomy (the Batista procedure) – extremely rare procedure (1/5,000 pts)
- Laser sheath removal of pacing leads - Procedure not undertaken
- Balloon angioplasty with or without stenting for coarctation or recoarctation of the aorta in adults and children - Procedure not undertaken
- Balloon valvuloplasty for aortic valve stenosis in adults and children - Procedure not undertaken
- Stent placement for vena caval obstruction - Procedure not undertaken
- Photodynamic therapy for advanced bronchial carcinoma - Procedure not undertaken
- Intraoperative fluorescence angiography in coronary artery bypass grafting - Procedure not undertaken
- Percutaneous closure of patent foramen oval – candidate for joint audit with RBCH later in year
- Lung reduction volume surgery for diffuse emphysema - procedure not undertaken in Cardiothoracics. UBHT Respiratory Physicians say this is an unusual way to manage emphysema and is rarely done at the BRI – the occasional patients who might benefit are likely to be referred to the Brompton Hospital, London

Childrens

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
CNST notes audit	Cross-Directorate	Kate Sutor (AGM / Risk Management Lead)	Compliance with CNST standards		Y	
Computerised cognitive behavioural therapy for anxiety and depression (TAG51)	CAMHS (Child & Adolescent Mental Health Services)	Dr Justin Daddow (Cons)	NICE Technology Appraisal		Y	
NICE Guideline CG009: Eating disorders	CAMHS	Dr Justin Daddow (Cons)	NICE Guidance involving Social Services		Y	Y
NICE Guideline CG16: Self Harm	CAMHS / Emergency Department	Dr Justin Daddow (Cons), Mary Claridge (Avon Ambulance), Dr Lisa Goldsworthy (Cons)	National guidance involving Avon Ambulance and Social Services	Y	Y	Y
NICE Guideline CG04: Triage assessment and management of head injury in infants and children	Emergency Department	Dr Lisa Goldsworthy (Cons)	Re Audit of Project 349. NICE Guidance		Y	
NICE TAG 060: Patient education models for diabetes	Endocrinology	Dr Christine Burren (Cons) Noeleen Lovell (CNS) Allison Dunn (CNS, NBT)	National guidance. In liaison with North Bristol Trust (NBT) and North Somerset PCT		Y	Y
NICE TAG 053: Long acting insulin analogues for the treatment of diabetes – insulin glargune	Endocrinology	Dr Christine Burren (Cons) Noeleen Lovell (CNS)	National Guidance		Y	
NICE Guideline 15: Diagnosis and management of Type 1 Diabetes in children, young people and adults	Endocrinology	Dr Christine Burren (Cons) Nikky Nicol (CNS)	National Guidance		Y	
NICE TAG 42: The use of growth hormone (Somatropin) in children with growth failure	Endocrinology	Dr Liz Crowne (Cons) Nikky Nicol (CNS)	National Guidance		Y	
Benchmarking of Mortality, Morbidity And Resource Allocation on The Newborn Intensive Care Unit	Neonatal Intensive Care Unit (NICU)	Dr David Harding (Cons)	International, National and Regional Benchmarking, National Guidance, Regional Resource Allocation			
BCG Audit	NICU	Dr Pamela Cairns (Cons) Dr Huw Thomas (Cons) Dr A Leaf (NBT)	Local Concern - involving North Bristol Trust	Y	Y	Y

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Renal transplant BTS guidelines 2003	Nephrology	Dr Jan Dudley (Cons)	National Guidance in conjunction with NBT	Y	Y	Y
Success of Paediatric Early Warning Tool (integration into new HDU charts)	Paediatric Intensive Care Unit (PICU)	Caroline Haines (Nurse Consultant)	New Service		Y	
NICE TAG 079: Newer Drugs for Epilepsy	Neurology	Dr Phil Jardine (Cons) Dr Lokesh (NBT) Andrew Mallick (Clinical Fellow)	Joint Audit with NBT National guidance	Y	Y	Y
NICE Guideline C G20: The diagnosis and management of the epilepsies in children and adults in primary and secondary care	Neurology	Dr Phil Jardine (Cons) Dr Lokesh (NBT) Andrew Mallick (Clinical Fellow)	Joint audit with NBT addressing National guidance and involving all five PCTs from BNSSG	Y	Y	Y
Audit of use of discharge checklist and timing of communication of discharge	Oncology	Dr Anabelle Foot (Cons) Nicola Johnson (SPR)	Patient Complaints	Y	Y	
Can we improve radiology do not attend rates?	Radiology	David Grier (Cons)	Area of concern High Frequency	Y	Y	
NICE TAG 10 (August 2000) Inhaler systems for the under fives with chronic asthma	Respiratory Medicine	Dr Langton Hewer (Cons) Deb Marriage (CNS)	Re-audit of audit 65, to see if improvement. Some involvement with GPs is anticipated	Y	Y	Y
National asthma audit; BTS guidelines	Respiratory Medicine	Dr Huw Thomas (Cons) Dr Stefan Schulze (SPR) Deb Marriage (CNS)	Awaiting implementation of recommendations from audit 66 then to reaudit		Y	
NICE TAG 38: Asthma management of children aged 5-15 years	Respiratory Medicine	Dr Langton Hewer (Cons)	National guidance	Y	Y	

Further areas of interest, to be deferred:

Childrens NSF - Palliative Care, Play Specialists . Local Safety Standards for off label meds
 GP Referrals - deferred following audit involving PCTs and referrals to epilepsy
 Hospital at Night – deferred owing to Trust Wide Audit pending
 Teenage pregnancies in collaboration with Obstetrics and Gynaecology

Details of NICE/NSF guidance **not** being audited, with reason why:

- Methylphenidate for ADHD in childhood; NICE Technology Appraisal Guidance No:13 (October 2000). Awaiting re-audit following implementation of actions from audit 243. Guideline presently under review April 2005

Critical Care

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Documentation audit.	ITU/HDU	Sarah McAuslan-Crine (Nurse Manager)	Requirement for CNST			
Newly started medications in ITU – continuation into the community.	ITU/HDU	Subash Nandalan (SpR) Tim Gould (Cons)	Problem identified by Activity Reporting/Outcome monitoring.		Y	
The consent and marking of patients.	Theatres	Diana Terry (Cons)	Identified through Critical Incident Reporting. Optimising theatre efficiency		Y	
NICE - Central venous catheters - ultrasound locating devices.	Anaesthesia	Graham Knottenbelt (SpR) Diana Terry (Cons)	NICE TAG #49			
Checking of central Lines after insertion - Are X-rays being checked.	Anaesthesia	Graham Knottenbelt (SpR) Diana Terry (Cons)	An area of concern		Y	
Post Operative Nausea and Vomiting.	Anaesthesia	Siobhan Grimes (Cons)	Re-audit of 958 following changes in practice.		Y	
Use of reinforced Laryngeal Mask Airways at BEH.	Anaesthesia	Steve Mather (Cons)	Re-audit of 152 following changes in practice.			
Administration of antacid prophylaxis to high-risk labouring women.	Anaesthesia	Mike Kinsella (Cons) Simon Webster (Sen. Anaesthetist)	Re-audit of 1026 following changes in practice.		Y	
Management of directorate patient information leaflets	Anaesthesia	Sally Masey (Cons) Tim Lovell (Cons)	Identified through Clinical Incident Reporting. Identified though PALS.	Y	Y	

Please also see 'Decision to Delivery Interval' under Obs, Gynae & ENT forward plan

Dental

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Surgical severity and outcomes assessment	Orthodontics	Nigel Harradine (Cons)	Newly agreed outcome measure standards within orthodontics nationally. Using data produced by audit 192		Y	
Appropriateness of antibiotic prescribing	PCDS / Oral Surgery	Felicity Sutton (Sen. Dentist)/ Chris Bell (Associate Specialist Dentist)	Concerns about overprescribing		Y	
Recall interval between routine dental examinations	Restorative / Paediatrics	Roger Yates (Cons) / Deborah Franklin (Cons)	NICE Clinical Guideline (CG19). To go ahead on a subset of patients within Paediatrics, but some preparatory work required before audit carried out in Restorative			
Appropriateness of review for patients with Lichen Planus	Oral Surgery / Oral Medicine	Chris Bell (Associate Specialist Dentist) / Tony Brooke (Sen. Dental Officer)	Area of clinical concern			

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Written evaluation of radiographic reports - re-audit	Oral Medicine	Tony Brooke (Sen. Dental Officer)	Re-audit of 373, to assess implementation of recommendations		Y	
Medical emergencies in community dentistry – re-audit	Primary Care Dental Services (PCDS)	Felicity Sutton (Sen. Dentist)	To assess implementation of guidelines developed after previous audit (929)		Y	
CNST Casenotes audit	All	Nigel Harradine (Cons)	Annual requirement			

Homeopathy

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
An audit of frequency of side effects with mistletoe extracts	Herbal medicine	Dr Liz Thompson (Cons)	To become part of a national audit			
Re-audit of the workload and processes of ordering prescriptions from pharmacy	Homeopathic Medicine / Pharmacy	Dr David Spence (Cons)	Roll-over from 2004/5. Re-audit of prescribing workload needed to assess effect of change in practice.		X	
Efficiency and Effectiveness of Cancer Clinics	Homeopathic Medicine	Dr Liz Thompson (Cons)	Roll-over from 2004/5. Service objective. To set standards and monitor outcomes with national standards using MYCAW			
Outcomes of Homeopathic Treatment	Homeopathic Medicine	Dr David Spence (Cons)	Annual project, reaudit of 199. Clinical Governance requirement for Trust and of national homeopathic importance			
The Use of LM Potencies	Homeopathic Medicine	Dr Richard Savage (Clinical Fellow)	Roll-over from 2004/5. Variation in prescribing noted in previous audit. Need for local standard on prescribing.			

Laboratory Medicine

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
National audit of blood transfusion practice	Laboratory Haematology	P Thomas (Cons)	National audit of high risk area		Y	
Diagnostic value of autoimmune profiles in ophthalmology	Laboratory Haematology	M Gomples (Cons)	Need to develop suitable protocols for appropriate testing in this area		Y	
Audit of laboratory practice against Clinical Pathology Accreditation (CPA) standards	Clinical Biochemistry	D Stansbie (Cons)	Requirement for accreditation and new standards introduced		Y	
Audit of error rate on GP request entry	Clinical Biochemistry	N Marden (Clinical Scientist)	To obtain accurate data in order to assess benefits of proposed changes in practice		Y	
Audit of CSF (Cerebral Spinal Fluid) spectroscopy	Clinical Biochemistry	P Thomas (Cons)	New national guidelines and has implications for length of stay of patients		Y	
Audit of turn around times in cellular pathology	Cellular Pathology	Dr J Pawad (Cons)	Clinical Pathology Accreditation (CPA) requirement. Also related to complaints about typing of reports and clinical incidents.		Y	

Infection Control will be concentrating on existing statutory monitoring projects; if funding becomes available they will start some new projects in the year.

Medical Physics

No forward plan received. This directorate will become part of the Division of Diagnostics and Therapy

Medicine

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Low Back Pain	Emergency Medicine	Rachel Leigh, Nigel Rawlinson (Cons)	GP guidelines. Rolled over from 2004-5 plan			
Atrial Fibrillation Management	Emergency Medicine	Rachael Tait, Nigel Rawlinson (Cons)	PRODIGY guidelines			
Unplanned Re-attendances	Emergency Medicine	Harleen Uppal, Jonathan Bengier (Cons)	British Association of Emergency Medicine (BAEM) guidelines			
Documentation of head injuries	Emergency Medicine	Laura Gosling, Jonathan Bengier (Cons)	RCS/NICE guidelines			
Documentation of Facial injuries	Emergency Medicine	Sam McKeith, Jonathan Bengier (Cons)	Identified need to establish best practice within BRI ED			
Appropriateness of requests for C-spine X-rays	Emergency Medicine	Anita Dickie, Lisa Munro-Davies (Cons)	NEXUS, Canadian C-spine rules			
Alcohol induced head injury	Emergency Medicine	Rebecca Preece, Lisa Munro-Davies (Cons)	Royal College of Physicians Guidelines			
Quality of outpatient clinic letters	Rheumatology	Killian O'Rourke, (SpR), Dr Lindsay Robertson (Cons)	Royal College of Physicians standards			
Completeness of Scleroderma patients annual review	Rheumatology	Killian O'Rourke, (SpR), Dr Lindsay Robertson (Cons)	Recent literature review following introduction of licensed therapy for common complications of scleroderma			
Colonic surveillance service for patients with colonic polyps	Gastroenterology	Dr T J Creed (Locum Cons), Dr Rebecca Jones (Cons)	British Society of Gastroenterologists guidelines. Rolled over from 2004/5 plan			
Use of GI Bleed beds	Gastroenterology	Miranda Florey (SHO) Dr Anne McCune (Locum Cons)	British society of gastroenterology guidelines for the treatment of patients with Upper GI Bleeds			
National audit of continence care for older people	Care of the elderly	Sarah Caine (Cons)	NSF Older People			
Efficiency of transfer of patients from children's diabetic service to the adult setting	Diabetes	Helen John (Diabetes specialist nurse)	Diabetes NSF and NICE guideline 15		Y	
Audit of standards of referral letters received by electronic and paper means	Dermatology	Lindsay Shaw (SpR) & David DeBerker (Cons)	Local standards + National data set template for referral			
Audit of quality indicators in skin surgery in dermatology services by GPs with a specialist interest	Dermatology	Rhian Jones, Inma Mauri-Sole (GpWsl, Bristol S&W PCT), David DeBerker (Cons)	Local Standards and National Guidelines for the management of skin cancer			Y

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Are we following British Thoracic Society Guidelines for treatment of Pulmonary Embolism within MAU?	MAU	Liz Gamble (Cons)	British Thoracic Society (BTS) Guidelines			
Effectiveness of communication with GPs	MAU	Liz Gamble (Cons)	UBHT standards for discharge letters			
CNST documentation audit	All specialties	Clinical Risk Leads	CNST Requirements			

Obstetrics, Gynaecology & ENT

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Thromboembolic Disease Prophylaxis	ENT	Graham Porter (Cons)/ Jonathan Shaw (SHO)	Clinical guidelines: compliance with local guidelines		Y	
Suspected Lymphoma Referrals from Haematology to ENT	ENT	Graham Porter (Cons)	Compliance with national guidelines on referral to commencement of treatment for cancer patients (NHS Plan)		Y	
Audit of Nasal Surgery Outcomes	ENT	Mike Saunders (Cons)/ Srinivasa Ramasamy (SHO)	PPI (survey): improve outcomes by modifying patient listing.	Y	Y	
Nurse Practitioner/ SHO Emergency Clinic	ENT	Graham Porter (Cons)/ Emily Blackwell (Nurse Practitioner)/ Kirsty Vickers (SHO)	Clinical guidelines & PPI (survey): compliance with local guidelines for assessment	Y	Y	
Surgical Listing and Daycase Suitability	ENT	Mike Saunders (Cons)	Ensure appropriate identification of day case patients		Y	
Notes Audit	ENT, Obs, Gynae, CASH	Jackie Moxham (Sen. Midwife)	Organisational safety: compliance with CNST standards		Y	
Patient Information	Community Midwifery	Siobhan O'Callaghan (Acting Community Midwife Mgr)	Organisational safety: compliance with the CNST standards 3.1.1		Y	
The Process of Notification of Positive Microbiology Tests	Obs	Jackie Moxham (Sen. Midwife)/ Emma Cockerill (G Grade Nurse)	Organisational safety: compliance with the CNST standard 3.3.1		Y	
Re-audit of Group B Streptococcal Disease	Obs	Tim Overton (Cons)/ Maud Van De Venne (SSHO)	Clinical guidelines: compliance with RCOG Green Top Guideline 36		Y	
Thromboprophylaxis	Gynae	Hilary Rennolds (Clinical Ward Manager Gynae) Pippa Burns (SHO)	Clinical guidelines: compliance with local guidelines		Y	
Thromboprophylaxis (vaginal delivery)	Obs	Jo Trinder (Cons)/ Alice Godwin (SHO)	Clinical guidelines: Compliance with RCOG Green Top Guideline 37		Y	
Tension Free Vaginal Tape	Gynae	John Murdoch (Cons)	Clinical Guidelines: compliance with NICE technology appraisal no 56		Y	
Re-audit of Uterine Artery Embolism for Fibroids	Gynae	Pip Mills (Cons)	Clinical Guidelines: compliance with NICE interventional procedure IPG0094		Y	

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Eclampsia/ Pre-Eclampsia	Obs	Sue Sellers (Cons)/ Dimitrios Siassakos (SSHO)	CEMACH: compliance with local guideline		Y	
Antenatal screening for Domestic Abuse	Obs	Belinda Cox (Sen. Midwife)	CEMACH: Compliance with guideline		Y	
Re-audit of Third Degree Tear	Obs	Jackie Moxham (Sen. Midwife)/ Darsana Boban (SHO)	Mortality & Morbidity: compliance with local guidelines		Y	
Symphysis Fundal Height	Obs	Belinda Cox (Sen. Midwife)	Compliance with existing guideline		Y	
Decision to Delivery Interval	Obs	Mike Kinsella (Cons Anaes) / Bryony Strachan (Cons)	Mortality & Morbidity: compliance with CNST standards		Y	
Information Giving in Gynae Clinic	Gynae	Sue Coglean (Gynae Outpatient Mgr)	PPI (survey): compliance with local guideline	Y	Y	
Baby Friendly	Obs	Belinda Cox (Sen. Midwife)	PPI (survey): achievement of baby friendly status (UNICEF)	Y	Y	
Cancer Plan	Obs	John Murdoch (Cons)	Compliance with Clinical Guidelines for Patient Management (NSF for Cancer)		Y	
Implanon Audit	CASH	Dr Annie Evans (Women's Health Specialist)	Clinical guidelines: compliance with BNSSG local guidelines & PPI (Survey): patient satisfaction	Y	Y	
Smear Takers Self Audit	CASH	Dr Rosemary Bailey (SCMO)	Clinical guidelines: compliance with Avon Cervical Cytology Screening Programme guidelines		Y	

Details of NICE/NSF guidance **not** being audited, with reason why:

- Heavy Menstrual Bleeding. Will review when guidance published (expected 2007)
- Fallopian tube recanalisation by guidewire. An audit of the guidance is currently under discussion
- Laser assisted serial tonsillectomy. Procedure not undertaken at St Michael's
- Laparoscopic hysterectomy. Will review when guidance published (expected 2005)
- Falloposcopy with coaxial catheter. Procedure not undertaken at St Michael's
- Hysteroscopic laser myomectomy. Procedure not undertaken at St Michael's
- Impedance-controlled endometrial ablation for menstrual bleeding. Procedure not undertaken at St Michael's
- Endoscopic dacryocystorhinostomy. Whilst this procedure is performed at St Michael's it is not deemed to be a priority for audit. It is performed infrequently and there is no anecdotal evidence of concern at present
- Radiofrequency ablation of the soft palate for snoring. Procedure not undertaken at St Michael's

Oncology

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Use of Granular site Colony Stimulating Factor (GCSF)	AHU	Dr C Price (Cons)	Local guidelines		Y	
Reaudit of radiotherapy progress forms	Oncology	Amanda Gee (Radiotherapy Services Manager)	Re-audit following changes after initial audit (841)		Y	
Audit of the anti-emetic guidelines	Oncology	Dr L Harris (SpR)	Ensure compliance with updated guidelines		Y	
NICE audit of the use of capecitabine in patients with advanced colorectal cancer	Oncology	Dr M Flubacher (SpR)	Ensure compliance with the NICE guidelines (2002)		Y	

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Audit to assess the accuracy of conversion between opioid drugs and route of administration	Palliative Care	Gaye Senior-Smith (CNS)	Ensure compliance with DoH guidelines		Y	
Completion of chemotherapy pre assessment forms	Oncology	Clare Greatorex (Senior Chemotherapy Training Sister)	Ensure pre-assessment forms contain all relevant information prior to start of chemotherapy		Y	
Audit of the use of regular blood tests performed on patients receiving radical RT for prostate cancer	Oncology	Dr A Robinson (Cons)	Departmental guidelines. Assessing impact on patient care		Y	

Details of NICE/NSF guidance **not** being audited, with reason why:

A directorate decision has been taken to implement all relevant NICE guidance but that NICE Guidance would be audited alongside other directorate priorities. This decision was taken due to the vast number of NICE guidance issued on Cancer. The capecitabine audit has been chosen as a priority as GI had not featured recently in audits. Other NICE audits may be undertaken over the course of the next year.

Ophthalmology

No forward plan has been compiled this year due to there having been no dedicated Clinical Audit Facilitator for Ophthalmology this year, and the recent sickness absence of the Homeopathic Clinical Audit Facilitator who supervises this role.

Pharmacy

No forward plan has been compiled this year due to Rachel O'Donnell (the Clinical Effectiveness Pharmacist and, in effect, Clinical Audit Facilitator and Convenor for Pharmacy) moving on and uncertainty about a replacement. This directorate will become part of the Division of Diagnostics and Therapy.

Radiology

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Audit of GP referred CT Head Scans. Are guidelines being followed	CT	Dr J.Kabala (Cons) Dr P.Davison (Cons) Mrs S.King (Supt. Radiographer)	Relatively new service for which guidelines are set. Ensure appropriate use of the service.		Y	
Re-audit of Non-operative Intussusception Reduction	Paediatrics	Dr D.Grier (Cons)	Roll-over from 2004/5. High-risk area. To ensure reduction rate remains above national recommendations.			
Audit of Accuracy of Advanced Practitioner Reporting IVUs.	Urology	Dr J.Kabala (Cons) Mrs S.Walsh (Supt. Radiographer)	Accuracy of Radiographer reporting as a possible primary reporter		Y	
Audit of Advanced Practitioner Lower Limb Venography	Vascular	Dr J.Kabala (Cons) Mrs S.Walsh (Supt. Radiographer)	Accuracy of Radiographer reporting as a possible primary reporter		Y	
Audit of Pain Diaries after Ultrasound Guided Joint Injection	Musculo-skeletal	Dr M.Shaw (SpR) Dr C.Wakeley (Cons)	Relatively new procedure to the department. To ensure efficacy and assess complication rates	Y		
Re-audit of unreported chest x-rays	General	Dr A.Jones (Cons) Dr K.Prescod (SpR)	Royal College of Radiologists Guidelines			
Ongoing audit of Advanced Practitioner Trauma Reporting	A&E	Mrs A.Kendall (Sen. Radiographer) Miss V.Deogan Dr C.Wakeley (Cons)	College of Radiology guidelines. To ensure concordance with Radiologist		Y	

Surgery

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Case note audit	T&O	Jonathan Eldridge (Cons)	CNST requirement			
An audit of epidural usage in patients undergoing frame surgery	T&O	Shariq Khan (SHO), James Livingstone (Cons), David Coates (Cons),	Problem identified by activity reporting / outcome monitoring.		Y	
Correct Site Surgery	T&O	Jonathan Eldridge (Cons)	National guidance from the National Patient Safety Agency and RCS.		Y	
An audit of post operative admissions from Day Surgery Unit	T&O	Jonathan Eldridge (Cons)	To ensure pre operative assessment protocol is being followed.		Y	
Is the Trust following the Royal College of Physicians Guidelines for the treatment of patients with Fractured Neck of Femur (#NOF)	T&O	Jonathan Eldridge (Cons)	Guidelines set by Royal College of Physicians. Re-audit of 234		Y	
#NOF Collaborative: Are patients being operated on within 24 hours of decision that they are fit for surgery by a senior member of the clinical team?	T&O	Jonathan Eldridge (Cons)	Re-audit of 310. National clinical guidance. Area of concern. Area of frequent clinical practice			
Are GP's using the agreed local guidelines and form for the referral of patients	Colorectal	Louise Johnson (Sen. Nurse), Paul Sylvester (Cons)	To check the compliance of the relaunch of a new referral pathway.		Y	Y
NICE - Sacral nerve stimulation for faecal incontinence.	Colorectal	Justin Davies (SpR), Paul Sylvester (Cons)	NICE Interventional Procedure Guidance 99			
Case note audit	General Surgery & Urology	Tim Whittlestone (Cons)	CNST requirement			
An audit of the use of CVP lines in surgical patients.	General Surgery	Ben Ayres (SHO), Jane Blazeby (Cons)	Re-audit of 260 following changes in practice.		Y	
Length of stay of lower GI patients – Fluid usage	Lower GI	Duncan Avis (SHO), Paul Sylvester (Cons)	Looking at possible discharge management program for patients		Y	
An audit of hepatic artery nodes and the impact on outcome in localised pancreatic cancer patients.	Upper GI	Jaspal Phull (SHO), Ralph Mittal (PRHO), Meg Finch-Jones (Cons)	Area of concern (i.e. outcomes / practice could be improved)			
Factors affecting inoperable disease found at operation for oesophageal cancer	Upper GI	Paul Barham (Cons), Chris Street (SpR)	Local concern, examining current practice			
NICE - Transobturator tape insertion for stress urinary incontinence.	Urology	Justin Collins (SpR), Tim Whittlestone (Cons)	NICE Interventional Procedure Guidance 107			
An audit of Local anaesthesia in Trans Rectal Ultrasound Prostate biopsies	Urology	Ben Ayres (SHO), Tim Whittlestone (Cons)	Area of concern (i.e. outcomes / practice could be improved)	Y	Y	

Trustwide

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Audit of the implementation and delivery of the new food contract	Dietetics	Toni Osmane (Chief Dietician)	Recent change to new food supplier. To check food delivery up to required standards. Patient satisfaction will be monitored separately.	Y	Y	
Audit of the OT service on Ward 17	OT	Jayne Weare (Head of OT)	To audit this new service to ensure resources are targeted appropriately		Y	
Re-audit of documentation	OT	Jayne Weare (Head of OT)	Compliance with documentation standards			
Notes Audit	Physio	Colin Domaille (Supt Physio)	Compliance with documentation standards			
COPD standards	Physio (Medical Respiratory)	Jenny Todd (Sen. Physio)	To ensure appropriate care received on both Respiratory and non-specialist wards			
5 day discharge protocols for post cardiothoracic surgery patients	Physio (Cardiac)	Angela Hudson (Sen. Physio)	To improve service efficiency		Y	?
Cardiothoracic/ ITU / HDU notes sheets	Physio (Respiratory)	Cate Mitchell (Supt. Physio)	New notes sheets introduced. To see if documentation of key information improved			
Audit of assistant handover sheets	Physio (Rehab)	Emma Gadsby (Sen. Physio)	Local standards of handover, based on CSP (Chartered Society of Physiotherapy) guidelines			
Falls management effectiveness	Physio (Rehab)	Helen Madden (Sen. Physio)	National guidelines. To assess physiotherapy input into the current falls programme. Tied in with work undertaken in neighbouring PCTs on their falls pathways		Y	Y
Goal setting in the MDT	Physio (Rehab)	Carol Jenkins (Sen. Physio / Kelly O'leary (Sen. OT)	Local standards for goal setting (as advocated in Stroke section of Older Peoples NSF).		Y	
Re-audit of record-keeping	SLT	Vicki Weekes / Jackie Griffiths (Heads of SLT)	Re-audit of 894. Compliance with documentation standards			
Dysphagia Standards	SLT	Vicki Weekes / Jackie Griffiths (Heads of SLT)	Deferred from 2004/5. Local standards.			
Mouthcare re-audit	Trust-wide Nursing	To be decided – see notes in Appendix B	Deferred from 2004/5. Reaudit of 764 following revision of resource pack.			
Assessment and treatment of pressure sores	Trust-wide Nursing	Fiona Balleste (Sen. Nurse)	Deferred from 2004/5. Assessing practice against NICE guideline (to be published Aug 05)			

There are also two physiotherapy service evaluation priority projects for next year which, although not strictly clinical audit, may have some support from the clinical audit team:

- Evaluation of the Musculoskeletal Occupational Health service - Jess Metherell (Sen. Physio). Evaluating the 6 month pilot of a musculoskeletal clinical specialist in Occupational Health using outcome measures
- Evaluation of the Trauma & Orthopaedics Weekend Physiotherapy service - Celia Wogan (Sen. Physio). To determine if provision of a weekend service improves patient outcome and decreases patient satisfaction

A musculoskeletal physiotherapy service patient satisfaction survey is also planned, to be carried out in conjunction with Pat Anderson, the Trust Patient Involvement Facilitator