

U.B.H.T.

Clinical Audit Report

2005/2006

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1 Introduction from Chairman of Clinical Audit Committee

The major re-structuring of UBHT during 2005/6, with the transition from Directorates to Divisions, has given the Clinical Audit Team an opportunity to review its working practice. Greater financial and management responsibility for clinical audit activity now rests with the Clinical Audit Central Office, allowing more flexibility to meet audit needs across the Trust. In order to facilitate and promote audit activity, most clinical specialities now have an Audit Convenor working alongside an Audit facilitator. These 'local' audit teams are embedded within the Divisional structure and will continue to encourage and facilitate projects, whilst integrating with, and responding to, each Division's governance and assurance responsibilities.

This year's Annual Report provides evidence for the extent of clinical audit activity undertaken at UBHT. Over 400 projects are in progress or have been completed during the year, with many of these either confirming best practice or leading to action plans for change affecting staff and patients. It is encouraging that 25% of projects are run between specialities suggesting good levels of interaction and co-operation. The Clinical Audit Oscars were re-instated this year allowing an opportunity for selected projects to be presented in a wider forum. My congratulations go to the team from Cardiac Surgery, led by Lisa Mace and Raimondo Ascione, for their winning project on Post Operative Wound Infection. Special commendation also went to Daniel Williams, a final year medical student, for his project on Correct Site Surgery.

During 2005/6 the Clinical Audit Committee has taken greater responsibility for reviewing clinical audit activity across UBHT to ensure that the appropriate Healthcare Commission standards are achieved. An ongoing commitment to participate in relevant National Audit projects remains a priority. Where necessary, the Central Audit team have been able to provide start up funding to help achieve this. However, some national audit projects provide specific challenges for accurate data collection, particularly when projects interface between primary and secondary care. We recognise that there is a need to build better clinical links between the UBHT audit team and the local Primary Care Trusts and will strive to do so over the next twelve months. Similarly, there remains a desire to increase consumer involvement in all levels of audit activity.

I would like to express my thanks to the Clinical Audit Convenors and Facilitators who have worked hard to ensure the success of so many projects. In particular, I would like to welcome Angus Nightingale (Cardiology), Raimondo Ascione (Cardiac Surgery) and Sally-Ann Hall (Pharmacy) who have started as Convenors during the year. I would also like to thank Chris Swonnell and Eleanor Bird for their efforts within the Clinical Audit Central Office. Many challenges remain for Clinical Audit at UBHT but we are fortunate to have a strong team to continue to take the work forward.

Jeremy Braybrooke
Chairman of the Clinical Audit Committee

2 Clinical Governance Manager's Report

2.1 Clinical Audit Team

A significant change for the Clinical Audit Team in 2005/6 was that the line management of most divisional clinical audit staff was brought under the wing of the Clinical Audit Central Office (CACO). Staff remain located in clinical divisions, and a joint Accountability Agreement has been drawn up between the CACO and Heads of Division to ensure clarity of expectations and responsibilities on both sides. Three audit facilitators (Sue Barron, David Finch & Sally King) continue to be managed by the clinical divisions as clinical audit is only part of their overall role and responsibilities.

In terms of recruitment and retention, it is very pleasing to be able to report that 2005/6 has been a time of relative stability for the clinical audit team. Of staff in post at 1st April 2005, we said goodbye to Grace Saunders. Following the Trust reorganisation, a new audit facilitator will shortly be appointed with wider responsibilities for the Diagnostic & Therapy Division, but also with remit to support audit programmes across the Trust wherever the need arises.

I am also pleased to report a satisfactory Agenda For Change for the team of audit facilitators: the former A&C5 and A&C6 roles having been matched to AFC Band 5 and Band 6 respectively, in line with draft national profiles.

Finally, Eleanor Ferris changed her name to Eleanor Bird this year, following her marriage to Mike, and as I write is about to go on maternity leave. The Clinical Audit Facilitators are rising to the challenge to providing cover for Eleanor whilst she is away!

2.2 Clinical Audit Committee

The Clinical Audit Committee (CAC) met 5 times in 2005/6. The reduced schedule of meetings (down from 8 meetings in 2004/5 and monthly meetings in previous years) is in line with a general Trust move to minimise numbers and frequency of meetings. Meetings are now scheduled to enable discussion of core business, i.e. Annual Forward Plans, quarterly progress reports, the Annual Report and the Healthcare Standards Declaration.

The following members joined CAC in 2005/6: Raimondo Ascione and Angus Nightingale (succeeding Andreas Baumbach and Malcolm Underwood as convenors for Cardiac Services), Sally-Ann Hall (Pharmacy) and Nick Elkington (Obstetrics & Gynaecology, replacing Caroline Overton).

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

2.3 Standards for Better Health

In 2005/6, the Trust declared compliance with Healthcare Standards C5d ('the clinical audit standard'). The key markers used by CAC to advise the Medical Director in favour of a declaration of compliance were the Trust's wide-ranging participation in national clinical audits, and consistent evidence of clinical audit activity across the trust's clinical specialties. During 2006/7, evidence of compliance will continue to be reviewed on a quarterly basis.

2.4 Financial Information

In 2005/6 the Clinical Audit Central Office (now incorporating line and budget management for the majority of divisional audit facilitators) received a total budget of £315,378 and generated an income of £1,560 through workshops. £251,076 was spent on staff costs, and £7,522 on non-pay, leaving an end-of-year underspend of £58,340.

2.5 Clinical Audit Forward Programme 2006/7

Each year, specialties 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 2006/7 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.

2.6 Clinical Audit Oscars 2006

The Clinical Audit 'Oscars' made a welcome return in May 2006, as a showcase for good practice in clinical audit. First prize of £100 in restaurant vouchers (kindly donated by the Charitable Trustees) was won by Raimondo Ascione and Lisa Mace for their presentation on post-operative wound infection following cardiac surgery.

2.7 Conference presentations and input into national audit agenda

Chris Swonnell and Eleanor Bird presented at the national Clinical Audit 2006 conference on the subject of organising clinical audit programmes. Chris continues to be a member of the National Audit & Governance Group (NAGG) – a peer group of audit and governance managers who meet quarterly under the auspices of the Department of Health, providing grass-roots links with the Department and the Healthcare Commission. Eleanor represents the Trust at the regional audit meeting, 'SWANS'.

Chris Swonnell
Clinical Governance Manager

June 2006

3 Project Reports for 2005/2006

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								
3.3.2	3.3.15	3.3.30	3.3.36	3.3.40	3.4.3	3.4.4	3.4.27	3.4.28
3.4.29	3.4.30	3.4.31	3.4.32	3.4.42	3.4.44	3.4.49	3.4.53	3.4.54
3.5.18	3.5.19	3.5.20	3.5.21	3.5.22	3.5.23	3.5.24	3.5.26	3.5.29
3.5.42	3.5.50	3.5.54	3.5.56	3.6.7	3.6.19	3.6.20	3.6.37	3.6.87
3.6.88	3.6.91	3.6.95	3.6.97	3.6.123	3.7.1	3.7.31	3.7.32	3.7.33
3.7.37	3.7.47	3.7.59	3.7.60	3.7.63	3.7.67	3.7.68	3.7.69	3.7.81
3.7.82	3.7.84	3.7.85	3.7.96	3.7.97	3.7.98	3.7.100	3.7.101	3.7.102
National Audits								
3.3.22	3.3.41	3.4.26	3.4.49	3.4.54	3.5.2	3.5.3	3.5.11	3.5.12
3.5.18	3.5.19	3.5.26	3.5.29	3.6.62	3.6.65	3.6.77	3.6.78	3.6.84
3.7.2	3.7.8	3.7.24	3.7.39	3.7.52				

Other 'national audits' are participated in by UBHT but not registered on the audit database as part of the Clinical Audit programme, notably DAHNO (Data for Head & Neck Oncology) and LUCADA.

Local/Regional Health Economy Priorities

Local Priorities (taken from the Bristol Health Improvement & Modernisation Programme 2002-5)								
Services for Children:			3.7.1 - 3.7.57		3.6.35 - 3.6.41		3.3.46	3.3.52
3.4.31	3.5.37	3.6.86	3.6.115	3.7.74				
Services for Older People:			3.4.49 - 3.4.58		3.3.26	3.3.36	3.6.123	
Coronary Heart Disease / Cardiac Services:					3.5.1 - 3.5.31		3.7.20 - 3.7.25	
3.3.33	3.3.53	3.7.41	3.7.44					
Stroke:	3.4.49	3.4.51	3.4.52	3.4.56				
Cancers:	3.5.42 - 3.5.66		3.7.49 - 3.7.51		3.3.7 - 3.3.11		3.3.27	3.3.47
3.3.50	3.4.22	3.4.23	3.4.64	3.6.24	3.6.50	3.6.53	3.6.57	3.6.59
3.6.62	3.6.68	3.6.69	3.6.70	3.6.97	3.7.62	3.7.67		
Diabetes:	3.4.28	3.4.29	3.4.31	3.4.32	3.4.50	3.6.112	3.7.31	3.7.32
3.7.33	3.7.38							
Reducing Waiting Times:			3.4.18	3.4.23	3.4.64	3.5.53	3.6.27	3.6.87
3.6.97	3.6.105	3.6.112	3.7.49	3.7.56				
Regional Audits								
3.3.51	3.4.26	3.4.28	3.4.29	3.5.65	3.6.31	3.6.32	3.6.33	3.6.34
3.6.53	3.6.68	3.6.73	3.7.8	3.7.35	3.7.37	3.7.38	3.7.46	3.7.49
3.7.62								
Interface Audits (see section 3.2.1 for definition)								
3.4.20	3.4.22	3.4.23	3.6.60	3.7.1	3.7.49			

3.2 Introduction to Divisional 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 2005-6. This includes projects started in previous years (2004/5 roll-overs) and projects completed in 2005/6. It does not include projects abandoned during the year or those with a status of 'deferred' at the end of the financial year - for details of these, please see [Appendix C](#) / [Appendix D](#). Audits started in 2005/6 are defined as those that first appeared in a quarterly report in that financial year (i.e. Jul 05, Oct 05, Jan 06 or Apr 06 quarterlies).

Projects are listed by division, as registered on the database (projects having been updated from their directorate-based registration following the restructuring of the Trust into Divisions from July 2005). Projects that a specialty has been involved in but which are registered under another division, are listed separately. [Appendix A](#) gives details of the clinical audit staff supporting divisions/specialties.

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

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

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

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

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

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

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, receipt of action plan and progress updates on this action plan, the clinical audit facilitator assesses whether actions taken represent changes in practice following the audit, recording this on a tick-box field in the database

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 incident reporting

Audits with no clinical audit facilitator involvement: This generally means the audit was first reported to the clinical audit team after it was completed but can also be a result of vacancies or limited resources within the clinical audit team

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	Audits of NICE / NSF guidance	National	Regional	Interface	Multi-specialty	Multi-professional	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 #
Diagnostic and Therapy	55	9%	65%	18%	7%	9%	4%	2%	0%	56%	62%	53%	5%	2%	7%	55%	27%	32%	0%
Medicine	72	0%	83%	11%	6%	18%	4%	4%	4%	10%	28%	85%	3%	8%	10%	65%	21%	28%	0%
Specialised Services	66	23%	47%	9%	21%	20%	12%	2%	0%	14%	50%	70%	11%	6%	11%	50%	43%	35%	0%
Surgery and Head and Neck	130	17%	57%	23%	3%	8%	4%	5%	1%	25%	42%	52%	8%	6%	13%	53%	28%	33%	42%
Women and Children's	103	12%	58%	19%	11%	21%	5%	7%	2%	27%	61%	78%	9%	6%	14%	73%	29%	50%	67%
Non-division specific	2	0%	0%	50%	50%	0%	0%	0%	0%	100%	100%	100%	50%	0%	50%	0%	0%	0%	0%
TOTAL	428	13%	61%	18%	9%	15%	5%	4%	1%	26%	48%	67%	7%	6%	12%	59%	29%	36%	34%

* 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 audits (excluding re-audits) & ongoing (continuous) audits only

as a percentage of completed re-audits

3.3 DIAGNOSTICS & THERAPY

SUMMARY FIGURES

	2004/5 roll-overs <<	33	(includes 1 subsequently abandoned – see Appendix C)
Audits first registered in 2005/6	Pre-audits P	1	
	First audits A	17	
	Re-audits R	5	
	Ongoing monitoring projects >>	0	
Total number of audits		55	
Completed audits		20	
Current (uncompleted) audits carried forward >		31	
Ongoing monitoring projects carried forward >>		4	

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			13/23 57%
Audits arising from a critical incident:			1/23 4%
Audits prompted by a patient complaint:			1/23 4%
Audits with consumer involvement (not including surveys)			0/23 0%
Audits incorporating a patient/carer survey			2/23 9%
Interface audits (involving primary care)			0/23 0%
Audits of NICE or NSF guidance			1/23 4%
Audits with no clinical audit facilitator involvement			7/23 30%
Audits with proposal forms completed before audit started			14/23 61%
Audits using evidence based standards			14/23 61%
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			11/20 55%
Audits where an action plan was produced:			10/20 50%
If action plan NOT produced, number where audit confirmed current good practice:			2/10 20%
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			6/22 27%
Audits leading to better ways of working for staff:			10/22 45%
Audits leading to measurable benefits for patients:			7/22 32%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			0/2 0%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

The project list below details audits that are led by Diagnostics & Therapy staff and are not related to any specific clinical division. Other audits led by, or otherwise involving, Diagnostics and Therapy staff are listed under the clinical division to which they pertain and, where possible, cross-linked via the table below the list of projects registered within this division.

PROJECT LIST

The "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: Laboratory Medicine									
Sub-Specialty: Chemical Pathology									
3.3.1	740	Sweat test guidelines - A review of new guidelines and implications for current practice	Dr J Stone	X		X			
3.3.2	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Ms Anna Barton, Dr Paul Thomas	X		X			X
3.3.3	1308	Audit of error rate on GP request entry	Nicola Marden			X			X
3.3.4	1309	Audit of laboratory practice against Clinical Pathology accreditation (CPA) standards in clinical Biochemistry	Paul Thomas			X			
Sub-Specialty: Histopathology									
3.3.5	49	Annual Audit of Adult Autopsies Carried Out at BRI Mortuary (Trustwide)	Dr C Collins	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.3.6	50	Are we Complying with Laboratory Procedures Relating to the Retention of Tissue From Autopsy Examinations?	Mr Mark Orrell	X				X	
3.3.7	55	Correlation between Histology of Ovarian Tissue and Radiological Examination (with Radiology)	Dr Guy Martland	X		X			X
3.3.8	1014	Audit of Borderline Ovarian Tumour – 10 years	Dr Joya Pawade	X		X			X
3.3.9	1015	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Dr Joya Pawade	X		X			X
3.3.10	1060	Audit of Periocular Basal Cell Carcinoma	Dr M Sohail			X			X
3.3.11	1114	Audit of Testicular Tumour Reporting at the BRI November 2001-4	M Sohail			X			X
3.3.12	1311	Audit of turnaround times in cellular pathology	Phil Hall			X			
Sub-Specialty: Infection Control									
3.3.13	669	Are we decontaminating dental instruments in community settings in compliance with national standards	Christine Perry	X		X			X
3.3.14	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Dr Rashmi Sharma, Beverley Palmer	X	X				
3.3.15	733	Infection Control Ward/Department audit	Michelle Lindsay	X				X	
3.3.16	992	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	Stephanie Carroll	X	X				X
3.3.17	1250	Management of MRSA positive patients	Angela Cherrington			X			X
3.3.18	1271	An audit of peripheral intravenous catheter insertion and management	Chris Perry			X			X
3.3.19	1291	Are Bench top sterilizers for local decontamination being used according th ICNA National Guideline?	Jo Hamilton-Davies			X			X
Sub-Specialty: Laboratory Haematology									
3.3.20	46	Blood and Blood Product Usage by Wards and Theatres	Adele Wardle	X				X	
3.3.21	47	Continuous Participation With Serious Hazards of Transfusion Sentinel Audit	Dr Ed Massey	X				X	
3.3.22	1063	National Comparative Audit of Blood Transfusion	Dr P Thomas	X			X		
3.3.23	1143	Audit of the value of add-on testing for Raynauds Phenomena	Peter Hopes			X			X
3.3.24	1144	Diagnostic value of autoimmune profiles in ophthalmology	Peter Hopes			X			X
Sub-Specialty: Microbiology									
3.3.25	915	Is the antibiotic assay service used appropriately?	Dr Neelam Doshi	X		X			X
3.3.26	991	The Management of Urinary Tract Infections in patients older than 65yrs of age	Irwin Law	X	X				X
Specialty: Medical Physics & Bioengineering									
3.3.27	446	Audit Of Precision Intracranial Radiotherapy (P.I.R.T) at Bristol in UBHT	Hugh Newman, Cathy Hall	X	X				X
Sub-Specialty: Medical Equipment Management (MEMO)									
3.3.28	166	Effectiveness of Servicing Methods for Infusion Devices Used by UBHT	Mr Peter Smithson	X		X			
3.3.29	167	How frequent are anaesthetic incidents and breakdowns in UBHT?	Mr Peter Smithson	X		X			
Sub-Specialty: Vascular Studies									
3.3.30	914	Diagnosis and Treatment of Pseudoaneurysm	Teresa Robinson	X		X			X
Specialty: Nutrition & Dietetics									
3.3.31	1163	Audit of 2005 catering contract and introduction of national descriptors for textured modified diets	Toni Osmane			X			
Specialty: Pharmacy									
3.3.32	906	An audit of iv to oral switch antibiotic guidelines in the surgical directorate	Elizabeth Jonas	X			X		X
3.3.33	937	Audit of timeliness of TTA's on cardiology and cardiac surgery wards	Jacqueline Criper	X			X		X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.3.34	941	Audit of prophylactic antibiotic guidelines in surgery	Rebecca Wong, Barbara Wilson	X			X		X	
3.3.35	1000	Audit of the medical directorate antibiotic guidelines	Elizabeth Jonas	X			X		X	
3.3.36	1096	Are elderly patients prescribed the appropriate medication post-MI?	Rachel O'Donnell			X				
3.3.37	1097	Are current Clostridium difficile guidelines being followed?	Elizabeth Jonas				X		X	
Specialty: Physiotherapy										
3.3.38	1027	Effective set up of humidified oxygen systems in self ventilating patients	David Keene	X		X			X	
Specialty: Radiology										
3.3.39	572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Jane Holmden, Tina Stoyles, Gill Hoult	X		X			X	
3.3.40	863	RF Ablation	Dr M.Callaway	X						
3.3.41	982	Audit of Percutaneous Nephrostomy	Dr J.Kabala, Mrs S.King	X		X			X	
3.3.42	1135	Audit of Pain Diaries after Ultrasound Guided Joint Injection	Dr M.Shaw, Dr C.Wakeley			X				
3.3.43	1136	Re audit of unreported (Z coded) chest x-rays	Dr A Jones, Dr K.Prescod				X			
3.3.44	1318	Audit of Avanced Practitioner Sensivity and Specificity in IVU Reporting.	Mrs S.Walsh			X				
Sub-Specialty: CT										
3.3.45	715	Are the British Thoracic Guidelines being fulfilled in referring patients for C.T.Pulmonary Angiography (CTPA)	Dr A.Jones	X		X				
3.3.46	901	Spiral CT - Have appropriate settings been selected/changed for paediatric patients since 2002 audit	Dr M.Prentice, Dr D.Grier	X			X		X	
3.3.47	981	Is CT Scanning of the thorax necessary for staging patients with pancreatic carcinoma	Dr Madeline Strugnell, Dr Caroline Costello, Dr Mark Callaway	X		X				
Sub-Specialty: Emergency Dept Radiology (Adult)										
3.3.48	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Dr C.Wakeley	X		X			X	
3.3.49	1225	Re-Audit of Advanced Practitioner reporting of A&E appendicular examinations	Antonia Kendall		X					
Sub-Specialty: MRI										
3.3.50	879	Using Magnetic Resonance Spectroscopy in the follow up of brain tumours.	Dr M.Bradley	X		X				
3.3.51	1132	Imaging Guidelines for Patients with Coarctation of the Aorta	Dr Marcus Bradley			X			X	
Sub-Specialty: Paediatric Radiology										
3.3.52	1320	Re-audit of non-operative intussusception reduction	Dr D.Grier				X		X	
Sub-Specialty: Radioisotopes										
3.3.53	1323	Audit of patients undergoing Exercise Stress Tests for Myocardial Perfusion Scans with indirect medical supervision	Mrs V Parkin			X				
Sub-Specialty: Vascular Radiology										
3.3.54	1321	Audit of Advanced Practitioner Lower Limb Venography	Mrs S.Walsh			X				
3.3.55	1322	Re-audit of Peripheral Angioplasty complication rates	Dr Paula Murphy				X		X	

Notes:

- Project no. 955 (Ref. 3.15.14 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.

Staff in this division also participated in the following audits, listed under other divisions:

Division listed under	Ref	Project Title	Participating specialties from this Division
Medicine	3.4.30	An audit of insulin pump therapy (NICE TAG 57)	Pharmacy
Medicine	3.4.33	Audit of screening for Osteoporosis in patients with Coeliac disease	Radiology
Medicine	3.4.41	Use of IV PPIs	Pharmacy
Surgery and Head and Neck	3.6.70	An audit of the patient pathway from GP referral, to treatment decision to start of treatment for patients with upper GI cancer	Radiology
Surgery and Head and Neck	3.6.82	MRSA audit	Laboratory Medicine
Surgery and Head and Neck	3.6.89	To assess the value of barium swallow in patients presenting with globus type symptoms	Radiology
Surgery and Head and Neck	3.6.94	Re-audit to assess the management of patients presenting with globus type symptoms	Radiology
Women's and Children's	3.7.48	Audit of micturating cystourethrograms (MCUGs)	Radiology
Women's and Children's	3.7.65	Audit to assess the accuracy of the information provided by clinicians for histopathology and ultrasound	Radiology, Laboratory Medicine
Women's and Children's	3.7.67	Audit of SWICS Guidelines for the Management of Gynae cancer	Radiology
Women's and Children's	3.7.68	Re-audit of the treatment of fibroids by uterine artery embolism	Radiology
Women's and Children's	3.7.76	Audit of Blood Usage on Central Delivery Suite	Laboratory Medicine
Women's and Children's	3.7.85	Re-audit of causes and management of third and fourth degree perineal tears	Physiotherapy

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

- 3.3.1 - improved information for patients
- 3.3.4 - allowed identification of non compliances in advance of inspection
- 3.3.12 - identification and correction of bottlenecks in Histopathology reporting
- 3.3.31 - indicated that food was looking appetising and texture C standards were being met, i.e. new food supplier meeting quality standards. Review to continue via Catering Ward Rounds - team going to ward unannounced to observe meal service, to include Modern Matron, Hotel Service Manager and Chief Dietician, with on the spot advice & tackling of problems.
- 3.3.32 – The surgical directorate IV to oral guidelines were adhered to for 60% of patients audited. It was decided that the profile of the guidelines needed to be increased to improve adherence. The new UBHT IV to oral trust wide guideline was released during 2005, education was provided to prescribers and pharmacists and there are plans to implement a 'post-it' note sticker for the medical notes suggesting when a switch might be appropriate.
- 3.3.35 – 77% of antibiotic prescribing was in accordance with the guidelines where available. Teaching has been provided to the junior doctors on the current guidelines and the guidelines are to be reviewed.
- 3.3.36 – confirmed best practice, prescribing of the four main secondary prevention medications post-MI being above 90%. Where all the medications were not prescribed, a high proportion of these patients exhibited contraindications.
- 3.3.44 - demonstrated the beneficial role of Advanced Practitioners, enabling patients to be managed more effectively throughout the procedure, improving the quality of the investigation
- 3.3.45 - new style request forms are now in circulation for the requesting of 'Imaging for Suspected Pulmonary Embolus', enabling a more structured approach to the management of these requests
- 3.3.49 - demonstrated a very high standard in Advanced Practitioner Trauma Reporting, and with further expansion of service, will provide considerable benefits to all patients and staff concerned.

3.4 MEDICINE

SUMMARY FIGURES

	2004/5 roll-overs <<	24
Audits first registered in 2005/6	Pre-audits P	0
	First audits A	44
	Re-audits R	5
	Ongoing monitoring projects >>	0
Total number of audits		72
Completed audits		44
Current (uncompleted) audits carried forward >		24
Ongoing monitoring projects carried forward >>		4

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

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			12/49 24%
Audits arising from a critical incident:			4/49 8%
Audits prompted by a patient complaint:			1/49 2%
Audits with consumer involvement (not including surveys)			1/49 2%
Audits incorporating a patient/carer survey			0/49 0%
Interface audits (involving primary care)			3/49 6%
Audits of NICE or NSF guidance			8/49 16%
Audits with no clinical audit facilitator involvement			16/49 33%
Audits with proposal forms completed before audit started			31/49 63%
Audits using evidence based standards			45/49 92%
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			29/44 66%
Audits where an action plan was produced:			31/44 70%
If action plan NOT produced, number where audit confirmed current good practice:			2/13 15%
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			9/43 21%
Audits leading to better ways of working for staff:			14/43 33%
Audits leading to measurable benefits for patients:			12/43 28%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			0/5 0%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

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: Emergency Department (Adult)								
3.4.1	934	Triage documentation audit	Tina Claridge	X		X		
3.4.2	1039	Audit of the ED Chest Pain Protocol	Sarah Green	X		X		
3.4.3	1090	Prospective audit of Mental health assessment in the emergency department	Rebecca Hoskins			X		
3.4.4	1100	Audit of suspected first presentation adult 'fitters' at UBHT and implications for head CT scanning	Jonathan Bengner			X		
3.4.5	1161	Documentation in head injury	Laura Gosling			X		
3.4.6	1162	Management of patients with alcohol related head injury	Rebecca Preece			X		
3.4.7	1172	Re-audit of #NOF using BAEM criteria	Oliver Ortel				X	
3.4.8	1179	Goal directed therapy for sepsis	Neil Barua			X		
3.4.9	1180	Management of acute headache and subarachnoid haemorrhage in ED	Alex Middleditch			X		
3.4.10	1184	To improve the assessment and management of facial injuries	Paul Carter			X		X
3.4.11	1186	The management of acute GI bleeds	Noel Thin			X		

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.4.12	1193	Management of oesophageal foreign bodies	Lisa Marshall			X			
3.4.13	1214	Minor injuries pain audit	Andy Hembrow			X			X
3.4.14	1229	Management of Cellulitis in the Emergency Department	Rebecca Bayley			X			
3.4.15	1265	Olecranon bursitis in the ED	Anita Joshi			X			
3.4.16	1292	CNST documentation audit - adult ED	Bernadette Greenan			X			X
3.4.17	1306	Management of acute atrial fibrillation in the emergency department	Claire Dobson			X			X
Specialty: Medical Specialties									
Sub-Specialty: Dermatology									
3.4.18	936	Admission to dermatology inpatient beds	Lindsay Shaw	X		X			
3.4.19	1088	Re-audit of the Leg Ulcer Proformas used in the Dermatology Nurse-Led Wound Healing Clinic	Denise Bell				X		
3.4.20	1089	Audit of quality indicators of surgical treatment of BCCs by GPwSI in Dermatology in Primary and Secondary Care	Dr Inma Mauri-sole			X			
3.4.21	1092	Audit of the treatment of cellulitis	Debbie Shipley			X			
3.4.22	1160	Patient referral and communication between Bristol Dermatology Centre and Frenchay Hospital	Marsha Ostroumova			X			X
3.4.23	1213	Quality of malignant melanoma 2 week wait referrals	Kerry Hawker			X			X
3.4.24	1222	Systemic therapies for psoriasis	Clare Hughes			X			X
3.4.25	1230	Electronic referrals to the dermatology department	Lindsay Shaw			X			
Sub-Specialty: Diabetes & Endocrinology									
3.4.26	629	Outcome of Management of Patients with Acromegaly (National database)	Stafford Lightman, Jane Taheri	X				X	
3.4.27	727	Are we appropriately referring patients with a high serum creatinine level?	Dr Mimi Chen	X		X			
3.4.28	821	Regional audit of Diabetic Pregnancies	Dr Kurien John	X				X	
3.4.29	824	South West Regional Audit of Diabetic Lower Limb Amputations	Dr Kurien John	X				X	
3.4.30	1043	An audit of insulin pump therapy (NICE TAG 57)	Elisabeth Jones	X		X			X
3.4.31	1155	Transfer of patients from the Children's Hospital diabetes service to the adult service in the BRI	Helen John			X			X
3.4.32	1170	Diabetic inpatient referrals to podiatry	Edyth Dougan			X			X
Sub-Specialty: Gastroenterology & Hepatology									
3.4.33	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Hashir Kriel	X		X			
3.4.34	819	Re-audit of the Investigation of Iron Deficiency Anaemia	Jon Shufflebotham, Rebecca Mason	X			X		
3.4.35	961	Are we following local guidelines for the management of patients with cirrhosis and ascites?	Liz Pettit, Dr Rebecca Jones	X		X			
3.4.36	1103	Follow-up of colonic polyps	Tom Creed			X			
3.4.37	1113	Audit of gastrointestinal bleeds in UBHT	Miranda Flory			X			
3.4.38	1146	Management of alcohol withdrawal	Fiona Gordon			X			
3.4.39	1151	Are serum phosphate levels adequately investigated and treated in patients admitted with a history of alcohol abuse?	Gillian Myers, Tamsin Hayward			X			X
3.4.40	1158	Audit of safety of sedation during OGD on ward 11 during March 2005	Anna Sadnicka			X			
3.4.41	1227	Use of IV PPIs	Clare Hughes			X			X
Sub-Specialty: General Medicine									
3.4.42	1091	Audit of the use of Seretide inhalers within the medical directorate	Clare Hughes			X			X
3.4.43	1149	BTS Guidelines for the investigation of PE	Jinai Acum Lum			X			X
3.4.44	1159	Ward 16 NIV Audit 2005	Dr Rachel Royston			X			
3.4.45	1223	prophylactic heparin in medical division	Tudor Gheorghiu			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.4.46	1245	BRI Nebuliser guidelines (Re-audit)	Sue Hingston, Nicky Brooks				X		X
3.4.47	1266	Medical Division CNST notes audit 2005/2006	Neina English			X			X
3.4.48	1283	Completion of discharge planning section of Nursing Cardex in Medical Division	Neina English			X			X
Sub-Specialty: Medicine for the Elderly									
3.4.49	812	National Sentinel Audit of Stroke	Sarah Caine	X			X		
3.4.50	1001	Prevention of foot problems in diabetic patients (of 65 years of age or older)	Obaid Khan	X		X			
3.4.51	1004	Audit of the stroke integrated care pathway	Pauline Baker	X		X			
3.4.52	1008	Addressing risk factors for stroke in patients undergoing carotidendarterectomy (CEA)	Rob Hastings, Suzy Thain	X		X			
3.4.53	1102	Are current national guidelines for secondary fracture prevention being followed in the BRI?	Genevieve Robson			X			X
3.4.54	1112	National Audit of Continence Care for Older People (65 years and above)	Chris Oram			X			
3.4.55	1224	Drug administration in Care of the Elderly wards (Re-audit)	Helen Bishop				X		
3.4.56	1239	Local Re-audit of stroke care using National Sentinel audit criteria	Sarah Caine				X		X
3.4.57	1284	Drug prescription and administration at Bristol General Hospital	Neina English			X			X
3.4.58	1315	Drug administration on the rehab wards at Keynsham hospital	Lynne Turner-Williams			X			X
Sub-Specialty: Respiratory									
3.4.59	116	Annual Review of Cystic Fibrosis - Does This Contribute to the Effective Management of Patients?	Dr Nabil Jarad	X				X	
3.4.60	702	Experience, Use and Management of Central Venous Catheters (PORTS) in Adult Patients with Cystic Fibrosis	June Dyer	X		X			
3.4.61	868	Is inpatient oxygen administration documented appropriately on the BRI respiratory wards?	Jennifer Hudson	X		X			
3.4.62	953	Audit of BTS guidelines for insertion and care of chest drains	Sothinathan Gurunathan	X		X			
3.4.63	997	Are the UBHT physiotherapy standards for the management of acute exacerbations of COPD being met?	Jenny Todd	X		X			
3.4.64	999	Audit of quality of referral received via the 'lung cancer 2 week wait' route	Martin Ball	X		X			X
3.4.65	1080	Diagnostic yield of the bronchoscopy service	Dr Khalid Gaber			X			
3.4.66	1216	audit of oxygen monitoring/weaning chart	Nicky Brooks			X			
3.4.67	1242	Physiotherapy service for Bronchiectasis Patients	Mark Hufton			X			
3.4.68	1243	CF Healthy Practice Gym Programme	Hannah Douglas			X			
Sub-Specialty: Rheumatology									
3.4.69	998	Re-audit of the provision of physiotherapy services to people with osteoporosis	Rachel Dowling	X			X		X
3.4.70	1003	Production of GP / patient letters following out-patient appointments	Lindsay Roberston	X	X				
3.4.71	1212	Annual review of scleroderma patients	Killian O'Rourke			X			
3.4.72	1267	Outpatient review letters for Rheumatoid Arthritis Patients	Dr Killian O'Rourke			X			X

Staff in this division also participated in the following audits, listed under other divisions:

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.14	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.18	An audit of peripheral intravenous catheter insertion and management	
Diagnostic and Therapy	3.3.26	The Management of Urinary Tract Infections in patients older than 65yrs of age	Medicine for the Elderly
Diagnostic and Therapy	3.3.35	Audit of the medical directorate antibiotic guidelines	
Diagnostic and Therapy	3.3.36	Are elderly patients prescribed the appropriate medication post-MI?	Medicine for the Elderly
Diagnostic and Therapy	3.3.45	Are the British Thoracic Society Guidelines being fulfilled in referring patients for C.T.Pulmonary Angiography (CTPA)	
Diagnostic and Therapy	3.3.48	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Emergency Department (Adult)

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

- 3.4.3 - mental health crisis team now based in Emergency Department (ED) to facilitate review of emergency patients. Increased knowledge and understanding of the risk assessment matrix by staff within the ED
- 3.4.4 - clearer guidelines implemented, which should lead to more consistent investigation and more appropriate use of CT scanning (reducing unnecessary scans), together with improved identification of underlying causes, discharge advice and follow-up arrangements, and improved documentation
- 3.4.6 – the new guideline introduced as part of this audit was shown to have led to a reduction in the number of patients being unnecessarily admitted to hospital, and more appropriate use of the observation unit
- 3.4.8 – a new flow chart for ED management of acute sepsis has been implemented and added to the ED handbook
- 3.4.11 - streamlined Acute Upper GI Bleed assessment tool now available
- 3.4.14 - simplified treatment flow chart added to the ED handbook to guide staff treating patients presenting with cellulitis
- 3.4.15 - ED handbook updated to reflect current best practice, so information is readily available in the department
- 3.4.18 - audit confirmed that the change to the admissions process has reduced delays in admission (average wait reduced to 8.5 days from 43.5 days)
- 3.4.20 - confirmed that service provided by GPs with Special Interest is of the same quality as the service provided by GPs working within the Bristol Dermatology Centre
- 3.4.21 - new guideline for treatment of cellulitis has been developed
- 3.4.36 – confirmed that current trust practice follows British Society of Gastroenterology guidance for routine follow-up of polyps
- 3.4.51 - the ICP is being updated to make it easier to follow, which should ensure that more patients receive the correct interventions in a timely manner. As the ICP is based on evidence based best practice, this should improve patient outcomes.
- 3.4.52 – this re-audit (of unregistered first audit) indicated that care is now more patient centred due to the expertise of the nurse specialists and staff have greater confidence in the service, which has improved staff morale.
- 3.4.55 - discussion of medications is now included in the formal shift handover, and a system of random checks of drug charts (performed by senior nursing staff and pharmacy staff) with feedback to ward staff has been introduced
- 3.4.60 - introduction of clear training pathway for staff to achieve competencies in managing ports, reducing the risk of clinical error.
- 3.4.63 - improved equity of physiotherapy service to patients with COPD (Chronic Obstructive Pulmonary Disease) throughout UBHT, improved access to ERA (Early Respiratory Assessment team) and pulmonary rehabilitation
- 3.4.65 - confirmed best practice, the bronchoscopy service providing diagnostic results in 84% of cases compared to the published national average of 80%
- 3.4.68 - more realistic and appropriate guidelines have been written, and documentation has been improved.
- 3.4.71 - Specialised Scleroderma clinic set up to closely monitor scleroderma patients. Uniform documentation made available which prompts clinicians to perform and record results of relevant screening tests so that tests are not duplicated and patient records should be more complete in future.

3.5 SPECIALISED SERVICES

SUMMARY FIGURES

	2004/5 roll-overs <<	41
Audits first registered in 2005/6	Pre-audits P	4
	First audits A	19
	Re-audits R	5
	Ongoing monitoring projects >>	0
Total number of audits		66
Completed audits		29
Current (uncompleted) audits carried forward >		23
Ongoing monitoring projects carried forward >>		14

(includes 2 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#). Also includes 1 project that was deferred at time of 2004/5 report (see note below project list))

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			15/28 54%
Audits arising from a critical incident:			1/28 4%
Audits prompted by a patient complaint:			1/28 4%
Audits with consumer involvement (not including surveys)			0/28 0%
Audits incorporating a patient/carer survey			0/28 0%
Interface audits (involving primary care)			0/28 0%
Audits of NICE or NSF guidance			4/28 14%
Audits with no clinical audit facilitator involvement			0/28 0%
Audits with proposal forms completed before audit started			25/28 89%
Audits using evidence based standards			20/28 71%
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			22/29 76%
Audits where an action plan was produced:			20/29 69%
If action plan NOT produced, number where audit confirmed current good practice:			4/9 44%
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			17/40 43%
Audits leading to better ways of working for staff:			17/40 43%
Audits leading to measurable benefits for patients:			14/40 35%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			0/3 0%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

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: Cardiac Services									
3.5.1	685	Essence of Care Benchmarking Audit	Ward Sisters	X					X
3.5.2	1010	CNST audit	Fiona Jones	X	X				
3.5.3	1301	CNST audit 2005	Graham Brant			X			X
Sub-Specialty: Cardiac Anaesthesia									
3.5.4	1260	An audit of intraoperative Transoesophageal echocardiography	James Hillier, Dr Saravanan			X			
Sub-Specialty: Cardiac Surgery									
3.5.5	205	Appropriate Use of Pressure Relieving Mattresses	Lisa Mace	X		X			X
3.5.6	206	Adult Cardiac Surgery Annual Report	Mr A J Bryan	X				X	
3.5.7	208	Audit of Extubation Data	Kathy Gough	X				X	
3.5.8	215	Mortality Rate Procedures Based on Parsonnet Scores	Dr S Pryn	X	X				
3.5.9	219	Usage of Blood Products After Cardiac Surgery	Dr A Cohen	X				X	
3.5.10	486	A protocol for the weaning of long-stay patients	Lisa Mace	X	X				X
3.5.11	549	CCAD/SCTS National Adult Cardiac Surgery Audit Database	Mr A J Bryan	X				X	

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.5.12	550	UK Heart Valve Registry	Mr A J Bryan	X				X	
3.5.13	577	Radio frequency Ablation of Chronic Atrial Fibrillation	Mr Raimondo Ascione	X	X				X
3.5.14	578	Surgical Wound Audit Protocol	Mr Raimondo Ascione	X	X				X
3.5.15	1044	Abdominal complications post cardiac surgery	Dr Eleanor Soo	X	X				
3.5.16	1110	Outcomes of mechanically ventilated patients who require a tracheostomy	Dr Roberto Mosca		X				X
3.5.17	1281	Perfusion Protocol Audit	Richard Downes			X			
Sub-Specialty: Cardiology									
3.5.18	207	Cardiac Rehabilitation NSF-CHD Audit	Fiona Barnard	X				X	
3.5.19	223	Myocardial Infarction National Audit Project	Jenny Tagney	X				X	
3.5.20	366	Heart Failure NSF-CHD Audit	Toni Dorrington	X				X	
3.5.21	367	Prophylaxis for patients who have experienced a MI	Jenny Tagney	X				X	
3.5.22	368	Glycoprotein IIb/IIIa inhibitors for acute coronary syndromes	Dr A Baumbach	X				X	
3.5.23	369	Coronary artery stents in the treatment of ischaemic heart disease	Dr A Baumbach	X				X	
3.5.24	546	Drug eluting stents for prevention of restenosis	Dr A Baumbach	X				X	
3.5.25	684	Acute Coronary Syndrome Protocol	Sarah Green	X	X				
3.5.26	809	CCAD/BCIS National Angioplasty Database	Dr Andreas Baumbach	X				X	
3.5.27	917	Coronary Care Unit Audit	Dr Andreas Baumbach	X	X				
3.5.28	1020	An approach to the management of heart disease in pregnancy	Dr S Curtis	X		X			
3.5.29	1226	Health Commission Audit of Patients admitted with Heart Failure	Jenny Tagney			X			X
3.5.30	1268	CYP450 interactions with Simvastatin	Frances Loftus			X			X
3.5.31	1293	Cryoablation in the treatment of supraventricular tachycardias	Dr Liz McNeill		X				X
Specialty: Homeopathy									
3.5.32	200	Improving patient information through review of current information and understanding motivating factors for attending the homeopathic hospital	Dr Elizabeth Thompson	X		X			
3.5.33	203	The Management and Treatment of Asthma	Dr David Spence	X	X				X
3.5.34	204	What is the DNA (Did Not Attend) Rate at BHH?	Dr David Spence	X		X			
3.5.35	555	Improving the Quality of Information in the Medical Notes	David Spence	X			X		
3.5.36	688	Audit of the Effectiveness of the Package of Care and Discharge Policy	Dr Richard Savage	X		X			
3.5.37	923	An audit exploring patient motivation and expectation for parents attending with a child who has eczema or asthma with a view to goal setting	Elizabeth Thompson	X	X				
3.5.38	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				X
3.5.39	1134	Consistency of Prescribing of the LM potencies within the clinical team at BHH	Elizabeth Thompson		X				
3.5.40	1194	CNST Notes Audit	Elizabeth Thompson			X			X
3.5.41	1317	Audit of the homeopathic Treatment of the Patients with Vitiligo	Dr Richard Savage		X				
Specialty: Oncology & Haematology									
3.5.42	918	Do we conform to NICE Guidance in the use of Capecitabine in metastatic breast cancer?	Hilary Williams	X		X			
3.5.43	922	Prophylactic Antibiotics with Chemotherapy for Small Cell Lung Cancer	Chris Herbert	X		X			
3.5.44	931	Timeliness of prostate patient information leaflets	Andrea Maggs	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.5.45	954	Management of Spinal Cord Compression	Ramayana Modgil	X		X			
3.5.46	989	Neutropenic Sepsis Investigations	Hoda Booz, Kalyan Pundli, Olivera Frim	X		X			X
3.5.47	990	Are We Treating Advanced Head and Neck Cancers According to Recommended National Guidelines?	Olivera Frim	X		X			
3.5.48	1009	Completeness of X-ray Request Forms	Durrani Sajid, Tristan Grey	X		X			
3.5.49	1077	Use of Regular Blood Tests in Prostate Patients on Radical Radiotherapy	Dr Angus Robinson, Dr Challapalli			X			
3.5.50	1078	Are we following NICE guidance in prescribing Capecitabine in Colorectal Cancer	Maxine Flubacher			X			
3.5.51	1119	Adherence to BHOC guidelines for the use of first line anti-emetics during chemotherapy.	Louise Harris			X			
3.5.52	1120	Re-audit of Radiotherapy Progress Forms	Tracy Goolam-Hossen				X		
3.5.53	1122	Delays in commencing and completing radical radiotherapy for cervical cancer	Abigail Jenner			X			
3.5.54	1123	Oxaliplatin based chemotherapy for potentially resectable liver metastases in colorectal cancer - NICE Guidance	Emma De Winton, Jo Parkinson			X			
3.5.55	1167	Audit of Manual of Cancer Services - Standard 3E-141 and 3E 144 (treatment sheet information and patient name and ID details)	Theresa Grummell, Andrea Maggs			X			X
3.5.56	1233	Re-audit of use of Gemcitabine in advanced metastatic pancreatic cancer	Sharon Brandreth				X		X
3.5.57	1234	Management of Hypercalcaemia in in-patients on Ward 61	Emma Shaw			X			X
3.5.58	1235	Appropriate use of new Oncology Hostel Facility	Johathon Price			X			X
3.5.59	1237	Re-audit of Completeness and Timeliness of Ward discharge Summaries Ward 61	Shubhangi Ingle				X		X
3.5.60	1273	Re-audit of Palliative Radiotherapy to NSCL Cancer	Ranil Fernanda, Kamalnayan Gupta				X		X
3.5.61	1297	Completion of Chemotherapy Preassessment Forms	Sarah Wheatley			X			X
3.5.62	1298	Completion of Pregnancy, Fertility & Radiotherapy Form	Sue Humphreys			X			X
Sub-Specialty: Clinical Haematology									
3.5.63	1215	Administration of autologous bone marrow/stem cells	Gavin Cho			X			X
Sub-Specialty: Palliative Medicine									
3.5.64	1118	Audit to assess the accuracy of dose conversion when switching opioid drugs and/or changing route of administration in patients with cancer.	Gaye Senior-Smith			X			X
3.5.65	1121	Audit of management plans in palliative care team patients	Dr Candida Cornish			X			
3.5.66	1168	Re-Audit of Pain Management Guidance	Martin Williams				X		

Notes:

- Project no. 684 (Ref. 3.5.25) was deferred at the time of the 2004/5 annual report

Staff in this division also participated in the following audits, listed under other divisions:

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.18	An audit of peripheral intravenous catheter insertion and management	
Diagnostic and Therapy	3.3.20	Blood and Blood Product Usage by Wards and Theatres	Cardiac Services

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.22	National Comparative Audit of Blood Transfusion	Oncology & Haematology
Diagnostic and Therapy	3.3.33	Audit of timeliness of TTA's on cardiology and cardiac surgery wards	Cardiac Services
Medicine	3.4.2	Audit of the ED Chest Pain Protocol	Cardiac Services
Surgery and Head and Neck	3.6.30	Is local protocol for Sickle Cell Disease adhered to at BDH? - re-audit	Oncology & Haematology
Surgery and Head and Neck	3.6.39	Continuing oral health care for paediatric patients who have been treated for childhood malignancies.	Oncology & Haematology
Surgery and Head and Neck	3.6.85	Audit of Pharyngocutaneous Fistula Evaluation	Oncology & Haematology
Women's and Children's	3.7.67	Audit of SWICS Guidelines for the Management of Gynae cancer	Oncology & Haematology
Women's and Children's	3.7.70	Surgical complications of radical gynaecological surgery	Oncology & Haematology

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

- 3.5.1 - communications and record keeping benchmarks achieved resulting in multiple actions for improvement in these areas across eight wards
- 3.5.3 – high standards of documentation confirmed with just three minor recommendations for further improvement
- 3.5.4 – agreement reached for proper assessment of Transoesophageal echocardiography by incorporation into PATS database
- 3.5.6 – the most comprehensive report to date confirms excellence in outcomes despite a worsening case mix
- 3.5.8 – development of comparative performance journals to assist annual appraisal process
- 3.5.9 – transfusion rate now at 20% compared to 70% when audit started in 1997
- 3.5.10 – protocol established ensuring comprehensive monitoring and care of long-term ventilator patients
- 3.5.11 – the BRI continues to lead the UK in the communication of surgeon-specific outcomes to the general public. We are one of four centres to publish results on the web and last year assisted the Healthcare Commission in their pioneering public information portal
- 3.5.13 – success of this new technique continues to be affirmed with no reported deaths
- 3.5.14 – this comprehensive project has led to evidence-based identification of factors affecting wound breakdown and has permitted the drawing up of a detailed action plan to combat these
- 3.5.15 – morbidity rates confirmed as being lower than national range
- 3.5.16 – only 64% of tracheostomies are occurring within 4 days in re-intubation; work is in progress to improve this
- 3.5.17 – provided assurance of extremely high levels of compliance (98%) to protocol established as a result of a serious clinical incident
- 3.5.19 – NSF-CHD door-to-needle target of 30mins now achieved for 87% of patients
- 3.5.21 – UBHT exceeded NSF-CHD secondary prevention prescribing rate target of 80% for all drug groups
- 3.5.22 - assured the Trust of compliance with relevant NICE Guidance
- 3.5.23 – assured the Trust of compliance with relevant NICE Guidance – stent rate now at 88% compared to 75% in 2004
- 3.5.24 - assured the Trust of compliance with relevant NICE Guidance
- 3.5.28 – confirmed adherence to 32 international guidelines, with action plan to improve on the remaining 8 guidelines
- 3.5.29 – new heart failure nurse post agreed, MDT meetings established and new follow-up clinic established
- 3.5.30 – medical staff across Trust alerted to poor compliance (72%) with CSM guidance in a series of meetings
- 3.5.32 - confirmed patients happy with current literature. Better understanding of patient motivation for expectation of attendance. Presented jointly with 3.5.37 at an international conference in January 2006 held at the Royal London Homeopathic Hospital (“Improving the Success of Homeopathy 5 - A Global Perspective”)
- 3.5.35 - laminated sheets of homeopathic standards available for all doctors in clinic
- 3.5.36 - focused outcomes within an attendance package and improved communication with patients
- 3.5.37 - new standard of goal setting in consultations. Better understanding of patient motivation and expectation of attendance. See note for 3.5.32 re. conference presentation
- 3.5.39 - guidelines developed for prescription and administration of LM Potencies (high strength homeopathic medicines)
- 3.5.41 - improved patient information on vitiligo
- 3.5.42 - assured the Trust of compliance with relevant NICE Guidance
- 3.5.43 - confirmed best practice, with 90% patients receiving antibiotics and fluconazole prophylactically as per Avon Somerset & Wiltshire Cancer Services protocol
- 3.5.44 - reduction in number of information leaflets distributed. Single information prepared and available in clinics, with associated cost saving on printing and postage
- 3.5.45 - multi-disciplinary group set up to increase regional awareness to guidelines

- 3.5.48 - more detailed completion of forms by BHOC (Bristol Haematology & Oncology Centre) clinicians. Better working arrangements between Radiology and BHOC which should enable x-ray results to be available at patient clinic appointment.
- 3.5.49 - reduction in number of blood tests during treatment bringing benefits to staff, patients and the organisation
- 3.5.50 - assured the Trust of compliance with relevant NICE Guidance
- 3.5.53 – there are plans to introduce longer days for radiotherapy treatment which it is anticipated will address the current delays in treatment start time.
- 3.5.54 - assured the Trust of compliance with relevant NICE Guidance
- 3.5.65 - changes to format of MDT (multi-disciplinary team meeting) ensuring all relevant personnel are present for discussions. Named Palliative Care contact to be identified for each patient

3.6 SURGERY AND HEAD AND NECK

SUMMARY FIGURES

	2004/5 roll-overs <<	71
Audits first registered in 2005/6	Pre-audits P	7
	First audits A	38
	Re-audits R	19
	Ongoing monitoring projects >>	0
Total number of audits		130
	Completed audits	66
	Current (uncompleted) audits carried forward >	60
	Ongoing monitoring projects carried forward >>	4

(includes 4 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#). Also includes 1 project that was abandoned at time of 2004/5 report (see note below project list)

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			30/64 47%
Audits arising from a critical incident:			2/64 3%
Audits prompted by a patient complaint:			5/64 8%
Audits with consumer involvement (not including surveys)			5/64 8%
Audits incorporating a patient/carer survey			5/64 8%
Interface audits (involving primary care)			0/64 0%
Audits of NICE or NSF guidance			5/64 8%
Audits with no clinical audit facilitator involvement			9/64 14%
Audits with proposal forms completed before audit started			50/64 78%
Audits using evidence based standards			37/64 58%
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			39/66 59%
Audits where an action plan was produced:			39/66 59%
If action plan NOT produced, number where audit confirmed current good practice:			8/27 30%
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			16/58 28%
Audits leading to better ways of working for staff:			16/58 28%
Audits leading to measurable benefits for patients:			19/58 33%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			5/12 42%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

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: Anaesthesia								
3.6.1	770	Review of Hotline Booking Requests	Dr Frances Forrest	X		X		
3.6.2	832	Epidural Response Time Audit	Dr Douglas Mein	X			X	X
3.6.3	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		
3.6.4	1025	Observation of patients on epidurals	Dr Simon Massey	X		X		
3.6.5	1028	Are Departmental Guidelines on epidurals being adhered to?	Sivakumar	X	X			
3.6.6	1070	Patient care after Taylor Spatial Frame surgery	Shariq Au Khan, Jane Rowlet-Harris			X		X
3.6.7	1117	NICE (TAG 49) - use of ultrasound for the insertion of Central Venous Cannulation	Graham Knottenbelt			X		
3.6.8	1133	The checking of Central Venous Cannulations by CXR	Graham Knottenbelt			X		X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Sub-Specialty: Acute Pain Services									
3.6.9	995	An audit of the quality of Postoperative Pain Management	Mrs Jacqui Gannon, Dr Tim Lovell	X			X		X
3.6.10	1289	The Pain Clinic - Assessing outcomes	Amit Parekh		X				X
Sub-Specialty: Day Surgery Anaesthesia									
3.6.11	140	Direct admission after Day Surgery attendance	Dr S Grimes	X				X	
3.6.12	146	NCEPOD – review in Day Surgery	Dr Carl Heidemeyer	X		X			X
3.6.13	1249	The use of Fentanyl and time spent in the recovery room	Celia Howe			X			X
3.6.14	1280	DSU - Unplanned overnight stays	Trish Townsend			X			
Sub-Specialty: Obs & Gynae Anaesthesia									
3.6.15	155	What Problems are Being Experienced with Regional Anaesthesia for Caesarean Section?	Dr Mike Kinsella	X				X	
3.6.16	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Dr Steven Kinsella	X		X			X
3.6.17	975	An audit of anaesthesia for Placenta Praevia	Dr Judith Stedeford	X		X			
3.6.18	1261	Anaesthetic monitoring for obstetric patients	Danni Seddon, Sarah Napier			X			X
Sub-Specialty: Pre-Operative Assessment Clinic									
3.6.19	757	Meeting NICE guidelines for preoperative assessment - the use of clotting screens and ECG	Jill Homewood	X		X			
3.6.20	830	Pre-operative chest radiograph requests - An audit	Dr Jonathan Price	X		X			
Specialty: Dental									
3.6.21	1154	CNST Casenotes audit	Sarah Bain				X		
3.6.22	1232	Do all radiographic investigations within the Dental Hospital and School have a documented evaluation in the patients' notes? - re-audit	Melanie Williams				X		X
3.6.23	1274	Standard of referral letters to the Dental specialties at Bristol Dental Hospital	Tony Brooke				X		X
Sub-Specialty: Oral Medicine									
3.6.24	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Tony Brooke	X			X		
3.6.25	935	Efficacy of treatment in achieving pain control in "Atypical Facial Pain"	Tony Brooke	X	X				
3.6.26	951	Efficacy of treatment in achieving pain control in trigeminal neuralgia	Tony Brooke	X	X				
3.6.27	1247	Are appropriate referrals being made by GDPs to the Primary Care Unit?	Alison Grant				X		X
Sub-Specialty: Oral Surgery									
3.6.28	837	Why do Day Case surgery patients fail to attend? - re-audit	Prof Cowpe	X			X		X
3.6.29	1052	Audit of Dental Extractions in Warfarinised Patients	Hemendranath Shah	X		X			
3.6.30	1258	Is local protocol for Sickle Cell Disease adhered to at BDH? - re-audit	Anna Auchterlonie				X		X
Sub-Specialty: Orthodontics									
3.6.31	192	Osteotomies - regional	Nigel Harradine	X				X	
3.6.32	632	What percentage of treatment with functional appliances is successful? - regional	Nigel Harradine	X		X			
3.6.33	968	Audit of Archwire Breakages	Kate House	X			X		
3.6.34	1098	Do patients know how to care for their teeth and appliances during orthodontic treatment? - re-audit	Scott Deacon				X		

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Sub-Specialty: Paediatric Dentistry									
3.6.35	337	Are primary molar teeth being restored appropriately?	Deborah Franklin	X		X			
3.6.36	814	Do all patients undergoing treatment with junior staff in the department of paediatric dentistry have specialist treatment plans?	Rebecca John	X		X			
3.6.37	1105	Is the information currently collected in the notes of children with cleft lip and palate adequate to determine risk-based recall intervals?	Tim Harris			X			X
3.6.38	1221	An audit on the presence of a final working length in patients undergoing apexification.	Rebecca John			X			X
3.6.39	1270	Continuing oral health care for paediatric patients who have been treated for childhood malignancies.	Rebecca John			X			X
3.6.40	1279	Adherence to GDC Regulations for the referrals received from GDPs for patients requiring treatment under General Anaesthesia	Shan Gandhi				X		X
3.6.41	1302	Recording of consent for clinical photographs	Shan Gandhi			X			
Sub-Specialty: Primary Care Dental Services (PCDS)									
3.6.42	589	Are standards for sterilisation of instruments being implemented within the Personal Dental Service?	Kelly Barnes	X		X			X
3.6.43	778	What is the delay in providing replacement dentures which are lost in hospital?	Felicity Sutton	X		X			
3.6.44	929	Medical Emergencies in Dentistry	Felicity Sutton	X	X				
3.6.45	1055	Medical Emergencies in Dentistry - Reaudit	Felicity Sutton				X		
3.6.46	1099	Antibiotic prescribing in the PCDS	Felicity Sutton			X			X
3.6.47	1182	What is the delay in providing replacement dentures which are lost in hospital? - re-audit	Felicity Sutton				X		
Sub-Specialty: Restorative Dentistry									
3.6.48	601	Are systemic antibiotics used appropriately in the treatment of periodontal disease?	Monica Yadava	X		X			X
3.6.49	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		
3.6.50	1037	Are we complying with National Clinical Guidelines for the oral care of patients undergoing treatment for Head and Neck Cancer?	Eithne Fyfe, Matthew Jerreat	X		X			
3.6.51	1093	What is the retention rate of Porcelain veneers placed at Bristol Dental Hospital?	Matthew Garrett				X		X
3.6.52	1246	Denture care for Inpatients	Matt Jerreat			X			
Specialty: General Surgery									
3.6.53	582	Audit of the rate of re-excision in patients with breast carcinoma	Dr Amit Patel, Mr Zen Rayter	X		X			
3.6.54	586	Is the UBHT Upper GI Cancer Service practising in accordance to national guidance for major resections?	Miss J Blazeby	X		X			
3.6.55	665	Is UBHT following BASO guidance for Mastectomy patients?	Miss Zoe Winters, Mr Zen Rayter, Mr Maged Hussien	X		X			
3.6.56	790	Outcome from reversal of defunctioning ileostomy and colostomy	Mr R J Longman, Dr S Potter, Mr P Sylvester	X	X				X
3.6.57	792	Origins of Referral of colorectal cancer patients	Mr M G Thomas, Mr R J Longman	X	X				X
3.6.58	811	Are patients operated on within NCEPOD's recommended times?	Dr Z Bee, Mr P Barham, Dr E Tayton	X		X			
3.6.59	838	A retrospective audit of anastomotic leak rates following anterior resection for rectal cancer at the BRI	Serena Ledwidge	X			X		X
3.6.60	976	An audit of accuracy of medication histories on the surgical admissions unit	Barbara Wilson	X			X		X
3.6.61	1304	CNST Notes audit - General Surgery and Urology	Tim Whittlestone			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Sub-Specialty: Breast Surgery									
3.6.62	1269	National Cancer Standards audit - GP notification of diagnosis	Angie Nicholson			X			
Sub-Specialty: Lower GI (Gastrointestinal) Surgery									
3.6.63	1101	Factors involved in post operative length of stay of patients undergoing elective colorectal procedures in the BRI	Duncan Avis		X			X	
3.6.64	1285	GRS - Are we meeting quality standards for Colonoscopy	Rebecca Griggs			X		X	
Sub-Specialty: Thoracic Surgery									
3.6.65	553	SCTS Thoracic Register Return	Mr J A Morgan	X		X			
3.6.66	802	Audit of Endobronchial Stenting	Dr S A Husain	X	X				
3.6.67	1087	Audit of Pectus Repairs at UBHT	Lara Morris		X				
Sub-Specialty: Upper GI (Gastrointestinal) Surgery									
3.6.68	932	Audit of the concordance between upper gastro intestinal cancer multi disciplinary team treatment decisions and final decisions implemented	Jane Blazeby	X		X		X	
3.6.69	1115	Staging laparoscopy and hepatic artery lymph node biopsy in Pancreatic cancer	Serena Ledwidge			X		X	
3.6.70	1150	An audit of the patient pathway from GP referral, to treatment decision to start of treatment for patients with upper GI cancer	Jane Blazeby			X			
3.6.71	1282	GRS - Are we meeting quality standards for EUS and EUS FNA	Dr Jayshri Shah			X		X	
Sub-Specialty: Urology									
3.6.72	1007	An audit of laparoscopic nephrectomy	Tom McKerrell	X		X			
3.6.73	1157	Emergency management of infected, obstructed kidneys	Chinthe Suranimala			X			
3.6.74	1166	TURP's audit	Jaspal Phull		X			X	
3.6.75	1201	Transobturator tape audit	Ed Tayton			X		X	
Sub-Specialty: Vascular Surgery									
3.6.76	919	A prospective audit of vascular surgical wound infection	Tim Beckett	X			X		
Specialty: Integrated Critical Care Services									
3.6.77	160	Intensive Care National Audit and Research Centre (ICNARC) Database	Dr Tim Gould	X		X		X	
3.6.78	537	Potential Donor Audit	Leanne Sarney, Sarah Caborn	X			X		
3.6.79	956	Blood sugar control in CICU patients within the 1st 12hrs post op	Roberto Mosca, Susan Underwood	X		X			
3.6.80	1068	An audit of newly started ITU medications and their continuation into the community	Subash Nandalan			X		X	
3.6.81	1185	Patient satisfaction in the ICU	Jeremy Bewley			X			
Sub-Specialty: ITU/HDU									
3.6.82	1231	MRSA audit	Ruth Evans, Nicola Davis, Jeremy Bewley			X		X	
Specialty: Maxillo-facial surgery & Adult ENT									
Sub-Specialty: ENT (Adult)									
3.6.83	33	Review of Mortality & Morbidity in ENT	M Saunders	X		X			
3.6.84	666	National Tonsillectomy Audit	Graham Porter	X		X			
3.6.85	828	Audit of Pharyngocutaneous Fistula Evaluation	Dr Maryam Nowghani	X	X				
3.6.86	873	Audit of Results of Myringoplasty in Children (Continuation of 725)	Dr M Nowghani	X	X				
3.6.87	957	Re-audit - The Compliance with the Two Weeks Appointment Time for Urgent Referrals	Aamir Shahzad, Murtaza Mukhtiar	X			X		

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.6.88	1011	The use of preoperative tests for elective ENT surgery - an audit	Gev Bhabra	X		X			
3.6.89	1012	To assess the value of barium swallow in patients presenting with globus type symptoms	Priya Acher	X		X			
3.6.90	1051	Re-audit on the outcome of sino-nasal surgery	Sirini Ramasamy				X		X
3.6.91	1124	Audit of venous thromboembolism prophylaxis in ENT Patients	Juliet Meldrum			X			X
3.6.92	1129	Re-audit of ENT Health Records	Jackie Moxham				X		X
3.6.93	1174	Audit of Documentation (Theatre Listing & Consent Forms)	Julian Foot			X			
3.6.94	1241	Re-audit to assess the management of patients presenting with globus type symptoms	Priya Achar				X		X
3.6.95	1276	Re-audit to assess the appropriate use of preoperative tests for elective ENT surgery	Natalie Blencowe				X		X
3.6.96	1314	Audit of the use of the ENT Treatment Room	Fahad Chuinwalla			X			X
Sub-Specialty: Maxillo-facial surgery									
3.6.97	1050	Are we meeting National Clinical Standards for Head and Neck Cancer waiting times? - joint audit, MaxFax/ENT	Jonathan Bernstein, Karen Andrews	X	X				
Specialty: Ophthalmology									
3.6.98	472	Management of Microbial Keratitis	Derek M Tole	X		X			
3.6.99	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Cathy Williams	X		X			X
3.6.100	986	Outcome of Intra - Ocular Lens Exchange Surgery	Nathaniel Knox Cartwright	X	X				
3.6.101	1181	CNST Casenotes audit	Helen Julian				X		
3.6.102	1255	5 year Retrospective Review of Fungal Endophthalmitis Management	Balini Balasubramaniam		X				X
3.6.103	1264	Use of DENSIRON (R) for retinal detachment	Hussin M Hussin, Mohammed Majid, Suman Biswas		X				X
3.6.104	1300	Cataract Surgery Outcomes	Derek Tole				X		X
Sub-Specialty: Ophthalmology Emergency Department									
3.6.105	780	Assessment of 4 Hour A&E Waiting Times	Cheryl Voisey			X			X
3.6.106	888	Audit of Protocol for Floaters and flashes presenting to A/E	Mei-Lin Law	X	X				
Sub-Specialty: Ophthalmology Inpatient / Day Case Surgery									
3.6.107	714	Audit of Photodynamic Therapy at Bristol Eye Hospital	Helen Long	X	X				
3.6.108	987	Outcome of posterior capsule ruptures during phacoemulsification	Madeleine Adams	X	X				
3.6.109	988	Cataract Surgery Outcomes	Derek Tole	X			X		
3.6.110	1125	Endophthalmitis Audit 2001-2004	Cheryl Lee				X		X
3.6.111	1303	Outcomes of arcuate keratotomy for post-keratoplasty astigmatism	Suman Biswas		X				X
Sub-Specialty: Ophthalmology Outpatients									
3.6.112	14	Audit of diabetic retinopathy service with respect to NSF standards	Clare Bailey	X	X				
3.6.113	887	Audit of Bleb Needling	Michael Greaney	X		X			X
Sub-Specialty: Ophthalmology Pre-Operative Assessment									
3.6.114	1171	BOTOX (R) injection for relief of Entropion	Sally Ashton			X			X
Sub-Specialty: Ophthalmology Shared Care									
3.6.115	1126	Are professionals communicating with parents of children with severe vision impairment according to national guidelines? - Bristol-wide	Dr Susan Howard			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Orthopaedics (T&O)									
3.6.116	591	Are the outcomes of surgical treatment for past proximal humeral fracture in accordance with published international literature?	Rouin Amirfeyz, Mr J Livingstone	X		X			X
3.6.117	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			X
3.6.118	960	Outcomes following the use of the Proximal Femoral Nail (PFN) in the treatment of Femoral Hip Fractures	Mike Walton	X		X			X
3.6.119	1094	Correct Site Surgery (CCS)	Jonathan Eldridge			X			
3.6.120	1164	Time to completion of plain x-ray requests	Andy Platt			X			
3.6.121	1190	Frame class satisfaction	Dave Mathews			X			
3.6.122	1192	Audit of Trauma Surgery delays	Fahad Chinwalla			X			
3.6.123	1211	Fracture Neck of Femur audit	Nicola Swanbridge				X		
3.6.124	1262	Nil By Mouth in Pre op Orthopaedic patients	Gerry Baber, Caraline Newbury				X		X
3.6.125	1277	The Management of Torus Fractures	Mr Mike Whitehouse			X			X
3.6.126	1278	Record Keeping T&O	Elaine Borsic			X			X
3.6.127	1305	An audit of post operative admissions from Day Surgery Unit	MJ Barakat			X			
Specialty: Theatres & Central Sterile Services									
3.6.128	994	An audit into the knowledge of the location of Dantrolene in theatres by anaesthetists and anaesthetic assistants	Simon Webster	X		X			X
3.6.129	1013	Trauma & Orthopaedic theatre usage	Dina Plowes	X		X			
3.6.130	1086	Audit of documentation of anaesthetic supervision	Mike Taylor			X			X

Notes:

- Project no. 955 (Ref. 3.17.5 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 'abandoned before start' (incorporated into audit number 1013)
- Project no. 601 (Ref. 3.6.46) was abandoned in 2003/4 but restarted this year
- Project no. 1025 (Ref. 3.6.4) was erroneously included as in progress in last year's report when it was in fact started this year (first appeared on quarterly report in July 2005)

Staff in this division also participated in the following audits, listed under other divisions:

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.2	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	General Surgery, Anaesthesia
Diagnostic and Therapy	3.3.13	Are we decontaminating dental instruments in community settings in compliance with national standards	Dental
Diagnostic and Therapy	3.3.14	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.18	An audit of peripheral intravenous catheter insertion and management	
Diagnostic and Therapy	3.3.20	Blood and Blood Product Usage by Wards and Theatres	General Surgery
Diagnostic and Therapy	3.3.30	Diagnosis and Treatment of Pseudoaneurysm	Vascular Surgery
Diagnostic and Therapy	3.3.32	An audit of iv to oral switch antibiotic guidelines in the surgical directorate	General Surgery
Diagnostic and Therapy	3.3.34	Audit of prophylactic antibiotic guidelines in surgery	General Surgery
Diagnostic and Therapy	3.3.38	Effective set up of humidified oxygen systems in self ventilating patients	
Diagnostic and Therapy	3.3.39	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Urology

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.47	Is CT Scanning of the thorax necessary for staging patients with pancreatic carcinoma	Upper GI (Gastrointestinal) Surgery
Medicine	3.4.29	South West Regional Audit of Diabetic Lower Limb Amputations	Orthopaedics (T&O), Vascular Surgery
Medicine	3.4.52	Addressing risk factors for stroke in patients undergoing carotidendarterectomy (CEA)	Vascular Surgery

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

- 3.6.3 - Clinical Alert Service (CAS) and Clinical Document System (CDS) introduced (both web based systems for entry of data on patients experiencing common problems whilst undergoing anaesthesia). If the patient is readmitted to hospital and listed for surgery, the CAS ensures that the relevant anaesthetist is aware of the problem via an email alert. The anaesthetist can then check the details of the problem via the CDS. Prior knowledge of these otherwise unexpected problems should help to maximise theatre time.
- 3.6.20 – confirmed compliance with NICE guidance, with 100% of patients having pre-operative chest x-ray where indicated
- 3.6.21 - demonstrated improvements in reducing loose filing in medical records and high compliance with signing and dating handwritten entries.
- 3.6.24 - a new information booklet was designed for distribution to patients attending the Joint Oncology clinic, which will improve their knowledge of the long-term side effects of radiotherapy. The pathway for the Oncology team to refer patients for dental screening prior to Radiotherapy has been clarified.
- 3.6.25 - a standard referral letter was designed to guide General Dental Practitioners (GDPs) and ensure necessary clinical information is received by Bristol Dental Hospital to allow prioritisation of patients. Continuing Professional Education and Development courses are now offered to increase GDP knowledge regarding patients with facial pain.
- 3.6.26 - specific slots for the urgent appointment of patients in pain were created on consultant clinics and a pre-appointment questionnaire was developed to help with allocation to these slots. A protocol for the initial and follow-up therapeutic management of Trigeminal Neuralgia was devised.
- 3.6.29 - a clearer treatment protocol has been devised for patients on warfarin, specifying timings to certain stages of the pathway and detail of where to refer patients if necessary.
- 3.6.34 - this re-audit indicated increased patient knowledge of how to care for orthodontic appliances during treatment.
- 3.6.36 - a sticker for recording treatment plans was designed and is now included in the notes for patients treated by junior staff in the Child Dental Health department
- 3.6.41 - measures have been taken to ensure the relevant consent form is readily available if clinical photographs are needed and that staff are aware that obtaining consent is a legal necessity.
- 3.6.44 & 3.6.45 - a central database is now in use to track individual training dates for PCDS staff. Increased training opportunities have been made available to aid staff preparedness for medical emergencies.
- 3.6.50 - following this audit, a senior member of the Dental team now screens all pre-radiotherapy patients and patients receive regular dental hygiene follow-up.
- 3.6.52 - a CAL (computer-aided learning) Tutorial has been developed to help improve knowledge amongst BRI ward staff of caring for inpatients' dentures.
- 3.6.62 - introduction of a fax referral proforma increased compliance with National Cancer Plan standards to 95% (GP notified by the end of the following working day when patient receives diagnosis of breast cancer) and 90% (key worker's - Breast Care Nurse's - name should be recorded in the patient's case notes), from 75% and 68% respectively
- 3.6.70 - UBHT patients currently meeting 31 & 62 day targets in 84% and 75% of cases respectively. Fast track pathway established to meet 62 day and 31 day cancer standards which is in early stages of implementation but providing encouraging results
- 3.6.84 - the audit found that practice/ outcomes at St Michael's Hospital compare favourably nationally. The key recommendations that arose from the audit have all been implemented and patient care should continue to improve as a result of this.
- 3.6.86 - indicated that the ENT Department at St Michael's Hospital is currently achieving best practice for uptake rate following myringoplasty in children.
- 3.6.87 - indicated that patients are being treated within the 2 week target set by the government.
- 3.6.88 - the audit has provided clarity about the type of tests that should be undertaken pre operatively. A pre op checklist has been produced and is currently in use within the pre op clinic to help ensure that patients receive the appropriate tests and are not tested unnecessarily.
- 3.6.89 - the audit has educated staff about the assessment of patients presenting with globus type symptoms.
- 3.6.93 - the findings of the audit indicate that patients are being consented appropriately. A new proforma will be introduced that will ensure that staff are listing patients appropriately for surgery.

- 3.6.97 - this audit has highlighted and helped to correct misunderstandings in the recording of key dates in the head and neck cancer pathway.
- 3.6.101 - compliance with good practice was demonstrated in a number of areas, including documenting of informed consent for operations and key aspects of the A&E records (documentation of details of presenting complaint, assessment, history, investigations, management and follow-up plans, and information given to the patient).
- 3.6.106 - following this audit, improvements have been made to the Floaters and Flashes Protocol, making procedures clearer for staff. Further training for Nurse Practitioners has reduced the need for low-risk patients to be referred to a doctor. This audit was presented at the Royal College of Nurses ophthalmic nursing forum in June 2005 and has been accepted for publication in the Journal of the European Society for Ophthalmic Nurses and Technicians in June 2006
- 3.6.108 - following this audit, changes to the Medisoft Electronic Patient Record have been made which should improve future record keeping for all Cataract operations.
- 3.6.109 - as a result of this audit, higher-risk cases are now undertaken by more experienced surgeons. The audit provided assurances that local outcomes for Cataract surgery are at least as good as published national data (this information is made available to patients at www.ubht.nhs.uk/eye/)
- 3.6.112 - provided assurances that we are meeting waiting time standards for clinic and laser treatment appointments for patients with diabetic retinopathy.
- 3.6.127 – confirmed best practice, Department of Health stating that no more than 3% of Day Case patients should be admitted post operatively and UBHT rate of admission found to be 0.7%.

3.7 WOMEN AND CHILDREN'S

SUMMARY FIGURES

	2004/5 roll-overs <<	39	(includes 3 subsequently abandoned – see Appendix C)
Audits first registered in 2005/6	Pre-audits P	7	
	First audits A	40	
	Re-audits R	19	
	Ongoing monitoring projects >>	1	
Total number of audits		103	
Completed audits		46	
Current (uncompleted) audits carried forward >		48	
Ongoing monitoring projects carried forward >>		11	

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			45/67 67%
Audits arising from a critical incident:			11/67 16%
Audits prompted by a patient complaint:			4/67 6%
Audits with consumer involvement (not including surveys)			2/67 3%
Audits incorporating a patient/carer survey			6/67 9%
Interface audits (involving primary care)			0/67 0%
Audits of NICE or NSF guidance			17/67 25%
Audits with no clinical audit facilitator involvement			5/67 7%
Audits with proposal forms completed before audit started			58/67 87%
Audits using evidence based standards			59/67 88%
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			37/46 80%
Audits where an action plan was produced:			38/46 83%
If action plan NOT produced, number where audit confirmed current good practice:			1/8 13%
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			14/48 29%
Audits leading to better ways of working for staff:			26/48 54%
Audits leading to measurable benefits for patients:			24/48 50%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			6/9 67%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

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: Childrens Services								
3.7.1	658	Service provision for inpatient children with special needs	Annette Marshall , Jan Nicholson, Dr Tom Allport	X		X		X
3.7.2	884	Review of intravenous fluids	Miss Eleri Cusick, Bharti Varsani	X		X		
3.7.3	1296	Clinical Negligence Scheme for Trusts Standard 4 - Note keeping Audit	Carol Inward				X	X
3.7.4	1316	BRHC Paediatric Renal Transplant Audit	Dr Jan Dudley				X	
Sub-Specialty: Community Paediatrics								
3.7.5	1294	Review of inpatient child protection cases Sept 04 - Sept 05	Katrien Coppens, Raghu Lingam				X	X
Sub-Specialty: Neonatology								
3.7.6	1047	Audit of Gastroschisis Protocol in NICU	Sam O'Hare	X		X		X
3.7.7	1141	Temperature regulation in neonates less than 32 weeks gestation	Dr Mohan Laxmegowda				X	

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.7.8	1142	International, national and regional benchmarking of mortality & morbidity and resource allocation on the newborn intensive care unit	Dr David Harding			X		X	
3.7.9	1145	Clinical management of infants with Hypoxic Ischaemic Encephalopathy	Dr Karen Luyt		X				X
3.7.10	1147	Audit of Patent Ductus Arteriosus management in NICU	Stuart Robertson				X		
3.7.11	1178	Audit of referrals of premature infants for PDA ligation	Dr James Dodd			X			X
3.7.12	1253	Routine Cranial Ultrasound Scanning in the Neonatal Intensive Care Unit	Laura Hole			X			
3.7.13	1288	Safety Audit of the Measurement of blood glucose in neonates	Gayari Omkar			X			
3.7.14	1312	The management of babies born to mothers positive for group B streptococcus	Laura Hole			X			X
Sub-Specialty: Paediatric Anaesthesia									
3.7.15	137	Are Children Experiencing Acute Pain Following Major Surgery?	Dr P Stoddart	X		X			
3.7.16	945	Consent in paediatric anaesthesia	Dr Fiona Kelly	X	X				
3.7.17	974	Pre-admission anaesthetic information completed in Children's Services?	Shanie Hempstead	X		X			X
3.7.18	1029	when do children get better following tonsillectomy at the Bristol Children's Hospital	Sarah Parry	X		X			
3.7.19	1104	Audit of sedation practice at BCH	Sarah Parry		X				X
Sub-Specialty: Paediatric Cardiac Services									
3.7.20	79	Post-Operative Morbidity Following Cardiac Catheterisation	Dr R Martin	X				X	
3.7.21	80	Post-Operative Morbidity Following Cardiac Surgery	Dr G Stuart	X				X	
3.7.22	81	Radiofrequency Ablation in Paediatric Arrhythmias	Dr G Stuart	X				X	
3.7.23	83	Review of Peri-operative Infections	Dr R Martin	X				X	
3.7.24	947	Paediatric cardiac surgery audit (CCAD - Central Cardiac Audit Database)	Dr Andrew Tometzki	X		X		X	
3.7.25	1175	Patient / Parent written information	Karen Sheehan			X			
Sub-Specialty: Paediatric Emergency Department									
3.7.26	1041	Compliance with the National Poisons Information Services Guidelines 2003 for management of paracetamol overdose in children	Sally Le Roux	X		X			X
3.7.27	1075	Management of Otitis Media in children	Chris Davies, Dr S Wooley, Sarah Davies			X			
3.7.28	1140	Audit of documentation standards of Emergency Department doctors at BCH	Melanie Cockroft			X			
3.7.29	1176	Audit of UTI guidelines in paediatric emergency department	Dr Will Christian, Dr Angela Mullens				X		
3.7.30	1177	Quality of the Medical Data Index Discharge system in paediatrics	Dr Charlotte Mellor		X				
Sub-Specialty: Paediatric Endocrinology									
3.7.31	1042	Patient education models for diabetes	Noeleen Lovell			X			X
3.7.32	1076	Guidance on the use of long acting insulin analogues for the treatment of diabetes (NICE TA 53)	Noeleen Lovell, Dr Christine Burren			X			
3.7.33	1127	Immediate management of Type 1 Diabetes with Diabetic ketoacidosis	Lakshman Doddamani			X			
Sub-Specialty: Paediatric Gastroenterology									
3.7.34	950	Management of gastroenteritis in A+E	Naveen Shettihalli	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Sub-Specialty: Paediatric Intensive Care (PICU)									
3.7.35	72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	Carol Maskrey	X				X	
3.7.36	493	Audit of the documentation of Invasive Procedures undertaken on PICU and consent for Invasive Procedures undertaken on PICU	Michaela Dixon	X		X			X
3.7.37	839	Transfer of head-injured children in the South West, UK	Carol Maskrey	X		X			
3.7.38	927	Pre-PICU management of diabetic ketoacidosis	Will Christian, Peter Davis	X		X			
3.7.39	946	PICANet (Paediatric Intensive Care Audit Network)	Dr Peter Davis	X				X	
3.7.40	963	An preaudit of 5 years' experience with patients having a Fontan type procedure	Dr Tim Murphy	X	X				X
3.7.41	977	Complications of Chest Drain Removal in Post-Op Cardiac Patients	Peter Davis, Dr John Ellis	X	X				X
3.7.42	1183	Re-audit of drug errors in PICU	Penny Weston				X		
3.7.43	1195	An Audit of Retrieval Response Times and the Impact of Practice Changes	Nigel Humphreys		X				X
3.7.44	1196	Blood wastage after crossmatch in paediatric cardiac surgery requiring bypass	Andrew Hutton			X			
3.7.45	1319	Peritoneal Dialysis on PICU. Are PICU guidelines being followed?	Simon Law			X			X
Sub-Specialty: Paediatric Nephrology									
3.7.46	245	Audit of adequacy of renal replacement	Dr Alison Dick	X				X	
3.7.47	926	Audit of peritoneal dialysis catheter insertion and acute complications	Helen Brannam	X		X			
3.7.48	1082	Audit of micturating cystourethrograms (MCUGs)	Dr David Grier			X			X
Sub-Specialty: Paediatric Oncology									
3.7.49	815	Paediatric Cancer Defining the pathway for children in the South West	Annabele Foot	X		X			X
3.7.50	949	Audit of records of treatment plans and consent to treatment in haematology oncology patients	Keith Sibson	X		X			X
3.7.51	1138	Are drug prescribing guidelines being adhered to on ward 34 and 35	Tamsin Gresswell			X			
Sub-Specialty: Paediatric Respiratology									
3.7.52	1295	Asthma BTS Guidelines (National)	Deborah Marriage, Dr Simon Langton Hewer				X		X
Sub-Specialty: Paediatric Surgery									
3.7.53	1130	Indications for rectal biopsy to exclude Hirschsprungs disease beyond the neonatal age group.	Yatin Patel		X				
3.7.54	1137	Antenatally diagnosed hydronephrosis are the essential details communicated to the clinicians at referral?	Aswini Joshi			X			
3.7.55	1210	Audit of Gastroschisis management	Dr Francis Verey			X			X
Sub-Specialty: Paediatric Trauma & Orthopaedics (T&O)									
3.7.56	966	Time from admission to operation for paediatric trauma cases	M.J Barakul	X		X			X
3.7.57	1217	Audit of developmental dysplasia of hip treatment via Pavlick Harness	Dr Hywel Davies			X			X
Specialty: Women's Services									
Sub-Specialty: Contraceptive & Sexual Health Services (CASH)									
3.7.58	527	Audit of Pill-Teaching	Dr Annie Evans	X			X		
3.7.59	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
3.7.60	1049	Implanon Audit	Dr Annie Evans		X				X
3.7.61	1148	Smear Takers Self Audit	Rosemary Bailey			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Sub-Specialty: Gynaecology									
3.7.62	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	J Murdoch	X				X	
3.7.63	874	Audit of Selection of Patients for Microwave Endometrial Ablation (NICE IPG 07)	Dr Abha Bhat	X		X			
3.7.64	1069	Are St Michael's gynaecological patients getting the appropriate thromboembolic prophylaxis prior to surgical intervention?	Pippa Burns			X			
3.7.65	1106	Audit to assess the accuracy of the information provided by clinicians for histopathology and ultrasound	Caroline Overton			X			
3.7.66	1131	Re-audit of Gynae Health Records	Jackie Moxham				X		X
3.7.67	1236	Audit of SWICS Guidelines for the Management of Gynae cancer	Tom Everett			X			
3.7.68	1238	Re-audit of the treatment of fibroids by uterine artery embolism	Dr Dimitrios Psaroudakis				X		X
3.7.69	1248	Use of TVT as a surgical treatment for urinary stress incontinence (NICE Guidelines)	Alex See			X			X
3.7.70	1286	Surgical complications of radical gynaecological surgery	Melanie Griffin			X			X
3.7.71	1287	The communication of information given to patients in the Gynaecology outpatient department	Sue Coghlan			X			X
3.7.72	1290	Audit of the use of methotrexate for ectopic pregnancy	Rebecca Swingler			X			X
3.7.73	1299	management of early pregnancy loss: Medical management of retained products of conception	Caroline Overton			X			X
Sub-Specialty: Obstetrics & Midwifery									
3.7.74	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Abdel-Fattah, Sherif	X		X			
3.7.75	532	Audit of Management of Patients with Symphysis Pubis Dysfunction (SPD)? (CSP Guidelines)	Dianne Paton			X			X
3.7.76	633	Audit of Blood Usage on Central Delivery Suite	Annie Tizzard	X				X	
3.7.77	933	Management of Hypothyroidism in Pregnancy	Abhay Singh Baghel	X		X			
3.7.78	942	B Lynch Sutures: Use at St Michael's Hospital	Louise Ashelby	X	X				
3.7.79	962	Audit to assess the appropriate admission of patients to CDS and Birthing Suite	Belinda Cox	X	X				X
3.7.80	1021	Hepatitis B Vaccination in Pregnancy	Wendy Ring	X		X			X
3.7.81	1040	Is screening being performed in pre-operative assessment of infertility patients?	Dan Webster	X	X				
3.7.82	1053	Thromboprophylaxis during operative vaginal delivery - Are we following RCOG guidelines?	Alice Godwin			X			
3.7.83	1057	Review of the follow-up procedure for patients who have undergone an instrumental delivery/ caesarean section (Pre-Audit)	Christy Burden			X			
3.7.84	1059	Re-audit - Emergency caesarean to section decision to delivery interval	Dimitrios Siassakos				X		
3.7.85	1067	Re-audit of causes and management of third and fourth degree perineal tears	Darsana Boban				X		
3.7.86	1107	Are we following the local guidelines for the use of magnesium in pre eclampsia?	Jo Marsden Williams			X			
3.7.87	1108	Re-Audit of guideline for the care of women with Group B Streptococcus infection in pregnancy.	Maud Van De Venne				X		X
3.7.88	1111	Re-audit of Maternity Health Records	Jackie Moxham				X		
3.7.89	1152	Audit to assess the rate of multiple insertion, adequate sample & bloody tap leakage at amniocentesis and CVS	Richard Smith			X			
3.7.90	1153	Audit to assess the treatment of venous thromboembolism in pregnancy and puerperium.	Naomi Jobson			X			
3.7.91	1187	An Audit to assess instrumental deliveries: maternal and neonatal complications and documentation	Rachna Bahl			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.7.92	1188	An audit to assess symphysis fundal height (SFH) measurement	Ester Hatfield			X			
3.7.93	1189	An audit to assess the management of HIV positive pregnant women	Eleanor Hogarth			X			
3.7.94	1191	Re-audit to assess the effectiveness of external cephalic version	Uma Vaze				X		X
3.7.95	1219	Audit of Shoulder Dystocia Management	Amanda Jefferys			X			X
3.7.96	1220	Audit to assess antenatal screening	Vicky Thomas			X			
3.7.97	1240	Audit to assess compliance with the UNICEF baby friendly standards	Katie Williams				X		X
3.7.98	1251	The identification and management of domestic abuse	Belinda Cox			X			
3.7.99	1252	Audit of the uptake of antenatal HIV testing in Bristol	Deepa Shah			X			X
3.7.100	1254	Evaluation of amniotic fluid index in post term pregnancies	Mel Griffin			X			X
3.7.101	1257	Re-audit - Are the standards for UNICEF Baby Friendly Accreditation being met?	Belinda Cox				X		X
3.7.102	1275	Re-audit of Neonatal Feed Charts – supply, completion and review of the charts.	Cass Adamson				X		X
3.7.103	1313	Birth Suite Audit	Michelle Fletcher				X		X

Staff in this division also participated in the following audits, listed under other divisions:

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.1	Sweat test guidelines - A review of new guidelines and implications for current practice	Childrens Services
Diagnostic and Therapy	3.3.8	Audit of Borderline Ovarian Tumour – 10 years	Gynaecology
Diagnostic and Therapy	3.3.9	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Gynaecology
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all employees of UBHT complying with the Infection Control Hand Hygiene Policy	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.18	An audit of peripheral intravenous catheter insertion and management	
Diagnostic and Therapy	3.3.22	National Comparative Audit of Blood Transfusion	
Diagnostic and Therapy	3.3.51	Imaging Guidelines for Patients with Coarctation of the Aorta	Paediatric Cardiac Services
Medicine	3.4.28	Regional audit of Diabetic Pregnancies	Obstetrics & Midwifery
Medicine	3.4.31	Transfer of patients from the Children's Hospital diabetes service to the adult service in the BRI	Paediatric Endocrinology
Specialised Services	3.5.28	An approach to the management of heart disease in pregnancy	Obstetrics & Midwifery
Surgery and Head and Neck	3.6.16	Audit of Epidural Anaesthesia for Gynaecological Operations	Gynaecology
Surgery and Head and Neck	3.6.84	National Tonsillectomy Audit	Paediatric Ear, Nose and Throat (ENT)

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

- 3.7.1 - improved communication at ward level between patients, carers and nursing staff through the uptake of the 'All about ME' booklet. 'All about Me' Training day arranged to address staff training issues. Presentation to the Carers Forum planned for the near future.
- 3.7.2 - working party set up to look at fluid management across the division and a new guideline is anticipated
- 3.7.4 - good practice identified in several areas. Working party has been convened to address issues where further improvements required.
- 3.7.7 - as a result of the audit recommendations were made regarding how often the temperature of the baby should be recorded. The need to improve documentation regarding hypothermia and any efforts made to normalise the temperature of the baby were also highlighted.
- 3.7.10 - indicated good compliance with the PDA protocol.

- 3.7.12 - as a result of the audit the routine cranial ultrasound guideline will be reviewed, together with the schedule of ultrasound meetings. Standardised videos will be used at the ultrasound meeting.
- 3.7.13 - the audit has highlighted concerns regarding the reliability of the blood glucose analyser used on the postnatal ward
- 3.7.16 - excellent record-keeping demonstrated in anaesthetic charts, however *specific* risks of an epidural or caudal anaesthetic only documented in 45%. Plans to develop a new anaesthetic chart and then to re audit.
- 3.7.18 - pain management of these children was found to be effective and did not influence the time of their discharge. Overall patient satisfaction on the service provided was good though with identified areas for improvement
- 3.7.25 - overall very high levels of satisfaction for information provision to parents, however 11% of parents reported that they did not know who to contact if they had a query. Contact sheets have since been developed. This project is being presented at a Regional Cardiology meeting
- 3.7.27 – documentation was good in particular in the high risk groups, however only 54% of patients receiving antibiotics were treated according to department guidelines. A review of the guideline is now under way and there are plans to re-audit in the future.
- 3.7.28 - identified good documentation of clinical findings and management plan
- 3.7.29 - confirmed that investigations and antibiotics were performed and given appropriately in all cases as per guideline. However it was felt that the guideline was too unwieldy and was contributing to delays in the ED and therefore the guideline will be reviewed
- 3.7.30 - identified varying completion quality for all criteria, with duplicate information being collected across Childrens Services. Agreed to discuss at the Lead Clinicians meeting, suggesting an alternative way of generating discharge summaries for General Paeds that do not have their own databases. Agreed to change the design of the MDI form in the interim.
- 3.7.32 - all children received Lantus within NICE criteria. Type 2 patients receiving Lantus had significantly improved HbA1c results.
- 3.7.33 – indicated good performance with education plan for diabetic families screening at presentation, multi disciplinary team referral, fluid at resuscitation and correct fluid calculation. Areas for improvement identified were documentation of guideline non –compliance, and the need for follow up electrolytes especially during the night. Recommended that a letter be written with regard to non-compliance with aspects of guideline owing to staffing levels, also to increase the use of night time outreach team.
- 3.7.34 - clinicians written to regarding issues raised by audit and teaching sessions to be organised to highlight the guideline
- 3.7.37 – clinical care transfer document to be introduced to all hospitals in region - agreed and awaiting distribution. It is anticipated that this will result in timely and appropriate referral of patients with intracranial trauma.
- 3.7.38 – led to the introduction of a regional integrated clinical care pathway for management of patients with DKA. It is anticipated that this will result in a more uniform approach to treatment in accordance with accepted guidelines.
- 3.7.44 – identified potential cost savings through a reduction in blood ordered for certain on pump cardiac procedures. Temporary blood requisitioning protocol introduced which will be audited at a future date.
- 3.7.46 - showed improvement in peritonitis rates compared to previous audits
- 3.7.47 - showed good documentation of complications by renal medical team
- 3.7.51 - all charts had appropriate information on the front of the chart (3 points of identification). 99% of prescriptions were dated and there were no dangerous prescriptions identified during the audit period
- 3.7.53 - good recording of onset of symptoms. Working party set up to look at constipation.
- 3.7.58 - indicated that clients retained a good understanding of the pill teach rules. The pill teach cards will be updated and given to all new clients to improve pill taking and decrease non compliance rates.
- 3.7.63 - The audit helped to educate staff regarding the MEA guideline. It clarified the referral pathway and pre-op assessment procedure, thus improving the identification of patients who are most likely to benefit from the procedure.
- 3.7.64 - As a result of the audit a policy was produced to ensure that patients are appropriately risk assessed and receive the appropriate level of thromboprophylaxis. A patient completed risk assessment form was also produced.
- 3.7.67 - This audit helped to raise awareness of the patient pathways for patients with vulval, endometrial, ovarian and cervical cancer. A re-audit planned for 2006/7 will ensure that patients are being treated appropriately and in a timely fashion.
- 3.7.77 - A policy will be produced to ensure that patients are managed appropriately, which will reduce the likelihood of the fetus suffering a delay to their neurodevelopment. Education has been provided to the community midwives, GP's and pharmacists to ensure that patients receive timely treatment.
- 3.7.78 - The audit has helped to clarify the procedure for giving patients a B-Lynch suture, ensuring that a consistent approach to practice is taken. The implementation of a new policy detailing the use of misoprostol will ensure that patients are managed appropriately. The audit also highlighted the complication rate and the need for further research to be undertaken in order to improve patient care.
- 3.7.81 - The audit highlighted the lack of available resource for hysterosalpingography. No solutions were identified however the long-term plan is for fertility services to move to North Bristol Trust.
- 3.7.82 - The proforma will be amended to ensure that patients are appropriately risk assessed and receive the appropriate level of thromboprophylaxis. The audit indicated that patients were not receiving thromboprophylaxis unnecessarily, which is both cost effective and efficient.
- 3.7.83 - indicated that patients are always provided follow up by a doctor. This is not necessarily the operative doctor (mainly due to changing working conditions). As a result of this audit, a research project will look to establish who should provide follow-up.

- 3.7.84 - indicated good compliance with the standards. The audit has provided staff with education of the DDI guideline, improved their understanding of the classification of urgency 1 & 2 caesarean section and improved data collection. To be presented as a poster at SpROGs (Royal College of Obstetricians and Gynaecologists Specialist Registrars' conference) in Glasgow, June 2006.
- 3.7.85 - indicated that the management of patients has improved since the previous audit. The third degree tear protocol has been updated to reflect the findings of this audit.
- 3.7.86 - Staff training to be given to improve the management of eclampsia, to include the assessment, High Dependency Unit (HDU) monitoring and fluid restriction. By recording which women require HDU care on Central Delivery Suite (CDS), the management of and quality of care given to these women should improve.
- 3.7.88 - Improvements have been made that have had a direct impact on patient care, including the clear documentation of the patient assessment, clear plans of care recorded consistently in the notes and the correct documentation of allergies. The caesarean section operation form has been updated to reflect the findings of the audit and the new Avon Obstetric Notes will include a signature section at front of document.
- 3.7.89 - The fetal medicine unit is currently adhering to best practice for the majority of the standards audited. Measures will be implemented to improve follow-up data, to improve the recording of loss and improve practice.
- 3.7.90 - A simplified flow chart for the treatment of Pulmonary Embolism & DVT has been produced. This should reduce the number of unnecessary tests that are carried out and ensure that patients are treated appropriately and in a timely fashion.
- 3.7.92 - The audit raised staff awareness of the importance of SFH which will be reinforced by the provision of further training. SFH charts have been implemented which should improve the documentation of SFH.
- 3.7.96 - The new maternity notes will include a checklist for booking tests and provision of associated information leaflets. Raising staff awareness of the appropriate antenatal screening tests should ensure that patients are treated appropriately and that abnormal results are being acted upon. The audit highlighted the fact that Thalassaemia and sickle cell screening should be offered to all women not just high risk women.
- 3.7.98 - Staff training on domestic abuse is to be improved (both in quality and quantity) which should encourage staff to ask women about this abuse both initially and on repeat visits. This should encourage more patients to disclose this information and therefore receive the appropriate information.

3.8 NON-DIVISION SPECIFIC

SUMMARY FIGURES

	2004/5 roll-overs <<	2
Audits first registered in 2005/6	Pre-audits P	0
	First audits A	0
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		2
	Completed audits	1
	Current (uncompleted) audits carried forward >	0
	Ongoing monitoring projects carried forward >>	1

Please refer to definition of terms in Section 3.2.1

	2003/2004	2004/2005	2005/2006
Figures below relate only to audits started in 2005/6, i.e. not including 2004/5 roll-overs			
Multiprofessional audits:			0/0 N/A
Audits arising from a critical incident:			0/0 N/A
Audits prompted by a patient complaint:			0/0 N/A
Audits with consumer involvement (not including surveys)			0/0 N/A
Audits incorporating a patient/carer survey			0/0 N/A
Interface audits (involving primary care)			0/0 N/A
Audits of NICE or NSF guidance			0/0 N/A
Audits with no clinical audit facilitator involvement			0/0 N/A
Audits with proposal forms completed before audit started			0/0 N/A
Audits using evidence based standards			0/0 N/A
Figures below relate to completed audits only			
Audits where a formal report was filed at the end of the project:			1/1 100%
Audits where an action plan was produced:			1/1 100%
If action plan NOT produced, number where audit confirmed current good practice:			0/0 N/A
Figures below include completed first and pre-audits and ongoing monitoring projects only			
Audits resulting in changes in practice:			0/1 0%
Audits leading to better ways of working for staff:			0/1 0%
Audits leading to measurable benefits for patients:			0/1 0%
Figures below include completed re-audits only			
Audits confirming measurable benefits for patients:			0/1 0%

NB. Comparison figures for previous years not available due to the reorganisation of directorates into Divisions during 2005/6

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: Trust-wide									
3.8.1	788	Recording Allergy/Hypersensitivity information (re-audit)	Nicky Henderson	X			X		
3.8.2	1071	Research Study Monitoring	Jake Harley	X				X	

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

- 3.8.1 - the use of a red ID band to denote patients with allergies improved from 66% in the 2001 audit to 83% however adherence to the red ID band protocol remained in need of improvement. The protocol was therefore formalised into a 'Patient Allergy Alert Policy', available on the Trust intranet via the Document Management System

Appendix A - UBHT Clinical Audit Staff (as at 01/04/06)

DIVISION	SPECIALTY	AUDIT SUPPORT	ROLE & W.T.E	AUDIT CONVENOR / LEAD
Diagnostics & Therapy	Laboratory Medicine	<i>vacant</i>	Audit part of Sally King's role approx 0.4 w.t.e. Planning to advertise for 0.8 w.t.e. facilitator to cover this division and cross-cover for other divisions	Dr Paul Thomas
	Medical Physics & Bioengineering	<i>vacant</i>		Mr Phil Quirk
	Pharmacy	<i>vacant</i>		Sally-Ann Hall
	Radiology	Sally King		Dr Charles Wakeley
	Audiology (adult), Physiotherapy, Occupational Therapy, Orthotics, Nutrition & Dietetics, Speech & Language Therapy (adult)	<i>vacant</i>		<i>N/A – contact Heads of Service</i>
Medicine	Medical Specialties	Amanda Holmes	Audit facilitator (1.0)	Dr David DeBerker
	Emergency Services	Amanda Holmes		<i>Dr Sarah Woolley</i>
Specialised Services	Cardiac Services	David Finch	Audit (0.5) & data manager	Mr Raimondo Ascione (Cardiac Surgery) & Dr Angus Nightingale (Cardiology)
	Homeopathy	Sue Barron	Audit facilitator (0.4)	Dr Liz Thompson
	Oncology & Haematology	Mairead Dent	Audit facilitator (1.0)	Dr Paula Wilson
Surgery & Head & Neck	Adult ENT	Joscelin Miles	<i>See below</i>	Mr Graham Porter
	Dental Services & Maxillo-facial Surgery	Jonathan Penny	Audit facilitator (0.4)	Mr Nigel Harradine
	Ophthalmology	Jonathan Penny	Audit facilitator (0.4)	Mr Michael Greaney
	Anaesthesia, Critical Care & Theatres	Stuart Metcalfe	Audit facilitator (1.0)	<i>vacant</i>
	General Surgery	Stuart Metcalfe		Mr Tim Whittlestone
	Orthopaedics (T&O)	Stuart Metcalfe		Mr Jonathan Eldridge
Women & Children's	Children's Services	Chrissie Gardner	Audit facilitator (1.0)	Dr Carol Inward
	Obstetrics & Gynaecology	Joscelin Miles	Audit facilitator (0.8)	Mr Nick Elkington
	Neonatology	Joscelin Miles		<i>Mr Anoo Jain</i>
	PICU (Paediatric Intensive Care)	Craig Gallagher	Audit (0.1) and database assistant	<i>Dr Peter Davis</i>

Clinical Audit Central Office	Chris Swonnell	Clinical Governance manager (includes 0.2 clinical audit)
	Eleanor Bird	Audit support manager (0.8)
	Carl Thomas	Audit clerk (0.8)

Non-division specific audit, particularly Trust-wide audit, is facilitated by Eleanor Bird

Membership of the Clinical Audit Committee

Jeremy Braybrooke (Chairman)
Chris Swonnell (Clinical Governance Manager)
Eleanor Bird (Clinical Audit Support Manager)
Audit Convenors - see above

Appendix B - Progress against 2005/6 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](#)

Cardiothoracic Services

Project title	Progress
CNST audit of documentation	1301 – in progress (Cardiac Surgery & Cardiology)
An Audit of the Effectiveness of Groin Closure Devices	Project abandoned before started through lack of appropriate medical staff and not deemed a priority
Enteral Tube-feeding protocol (Re-audit)	Project abandoned before started due to re-prioritisation of audit programme
Outcomes of mechanically ventilated patients who require a tracheostomy	1110 – in progress
CNST audit of documentation	1034 – complete (combined with documentation audit in General Surgery due to change to divisional structure)
Standards of care following thoracic surgery	Project abandoned - audit lead no longer working within the Trust

Children's Services

Project title	Progress
CNST notes audit	1296- in progress
Computerised cognitive behavioural therapy for anxiety and depression (TAG51)	Abandoned due to lack of trained staff
NICE Guideline CG009: Eating disorders	Deferred to 2006/7 - waiting for Avon Ambulance to implement the use of activated charcoal before auditing jointly
NICE Guideline CG16: Self Harm	Deferred to 2006/7– CAMHS have been setting up a database to enable this project to go ahead.
NICE Guideline CG04: Triage assessment and management of head injury in infants and children	Re-audit of 2004 audit has been done but without involvement of audit department or registration of project
NICE TAG 060: Patient education models for diabetes	1042 - in progress
NICE TAG 053: Long acting insulin analogues for the treatment of diabetes – insulin glargune	1076 - completed
NICE Guideline 15: Diagnosis and management of Type 1 Diabetes in children, young people and adults	1127 - completed
NICE TAG 42: The use of growth hormone (Somatropin) in children with growth failure	784 - completed by Pharmacy
Benchmarking of Mortality, Morbidity And Resource Allocation on The Newborn Intensive Care Unit	1142 – completed
BCG Audit	Abandoned before started – expecting public health to pick this up
Renal transplant BTS guidelines 2003	1316 - completed
Success of Paediatric Early Warning Tool (integration into new HDU charts)	Abandoned before started – lack of available staff to carry out and agreed not to be a priority
NICE TAG 079: Newer Drugs for Epilepsy	Deferred to 2006/7– were waiting for GP practices to respond to information request, now considering an alternative methodology
NICE Guideline C G20: The diagnosis and management of the epilepsies in children and adults in primary and secondary care	
Audit of use of discharge checklist and timing of communication of discharge	Abandoned after started - clinician left before completing
Can we improve radiology do not attend rates?	At planning stage
NICE TAG 10 (August 2000) Inhaler systems for the under fives with chronic asthma	1336 – in progress
National asthma audit; BTS guidelines	1295 - in progress
NICE TAG 38: Asthma management of children aged 5-15 years	Deferred to 2006/7 plan as Specialist nurse on maternity leave. At planning stage.

Critical Care

Project title	Progress
Documentation audit.	To be followed up early in 2006/7 – ITU/HDU documentation
Newly started medications in ITU – continuation into the community.	1068 - In progress
The consent and marking of patients.	1094 - Complete
NICE - Central venous catheters - ultrasound locating devices.	1117 - Completed
Checking of central Lines after insertion - Are X-rays being checked.	1133 – Completed (integrated into project 1117)
Post Operative Nausea and Vomiting.	Deferred to 2006/7 – DSU lead unavailable
Use of reinforced Laryngeal Mask Airways at BEH.	Re-audit, deferred to 2006/07. Not all actions confirmed therefore not appropriate to audit at this stage.
Administration of antacid prophylaxis to high-risk labouring women.	Re-audit, deferred to 2006/07. Audit lead on compassionate leave with other priorities on return.
Management of directorate patient information leaflets	Abandoned – agreed that this is best addressed through alternative route than Clinical Audit.

Dental Services

Project title	Progress
Surgical severity and outcomes assessment	Not carried out – related regional audit in progress
Appropriateness of antibiotic prescribing	1099 – Started July 2005
Recall interval between routine dental examinations	1105 – Started September 2005 for Cleft lip and palate patients in Paediatric dentistry
Appropriateness of review for patients with Lichen Planus	Not carried out – issues with data collection and audit lead left directorate
Written evaluation of radiographic reports - re-audit	1232 – Started November 2005
Medical emergencies in community dentistry – re-audit	1055 – Completed July 2005
CNST Casenotes audit	1154 – Completed October 2005

Homeopathy

Project title	Progress
An audit of frequency of side effects with mistletoe extracts	Delay in establishing the national working part group means audit is still under discussion
Re-audit of the workload and processes of ordering prescriptions from pharmacy	Not completed due to imminent retirement of Lead Clinician. Not appropriate to undertake audit at this time as consultant post will be replaced by sessional staff grade clinicians, leading to changes in pharmacy workload patterns and processes.
Efficiency and Effectiveness of Cancer Clinics	Deferred to 06/07 as cancer service expanding and new doctor starting, who will assist with this project
Outcomes of Homeopathic Treatment	Deferred to 06/07 as delay in publishing outcomes study
The Use of LM Potencies	1134 - Completed

Laboratory Medicine

Project title	Progress
National audit of blood transfusion practice	1063 - completed
Diagnostic value of autoimmune profiles in ophthalmology	1144 - in progress
Audit of laboratory practice against Clinical Pathology Accreditation (CPA) standards	1309 - completed
Audit of error rate on GP request entry	1308 - in progress
Audit of CSF (Cerebral Spinal Fluid) spectroscopy	Deferred due to lack of time
Audit of turn around times in cellular pathology	1311 - completed

Medicine & Emergency Services

Project title	Progress
Low Back Pain	Allocated audit lead left the trust before undertaking the project. Project now on hold pending introduction of national guidance by NICE
Atrial Fibrillation Management	1306 - in progress

Project title	Progress
Unplanned Re-attendances	Project not done - assigned lead left the trust before starting the project. Project no longer considered a priority
Documentation of head injuries	1161 - completed
Documentation of Facial injuries	1184 - completed
Appropriateness of requests for C-spine X-rays	No information available
Alcohol induced head injury	1162 - completed
Quality of outpatient clinic letters	1267 - in progress
Completeness of Scleroderma patients annual review	1212 - completed
Colonic surveillance service for patients with colonic polyps	1103 - completed
Use of GI Bleed beds	1113 - completed
National audit of continence care for older people	1112 - completed
Efficiency of transfer of patients from children's diabetic service to the adult setting	1155 - in progress
Audit of standards of referral letters received by electronic and paper means	1230 - completed
Audit of quality indicators in skin surgery in dermatology services by GPs with a specialist interest	1089 - completed
Are we following British Thoracic Society Guidelines for treatment of Pulmonary Embolism within MAU?	1149 - in progress
Effectiveness of communication with GPs	No information available
CNST documentation audit	1266 (Medical Specialties) & 1292 (Emergency Dept), completed

Obstetrics, Gynaecology and ENT

Project title	Progress
Thromboembolic Disease Prophylaxis	1124. In progress
Suspected Lymphoma Referrals from Haematology to ENT	Not started. The number of referrals has decreased significantly due to measures implemented for the Head & Neck cancer targets.
Audit of Nasal Surgery Outcomes	1051. In progress
Nurse Practitioner/ SHO Emergency Clinic	1058. Pilot completed. To be taken forward as a research project.
Surgical Listing and Daycase Suitability	1174. Completed
Notes Audit	1129 (ENT) - in progress. 1131 (Gynaecology) - in progress. 1111 (Obstetrics) - completed
Patient Information	To be deferred to 2006/7. A checklist for the provision of patient information leaflets was introduced into the patient notes in July 2005. The checklist will be audited in August 2006 when the patients yellow notes are returned to the hospital.
The Process of Notification of Positive Microbiology Tests	1120. Completed
Re-audit of Group B Streptococcal Disease	1108. In progress
Thromboprophylaxis	1069. Completed
Thromboprophylaxis (vaginal delivery)	1053. Completed
Tension Free Vaginal Tape	1248. In progress
Re-audit of Uterine Artery Embolism for Fibroids	1238. In progress
Eclampsia/ Pre-Eclampsia	1107. Completed
Antenatal screening for Domestic Abuse	1251. Completed
Re-audit of Third Degree Tear	1057. Completed
Symphysis Fundal Height	1188. Completed
Decision to Delivery Interval	1059. Completed
Information Giving in Gynae Clinic	1287. In progress
Baby Friendly	1240 & 1257. In progress
Cancer Plan	1236. Completed
Implanon Audit	1049. In progress
Smear Takers Self Audit	1148. In progress

Oncology

Project title	Progress
Use of Granular site Colony Stimulating Factor (GCSF)	Delayed due to verification of guidelines. Currently in planning stage and proposal being written.
Reaudit of radiotherapy progress forms	1120 - completed
Audit of the anti-emetic guidelines	1119 - completed
NICE audit of the use of capecitabine in patients with advanced colorectal cancer	1078 - completed
Audit to assess the accuracy of conversion between opioid drugs and route of administration	1118- completed
Completion of chemotherapy pre assessment forms	1297- in progress
Audit of the use of regular blood tests performed on patients receiving radical RT for prostate cancer	1077 - completed

Radiology

Project title	Progress
Audit of GP referred CT Head Scans. Are guidelines being followed	Not started due to possible change in service arrangements.
Re-audit of Non-operative Intussusception Reduction	1320 - in Progress
Audit of Accuracy of Advanced Practitioner Reporting IVUs	1318 - completed
Audit of Advanced Practitioner Lower Limb Venography	1321 - completed
Audit of Pain Diaries after Ultrasound Guided Joint Injection	1135 - completed
Re-audit of unreported chest x-rays	1136 - completed
Ongoing audit of Advanced Practitioner Trauma Reporting	1225 - completed

Surgery

Project title	Progress
Case note audit	1374 - In progress (started after April 2006 therefore not listed in main project section of this annual report)
An audit of epidural usage in patients undergoing frame surgery	1070 – In progress
Correct Site Surgery	1094 - Complete
An audit of post operative admissions from Day Surgery Unit	1305 - Complete
Is the Trust following the Royal College of Physicians Guidelines for the treatment of patients with Fractured Neck of Femur (#NOF)	Abandoned – other #NOF audit taken priority.
#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?	1211 - Complete
Are GP's using the agreed local guidelines and form for the referral of patients	Abandoned – other audit priorities within department have taken precedence
NICE - Sacral nerve stimulation for faecal incontinence.	Project deferred. Decided not a priority within the department.
Case note audit	1304 - Complete
An audit of the use of CVP lines in surgical patients.	Re-audit, deferred to 2006/07. Project lead has no time due to other audit priorities within specialty.
Length of stay of lower GI patients – Fluid usage	1101 - In progress
An audit of hepatic artery nodes and the impact on outcome in localised pancreatic cancer patients.	1115 – In progress
Factors affecting inoperable disease found at operation for oesophageal cancer	Abandoned – agreed that this is best addressed through alternative route than Clinical Audit.
NICE - Transobturator tape insertion for stress urinary incontinence.	1201 – In progress
An audit of Local anaesthesia in Trans Rectal Ultrasound Prostate biopsies	Abandoned – Not a necessary priority within the department.

Trust-wide

Project title	Progress
Audit of the implementation and delivery of the new food contract	1163 - completed
Audit of the OT service on Ward 17	Completed but not registered
Re-audit of documentation	Completed but not registered
Notes Audit	Completed but not registered
COPD standards	997 - completed
5 day discharge protocols for post cardiothoracic surgery patients	Completed but not registered
Cardiothoracic/ ITU / HDU notes sheets	No information available
Audit of assistant handover sheets	Registered as 1079 but not started as audit lead left
Falls management effectiveness	Not pursued as lead left post in William Lloyd Unit and unit now closed
Goal setting in the MDT	No information available
Re-audit of record-keeping	No information available
Dysphagia Standards	No information available
Mouthcare re-audit	Registered as 939 but not started as audit lead left post. Heads of Nursing for Divisions are now in post and will be addressing Essence of Care issues locally, rather than via a Trust-wide format.
Assessment and treatment of pressure sores	Deferred to 2006/7 as revised UBHT policy and documentation (following publication of NICE guidance in Sept 05) will be launched in May 2006

Appendix C - Audit projects abandoned during 2005/6

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

Division	Specialty	Sub-Specialty	Project ID	Title	Reason abandoned
Medicine	Medical Specialties	Genitourinary Medicine	676	Willingness of female GUM clinic attendees to use contraceptive & cervical screening services from GUM clinics in the SW	Project was never considered to be clinical audit - registered on CA database as a means to record participation. Lead no longer works for UBHT.
Specialised Services	Cardiac Services	Cardiac Surgery (Adult)	210	Audit of Relationship Between Haemocrit on Admission to ICU Following Coronary Surgery and Postoperative MI and/or Death	Not likely to lead to protocol and not considered to be genuine clinical audit
Specialised Services	Cardiac Services	Cardiac Surgery (Adult)	686	Cardiac Surgery Pre-assessment Clinic Audit	Loss of audit lead and no replacement possible
Specialised Services	Cardiac Services	Cardiology	224	Rapid Access Chest Pain Clinic	Only 25% response rate from GPs, with information quality highly variable, therefore data not useable. Subsequent loss of audit lead.
Specialised Services	Cardiac Services	Cardiology	596	Cardiology Pre-assessment Clinic Audit	Loss of audit lead and no replacement possible
Surgery and Head and Neck	Dental	Restorative Dentistry	492	Can the introduction of a 'new' safety syringe reduce the frequency of needlestick incidents on ADH2?	Insufficient data available for meaningful conclusions
Surgery and Head and Neck	General Surgery		1156	Audit of The accuracy of drug history on ward 14.	Duplication of 976
Surgery and Head and Neck	General Surgery	Thoracic Surgery	484	Early outcome of stage I lung cancer	Loss of staff with no subsequent replacement
Surgery and Head and Neck	General Surgery	Thoracic Surgery	554	LUCADA	Transferred to Trust eMDI project for Cancer waiting times
Surgery and Head and Neck	General Surgery	Vascular Surgery	973	Management of patients with atherosclerosis (intermittent claudication, AAA or carotid stenosis) referred to vascular clinics.	Audit lead left post. Audit not considered to be a priority at the moment
Surgery and Head and Neck	Integrated Critical Care Services		539	Audit of Epidural Usage on the ITU / HDU	Audit lead left post.
Surgery and Head and Neck	Maxillo-facial surgery & Adult ENT	ENT (Adult)	1058	Audit to assess the current level of service provided to pts in the ENT emergency treatment room & the degree of pt satisfaction with this service	Patient satisfaction is being taken forward as a research project by the Nurse practitioner, Emily Blackwell.
Women's and Children's	Childrens Services	Neonatology	1074	Documentation of longline insertion in the upper limb	SHO responsible left for another hospital - no other person identified to look at this.
Women's and Children's	Childrens Services	Paediatric Endocrinology	1081	NICE guidance on the use of growth hormone (Somatropin) in children with growth failure (NICE TA 42)	Registered with pharmacy already - will attempt to reaudit jointly in 2006

Division	Specialty	Sub-Specialty	Project ID	Title	Reason abandoned
Women's and Children's	Childrens Services	Paediatric Intensive Care (PICU)	732	Correct Prescribing of Acyclovir to PICU patients	Unable to contact project lead
Women's and Children's	Childrens Services	Paediatric Nephrology	1256	Adequacy of renal replacement therapy Bristol Children's Hospital	Merged with 245 record (ongoing project - this year's audit registered separately by mistake)
Women's and Children's	Childrens Services	Paediatric Oncology	1045	Audit of use of discharge checklist (department specific) and timing of communication and discharge	The registrar left the hospital before this project was completed.
Women's and Children's	Childrens Services	Paediatric Respiratology	1073	Asthma (National Audit) BTS Guidelines	SPR started this project but did not finish it - waiting for Specialist Nurse to return from maternity leave.
Women's and Children's	Women's Services	Obstetrics & Midwifery	1173	Forceps Delivery - An audit of technique modification	Audit lead left the Trust in 2005. Since which time he has failed to collect any data.

Appendix D - Audit projects with status of 'deferred' at end of 2005/6 financial year

The below list contains projects that were deferred in the 2005/6 financial year and that remained deferred by the end of the year. Projects that have been deferred since before 1st April 2005 are not included.

Division	Specialty	Sub-Specialty	Project ID	Title	Reason deferred
Specialised Services	Homeopathy		924	An audit of clinical practice in the cancer clinic at the Bristol Homeopathic Hospital	Project put on hold awaiting start of new doctor
Surgery and Head and Neck	Ophthalmology		1263	Outcomes of limbal relaxing incisions on correcting pre-existing astigmatism in cataract surgery	Audit lead left BEH - Consultant plans to take over and audit later in year
Surgery and Head and Neck	Ophthalmology	Ophthalmology Inpatient / Day Case Surgery	895	Outcome of combined cataract extraction, intra-capsular lens implantation and vitrectomy: accuracy of biometry compared with cataract surgery alone	Believed to be complete, but audit lead on maternity leave
Women's and Children's	Childrens Services	Paediatric Intensive Care (PICU)	1095	The Provision of Effective Parental Resuscitation Training	Project lead on maternity leave

Appendix E - UBHT Clinical Audit Forward Plan 2006/7

The forward plan below details projects to be carried out in the 2006/7 financial year, by Division. 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

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

Cons – Consultant Supt. – Superintendent DM – Divisional Manager
 SpR – Specialist Registrar Sen. – Senior Asst. - Assistant
 SHO – Senior House Officer CNS. – Clinical Nurse Specialist Adv. Pract. – Advanced Practitioner

NICE/NSF guidance which is not to be audited is described under each Division's forward plan, with an explanation why. This does not include any guidance mentioned in the forward plans in previous annual reports, unless the situation has since changed.

Diagnostics & Therapy

The non-representation of all specialties within this forward plan is partially attributable to the lack of Divisional clinical audit facilitator support, however please also note that audits carried out by Diagnostics & Therapy staff may be listed under the clinical division under which they are being undertaken. *For example*, Physio audits are included in forward plans for divisions of Medicine, Surgery Head & Neck and Women & Children's.

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Laboratory Medicine						
Management of patients with familial hypercholesterolaemia	Clinical Biochemistry	Dr C Dawson (SpR)	Audit of local guidelines		Y	
Audit of correlation between cytology and histology in cervical biopsies	Histology	Dr J Pawade (Cons)	Audit of national guidance		Y	
Reporting of endometrial cancer	Histology	Dr J Pawade (Cons)	Audit of national guidance			
Audit of the minimum data set for mastectomy specimens	Histology	Dr L Neville (SHO)	Audit of national guidance			
Audit of sharps handling and disposal	Infection Control	S Carroll (CNS)	Audit of local guidelines		Y	
Audit of isolation facilities and compliance with practice	Infection Control	C Perry (Nurse Cons)	Audit of national guidance			
Nutrition & Dietetics						
Texture Modified meals	Dietetics / Speech & Language Therapy	Toni Osmane	Guidelines from Royal College of Speech and Language Therapists and the British Dietetic Association. Part of the catering food provision contract. Will include patient survey.	Y	Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Evaluation of dietetic service provided to specialist lipid/cardiovascular disease clinic	Dietetics	Kathryn Stewart (Sen. Dietician)	Audit of guidance to be issued by the cardiothoracic group of the British Dietetic Association in Summer 2006 and/or to be carried out as a patient involvement project	Y		
Pharmacy						
Surgical Directorate Antibiotic Treatment guidelines	Pharmacy	Elizabeth Jonas (Senior Pharmacist)	New guidelines published Feb. 2005. Audit planned to ensure guidelines are being followed.		Y	
Prescription Endorsing by Pharmacy staff	Pharmacy	Sally-Ann Hall (Senior Pharmacist)	Guidelines due to be updated 2006. Once updated, to audit to ensure guidelines are being followed.			
Prescribing and Prescription Writing Guidelines	Pharmacy	Kevin Gibbs (Pharmacy Manager)	UBHT Medicines Code Prescribing Policy sets standards for prescribing and prescription writing across UBHT. Planned audit to ensure these standards are being followed.		Y	
UBHT Adult heparin infusion regime and monitoring protocol	Pharmacy	Pre-registration Pharmacist supervised by Jacqueline Criper (Senior Pharmacist)	Guidelines due to be completed 2006. Once completed, to audit to ensure the regime and monitoring are being followed.		Y	
Clopidogrel and modified-release dipyridamole in the prevention of occlusive vascular events	Pharmacy	Pre-registration Pharmacist supervised by Rachael O'Donnell (Senior Pharmacist)	NICE Technology Appraisal Guidance 90		Y	
Physiotherapy						
Outcomes of Osteoarthritis knee group	Musculo-skeletal Rheumatology	Melissa Domaille (Sen. Physio)	Evaluate effectiveness of group			
Radiology						
Liver Biopsy complication rates	Gastro-intestinal	Dr Huw Roach (Cons)	Potentially high risk interventional procedure			
Audit of Advanced Practitioner Trauma Reporting. (New cohort)	Trauma	Dr Charles Wakeley (Cons), Mrs Antonia Kendall & Miss Vardeep Deogan (Adv. Pract's)	Royal College of Radiographers / Society of Radiographers requirement to ensure standards maintained.		Y	
Assistant Practitioner Dating Scans	Obs/Gynae	Dr Heather Andrews (Cons) Ms Alison Povey (Supt)	Newly developed role extension, to ensure standards maintained.		Y	
Whole Body MR Survey	MRI	Dr Charles Wakeley (Cons) Dr Paul Davison (Cons)	New equipment permitting new technique. Guidelines suggest Whole Body MR Survey could be performed instead of Radioisotope Bone Scan.			
Audit of Reporting Times	All areas	Sally King (Supt. Radiographer)	To ensure targets being achieved and provide baseline prior to installation of new RIS system when a re-audit will be required.		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Audit of Radiation Dose for General Radiographic Examinations	General Radiography	Ms Susan Doshi & Mrs Mary Smail (Medical Physics), Mrs Sally King (Supt Radiographer)	To ensure Dose Ref Levels maintained and provide baseline prior to CR (Computed Radiography) and PACS (Picture Archive Communication System) Implementation		Y	

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

- IPG129: CT Colonography (virtual colonoscopy) (June 05) - new technique and very few cases undertaken at present. All cases are being recorded and reviewed and a full audit will be undertaken when sufficient numbers (likely to be in 2007/8)

Medicine

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Osteoporosis prophylaxis in those on oral steroids as dermatological treatment in Bristol Dermatology Centre	Dermatology	David de Berker (Cons)	Bone and tooth society guidelines			
Audit of skin cancer histopathology MDT meeting UBHT	Dermatology	David de Berker (Cons)	NICE guidance on cancer services - Improving Outcomes for People with Skin Tumours including Melanoma		Y	
BAEM Re-audit of Fractured neck of Femur	Emergency Department	Sarah Woolley (Cons)	British Association of Emergency Care Guidelines. Re-audit of 831			
BAEM Re-audit – Paracetamol overdose	Emergency Department	Sarah Woolley (Cons)	British Association of Emergency Care Guidelines. Re-audit of 852			
Specialist care for diabetic inpatients	Endocrinology and diabetes	Colin Dayan (Cons), Jane Godfrey (Specialist Nurse)	NSF for Diabetes, Standard 8		Y	
Regional audit of side effects of medication for inflammatory bowel disease	Gastro-enterology	Chris Probert (Cons)	British Society for Gastroenterology Inflammatory Bowel Disease Guidelines 2004		Y	
Management of First Episodes of Genital Herpes	Genito-urinary Medicine	Dr Andrew Leung (Associate Specialist in Sexual Health)	British Association of Sexual Health & HIV (BASHH) guidelines			
National Sentinel Audit of Stroke	Medicine for the Elderly	Sarah Caine (Cons)	Royal College of Physicians National Audit		Y	
National audit of continence care for older people	Medicine for the Elderly	Sarah Caine (Cons)	Royal College of Physicians National Audit		Y	
Offering HIV counselling and testing for patients with newly diagnosed TB	Respiratory Medicine	Sarah Mungall (Staff grade)	British Thoracic Society Guidelines			
Re audit of COPD Standards	Respiratory Medicine	Cate Mitchell (Supt. Physio)	Re-audit of 997			
Re audit of Physiotherapy service for Bronchiectasis Patients	Respiratory Medicine	Jenny Hudson (Sen. Physio)	Re-audit of 1242			

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Adult CF Healthy Practice Gym Guidelines	Respiratory Medicine	Hannah Douglass (Sen. Physio)	Re-audit of 1243, to ensure that action points have been completed from the previous audit.			
Anti TNF therapy for Ankylosing spondylitis	Rheumatology	Rob Marshall (Cons)	Forthcoming NICE guidance			

The division also intends to continue contributing to the following ongoing projects:

- Regional audit of diabetic pregnancies
- Regional audit of diabetic lower limb amputations
- Annual review of cystic fibrosis

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

Procedures not performed within UBHT:

- IPG 126 – Leukapheresis for inflammatory bowel disease (Jun 05) – technique not used in UBHT
- IPG 137 - Photodynamic therapy for localised inoperable endobronchial cancer (Nov 05) - Technique not used in UBHT, if appropriate patients would be referred to UCLH London or Manchester for this intervention

Specialised Services

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Cardiac Services						
Glycaemic control following adult cardiac surgery	Cardiac Anaesthesia	Dr Tim Lovell (Cons)	Clinical concern over non-adherence to BATH insulin protocol		Y	
CNST audit	Cardiac Surgery & Cardiology	Graham Brant (Sen. Nurse)	Annual note keeping audit; requirement for CNST assessment		Y	
Mitral valve repair at UBHT	Cardiac Surgery	Mr Raimondo Ascione (Cons)	Comparison of outcomes of differing techniques against published evidence			
Statins for the prevention of coronary event	Cardiology	Dr Angus Nightingale (Cons)	Compliance with NICE Technology appraisal 94 (Jan 06)			
Cryoablation for atrial fibrillation	Cardiology	Dr Liz McNeil (SpR)	Compliance with NICE guidance IPG 123 (May 05)			
Care of patients pre- and post-valvular surgery	Cardiology	Dr Angus Nightingale (Cons)	Audit of new service for high-risk patient group. To provide baseline for assessing performance improvement and to benchmark against lead centres in UK/internationally where possible.		Y?	Y?
CCU pump observation audit	Cardiology	Tracey Marsland (Sen. Nurse)	Audit of adherence to drug pump observation procedure following clinical incident			
Homeopathy						
Evidence of Goal Setting	Homeopathy	Dr Elizabeth Thompson (Cons)	Previous audits (200 & 923) have resulted in setting of standards for goal setting and review, as part of treatment. Audit will check standards are being met			
Use of LM Protocol	Homeopathy	Dr Elizabeth Thompson (Cons)	Re-audit of 1134, following development of a protocol – re-audit to confirm its use			
Management of Cancer Clinics	Homeopathy	Dr Moira Hamilton (Clinical Asst), Dr Elizabeth Thompson (Cons)	Rollover from 2005/6 – cancer service has expanded. Service need for explicit standards/protocol			

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Outcomes of Homeopathic treatment	Homeopathy	Dr Elizabeth Thompson (Cons)	Rollover from 2005/6 - recent outcomes study published. Need to audit against treatment outcomes			
Quality of Information in GP letters	Homeopathy	Dr Elizabeth Thompson (Cons)	New medical staff – need to check against previous standards set (previous audit completed 2000). Plan to involve GPs in a survey of their information requirements for clinic letters with a view to updating standards.			Y
Oncology & Haematology						
Management of Haemophilia patients out of hours	Clinical Haematology/ Childrens	Mary Edgar (CNS)	Increase in number of Haemophilia patients presenting out of hours to AHU and other local hospitals. Need to ensure optimum level of care received at all times.		Y	Y
Re-audit of Laxative prescribing	Palliative Medicine	Gaye-Senior Smith (CNS)	Re-audit of 2002 audit (pre-database). To ascertain whether recommendations from previous audit regarding prophylactic laxative prescribing (a) have been implemented and (b) have improved patient care		Y	
Re-audit of patients with testicular cancer	Oncology	Jeremy Braybrooke (Cons)	Re-audit of 940. Assess whether agreed actions and amendment to guidelines have (a) been implemented (b) led to improved patient care		Y	
Trust Guidelines on Prescribing	Oncology	Chris Williams (Cons)	Recent amendment to the Trust Prescribing Guidelines. Need to assess compliance.		Y	
Radiotherapy consent forms	Oncology	Sue Humphreys (Supt Radiographer)	Patients presenting for radiotherapy planning without a completed consent form cause delay to their planning. Need to ensure timeliness of completion of these forms		Y	
Treatment Review Clinics	Oncology	Paula Wilson (Cons)	Guidelines recommend that patients on radiotherapy treatment are seen weekly. Need to assess compliance		Y	

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

- TA 95: Arrhythmia – implantable cardioverter defibrillators (ICDs) (Jan 06) – topic being considered for audit but not a priority for 2006/7

Procedures not performed within UBHT:

- IPG 122: Microwave ablation for atrial fibrillation in association with other cardiac surgery (May 05) - not undertaken at UBHT
- IPG 128: Totally endoscopic robotically assisted coronary artery bypass (TECAB) (June 05) - not undertaken at UBHT

Note: Bristol Haematology and Oncology Hospital has endorsed implementation of all cancer related NICE Guidance, the audit of which will be integrated with other specialty priorities.

Surgery, Head & Neck

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Anaesthesia, Theatres and Critical Care						
Patient completion of pre-op anaesthetic assessment record	Anaesthesia	Diana Terry (Cons)	Records rarely fully completed. To audit process and identify problem areas			
An audit of morphine prescriptions	Anaesthesia	Mike Kinsella (Cons)	Audit of local guideline		Y	
The usage of the new anaesthetic chart	Anaesthesia	Sally Massey (Cons)	Assess compliance of completion of chart since amendment. Ascertain effectiveness of roll out of chart.		Y	
Prescription of antibiotics	Anaesthesia / Pharmacy	Doug Mein (SpR)	Audit of adherence to the new medicine code, issued Jan 2006		Y	
Post operative nausea and vomiting	Day Surgery	Siobham Grimes (Cons)	Re audit of 958. Deferred from 2005/6.		Y	
Waiting list cards	Day Surgery	Ben Hume (Asst. DM)	Lack of completeness causing delays. Standard fields should be completed.		Y	
Intra-uterine fetal resuscitation (IUF) in emergency caesarean section for fetal distress.	Gynaecology	Nicola Weale (SpR), Mike Kinsella (Cons)	Audit of local guidelines		Y	
Sedation Levels in patients with Septic Shock	ITU/HDU	Matt Thomas (SpR) Anne Whaley (Cons)	Audit of guidance from the Surviving Sepsis campaign.		Y	
Guidance on Epidural Analgesia	Obstetrics	Mark Scrutton (Cons)	Compliance with CNST maternity standard 4.3.1.		Y	
Accidental dural puncture.	Obstetrics	Mark Scrutton (Cons)	Compliance with CNST maternity standard 4.3.1.		Y	
Correct Site Surgery	Theatres	Dawn Scott (ADM theatres) Dina Plowes (Sen. Nurse)	Re audit of 1094 (T&O) following change to pre op checklist protocol and encompassing other site-specific surgical specialties.		Y	
Audit of hip fracture anaesthesia and infection rates	Theatres	Frances Forrest (Cons), Jill Homeward (SpR), Gerry Baber (Matron)	Delay to theatre could be reduced by using the non lamina flow theatre for certain trauma operations		Y	
Dental Services						
Oral care of patients undergoing treatment for Head and Neck Cancer – re-audit	Restorative / Maxillofacial Surgery	Matthew Jerreat (SpR)	Assess whether actions taken after last audit (1037) have led to improved management of patients.		Y	
Multiple General Anaesthetics for special needs patients – re-audit	Restorative / GA	Petrina Wood (Sen. Dental Officer)	Assess whether protocol introduced after 2000 audit has reduced repeat GAs.			
Sleep apnoea treatment protocol and outcomes	Orthodontics	Nigel Harradine, (Cons)	Assess whether management of these patients follows the local protocol and how successful it is		Y	
Appropriateness of radiographic requests	Hospital-wide	Tony Brooke, (Sen. Dental Officer)	Assess whether improvements have been made since last audit in 2001		Y	
Radiographs for children being treated under General Anaesthesia	Paediatric Dentistry / GA	Deborah Franklin (Cons)	Concern that radiographs are not being taken in advance of GA, in accordance with local and Royal College of Surgeons guidelines			
ENT						
Fine Needle Aspiration	ENT	Graham Porter (Cons), Maryam Nowghani (Clinical Fellow)	Clinical Guideline: compliance with local guideline.		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Blood Usage Audit	ENT	Graham Porter (Cons) / SHO	Clinical Guideline: compliance with local guideline.		Y	
Electrosurgery for Tonsillectomy	ENT	Graham Porter (Cons) / SHO	NICE guidelines: Electrosurgery for Tonsillectomy (IPG 150).		Y	
Adequacy of Discharge Summaries	ENT	Graham Porter (Cons), Vicky Thomas (SHO)	Monitoring of local practice.			
Re-audit of Health Records	ENT	Hilary Hiscox (Ward Manager), Raj Patal (SpR)	Organisational safety: compliance with CNST standard 6.		Y	
Ophthalmology						
Macular hole surgery	Inpatients / Day case	Rodney Grey (Cons)	Assess BEH outcomes against literature			
Trabeculectomy	Inpatients / Day case	Michael Greaney (Cons)	Assess BEH outcomes against national study			
Investigating ocular disease by carotid duplex ultrasonography and echocardiography – re-audit	Outpatients / A&E	Sri Sharma (SpR)	Assess whether practice improved following previous audit in 2004 (459)		Y	
Nurse-led cataract follow-up – re-audit	Outpatients	Martina Jones (Sister)	Assess whether changes to guidelines have led to improvement. Re-audit of 177			
Microbial keratitis – re-audit	Outpatients / A&E	Derek Tole (Cons)	Simplified technique for corneal scrapes introduced during period of previous audit (472)		Y	
Surgical Specialties						
CNST audit of documentation.	General Surgery	Tim Whittlestone (Cons)	Compliance with CNST standards.		Y	
Are patients receiving the admission stickers indicating the correct specialty consultant	General Surgery	Ben Ayres (Fellow)	Inappropriate use of stickers can lead to delays in getting patient's results back to the relevant clinicians.		Y	
Re-audit of Humidification	Respiratory	Rob Martyn-Jones (Physio)	Reaudit of 1027. Ensuring clinical effectiveness after addressing issues raised in the previous audit.		Y	
Global Ratings Scale - quality indicators.	Lower GI	Paul Sylvester (Cons), Doreen Wallace (CNS)	Audit required to satisfy GRS requirements. Good GRS score needed if Trust is to become a national screening centre.			
CNST notes audit	Trauma & Orthopaedics	Jonathan Eldridge (Cons)	Compliance with CNST standards.			
Are we following the guidance on treating Scaphoid fractures?	Trauma & Orthopaedics	Mark Jackson (Cons)	Re audit of 462. Feeling that Scafoid fractures are still being referred to clinics inappropriately.		Y	
Nutrition provision audit	Trauma & Orthopaedics	Gerry Baber (Matron) Ann Parker (Sen Nurse)	Planned area of Essence of Care to be audited.			
Surgical Site Infection audit	Trauma & Orthopaedics	Gerry Baber (Matron)	A national surveillance and quality improvement program Collecting data on infection rates in long bone fractures.			
Fast Track Cancer pathway	Upper GI	Jane Blazeby (Cons)	Re audit of 1150. Changes in pathway implementation established.		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Communication with GP's and Network hospitals after major surgery.	Upper GI	Jane Blazeby (Cons)	Determine the effectiveness of communication between all sites within the Avon Somerset & Wiltshire (ASWCS) cancer network.		Y	Y
Emergency Nephrostomy timing.	Urology	Tim Whittlestone (Cons), Helena Burden (SpR)	Concern that we are not treating patients with obstructed septic kidneys within the recommended time frame.		Y	
Audit of Laparoscopic Nephrectomy procedures	Urology	Tim Whittlestone (Cons)	NICE guidelines: IPG 136			
The treatment of T1 bladder tumors.	Urology	Raj Persad (Cons), Ben Ayres (Fellow)	Recent evidence from the Journal of Urology, Dec 05, states that patients undergoing TURBT procedures should have a second procedure within 1 month.			
Testicular tumors – following the care pathway.	Urology	Tim Whittlestone (Cons), Ben Ayres (Fellow)	ASWCS regional audit		Y	
Thromboprophylaxis in acute general surgical admissions.	Vascular	Simon Massey (Cons) Lyndsey Thompson/Gev Bahabra (SHO)	Audit of local guidelines (currently being produced)		Y	

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

- IPG 048: Macular translocation for age-related macular degeneration (March 04) – Approval given to carry out surgery, but only one operation performed so far. Consultant is monitoring cases and will audit in future
- IPG127: Endovascular stent-graft placement in thoracic aortic aneurysms and dissections (Jun 05) - Rarely performed at BRI.
- IPG 130: Collagen injection vocal cord augmentation (Jun 05) – Rarely performed at StMH. Alternative procedure used
- IPG135: Laparoscopic Liver resection (Aug 05) - New procedure within surgery, too few cases at present to audit
- IPG138: Intramural urethral bulking procedures for stress urinary incontinence (Nov 05) - Rarely performed at BRI
- IPG 148: Retrobulbar irradiation for thyroid eye disease (Dec 05) – Work in progress between Moorfields Eye Hospital, London, and BEH to establish full guidelines for use of orbital radiotherapy.
- IPG 149: Division of ankyloglossia (tongue tie) for babies with difficulty breastfeeding (Dec 05) – procedure very rarely carried out at BDH (*see also Women & Childrens*)

Procedures not performed within UBHT:

- TA 89: The use of autologous chondrocyte implantation for the treatment of cartilage defects in knee joints (May 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- TA 092: HealOzone for the treatment of tooth decay (occlusal pit and fissure caries and root caries) (July 05) – treatment not recommended by NICE and not in use at Dental Hospital
- IPG 049: Radiotherapy for age-related macular degeneration (March 04) – NICE does not recommend. Not current practice at BEH
- IPG 058: Transpupillary thermotherapy for age-related macular degeneration (May 04) – NICE does not recommend. Not current practice at BEH
- IPG 069: Insertion of hydrogel keratoprosthesis (June 04) – NICE does not recommend. Not current practice at BEH
- IPG 070: Scleral expansion surgery for presbyopia (July 04) – NICE does not recommend. Not current practice at BEH
- IPG 072: Arteriovenous sheathotomy for branch retinal vein occlusion (July 04) – NICE does not recommend. Not current practice at BEH
- IPG120: Potassium-titanyl-phosphate (KTP) laser vaporisation of the prostate for benign prostatic obstruction (May 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG 124: Radiofrequency ablation of the soft palate for snoring (May 05) – treatment not recommended by NICE and not in use at Dental Hospital or at St Michael's Hospital
- IPG 131: Interstitial laser therapy for fibroadenomas of the breast - Procedure not performed in the BRI therefore no audit work on guidelines planned

- IPG 139: Extracorporeal shock wave therapy for refractory tendinopathy (Nov 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned.
- IPG 140: Metatarsal phalangeal joint replacement (Nov 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG 141: Automated percutaneous mechanical lumbar discectomy (Nov 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG142: Cryosurgery for malignant endobronchial obstruction (Nov 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned.
- IPG145: Cryotherapy for prostate surgery (Dec 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG 146: Direct C1 lateral mass screw for cervical spine stabilisation (Dec 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned.
- IPG 147: Endoscopic axillary lymph node retrieval for breast cancer (Dec 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG158: Laparoscopic retroperitoneal lymph node dissection for testis cancer (Mar 06) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- IPG 164: Photorefractive (laser) surgery for the correction of refractive error (March 06 – update of IPG 102) - Photorefractive surgery for refractive errors alone is not available on NHS
- IPG119: Cryotherapy for recurrent prostate cancer (May 05) - Procedure not performed in the BRI therefore no audit work on guidelines planned
- Laser assisted serial tonsillectomy (not yet published) - Not performed at St Michael's Hospital
- Harmonic scalpel for tonsillectomy (not yet published) - Not performed at St Michael's Hospital

Women & Children's

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Children's Services						
Site marking for surgery	Anaesthesia	Dr Pete Stoddart (Cons)	National Patient Safety Agency		Y	
Clinical indicators for the Emergency Department	Emergency Department	Dr Lisa Goldsworthy (Cons)	National BAEM audit			
Feverish Illness in Children	Emergency Department	Dr Lisa Goldsworthy (Cons)	NICE Guidance Final Scope Publication due date May 07			
Eating disorders	CAMHS	Dr Justin Daddow (Cons)	NICE Guidance CG009. Deferred from last year		Y	
Self Harm	CAMHS	Dr Justin Daddow (Cons)	NICE Guidance CG16. Involving Avon Ambulance. Deferred from last year		Y	Y
Safer Patient Identification / Wrist band audit	Cross Directorate	Helen Morris (Modern Matron)	National Patient Safety Agency Recommendations		Y	
Audit of Regional Referral for Endoscopy	Gastroenterology	Dr B Sandhu (Cons)	Local Concern		Y	
Newer Drugs for Epilepsy	Neurology	Dr Phil Jardine	NICE Guidance TAG 079. Involving PCTs and NBT. Deferred from last year		Y	Y
The diagnosis and management of the epilepsies in children and adults in primary and secondary care	Neurology	Dr Phil Jardine	NICE Guidance CG20. Involving PCTs and NBT and parents. Deferred from last year	Y	Y	Y
Anaemia management in chronic kidney disease	Nephrology	Dr Carol Inward	NICE TAG (expected publication date Sept 2006)		Y	
Retinopathy of prematurity screening and follow up	NICU	Dr Anoo Jain (Cons)	Clinical Guideline: Compliance with local guideline		Y	
Neonatal documentation audit	NICU	Dr Anoo Jain (Cons)	Organisational Safety: Compliance with CNST standard 6 and CESDI Project 27-28		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Reducing harm caused by the misplacement of nasogastric feeding tubes	NICU	Susan Braithwaite (Clinical Nurse Educator)	Organisational safety: compliance with NPSA Safety Alert		Y	
Improving outcomes in children and young people with cancer	Oncology	Annabelle Foot (Cons)	NICE Service Guidance 2005 (SG07)			
PICU management of children with prolonged convulsions	PICU	Stephen Marriage (Cons)	APLS (Advanced Paediatric Life Support) guidelines			
Use of Nitric Oxide in PICU	PICU	Stephen Marriage (Cons)	Audit against product license and local guidelines		Y	
Retrieval of children to PICU presenting to referring centres with suspected TGA	PICU	Stephen Marriage (Cons)	Audit against current practice		Y	
Asthma management of children aged 5-15 years	Respiratory	Deb Marriage (CNS)	NICE Guidance TAG 38 Deferred from last year		Y	
Utilisation of the emergency CEPOD surgical list.	Surgery (General)	Mr M Woodward (Cons)	Local Concern			
Surgical Site Infection	Surgery (General)	Mr R Spicer (Cons)	NICE Guidance (Final Scope) publication due September 06			
Women's Services						
Re-audit of Health Records	Obs	Sarah Windfeld (Head of Midwifery)	Organisational safety: compliance with CNST standard 6. Re-audit of 1111		Y	
Provision of Patient Information Leaflets	Obs & Community Midwifery	Lisa Damsell (Modern Matron)	Organisational safety: compliance with the CNST standards 3.1.1		Y	
Notification of Test Results	Gynae	Caroline Overton (Cons)	Organisational safety: Trust Policy		Y	
Consent Confirmation	Obs, Gynae & Theatres	Pip Mills (Cons), Nicky Ellis (Theatre Manager), Dimitrios Psaroudakis (SHO)	Organisational safety: NPSA Guidance		Y	
Obstetric Cholestasis	Obs	Jo Trinder (Cons)	Clinical guidelines: compliance with RCOG Green Top Guideline 43		Y	
Operative Vaginal Delivery	Obs & NICU	Tim Overton (Cons), Anoo Jain Cons)	Clinical guidelines: Compliance with RCOG Green Top Guideline 26		Y	
Placenta Praevia	Obs	Mark Denbow (Cons)	Clinical guidelines: Compliance with RCOG Green Top Guideline 27		Y	
Care of Women Requesting an Induced Abortion	Gynae & CASH	Bob Anderson (Cons), Annie Evans (Women's Health Specialist)	RCOG National Evidence Based Clinical Guidelines No7		Y	
Selection of the Lead Professional	Obs	Lisa Damsell (Modern Matron)	NICE guidelines: Antenatal Care Guideline (CG6) CEMACH: compliance with local guideline (CNST standard 2.3.1)		Y	
Severe Postpartum Haemorrhage	Obs	Sherif Abdel Fattah (Cons), Beth McHugh (SHO)	Clinical guidelines: compliance with local guideline (CNST standard 4.3.1)		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Re-audit of Gynae Thromboprophylaxis	Gynae	Hilary Rennolds (Clinical Ward Manager)/ Kate Collins (SHO)	Clinical guidelines: compliance with local guideline Re-audit of 1069.		Y	
Immediate Care of the Newborn	Obs & NICU	Belinda Cox (Practice Development Midwife), Liz Roberts (Ward Manager)	Clinical guidelines: compliance with local guideline (CNST standard 4.3.1)		Y	
Urinary incontinence	Obstetric Physiotherapy	Jess Butterly (Sen. Physio)	Clinical guidelines: compliance with local guideline		Y	
Diabetes in Pregnancy	Obs	Sue Sellers (Cons)	CEMACH: compliance with local guideline (CNST standard 4.3.1)		Y	
Re-audit of Cancer Pathways	Obs	John Murdoch (Cons)	NSF Cancer: Compliance with SWICS guidelines. Re-audit of 1236.		Y	
Re-Audit Decision to Delivery Interval	Obs & Anaesthetics	Mike Kinsella (Cons), Bryony Strachan (Cons), Alex See & Brendon O'Leary (SHOs)	Mortality & Morbidity: compliance with CNST standards Re-audit of 1059.		Y	
Timeliness of the provision of perinatal pathology reports	Obs	Peter Soothill (Cons)	Mortality & Morbidity: compliance with locally agreed standards - based on nationally recognised standards but additionally developed in conjunction with the UBHT Bereavement group (includes patient/family representatives)	Y	Y	
Re-audit of UNICEF Baby Friendly 10 Steps	Obs	Belinda Cox (Practice Development Midwife)	PPI (survey). Audit required every 6 months for UNICEF Baby Friendly accreditation. Re-audit of 1257.	Y	Y	
Neonatal Checks by Community Midwives	Community Midwifery	Siobhan O'Callaghan (Community Midwifery Manager)	Local Practice: Audit of local practice changes / local guideline.		Y	
Under 16s Record Keeping	CASH	Annie Evans (Women's Health Specialist)	Local Practice: Audit of local practice changes / local guideline.		Y	
Re-Audit of IUD Practice	CASH	Annie Evans (Women's Health Specialist)	Local Practice: Re-Audit of 870. Audit of local practice changes.		Y	

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

- CG28: Depression in children and young people: identification and management in primary, community and secondary care (Sep 05) – not to be audited at present, other NICE guidance taking priority for audit within CAMHS
- CG31: Obsessive compulsive disorder (Nov 05) - not to be audited at present, other NICE guidance taking priority for audit within CAMHS
- IPG149: Division of ankyloglossia (tongue tie) for babies with difficulty breastfeeding (Dec 05) – insufficient cases to audit

Procedures not performed within UBHT:

- IPG125: Posterior infracoccygeal sacropexy for vaginal vault prolapse (May 05) – not carried out at St Michael's Hospital.
- IPG143: Prosthetic intervertebral disc replacement for the cervical spine (Nov 05) – not carried out at Bristol Children's Hospital
- IPG144: Intraoperative blood cell salvage in obstetrics (Nov 05) – not carried out at St Michael's Hospital.
- Hysteroscopic laser myomectomy (provisional recommendations published Oct 2003, not yet published in final version) - not carried out at St Michael's Hospital'

Non-Division specific

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Trust-wide Nursing						
Assessment and treatment of pressure sores	Tissue Viability	Fiona Balleste (Tissue Viability Nurse)	Rolled over from 2005/6 – awaiting launch of revised UBHT policy and documentation in May 2006 (following Sept 05 publication of NICE guidance)			