

U.B.H.T.

Clinical Audit Report

2003/2004

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1 Introduction from Chairman of Clinical Audit Committee

There have been a significant number of changes within the audit team during this year, and a slight restructuring of the BRI team of audit facilitators. Nine new consultants have joined the clinical audit committee as directorate convenors, and five directorates now each have two convenors, improving the input into large directorates and specialist areas. Despite all these changes, new and old members of the team alike have once again contributed to the highly worthwhile audit programme that is reported here.

This year's report shows that, compared with last year, there has been an increase in the number of audits based on national guidance, having patient or public involvement, or based on evidence based standards. This has already demonstrated encouraging levels of compliance with NICE guidance in many areas throughout the trust. Keeping up with an increasing volume of audits based on national guidance and also maintaining room in the audit program to address local issues raised by risk management or patient concerns will remain a challenge. Another challenge is to see all groups of clinical staff increasingly enthusiastic to use audit as a tool to effect change in the areas in which they work.

This year has also seen greater integration across the different strands of clinical governance. Chris Swonnell's role has broadened from that of Clinical Audit Co-ordinator to that of Clinical Governance & Audit Co-ordinator. The annual 'Clinical Audit Oscars' event will now be incorporated into the "UBHT Innovation & Improvement day".

Thanks are due to all members of the audit team and to Chris Swonnell for continuing to develop clinical audit within the wider clinical governance agenda. Also to Eleanor Ferris for taking on increased responsibilities within the clinical audit central office, for covering audit facilitators' absence in directorates where posts have been frozen, and not least for the work involved in preparation of this report. Finally I would like to thank all those who have left the directorate based teams over the last year, and the enthusiastic new members who have joined.

Graham Bayly
Chairman of the Clinical Audit Committee

2 Clinical Audit Co-ordinator's Report

2.1 Clinical Audit team

Clinical Audit activity at UBHT continues to be supported by a Central Office and a team of directorate-based Clinical Audit Facilitators.

2003/4 saw a number of departures from the Clinical Audit Team: Kate Wathen (Medicine) moved to a post with the Internal Audit team, whilst Frank Lee (Obs, Gynae & ENT) and Louise Hale (Ophthalmology) both moved away from the South West. Since the end of the financial year, three more departures have been announced: Carolyn Southwell (Dental Services) has moved to an IT post with BANES PCT; Sarah Spinks (Surgery) is leaving to work with youth offenders, and Sorrel Hewes (Critical Care) is pursuing a career in accountancy. After over six years co-ordinating the clinical audit programme at UBHT, Chris Swonnell's role also changed in 2003/4 to encompass co-ordination of wider Clinical Governance activity. Chris however retains an overseeing role in clinical audit (based around a weekly split of four days CG; one day CA).

We welcomed Liz Sargent into Obstetrics, Gynae & ENT following Frank Lee's departure, however the posts in Medicine and Ophthalmology were frozen as they became vacant. James Osborne's former post in Laboratory Medicine was also held frozen for the whole of 2003/4. At the end of the financial year, the Trust's Clinical Governance Committee agreed that all of these posts could be recruited to. The three BRI posts (Medicine, Surgery and Critical Care) are being replaced initially by two posts aligned to the current management structure: one post covering Medicine and Emergency Services; the other Surgery and Critical Care. Funding from the third post is being held temporarily, pending agreement of how this resource can be targeted most effectively to support the BRI audit programme.

2.2 Clinical Audit Committee

The Clinical Audit Committee (CAC) met nine times in 2003/4. The main business of the Committee was to receive a rolling programme of annual 'reports' from the clinical directorates.

The following members joined CAC in 2003/4: Malcolm Underwood (joining Andreas Baumbach as joint convenor for Cardiothoracic Services); Carol Inward (succeeding Sue King at BCH); Tim Whittlestone and Jonathan Eldridge (succeeding Jane Blazeby and Fabian Norman-Taylor in Surgery); Caroline Overton & Graham Porter (succeeding Bryony Strachan at St Michael's Hospital). And since the end of the financial year: Michael Greaney (succeeding Clare Bailey in Ophthalmology) and Paula Wilson and Jeremy Braybrooke (succeeding Andrew Davies at BHOC). Pat Howard (Medicine) also formally stepped down from the Committee this year. Eleanor Ferris formally joined the Committee in her role as Clinical Audit Support & Information Manager (also assuming minute duties from Roy Xavier). Gwen Clark also agreed to attend key meetings (e.g. when forward plans and annual report are discussed) in her capacity as a Non-Executive Director.

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

2.3 Clinical Governance

The Clinical Governance & Audit Co-ordinator and Clinical Audit Support & Information Manager are both members of the Trust's Clinical Governance Team (CGT). Significant changes have taken place within the CGT in 2003/4 with most of the team now based in the Assembly Rooms, Trust HQ. It is hoped that one of the benefits of this move will be stronger lines of communication and joint working between clinical audit and other components of governance, including Clinical Risk Management (e.g. CNST audits), Patient Information (e.g. auditing the appropriateness of patient information), Complaints & PALS (e.g. identifying potential themes for audit), Patient

Involvement (e.g. jointly developing 'rules of engagement' for patient involvement in clinical audit), and Clinical Effectiveness (e.g. systematic audit of NICE guidance).

2.4 Financial Information

The majority of clinical audit funding is historically devolved to clinical directorates, supporting the posts detailed in Appendix A. In addition, in 2003/4 the Clinical Audit Central Office received just over £107,000. Of this figure, c£86k was spent on pay, c£8k on miscellaneous support costs (for both the Central Office and wider audit team), leaving an underspend of c£13k.

2.5 Clinical Audit Forward Programme 2004/5

Each directorate was asked in February/March to put together a forward programme for clinical audit for the forthcoming year. This details the agreed, priority projects to be started in the next financial year and should be based on information such as expected NICE publications. The forward programme for 2004/5 can be found in [Appendix E](#). This does not form the entirety of the clinical audit programme for the year, as other projects may be proposed and taken on through the year on an ad-hoc basis, together with projects still in progress from the previous year. [Appendix B](#) contains information on the progress against the forward plan contained in the 2002/3 Clinical Audit annual report.

2.6 Miscellaneous

2.6.1 OCR System

The TELEform OCR system is now in use as a stand-alone system within Trust Headquarters and is awaiting networking for use by clinical audit facilitators in the directorates. In addition to clinical audit proforma input and analysis, it has been successfully used for the scanning and collation of National Patient Survey responses.

2.6.2 Clinical Audit 'Oscars'

This annual event was not held in 2003/4 due to the planned staging of a "UBHT Innovation & Improvement day" in September 2004, incorporating not only Clinical Audit projects, but also presentations of other aspects of Clinical Governance and Service Improvement.

Chris Swonnell
Clinical Governance & Audit Co-ordinator

3 Project Reports for 2003/2004

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

- National Service Frameworks & NICE guidance
- National Audits

NICE/NSF								
3.3.4	3.3.5	3.4.2	3.4.20	3.4.21	3.4.22	3.4.23	3.4.25	3.4.26
3.4.27	3.4.28	3.4.29	3.4.30	3.4.31	3.4.32	3.4.33	3.4.7	3.5.5
3.5.24	3.5.26	3.6.33	3.7.5	3.7.12	3.7.14	3.9.18	3.11.19	3.11.23
3.11.29	3.11.35	3.11.36	3.11.47	3.12.11	3.12.17	3.13.8	3.13.13	3.13.14
3.13.15	3.13.16	3.15.2	3.15.7	3.15.9	3.15.13	3.15.22	3.15.24	3.16.7
National Audits								
3.4.8	3.4.14	3.4.16	3.4.20	3.4.23	3.4.30	3.4.36	3.5.1	3.5.25
3.5.29	3.6.26	3.6.28	3.6.38	3.9.12	3.9.20	3.11.8	3.11.21	3.11.35
3.11.46	3.12.7	3.12.8	3.15.21	3.16.8	3.16.16			

Local/Regional Health Economy Priorities

- Regional Audits
- Local Health Improvement Programme 2000-2003 priorities
- Interface audit (see section 3.2.1 for definition)

Regional Audits								
3.5.11	3.5.20	3.5.46	3.6.19	3.7.18	3.7.19	3.11.8	3.11.11	3.11.21
3.11.22	3.11.23	3.11.51	3.12.13	3.12.15	3.15.6	3.17.3	3.17.7	3.18.2
Health Improvement Programme Priorities								
Cancer:								
All audits registered to Oncology directorate (section 3.13) plus:							3.3.2	3.4.35
3.5.23	3.5.37	3.7.9	3.9.3	3.9.15	3.9.16	3.9.17	3.10.1	3.11.14
3.11.42	3.11.44	3.12.13	3.14.5	3.15.5	3.16.4	3.16.8	3.17.3	3.17.7
3.17.10	3.17.12	3.18.12						
Heart Disease:								
3.4.1 - 3.4.33		3.5.13 - 3.5.19		3.6.3	3.6.20	3.6.37	3.11.2	3.14.7
3.15.1	3.15.11	3.15.13	3.16.9	3.16.10	3.16.13			
Stroke:								
3.11.37								
Services for Older People:								
3.11.35 - 3.11.36		3.4.6	3.6.11	3.15.22	3.15.24	3.18.4		
Demand Management/Reducing Waiting Times:								
3.3.1	3.4.18	3.4.22	3.4.33	3.5.7	3.5.51	3.7.22	3.9.8	3.11.34
3.13.2	3.14.10	3.16.8	3.17.6	3.18.6	3.18.8			
Interface Audits								
3.4.33	3.5.24	3.5.29	3.5.44	3.7.13	3.7.14	3.7.17	3.7.26	3.9.6
3.11.11	3.11.20	3.11.24	3.12.15	3.12.17	3.15.12	3.15.14	3.15.20	3.15.21
3.15.22	3.15.23	3.15.24	3.17.15	3.17.19	3.18.6	3.18.10		

3.2 Introduction to Directorate Reports

3.2.1 Introduction & explanation of statistics

All project information for this report is taken from the Clinical Audit Project Management Database, which was implemented in April 2002 and pre-populated with details of any current audits at that time.

The statistics and list of projects are based on the number of audits in progress during the financial year 2003-4. This includes projects started in previous years (2002/3 roll-overs) and projects completed in 2003/4. It does not include projects abandoned during the year or projects with a status of 'deferred' at the end of the financial year - for details of these, please see [Appendix C](#) and [Appendix D](#). Audits started in 2003/4 are defined as those that first appeared in a quarterly report in that financial year (i.e. July 03, Oct 03, Jan 04 or Apr 04 quarterlies).

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

Definition of terms:

- Pre-audit:** A project where there are no available standards to measure practice against. A pre-audit should involve the development of standards with which to audit practice against in future.
- Re-audit:** The repetition of an audit project in order to measure whether practice has improved since the initial audit
- Ongoing (continuous audit):** The continuous collection of data in order to measure practice. Ongoing audit should involve regular review of data and implementation of changes in practice (where necessary) in order to improve performance.
- Linked to NSF, NICE guidance or similar national guidance:** This includes Confidential Enquiry recommendations, Royal College guidelines & National Professional Bodies.
- Regional:** This relates to audits carried out across the local health community.
- Interface:** Audits across care sectors. These will usually involve primary care (PCTs, Avon Ambulance etc) but may include social care.
- Multi-disciplinary:** Although strictly speaking, this means the involvement of more than one discipline (i.e. staff from different areas of work, e.g. surgery & anaesthesia), it has been taken to mean the involvement of more than one profession, where this would be a better indicator of team working than cross disciplinary working (e.g. nurses and doctors from surgery).
- Other method of consumer involvement / consumer involvement (non-survey):** Patients/carers involved in one or more of the following: identification of audit topic; developing audit idea/project design; carrying out audit project; receiving audit results.
- Changes in practice:** Following completion of audit, action plan recorded on database with one or more actions partially or fully implemented
- Measurable benefits to patients:** As assessed by the audit lead and/or clinical audit facilitator for completed or ongoing audits. Benefits can only be confirmed following re-audits. For some completed/ongoing projects it may be too early to measure/confirm benefits.
- Audits arising from a critical incident:** Audits following a problem identified by clinical or incident reporting
- Audits with no clinical audit facilitator involvement:** Generally means audit first reported to the facilitator after completion of the audit
- Audits leading to better ways of working for staff:** As assessed by the audit lead and/or clinical audit facilitator for completed or ongoing audits

3.2.2 Summary 'dashboard' of indicators

	Total number of projects *	Pre-audits	First audits	Re-audits	Ongoing (continuous) audits	Linked to NSF, NICE or similar national guidance	National	Regional	Interface	Multi-directorate	Multi-disciplinary	Evidence based standards used	Incorporates a Patient Survey	Other method of consumer involvement	Total projects with consumer involvement	Action Plan produced ~	Changes in practice ~	Measurable benefits to patients ~	Confirmed measurable benefits to patients #
Ambulatory Care & Outpatients	5	20%	80%	0%	0%	60%	0%	0%	0%	100%	80%	60%	0%	40%	40%	100%	0%	0%	N/A
Cardiothoracic Services	38	34%	8%	3%	55%	45%	18%	0%	3%	29%	39%	53%	16%	13%	16%	29%	32%	39%	N/A
Children's Services	54	7%	60%	18%	15%	24%	5%	5%	5%	7%	31%	53%	18%	11%	25%	27%	8%	15%	33%
Critical Care	38	8%	76%	8%	8%	24%	8%	3%	0%	42%	55%	34%	11%	3%	11%	14%	50%	41%	50%
Dental Services	30	0%	67%	30%	3%	23%	0%	7%	13%	7%	33%	63%	7%	3%	7%	85%	46%	77%	67%
Homeopathy	7	14%	43%	14%	29%	0%	0%	0%	0%	0%	0%	14%	43%	14%	43%	33%	100%	33%	N/A
Laboratory Medicine	20	5%	55%	5%	35%	25%	10%	0%	5%	55%	55%	30%	5%	0%	5%	69%	62%	8%	0%
Medical Physics & Bioengineering	4	25%	25%	0%	50%	0%	0%	0%	0%	75%	100%	0%	0%	0%	0%	33%	0%	0%	N/A
Medicine	51	33%	53%	8%	6%	39%	8%	12%	6%	20%	41%	51%	14%	8%	20%	40%	52%	8%	0%
Obs, Gynae & ENT	24	17%	50%	21%	13%	33%	8%	8%	8%	17%	42%	33%	17%	8%	25%	10%	10%	0%	67%
Oncology	23	0%	87%	13%	0%	17%	0%	0%	0%	9%	100%	91%	0%	9%	9%	75%	38%	56%	0%
Ophthalmology	13	31%	46%	23%	0%	15%	0%	0%	0%	8%	31%	46%	8%	8%	15%	50%	50%	75%	100%
Pharmacy	25	8%	84%	8%	0%	40%	4%	4%	28%	56%	28%	56%	12%	4%	12%	53%	29%	12%	50%
Radiology	19	26%	58%	16%	0%	26%	11%	0%	0%	26%	47%	42%	0%	16%	0%	14%	14%	14%	0%
Surgery	28	21%	54%	25%	0%	36%	0%	7%	7%	29%	46%	71%	11%	4%	14%	80%	60%	10%	0%
Trustwide	12	17%	67%	17%	0%	17%	0%	0%	17%	50%	8%	33%	33%	8%	42%	83%	50%	67%	0%
TOTAL	391	16%	57%	14%	13%	29%	6%	4%	6%	26%	43%	51%	12%	8%	16%	44%	37%	28%	33%

N/A = no audit projects of this type (e.g. no completed re-audits in Homeopathy)

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

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

as a percentage of completed re-audits

3.3 AMBULATORY CARE & OUTPATIENTS

SUMMARY FIGURES

2002/2003 roll-overs <<		0
Audits first registered in 2003/4	Pre-audits P	1
	First audits A	4
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		5
Completed audits		2
Current (uncompleted) audits carried forward >		3
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2001/2002*	2002/2003	2003/2004
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>			
Multidisciplinary audits:	-	1/4	25%
Audits arising from a critical incident:	-	0/4	0%
Audits prompted by a patient complaint:	-	1/4	25%
Audits with consumer involvement (not including surveys)	-	2/4	50%
Audits incorporating a patient/carer survey	-	0/4	0%
Interface audits (involving primary care)	-	0/4	0%
Audits linked to NSF, NICE guidance, or similar national guidance	-	0/4	0%
Audits with no clinical audit facilitator involvement	-	2/4	50%
Audits with proposal forms completed BEFORE audit started	-	1/4	25%
Audits using evidence based standards **	-	1/4	25%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	-	5/5	100%
Audits where an action plan was produced:	-	2/5	40%
If action plan NOT produced, number where audit confirmed current good practice:	-	3/3	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	-	3/4	75%
Audits leading to better ways of working for staff:	-	1/4	25%
Audits leading to measurable benefits for patients:	-	3/4	75%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	-	1/1	100%

*Directorate created in 2002/3

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Outpatient Department									
3.3.1	679	Are patients being given an appropriate appointment with the right consultant in the right clinic after discharge from hospital?	Helen Silvers, Jane Blazeby			X			X
3.3.2	638	Audit of a nutrition screening programme for Upper GI cancer outpatients	Jane Blazeby, Sharon Lamb			X			
Specialty: Pre-Op Clinic 10									
3.3.3	571	Are grouped blood samples taken at pre-op assessment being saved for the locally recommended 21 days?	Ian Martin, Kevin Ng, Gary Sibley		X				
3.3.4	757	Meeting NICE guidelines for preoperative assessment - the use of clotting screens and ECG	Jill Homewood			X			X
3.3.5	830	Pre-operative chest radiograph requests - An audit	Dr Jonathan Price			X			X

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.17.18	585	Are AOC patient case notes available for post-op clinic appointments at the BRI	Surgery

Summary of benefits, actions or changes achieved in 2003/2004

- 3.3.2 – multidisciplinary tool devised to be used in upper GI clinics to assess the nutrition status and trigger effective treatment for post-oesophagectomy patients

3.4 CARDIOTHORACIC SERVICES

SUMMARY FIGURES

	2002/2003 roll-overs <<	27
Audits first registered in 2003/4	Pre-audits P	10
	First audits A	1
	Re-audits R	0
	Ongoing monitoring projects >>	6
Total number of audits		38
Completed audits		7
Current (uncompleted) audits carried forward >		10
Ongoing monitoring projects carried forward >>		21

(includes 5 subsequently abandoned – see [Appendix C](#).)

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	5/10	(50%)	10/21	48%	4/16	25%
Audits arising from a critical incident:	0/10	(0%)	1/21	5%	2/16	13%
Audits prompted by a patient complaint:	0/10	(0%)	1/21	5%	1/16	6%
Audits with consumer involvement (not including surveys)	0/10	(0%)	1/21	0%	2/16	13%
Audits incorporating a patient/carer survey	0/10	(0%)	2/21	10%	2/16	13%
Interface audits (involving primary care)	1/10	(10%)	0/21	0%	0/16	0%
Audits linked to NSF, NICE guidance, or similar national guidance	4/10	(40%)	11/21	52%	7/16	44%
Audits with no clinical audit facilitator involvement	-	-	1/21	5%	0/16	0%
Audits with proposal forms completed BEFORE audit started	6/10	(60%)	19/21	95%	16/16	100%
Audits using evidence based standards **	-	-	10/21	48%	7/16	44%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	2/14	(14%)	5/6	83%	7/7	100%
Audits where an action plan was produced:	2/14	(14%)	3/6	50%	5/7	71%
If action plan NOT produced, number where audit confirmed current good practice:	0/12	(0%)	2/3	67%	2/2	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	1/24	(4%)	4/26	15%	9/28	32%
Audits leading to better ways of working for staff:	0/24	(0%)	6/26	23%	7/28	25%
Audits leading to measurable benefits for patients:	1/24	(4%)	1/26	4%	11/28	39%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	1/10*	(10%)	1/1	100%	0/0	N/A

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

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 Surgery									
3.4.1	486	A protocol for the weaning of long-stay patients	Lisa Mace	X	X				X
3.4.2	205	Appropriate Use of Pressure Relieving Mattresses	Lisa Mace	X				X	
3.4.3	206	Audit of Adult Cardiac Surgery: Annual Report	Mr A J Bryan	X				X	
3.4.4	208	Audit of Extubation Data	Kathy Gough	X				X	
3.4.5	210	Audit of Relationship Between Haemocrit on Admission to ICU Following Coronary Surgery and Postoperative MI and/or Death	Dr A Cohen	X				X	
3.4.6	807	Cardiac Surgery outcomes for older patients	Gavin Murphy		X				
3.4.7	686	Cardiac Surgery Pre-assessment Clinic Audit	Graham Brant			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.4.8	549	CCAD: SCTS National Adult Cardiac Surgery Audit Database	Mr A J Bryan	X				X	
3.4.9	626	Critical Incident Audit: Ward 5B	Graham Brant		X				
3.4.10	551	Enteral Tube Feeding Protocol	Claudia Jemmott	X	X				
3.4.11	215	Mortality Rate Procedures Based on Parsonnet Scores	Dr S Pryn	X				X	
3.4.12	594	Nausea and Vomiting Post Cardiac Surgery (Reaudit)	Lisa Mace	X			X		X
3.4.13	577	Radiofrequency Ablation of Chronic Atrial Fibrillation	Mr Raimondo Ascione		X				X
3.4.14	548	SCTS Cardiac Register	Mr A J Bryan	X		X			
3.4.15	578	Surgical Wound Audit Protocol	Mr Raimondo Ascione		X				X
3.4.16	550	UK Heart Valve Registry	Mr A J Bryan	X				X	
3.4.17	219	Usage of Blood Products After Cardiac Surgery	Dr A Cohen	X				X	
Specialty: Cardiology									
3.4.18	604	Assessment of the standards of a new stress echo service at the BRI	Dr Angus Nightingale		X				X
3.4.19	684	Audit of the Acute Coronary Syndrome Protocol (Pre-audit)	Sarah Green		X				X
3.4.20	544	BCIS annual angioplasty audit	Dr A Baumbach	X				X	
3.4.21	207	Cardiac Rehabilitation: NSF Audit	Fiona Barnard	X				X	
3.4.22	596	Cardiology Pre-assessment Clinic Audit	Sue Webber					X	
3.4.23	809	CCAD: Angioplasty	Dr Andreas Baumbach					X	
3.4.24	810	Compliance with Consent Procedures in the Emergency Department: Thrombolysis	Dr Tony Parkes		X				X
3.4.25	369	Coronary artery stents in the treatment of ischaemic heart disease: NICE audit	Dr A Baumbach	X				X	
3.4.26	546	Drug eluting stents for prevention of restenosis: NICE audit	Dr A Baumbach					X	
3.4.27	368	Glycoprotein IIb/IIIa inhibitors for acute coronary syndromes: NICE Audit	Dr A Baumbach	X				X	
3.4.28	366	Heart Failure: NSF Audit	Toni Dorrington	X				X	
3.4.29	357	Implantable cardioverter defibrillators for acute coronary syndromes: NICE audit	Tabinda Rashid-Fadel		X			X	
3.4.30	223	Myocardial Infarction National Audit Project	Jenny Tagney	X				X	
3.4.31	543	Post MI patient care in the BRI	Jenny Tagney	X		X			
3.4.32	367	Prophylaxis for patients who have experienced a MI: NICE audit	Jenny Tagney	X	X			X	
3.4.33	224	Rapid Access Chest Pain Clinic	Jenny Tagney	X	X				X
Specialty: Thoracic Surgery									
3.4.34	802	Audit of Endobronchial Stenting	Dr S A Husain		X				X
3.4.35	484	Early outcome of stage I lung cancer	Dr Ahsan		X				X
3.4.36	553	SCTS Thoracic Register Return	Mr J A Morgan	X				X	
3.4.37	636	Ward 6 Critical Incident Audit	Lois Phillips		X				
Specialty: Directorate Wide									
3.4.38	685	Essence of Care Benchmarking Audit	Fiona Thomas					X	

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.6.3	769	Assessment of LV Function preoperatively in CABG patients.	Critical Care
3.6.37	693	Advanced Analgesia Tracking Audit	Critical Care
3.9.9	46	Blood and Blood Product Usage by Wards and Theatres	Laboratory Medicine
3.11.2	266	Audit of patients with suspected cardiac chest pain in the E.D.	Medicine
3.15.1	767	An audit of antibiotic guidelines in cardiac surgery	Pharmacy
3.15.13	512	Does the use of statins within UBHT follow the NSF?	Pharmacy
3.15.14	640	Has the prescribing of clopidogrel improved at the BRI?	Pharmacy
3.16.9	573	The use and effectiveness of cardiac MRI in patients with GUCH.	Radiology

Summary of benefits, actions or changes achieved in 2003/2004

- 3.4.3 – Increased use of arterial grafts. Increased use of beating heart surgery. Focus on better bed management
- 3.4.4 – Increased nurse-led early extubation. Formulation of newsletter for staff
- 3.4.9 – Arising out of concern over increased critical incidents, this audit revealed a link between incidents and an influx of inexperienced A – C grades, and an unacceptable reliance of agency staff to maintain safe CICU nurse:patient ratios. This actioned recruitment, sharing of experienced nursing staff and revised induction programmes. Reduction in agency staffing. Strengthening of skill mix and focus on A – C grade induction. Raised awareness of nurse:patient ratio to ensure clinical safety
- 3.4.10 – Introduction of new ETF protocol ensuring better nutrition of all patients in early stages of post-operative course
- 3.4.12 – Reaudit proved effectiveness of local protocol introduced after original audit (3.4.10 in last year's report), with nausea down from 67% to 34% of patients and vomiting down from 34% to 21%
- 3.4.17 – Reduction in blood transfusion rates from 65% to 15% through continued monitoring backed by regular action planning
- 3.4.18 – New service shown to be an effective diagnostic tool with much shorter waiting times and no radiation exposure
- 3.4.19 – Assessment of differing protocols favoured UBHT's TIMI risk score system for early differentiation of cardiac outpatients
- 3.4.21 – Annual monitoring and appraisal of service has led to an increase in patients being contacted within 4 working days of discharge (from 6% to 45%) and being offered an outpatient clinic within 4 weeks (from 17% to 32%)
- 3.4.29 – This major audit continues to underpin major changes in both cardiology and A&E for management of AMI cases, including pre-hospital thrombolysis, staff training and specialist nurse roles. Call-to-needle and Door-to-needle times are currently running at 40% and 80% respectively, putting UBHT above the national average. This audit provides one of the key indicators for our star rating
- 3.4.30 – A controversial audit that appeared to show discrepancies in prescribing for post-MI patients between cardiologists and general physicians. This is now thought to be due to the complexities of age and co-morbidities which are difficult to assess objectively
- 3.4.31 – A major NSF-CHD audit utilising the MINAP data system that provides key indicators of Trust performance and drives change in practice on many fronts. Prescription rates for the four major secondary prevention drugs have steadily risen since its inception and are all now above the 80% target for the first time
- 3.4.36 – Arising out of concern over increased drug-related critical incidents, this audit revealed a link between increased incidents and a reduction in D & E grade hours. This actioned recruitment and sharing of experienced nursing staff
- 3.4.37 – The Essence of Care Benchmarking initiative has been greatly strengthened and progressed by application of a matrix of audits enabling 9 wards to compare and contrast nursing basics across 9 benchmarks. The process has delivered a significant number of actions leading to better patient care, and has given patients a direct 'voice'

3.5 CHILDREN'S SERVICES

SUMMARY FIGURES

2002/2003 roll-overs <<		27
Audits first registered in 2003/4	Pre-audits P	3
	First audits A	21
	Re-audits R	7
	Ongoing monitoring projects >>	0
Total number of audits		55
Completed audits		24
Current (uncompleted) audits carried forward >		23
Ongoing monitoring projects carried forward >>		8

(Includes 2 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	8/29	(28%)	8/20	40%	10/31	32%
Audits arising from a critical incident:	3/29	(10%)	1/20	5%	6/31	19%
Audits prompted by a patient complaint:	1/29	(3%)	0/20	0%	0/31	0%
Audits with consumer involvement (not including surveys)	3/29	(10%)	1/20	5%	5/31	16%
Audits incorporating a patient/carer survey	3/29	(10%)	1/20	5%	6/31	19%
Interface audits (involving primary care)	1/29	(3%)	0/20	0%	2/31	7%
Audits linked to NSF, NICE guidance, or similar national guidance	12/29	(41%)	3/20	15%	9/31	29%
Audits with no clinical audit facilitator involvement	-	-	3/20	15%	5/31	16%
Audits with proposal forms completed BEFORE audit started	20/29	(69%)	18/20	90%	24/31	77%
Audits using evidence based standards **	-	-	10/20	50%	20/31	65%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	9/10	(90%)	7/24	29%	12/24	50%
Audits where an action plan was produced:	9/10	(90%)	9/24	38%	10/24	42%
If action plan NOT produced, number where audit confirmed current good practice:	0/1	(0%)	0/16	0%	0/14	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	7/11	(64%)	3/25	12%	2/26	8%
Audits leading to better ways of working for staff:	5/11	(45%)	5/25	20%	6/26	23%
Audits leading to measurable benefits for patients:	6/11	(54%)	4/25	16%	4/26	15%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	3/5	(60%)	2/4	50%	2/6	33%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

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:									
3.5.1	774	CHKS Case note audit	Michele Narey			X			X
3.5.2	818	Clinical Negligence Scheme for Trusts Standard 4 - Note keeping Audit	Kate Sutor, Andy Landon, Dr Beverley Guard			X			X
3.5.3	681	Pilot of an assessment tool for respite allocation within the Jessie May Trust	Elizabeth Lewington			X			
3.5.4	725	Results of Myringoplasty operations in children	Hossain Hadi		X				X
3.5.5	658	Support service provision for inpatient children with special needs	Jan Kershaw, Kellie Ace			X			X
3.5.6	521	Timeliness of reports and clinic letters within out patients	Chrissie Gardner	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: A&E									
3.5.7	496	Audit of appropriateness of review in A+E	Lisa Goldsworthy, Dr Alison Milhench, Dr I Higginson	X		X			
3.5.8	650	Audit of current asthma management in paediatric emergency department BRHC	Lisa Goldsworthy, Deb Marriage, Dr Scott Hendry				X		X
Specialty: Anaesthesia									
3.5.9	593	Audit of Pre Admission Patient Information regarding Anaesthesia	Beverley Guard			X			
3.5.10	519	Evaluation of anaesthesia for children undergoing tonsillectomy	Dr Michelle White	X		X			
3.5.11	520	Perioperative Temperature Management in the Operating Theatre	Dr Subash P Nandalan	X		X			
3.5.12	711	Recognition and assessment of children's pain	Jaquie Porter, Claire Woodman			X			
Specialty: Cardiac									
3.5.13	613	Pain Management of Pacing Wire and LA/PA Removal on Ward 32	Sarah Parry			X			
3.5.14	614	Pain Management of Post-Cardiac Surgery	Sarah Parry		X				
3.5.15	79	Post-Operative Morbidity Following Cardiac Catheterisation	Dr R Martin	X				X	
3.5.16	80	Post-Operative Morbidity Following Cardiac Surgery	Dr G Stuart	X				X	
3.5.17	81	Radiofrequency Ablation in Paediatric Arrhythmias	Dr G Stuart	X				X	
3.5.18	83	Review of Peri-operative Infections	Dr R Martin	X				X	
3.5.19	622	To evaluate identification and management of patients with Staph Aureus requiring cardiac surgery	Dr Rob Martin, Rebecca Mitchell			X			
Specialty: Clinical Genetics									
3.5.20	522	South West of Britain (SWB) Pedigree Audit	Alan Donaldson	X	X				
Specialty: Community									
3.5.21	817	Case management for child protection cases admitted to hospital	Dr Caroline Heading			X			X
Specialty: Dietetics									
3.5.22	244	Dietetic Care for children with Diabetes (Staff Survey)	Lisa Cooke	X			X		
3.5.23	723	Nutritional Support in Paediatric Oncology	Beth Arkinstall			X			X
Specialty: General Paediatrics									
3.5.24	65	Asthma (NICE recommendations)	Dr Sam Morgan, Dr Simon Langton Hewer	X		X			
3.5.25	66	Asthma (National Audit) BTS Guidelines	Dr Simon Langton Hewer, Deb Marriage	X				X	
3.5.26	349	Audit of Head Injury (NICE Guidelines)	Dr Lisa Goldsworthy, Dr Peta Sharples, Dr Narad Mathura	X		X			
3.5.27	643	Endoscopic biopsy for investigation of possible Coeliac disease	Patrick Nearney, Dr Christine Spray, Emma Heckford			X			X
3.5.28	70	Management of meningitis	Dr L Goldsworthy	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.5.29	606	Prospective clinical audit of children with suspected community acquired pneumonia seen at Bristol Children's Hospital	Professor Adam Finn, Dr David Grier, Dr Margaret Fletcher		X					X
Specialty: Neonatology										
3.5.30	771	An audit of neonatal care of 27-28 week preterm infants. The impact of project 27/28.	Dr Michael Stark			X				X
3.5.31	825	Audit of use of indomethacin for patent ductus arteriosis (PDA)	Dr Anoo Jain, Dr Emma Heckford				X			
3.5.32	822	Clinical audit of neonatal hydronephrosis	Jackie Allotey					X		
3.5.33	479	Is phototherapy being used appropriately in term jaundiced babies?	Husa Sadeg			X				
3.5.34	351	Quality of Note Keeping	Claire Duke	X				X		
Specialty: Nephrology										
3.5.35	245	Audit of adequacy of renal replacement	Dr Catherine O'Brien	X					X	
Specialty: Nursing										
3.5.36	645	Recording integration patient / professional partnership	Karen Evans			X				X
Specialty: Oncology										
3.5.37	249	Infection rates in Bionecteur and Click loc bungs	Dr J Saunders, Dr A Foot	X				X		X
Specialty: PICU										
3.5.38	752	Adherence to Antibiotic Guidelines in Respiratory Infections on PICU	Chris Bourdeaux		X		X			X
3.5.39	493	Audit of the documentation of Invasive Procedures undertaken on PICU and consent for Invasive Procedures undertaken on PICU	Michaela Dixon			X				X
3.5.40	772	Audit of the need for intensive care in those children admitted for clonazepam infusions	Jacquelyn Bell			X				X
3.5.41	732	Correct Prescribing of Acyclovir to PICU patients	Amal El-Hawari			X				X
3.5.42	73	Could the Level of Drug Errors in PICU be Reduced by Introducing a New Prescribing System?	Dr P Weir	X		X				X
3.5.43	74	O2 Concentration Supplied to Bagging Circuits in PICU	Christina Gillen	X					X	
3.5.44	678	Paediatric Intensive Care Unit Discharge Delay Audit	Peter Davis			X				X
3.5.45	494	Re-audit of naso jejunal tube placement on ITU	David Hopkins				X			
3.5.46	72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	Carol Maskrey	X					X	
3.5.47	782	Review of TPN Usage on PICU	Sue Jarvis			X				X
3.5.48	341	To investigate the use of non-bronchoscopic diagnostic bronchoalveolar lavages on the paediatric intensive care unit at BCH	Louise Owen	X		X				X
3.5.49	791	Usage of blood products (red cells & platelets) on PICU	Lesley Thomson				X			X
3.5.50	787	Use of medical discharge stickers on PICU	Clair Hickson			X				X
Specialty: Surgery										
3.5.51	495	Audit of Developmental Dysplasia of Hip (DDH) Protocol	Debbie McMillan, Dereck Robinson	X		X				
3.5.52	90	Fundoplication Audit	Mr M Woodward, Miss E Cusick, Dr N Sudhakaran	X		X				X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.5.53	644	Safety and Practicality of Drug Prescribing	Miss Lucinda Huskisson, Mr Balaopal Eradi				X			
Specialty: Trauma & Orthopaedics										
3.5.54	621	Patient information for Botulinum injections	Mr F Norman Taylor, Jamie McKenzie			X				
3.5.55	241	Sleep systems in orthopaedic surgery	Caroline Tope	X		X				

Notes:

Project no 350 (Ref 3.5.27 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme – this project was under consideration only and has since been abandoned. Project no 356 (Ref 3.5.28 in last year's report) was erroneously marked as a roll-over when it was in fact complete.

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

Project Title	Project Lead (Name & job title)	Details of Project
Implementation of single set medical casenote utilisation – Laming Report	Barbara Sherriff (AGM)	Design of questionnaire for this consultation exercise

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.7.11	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Dental Services
3.9.4	740	Sweat test guidelines - A review of new guidelines and implications for current practice	Laboratory Medicine
3.9.8	43	Are laboratory turnaround times for paediatric inpatients changed, following the opening of the new Bristol Royal Hospital for Children?	Laboratory Medicine
3.12.18	783	HIV Antenatal Screening Audit	Obs, Gynae & ENT
3.12.19	620	Implications and benefits of Performing elective caesarean sections at 38 weeks as opposed to 39 weeks	Obs, Gynae & ENT
3.12.24	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Obs, Gynae & ENT
3.14.2	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Ophthalmology

Summary of benefits, actions or changes achieved in 2003/2004

- 3.5.1 - all cases were coded but inaccuracies were found in 37% of records. Areas for improvement were identified as the need to increase the number of coding staff and a review of coding process
- 3.5.3 - qualitative feedback from families showed overall satisfaction with the assessment tool, in areas of understanding how it worked, how fair the allocation was and how involved the parents were
- 3.5.5 - from our pilot study we have identified gaps in training, we have involved patients in this project and are establishing a user group
- 3.5.6 – process mapping the route from clinic to lab medicine led to the discovery that results were log jamming in outpatients – this has led to a change in the process with results going directly to medical records
- 3.5.7 - only 45% planned follow-ups were considered "appropriate". There was a higher rate of "appropriate" follow up from more senior doctors. Implementing planned review clinics led by senior clinicians. Contemporaneous parent survey identified high levels of parent satisfaction
- 3.5.9 – following audit, pre-op information leaflets produced and more pre admission clinics laid on. This has led to a reduction in phone calls from parents to the departments, reducing staff workload
- 3.5.11 – Satisfactory practice identified. No further audit plans
- 3.5.12 – audit highlighted satisfactory standard of practice, in that 85% of children had pain assessed more than twice daily. Only 5% had pain assessed with a validated pain assessment tool with area for improvements being staff education and documentation. It is planned to re-audit in the future
- 3.5.19 - audit demonstrated that swabs were being performed but not early enough to allow topical treatment of staphylococcus aureus carriers prior to surgery. Review of guideline in process

- 3.5.25 – audit highlighted poor documentation of medication and inhaler devices and led to Asthma Action plans being made available in inpatient and emergency department areas and on the intranet. An admission proforma is being trialled in the ED for all asthmatics to standardise care. This incorporates a discharge planning list.
- 3.5.26 - according to NICE guidance there should have been more CT scans performed, however the A+E department felt that all the children monitored had good outcomes and the processes in place allowed good clinical practice and common sense to prevail, given the risks of radiological investigation. The next stage of this study is to convene an expert panel of paediatricians to develop a paediatric specific guideline
- 3.5.45 - significant improvement was observed in this re-audit following the introduction of a clinical guideline. The study has been published in the Journal of Paediatric Critical Care Nov 2004
- 3.5.48 - audit results confirmed the effectiveness of broncheolar lavages for diagnosing pulmonary infections and for sepsis screening for immunocompromised patients, and that this is a relatively safe technique. As a consequence their use on the unit has been increased.
- 3.5.49 - recommendations from this audit regarding the use of paedipacks will appear in the new book of guidelines for ordering blood products issued by the City-wide Blood Transfusion Service based at Southmead
- 3.5.53 – use of labels has reduced drug errors in paediatric surgery. Plan to disseminate good practice in the directorate
- 3.5.55 - despite good information being provided to parents the audit showed that the sleep system was not well tolerated. There has therefore been a change to a new system which will be re-audited in 2004/5
- Project 564 (ref 3.5.3 in 2002/3 report) – an evidence based guideline for the management of petechial rash has been developed and a reaudit is planned for the near future
- Project 243 (ef 3.5.21 in 2002/3 report) - a standardised form for assessment has been developed and implemented and a reaudit is due to start in July this year

3.6 CRITICAL CARE

SUMMARY FIGURES

2002/2003 roll-overs <<		24	(see note below project list)
Audits first registered in 2003/4	Pre-audits P	2	
	First audits A	10	
	Re-audits R	2	
	Ongoing monitoring projects >>	0	
Total number of audits		38	
Completed audits		21	
Current (uncompleted) audits carried forward >		14	
Ongoing monitoring projects carried forward >>		3	

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	13/36	(36%)	8/14	57%	2/14	14%
Audits arising from a critical incident:	2/36	(5%)	0/14	0%	2/14	14%
Audits prompted by a patient complaint:	0/36	(0%)	1/14	7%	0/14	0%
Audits with consumer involvement (not including surveys)	0/36	(0%)	1/14	7%	0/14	6%
Audits incorporating a patient/carer survey	1/36	(3%)	0/14	0%	2/14	14%
Interface audits (involving primary care)	0/36	(0%)	0/14	0%	0/14	0%
Audits linked to NSF, NICE guidance, or similar national guidance	1/36	(3%)	5/14	36%	4/14	29%
Audits with no clinical audit facilitator involvement	-	-	0/14	0%	4/14	29%
Audits with proposal forms completed BEFORE audit started	35/36	(97%)	13/14	93%	10/14	71%
Audits using evidence based standards **	-	-	6/14	43%	6/14	43%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	8/20	(40%)	2/11	18%	2/21	10%
Audits where an action plan was produced:	8/20	(40%)	5/11	45%	2/21	10%
If action plan NOT produced, number where audit confirmed current good practice:	0/12	(0%)	3/6	50%	0/19	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	6/30	(20%)	3/14	21%	11/22	50%
Audits leading to better ways of working for staff:	1/30	(3%)	9/14	64%	7/22	32%
Audits leading to measurable benefits for patients:	2/30	(7%)	6/14	43%	9/22	41%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	1/11	(9%)	1/2	50%	1/2	50%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

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	137	Are Children Experiencing Acute Pain Following Major Surgery?	Dr P Stoddart	X				X	
3.6.2	138	Are we meeting acute pain recommendations for provision of service to patients and for anaesthetic training?	Dr Nicola Weale	X		X			X
3.6.3	769	Assessment of LV Function preoperatively in CABG patients.	Dr Matt Thomas		X				X
3.6.4	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Dr Steven Kinsella			X			X
3.6.5	762	Audit of use of reinforced LMAs at BEH	Dr Tim Murphy				X		X
3.6.6	7	Cancellation and delays in performing ERPC's in theatre 1 during the afternoon and out of hours (St MH).	Lisa Tonkin	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.6.7	425	Cause for alarm II - a reaudit.	Dr Matthew Molyneux	X			X		
3.6.8	474	Central venous cannulation: complications	Dr Mathew Pateril	X		X			
3.6.9	430	Demand for anaesthetic led antenatal classes	Dr Mark Scrutton	X		X			
3.6.10	140	Direct admission after Day Surgery attendance	Dr S Grimes	X				X	
3.6.11	695	Do Not Resuscitate orders in the Department of Medicine for the Elderly	Dr Mark Haslam				X		
3.6.12	146	NCEPOD – review in Day Surgery	Dr Carl Heideimeyer	X		X			X
3.6.13	16	Peri-operative Blood Pressure Control In Patients Presenting For Day-case Cataract Surgery	Dr Catherina Malan	X		X			
3.6.14	147	Post Operative Pain Relief and Side Effects	Jacqueline Gannon	X		X			
3.6.15	148	Prospective audit of long term tunnelled central venous lines	Dr Simon Massey (Anaesthesia)	X		X			
3.6.16	150	Re-admission after Day Surgery	Dr Carl Heideimeyer	X		X			X
3.6.17	770	Review of Hotline Booking Requests	Dr Frances Forrest			X			X
3.6.18	152	Safety and economic implications of patient biting of armoured Laryngeal Mask Airways (aLMA)	Dr S Mather	X		X			
3.6.19	683	Views on life support skills by senior anaesthetists	Dr P Saravanan			X			
3.6.20	154	What is the national practice with regard to the use of regional anaesthesia for adult cardiac surgery?	Dr Tessa Whitton, Dr Tim Lovell	X		X			X
3.6.21	155	What Problems are Being Experienced with Regional Anaesthesia for Caesarean Section?	Dr Mike Kinsella	X				X	
Specialty: ICU/HDU									
3.6.22	563	Appropriateness of referrals to ITU	Dr Andrew Georgiou			X			
3.6.23	539	Audit of Epidural Usage on the ITU / HDU	Dr Julian Foote			X			X
3.6.24	157	Can critical incidents be prevented by a Medical Emergency Team?	Dr John Hadfield	X		X			
3.6.25	158	Cancellation of planned admissions to HDU.	Dr Joy Saunders	X		X			X
3.6.26	160	Intensive Care National Audit and Research Centre (ICNARC) Database	Dr S Willatts	X		X			X
3.6.27	161	Observation Charts on acute wards.	Dr John Hadfield	X		X			
3.6.28	537	Potential Donor Audit	Sarah Caborn			X			X
3.6.29	409	Swallowing assessment and management in HDU patients	Liz Berry, Eileen Walshe	X	X				X
3.6.30	162	To examine the discharge process from ICU/HDU.	Sr S McAuslan-Crine	X		X			
3.6.31	698	Tracoetwist Tracheostomy Tubes	Jeremy Bewley		X				
3.6.32	163	What is the outcome of tracheostomy in this hospital? What complications occur?	Dr Jeremy Bewley	X		X			
Specialty: Outreach									
3.6.33	682	Audit of the completeness of observation charts on BRI wards	Liz Berry			X			
3.6.34	651	Critical Care Outreach Questionnaire	Liz Berry			X			
Specialty: Pain Clinic									
3.6.35	693	Advanced Analgesia Tracking Audit	Jacqueline Gannon			X			
3.6.36	759	Post operative acute pain management in the BRI	Jaisun Vivekanandaraja		X				X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Resuscitation									
3.6.37	165	Is the Trust Following the Procedures for Arrest as Set Out in the Resuscitation Policy?	Jo Bruce-Jones	X		X			
Specialty: Theatres									
3.6.38	421	Operating theatre and pre-operative assessment project (Theatre Modernisation Programme)	Sue Clark	X		X			

Notes:

Project no's 473 & 434 (Refs 3.6.2 & 3.6.22 in last year's report) were erroneously marked as in progress and as rolling over to this year's audit programme – these projects are still under consideration and have not been started

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.4.1	486	A protocol for the weaning of long-stay patients	Cardiothoracic Services
3.4.3	206	Audit of Adult Cardiac Surgery: Annual Report	Cardiothoracic Services
3.4.4	208	Audit of Extubation Data	Cardiothoracic Services
3.4.5	210	Audit of Relationship Between Haemocrit on Admission to ICU Following Coronary Surgery and Postoperative MI and/or Death	Cardiothoracic Services
3.4.11	215	Mortality Rate Procedures Based on Parsonnet Scores	Cardiothoracic Services
3.4.12	594	Nausea and Vomiting Post Cardiac Surgery (Reaudit)	Cardiothoracic Services
3.4.17	219	Usage of Blood Products After Cardiac Surgery	Cardiothoracic Services
3.4.19	684	Audit of the Acute Coronary Syndrome Protocol (Pre-audit)	Cardiothoracic Services
3.4.30	223	Myocardial Infarction National Audit Project	Cardiothoracic Services
3.4.31	543	Post MI patient care in the BRI	Cardiothoracic Services
3.4.32	367	Prophylaxis for patients who have experienced a MI: NICE audit	Cardiothoracic Services
3.17.21	749	Are patients being referred to the physio service appropriately?	Surgery
3.17.22	470	Are T&O patients in the BRI receiving care according to the guidelines on: time to ward from A&E, time to theatre and approp. NBM	Surgery

Summary of benefits, actions or changes achieved in 2003/2004

- 3.6.7 - audit found technical inconsistencies between the equipment in different operating theatres. Anaesthesia and Memo collaborated on a protocol for ensuring standardised machine settings were checked each day. Each machine was labelled with information and instructions and a diary placed in each theatre for sign off on each morning's machine check
- 3.6.8 - audit showed that although the overall number of complications experienced by anaesthetists when inserting central lines using traditional techniques was low (around 3%), this varied with seniority, senior grades generally below 1% and junior grades 2-33% (although very few cases). As a result of these findings two Sonasite machines have been hired for use in theatres, to enable ultrasound-guided insertion as recommended by NICE (TAG 49). A training course has been established both for ultrasound guided insertion and to ensure traditional landmark techniques are maintained
- 3.6.22 - this pre-audit found that referrals were most appropriate and wasted least clinical time when 2 conditions have been met for the patient: firstly that the referral has been discussed with the patient's consultant and secondly that more than 3 interventions have taken place. These findings have informed a protocol for receiving referrals and a complementing protocol is being drafted for dissemination to all referring clinical areas
- 3.6.15 - as a result of this audit a totally sterile technique for catheter care was introduced. Though we were able to show that our infection rate was low in comparison to other haematology and oncology units, our withdrawal occlusion rate was high for certain kinds of catheters, including GROSHONG®¹ double lumen catheters which are also more expensive than their single lumen counterparts. It is likely practice will be changed to use single lumen catheters only, but this is awaiting ratification from Infection Control
- 3.6.27 - new observation charts were designed and rolled out to all acute wards throughout the BRI. They have clear danger areas marked on them in red, which alert monitoring staff to deteriorating patients. A protocol for using these charts and raising the alarm when patients' vitals flag problems has been fully implemented

¹ GROSHONG is a registered trade mark of C. R. Bard, Inc.

- 3.6.33 - 133/140 (95%) cases showed appropriate management of deteriorating patients. The results of 3.6.33 and 3.6.34 were used to determine the ward focus of the newly implemented critical care outreach team. The aim has been to support those wards whose experiences and patient mix indicated ITU referrals could be more appropriately made
- 3.6.38 - a lengthy document analysing patient and staff responses was produced. It showed that 97% of patients reported seeing an anaesthetist prior to surgery and 95% of patients felt that where anaesthetists had attained consent the consent was fully explained and understood. The indication is that patient information is best provided in a combination of written and oral formats. The report was disseminated to the Theatre's steering group for cascade
- 3.6.35 - this audit found that patients who have advanced analgesia techniques are not being adequately referred or followed up by the acute pain round. This was due partly to poor communication and a chaotic referral system but also stemmed from inadequate staffing of acute pain. As a result of the audit a new referral form was drafted along with a clear policy on how each referral should be processed

3.7 DENTAL

SUMMARY FIGURES

2002/2003 roll-overs <<		13
Audits first registered in 2003/4	Pre-audits P	0
	First audits A	10
	Re-audits R	8
	Ongoing monitoring projects >>	0
Total number of audits		30
Completed audits		18
Current (uncompleted) audits carried forward >		11
Ongoing monitoring projects carried forward >>		1

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

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	11/27	(41%)	15/21	71%	5/18	28%
Audits arising from a critical incident:	3/27	(11%)	0/21	0%	0/18	0%
Audits prompted by a patient complaint:	2/27	(7%)	2/21	10%	2/18	11%
Audits with consumer involvement (not including surveys)	0/27	(0%)	4/21	19%	0/18	0%
Audits incorporating a patient/carer survey	2/27	(7%)	2/21	10%	1/18	6%
Interface audits (involving primary care)	11/27	(41%)	4/21	19%	1/18	6%
Audits linked to NSF, NICE guidance, or similar national guidance	1/27	(4%)	6/21	29%	4/18	22%
Audits with no clinical audit facilitator involvement	-	-	0/21	0%	1/18	6%
Audits with proposal forms completed BEFORE audit started	27/27	(100%)	20/21	95%	18/18	100%
Audits using evidence based standards **	-	-	20/21	95%	12/18	67%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	12/12	(100%)	27/27	100%	17/18	94%
Audits where an action plan was produced:	10/12	(83%)	26/27	96%	16/18	89%
If action plan NOT produced, number where audit confirmed current good practice:	2/2	(100%)	1/1	100%	2/2	100%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	7/14	(50%)	13/19	68%	6/13	46%
Audits leading to better ways of working for staff:	4/14	(29%)	15/19	79%	8/13	62%
Audits leading to measurable benefits for patients:	4/14	(29%)	13/19	68%	10/13	77%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	1/6	(17%)	3/9	33%	4/6	67%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: All departments									
3.7.1	570	Are patients' personal details checked on outpatient clinics	Kuldip Bhakerd			X			
3.7.2	751	Clinical Negligence Scheme for Trusts (CNST) Documentation Audit	Nigel Harradine			X			X
Specialty: Community Dental Service									
3.7.3	722	Are Community Dental Service staff aware of the oral health promotion message? - a second re-audit	Heather Frenkel				X		
3.7.4	590	Are Community Dental Service staff aware of the oral health promotion message? - re-audit	Heather Frenkel, Kathy Needs, Jan Postans				X		

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.7.5	721	Are community dentists and dental nurses following NICE guidelines on Infection Control on domiciliary visits?	Mark Donnan			X			
3.7.6	184	Are radiographic dose reducing techniques being used?	M Donnan	X		X			
3.7.7	503	Have the General Anaesthetic Protocols for special needs patients been implemented?	Petrina Wood	X		X			
3.7.8	778	What is the delay in providing replacement dentures which are lost in hospital?	Felicity Sutton			X			X
Specialty: Oral Medicine									
3.7.9	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Tony Brooke				X		X
3.7.10	583	Are TMJ Referrals to the Oral Medicine Consultant Clinics appropriate? Re-audit	Tony Brooke				X		
3.7.11	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Tony Brooke	X		X			X
Specialty: Oral Surgery									
3.7.12	687	Are patients for General Anaesthetic (GA) who are at risk for sickle cell treated in accordance with NICE guidelines?	Chris Bell			X			
3.7.13	185	Are referrals of apicectomies appropriate? - regional	Chris Bell	X		X			
3.7.14	710	Does referral from General Dental Practitioners requesting 3rd molar extraction follow NICE/departmental guidelines? Re-audit	Chris Bell				X		X
3.7.15	581	What is the delay in processing a referral letter?	Chris Bell			X			
3.7.16	580	What is the incidence of dry socket in Oral Surgery?	Yad Zanganah			X			
Specialty: Orthodontics									
3.7.17	191	Is the age of referral for unerupted canines acceptable? - regional	Nigel Harradine, Bristol	X			X		
3.7.18	192	Osteotomies - regional	Nigel Harradine	X				X	
3.7.19	632	What percentage of treatment with functional appliances is successful? - regional	Nigel Harradine, Bristol, Weston			X			X
Specialty: Paediatrics									
3.7.20	677	Are children having more than one General Anaesthetic for dental extractions - re-audit	Deborah Franklin				X		
3.7.21	337	Are primary molar teeth being restored appropriately?	Deborah Franklin	X		X			X
Specialty: Personal Dental Service									
3.7.22	463	Are patients in pain seen within 24 hours of contact at City Gate Access Centre	Chandi Joshi	X		X			X
3.7.23	589	Are standards for sterilisation of instruments being implemented within the Personal Dental Service?	Natalie Jordan; Suzy Vickerman			X			X
Specialty: Restorative									
3.7.24	195	Are students completing treatment for their patients on Adult Dental Health Level 2 (ADH2)?	S Hooper	X		X			
3.7.25	498	Are students completing treatment for their patients on Adult Dental Health Level2 (ADH2)? - reaudit	Dominic O'Sullivan				X		
3.7.26	531	Are TMJ Referrals to the Restorative Consultant Clinics appropriate?	Nicola West	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.7.27	492	Can the introduction of a 'new' safety syringe reduce the frequency of needlestick incidents on ADH2?	Roger Yates	X		X			X
3.7.28	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
3.7.29	197	Is the Treatment Plan for Joint Restorative Patients Carried to a Successful Conclusion?	M Jerreat	X		X			
3.7.30	592	What is the provision of follow on care for emergency patients on ADH1 and ADH2?	Dominic O'Sullivan			X			

Notes:

Project no's 473 & 434 (Refs 3.6.2 & 3.6.22 in last year's report) were erroneously marked as in progress and as rolling over to this year's audit programme – these projects are still under consideration and have not been started

Summary of benefits, actions or changes achieved in 2003/2004

- 3.7.1 – audit found patient's personal details (GP, Tel etc) not recorded at outpatient clinics therefore a validation form was designed and added to the acknowledgement letter to request this information prior to the outpatient appointment
- 3.7.4 – this re-audit showed an improvement in knowledge among nurses since the first audit but no change for clinicians. A verbal presentation of current OHP advice was subsequently delivered to all staff and a subsequent re-audit (3.7.3) showed a further improvement for nurses but a decrease for clinicians. The Community Dental Service are now discussing policy development and implementation
- 3.7.5 – this audit showed hand decontamination on domiciliary visits is inadequate. The domiciliary kits have been checked and correct procedure is to be reinforced with staff
- 3.7.6 - rare earth screens obtained and facility for rectangular collimation and use of suitable beam aiming devices for appropriate patients set up, which should further reduce the radiation dose to patients
- 3.7.7 - audit showed that the General Anaesthetic Protocols for special needs patients have been implemented
- 3.7.11 - protocol formulated for haemophilia patients regarding oral care. Liaison with haemophilia society to produce an information booklet outlining basic oral care
- 3.7.12 – audit found 35% of patients had no documentation of sickle status at the required stage in treatment planning, with 15% not identified as being at risk until the day of the GA and 6% not being identified at all. A letter has been sent to GDPs informing them of requirement for sickle cell testing and where the test can be carried out. The results have also been presented to the Trust Clinical Audit Committee with the recommendation that the anaesthetic directorate discuss and decide their policy towards anaesthesia on patients of unknown sickle trait status
- 3.7.13 - audit found only 40% of referrals were deemed appropriate in Bristol compared with 90.2% in America. GDPs have been informed of results of audit and issued with guidelines and a standard proforma
- 3.7.15 – audit showed that 1/3 of referral letters took over 10 days to process. A standard referral proforma has now been issued to all GDPs in Avon with one central address at BDH to return them to
- 3.7.16 – the incidence of dry socket was found to be 9% which is higher (worse) than the average recorded in the literature (4%). Staff and students have been informed of the results, and the importance of Aseptic technique and recording signs and symptoms of diagnosis of dry socket has been stressed
- 3.7.17 - results for the South West region were improved from the previous audit, but still below the standard, with an average age of referral of 12.5 years and 79% referred before 14 years (should be 12 years & 100%). Guidelines were re-circulated to all referring general dental practitioners and Weston targeted for further improvement
- 3.7.20 - the initiation of a pre-assessment clinic for children prior to a general anaesthetic (GA) does seem to have substantially improved performance in relation to the guidelines. The number of repeat GAs had fallen from 17% to 4% and there were no patients returning for a 3rd GA. The pre-assessment clinic will be continued and staff reminded of the guidelines
- 3.7.24 – audit showed up problems in treatment including 35% patients having incomplete treatment. Changes were made to the waiting list system, new paperwork devised & credit given to students only when patient treatment completed. The re-audit (3.7.25) showed that this improved patient treatment outcomes, with numbers of patients treated by more than one dental student reducing from 25% to 8%. All treatment plans were written up and signed off and 95% of treatment plans were completed
- 3.7.26 – audit showed TMJ referrals from General Dental Practitioners frequently lacked symptom and treatment information. A letter is now sent to referring practitioners, suggesting simple treatment and exercises with a tick-box proforma. A re-audit in Oral Medicine (3.7.10) showed that less than 20% of all TMH referrals were re-referred to any consultant clinic at BDH, i.e. that the advice and proforma were very effective in reducing inappropriate referrals

- 3.7.29 – audit showed a lack of documentation of treatment aims. A joint ortho-restorative proforma was devised and introduced in clinic to enable clearer documentation of treatment plans and clearer recording of the individual clinicians involved in the planning
- 3.7.30 – audit instigated by patient complaints but showed up no apparent problem as all but one patient (out of 64 in sample) had follow-up appointments arranged as required

3.8 HOMEOPATHY

SUMMARY FIGURES

2002/2003 roll-overs <<		6
Audits first registered in 2003/4	Pre-audits P	0
	First audits A	1
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		7
Completed audits		1
Current (uncompleted) audits carried forward >		4
Ongoing monitoring projects carried forward >>		2

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	0/6	(0%)	0/1	0%	0/1	0%
Audits arising from a critical incident:	0/6	(0%)	0/1	0%	0/1	0%
Audits prompted by a patient complaint:	0/6	(0%)	0/1	0%	0/1	0%
Audits with consumer involvement (not including surveys)	3/6	(50%)	0/1	0%	0/1	0%
Audits incorporating a patient/carer survey	3/6	(50%)	0/1	0%	0/1	0%
Interface audits (involving primary care)	0/6	(0%)	0/1	0%	0/1	0%
Audits linked to NSF, NICE guidance, or similar national guidance	0/6	(0%)	0/1	0%	0/1	0%
Audits with no clinical audit facilitator involvement	-	-	0/1	0%	0/1	0%
Audits with proposal forms completed BEFORE audit started	4/6	(67%)	1/1	100%	1/1	100%
Audits using evidence based standards **	-	-	1/1	100%	0/1	0%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	3/3	(100%)	0/1	0%	1/1	100%
Audits where an action plan was produced:	3/3	(100%)	1/1	100%	1/1	100%
If action plan NOT produced, number where audit confirmed current good practice:	N/a	N/a	0/0	N/A	0/0	N/A
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	4/5	(80%)	1/2	50%	3/3	100%
Audits leading to better ways of working for staff:	3/5	(60%)	1/2	50%	1/3	33%
Audits leading to measurable benefits for patients:	3/5	(60%)	1/2	50%	1/3	33%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/2	(0%)	0/0	N/A	0/0	N/A

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None									
3.8.1	199	Assessing the Effectiveness of Homeopathic Interventions at BHH	Dr David Spence	X				X	
3.8.2	688	Audit of the Effectiveness of the Package of Care and Discharge Policy	Dr Richard Savage			X			X
3.8.3	201	Implementing patient information leaflets - Iscador	Dr Elizabeth Thompson	X		X			
3.8.4	200	Improving patient information through review of current information and understanding motivating factors for attending the homeopathic hospital	Dr Elizabeth Thompson	X		X			X
3.8.5	555	Improving the Quality of Information in the Medical Notes	David Spence	X			X		X
3.8.6	203	The Management and Treatment of Asthma	Dr David Spence	X	X				X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.8.7	204	What is the DNA (Did Not Attend) Rate at BHH?	Dr David Spence	X					X	

Summary of benefits, actions or changes achieved in 2003/2004

- 3.8.1 - baseline outcome standards established. Enabled improved focus on outcomes and provided basis for goal setting with patients. Appraisal process for medics and quality of service provision improved
- 3.8.3 - updated, improved, patient-led information leaflets on Iscador (cancer medication) produced
- 3.8.5 - laminated record-keeping standards sheet in process of being developed for consulting rooms. Poor recording of goal setting has led to further audit work for forward plan in order to improve standard of care
- 3.8.7 - improved booking process has reduced new DNA's. Certain groups of patients (e.g. seriously ill) now contacted directly and re-booked if unavoidable problem led to DNA. Doctors working to engage patients in a treatment plan and to focus on outcomes within a 4 follow up package of care, in order to further reduce follow up DNAs

3.9 LABORATORY MEDICINE

SUMMARY FIGURES

2002/2003 roll-overs <<		15
Audits first registered in 2003/4	Pre-audits P	1
	First audits A	4
	Re-audits R	0
	Ongoing monitoring projects >>	1
Total number of audits		20
Completed audits		7
Current (uncompleted) audits carried forward >		6
Ongoing monitoring projects carried forward >>		7

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

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	17/27	(63%)	6/12	50%	2/6	33%
Audits arising from a critical incident:	2/27	(7%)	0/12	0%	0/6	0%
Audits prompted by a patient complaint:	0/27	(0%)	0/12	0%	0/6	0%
Audits with consumer involvement (not including surveys)	0/27	(0%)	0/12	0%	0/6	0%
Audits incorporating a patient/carer survey	0/27	(0%)	0/12	0%	1/6	17%
Interface audits (involving primary care)	0/27	(0%)	0/12	0%	1/6	17%
Audits linked to NSF, NICE guidance, or similar national guidance	10/27	(37%)	3/12	25%	2/6	33%
Audits with no clinical audit facilitator involvement	-	-	1/12	8%	2/6	33%
Audits with proposal forms completed BEFORE audit started	7/27	(26%)	3/12	25%	4/6	67%
Audits using evidence based standards **	-	-	6/12	50%	2/6	33%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	2/13	(15%)	1/14	7%	1/7	14%
Audits where an action plan was produced:	9/13	(69%)	9/14	43%	5/7	71%
If action plan NOT produced, number where audit confirmed current good practice:	2/4	(50%)	0/5	0%	1/2	50%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	12/22	(54%)	10/19	53%	8/13	62%
Audits leading to better ways of working for staff:	11/22	(50%)	12/19	63%	8/13	62%
Audits leading to measurable benefits for patients:	4/22	(18%)	1/19	5%	4/13	31%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	3/13	(23%)	0/1	0%	0/1	0%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: All Departments									
3.9.1	63	Continuous Participation in National External Quality Assurance Schemes	Dr Morgan Moorghen	X				X	
Specialty: Chemical Pathology									
3.9.2	763	Are clinical authorisers following the protocol for thyroid function tests?	Dr P Thomas			X			
3.9.3	313	Laboratory investigation of diagnostic Tumour Markers	Dr Graham Bayly	X		X			X
3.9.4	740	Sweat test guidelines - A review of new guidelines and implications for current practice	Dr J Stone			X			X
3.9.5	41	Systematic Review of Minor and Major errors Identified by the Laboratory	Dr Paul Thomas	X				X	
3.9.6	754	Uses and Abuses of HbA1c Testing	Nicola Marden			X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Haematology									
3.9.7	599	An audit of Hep2000 Cells a possible improvement in the detection of connective tissue disorders	Peter Hopes			X			
3.9.8	43	Are laboratory turnaround times for paediatric inpatients changed, following the opening of the new Bristol Royal Hospital for Children?	Mrs Liz Worsam	X		X			
3.9.9	46	Blood and Blood Product Usage by Wards and Theatres	Mr Ian Martin	X				X	
3.9.10	47	Continuous Participation With Serious Hazards of Transfusion Sentinel Audit	Dr Ed Massey	X				X	
3.9.11	428	Laboratory & clinical consequences of abnormal INR results in warfarinised patients	Dr Jackie James	X		X			X
3.9.12	427	National Blood Service Audit of UK Transfusion Practice	Dr Edwin Massey	X		X			X
Specialty: Histopathology									
3.9.13	49	Annual Audit of Adult Autopsies Carried Out at BRI Mortuary (Trustwide)	Dr C Collins	X				X	
3.9.14	50	Are we Complying with Laboratory Procedures Relating to the Retention of Tissue From Autopsy Examinations?	Dr Richard Daly	X				X	
3.9.15	55	Correlation between Histology of Ovarian Tissue and Radiological Examination (with Radiology)	Dr Guy Martland	X		X			X
3.9.16	384	Standard of Reporting of Bladder Tumour Biopsies	Dr Jonathan Williams	X		X			
3.9.17	57	Standards of reporting of oesophageal resection tissue	Dr Morgan Moorghen	X			X		
Specialty: Infection Control									
3.9.18	733	Infection Control Ward/Department audit	Jo Davies					X	
3.9.19	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Dr Rashmi Sharma, Beverley Palmer		X				X
3.9.20	61	What is the Trust's Hospital Bacteraemia Rate – continuous monitoring (Trustwide)	Mrs Christine Perry	X		X			

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.3	571	Are grouped blood samples taken at pre-op assessment being saved for the locally recommended 21 days?	Ambulatory Care & Outpatients
3.5.38	752	Adherence to Antibiotic Guidelines in Respiratory Infections on PICU	Children's Services
3.11.4	694	Audit of UBHT ED DVT Protocol	Medicine
3.11.25	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI)	Medicine
3.11.26	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Medicine
3.11.42	775	Does the Management of mesothelioma meet the National Guidelines?	Medicine
3.11.44	628	Informing the Primary Care Team of a new diagnosis of Lung cancer	Medicine
3.12.12	616	Quality of Treatment in Colposcopy	Obs, Gynae & ENT
3.12.13	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	Obs, Gynae & ENT
3.12.16	633	Audit of Blood Usage on Central Delivery Suite	Obs, Gynae & ENT
3.12.20	634	Infection and Caesarean Section	Obs, Gynae & ENT

Ref	No.	Project Title	Directorate
3.12.24	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Obs, Gynae & ENT
3.15.1	767	An audit of antibiotic guidelines in cardiac surgery	Pharmacy
3.15.15	806	Identifying causes and treatment of Clostridium difficile infection.	Pharmacy
3.17.3	540	An audit of the standard of reporting for ASWCN for oesophageal & gastric cancer	Surgery

Summary of benefits, actions or changes achieved in 2003/2004

- 3.9.16 & 3.9.17 – improved consistency of histological reporting of bladder tumour biopsies and oesophageal resections against RCPATH guidelines
- 3.9.10& 3.9.12 - part of an ongoing monitoring of transfusion and blood usage. Data on blood usage is regularly passed to NBTS who ensure stocks are used appropriately
- 3.9.2 & 3.9.3 - highlighted issues of inappropriate requesting which have been addressed as part of a demand management policy
- 3.9.4 - highlighted some issues of cross directorate responsibility for consent and liaison over testing. Most of our procedures were confirmed as conforming to good practice
- 3.9.5 - part of the quality systems in place in the laboratory. A number of problems have been identified in the year, which have been tracked to equipment or reagent problems allowing corrective action to be taken
- 3.9.6 - high levels of inappropriate HbA1c testing were identified among a limited number of users and this has been fed back to them.

3.10 MEDICAL PHYSICS & BIOENGINEERING

SUMMARY FIGURES

2002/2003 roll-overs <<		3
Audits first registered in 2003/4	Pre-audits P	1
	First audits A	0
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		4
Completed audits		1
Current (uncompleted) audits carried forward >		1
Ongoing monitoring projects carried forward >>		2

2001/2 figures relate to previous directorate of Specialty Services (consisting of Medical Physics & Bioengineering & Pharmacy)

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs						
Multidisciplinary audits:	5/13	(38%)	1/1	100%	1/1	100%
Audits arising from a critical incident:	3/13	(23%)	0/1	0%	0/1	0%
Audits prompted by a patient complaint:	0/13	(0%)	0/1	0%	0/1	0%
Audits with consumer involvement (not including surveys)	1/13	(8%)	0/1	0%	0/1	0%
Audits incorporating a patient/carer survey	1/13	(8%)	0/1	0%	0/1	0%
Interface audits (involving primary care)	0/13	(0%)	0/1	0%	0/1	0%
Audits linked to NSF, NICE guidance, or similar national guidance	5/13	(38%)	0/1	0%	0/1	0%
Audits with no clinical audit facilitator involvement	-	-	0/1	0%	0/1	0%
Audits with proposal forms completed BEFORE audit started	7/13	(54%)	1/1	100%	1/1	100%
Audits using evidence based standards **	-	-	0/1	0%	0/1	0%
Figures below relate to completed audits only						
Audits where a formal report was filed at the end of the project:	10/13	(77%)	0/1	0%	0/1	0%
Audits where an action plan was produced:	7/13	(54%)	1/1	100%	1/1	100%
If action plan NOT produced, number where audit confirmed current good practice:	1/6	(17%)	0/0	N/A	0/0	N/A
Figures below include completed first and pre-audits and ongoing monitoring projects only						
Audits resulting in changes in practice:	5/18	(28%)	1/1	100%	0/3	0%
Audits leading to better ways of working for staff:	4/18	(22%)	0/1	0%	1/3	33%
Audits leading to measurable benefits for patients:	5/18	(28%)	0/1	0%	0/3	0%
Figures below include completed re-audits only						
Audits confirming measurable benefits for patients:	2/7	(29%)	0/0	N/A	0/0	N/A

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

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:									
3.10.1	446	Audit Of Precision Intracranial Radiotherapy (P.I.R.T) at Bristol in UBHT	Cathy Hall, Hugh Newman		X				X
Specialty: MEMO									
3.10.2	166	Effectiveness of Servicing Methods for Infusion Devices Used by UBHT	Mr Peter Smithson	X				X	
3.10.3	167	How frequent are anaesthetic incidents and breakdowns in UBHT?	Mr Peter Smithson	X				X	
3.10.4	376	MDA Notice Distribution and Implementation	Mandy Gemmell	X		X			

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.13.10	612	Radiotherapy breast technique	Oncology

3.11 MEDICINE

SUMMARY FIGURES

	2002/2003 roll-overs <<	23
Audits first registered in 2003/4	Pre-audits P	14
	First audits A	18
	Re-audits R	2
	Ongoing monitoring projects >>	2
Total number of audits		51
Completed audits		24
Current (uncompleted) audits carried forward >		24
Ongoing monitoring projects carried forward >>		3

(Includes 6 subsequently abandoned & 2 subsequently deferred – see [Appendix C](#) and [D](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	11/21	(52%)	11/24	46%	10/36	28%
Audits arising from a critical incident:	0/21	(0%)	1/24	4%	1/36	3%
Audits prompted by a patient complaint:	1/21	(5%)	1/24	4%	0/36	0%
Audits with consumer involvement (not including surveys)	2/21	(9%)	0/24	0%	4/36	11%
Audits incorporating a patient/carer survey	3/21	(14%)	0/24	0%	6/36	17%
Interface audits (involving primary care)	3/21	(14%)	2/24	8%	2/36	6%
Audits linked to NSF, NICE guidance, or similar national guidance	5/21	(24%)	17/24	71%	15/36	42%
Audits with no clinical audit facilitator involvement	-	-	10/24	42%	3/36	8%
Audits with proposal forms completed BEFORE audit started	7/21	(33%)	14/24	58%	16/36	44%
Audits using evidence based standards **	-	-	18/24	75%	17/36	47%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	10/12	(83%)	8/15	53%	17/24	71%
Audits where an action plan was produced:	6/12	(50%)	3/15	20%	11/24	46%
If action plan NOT produced, number where audit confirmed current good practice:	0/6	(0%)	1/12	8%	1/13	8%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	3/13	(23%)	1/17	6%	13/25	52%
Audits leading to better ways of working for staff:	3/13	(23%)	2/17	12%	12/25	48%
Audits leading to measurable benefits for patients:	2/13	(15%)	2/17	12%	2/25	8%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/4	(0%)	2/3	67%	0/2	0%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

Please note that due to the current lack of a dedicated Clinical Audit Facilitator for Medicine, the above figures and below project list may not accurately reflect the true situation.

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Speciality: A&E (Emergency Department)									
3.11.1	617	Audit of dependency of all presentations to the emergency department	Alison O'Brien			X			X
3.11.2	266	Audit of patients with suspected cardiac chest pain in the E.D.	Sarah Tosh, Jenny Tagney	X		X			
3.11.3	637	Audit of the management of shoulder dislocation in the Emergency Department	Navraj Atwal			X			
3.11.4	694	Audit of UBHT ED DVT Protocol	Joanne Probert			X			X
3.11.5	827	Consent procedures in the ED for fracture reduction	Dr Tony Parkes		X				X
3.11.6	134	Safety levels in the Emergency Department	N Armstrong	X					

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Dermatology									
3.11.7	731	An audit of Azathioprine prescription and monitoring in Bristol Dermatology Centre	Dr Maureen Connolly		X				X
3.11.8	748	Audit of patient perception of information of consent in Dermatology	David de Berker		X				
3.11.9	598	Audit of Polymorphic Light Eruption - Treatment with PUVA Therapy	Katie Birch			X			
3.11.10	773	Audit of topical PUVA treatment of dermatitis	Debbie Shipley		X				X
3.11.11	820	Avon Leg Ulcer Audit	David de Berker, Denise Bell			X			
3.11.12	396	Comparison of Treatment Regimes with National Guidelines for Bowen's Disease	Dr Katherine Finucane	X		X			X
3.11.13	653	Provision of Hairpieces	Lynne Skrine		X				X
3.11.14	101	Referral Standards for Patients with Basal Cell Carcinoma	Dr M Kirkup	X		X			
3.11.15	674	To improve the completion of nurse documentation in Dermatology	Denise Bell		X				X
Specialty: Dietetics									
3.11.16	6	Are Oral Nutritional Supplements being used Appropriately?	Julie Gardner, Jackie Eastwood	X	X				
3.11.17	696	Audit of the use of the Nutrition Risk Score Chart	Julie Barker			X			X
3.11.18	105	Is enteral feeding being efficiently and effectively delivered? (with Critical Care)	Nathan Lewis	X		X			
Specialty: Endocrinology & Diabetes									
3.11.19	727	Are we appropriately referring patients with a high serum creatinine level?	Dr Mimi Chinn			X			X
3.11.20	107	Diabetes Clinic – DNA rate	Helen Silvers	X		X			
3.11.21	629	Outcome of Management of Patients with Acromegaly	Colin Dayan		X				X
3.11.22	821	Regional audit of Diabetic Pregnancies	Andrew Pettit					X	
3.11.23	824	South West Regional Audit of Diabetic Lower Limb Amputations	Dr Andrew Pettit					X	
3.11.24	804	The management of patients presenting to secondary care with hypoglycaemia	Colin Dayan			X			X
Specialty: Gastroenterology									
3.11.25	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI)	Dr J Makhijani		X				X
3.11.26	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Hashir Kriel			X			X
3.11.27	700	Azathioprine in Inflammatory Bowel Disease	Jayshri Makhijani		X				X
3.11.28	819	Re-audit of the Investigation of Iron Deficiency Anaemia	Jon Shufflebotham				X		X
Specialty: General Medicine									
3.11.29	111	Are patients being treated effectively on an intermediate care ward?	Victoria Eavis	X		X			
3.11.30	320	Are we following nebuliser guidelines in the BRI?	helen bishop	X	X				X
3.11.31	113	Are we Following UBHT Antibiotic Prescribing Policy?	Debbie Campbell	X			X		
3.11.32	568	How well do patients coming into Ward 20 fit the pre-determined admission criteria?	Dr R A Mountford, Helen Bishop			X			X
3.11.33	114	Post-take Ward Round	Katherine Bale, Dr J Catterall	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Medical Assessment Unit (MAU)									
3.11.34	835	Continuity of Care and Transfer Times Of Admissions to and from MAU	Liz Gamble, Phillip Knight			X			
Specialty: Medicine for the Elderly									
3.11.35	812	National Sentinel Audit of Stroke	Sarah Caine				X	X	
3.11.36	18	Review of Current OT Practice in Screening and Assessment of Fallers	Scott Allan, Sarah Jenkins, Jo Cannon	X	X				
Specialty: Nursing BRI									
3.11.37	567	The effectiveness of the link nurse role	Liz May, Gerry Baber		X			X	
Specialty: Respiratory									
3.11.38	116	Annual Review of Cystic Fibrosis - Does This Contribute to the Effective Management of Patients?	Dr Nabil Jarad	X				X	
3.11.39	627	Audit of patients admitted with Chronic Obstructive Pulmonary Disease transferred home with the Early Respiratory Assessment Team	Sarah Mungall		X				
3.11.40	699	Audit on the Outcome of Home versus Hospital management of Cystic Fibrosis Patients with Infective Exacerbations	Dr Nabil Jarad			X			
3.11.41	701	Diagnosis of Exacerbation of Cystic Fibrosis. Do we meet the US Foundation Criteria?	Dr Nabil Jarad			X			
3.11.42	775	Does the Management of mesothelioma meet the National Guidelines?	Dr Nabil Jarad			X			
3.11.43	702	Experience, Use and Management of Central Venous Catheters (PORTS) in Adult Patients with Cystic Fibrosis	June Dyer		X			X	
3.11.44	628	Informing the Primary Care Team of a new diagnosis of Lung cancer	Martin Ball			X		X	
3.11.45	118	Inpatient Management of COPD (Chronic Obstructive Pulmonary Disease)	Suzanne Gilson-Jones	X		X			
3.11.46	737	National COPD Audit 2003	Jay Suntharalibugham			X		X	
Specialty: Rheumatology									
3.11.47	840	Audit of anti-TNF in the treatment of Rheumatoid Arthritis at UBHT	Dr Lindsay Robertson			X			
3.11.48	630	Evaluation of UBHT Physiotherapy Osteoporosis Service	Melissa Domaille		X				
3.11.49	703	To Determine the Provision & Efficacy of Patient Information Leaflets Regarding DMARDs (Disease Modifying Anti-rheumatic Drugs)	Lindsey Robertson		X				
Specialty: Sexual Health									
3.11.50	471	Is the Milne Centre following National Guidelines regarding the management of gonococcal infection in adults	Dr Arnold Fernandez, Michael Clark	X			X		
3.11.51	676	Willingness of female GUM clinic attendees to use contraceptive & cervical screening services from GUM clinics in the SW	Dr Arnold Fernandez			X		X	

Notes:

Project no 467 (Ref 3.11.39 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme – this project was under consideration only and has since been abandoned. Projects no's 98, 535, 327, 330 (Refs 3.11.12, 3.11.13, 3.11.20, 3.11.29 in last year's report) were erroneously marked as roll-overs when they were in fact complete.

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.1	679	Are patients being given an appropriate appointment with the right consultant in the right clinic after discharge from hospital?	Ambulatory Care & Outpatients
3.4.4	802	Audit of Endobronchial Stenting	Cardiothoracic Services
3.4.31	543	Post MI patient care in the BRI	Cardiothoracic Services
3.5.26	349	Audit of Head Injury (NICE Guidelines)	Children's Services
3.6.34	651	Critical Care Outreach Questionnaire	Critical Care
3.6.11	695	Do Not Resuscitate orders in the Department of Medicine for the Elderly	Critical Care
3.9.7	599	An audit of Hep2000 Cells a possible improvement in the detection of connective tissue disorders	Laboratory Medicine
3.9.19	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Laboratory Medicine
3.15.2	660	Are COX-II inhibitors prescribed in accordance with NICE and MAG guidance?	Pharmacy
3.15.12	648	Does the prescribing of combination inhalers comply with MAG Guidance?	Pharmacy
3.15.13	512	Does the use of statins within UBHT follow the NSF?	Pharmacy
3.15.14	640	Has the prescribing of clopidogrel improved at the BRI?	Pharmacy
3.15.15	806	Identifying causes and treatment of Clostridium difficile infection.	Pharmacy
3.15.22	641	To assess whether data from the one-stop dispensing pilot ward can be extrapolated to care of the elderly wards	Pharmacy
3.15.24	295	What percentage of elderly patients re-admitted are taking medicines different from that documented on their first discharge?	Pharmacy
3.16.1	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Radiology
3.17.16	706	Are controlled drugs cupboards checked at least once in every 24 hours?	Surgery
3.17.22	470	Are T&O patients in the BRI receiving care according to the guidelines on: time to ward from A&E, time to theatre and approp. NBM	Surgery
3.17.25	605	Audit of early complications of hip hemiarthroplasty - 1st Quarter 2003	Surgery
3.18.7	433	Is there a role for an extended scope practitioner physiotherapist (ESP) within the Emergency Department - a pilot study	Trustwide

Summary of benefits, actions or changes achieved in 2003/2004

- 3.11.1 - audit showed a highly statistically significant difference in the proportion of high and total dependency patients arriving between 8pm and 8am, compared to the other 12 hours of the day. By adding dependency data to absolute patient numbers, the number and grade of staff can be tailored much more closely to patients' needs, improving clinical care and reducing the pressure under which staff work
- 3.11.3 - audit indicated a failure to meet British Association of Emergency Medicine guidelines, with a need identified to improve pain score recording in triage notes and ensure that the BAEM guidelines for treatment of shoulder dislocations were disseminated and understood by each multidisciplinary house of staff. A new proforma for the management of these injuries was developed and targets for education and training on the revised approach were set. These were met by the departing middle grades.
- 3.11.8 – this patient questionnaire showed that standards are being met, with 93% of respondents having a complete or reasonable understanding of their treatment before it was given. Following audit, staff to make every effort to spend time with the patient to explain the procedure prior to undertaking it and to gain verbal consent and/or written consent (as per patient preference), and to put diagnosis in writing to patient
- 3.11.11 – audit showed a good awareness of the Avon Leg Ulcer Protocol (ALUP) amongst district & practice nurses but a need for further training. Protocol to be revised and re-launched and to review structured education in nursing skills to enable community and hospital staff to employ ALUP
- 3.11.13 – this audit, instigated because of the overspend on the dermatology orthotics budget, has led to tightening of the system for dispensing hairpieces. Currently hairpieces continue to be provided for discharged patients and it is being investigated (via Primary Care Liaison) whether Bristol S&W PCT will fund this in future. An information leaflet for the care of hairpieces has been written & doctors reminded to use the existing leaflet for patients with hair loss
- 3.11.14 – following this audit, which was presented to the British Association of Dermatologists on 31 July 2002, a target of 14 weeks from referral to treatment for urgent basal cell carcinoma was agreed with the government as an exception to the 2 week target, with BCC cases being seen within 6 weeks and treated within a further 8 weeks

- 3.11.16 - flowcharts to guide sip feed prescription, and to guide reviewing of sip feed compliance, designed and put in every treatment room and bed end kardex. Information leaflet (including FAQ) produced and given to patients on sip feeds. Care plan for sip feeds designed and in use
- 3.11.17 - audit showed nutritional screening was generally well completed at BGH, with a marked improvement in practice from the last audit in 2000. Wards where nutrition screening was below the hospital average are to be targeted with extra training as needed
- 3.11.18 - following this pre-audit, Enteral Tube Feeding guidelines and standards have been implemented onto the cardiothoracic unit
- 3.11.20 - telephone Follow-Up Nurse for BRI Outpatients now telephones patients who DNA to find out why they did not attend and validates all new diabetics. Audit lead working with UWE to get a better registration system for students. DNA stats now tabled at monthly Diabetic Business meeting for review
- 3.11.30 - nebuliser guidelines have been published locally and will be published on the intranet guideline site shortly
- 3.11.33 - audit indicated that, despite bed pressures, the majority of patients do receive specialist care or continuity of care. After this audit the Medical Assessment Unit was set-up and data re-collected (3.11.36)
- 3.11.34 - audit results compared with results from 3.11.35, showed that the establishment of the MAU had improved continuity of care (with only 4% of patients not being sent to an appropriate ward for specialist care first time, compared with 21% pre-MAU) and a successful change of focus from admissions ward to assessment unit (only 9% of patients spent more than 24 hours on ward, compared to 38% pre-MAU)
- 3.11.36 - a screening tool for assessing fallers has been introduced within the Occupational Therapy department at the BRI, BGH and in A&E. This work is integrated with wider initiatives to meet the practice in the Falls section of the NSF for Older People, led by Jane Buswell
- 3.11.41 - audit found a 76% meeting of US foundation criteria, which is considered satisfactory
- 3.11.42 - most standards were well met
- 3.11.47 - audit demonstrated deficiencies in current practice and provided a useful framework for improvement and ongoing care of patients who require this form of specialist intervention. Following audit, screening form to be adapted and to ensure correct use. Leflunomide & combination treatment to be used
- 3.11.48 - audit identified some shortfalls in practice, e.g. only 60% patients completed Osteoporosis Assessment form. This form now to be attached to Physiotherapy referral form once patient has been given an appointment, and junior staff mentored to ensure completion. Various other changes made to improve assessment, information provided and uptake of patients into Osteoporosis group
- 3.11.49 - audit demonstrated satisfactory standards of practice. Action taken to improve provision of leaflets, with monitoring information now posted to GPs, and to provide additional verbal explanations, with all new patients now being seen by the Clinical Nurse Specialist. Presented as an abstract poster at the British Society for Rheumatology on 23/4/04
- 3.11.50 - recommendations made and implemented, including clear documentation of contacts (including screening and treatment), and ensuring patient aware of follow-up appointment and test of cure, and that appointments are available for this purpose

3.12 OBSTETRICS, GYNAECOLOGY & ENT

SUMMARY FIGURES

2002/2003 roll-overs <<		7	(see note below project list)
Audits first registered in 2003/4	Pre-audits P	3	
	First audits A	10	
	Re-audits R	4	
	Ongoing monitoring projects >>	0	
Total number of audits		24	
Completed audits		10	
Current (uncompleted) audits carried forward >		11	
Ongoing monitoring projects carried forward >>		3	

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	8/19	(42%)	4/8	50%	6/17	35%
Audits arising from a critical incident:	1/19	(53%)	1/8	13%	2/17	12%
Audits prompted by a patient complaint:	0/19	(0%)	1/8	13%	1/17	6%
Audits with consumer involvement (not including surveys)	0/19	(0%)	2/8	25%	1/17	6%
Audits incorporating a patient/carer survey	0/19	(0%)	0/8	0%	3/17	18%
Interface audits (involving primary care)	0/19	(0%)	1/8	13%	1/17	6%
Audits linked to NSF, NICE guidance, or similar national guidance	7/19	(37%)	3/8	38%	7/17	41%
Audits with no clinical audit facilitator involvement	-	-	0/8	0%	2/17	12%
Audits with proposal forms completed BEFORE audit started	7/19	(37%)	7/8	88%	8/17	47%
Audits using evidence based standards **	-	-	7/8	88%	6/17	35%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	14/19	(74%)	0/9	0%	3/10	30%
Audits where an action plan was produced:	8/19	(42%)	1/9	11%	3/10	30%
If action plan NOT produced, number where audit confirmed current good practice:	4/11	(36%)	0/8	0%	0/7	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	4/24	(17%)	1/10	10%	1/10	10%
Audits leading to better ways of working for staff:	8/24	(33%)	1/10	10%	0/10	0%
Audits leading to measurable benefits for patients:	4/24	(17%)	1/10	10%	0/10	0%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	3/11	(27%)	0/2	0%	2/3	67%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Contraceptive & Sexual Health Services (CASH)									
3.12.1	619	Are Patient Group Directions (PGD) for issuing emergency contraceptive pills and for re-issuing pills and injectables being adhered to ?	Dr. Sharon Bodard			X			
3.12.2	726	Audit of IUD and implant practice in Bristol CASH Clinics	Dr Sharon Bodard				X		
3.12.3	527	Audit of Pill-Teaching	Dr. Sharon Bodard	X			X		X
3.12.4	635	Audit of return of swabs	Dr. Nicky Jeal			X			
Specialty: Ear, Nose & Throat (ENT)									
3.12.5	575	Audit of Outcome after Septoplasty +/- Inferior Turbinates Surgery	Mr. Mario Jaramillo		X				X
3.12.6	734	How much do health care professionals really know about informed consent?	Costa Repanos		X				

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.12.7	35	National Comparative Audit of Surgery for Nasal Polyposis & Rhinosinusitis in England and Wales	John Browne	X	X				X
3.12.8	666	National Tonsillectomy Audit	Graham Porter			X			X
3.12.9	808	Pilot Study Audit of Patients' Recognition of OPD Doctors	David Pothier			X			X
3.12.10	33	Review of Mortality & Morbidity in ENT	M Saunders	X				X	
Specialty: Gynaecology									
3.12.11	569	Fibroid Treatment by intra-uterine embolisation	Dr. Sajida Ajjawi			X			
3.12.12	616	Quality of Treatment in Colposcopy	George Attilakos, Shahad Hussein			X			
3.12.13	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	J Murdoch	X				X	
Specialty: Obstetrics & Midwifery									
3.12.14	481	Antenatal management of pregnant women with epilepsy at St Michael's Hospital	Jeremy Astin	X		X			
3.12.15	436	Antenatal Rubella Audit	Petra Derrington	X		X			X
3.12.16	633	Audit of Blood Usage on Central Delivery Suite	Ann Tizzard			X			X
3.12.17	860	Audit of Postnatal Glucose Tolerance Tests for women with Gestational Diabetes	Dr Nilani Kaluarachi, Dr Sue Sellars			X			
3.12.18	783	HIV Antenatal Screening Audit	Jenny Hillyer		X				X
3.12.19	620	Implications and benefits of Performing elective caesarean sections at 38 weeks as opposed to 39 weeks	S. Barnfield			X			X
3.12.20	634	Infection and Caesarean Section	Bryony Strachan			X			X
3.12.21	862	Maternity Documentation Audit for CNST	Jackie Moxham				X		
3.12.22	579	Reaudit of Management of Third Degree Tears	Dr Jon Lartey				X		
3.12.23	796	Re-audit of the Management of Third and Fourth Degree Tears	Kirstine Haslehurst				X		X
3.12.24	32	Review of Fetal Deaths, Stillbirths and Neonatal Deaths (with Children's Services & Pathology)	Sherif Abdel-Fattah	X				X	

Notes:

Projects no's 447 & 480 (Refs 3.12.7 & 3.12.16 in last year's report) were erroneously marked as roll-overs when they were in fact complete.

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

Project Title	Project Lead (Name & job title)	Details of Project
Monthly review of 3 rd Degree Tears, Babies born in poor condition and Maternal Haemorrhage	J Moxham, Clinical Risk Manager	Monitoring of incidents to establish trends and the need for further action

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.5.33	479	Is phototherapy being used appropriately in term jaundiced babies?	Children's Services
3.6.4	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Critical Care
3.6.6	7	Cancellation and delays in performing ERPC's in theatre 1 during the afternoon and out of hours (St MH).	Critical Care
3.6.9	430	Demand for anaesthetic led antenatal classes	Critical Care
3.7.9	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.11.22	821	Regional audit of Diabetic Pregnancies	Medicine
3.13.3	607	Audit of Lymphoedema service on baseline standards for BHOC	Oncology

Summary of benefits, actions or changes achieved in 2003/2004

- 3.12.1 – findings were ambiguous. Changes to documentation have been discussed but not yet implemented. Audit form to be revised and then to re-audit
- 3.12.2 – standards met and no changes required. More standards set (Faculty of Family Planning and Reproductive Health Care Guidance, October 2003) and to be re-audited
- 3.12.4 - criteria met with no changes required. Highlighted that different practitioners obtain swabs for different indications, leading to guidelines being written
- 3.12.8 - audit continues to July 2004. Interim guidance issued by NICE. Action in response to guidance and to ongoing review of cases submitted for NPTA audit (45% of all cases July 03 – April 04) is that all UBHT tonsillectomy cases during the audit year are to be reviewed locally, independently of national audit
- 3.12.11 - pre-op form is to be restructured. To be taken forward as a research project
- 3.12.12 - low morbidity rate and quality of treatment appears to be good, however high default rate. Recommendation to reaudit important standards – readmission rate, negative smears. Patient experience should be audited
- 3.12.14 - new local management guidelines based on Scottish consensus guidelines ('endorsed' by RCOG) implemented - all women of reproductive age to get pre-pregnancy counselling leaflet/information at time of epilepsy treatment review. Re-audit planned 2004
- 3.12.16 – an interim progress report identified a lack of awareness of availability of blood for long term cover. Use of this facility would have saved £1000 during audit period. This is to be highlighted to CDS staff and monthly audit will be continued
- 3.12.17 - local guideline for care of women with GDM produced in September 2003
- 3.12.19 - findings to be used for benchmarking against NICE guidelines. To be presented at British Congress in July. Information is now included in patient information leaflets
- 3.12.21 - operation record revised in August 2003 to incorporate name of assistant surgeon and status of surgeon, assistant and anaesthetist to comply with CNST standards. Audit tool has been revised to improve data collection for reaudit in 2004. Improvement noted in the return of hand-held notes within 6 weeks of delivery. 3 standards for CTGs improved from mean of 59% to 71%. Check of discharge address improved from 29% to 72%
- 3.12.22 - documentation and management reviewed and changed
- 3.12.24 - issues related to completion of PM requests identified. Formal audit planned for 2004

3.13 ONCOLOGY

SUMMARY FIGURES

2002/2003 roll-overs <<		4
Audits first registered in 2003/4	Pre-audits P	0
	First audits A	17
	Re-audits R	2
	Ongoing monitoring projects >>	0
Total number of audits		23
Completed audits		18
Current (uncompleted) audits carried forward >		5
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	0/7	(0%)	15/18	83%	19/19	100%
Audits arising from a critical incident:	0/7	(0%)	2/18	11%	0/19	0%
Audits prompted by a patient complaint:	0/7	(0%)	0/18	0%	1/19	5%
Audits with consumer involvement (not including surveys)	0/7	(0%)	2/18	11%	2/19	11%
Audits incorporating a patient/carer survey	0/7	(0%)	0/18	0%	0/19	0%
Interface audits (involving primary care)	0/7	(0%)	1/18	6%	0/19	0%
Audits linked to NSF, NICE guidance, or similar national guidance	2/7	(29%)	4/18	22%	4/19	21%
Audits with no clinical audit facilitator involvement	-	-	4/18	22%	0/19	0%
Audits with proposal forms completed BEFORE audit started	2/7	(29%)	13/18	72%	19/19	100%
Audits using evidence based standards **	-	-	16/18	89%	17/19	89%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	15/15	(100%)	12/14	86%	13/18	72%
Audits where an action plan was produced:	4/15	(27%)	13/14	93%	13/18	72%
If action plan NOT produced, number where audit confirmed current good practice:	4/11	(36%)	0/1	0%	2/5	40%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	8/15	(53%)	0/11	0%	6/16	38%
Audits leading to better ways of working for staff:	5/15	(33%)	2/11	18%	8/16	50%
Audits leading to measurable benefits for patients:	5/15	(33%)	6/11	55%	9/16	56%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	1/3	(33%)	3/3	100%	0/2	0%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: None									
3.13.1	730	Audit of Breast Radiotherapy Treatment	Andrew Davies, Judy Cox			X			
3.13.2	516	Audit of Clinic Waiting Time BHOC Outpatient Clinics	Susan Bailey			X			
3.13.3	607	Audit of Lymphoedema service on baseline standards for BHOC	Jo Counsell, Margaret Greham, Jo Hudson			X			X
3.13.4	826	CNST Audit of Documentation - BHOC	Jacqueline Briggs, Helen Morgan			X			X
3.13.5	490	Completeness of Chemotherapy Referral Progress Forms	Ruth Hendy	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.13.6	741	Documentation of resuscitation decision for palliative patients on ward 61	Kate Shorthose, Catherine Bailey			X				
3.13.7	515	Is oral Granisetron being prescribed in accordance with BHOC guidelines?	Clare Greatorex			X				
3.13.8	610	Is trastuzamab being prescribed in accordance with NICE Guidance?	Jeremy Braybrooke			X				
3.13.9	746	Management of chemotherapy induced neutropenia in pyrexial patients	Matt Brown			X			X	
3.13.10	612	Radiotherapy breast technique	Andrea Maggs			X				
3.13.11	745	Radiotherapy treatment of Glioma patients - use of Prognostic Score	Mick Button, Fiona Simpson			X				
3.13.12	517	Timeliness and content of discharge letters on Ward 61	Rebecca Hockett	X		X				
3.13.13	574	Use of Gemcitabine in advanced pancreatic cancer	Emma Heath			X				
3.13.14	654	Use of Temozolomide in malignant brain tumour	Dr Sudipta Datta, Dr A Thomson			X				
Specialty: AHU (Avon Haematology Unit)										
3.13.15	639	Adherence to NICE guidance on the use of Imatinib for CML	Sarah Forrester			X				
3.13.16	664	Compliance with NICE Guidance in management of CLL	Angelina Tan, D Standen, Raymond Denis			X				
3.13.17	661	Consent for Chemotherapy at AHU	Paul Kerr, Winifred French, Emma Franklin			X				
3.13.18	750	Does chemotherapy prescription and administration in AHU follow local cancer network guidelines (ASWCS)?	Sabnam Samad			X				
3.13.19	611	Re-audit of documentation of bone marrow biopsy in AHU including patient satisfaction survey	Jo Bennett				X			
3.13.20	663	Reaudit of use of TPN in AHU	Naomi Shantry				X		X	
3.13.21	475	The use of G-CSF in peripheral blood stem cell mobilisation - a clinical audit of AHU practice	Rachel Proteroe	X			X			
Specialty: Palliative Medicine										
3.13.22	413	Audit of Pain Guidelines	James Rice, Maria Malpass	X		X				
3.13.23	728	Response to prescriptive symptom control advice from the Palliative Care Team in a hospital setting	Maria Malpass, Jo Lee			X			X	

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.6.15	148	Prospective audit of long term tunnelled central venous lines	Critical Care
3.7.9	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.7.11	542	What is the oral health awareness of patients diagnosed with hereditary coagulation defects?	Dental Services
3.9.3	313	Laboratory investigation of diagnostic Tumour Markers	Laboratory Medicine
3.12.13	231	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	Obs, Gynae & ENT

Summary of benefits, actions or changes achieved in 2003/2004

- 3.13.2 – audit resulted in a change in the way patients are informed of waiting times – regular updates are now given to patients
- 3.13.7 – audit led to an increase in the use of oral granesitron in the oncology department. Oral granesitron is now included in the directorate drug policy
- 3.13.8 – audit showed NICE guidelines were being followed. Agreed following audit that all patients will have in-house CerbB-2 status assessed and if strong positive (3+) this will be accepted as indicating that trastuzumab prescribing may be appropriate. If weak or moderate positive then repeat testing with the Herceptest or with FISH analysis will be requested. All patients will have a baseline echocardiogram and repeat assessment after 3 months of trastuzumab.
- 3.13.12 – the majority of ward discharge letters are now faxed on day of discharge. Where possible notes are retained on the ward until completion of discharge letter. Laminated copy of the policy is displayed on the ward
- 3.13.13 – audit demonstrated good compliance with NICE guidelines overall. Failure to offer over 1/2 of PS2 patients gemcitabine considered to be good practice based on clinical criteria. Audit recommended clear documentation of WHO PS status and documentation of details if patient non-compliant with NICE on clinical grounds, both of which have subsequently been implemented.
- 3.13.16 – audit demonstrated full compliance with NICE guideline
- 3.13.22 – project resulted in laminated copies of Pain Guidelines being displayed in consulting rooms and clinics

3.14 OPHTHALMOLOGY

SUMMARY FIGURES

2002/2003 roll-overs <<		4
Audits first registered in 2003/4	Pre-audits P	3
	First audits A	4
	Re-audits R	2
	Ongoing monitoring projects >>	0
Total number of audits		13
Completed audits		6
Current (uncompleted) audits carried forward >		7
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	4/11	(36%)	1/7	14%	1/9	11%
Audits arising from a critical incident:	2/11	(18%)	1/7	14%	0/9	0%
Audits prompted by a patient complaint:	0/11	(0%)	0/7	0%	0/9	0%
Audits with consumer involvement (not including surveys)	0/11	(0%)	0/7	0%	1/9	11%
Audits incorporating a patient/carer survey	1/11	(9%)	0/7	0%	0/9	0%
Interface audits (involving primary care)	1/11	(9%)	1/7	14%	0/9	0%
Audits linked to NSF, NICE guidance, or similar national guidance	2/11	(18%)	0/7	0%	2/9	22%
Audits with no clinical audit facilitator involvement	-	-	0/7	0%	0/9	0%
Audits with proposal forms completed BEFORE audit started	9/11	(82%)	6/7	86%	8/9	89%
Audits using evidence based standards **	-	-	1/7	14%	5/9	56%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	10/11	(91%)	10/13	77%	6/6	100%
Audits where an action plan was produced:	10/11	(91%)	10/13	77%	4/6	67%
If action plan NOT produced, number where audit confirmed current good practice:	1/1	(100%)	2/3	66%	1/2	50%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	9/11	(82%)	7/9	78%	2/4	50%
Audits leading to better ways of working for staff:	8/11	(73%)	7/9	78%	1/4	25%
Audits leading to measurable benefits for patients:	7/11	(64%)	6/9	67%	3/4	75%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	2/4	(50%)	2/4	50%	2/2	100%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Directorate Wide									
3.14.1	173	Appropriateness of Listing for Cataract Surgery	Riz Malik	X	X				
3.14.2	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Cathy Williams			X			X
3.14.3	673	Clinical and Patient Taxi Usage at Bristol Eye Hospital	Tonia Didcott			X			X
3.14.4	803	Clinical Negligence Scheme for Trusts (CNST) Audit in Ophthalmology	Helen Julian			X			X
3.14.5	753	Efficiency of B-blockers vs Prostaglandins in first line treatment of new Primary Open Angle Glaucoma patients	Dr George Kalantzis			X			
3.14.6	713	How suitable are BCC referrals of GP's and Dermatologists for One stop listing service at BEH	Nikolaos Chalvatzis		X				

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.14.7	459	Is current practice for investigating ocular disease by carotid duplex ultrasonography and echocardiography requests, appropriate?	Richard Lee	X			X			
3.14.8	472	Management of Microbial Keratitis	Derek M Tole	X		X			X	
3.14.9	562	Timing of Vitreo Retinal Surgery	Atul Shah	X		X				
Specialty: Inpatient / Day Case Surgery										
3.14.10	672	Audit of inappropriate referral to Nurse Practitioners meibomian cyst surgery list.	Mei-Lin Law		X				X	
3.14.11	714	Audit of Photodynamic Therapy at Bristol Eye Hospital	Helen Long		X				X	
3.14.12	655	One-stop Entropion/Ectropion Service	Mohan Mundasad				X		X	
Specialty: Shared Care										
3.14.13	603	A Re- Audit of Glaucoma Outpatient Follow Up Appointments	Heather Harris				X			

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.6.13	16	Peri-operative Blood Pressure Control In Patients Presenting For Day-case Cataract Surgery	Critical Care

Summary of benefits, actions or changes achieved in 2003/2004

- 3.14.1 - protocol for listing patients for 2nd eye cataract surgery has been developed using the QOL questionnaire used in this audit and visual acuity as criteria
- 3.14.7 - new referral criteria for carotid duplex ultrasonography. Fast-track form developed for use. New protocol agreed for combined fast track referral to stroke service TIA clinic and BRI vascular studies unit
- 3.14.5 - evidence-based updating of treatment protocol for new Primary Open Angle Glaucoma patients
- 3.14.6 – one stop service recommended by audit – planning discussions underway re. possibility of developing this service
- 3.14.9 - standard set for all urgent VR surgery to be performed within 24 hours and met in vast majority of cases
- 3.14.12 - one stop service being improved by excluding ectropian patients who are now being seen in OPD. A leaflet is in the process of being developed for entropion patients
- 3.14.13 - standard follow up interval for stable glaucoma patients established. More efficient use of clinic slots recommended. Problem with delayed appointments confirmed – new staff are currently being trained to help reduce delays. To be confirmed by a re-audit

3.15 PHARMACY

SUMMARY FIGURES

2002/2003 roll-overs <<		16
Audits first registered in 2003/4	Pre-audits P	1
	First audits A	10
	Re-audits R	1
	Ongoing monitoring projects >>	0
Total number of audits		25
Completed audits		19
Current (uncompleted) audits carried forward >		6
Ongoing monitoring projects carried forward >>		0

(Includes 2 subsequently abandoned & 1 subsequently deferred – see [Appendix C](#) and [D](#).)

2000/2 figures relate to previous directorate of Specialty Services (consisting of Medical Physics & Bioengineering & Pharmacy)

Please refer to definition of terms in Section 3.2.1

	2001/2002*	2002/2003	2003/2004
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>			
Multidisciplinary audits:	5/13 (38%)	2/13 15%	6/12 50%
Audits arising from a critical incident:	3/13 (23%)	0/13 0%	1/12 8%
Audits prompted by a patient complaint:	0/13 (0%)	0/13 0%	1/12 8%
Audits with consumer involvement (not including surveys)	1/13 (8%)	1/13 8%	0/12 0%
Audits incorporating a patient/carer survey	1/13 (8%)	1/13 8%	1/12 8%
Interface audits (involving primary care)	0/13 (0%)	0/13 0%	5/12 42%
Audits linked to NSF, NICE guidance, or similar national guidance	5/13 (38%)	3/13 23%	7/12 58%
Audits with no clinical audit facilitator involvement	-	4/13 31%	0/12 0%
Audits with proposal forms completed BEFORE audit started	7/13 (54%)	9/13 69%	11/12 92%
Audits using evidence based standards **	-	1/13 8%	9/12 75%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	10/13 (77%)	0/1 0%	9/19 47%
Audits where an action plan was produced:	7/13 (54%)	0/1 0%	9/19 47%
If action plan NOT produced, number where audit confirmed current good practice:	1/6 (17%)	0/1 0%	0/10 0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	5/18 (28%)	0/5 0%	5/17 29%
Audits leading to better ways of working for staff:	4/18 (22%)	0/5 0%	5/17 29%
Audits leading to measurable benefits for patients:	5/18* (28%)	0/5 0%	2/17 12%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	2/7 (29%)	0/1 0%	1/2 50%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: Pharmacy									
3.15.1	767	An audit of antibiotic guidelines in cardiac surgery	Elizabeth Rose			X			X
3.15.2	660	Are COX-II inhibitors prescribed in accordance with NICE and MAG guidance?	Rachel O'Donnell			X			
3.15.3	458	Are patients having their dose of ACE inhibitor adequately titrated?	Sherrie Williamson	X		X			
3.15.4	294	Are storage facilities of medicines compliant with the Duthie Report?	Sarah Hepburn	X		X			
3.15.5	293	Are the UBHT policies on intrathecal/intravenous administration of chemotherapy and vinca alkaloids being adhered to?	Steve Brown	X		X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.15.6	716	Audit of Clinical Pharmacy Services in UBHT	Emily Wighton			X			X
3.15.7	784	Audit of Growth Hormone use at Bristol Childrens Hospital	Katherine Dunn			X			X
3.15.8	738	Audit of outpatient anticoagulant dosing	Rachel O'Donnell			X			
3.15.9	724	Audit of the use of insulin glargine in UBHT against NICE Guidelines	Helen Porter			X			X
3.15.10	168	Dispensing Error Level of Occurrence	Richard Cattell	X		X			
3.15.11	402	Do patients undergoing cardioversion for Atrial Fibrillation (AF) have successfully managed anti-coagulation prior to procedure?	Mair Bowden	X		X			
3.15.12	648	Does the prescribing of combination inhalers comply with MAG Guidance?	Michelle Haddock			X			
3.15.13	512	Does the use of statins within UBHT follow the NSF?	Elizabeth Rose	X		X			
3.15.14	640	Has the prescribing of clopidogrel improved at the BRI?	Rachel O'Donnell				X		
3.15.15	806	Identifying causes and treatment of Clostridium difficile infection.	Elizabeth Rose			X			X
3.15.16	460	Is I.V and oral ciprofloxacin being prescribed effectively?	Julie England	X		X			
3.15.17	457	Is Sodium valproate being used appropriately and safely at Barrow Hospital?	Jack Hair	X		X			
3.15.18	297	Is the prescribing of Clopidogrel at the BRI evidence-based?	Rachel O'Donnell	X		X			
3.15.19	530	Is Tramadol being prescribed appropriately during pre and post-op period in the BRI?	Mair Bowden	X		X			
3.15.20	747	Medicine Storage in UBHT, does it adhere to the guidelines for the safe and secure handling of medicines?	Vanessa Pinto			X			
3.15.21	766	Preliminary audit of medicines management at the BRI	Rachel Beckett		X				
3.15.22	641	To assess whether data from the one-stop dispensing pilot ward can be extrapolated to care of the elderly wards	Debbie Campbell			X			X
3.15.23	171	UBHT Homecare Services (Hightech Homecare Services) - Audit of Service to Avon Health Authority	Liz McCullagh	X			X		
3.15.24	295	What percentage of elderly patients re-admitted are taking medicines different from that documented on their first discharge?	Rachel Beckett	X		X			
3.15.25	403	Why do patients fail to bring their own medication into hospital?	Mary Nicholls	X	X				

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.5.38	752	Adherence to Antibiotic Guidelines in Respiratory Infections on PICU	Children's Services
3.5.53	644	Safety and Practicality of Drug Prescribing	Children's Services
3.9.11	428	Laboratory & clinical consequences of abnormal INR results in warfarinised patients	Laboratory Medicine
3.11.16	6	Are Oral Nutritional Supplements being used Appropriately?	Medicine
3.13.8	610	Is trastuzamab being prescribed in accordance with NICE Guidance?	Oncology
3.13.14	654	Use of Temozolomide in malignant brain tumour	Oncology
3.13.16	664	Compliance with NICE Guidance in management of CLL	Oncology

Ref	No.	Project Title	Directorate
3.13.18	750	Does chemotherapy prescription and administration in AHU follow local cancer network guidelines (ASWCS)?	Oncology
3.13.20	663	Reaudit of use of TPN in AHU	Oncology
3.13.21	475	The use of G-CSF in peripheral blood stem cell mobilisation - a clinical audit of AHU practice	Oncology
3.13.22	413	Audit of Pain Guidelines	Oncology
3.17.5	642	Are patients being given patient information leaflets with all of the medicines they take away from hospital?	Surgery

Summary of benefits, actions or changes achieved in 2003/2004

- 3.15.9- diabetic nurse specialists to enter interventions in medical notes to improve documentation of implementation of NICE guidance
- 3.15.14 - Pan-Bristol guidelines have been produced which will ensure uniformity of prescribing across both Bristol trusts and improve communication between secondary and primary care
- 3.15.16 - guidelines for switching surgical patients from intravenous to oral antibiotics have been produced following the audit
- 3.15.20 - action points from audit have improved storage of controlled drugs and injections on certain wards, which may reduce the likelihood of drug errors
- 3.15.22 - confirmation of benefits of one-stop dispensing will allow roll-out of scheme to other wards in hospital, resulting in fewer delays at discharge

3.16 RADIOLOGY

SUMMARY FIGURES

	2002/2003 roll-overs <<	10
Audits first registered in 2003/4	Pre-audits P	2
	First audits A	7
	Re-audits R	1
	Ongoing monitoring projects >>	0
Total number of audits		19
Completed audits		9
Current (uncompleted) audits carried forward >		10
Ongoing monitoring projects carried forward >>		0

(Includes 1 subsequently abandoned – see [Appendix C](#). Also see note below project list)

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	14/20	(70%)	12/13	92%	2/10	20%
Audits arising from a critical incident:	0/20	(0%)	0/13	0%	0/10	0%
Audits prompted by a patient complaint:	4/20	(20%)	0/13	0%	0/10	0%
Audits with consumer involvement (not including surveys)	1/20	(5%)	2/13	15%	0/10	0%
Audits incorporating a patient/carer survey	0/20	(0%)	0/13	0%	0/10	0%
Interface audits (involving primary care)	1/20	(5%)	0/13	0%	0/10	0%
Audits linked to NSF, NICE guidance, or similar national guidance	2/20	(10%)	3/13	23%	3/10	30%
Audits with no clinical audit facilitator involvement	-	-	0/13	0%	1/10	10%
Audits with proposal forms completed BEFORE audit started	16/20	(80%)	12/13	92%	10/10	100%
Audits using evidence based standards **	-	-	9/13	69%	4/10	40%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	15/17	(88%)	8/10	89%	8/9	89%
Audits where an action plan was produced:	11/17	(65%)	3/10	33%	1/9	11%
If action plan NOT produced, number where audit confirmed current good practice:	3/6	(50%)	4/7	57%	6/8	75%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	9/18	(50%)	3/8	38%	1/7	14%
Audits leading to better ways of working for staff:	3/18	(17%)	2/8	25%	0/7	0%
Audits leading to measurable benefits for patients:	8/18	(44%)	2/8	25%	1/7	14%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/4	(0%)	0/4	(0%)	0/2	0%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: A&E (Suite E)									
3.16.1	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Dr C. Wakeley	X		X			X
3.16.2	794	The value of stress view of the acromio-clavicular joint	Dr C. Wakeley			X			X
Specialty: CT									
3.16.3	715	Are the British Thoracic Guidelines being fulfilled in referring patients for C.T.Pulmonary Angiography (CTPA)	Dr A. Jones		X				X

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
Specialty: General Radiology									
3.16.4	121	Assessment of Liver Biopsies - Complication Rates	Dr M Callaway	X		X			
3.16.5	394	Audit of colonic stricture findings to differentiate between benign and malignant strictures	Dr V. Markos, Dr J. Virjee	X	X				X
3.16.6	572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Tina Stoyles, Gill Hoult, Jane Holmden	X		X			X
3.16.7	618	Pre-Operative Chest Radiographs, adherence to guidelines. Post NICE Guidelines	Dr P. McCoubrie			X			
Specialty: MRI									
3.16.8	692	National audit of MRI waiting times for Cancer Staging and Routine Orthopaedics	Dr C. Wakeley			X			
3.16.9	573	The use and effectiveness of cardiac MRI in patients with GUCH.	Dr F. Ahmad, Dr P. Wilde			X			
Specialty: Paediatrics									
3.16.10	122	Audit to Determine the Indications for CXR Prior to Paediatric Cardiac Investigations	Dr A Duncan, Dr P Davison	X			X		X
3.16.11	124	Paediatric Red dot reporting	Mrs D Dimond	X	X				X
3.16.12	670	Re-audit of non-operative intussusception reduction	Dr D.Grier				X		
Specialty: Radioisotopes (Suite F)									
3.16.13	793	Is myoflex as effective a predictor of segmental defect as myoquant and MRI?	Dr A. Ederies, Mr D Hall			X			X
Specialty: St Michael's - Obstetric Ultrasound									
3.16.14	255	Antenatal Diagnosis of Isolated Talipes	Helen Lockyer, Dr P Davison, Dr H Andrews	X		X			
3.16.15	256	Audit of pick up rate of ectopic pregnancies with U/S findings suggestive of. Update of previous study	Mrs R Burke, Dr H Andrews	X			X		
Specialty: Vascular									
3.16.16	509	Are below knee angioplasties being performed in accordance with currently available evidence?	Dr M. Bradley	X	X				
3.16.17	667	DVT Audit, are referral guidelines being followed	Dr M. Strugnell, Dr S. Prabhu, Dr P. Murphy			X			
3.16.18	795	Is aortic stent placement using IVUS, acceptable practice for aorto-iliac occlusive disease	Dr A. Ederies			X			X
3.16.19	789	Pre-audit of suspected spontaneous intra-abdominal haemorrhage in patients on warfarin. Does imaging result in management change.	Dr Paula Murphy, Dr Jenny Rowlands, Dr Suma Chakrabarthi		X				X

Notes:

Project no 126 (Ref 3.16.15 in last year's report) was erroneously marked as in progress and as rolling over to this year's audit programme – this project was under consideration only and has since been abandoned

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.3.5	830	Pre-operative chest radiograph requests - An audit	Ambulatory Care & Outpatients
3.4.18	604	Assessment of the standards of a new stress echo service at the BRI	Cardiothoracic Services
3.5.26	349	Audit of Head Injury (NICE Guidelines)	Children's Services
3.11.4	694	Audit of UBHT ED DVT Protocol	Medicine

Ref	No.	Project Title	Directorate
3.11.26	797	Audit of screening for Osteoporosis in patients with Coeliac disease	Medicine
3.17.2	395	An Audit of Percutaneous Transhepatic Cholangiograms	Surgery
3.17.24	462	Are we following the UBHT protocol for suspected Scaphoid Fractures?	Surgery

Summary of benefits, actions or changes achieved in 2003/2004

- 3.16.7 – this audit revealed a lack of compliance, but served to highlight (and open the debate) on areas where the investigation was possibly still appropriate. Most importantly, it highlighted the need to work with pre-op assessment and to improve the education process for clinicians with regard to the utilisation of Radiology and the requirements of IR(ME)R. Further work is to be undertaken in these areas
- 3.16.9 – audit showed that using a problem-orientated approach is a useful and feasible cardiac imaging modality, avoiding the need for cardiac catheterisation in a significant number of patients
- 3.16.12 – audit demonstrated appropriate techniques are undertaken and standards achieved against agreed targets
- 3.16.14 – audit demonstrated skills and techniques are appropriate for the identification of Talipes, allowing appropriate management
- 3.16.16 – audit found that below knee angioplasty is appropriately undertaken and is in concordance with the available evidence

3.17 SURGERY

SUMMARY FIGURES

	2002/2003 roll-overs <<	5
Audits first registered in 2003/4	Pre-audits P	5
	First audits A	13
	Re-audits R	6
	Ongoing monitoring projects >>	0
Total number of audits		28
Completed audits		16
Current (uncompleted) audits carried forward >		12
Ongoing monitoring projects carried forward >>		0

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

Please refer to definition of terms in Section 3.2.1

	2001/2002*		2002/2003		2003/2004	
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>						
Multidisciplinary audits:	10/20	(50%)	19/23	83%	9/24	38%
Audits arising from a critical incident:	1/20	(5%)	2/23	9%	5/24	21%
Audits prompted by a patient complaint:	0/20	(0%)	2/23	9%	4/24	17%
Audits with consumer involvement (not including surveys)	2/20	(10%)	0/23	0%	3/24	13%
Audits incorporating a patient/carer survey	1/20	(5%)	1/23	4%	3/24	13%
Interface audits (involving primary care)	1/20	(5%)	1/23	4%	2/24	8%
Audits linked to NSF, NICE guidance, or similar national guidance	1/20	(5%)	4/23	17%	10/24	42%
Audits with no clinical audit facilitator involvement	-	-	3/23	13%	1/24	4%
Audits with proposal forms completed BEFORE audit started	10/20	(50%)	20/23	87%	23/24	96%
Audits using evidence based standards **	-	-	7/23	30%	18/24	75%
<i>Figures below relate to completed audits only</i>						
Audits where a formal report was filed at the end of the project:	8/16	(50%)	15/25	60%	13/16	81%
Audits where an action plan was produced:	8/16	(50%)	15/25	60%	11/16	69%
If action plan NOT produced, number where audit confirmed current good practice:	2/8	(25%)	3/10	30%	2/5	40%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>						
Audits resulting in changes in practice:	7/17	(41%)	2/20	10%	6/10	60%
Audits leading to better ways of working for staff:	3/17	(18%)	3/20	15%	1/10	10%
Audits leading to measurable benefits for patients:	0/17	(0%)	7/20	35%	0/10	0%
<i>Figures below include completed re-audits only</i>						
Audits confirming measurable benefits for patients:	0/2	(0%)	3/6	50%	0/6	0%

* figures for 2001/2 are sum of audits involving primary care & audits involving Avon Ambulance Service representatives

** Comparable indicator not collected in previous years

*** figures for 2001/2 relate to all completed audits & ongoing projects

**** figures for 2001/2 include ongoing projects as well as completed re-audits

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:									
3.17.1	799	Are medicines administered as they are prescribed in the BRI?	Helen Bishop			X			X
Specialty: General Surgery									
3.17.2	395	An Audit of Percutaneous Transhepatic Cholangiograms	Richard Morgan, Mark Calloway, Upper GI Team	X	X				
3.17.3	540	An audit of the standard of reporting for ASWCN for oesophageal & gastric cancer	Miss P King, Dr M Moorghen, Miss J Blazeby	X		X			
3.17.4	813	Are nurses following the pre-op fluid fasting protocol on ward 9?	Sr Liz May, SN Norma Ramos			X			X

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.17.5	642	Are patients being given patient information leaflets with all of the medicines they take away from hospital?	Zenon Rayter, Barbara Wilson			X				
3.17.6	811	Are patients operated on within NCEPOD's recommended times?	Mr P Barham, Dr E Tayton, Dr Z Bee			X			X	
3.17.7	582	Audit of the rate of re-excision in patients with breast carcinoma	Mr Rayter, Dr Amit Patel			X			X	
3.17.8	798	Delays in colorectal edoscopy surveillance	Rob J Longman, Paul Durdey		X				X	
3.17.9	735	Do patients with post-op pain scores of >50% have appropriate analgesia?	Lindsay Maris, Mr Z Rayter				X			
3.17.10	586	Is the UBHT Upper GI Cancer Service practising in accordance to national guidance for major resections?	Miss J Blazeby			X			X	
3.17.11	665	Is UBHT following BASO guidance for Mastectomy patients?	Mr Maged Hussien, Miss Zoe Winters, Mr Zen Rayter			X			X	
3.17.12	792	Origins of Referral of colorectal cancer patients	Mr R J Longman, Mr M G Thomas		X				X	
3.17.13	790	Outcome from reversal of defunctioning ileostomy and colostomy	Mr R J Longman, Mr P Sylvester		X				X	
3.17.14	671	Preoperative prescription of anti-platelet therapy for patients booked for elective vascular surgery	Dr K Mason, Mr P Lamont, Dr T Leslie		X					
3.17.15	416	Re-Audit of timeliness of discharge letters to GPs	Gill Cross, Babs Williams				X			
Specialty: Nursing BRI										
3.17.16	706	Are controlled drugs cupboards checked at least once in every 24 hours?	Helen Bishop			X				
Specialty: Outpatient Department										
3.17.17	390	Is the standard of note preparation adequate for colorectal clinics?	Jane Pawlawska, Anne Rollings	X			X			
Specialty: Trauma and Orthopaedics										
3.17.18	585	Are AOC patient case notes available for post-op clinic appointments at the BRI	Kim Downes, Steve McDonagh			X				
3.17.19	786	Are Ilizarov pin-site infections being treated according to the UBHT protocol?	James Livingstone, Claire Longhorn				X		X	
3.17.20	587	Are nurses following the pre-op fluid fasting protocol on ward 2	Emma Bonar, Ann Parker			X				
3.17.21	749	Are patients being referred to the physio service appropriately?	Becky Tozer		X				X	
3.17.22	470	Are T&O patients in the BRI receiving care according to the guidelines on: time to ward from A&E, time to theatre and approp. NBM	Andy Newton, Gerry Baber, James Livingstone			X				
3.17.23	591	Are the outcomes of surgical treatment for past proximal humeral fracture in accordance with published international literature?	Mr J Livingstone, Rouin Amirfeyz			X			X	
3.17.24	462	Are we following the UBHT protocol for suspected Scaphoid Fractures?	Andy Barnett, Adrian Taylor, Mr Norman-Taylor	X		X				
3.17.25	605	Audit of early complications of hip hemiarthroplasty - 1st Quarter 2003	Matt Ockendon, James Livingstone			X				
3.17.26	689	Length of stay for trauma patients in UBHT	Celia Wogan				X			

Ref	No.	Project Title	Audit Lead/s	Type of Audit					
				<<	P	A	R	>>	>
3.17.27	625	Re-audit pain scoring on ward 4	Alison Finch, Claire Peacock, Kate Cook				X		
3.17.28	765	Re-audit: Is the protocol for the T&O Clinical Nurse Specialist being followed	Juliet Pitman				X		

Please also see following audits listed under other directorates:

Ref	No.	Project Title	Directorate
3.4.31	543	Post MI patient care in the BRI	Cardiothoracic Services
3.5.53	644	Safety and Practicality of Drug Prescribing	Children's Services
3.5.54	621	Patient information for Botulinum injections	Children's Services
3.6.12	757	Meeting NICE guidelines for preoperative assessment - the use of clotting screens and ECG	Critical Care
3.6.37	693	Advanced Analgesia Tracking Audit	Critical Care
3.6.38	759	Post operative acute pain management in the BRI	Critical Care
3.7.9	576	Are patients undergoing radiotherapy for tumours of the head and neck region receiving dental health assessment? Re-audit	Dental Services
3.7.20	677	Are children having more than one General Anaesthetic for dental extractions - re-audit	Dental Services
3.9.9	46	Blood and Blood Product Usage by Wards and Theatres	Laboratory Medicine
3.9.19	729	Is Clostridium Difficile infection being managed, diagnosed & treated appropriately?	Laboratory Medicine
3.11.23	824	South West Regional Audit of Diabetic Lower Limb Amputations	Medicine
3.11.25	600	Audit of Management of GI Bleed (Endoscopy, Blood Products & PPI)	Medicine
3.11.30	320	Are we following nebuliser guidelines in the BRI?	Medicine
3.11.36	18	Review of Current OT Practice in Screening and Assessment of Fallers	Medicine
3.14.7	459	Is current practice for investigating ocular disease by carotid duplex ultrasonography and echocardiography requests, appropriate?	Ophthalmology
3.15.2	660	Are COX-II inhibitors prescribed in accordance with NICE and MAG guidance?	Pharmacy
3.15.16	460	Is I.V and oral ciprofloxacin being prescribed effectively?	Pharmacy
3.16.2	794	The value of stress view of the acromio-clavicular joint	Radiology
3.16.6	572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Radiology

Summary of benefits, actions or changes achieved in 2003/2004

- 3.17.4 – audit done as part of regional cancer network. Led to a change in the pathology form to include items from the minimum cancer dataset
- 3.17.15 – this re-audit, which followed the radical change in the discharge letter system, revealed that GPs were usually receiving the information they required within one working day of the patient leaving hospital, with a few discharge letters arriving within two working days. There are plans to roll out this improved system to other areas of the trust pending funding
- 3.17.18 – this audit showed a clear problem with AOC case notes being available for BRI follow-up appointments. Following the audit there has been increased co-operation between the two hospitals to reach a solution. A re-audit is planned for summer 2004 to ensure improvements have been made
- 3.17.22 – this audit has had a far-reaching impact on some of the services provided. There has been increased liaison with the care of the elderly team in assessing older patients and their suitability for rehab at Bristol General Hospital, and the creation of the trauma co-ordinator post, which manages the trauma lists, effectively helping to get patients to theatre quicker and also ensuring that they are not starved for longer than necessary. The trauma co-ordinator also knows where each of the T&O patients are in the hospital and seeks to transfer them to the specialist trauma wards where possible. Work with the anaesthetists has led to a change in practice (from May 2004) that trauma patients on wards 2 and 4 in the first instance will be allowed to drink water until 6am on the day of their procedure. There have been several spin-off audits particularly regarding pain scoring and nil by mouth times included on the forward plan for 2004/5

- 3.17.26 – This audit showed that the trauma co-ordinator (see 3.17.22) has had a positive effect on ensuring that trauma patients are being moved to a trauma ward quickly, which increases the chances that patients will recover more quickly due to better access to specialist physio services (the audit showing that patients who were not moved to a trauma ward had reduced access to a specialist orthopaedic physio and an increased length of stay). There are currently negotiations to increase the orthopaedic physio workforce to address the issues raised by the audit
- Project 258 (ref 3.17.3 in 2002/3 report) - this audit into anastomotic leak rates has since been presented to a number of key committees and further audits have been registered with the clinical audit department looking at some of the specific aspects of the audit where improvements need to be made (Projects 3.17.8; 3.17.12; 3.17.13)
- Project 408 (ref 3.17.25 in 2002/3 report) - this audit considered the reduced infection rates before changing pin-site management to the new 'Bristol' method. A re-audit (3.17.19) ensuring that all Ilizarov pin-sites are managed according to the Bristol method is currently underway

3.18 TRUSTWIDE

SUMMARY FIGURES

2002/2003 roll-overs <<		5
Audits first registered in 2003/4	Pre-audits P	2
	First audits A	4
	Re-audits R	1
	Ongoing monitoring projects >>	0
Total number of audits		12
Completed audits		8
Current (uncompleted) audits carried forward >		4
Ongoing monitoring projects carried forward >>		0

Please refer to definition of terms in Section 3.2.1

	2001/2002*	2002/2003	2003/2004
<i>Figures below relate only to audits started in 2003/4, i.e. not including 2002/3 roll-overs</i>			
Multidisciplinary audits:	-	2/7	29%
Audits arising from a critical incident:	-	0/7	0%
Audits prompted by a patient complaint:	-	0/7	0%
Audits with consumer involvement (not including surveys)	-	0/7	0%
Audits incorporating a patient/carer survey	-	2/7	29%
Interface audits (involving primary care)	-	1/7	14%
Audits linked to NSF, NICE guidance, or similar national guidance	-	1/7	14%
Audits with no clinical audit facilitator involvement	-	0/7	0%
Audits with proposal forms completed BEFORE audit started	-	4/7	57%
Audits using evidence based standards **	-	1/7	14%
<i>Figures below relate to completed audits only</i>			
Audits where a formal report was filed at the end of the project:	-	4/4	100%
Audits where an action plan was produced:	-	3/4	75%
If action plan NOT produced, number where audit confirmed current good practice:	-	0/1	0%
<i>Figures below include completed first and pre-audits and ongoing monitoring projects only</i>			
Audits resulting in changes in practice:	-	3/3	100%
Audits leading to better ways of working for staff:	-	0/3	0%
Audits leading to measurable benefits for patients:	-	1/3	33%
<i>Figures below include completed re-audits only</i>			
Audits confirming measurable benefits for patients:	-	0/1	0%

*Statistics not recorded before 2002/3

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

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit				
				<<	P	A	R	>>
Specialty: Nursing (Trust-Wide)								
3.18.1	712	Audit of Discharge Action Plan	Elaine Green			X		X
3.18.2	764	Audit of UBHT wide guidance on mouth care	Helen Bishop		X			
Specialty: Occupational Therapy								
3.18.3	507	Staff Time Activity audit	Jayne Weare	X			X	
Specialty: Physiotherapy								
3.18.4	525	Are the standards for use of outcome measures for elderly rehabilitation being achieved, and do they show an improvement in patient function?	Susie Tyrrell	X		X		
3.18.5	560	Audit of standards for the neuro outpatients exercise group at BGH	Mel Falk		X			
3.18.6	508	Evaluation of Physio Direct service	Rachel Goodwin	X		X		

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
3.18.7	433	Is there a role for an extended scope practitioner physiotherapist (ESP) within the Emergency Department - a pilot study	Sarah Brown, Carey McClellan	X		X				
3.18.8	497	Response time to new neurology outpatients	Mel Falk	X		X				
Specialty: Research & Effectiveness										
3.18.9	647	Informed Consent in Research	Christine McGrath			X			X	
Specialty: Speech and Language Therapy										
3.18.10	649	Are Speech & Language Therapy Programmes being carried out by school implementers?	Simon Watts			X			X	
3.18.11	779	Record Keeping Audit	Vicki Weekes				X			
Specialty: Trustwide										
3.18.12	781	Are Patient held cancer diaries (Teamwork file) being used in UBHT and NBT?	Greg Orwin			X			X	

Summary of benefits, actions or changes achieved in 2003/2004

- 3.18.2 – a Trust-wide group is reviewed oral care guidelines
- 3.18.3 - Time Management in-service session organised for all OT staff and BRI documentation revised so less duplication of notes on wards & in OT department (maintaining necessary minimum set of information in dept but main notes filed in Ward Kardex. OT input clarified with other teams (eg. Site Management & Clinical Liaison Team)
- 3.18.4 - cardiovascular outcome measure added to resource file and junior induction/ in-service training on rehabilitation/neurology revised to include familiarisation of all outcome measures in the resource file.
- 3.18.5 – Protocol/standards tightened to ensure that a feedback form is given to the patients on the last group session for them to return on their last assessment day (and box ticked on front sheet). Patients to book a specific date & time for the follow up phone call at the last group session, with this date being reserved in the physiotherapists diary. Protocol will be attached to front of exercise program folder to be visible to all staff taking group
- 3.18.6 – the evaluation of this new service showed a high level of satisfaction from patients, GPs and the physios running the service
- 3.18.7 – funding for ESP obtained for a further 7 months following results of project
- 3.18.8 – the neuro outpatients routine waiting time limit (internally set) increased to 45 working days from 30, in order to focus on achieving target of seeing urgent patients within 10 working days
- 3.18.10 - a 'programme agreement' form is in the process of being produced, which should improve execution of SLT programmes in schools
- 3.18.11 – results and areas for improvement discussed within each team and at Service Review meetings, and standards to be made explicit to new staff

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

DIRECTORATE	AUDIT SUPPORT	GRADE (A&C)	ROLE & W.T.E.	AUDIT CONVENOR
Cardiothoracic Services	David Finch	6	Audit (0.5) & data manager	Dr Andreas Baumbach & Dr Malcolm Underwood
Children's Services	Chrissie Gardner Helen Cooney (PICU/Cardiac)	6 5	Audit (1.0) Audit (0.1)	Dr Bev Guard & Dr Carol Inward
Critical Care	Sorrel Hewes	5	Audit (1.0)	Dr Diana Terry
Dental Services	Carolyn Southwell	6	Audit (0.5) & Information	Mr Nigel Harradine
Homeopathy	Sue Barron	6	Audit (0.4)	Dr Elizabeth Thompson
Laboratory Medicine	(Vacant)		Audit (0.5)	Dr Paul Thomas
Medical Physics & Bioengineering	Tracey Saunders	4	Audit (0.2)	Mr Phil Quirk
Medicine	(Vacant)	5/6	Audit (1.0)	Mr David De Berker
Obs, Gynae & ENT	Liz Sargent	6	Audit (0.8)	Ms Caroline Overton & Dr Graham Porter
Oncology	Mairead Dent	6	Audit (1.0)	Dr Andrew Davies
Ophthalmology	(Vacant)	5	Audit (0.4)	Ms Clare Bailey
Pharmacy	Tracey Saunders	4	Audit (0.2)	Ms Rachel O'Donnell
Radiology	Sally King	Radiographer	Audit part of role approx 0.4 wte	Dr Charles Wakeley
Surgery	Sarah Spinks	6	Audit (0.8)*	Mr Tim Whittlestone & Mr Jonathan Eldridge

*temporarily reduced from 1.0 to suit current postholder

Central Office	Chris Swonnell Eleanor Ferris Carl Thomas	SMP SMP 3	Audit (0.2) Audit (1.0) Audit (0.8)
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Please note that the following are facilitated by clinical audit facilitators other than the relevant directorate facilitator:

Ambulatory Care & Outpatients Directorate - facilitated by Sarah Spinks & Sorrel Hewes
 A&E (Medicine Directorate) - facilitated by Sorrel Hewes
 Maxillofacial Surgery (Surgery Directorate) - facilitated by Carolyn Southwell
 Trust-wide audit section - facilitated by Eleanor Ferris

Membership of the Clinical Audit Committee

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

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

Appendix B - Progress against 2003/4 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
BCIS Annual Angioplasty Audit	544 - ongoing monitoring. Superseded by 809
MINAP (with Critical Care)	223 - ongoing monitoring
Rapid Access Chest Pain Clinic	224 - in progress
Prophylaxis for patients who have experienced a myocardial infarction	367 - ongoing monitoring (linked to 223)
Glycoprotein IIb / IIIa inhibitors for acute coronary syndromes	368 - ongoing monitoring (linked to 809)
Coronary Artery Stents in the Treatment of Ischaemic Heart Disease	369 - ongoing monitoring (linked to 809)
Drug eluting Stents	546 - ongoing monitoring
Implantable cardioverter defibrillators for arrhythmias	357 - ongoing monitoring
SCTS Cardiac Register	548 – completed. Superseded by 549
SCTS National Adult Cardiac Surgery Database	549 - ongoing monitoring
UK Heart Valve Registry	550 - ongoing monitoring (linked to 549)
Post-operative nausea & vomiting	594 – completed. Re-audit started
Early extubation of patients	208 - ongoing monitoring
Weaning of long-stay patients	486 - in progress
Blood product usage	219 - ongoing monitoring
Pressure relieving mattresses & pressure sores	205 - ongoing monitoring
Enteral Tube-feeding protocol	551 - completed
Radial Artery Consent	552 - completed
Waiting times to Cardiac Surgery	362 – abandoned. Now on PiNET
SCTS Thoracic Register return	553 - ongoing monitoring
LUCADA	554 – deferred nationally until Dec 2004
Early outcomes of stage I lung cancer	484 - in progress

Children's Services

Project title	Progress
Appropriateness of reviews in the emergency department	496 – completed. Further research required
Management of Petechial Rash	Re audit of 564 being planned
Pain relief for children undergoing Tonsillectomy	519 - waiting to be presented
Perioperative Temperature Management	520 - completed
Referral and management of Attention deficit hyperactivity disorder (ADHD)	Re audit of 243 planned for July 04
Asthma inhalers for the under 5's	65 – completed. Re-audit incorporated into project 650
Asthma management	650 – in progress
Diabetic services in Bristol and WSM	This project has been put on hold owing to staff shortages.
Management of Meningitis	70 - completed
Management of Head injuries	349 - completed
Lumbar punctures performed in Children's Services	Following pre-audit (71), small working party convened to discuss recommendations. It was concluded that in the absence of national guidance this project would not be pursued. SIGN guidance was published in 2002/3 but consensus not agreed in BCH. Awaiting further DoH/NICE guidance on this subject.
Audit of adequacy of renal replacement	245 – Ongoing monitoring project
Guidelines for management of central lines in oncology	248 – abandoned after started
Fundoplication audit	90 - in progress
Post urethral valves audit	240 – abandoned after start
Safety and practicality of drug prescribing	91 – completed
Developmental dysplasia of the hip	495 - completed

PICU & Cardiac (Children's Services)

Project title	Progress
Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	72 – ongoing. Funded by PIC Consortium. 3.5 years' data collected.
Are PICU patients being transfused unnecessarily?	86 -completed
To investigate the use of non-bronchoscopic diagnostic bronchoalveolar lavages on the paediatric intensive care unit at BCH	341 –completed
Standard of feeding attained post cardiac surgery	435 – abandoned before start. Audit lead did not have sufficient time available to continue with audit.
Audit of the documentation of Invasive Procedures undertaken on PICU and consent for Invasive Procedures undertaken on PICU	493 - in progress
Audit of naso jejunal tube placement on ITU	356 - completed
Paediatric Intensive Care Study Group (PICSG) Sedation Working Party. Sedation: Ascertainment of Current UK Practice. Pre-audit.	504 - abandoned before start. Initial research phase required before a preaudit can be done
Post-Operative Morbidity Following Cardiac Catheterisation	79 - ongoing
Post-Operative Morbidity Following Cardiac Surgery	80 - ongoing
Radiofrequency Ablation in Paediatric Arrhythmias	81 - ongoing
Review of Peri-operative Infections	83 - ongoing

Critical Care

Project title	Progress
Management of Head Injuries – transfers to neurosurgery	528 – deferred
Preoperative tests: The use of routine preoperative tests for elective surgery	757 – in progress
Preaudit on complications of manually inserted cannulas	474 – completed
Resus room rapid sequence induction	133 – abandoned. Done through different mechanism
MINAP – Thrombolysis in Emergency Medicine	135 – abandoned. Done through different mechanism
Deaths following Day Surgery	146 – in progress
Direct admissions following Day Surgery	140 – in progress
Potential Donor Audit: Deaths on the ITU	537 – in progress
Post-operative pain control	759 – in progress
Are essence of care recommendations being met?	Not started - staff shortages
Operating theatre and pre-operative assessment project	421 – completed
Epidural use in ITU setting	539 – in progress
Admissions 1 - 28 days following day surgery	150 – in progress
Insulin regime for ITU patients	Deemed not to be a priority
Managing inappropriate referrals to the ITU	563 – completed
Regional Anaesthesia failures in C Section	155 – in progress
Post-operative gynaecological epidurals	538 – in progress
Central Venous Lines Audit	148 – completed
Management of Fractured Neck of Femur (#NOF) in the ED	541 – completed
Resus staff training DNAs	Not started – lead left trust
Perioperative temperature management (adults)	Not started - no lead identified
Pre-operative hypertension management	Not started – no lead identified

Dental Services

Project title	Progress
Why do Day Case surgery patients fail to attend? (Re-audit)	837 – in progress (started May04)
Does the referral from GDPs requesting 3 rd molar extraction follow NICE/departmental guidelines? (Re-audit)	710 - in progress
Are TMJ referrals to the Oral Medicine Consultants Clinics appropriate? (Re-audit)	583 - completed
Are haemophilia patients receiving adequate dental treatment?	542 - in progress
Is the age of referral for unerupted canines acceptable? (Re-audit)	191 -completed
Are primary molar teeth being restored appropriately?	337 - in progress
Are students completing treatment for their patients on ADH2? (Re-audit)	498 - completed
Are patients in pain seen within 24 hours?	463 - in progress

Homeopathy

Project title	Progress
What difficulties prevent a clear discharge from the clinic	688 - in progress
How is the directorate chronic fatigue form used and can it be improved	Not started – lack of staff time. Included on 2004/5 forward plan with improved methodology
Information in the letters to GPs	Identified need for interface element so put on hold pending discussion with GPs. Included on 2004/5 forward plan
Re-audit of the processes of ordering prescriptions from pharmacy	Put on hold awaiting new pharmacy manager. Included on 2004/5 forward plan
Pre-audit of the efficiency and effectiveness of the cancer clinics	Not started – work pressures. Included on 2004/5 forward plan.
Improving the management of childhood eczema	Not started – work pressures. Abandoned as not a current priority
The Use of LM potencies	Not started – work pressures. Included on 2004/5 forward plan.

Laboratory Medicine

Project title	Progress
Are we managing care of patients isolated to prevent spread of infection appropriately?	Not started. On 2004/5 forward plan
Are staff decontaminating their hands appropriately and effectively?	Not started. Glove audit on 2003/4 forward plan
General infection control audit	733 – ongoing monitoring project
Auditing the work of the molecular laboratory in the histopathology department	Project not started
Audit accuracy and reproducibility of reporting koilocytosis in biopsy samples as compared with HPV PCR status	Audit carried out but not entered onto data base
Audit histological reporting of prostate cancer in radical prostatectomy samples	Audit carried out but not entered onto data base
Audit of phoning abnormal results	Audit not started due to data collection problems and sample identification
Audit of new service for D-Dimers estimation	No information available
Vertical sample tracking audit	Audit has been carried out in relation to new CPA standards, not entered on data base
Compliance with second line thyroid function test protocol	763 - completed
Audit against national sweat test guidelines	740 – completed. Identified issues being addressed in conjunction with the children's hospital
Abuse of HbA1c testing as a diagnostic test	754 - completed. Feedback on inappropriate testing given to users

Medical Physics & Bioengineering

Project title	Progress
Audit of the implementation of Hazard & Safety warning notices	376 - completed
Do patients receive adequate instruction prior to taking devices, prescribed by trust staff, into the community?	Project not started due to resource issues. Lead trying to address these & start project in 2004/5
Effectiveness of Servicing methods for Infusion Devices Used by UBHT	166 – ongoing monitoring project
How frequent are anaesthetic incidents and breakdowns in UBHT?	167 – ongoing monitoring project
Is there an unmet demand for equipment in the BRI?	597 completed (Equipment Library to be implemented) and no further work planned
Audit of Precision Intracranial Radiotherapy (P.I.R.T) at Bristol in UBHT	446 – in progress

Medicine

Project title	Progress
NHSIA Cancer Data Set Audit	801 – in progress (Melanoma). Follow-up of project 566 (completed Nov 02)
Patient Consent	748 – in progress
Amputation re. to diabetes	824 – in progress (ongoing project)
Pregnancy re. to diabetes	821 – in progress (ongoing project)
High creatinine levels-appropriate referrals	727 – in progress
CVD Risk in diabetes	468 – deferred as lead left
Hyperlipids	Re-audit of project 327 (completed Dec 02). Not started due to lack of time; to defer as new guidance coming out shortly
Discharge Waiting Times	No information available
Leg Ulcers	Collecting data to show need for leg ulcer nurse/training – not clinical audit project
Enteral Feeding post Cardiac Surgery	551 – registered under Cardiac – in progress
Nutritional Supplements at BGH	6 – completed
Infliximab	No information available
Discharge Planning Process	712 – registered under Trustwide – in progress
Emergency Medical Admissions	114 – completed
Hyperglycaemia in Acute MI patients	Awaiting report of DIGAMI 2 study (approx 2006) to clarify evidence base before auditing
Hypnotic & Sedation Policy Compliance	No information available
Stroke	812 – in progress
Waiting times for CT Scan	No information available
Elderly Prescribing	641 – registered under Pharmacy – in progress
Medical Devices	Not proceeded with as more pumps made available (audit not necessary)
Nebuliser Therapy	320 – nearly complete
BiPAP audit	119 abandoned (Project started 2002 but audit lead left. No new APL was appointed & other work encompassed audit objectives)
COPD	737 – in progress
Informing GP/DNs of a Lung Cancer diagnosis	628 – in progress
Management of Mesothelioma	775 - completed
Management of Asbestosis	No information available
Waiting list times	Not started as an audit project but otherwise monitored – on target for new referrals but behind with follow-ups
Temperal Artery Biopsy in Polymyalgia Rheumatica	New protocol agreed with ophthalmologists only recently – too soon to audit
HIV Screening	No information available

Obstetrics, Gynaecology and ENT

Project title	Progress
Swabs: What is the time elapsed from collection to result being returned to professional.	635 - completed
Effectiveness of Patient Counselling/ Referrals to psycho-sexual clinic	In progress with completion due 2005. Not entered on database - to be registered on database once report complete
Third degree tears	796 - in progress (3 rd re-audit)
Blood Wastage	633 – in progress
Post – dates Policy	Not started – lead left trust
NICE Induction PROM and Stretch and Sweep procedure	No information available
Symphis Pubis problems- audit of process and advice given for labour	To be progressed 2004
Domestic Violence	Deferred to 2004
Hep B and HIV	Audit process to be reviewed 2004
Postnatal GTTs for gestational diabetics	860 – completed March 2004
Audit of cardiac patients -.	No information available but not thought to have been undertaken
Audit of new careplan form	Deferred until 2004

Project title	Progress
An audit of all infertility referrals in St Michael's in 2001 (census year) with follow up of outcome	In progress. Information awaited in order to register on database.
Tubal surgery	Information awaited
Colposcopy audit	616 - completed
C T G	Deferred to 2004 (Audit of NICE guidance)
Notes Audit	Completed November 2003
National Audit of Multiple pregnancies and assisted conception	In process. Information awaited
Confidential Enquiry into Maternal and Child Health (CEMACH)	Audit topics selected for action in 2004
NCEPOD (the National Confidential Enquiry into Perioperative Deaths)	Audit planned for 2004 – WOW2 Report
Children being seen as urgent referrals and emergencies at St Michael's	Lead no longer employed with UBHT. Project not progressed
Laryngectomy	828 – in progress. At data collection stage.
Sino-Nasal Outcome Test	575 – in progress. To be presented in 2004
Barium Swallow	Not progressed
Grommet	Lead no longer employed with UBHT. Project not progressed
Balance	Deferred until 2004 – new system not ready for audit

Oncology

Project title	Progress
Use of temozolomide in brain cancer	634 - completed
Use of trastuzumab in breast cancer	610 - completed
Pancreatic cancer – gemcitabine	574 - completed
Use of fludarabine in leukaemia (CLL)	664 - completed
Ward discharge letters	517 - completed
Prescribing of oral granisetron	515 - completed
Clinic Wait Times Onc. Outpatients	516 - completed

Ophthalmology

Project title	Progress
Retinopathy of Prematurity Screening	558 - in progress
Nurse Led Follow Up Clinics (Cataract Surgery)	Not started – lack of staff time. Included on 2004/5 forward plan
Glaucoma Follow Up Clinics	603 - completed
Entropion Surgery	655 - recommendations being implemented
Photodynamic Therapy	714 – in progress
Admission for Occlusion Therapy in Children	On hold. May commence after further discussion on methodology
The Laser Service	Not started – lack of staff time. Included on 2004/5 forward plan
The implications of macular hole surgery with and without ILM peel	602 - abandoned due to sample problem
A&E Referrals – Improving Access	On hold due to changes in A/E structure to meet 4 hour wait target
Basal Cell Carcinoma Audit	713 - completed

Pharmacy

Project title	Progress
Annual audit of high-tech homecare services	171 - completed
Are combination inhalers prescribed according to MAG guidance?	648 - completed
Are prescribing standards being adhered to?	Projects merged into 716 – in progress
Does clinical pharmacy conform to regional standards?	
Has the prescribing of clopidogrel improved?	640 - completed
What proportion of discharges are DPs involved in?	Not started – lack of staff time

Project title	Progress
Do benefits from the 1-stop dispensing pilot ward extrapolate to care of the elderly wards?	641 - results waiting to be presented
Are storage facilities for medicinal products compliant with the Duthie Report?	747 - results waiting to be presented
Are critical incidents reported, and fed back to staff in a timely manner?	Not started – lack of staff time
Risk assessment of use of strong potassium solutions in UBHT	In progress as risk assessment rather than clinical audit project
Do surgical patients receive adequate information about their medicines on discharge?	642 – completed. Registered under surgery
Do patients receiving growth hormone conform to NICE criteria?	784 - in progress
TPN usage on PICU	782 - in progress. Registered under Childrens
Are COX-II inhibitors being prescribed appropriately?	660 - completed
Are the appropriate patients prescribed ramipril?	458 – completed. Audit of ACE inhibitor prescribing in general
Are pioglitazone & rosiglitazone used appropriately in type II diabetes?	Not started – consultant views differed from NICE guidance
Is the use of TNF- α inhibitors appropriate in rheumatology patients?	Not started – lack of staff time – specific ‘NICE post’ not recruited to.

Radiology

Project title	Progress
Liver biopsy patient information	In progress – relatively small numbers so progress is slow. Registered with consumer unit rather than as clinical audit.
Pre-op Chest X-rays pre & post guidelines	618 - completed. Further work to be done in liaison with pre-op assessment.
Audit of Percutaneous Biliary Intervention and outcome for 2002	395 – completed. Undertaken by the Surgical Directorate with involvement from Radiology
P.E. Diagnosis audit of appropriate examination	715 - in progress

Surgery

Project title	Progress
Fast-Track Barium Enema: Are we meeting the Two Week Wait rule for patients with suspected colorectal Cancer?	Not audited due to national pilot (national screening committee) looking at the feasibility of such screening for colo-rectal cancer
Are Vascular outpatients having relevant risk factors identified and acted on appropriately?	Not started – Lack of staff time
False aneurysm protocol	Not started – Lack of staff time
Nutrition for oesophagectomy patients	638 - completed
Are GPs receiving full and accurate discharge letters within the prescribed 10 working days?	416 - completed
Quality of life of patients with prostate cancer (ongoing audit)	290 – abandoned after start
Is the standard of note preparation adequate for colorectal clinics?	390 - completed
Are we following the UBHT Protocol for suspected Scaphoid Fractures?	462 - completed
Are T&O patients in the BRI receiving care according to the guidelines on: time to ward from A&E, time to theatre and appropriate ‘nil by mouth’ times?	470 - completed
Audit of the rate of re-excision for patients who have had a wide local excision of their breast cancer	582 – in progress, data collection phase
Regular audit of the standard of medical case notes	857 - completed
An audit of the quality of medical handovers in general surgery teams	Not started – New Surgical Admissions Unit has a handover as an integral part.
Audit of post-operative pain	735 - completed
Audit of the use of bone-scans for prostate cancer treatment	588 – abandoned after start

Trust-wide

Project title	Progress
Audit of care of people with palliative care needs in BRI	Guidelines and flowchart of care created but not yet implemented. Audit to follow – on forward plan for 2004/5
Upper Limb Assessment	Meeting 9/7/03. Assessment form produced & deliver training to OTs and Physios on 1 st June. To implement and then see if audit necessary
Neuro outpatients exercise group	560 - completed
To establish the equity of inpatient physiotherapy for patients with an exacerbation of COPD (primary diagnosis)	Yet to start
Establishing training needs for weekend staff	Survey completed (not audit)
How effectively is the Aquatherm humidification system being used?	Yet to start
Can physiotherapists accurately predict which cardiac patients will need minimal post-op respiratory input in their acute recovery phase?	Audit lead has left the Trust and with the cardiac team currently experiencing fairly severe staff shortages it is unlikely that these audits will go ahead in the foreseeable future.
How is IPPB being used nationally in other cardiac centres?	
How is CPAP being used nationally in other cardiac centres?	
Who makes requests for protected catheter specimens and what is their rationale for doing so?	
A one-year review of the community CF physiotherapy service	536 - abandoned before start. Lead decided not to proceed
How well are Care of the Elderly Assessment standards being met?	Lead has left the Trust therefore this audit on hold until replacement arrives
Is ankle ROM affected in the acute phase of CVA?	Lead on special leave, to be discussed on her return. Audit likely to happen.
How are falls risk factors being documented?	Lead has left the Trust and this audit is cancelled.
How well are Stroke Assessment standards being met	Lead on special leave, to be discussed on her return. Audit likely to happen.
Are subjective & objective markers improved following the osteoporosis group?	630 - completed
Outcome following flexor tendon injury?	Not known
Prioritisation of referrals to musculoskeletal outpatient physiotherapy	Cancelled
Musculoskeletal physiotherapy treatment outcomes	All musculoskeletal audits have been put on hold for a SHORT period – new Superintendent Physiotherapist in out-patients to review
A review of the new occupational health physiotherapy service UBHT physiotherapy services for patients with back pain?	
Re-audit of Early Identification & Measurement of patients with dysphagia	To audit Sept/Oct 2004 (delay due to staffing levels)
Are speech & language therapy programmes being carried out by school implementers as specified?	649 - in progress. Actions being implemented before re-audit
Are UBHT recommendations for mouth care being followed?	764 – completed
Is care of patients with tracheostomies improving?	698 – completed
Is patient assessment and treatment of pressure sores improving?	Tissue Viability Nurse (Fiona Balleste) improving data collection methods before audit can be done

Appendix C - Audit projects abandoned during 2003/2004

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

Directorate	Specialty	Project ID	Provisional Title of Project	Reason abandoned
Cardiothoracic Services	Cardiac Surgery	218	To Compare the Administration of Post-Op Bloods	Audit lead left post - no replacement
Cardiothoracic Services	Cardiac Surgery	362	Waiting Times to Cardiac Surgery	Replaced by PiNET
Cardiothoracic Services	Cardiology	363	Heart attacks and other acute coronary syndromes: NSF Audit	Replaced by PiNET and MINAP
Cardiothoracic Services	Cardiology	364	Stable Angina: NSF Audit	Replaced by PiNET
Cardiothoracic Services	Cardiology	365	Revascularisation: NSF Audit	Replaced by PiNET
Cardiothoracic Services	Cardiology	545	Prophylaxis for MI patients	Now part of project 223
Children's Services	General Paediatrics	646	EEG requests from PICU and neurological outcome	Audit lead left
Children's Services	Oncology	247	Guidance for services for children with brain and spinal tumours	The SPR has left the unit
Children's Services	Oncology	248	Guidelines for management of Central Lines within Oncology	We were unable to capture enough meaningful data from the pilot study and are rethinking this audit
Children's Services	Surgery	240	Post urethral valves study	Data provided to national audit project - no feedback received
Critical Care	Anaesthesia	776	Frequency of General Anaesthetics requested by radiology for TIPS, PTCs and ablations	Significant practice change implemented
Dental Services	All Departments	534	What are the reasons for delay for patients receiving medication requiring staff nurses?	Change of practice to drugs dispensed by senior dental nurse not just staff nurse
Dental Services	Restorative	601	Are systemic antibiotics used appropriately in the treatment of periodontal disease?	Insufficient data
Laboratory Medicine	Chemical Pathology	333	Complement Investigation in Meningitis	Staff no longer available
Medicine	A&E	133	Resuscitation room rapid sequence induction (National)	Done through different mechanism
Medicine	A&E	135	Thrombolysis and MI (NSF)	Done through different mechanism
Medicine	Gastroenterology	108	Are we Following the Guidelines for the Management of Patients with Gastrointestinal Bleeds?	superceded by subsequent Bleed Bed work
Medicine	General Medicine	328	Are Nursing Care Standards Being Maintained?	work devolved into several individual registered projects (331, 320, 92)
Medicine	General Medicine	329	Audit of Contract Nursing Home Beds. Are We Following the Guidelines?	change in posts/change in bed circumstances

Directorate	Specialty	Project ID	Provisional Title of Project	Reason abandoned
Medicine	Medicine for the Elderly	431	Are patients attending the WLU having appropriate outcome measures taken?	Audit lead left. New staff member may take this audit on.
Medicine	Pharmacy	697	Audit of Enoxaparin Use in Medicine	Lead left without handing over any information
Medicine	Respiratory	117	COPD Home Care	other work superceded project objectives
Medicine	Respiratory	119	Is BiPAP being used appropriately?	no new lead appointed, other work encompassed audit objectives
Ophthalmology	Directorate Wide	602	Is the anatomical and visual progress of macular hole surgery when using ILM Peeling as acceptable as when not using ILM Peeling?	Not able to identify the sample
Pharmacy	Pharmacy	170	Outpatient Dispensing Workload	Never started? Audit Lead left this post approx start of 2001
Pharmacy	Pharmacy	340	What effect does a ward-based technician have on drug trolley rationalisation?	Differences could not be re-measured as the wards in question now have 1-stop dispensing systems ie no drug trolleys
Radiology	Paediatrics	123	How appropriately are requests for erect abdomen radiographs in paediatric radiology?	Unable to follow through due to staff changes
Surgery	Urology	588	Are patients with clinical indicators for bone scanning meeting NICE Guideline?	Lead left Trust with data before analysis. No-one else picking up (not considered priority at this time)
Surgery	Urology	290	Quality of life of patients with prostate cancer DOH funded (local audit)	Project lead left Trust with project (DoH project)

Appendix D - Audit projects with status of 'deferred' at end of 2003/4 financial year

The below list contains projects that were deferred in the 2003/4 financial year and that remained deferred by the end of the year. Projects that have been deferred since before 1st April 2003 are not included.

Directorate	Specialty	Project ID	Provisional Title of Project	Reason deferred
Cardiothoracic Services	Cardiac Surgery	483	A protocol for the management of bile	Audit programme prioritisation
Cardiothoracic Services	Cardiology	358	Atrial Fibrillation audit	Audit programme prioritisation
Cardiothoracic Services	Thoracic Surgery	554	LUCADA	National rollout delayed Jun-Dec '04
Children's Services	Anaesthesia	491	Paediatric Acute Pain Audit	Project deferred owing to resource issue
Children's Services	Neonatology	565	Audit of Nursing Care Plan on Special Care Baby Unit	lead on maternity leave until April
Medicine	A&E	528	Neurosurgical transfers from the Emergency Department	Audit lead left the department. New lead pending
Medicine	Endocrinology & Diabetes	468	Management of Cardiovascular Risk in Type 1 Diabetes	APL left, new APL to be appointed
Medicine	Medicine for the Elderly	94	Are we prescribing metformin appropriately? (with Specialty Services)	no contact from the project lead
Oncology	AHU	717	Use of Anogrelide in AHU	Audit lead has left directorate
Pharmacy	Pharmacy	169	Do PODs/Ward Staff conduct an effective PODs Scheme?	Maternity leave of project lead
Trustwide	Nursing (Trust-wide)	561	Are wound swabs obtained correctly and systematically to ensure appropriate, accurate care?	other infection control audits given priority - data collection didn't start. To write new guidelines for specimen taking and once the guidelines are out then audit

Appendix E - UBHT Clinical Audit Forward Plan 2004/5

The forward plan below details projects to be carried out in the 2004/5 financial year, by directorate. This is in addition to the projects listed in the main bulk of the report which are incomplete or ongoing monitoring projects, which will be carried forward into the next financial year.

Key

PPI – whether audit involves consumers
 MP / MD – whether audit is multi-professional/multi-disciplinary
 Int. – Interface audit (involves other healthcare organisations)

} X in column indicates that this aspect is included in the proposed audit

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

Cons – Consultant Nurse Cons. – Nurse Consultant GM – General Manager
 SpR – Specialist Registrar CNS – Clinical Nurse Specialist AGM – Assistant General Manager
 SHO – Senior House Officer Supt. – Superintendent (AHP) Sen. – Senior (Nurse, Physio etc)

Ambulatory Care & Outpatients

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Care of patients with upper GI symptoms	Medical Day Unit	Louise Johnson (Nurse Endoscopist)	Evaluation of care pathway currently being created			

Cardiothoracic Services

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Enteral Tube-feeding protocol Re-audit	Cardiac Surgery	Claudia Jemmott (Sen. Dietician)	Re-audit of Assessment against local evidence-based protocol		X	
Audit of CCU activity and outcomes	Cardiology	Andreas Baumbach (Cons)	Assessment of CCU practice to establish satisfactory outcomes against casemix			
Referral to Rapid Chest Pain Clinic	Cardiology	Jenny Tagney (Nurse Cons)	Coronary Heart Disease NSF priority. In conjunction with BS&W PCT.		X	X
Meeting the Plan for Lung Cancer	Thoracic Surgery	Jo Poulton (AGM)	Monitoring of service provision against Cancer Plan targets			
CNST notes (re-audit)	Directorate-wide	Jo Poulton (AGM)	Re-audit of notekeeping standards to assess impact of recommendations			

Note: the limited number of new projects reflects the significant ongoing workload represented by projects 207, 223, 366, 544, 809 (Cardiology), 206, 215, 549, 550, (Cardiac Surgery), 553 (Thoracic Surgery), 685 (Directorate), listed in the main body of the report.

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

- Coronary Imaging - myocardial perfusion scintigraphy in the diagnosis and management of cardiac disease – a newly developed stress echo service is expected to replace this diagnostic technique. The guidance will be audited once both services have settled into routine operation
- Drug eluting stents for prevention of restenosis, including review of coronary artery stents for ischaemic heart disease - only recently introduced in the Trust. It is anticipated that use of these will be audited 2005-6

Children's Services

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST notes audit	Cross-Directorate	Andy Landon (Sen. Nurse)	Compliance with CNST standards			
Services for children with Special needs	Cross-Directorate	Kelly Ace (Head of OT), Pip Swan (SLT), Tom Allport (Cons)	NSF for Children External Working Group on Disabled Children. Re-audit (pilot study 658 done against draft document 3, Feb 2003)	X	X	x
Drug Errors	Cross-Directorate	Andy Landon (Sen. Nurse)	Risk Management driven. Roll-out of PICU & surgical audits		x	
Management of petechial rash	A+E	Lisa Goldsworthy (Cons), S Sivaloganathan (SHO)	Re-audit of project 564 following development of guideline		x	
Eating disorders	CAMHS	Collette Lewin (Cons)	NICE Guidance no 009		x	X
Methylphenidate for ADHD in childhood	CAMHS / Community	Collette Lewin (Cons), Maria Bredow (Cons), Justin Daddow (SpR)	NICE Technology Appraisal Guidance No:13 (October 2000). Re-audit following implementation of actions from audit 243	x	x	x
Protocols for Pain Management Prescribing on transfer between PICU & Ward 32	Cardiac/PICU	Sarah Parry (Sen. Nurse)	New protocols to be drawn up under the recommendations of pre-audit last year (614); these protocols will be audited.		X	
Child Protection	Community Child Health	Carolyn Heading (Paediatrician)	Children's NSF / Laming Report guidelines 2003		x	X
Re-audit of Dietetic Care for children with Diabetes	Endocrinology	Lisa Cooke (Chief Dietician)	Re-audit of 244			
Oncology - defining the pathway for children in the South West	Oncology	Annabel Foot (Cons)	Part of the South West Cancer Intelligence Service programme of regional audit		x	x
Referral & transfer of children with serious intracranial pathology	PICU	Carol Maskrey (CNS)	To audit adherence to recently agreed Southwest regional guidelines, based on NICE guideline CG004		X	
Audit of TPN usage on PICU according to local guidelines	PICU	Sue Jarvis (Pharmacist)	Perceived local need to audit safety and cost-effectiveness		X	
Naso-jejunal tube passage on PICU	PICU/Dietetics	David Hopkins (Sen. Dietician)	Re-audit of 494			
Dietetic provision for children with cystic fibrosis	Respiratory Medicine	Lisa Cooke (Chief Dietician) / Julie Hussain	Re-audit			

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

- Olanzapine and valproate semisodium in the treatment of acute mania associated with bipolar I disorder (TAG 066) - we do not have any presenting cases and are therefore not auditing this subject
- Home compared with hospital haemodialysis for patients with end-stage renal failure (TAG048) - Chronic haemodialysis is exceptionally rarely used in children of an age that could be safely managed at home. Nationally no unit manages any children on haemodialysis at home. This guidance is therefore not considered appropriate for children
- Newer (atypical) antipsychotic drugs for the treatment of schizophrenia (TAG043) - we do not currently have any patients presenting to Children's Services with the above complaint.
- ECMO (IP038) – PICU need to establish process for registering children onto the International register before this can be audited

- Minimally invasive placement of pectus bar (IP003) - procedure not performed in this hospital (contact Mr Anthony Morgan for statement)
- Head injury: Triage, assessment, investigation and early management of head injury in infants, children and adults (CG04) - previously audited in 2003, NICE guidance found to be non paediatric specific. Dr Goldsworthy is now investigating the possibility of establishing a collaborative panel of paediatric experts to produce consensus on management of paediatric head injury to feedback to NICE
- Human Growth Hormone (Somatropin) in children with Growth Failure (TAG42), Patient-education models for diabetes (TAG060), Long-acting insulin analogues for the treatment of diabetes - insulin glargune (TAG053) – all fall under the general paediatric endocrinology specialty who are extremely under resourced at present owing to being a Consultant post down. Until the Consultant post is filled these projects will be on hold
- Computerised cognitive behavioural therapy for anxiety and depression (TAG51) - CAMH's have identified eating disorders and the ADHD reaudit as their priority for this year; this will be considered next year.
- Inhaler devices for treatment of chronic asthma in older children (aged 5-15 years) (TAG38) - intend to audit this in the future as respiratory department already have two projects in the pipeline
- Etanercept for the treatment of juvenile idiopathic arthritis (TAG35) - not treated at this unit
- Infliximab for Crohn's Disease (TAG 040) - too few numbers to audit this in Children's Services
- Preoperative testing, the use of routine preoperative tests for elective surgery (CG03) – more relevant to adults

Critical Care

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Central venous catheter placement before and after introduction of sonosite ultrasound machines	Anaesthesia	Alan Cohen (Cons) / Simon Massey (Cons)	TAG 49 – Funding for lease of machines secured from NICE college			
Pre-operative assessment – Use of chest x-ray	Anaesthesia	Jonathan Price (SHO) / Diana Terry (Cons)	NICE guidelines (CG03)	X	X	
Completion of anaesthetic record charts	Anaesthesia	Sally Massy (Cons)	Local Guidelines – recent changes in practice			
Use of repeated short term cannulations	Anaesthesia	Jon Saunders (Sen. ODP / Simon Massey (Cons)	Local Concerns	X	X	
Deaths following day surgery	Anaesthesia	Carl Heideimeyer (Cons)	National Audit Project			
Post-operative gynaecological epidurals	Anaesthesia	Mike Kinsella (Cons)	Reaudit of change since 2000 audit			
Improving anaesthesia input and patient information	Anaesthesia	Diana Terry (Cons)	NICE guidelines (CG03) & RCA guidelines	X	X	
Perioperative temperature management (adults)	Anaesthesia	Ruxandra Mihai (SpR)	Reaudit of 268			
Attitudes of intensive care staff to withdrawal / withholding treatment	ITU / HDU	Jeremy Bewley (Cons)	Local concern			
Audit of documentation	ITU / HDU	Becky Hughes (Clinical Risk Lead)	Based on CNST standards			
Theatre usage and late start times	Theatres	Mike Taylor (Cons)	Modernisation agenda		X	
Availability of devices for rapid warming of blood in theatres	Theatres	Diana Terry (Cons)	Problem identified by critical incident mechanism		X	
Use of low flow technique	Theatres	Steve Linter (Cons)	Audit commission report. To include looking at take up of training.			
Use of Total Intravenous Anaesthesia (TIVA)	Theatres	Steve Linter (Cons)	Need to review cost-effectiveness. Local standards available.			

Dental Services

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST casenotes audit	Cross-Directorate	Nigel Harradine (Cons)	Compliance with CNST standards			
Compliance with current and projected DoH guidance on cancer waiting times - regional	Oral & MaxFax surgery	Chris Bell (Associate Specialist Dentist)	Department of Health guidance		X	
Selection criteria for imaging patients with TMJDS	Oral Medicine	Tony Brooke (Sen. Dental Officer)	Royal College Guidelines		X	
Selection criteria for imaging patients with sinusitis	Oral Medicine	Tony Brooke (Sen. Dental Officer)	Royal College Guidelines		X	
Written evaluation of radiographic reports. (A re-audit)	Oral Medicine	Tony Brooke (Sen. Dental Officer)	Re-audit of Audit No 373. The Ionising Radiation (Medical Exposure) Regulations 2000			
Patient knowledge of care of teeth with orthodontic appliances – re-audit	Orthodontics	Nigel Harradine (Cons)	Re-audit after distribution of information leaflets to patients	X		
Consultant led treatment plans for patients seen by SHO/SpR/PG	Paediatric Dentistry	Deborah Franklin (Cons)	Area of concern			
Cross infection control on domiciliary visits – re-audit	Primary care dental services	Felicity Sutton (Sen. Dentist)	NICE guidelines		X	
Dental recalls	Restorative	Nicola West (Lecturer)	NICE guidelines – Sept 2004		X	

Homeopathy

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST notes audit	Cross-Directorate	David Spence (Cons)	Compliance with CNST standards			
The Use of LM Potencies	Homeopathic Medicine	Liz Thompson (Cons)	Variation in prescribing noted in previous audit. Need for local standard on prescribing.			
The treatment of chronic fatigue syndrome (CFS)	Homeopathic Medicine	Trevor Thompson (Clinical Assistant) / Liz Thompson (Cons)	High volume activity. Re-audit of diagnosis form developed after previous audit. Need to develop standards for CFS prescribing.			
The setting of patient generated outcome goals in homeopathic practice.	Homeopathic Medicine	Liz Thompson (Cons)	Weakness identified in previous notes audit. To introduce & audit validated tool.			
Re-audit of the workload and processes of ordering prescriptions from pharmacy	Homeopathic Medicine/ Pharmacy	David Spence (Cons)	Re-audit of prescribing workload, to assess effect of change in practice.		X	
Information in letters to GPs	Homeopathic Medicine	Gill How (Clin Fellow) David Spence (Cons)	Re-audit of standards set following recommendations from last audit, together with new standard set after recent notes audit			X
Efficiency and Effectiveness of Cancer Clinics	Homeopathic Medicine	Liz Thompson (Cons)	Service objective. To set standards and monitor outcomes using MYCOR.			

Laboratory Medicine

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Pre-operative testing guidelines	Laboratory medicine	Paul Thomas (Clinical Scientist)	NICE guideline, possible work pressure in clinical biochemistry & haematology		x	
Case note audit	Clinical Biochemistry	David Stansbie (Cons)	Compliance with CNST standards			
Trace metal requesting in patients receiving TPN	Clinical Biochemistry	William Woltersdorf (SpR)	Develop standards for monitoring trace metals in patient son TPN		x	
Isolation of patients with infection risk	Infection control	Stephanie Carroll (Nurse)	CNST requirement	x	x	
Catheter infections	Infection control	Jo Davies (Sen. Nurse)	Increased incidence of gram -ve infections		x	
Monitoring glove use in the trust	Infection control	Jo Davies (Sen. Nurse)	High risk area with possible compliance problems		x	
Radical prostatectomy reporting	Cellular Pathology	Mohammed Sohail (Cons)	New RCPATH reporting guidelines		x	
Lymph nodes for staging lung cancer	Cellular Pathology	Joya Pawade (Cons)	New RCPATH reporting guidelines		x	
Audit of practice in immunohistochemistry staining	Cellular Pathology	Michael Lockett (Chief Scientist)	High cost growth area			
Frozen section service	Cellular Pathology	Joya Pawade (Cons)	High risk area, with rapid turnaround times		x	
Eyelid basal cell carcinoma	Cellular Pathology	Christopher Collins (Cons)	Audit of the role of histology in new techniques for the management of this disorder		X	

Medical Physics & Bioengineering

No forward plan produced

Medicine

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST Notes audit	All specialties	Marion Holland (Sen. Nurse), Bernie Greenan (Sen. Nurse, A&E)	Annual audit of documentation against CNST standards		X	
Asthma	A&E	Rob Wise (SHO)*	BTS/SIGN guidelines	X	X	X
Spontaneous pneumothorax	A&E	Hasib Khalid (SHO)*	BTS 2003			
Pulmonary Embolus	A&E	Paul Nankivell (SHO)*	BTS 2003			
Paracetamol overdose	A&E	Carl LeRoux (SHO)*	Poisons guidelines 2003			
Diabetic ketoacidosis	A&E	Stefan Schickerling (SHO)*	Diabetes IK Guidelines	X	X	
STI Knee / Ottawa Knee rules	A&E	Ian Gawthroppe (SHO)*	New Zealand guidelines		X	
Sore Throat	A&E	Jonathan Bernstein (SHO)*	Canadian/SIGN guidelines	X	X	X
AXR in patients with abdo pain	A&E	Gev Bhabra (SHO)*	Royal College of Radiology guidelines		X	
Low Back Pain	A&E	Michael Jenkins (SHO)*	Canadian / BMJ Guidelines	X		X
Consent for Thrombolysis	A&E	Sarah Woolley (Cons)	NICE guidelines	X		

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Consent for Fracture reduction	A&E	Tony Parkes (SHO)*	BMA guidelines	X		
Documentation audit	A&E	Cat Pastor (SHO)*	CNST		X	
Biers Block	A&E	Rebecca Roberts (SHO)*	British Association of Emergency Medicine (BAEM) guidelines			
Head Injury Guidelines	A&E	Sarah Woolley (Cons)	NICE		X	
Fracture Neck of Femur	A&E	Sarah Woolley (Cons)	ICP / CHAI		X	
Stroke Admissions	Care of Elderly	Jane Buswell (Nurse Cons)	Baseline assessment of acute/community care pathway. In conjunction with BS&W PCT			X
Conformity to prescribing and monitoring guidelines in less common second line systemic therapies in Dermatology	Dermatology	Cameron Kennedy (Cons, UBHT)	BAD, British National Formulary and local. In conjunction with RUH, Bath			
Audit of insulin pump therapy	Diabetes	Colin Dayan (Cons)	NICE guidance (TAG 57). With North Bristol Trust.	X	X	
Audit of colonoscopic surveillance in patients with colonic polyps	Gastroenterology	Richard Mountford (Cons)	British Society of Gastroenterologists guidance			
Audit of longstanding inflammatory bowel disease sufferers	Gastroenterology	Richard Mountford (Cons)	British Society of Gastroenterologists guidance			
Re-audit of acute admissions in BRI	General Medicine	Jim Catterall (Cons)	Re-audit			
Are we following nebuliser guidelines in the BRI?	General Medicine	Helen Bishop (Sen. Nurse)	Re-audit of 320, following review of guidelines			
MAU discharges readmitted within 28 days	Medical Assessment Unit	Liz Gamble (Cons)	Audit 835 found 20% of patients discharged directly from MAU. Need to audit to ensure early discharges do not lead to patients re-presenting later with same problem.			
Re-audit of length of stay and appropriateness of transfers	Medical Assessment Unit	Liz Gamble (Cons)	Re-audit of audit 835. To adjust staffing levels appropriately to meet changes in demand and reduce waiting times.			
Re-audit of waiting times for lung cancer	Respiratory	Martin Ball (Sen. Nurse)	Re-audit of 321, following publication of Manual for Cancer Standards update (expected May/June 2004) & NICE guidance June 2004			
Reducing DNA rates for TB contact clinic	Respiratory	Martin Hetzel (Cons)	To evaluate pilot of system of telephoning patients with reminder prior to appointments			
Re-audit of UBHT Physiotherapy Osteoporosis Service	Rheumatology	Melissa Domaille (Sen. Physio)	Re-audit following implementation of changes after first audit (630)	X		
Re-audit of anti-TNF service	Rheumatology	Lindsay Robertson (Cons); Sarah Hickey (SpR)	Re-audit of audit 840			

* All A&E SHO-led projects supervised by Sarah Woolley (Cons)

Obstetrics, Gynaecology & ENT

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST Notes Audit	Obs, Gynae, ENT, CASH	Jackie Moxham (Sen. Midwife)	Compliance with CNST standards		X	
Consent Procedure	Obs, Gynae, ENT	Jackie Moxham (Sen. Midwife)	Compliance with CNST standards		X	
Infection Control - Handwashing	Obs, Gynae, ENT	Annie Tizzard (Sen. Midwife)	Serious clinical incident - follow-up audit		X	
Emergency out of hours operating	Obs / Gynae	Sonia Barnfield / Dr Mark Scrutton (Cons Anaes)	Pre-audit		X	
Audit of fertility services	Obs / Gynae	Julian Jenkins (Cons)	NICE Fertility clinical guideline (due 25/02/04)		X	?
Audit of Combined Oral Contraceptive Prescribing in CASH clinics	CASH	Sharon Bodard (Head of Service)	Faculty of Family Planning and Reproductive Health Care Guidance		X	X
Patient Information	Community Midwifery	Siobhan O'Callaghan (Midwife)	Compliance with CNST standard	X	X	X
Laryngectomy	ENT	Sinnappa Gunasekeran (Clinical Fellow) / Mansell Griffiths (Cons)	Carried forward from 2003/04 plan. Concern about high rate of wound breakdown		X	
Thromboembolic Disease prophylaxis	ENT	Sinnappa Gunasekeran / Graham Porter (Cons)	Ensure compliance with local guidelines		X	
Nurse Practitioner/SHO Emergency Clinic	ENT	Graham Porter (Cons) / Emily Blackwell (Nurse Practitioner)	Ensure compliance with standards for assessment. Assess client satisfaction	X	X	
Surgical Listing and Daycase Suitability	ENT	Charlie Hall / Mike Saunders (Cons)	Ensure consistency of listing & identification of suitable cases		X	
Swallow outcomes in Patients with Head and Neck Cancer	ENT	Jane Beckinsale (Sen. SLT)	Reduce clinical risk and predict patterns for future management			X
Valve use for patients following Laryngectomy	ENT	Jane Beckinsale (Sen. SLT)	Cost and clinical effectiveness		X	
Thromboprophylaxis	Gynae	Jackie Moxham (Sen. Midwife)	Pre-audit prior to establishing local guidelines		X	
Preoperative testing, the use of routine preoperative tests for elective surgery	Gynae	Caroline Overton (Cons) / Gynae SHO	Ensure compliance with NICE guidance CG 3, to prevent the expense of unnecessary testing		X	
NICE IPG7: Microwave endometrial ablation	Gynae	Caroline Overton (Cons)	Ensure compliance with guidance		X	
NHS Cancer Plan	Gynae	John Murdoch (Cons)	Retrospective Audit of 2 week wait and endometrial cancer			X
Notes Audit	Obs	Belinda Cox (Sen. Midwife)	Standards for Supervisors of Midwives			
Baby Friendly	Obs	Belinda Cox (Sen. Midwife)	Preparation for achievement of Baby Friendly Hospital status. 6-monthly audits	X	X	
Domestic Violence	Obs	Belinda Cox (Sen. Midwife)	Recommendations from 1999 "Why Mothers Die" CEMACH	?	X	X
Use of Electronic Fetal Monitoring	Obs	Belinda Cox (Sen. Midwife)	NICE Guideline C		X	
Thromboprophylaxis	Obs	Jackie Moxham (Sen. Midwife)	Ensure compliance with local guidelines		X	?

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Audit of Guideline for Fundal Height Measurement	Obs	Belinda Cox (Sen. Midwife)	Implementation of new guideline		X	
Audit of Neonatal Checks performed by Midwives	Obs	Sarah Windfeld (Head of Midwifery), Mary Davis, Dawn Watkins	Ensure compliance with local guidelines		X	
Birthing Suite	Obs	Annie Tizzard (Sen. Midwife)	Ensure compliance with local guidelines in use in new Birthing Suite	?	X	
Audit of Symphysis Pubis Dysfunction	Obs/Physio	Dianne Paton (Supt. Physio)	Ensure compliance with guidelines for management	X	X	
Maternity Belt use-outcomes	Physiotherapy (obstetrics)	Elizabeth Benson (Physio)	Cost effective practice based on outcomes and patient satisfaction			
Divarication class outcomes	Physiotherapy (obstetrics)	Penny Parsons (Physio)	Do exercises taught in a class rectify divarications effectively?			

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

- Children's NSF - awaiting publication of complete NSF
- Routine ante-natal anti-D prophylaxis for RhD-negative women (TAG41) – under discussion
- Guidance on the use of liquid based cytology for cervical screening (TAG69) - Liquid-based cytology has been adopted as primary means of processing samples in compliance with appraisal guidance
- Antenatal care (CG6) - New guidance, not yet implemented. Audits identified will be given high priority
- Pressure ulcer prevention (CG7 / Inherited Guideline B) - under discussion
- Eating Disorders (CG9) - Unsuitable for initiation of audit in Obs, Gynae and ENT
- Balloon thermal endometrial ablation (IPG 6) - not undertaken
- Magnetic resonance image-guided percutaneous laser ablation of uterine fibroids (IPG030) - not undertaken
- Laparoscopic laser myomectomy (IPG023) - not undertaken
- Coblation tonsillectomy (IPG9) - not undertaken
- Radiofrequency volumetric tissue reduction for turbinate hypertrophy (IPG36) - not undertaken

Oncology

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Bereavement	Palliative Medicine	James Rice (CNS)	ASWCS (regional cancer network) project. NICE standards.		x	
Non-conformities to breast cancer radiotherapy protocol		Amit Bahl (Cons)	Ensure compliance with local protocol		X	
Radiotherapy Progress Form completion		Amanda Gee (Radiotherapy Services Manager)	Ensure appropriate use of radiotherapy treatment slots as per local guidelines		x	
Quality of communication - an audit of information provided in clinic letters		Jeremy Braybrook (Cons) / Christopher Williams (Cons)	Ensure the quality of our information in clinic letters meets local standards		x	
Are investigation results being received in the Centre in a timely fashion?		Hugh Newman (Cons)	Ensure delay in return of patient results is not to the detriment of patient care		x	
Patient information for radiotherapy patients		Andrea Maggs (Supt. Radiographer)	Ensure compliance with local guidelines.	x	x	

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

In 2003 six audit projects were carried out on NICE Guidance, all of which confirmed compliance. BHOC have endorsed implementation of all cancer related NICE Guidance, the audit of which will be integrated with other directorate priorities.

Ophthalmology

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
CNST notes audit	Cross-Directorate	Helen Julian (Nurse Manager)	Annual audit of documentation against CNST standards			
Endophthalmitis Audit	Directorate Wide	Cheryl Lee (SpR)	Clinical risk issue. Re-audit of 299 following implementation of care pathway		X	
Diabetic Retinopathy - A Pre audit	Directorate Wide	Clare Bailey (Cons), Maria Macipe (Associate specialist)	NICE guideline E. New changes & finance approved - baseline data needed.			
Cataract EPR Audit	Directorate Wide	Derek Tole (Cons)	Audit following implementation of Cataract EPR Care Pathway tool		X	
A&E Referrals - Improving Access	Accident & Emergency	Cheryl Voisey (Sen. Nurse), Helen Julian (Manager)	Audit of Government 4 Hour A&E Target			
PTK Laser Service	Day Case Surgery	Mohan Mundasad (Associate Specialist)	NHS Service conducted at Private Clinic. To ascertain improvement in comfort			
The Laser Service	Day Case Surgery	Alison Meakin (Sen. Nurse) / Helen Julian (Nurse Manager)	Audit of New Service - potential for improved service delivery			
Nurse Led Follow Up Clinics	Outpatients	Martina Jones (Sen. Nurse), Helen Julian (Manager)	Re-audit of 177, following changes to booking process and patient management in clinic			
Glaucoma Follow Up Appointments	Outpatients	Paul Spry (Sen. Optometrist), John Sparrow (Cons)	Re-audit of 603 following changes to booking process			
Trabeculectomy - Needling and 5FU	Surgery / Inpatient	Michael Greaney (Cons)	Specific area of concern highlighted in previous audit			

Pharmacy

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Hepatitis C – pegylated interferon, ribavirin, alfa interferon	Gastroenterology (joint with medicine)	Fiona Gordon (Cons) / Rachel O'Donnell	NICE TAG no 75		X	
Renal transplantation – newer immunosuppressive regimes	BCH renal	Mike Dunn (Chief Pharmacist)	NICE TAG due April 2004		X	
Audit of medication history accuracy	Medical admissions	Kevin Gibbs (Pharmacy Manager)	Reaudit of pilot data from Care of Elderly admissions. Audit Commission ¹ & DoH ^{2,3} recommendations		X	X
Is the revised medical directorate antibiotic policy being followed?	Medicine/ Microbiology	Liz Rose (Sen. Pharmacist)	Partial reaudit as guidelines revised. Based on DoH recommendations ⁴		x	
Newer epilepsy drugs in children	Paediatrics (joint with BCH)	David Harris (Sen. Pharmacist)	NICE TAG to be published June 2004		x	
Audit of iv to oral surgical antibiotic guidelines	Surgery/ Microbiology	Liz Rose (Sen. Pharmacist)	Reaudit after guidelines produced. Based on DoH recommendations ⁴		x	

1. The Audit Commission. A Spoonful of Sugar, 2001

2. DoH. Pharmacy in the Future; implementing the NHS Plan. Sep 2000

3. DoH. A Vision for Pharmacy in the New NHS. July 2003

4. DoH. Getting ahead of the curve. Jan 2002

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

Due to time and staff constraints it is not possible to audit all drug related NICE/NSF guidance, although we hope to increase the number of cross-directorate audits, as the majority of drug-related appraisals also apply to the medical directorate. The oncology/haematology pharmacist, Angelina Tan, is involved in auditing NICE TAGs within the oncology/haematology directorate.

Radiology

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Radiographer reporting (A&E)	A&E	David Lee (Sen. Radiographer) / Charles Wakeley(Cons)	Practice requiring evaluation		X	
R.F. Ablation	Gastro-Intestinal	Mark Callaway (Cons)	New Technique	X		
Pre – op Chest X-rays	General Radiology	Paul McCoubrie (SpR)	NICE guideline CG03. Follow up study in liaison with pre-op assessment (Critical Care)		X	
Re-audit of Non-Operative Intussusception Reduction	Paediatrics	David Grier (Cons)	High risk area. To ensure reduction rate remains above national recommendations			
Peripheral Angiography complication rates	Vascular	Paula Murphy (Cons)	Annual review against National & International Standards, NICE			

Surgery

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Case note audits	All (T&O; GS/U)	Audit Convenors	Annual audit against CNST standards		X	
Drug administration errors	BRI nursing	Helen Bishop (Sen. Nurse)	Identified through risk reporting to Directorate CG Committee			
Emergency Surgery	General Surgery	Paul Barham (Cons)	Directorate priority		X	
Re-audit of pin-site management	Trauma & Orthopaedics	Claire Longhorn (Specialist Nurse)	Re audit following a change in practice/service		X	X
Re-audit of availability of Avon Orthopaedic Centre case notes	Trauma & Orthopaedics	Steve McDonagh (Clinical Manager)	Re audit following consultations with NBT and changes in practice.		X	X
Are theatre sessions cancelled due to lack of CSSU equipment?	Trauma & Orthopaedics	Martin Gargan (Cons)	Local concern		X	
Pre-op fluid fasting	General Surgery / Urology	Liz May (Sen. Nurse)	Concern at ward level			
Warfarin: is the policy adhered to?	Surgery / Medicine	Helen Bishop (Sen. Nurse)	Issue arisen from risk reporting		X	
Re-audit of controlled-drugs cupboards	Surgery / Medicine	Helen Bishop (Sen. Nurse)	Re-audit of 706 following changes in practice			

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

- Head Injuries – These patients are usually transferred to Frenchay. If head injury secondary to trauma, patients likely to stay in UBHT but without access to staff trained in dealing with head injury. Despite all attempts, the process for management in these cases has not been clarified and therefore cannot be audited
- Osteoporosis (due this year) is dealt with by the Rheumatologists in medicine. Work (though not audit) is being done by Juliet Pitman and Sharon Nicholson.
- Falls (due this year) is dealt with by general medicine although a working party has been set up, which includes representatives from surgery.
- Pre-op testing is being led by the anaesthetists

Trustwide

Project	Speciality	Lead	Rationale for audit	PPI	MP / MD	Int.
Food as Treatment	Dietetics (BRI initially, then cross-Trust)	Helen Brown / Helen Bishop (Sen. Nurse)	Essence of Care standards for nutrition. Re-audit of 2000 audit following introduction of resource pack	X	X	
Record card re-audit	Dietetics (service-wide)	Clare Ewan (Sen. Dietician)	Re-audit of audit done in Dec03. Record-keeping across BRI/BCH/BGH/BOC			
Sip feed uptake on elderly care wards	Dietetics - BRI	Clare Marchant / Claudia Jemmott (Chief Dietician)	Audit of BRI wards following similar audit at BGH by Julie Barker		X	
CF adult audit of vitamins	Dietetics - BRI	Julie Alsiadi (Sen. Dietician)	Based on recommendations for vitamin & mineral intake		X	
Vitamin & mineral intake of home tube fed patients	Dietetics – Home Management Services (HMS)	Clare Ewan (Sen. Dietician)	Based on Dept of Health recommendations - UK standards for dietary reference values			
Home visit form audit	Dietetics – HMS	Sally Bowker / Lucy Martin (Chief Dietician)	Record-keeping standards for HMS			
Mouthcare re-audit	Nursing Trust-wide	Helen Bishop (Sen. Nurse)	Essence of Care. Re-audit of 764 following revision of resource pack.		X	
Assessment and treatment of pressure sores	Nursing Trust-wide	Fiona Balleste (Sen. Nurse)	NICE CG07. Audit of areas with high incidence/greater severity as identified by incidence monitoring.			
Audit of care of people with palliative care needs in BRI	Occupational Therapy	Jayne Weare	Guidelines and flowchart of care created – to implement and then audit		X	
Upper Limb Assessment	Occupational Therapy & Physiotherapy	Helen Clarke/ Louise Wilson	To audit use of new multi-disciplinary assessment form		X	
Outcome following flexor tendon surgery repair	Physiotherapy (Hand unit)	Gail Thornton (Physio)	To introduce an existing measure and audit effectiveness		X	
A + E review clinic	Physiotherapy (Emergency Dept)	Carey McClellan (Physio)	Reviewing A&E physio's role in meeting local targets			
Neurology outpatients exercise group (reaudit)	Physiotherapy (Rehab)	Melanie Falk (Sen. Physio)	Reaudit to assess effectiveness following changes after audit 560			
Neuro outpatients physiotherapy at BGH	Physiotherapy (Rehab)	Mel Falk / Cathy Cowley (Sen. Physios)	NICE guidelines for MS patients (CG08)			
Implementation of ankle stretch in early stroke	Physiotherapy (Rehab) - medicine	Jo Whitehead (Physio)	New research evidence			
Record Keeping Audit	Speech & Language Therapy (SLT)	Vicki Weekes (Sen. SLT) / Jackie Griffiths	To ensure record keeping standards are maintained service-wide			
Evaluation of Videofluoroscopy service	SLT – Service Wide	Vicki Weekes / Jane Beckinsale	To ensure new service is effective and reducing clinical risk		X	
Dysphagia Standards	SLT – Service Wide	Jackie Griffiths / Vicki Weekes	To ensure dysphagia standards are met			
Evaluation of the use of "drop in" sessions for patients with Dysphasia	SLT - BGH	Julia Carr (Sen. SLT)	To evaluate whether this is clinically and cost effective	X		