

United Bristol Healthcare



NHS Trust

Clinical Audit Annual Report

2006/2007

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1 Introduction from Chairman of Clinical Audit Committee

The 2006/7 Annual Report provides evidence for the consolidation and strengthening of Clinical Audit activity at the United Bristol Healthcare NHS Trust. Following a time of transition, we are now in the welcome position of having Clinical Audit Facilitators within each Clinical Division to help co-ordinate audit projects across the Trust. The summary statistics on page 7 reflect this with an increase in the number of projects in progress or completed during the year. There remains a consistent level of audit activity within all major specialities with an emphasis on participation in appropriate National Audits. I am encouraged by the improvement in the proportion of projects producing an action plan or confirming best practice. However, the statistics provide only an outline summary. Within the report there are many individual examples, from each division, of healthcare professionals working together to audit their clinical practice and using this as evidence to demonstrate a commitment to improving patient care. This commitment has allowed the Clinical Audit Committee to once again recommend that the Trust declares compliance with the Healthcare Standard, C5d, for clinical audit.

I would like to thank all the Clinical Audit Convenors who have taken responsibility for their divisional audit programmes and informed discussions at the committee meetings. Specific mention must go to Women's Services whose clinical audit programme was singled out for particular praise in a recent review of maternity services by the NHS Litigation Authority. I am pleased to welcome Sarah Woolley, Alero Awala and Mark Wright as new Convenors and would like to thank Tim Whittlestone and Nick Elkington who have stepped down this year.

The success of the projects listed depends upon the support of the Clinical Audit Facilitators. During the year I have been impressed by how well the team have worked together with many Facilitators taking on additional responsibilities to cover Eleanor Bird's maternity leave. The response of facilitators to this, and requests for additional help such as participation in Infection Control projects, has helped UBHT to manage important areas of clinical concern. In particular, I would like to thank Stuart Metcalfe for his work in maintaining the audit data-base and collating the information required to publish this report. Chris Swonnell deserves a special thank you. He not only manages the audit team and budget, but also takes a great deal of responsibility for moving the Trust Clinical Audit programme forward. Chris's involvement in the national clinical audit agenda has helped to maintain our profile in this area and allow us to inform the Department of Health's discussions on Clinical Audit.

The emphasis on participation in key national audits and linking these to our own projects remains an important focus for the next twelve months. As always there are considerable demands on individual's time. It is easy to lose focus on clinical audit but the breadth of projects completed in the past year reminds us of the importance of understanding our practice to inform positive changes in patient care.

Jeremy Braybrooke
Chairman of the Clinical Audit Committee

2 Clinical Governance Manager's Report

2.1 Clinical Audit Team

Clinical audit support is provided by a team of approximately 9.4 whole time equivalent staff, most of who are employed through the Trust Services Division. Details of the clinical audit team are shown in Appendix A.

Several challenges have presented themselves during 2006/7. Firstly Eleanor Bird (assistant manager) went on maternity leave (congratulations to Eleanor and Mike on the birth of Jefferson Lloyd!). It was agreed amongst the Team not to attempt to fill Eleanor's post on a temporary basis – the challenge instead was for members of the Team to cover Eleanor's key tasks between them. In the event, the Team coped admirably, and it provided an excellent opportunity for audit facilitators to broaden their experience. We're all looking forward to seeing Eleanor again in July 2007 (Eleanor will return on a three day week).

Secondly, the profile of national clinical audits has undoubtedly risen in the past year with important links to Governance Targets and the Healthcare Standards Declaration. Accordingly the Trust's need for assurances about participation in national audits – in particular those governed by the Healthcare Commission – has increased. Quarterly progress reports are now reviewed at Clinical Audit Committee. More than ever, there is a need for co-ordination of clinical audit at a national level, and clarity about 'must do' projects for Trusts: Chris Swonnell continues to attend meetings of the National Audit & Governance Group at the Department of Health, presenting an opportunity for dialogue with key staff from the Commission, NICE and the Department.

And thirdly, a number of requests for significant Trust-wide audits were received from Executive Directors. These projects (e.g. weekly Infection Control audits) provided important data and assurances for the Trust, and also helped to raise the profile of the Team within the organisation.

Of those staff in post at 1st April 2006, we have since said goodbye to Amanda Holmes and have welcomed in her place Salim Nureni, who has joined UBHT from North Devon Primary Care Trust. The reorganisation of clinical audit resources during 2005/6 also created a financial position where we have been able to appoint a part-time clinical audit facilitator for the Division of Diagnostic & Therapy: Isabella To has joined the Team from Bristol North Primary Care Trust. This is the first time that some clinical areas (e.g. Laboratory Medicine) have had dedicated audit support for a number of years, following previous restrictions on recruitment. Joscelin Miles (St Michael's Hospital) has increased her hours to full-time.

As planned, the Accountability Agreement established last year between the Clinical Audit Team and the Clinical Divisions to underpin the Team's reorganisation was reviewed in the Spring of 2007: all parties were content that the Agreement is working well.

2.2 Clinical Audit Committee

The Clinical Audit Committee (CAC) met 5 times in 2006/7. Meetings enable discussion of core business, i.e. Annual Forward Plans, quarterly progress reports, the Clinical Audit Annual Report and the Healthcare Standards Declaration (in particular for Core Standard C5d).

The following members joined CAC in 2006/7: Sarah Woolley (who formally joined CAC as a convenor for the Emergency Department at the Bristol Royal Infirmary); Mark Wright (who replaced Tim Whittlestone as convenor General Surgery) and Alero Awala (who replaced Nick Elkington as convenor for Obstetrics & Gynaecology).

A full list of clinical audit convenors is shown in Appendix D.

2.3 Standards for Better Health

In 2006/7, the Trust declared compliance with Healthcare Standards C5d ('the clinical audit standard'). The key markers used by CAC to advise the Medical Director in favour of a declaration of compliance were the Trust's wide-ranging participation in national clinical audits, and consistent evidence of clinical audit activity across the trust's clinical specialties. During 2007/8, evidence of compliance will continue to be reviewed on a quarterly basis.

2.4 Financial Information

In 2006/7 the Clinical Audit Central Office received a budget of £331,005 ('full year' budget was uplifted to £339,243 as a result of the Agenda For Change 'matching' process) and generated an income of £2,830 through workshops. £269,244 was spent on staff costs, and £9,867 on non-pay, leaving an end-of-year underspend of £54,724. It was subsequently agreed that £15,000 of the projected 2007/8 budget would be sacrificed as a CRES saving within the Director of Nursing's overall budget.

2.5 Clinical Audit Forward Programme 2007/8

Each year, clinical specialties are required to put together a forward programme of planned clinical audit for the coming year. These plans set out priority projects, based on considerations such as anticipated NICE guidelines, National Service Frameworks and national clinical audits. The forward programme for 2007/8 can be found in Appendix D. In addition to these projects, other audits may be undertaken during the year on an ad-hoc basis, together with any projects still in progress from the previous year.

2.6 Conference presentations

Chris Swonnell and Chrissie Gardner presented at the national Clinical Audit 2007 conference on the subject of departmental reorganisation, sharing experiences from management and staff side perspectives.

Chris Swonnell
Clinical Governance Manager

June 2007

3 Project Reports for 2006/2007

3.1 National Audits, National Service Framework audits & NICE audits

The table below provides a quick reference guide to finding information about the Trust's participation in national audit projects and audits of NICE/NSF guidance.

Audits of NICE/NSF guidance									
3.3.1	3.3.4	3.3.15	3.3.25	3.3.27	3.3.34	3.4.4	3.4.30	3.4.31	3.4.32
3.4.33	3.4.34	3.4.48	3.4.52	3.4.60	3.4.64	3.4.66	3.4.70	3.4.77	3.5.3
3.5.22	3.5.23	3.5.25	3.5.26	3.5.27	3.5.28	3.5.29	3.5.30	3.5.34	3.5.35
3.5.36	3.5.40	3.5.50	3.5.63	3.5.67	3.5.68	3.5.78	3.6.41	3.6.53	3.6.84
3.6.97	3.6.100	3.6.109	3.6.114	3.7.1	3.7.20	3.7.35	3.7.37	3.7.48	3.7.58
3.7.59	3.7.68	3.7.79	3.7.80	3.7.87	3.7.88	3.7.106	3.7.108	3.7.109	3.7.110
3.7.116	3.7.119	3.7.121	3.7.122	3.7.124	3.7.125	3.7.127	3.7.133		
National Audits									
3.3.40	3.4.7	3.4.29	3.4.64	3.5.2	3.5.15	3.5.16	3.5.22	3.5.23	3.5.29
3.5.30	3.5.40	3.5.48	3.6.89	3.6.90	3.7.4	3.7.7	3.7.9	3.7.31	3.7.42
3.7.48	3.7.57	3.7.59	3.7.65	3.7.73					

There are a number of other 'national audits' in which UBHT participates, but which are not managed through the Clinical Audit Team (this will usually be where the 'audits' are large-scale data collection exercises, rather than genuine clinical audit): These projects currently include:

- DAHNO (Head & Neck Oncology data)
- LUCADA (Lung Cancer)
- National Bowel Cancer Audit
- Carotid Endarterectomy Audit
- National Neonatal data set
- National Audit of Paediatric Resuscitation
- National Audit to Assess and Improve Services for People with Inflammatory Bowel Disease
- National Audit of Major Complications of Spinal and Epidural Anaesthesia
- Surgical Site Infection Surveillance

3.2 Introduction to Divisional Reports

3.2.1 Introduction & explanation of statistics

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

The statistics and list of projects are based on the number of audits in progress during the financial year 2006-7. This includes projects started in previous years (2005/6 roll-overs) and projects completed in 2006/7. It does not include projects abandoned during the year or those with a status of 'deferred' at the end of the financial year - for details of these, please see Appendix B / Appendix C. Audits started in 2006/7 are defined as those that first appeared in a quarterly report in that financial year (i.e. July 2006, October 2006, January 2007 or April 2007 quarterlies).

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

Definition of terms:

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

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

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

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

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

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

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

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

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

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

3.2.2 Comment on data in table 3.2.3

The total number of registered projects in 2006/7 has increased from 428 in 2005/6. The balance of activity, however (e.g. re-audits, national projects, etc), remains consistent with 2005/6. A good benchmark for multi-professional involvement - based on the old CHI reviews - is 50% (we achieved 50%); a good benchmark for re-audit would be around 20-25% (we achieved 22%). There has been a significant improvement in action planning (80%, up from 59% in 2005/6), whilst this year 10% of projects included patient involvement (down slightly from 12% in 2005/6).

3.2.3 Summary 'dashboard' of indicators

	Total number of projects *	Pre audits	First audits	Re-audits	Ongoing (continuous) audits	Audits of NICE / NSF guidance	National	Regional	Interface	Multi-specialty	Multi-professional	Total projects with patient involvement	Action Plan produced ~	Confirmed best/acceptable practice #
Diagnostic and Therapy	49	4%	80%	16%	4%	12%	2%	2%	0%	53%	51%	8%	75%	5%
Medicine	74	1%	78%	20%	4%	18%	4%	5%	3%	12%	38%	4%	74%	11%
Specialised Services	74	15%	77%	8%	20%	24%	12%	0%	0%	8%	57%	9%	71%	17%
Surgery and Head and Neck	148	9%	59%	32%	3%	5%	1%	3%	1%	31%	41%	13%	67%	17%
Women and Children's	131	5%	72%	23%	9%	18%	8%	5%	2%	37%	61%	10%	69%	12%
Non-division specific	3	0%	100%	0%	67%	0%	0%	0%	0%	100%	67%	0%	0%	0%
TOTAL	479	7%	71%	22%	8%	14%	5%	3%	1%	29%	50%	10%	70%	13%

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

~ As a percentage of completed audits (excluding re-audits) and ongoing (continuous) audits only.

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

3.3 DIAGNOSTIC & THERAPY

SUMMARY FIGURES

	2005/6 roll-overs <<	32
Audits first registered in 2006/7	Pre-audits P	0
	First audits A	23
	Re-audits R	0
	Ongoing monitoring projects >>	0
Total number of audits		49
Completed audits		20
Current (uncompleted) audits carried forward >		27
Ongoing monitoring projects carried forward >>		2

(includes 4 subsequently abandoned and 2 deferred – see Appendix B and C)

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

PROJECT LIST

The “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	Provisional Title of Project	Name	<<	P	A	R	>>	>
Specialty: Laboratory Medicine									
Sub Specialty: Chemical Pathology									
3.3.1	893	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Dr Paul Thomas, Ms Anna Barton	X		X			X
3.3.2	1308	Audit of error rate on GP request entry	Nicola Marden, Paul Thomas	X		X			X
3.3.3	1557	Cholesterol levels in patients with cardiovascular disease.	Jessica White			X			X
3.3.4	1579	Monitoring of trace elements in outpatients on total parenteral nutrition	Jessica White			X			X
Sub Specialty: Histopathology									
3.3.7	1014	Audit of Borderline Ovarian Tumour – 10 years	Dr Joya Pawade	X		X			X
3.3.8	1015	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Dr Nahida Banu, Dr Joya Pawade	X		X			
3.3.9	1060	Audit of Periocular Basal Cell Carcinoma	Dr M Sohail	X		X			X
3.3.10	1114	Audit of Testicular Tumour Reporting at the Bristol Royal Infirmary November 2001-4	M Sohail	X		X			X
3.3.11	1494	An audit of Squamous Cell Carcinoma histology reports and their concordance with Royal College guidelines	Richard Brittain			X			
3.3.12	1509	histological reporting of endometrial cancer against royal college data set	Nahida Banu			X			
3.3.13	1628	Abnormal cervical smears referred to St. Michael's Hospital	Joya Pawade			X			
Sub Specialty: Infection Control									
3.3.15	733	Infection Control Ward/Department audit	Michelle Lindsay	X		X		X	
3.3.16	992	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	Stephanie Carroll	X	X			X	
3.3.17	1250	Management of MRSA positive patients	Carly Hall, Christine Perry	X		X			X
3.3.18	1291	Are Bench top sterilizers for local decontamination being used according to ICNA National Guideline?	Jo Hamilton-Davies	X		X			
Sub Specialty: Laboratory Haematology									
3.3.19	46	Blood and Blood Product Usage by Wards and Theatres	Adele Wardle	X		X			
3.3.20	47	Continuous Participation With Serious Hazards of Transfusion Sentinel Audit	Dr Ed Massey	X		X			

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3.3.21	1143	Audit of the value of add-on testing for Raynauds Phenomena	Peter Hopes	X		X			
Sub Specialty: Microbiology									
3.3.23	915	Is the antibiotic assay service used appropriately?	Dr Neelam Doshi	X		X			X
Specialty: Medical Physics & Bioengineering									
3.3.24	446	Audit Of Precision Intracranial Radiotherapy at Bristol in UBHT	Cathy Hall, Hugh Newman	X	X				X
3.3.25	914	Diagnosis and Treatment of Pseudoaneurysm	Teresa Robinson	X		X			X
Specialty: Nutrition & Dietetics									
3.3.27	1491	Audit of Oral Nutrition Support Practices at Bristol Royal Infirmary	Toni Osmane			X			X
Specialty: Pharmacy									
3.3.28	906	An audit of intravenous to oral switch antibiotic guidelines in the surgical directorate	Elizabeth Jonas	X			X		
3.3.29	937	Audit of time taken to do discharge prescriptions on cardiology and cardiac surgery wards	Jacqueline Criper	X			X		
3.3.30	941	Audit of prophylactic antibiotic guidelines in surgery	Barbara Wilson, Rebecca Wong	X			X		
3.3.31	1000	Audit of the medical directorate antibiotic guidelines	Elizabeth Jonas	X			X		
3.3.32	1097	Are current Clostridium Difficile guidelines being followed?	Elizabeth Jonas	X			X		
3.3.33	1433	Safe use of oral methotrexate - does UBHT comply with National Patient Safety Agency safe practice prescribing guidelines?	Sarah Hepburn			X			X
3.3.34	1516	The use of MR dipyridamole and clopidogrel in ischaemic stroke and Transient Ischaemic Attack patients	Andriani Mastora			X			X
3.3.35	1521	Audit of in-patient prescription writing	Sally-Ann Hall			X			X
3.3.36	1564	New UBHT adult unfractionated heparin infusion regimen and monitoring protocol	Claire Wilcox			X			X
3.3.37	1573	Does Antibiotic Prescribing Adhere to the Antibiotic Guidelines Available within UBHT?	Elizabeth Jonas			X			X
Specialty: Physiotherapy									
3.3.38	1535	Six month review file in Neurology Out Patients at Bristol General Hospital	Melanie Falk			X			
Specialty: Radiology									
3.3.40	982	Audit of Percutaneous Nephrostomy	Mrs S.King, Dr J.Kabala	X		X			X
3.3.41	1375	An audit of complications from Ultrasound Guided Liver Biopsy	Dr H Roach			X			X
3.3.42	1415	Audit of Radiation Dose for General Radiographic Examinations	Ms S Doshi			X			
3.3.43	1416	Audit of the accuracy of ultrasound-guided liver biopsy specimens using a 20 gauge Temno biopsy needle	Dr H Roach			X			X
3.3.44	1471	Audit of Report turnaround, and % reported prior to RIS / PACS implementation	Sally King			X			X
3.3.45	1629	Re-audit of Pain Diaries	Dr W Hicks, Dr C Wakeley			X			
Sub Specialty: Breast Screening Unit									
3.3.46	1630	Avon Breast Screening Unit of further investigation referrals to Bath Breast Unit	Philippa Castell			X			X
Sub Specialty: CT									
3.3.47	901	Spiral CT - Have appropriate settings been selected/changed for paediatric patients since 2002 audit	Dr M Prentice, Dr D Grier	X			X		X

Sub Specialty: Emergency Dept Radiology (Adult)								
3.3.48	305	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Dr C.Wakeley	X		X		X
3.3.49	1632	Audit of A&E Reporting				X		X
Sub Specialty: MRI								
3.3.50	1132	Imaging Guidelines for Patients with Coarctation of the Aorta	Dr Marcus Bradley	X		X		
Sub Specialty: Paediatric Radiology								
3.3.51	1320	Re-audit of non-operative intussusception reduction	Dr D.Grier	X			X	X
3.3.52	1575	The Introduction of a Radiographer's Image Interpretation Form as an Addendum to the Red Dot.	Mrs D.Dimond			X		X
3.3.53	1631	Correct Radiological Information being recorded for each patient attending for a Radiological examination.	K Phelps			X		
Sub Specialty: Vascular Radiology								
3.3.54	1322	Re-audit of Peripheral Angioplasty complication rates	Dr Paula Murphy	X			X	
3.3.55	1327	Magnetic Resonance Peripheral Angiography (MRA) versus Transfemoral Angiography - An audit of Diagnostic Imaging in Peripheral Vascular Disease	Dr J.Elizabeth Haslam			X		

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

Division listed under	Ref	Provisional Title of Project	Participating specialties from this Division
Medicine	3.4.26	Data completion and process in the skin cancer histopathology multidisciplinary meeting	Laboratory Medicine
Medicine	3.4.40	Management of Clostridium Difficile	Laboratory Medicine
Medicine	3.4.32	An audit of insulin pump therapy (NICE TAG 57)	Pharmacy
Medicine	3.4.20	Audit of the management of renal colic in the Emergency Department (Re-audit of project No. 978)	Radiology
Medicine	3.4.75	Re-audit of the provision of physiotherapy services to people with osteoporosis	Physiotherapy
Medicine	3.4.60	Physiotherapy review for stroke patients (re-audit)	Physiotherapy
Medicine	3.4.70	Re-audit of physiotherapy management of acute exacerbations of Chronic Obstructive Pulmonary Disease	Physiotherapy
Specialised Services	3.5.64	Clostridium Difficile Management on Ward 61	Laboratory Medicine, Pharmacy
Specialised Services	3.5.67	Nutritional Assessment for patients receiving chemotherapy - NICE	Nutrician & Dietetics
Specialised Services	3.5.14	A protocol for the weaning of long-stay patients	Physiotherapy
Specialised Services	3.5.58	Physiotherapy service for falls patients admitted to the Bristol Royal Infirmary	Physiotherapy
Specialised Services	3.5.73	Out of Hours Management of Haemophilia Patients	Physiotherapy
Surgery and Head and Neck	3.6.92	MRSA audit	Laboratory Medicine
Surgery and Head and Neck	3.6.105	Re-audit of fine needle aspiration (FNA) results in the Ear, Nose and Throat (ENT) Department	Laboratory Medicine
Surgery and Head and Neck	3.6.107	Audit of ENT blood transfusion service	Laboratory Medicine
Surgery and Head and Neck	3.6.91	An audit of newly started ITU medications and their continuation into the community	Pharmacy

Division listed under	Ref	Provisional Title of Project	Participating specialties from this Division
Surgery and Head and Neck	3.6.76	An audit of antibiotic prescriptions on Surgical wards	Pharmacy
Surgery and Head and Neck	3.6.99	Re-audit to assess the management of patients presenting with globus type symptoms	Radiology
Surgery and Head and Neck	3.6.145	Are we following the UBHT protocol for suspected Scaphoid Fractures?	Radiology
Surgery and Head and Neck	3.6.74	Time between referral and treatment of patients presenting with painless jaundice due to cancer of the pancreas, cholangiocarcinoma or duodenal cancer	Radiology
Surgery and Head and Neck	3.6.82	An audit on emergency Nephrostomy timing	Radiology
Surgery and Head and Neck	3.6.153	The quality of x-rays used for peri-operative planning in limb reconstruction surgery	Radiology
Surgery and Head and Neck	3.6.76	An audit of antibiotic prescriptions on Surgical wards	Pharmacy
Surgery and Head and Neck	3.6.139	Are the outcomes of surgical treatment for past proximal humeral fracture in accordance with published international literature?	Physiotherapy
Surgery and Head and Neck	3.6.154	An audit of post shoulder surgery physiotherapy	Physiotherapy
Surgery and Head and Neck	3.6.64	Effective set up of humidified oxygen systems in self ventilating patients	Physiotherapy
Women's and Children's	3.7.99	Audit of blood usage on Central Delivery Suite	Laboratory Medicine
Women's and Children's	3.7.125	Newborn blood spot screening	Laboratory Medicine
Women's and Children's	3.7.72	Is performing bronchoscopy and endobronchial biopsy in children with difficult asthma worthwhile?	Laboratory Medicine
Women's and Children's	3.7.59	National Institute for Clinical Excellence - Guidance on the diagnosis and management of the epilepsies in children in secondary care	Medical Physics & Bioengineering
Women's and Children's	3.7.57	Management of children in end stage renal failure a re-audit	Nutrician & Dietetics
Women's and Children's	3.7.91	Audit of the use of methotrexate for ectopic pregnancy	Pharmacy
Women's and Children's	3.7.92	Management of early pregnancy loss: Medical management of retained products of conception	Pharmacy
Women's and Children's	3.7.59	National Institute for Clinical Excellence - Guidance on the diagnosis and management of the epilepsies in children in secondary care	Pharmacy
Women's and Children's	3.7.117	Audit of physiotherapy management of stress urinary incontinence (SUI)	Physiotherapy
Women's and Children's	3.7.55	Audit of micturating cystourethrograms (MCUGs)	Radiology
Women's and Children's	3.7.87	Re-audit of the treatment of fibroids by uterine artery embolism (UAE)	Radiology
Women's and Children's	3.7.123	Management of antepartum haemorrhage of unknown origin	Radiology
Women's and Children's	3.7.129	Re-audit of the management of placenta praevia	Radiology
Women's and Children's	3.7.1	Service provision for inpatient children with special needs	Physiotherapy
Women's and Children's	3.7.98	Management of patients with Symphysis Pubis Dysfunction	Physiotherapy
Non-division specific	3.8.3	Infection Control Clinical Care Audit	Physiotherapy

Summary of benefits, actions or changes achieved in 2006/7

3.3.8 - Changes have been made to practice in the area of LLETZ biopsies which are taken to investigate cervical histology. These involve a review of previous biopsy where applicable; commenting on the quality of the biopsy and presence of any artefact; and routinely examining deeper levels of the biopsy

3.3.11 - New agreed format for the National Minimum Dataset for histological reporting of squamous cell carcinomas has resulted in more informative reports for the dermatologists which aid better clinical decision making.

3.3.12 - Changes in practice have improved the accuracy of grading and staging of endometrial cancers which dictate further management.

3.3.13 - The improved reporting format makes it easier to identify cases where a discrepancy in the histology of a cervical smear and biopsy occurs. Monitoring of discrepancies will be discussed in monthly multi-disciplinary team meetings.

3.3.18 - Obsolete Bench top sterilisers have been identified in the Trust and these have been removed from use.

3.3.20 - The Trust's patient identification procedures have been reviewed following this audit by the transfusion committee and an action plan developed.

3.3.21 - Test protocol has been updated include tests for HEp2000 and ENA as part of the routine screening for Raynauds Phenomenon. Disease association will be indicated on laboratory reports to aid interpretation.

3.3.28 - A rust wide intravenous to oral antibiotic switch guideline has been produced highlighting when it is appropriate to switch a patient from intravenous to oral antibiotics. This should lead to earlier removal of intravenous line leading to a decreased risk of associated line infection and an increased practice of giving oral medication.

3.3.29 - Discharge prescriptions will be written by pharmacists rather than doctors as a result of the audit. This will reduce delay in patient discharge. One-stop dispensing has been initiated on Ward 28.

3.3.30 - Surgeons were made aware of the antibiotic prophylaxis guidelines and the value of better documentation in both drug and anaesthetic charts.

3.3.31 - The medical antibiotic guidelines have been reviewed and re-released. The guidelines include the treatment of cellulitis at intravenous catheter site. The pneumonia guidelines have been re-categorised as severe and non-severe. This should aid doctors deciding on appropriate treatment.

3.3.32 - Cephalosporins (except Ceftriaxone) have been removed from the medical ward's stock lists, ensuring they are not 'easy' to administer. The Clostridium difficile guidelines have been relaunched and a care plan for patients with Clostridium difficile has been developed.

3.3.38 - confirmed best practice - all neurology out patients had neurology assessment and outcome measures completed.

3.3.42 - Audit of radiation dose for General Radiographic Examinations (pre PACS) demonstrated good practice: all examination doses were well within specified dose reference levels, with good technique ensuring doses kept to a minimum.

3.3.43 - Audit of the accuracy of Ultrasound Guided Liver Biopsy Specimens using 20gauge Temno™ biopsy needle indicated that 20gauge biopsy specimens taken through a single puncture with 19gauge coaxial biopsy system are sufficient for diagnosis of chronic liver disease. Multiple samples should be taken via the coaxial system to ensure acceptable sample size.

3.3.45 - Audit of Pain Diaries led to new standards being agreed for symptomatic improvements post injection after specified time scales.

3.3.53 - Correct Radiological Information is being recorded for each Radiology attendance at the Children's Hospital. Improvements have been made in the documentation process.

3.4 MEDICINE

SUMMARY FIGURES

	2005/6 roll-overs <<	26
Audits first registered in 2006/7	Pre-audits P	1
	First audits A	40
	Re-audits R	11
	Ongoing monitoring projects >>	0
Total number of audits		74
Completed audits		47
Current (uncompleted) audits carried forward >		24
Ongoing monitoring projects carried forward >>		3

(includes 3 subsequently abandoned and 1 deferred – see Appendix B and C)

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	Provisional Title of Project	Name	<<	P	A	R	>>	>
Specialty: Emergency Department (Adult)									
3.4.1	1184	To improve the assessment and management of facial injuries	Paul Carter	X		X			
3.4.2	1214	Minor injuries pain audit	Andy Hembrow	X		X			
3.4.3	1292	CNST documentation audit - adult ED	Bernadette Greenan	X			X		
3.4.4	1306	Management of acute atrial fibrillation in the emergency department	Claire Dobson	X		X			
3.4.5	1343	Re-audit of the ED chest pain protocol	Darren Heddington				X		X
3.4.6	1367	DVT diagnosis in ED	Nikki Palli			X			
3.4.7	1392	BAEM/Healthcare Commission Urinary Retention Project	Sarah Woolley				X		
3.4.8	1420	Treatment of corneal trauma in the Emergency Department	Joanna Waterfall			X			
3.4.9	1422	ED out of Hours TTO prescriptions	Sarah Williams			X			
3.4.10	1427	Soft tissue infection in IVDUs	Matt Edwards			X			
3.4.11	1429	Managements of patients presenting to ED with their first seizure	Giles Sharman			X			
3.4.12	1432	ED Blood transfusion requests	Lachlan Ayres			X			
3.4.13	1437	Management of Mamalian Bites in ED	Leonard Griffiths			X			
3.4.14	1439	Band 5 Triage nurse x-ray requests	Sallyann Miller			X			X
3.4.15	1440	Assessment of capacity in patients that self discharge from the Emergency Department	Lucy Pearson			X			
3.4.16	1452	Management of patients presenting to ED with acute anterior dislocation of the shoulder	Mr P J Cowburn			X			X

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.4.17	1486	Use of augmentin in the emergency departments	Rebecca Thurtle			X			X
3.4.18	1487	Management of syncope in the emergency department	David Pachter			X			
3.4.19	1517	Management for Hip Prosthetic Dislocations in A&E	Sukhdeep Gill			X			X
3.4.20	1530	Audit of the management of renal colic in the Emergency Department (Re-audit project no. 978)	Rachael Scott				X		
3.4.21	1531	Tetanus vaccination audit	Elizabeth Fell			X			
Specialty: Medical Specialties									
Sub-Specialty: Dermatology									
3.4.22	1160	Patient referral and communication between Bristol Dermatology Centre and Frenchay Hospital	Marsha Ostroumova	X		X			
3.4.23	1213	Quality of malignant melanoma 2 week wait referrals	David DeBerker	X		X			
3.4.24	1222	Systemic therapies in patients with severe psoriasis	Marsha Ostroumova	X		X			
3.4.25	1365	Prevention of glucocorticoid induced osteoporosis in dermatology patients	Katherine Finucane			X			
3.4.26	1446	Data completion and process in the skin cancer histopathology multidisciplinary meeting	Mohamed Alwrawi			X			
3.4.27	1529	TL-01 phototherapy for patients with guttate and chronic plaque psoriasis	Debbie Shipley			X			X
3.4.28	1566	Management of patients prescribed Isotretinoin	Emily McGrath		X				X
Sub-Specialty: Diabetes & Endocrinology									
3.4.29	629	Outcome of Management of Patients with Acromegaly (National database)	Stafford Lightman, Jane Taheri	X		X		X	
3.4.30	821	Regional audit of Diabetic Pregnancies	Dr Kurien John	X		X		X	
3.4.31	824	South West Regional Audit of Diabetic Lower Limb Amputations	Dr Kurien John	X		X		X	
3.4.32	1043	An audit of insulin pump therapy (NICE TAG 57)	Elisabeth Jones, Isy Douek	X		X			
3.4.33	1155	Transfer of patients from the Children's Hospital diabetes service to the adult service in the Bristol Royal Infirmary	Helen John	X		X			X
3.4.34	1170	Diabetic inpatient referrals to podiatry	Edyth Dougan	X		X			
3.4.35	1342	Diabetes Specialist Nurse Service	Jane Godfrey			X			
Sub-Specialty: Gastroenterology & Hepatology									
3.4.36	1151	Are serum phosphate levels adequately investigated and treated in patients admitted with a history of alcohol abuse?	Tamsin Hayward, Gillian Myers	X		X			X

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.4.38	1421	Upper GI endoscopy service – Global Rating Scale (GRS) requirements (re audit of project ref 1113)	Mernoosh Destaran, Louise Johnson				X		X
3.4.39	1515	Peripheral Line Care - Ward 28	Anne Harrison			X			X
3.4.40	1520	Management of Clostridium Difficile	Clinton Lobo			X			
3.4.41	1584	Re-audit of the incidence and clinical outcome of C. difficile infection following the new C. difficile infection management guidelines	Achuth H Shenoy				X		X
Sub-Specialty: General Medicine									
3.4.42	1266	Medical Division CNST notes audit 2005/2006	Neina English	X			X		
3.4.43	1357	Management of Upper GI Bleeds on Medical Assessment Unit	Laura Bentley			X			
3.4.44	1393	Drug administration on medical wards in the Bristol Royal Infirmary	Trevor Brooks			X			
3.4.45	1435	Emergency re-admissions to Medical Assessment Unit (MAU) within 28 days of discharge from MAU	Balini Balasubramaniam			X			
3.4.46	1447	Physiotherapy service for falls patients admitted to the Bristol Royal Infirmary	Claire Whicher			X			
3.4.47	1485	Use of Early Warning Scores on Medical Assessment Unit	Sarah Mungall			X			
3.4.48	1534	NHSLA Audit of Documentation Medical Division including Emergency Department	Neina English, Bernadette Greenan, Helen Julian			X			X
3.4.49	1568	Screening for diabetes in Medical Assessment Unit	Kimberly Connor			X			X
Sub-Specialty: Genitourinary Medicine									
3.4.50	1505	Management of Pelvic inflammatory disease (PID)	Annabel Crossman			X			
3.4.51	1616	Non- Gonococcal Urethritis Management	Josh Allerton			X			X
Sub-Specialty: Medicine for the Elderly									
3.4.52	1102	Are current national guidelines for secondary fracture prevention being followed in the BRI?	Genevieve Robson	X		X			X
3.4.53	1239	Local Re-audit of stroke care using National Sentinel audit criteria	Sarah Caine	X			X		
3.4.54	1284	Bristol General Hospital Drug prescription and administration	Neina English	X		X			
3.4.55	1315	Drug administration on the rehab wards at Keynsham Hospital	Lynne Turner-Williams	X		X			
3.4.56	1326	Re-audit of drug administration of Care of the Elderly wards in Bristol Royal Infirmary	Helen Bishop				X		
3.4.57	1329	Use of the new OT documentation for acute stroke care (ICP document)	Helen Ellis			X			
3.4.58	1358	National Audit of continence care for older people 2006	Chris Oram				X		
3.4.59	1359	National Sentinel Audit of Stroke 2006	Sarah Caine				X		
3.4.60	1364	Physiotherapy review for stroke patients (re-audit)	Claire Robinson				X		

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.4.61	1434	Bristol General Hospital Mealtimes Project	Julie Barker			X			
3.4.62	1519	Redcliffe ward patient progress chart	Gerald Tobin			X			
3.4.63	1544	Audit of hospital death in the elderly	Peter Campbell			X			X
3.4.64	1554	National clinical audit of falls and bone health in older people	Dr Peter Campbell			X			X
Sub-Specialty: Respiratory									
3.4.65	999	Audit of quality of referral received via the 'lung cancer 2 week wait' route	Martin Ball	X		X			
3.4.66	1091	Audit of the use of Seretide inhalers within the medical directorate	Clare Hughes	X		X			
3.4.67	1149	BTS Guidelines for the investigation of PE	Jinai Acum Lum	X		X			
3.4.68	1245	BRI Nebuliser guidelines (Re-audit)	Nicky Brooks, Sue Hingston	X			X		
3.4.69	1352	Audit of TB and HIV testing	Sarah Mungall			X			
3.4.70	1369	Re-audit of the physiotherapy management of acute exacerbations of COPD	Charlotte Dawe				X		
3.4.71	1461	RE-audit of Lung cancer 2 week waits	Shaney Barratt				X		X
3.4.72	1484	Audit of CPAP allocation and usage	Adam Whittle			X			X
3.4.73	1553	Completion of treatment in Tuberculosis	Dr Brett Rocos			X			X
3.4.74	1567	Bronchiectasis in Non-Cystic Fibrosis Patients	Nasir Ameer			X			X
Sub-Specialty: Rheumatology									
3.4.75	998	Re-audit of the provision of physiotherapy services to people with osteoporosis	Rachel Dowling	X			X		
3.4.77	1514	Management of psoriatic arthritis - standards of care	Shalini Perera			X			X
3.4.78	1585	Are the cardiovascular risks of patients with rheumatoid arthritis being identified and treated?	Rouchelle Sriranjan			X			X

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

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.48	Joint re-audit of misinterpreted A&E film based on the 'Green-dot' system	Emergency Department (adult)
Diagnostic and Therapy	3.3.16	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	
Diagnostic and Therapy	3.3.31	Audit of the medical directorate antibiotic guidelines	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.33	Safe use of oral methotrexate - does UBHT comply with National Patient Safety Agency safe practice prescribing guidelines?	

Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	Medical Specialties
Diagnostic and Therapy	3.3.11	An audit of Squamous Cell Carcinoma histology reports and their concordance with Royal College guidelines	Medical Specialties
Diagnostic and Therapy	3.3.34	The use of MR dipyridamole and clopidogrel in ischaemic stroke and Transient Ischaemic Attack patients	Medical Specialties
Medicine	3.4.64	National clinical audit of falls and bone health in older people	Emergency Department (adult)
Medicine	3.4.63	Audit of hospital death in the elderly	Medical Specialties
Medicine	3.4.73	Completion of treatment in Tuberculosis	Medical Specialties
Medicine	3.4.49	Screening for diabetes in MAU	Medical Specialties
Medicine	3.4.77	Management of psoriatic arthritis - standards of care	
Specialised Services	3.5.23	Myocardial Infarction National Audit Project (MINAP)	Emergency Department (adult)
Surgery and Head and Neck	3.6.149	Patient Care pathway for fractured Neck of Femur	Emergency Department (adult)
Surgery and Head and Neck	3.6.120	Carotid Artery Duplex Scans and the Medical Management of Embolic Retinal Arterial Disease – re-audit	Medical Specialties
Surgery and Head and Neck	3.6.38	Referral and management of patients with obstructive sleep apnoea	Medical Specialties
Surgery and Head and Neck	3.6.151	An audit of the Fracture Liaison Service	Medical Specialties
Surgery and Head and Neck	3.6.88	Secondary prevention in Peripheral Vascular Disease	Medical Specialties
Women's and Children's	3.7.82	Audit of patient records for under 16 year olds	Medical Specialties
Non-division specific	3.8.3	Infection Control Clinical Care Audit	All

Summary of benefits, actions or changes achieved in 2006/7

- **3.4.32** - Access database has been developed to record insulin requirement, weight and HbA1c including a field for both subjective and objective recording of frequency of hypoglycaemia.
- **3.4.35** - Confirmed best practice- No patients were completely self managing their diabetes throughout their stay. Only 3% of the patients were using their normal blood glucose testing regime whilst in hospital.
- **3.4.40** - Empirical is now prescribed for the treatment of suspected clostridium difficile associated diarrhea whilst awaiting test results.
- **3.4.42** - All cases of melanoma are now discussed at weekly Multi-disciplinary Team (MDT) to outline the management plan. Referral 'letter' is now e-mailed rather than faxed.
- **3.4.43** - Information about how to manage patients with upper Gastrointestinal (GI) bleeds and the importance of Rockall scores is more easily available now in MAU.
- **3.4.47** - For high Modified Early Warning System (MEWS) score patients, nursing staff now record time medical staff were informed, and the name of doctor who was informed. Expected response time for registrar review has been changed from "immediate" to "within 15 minutes"
- **3.4.50** - Blood tests for Full Blood Count (FBC), Viscosity, C Reactive Protein (CRP) & Chlamydia antibodies is now carried out in all patients with suspected Management of Pelvic Inflammatory Disease (PID).
- **3.4.53** - Following the team re-structure and change in prioritisation mechanism, stroke patients can now access physiotherapy earlier than before.
- **3.4.57** - All problems identified by acute stroke service were followed up in the rehabilitation service. Use of correct documentation has been addressed by additional staff training.
- **3.4.62** - Patient progress chart now includes sections for falls group referral, osteoporosis assessment, Mini Mental State Examination (MMSE) score and primary diagnosis.
- **3.4.65** - Dedicated slots has been established for Computerised Tomography (CT) and Bronchoscopy as a result suspected lung cancer patient now get early access to CT and other diagnostic tests.
- **3.4.60** - Stroke patients now reviewed within 72 hours of admission unless too poorly for review and Physiotherapy reviews are now recorded in the multidisciplinary notes.
- **3.4.61** - Confirmed best practice- 100% of patients had a care plan produced within seven days of admission.
- **3.4.69** - Use of Tuberculosis (TB) progress sheet is now been extended to inpatients as well as outpatients.

- **3.4.70** - Multi-disciplinary team has been educated on the need for timely referrals to physiotherapy to ensure that Chronic Obstructive Pulmonary Disease (COPD) patients are seen within 24hours of admission.

3.5 SPECIALISED SERVICES

SUMMARY FIGURES

	2005/6 roll-overs <<	34
Audits first registered in 2006/7	Pre-audits P	5
	First audits A	32
	Re-audits R	5
	Ongoing monitoring projects >>	2
Total number of audits		74
	Completed audits	24
	Current (uncompleted) audits carried forward >	35
	Ongoing monitoring projects carried forward >>	15

(includes 1 subsequently abandoned and 3 deferred – see Appendix B and C)

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	Provisional Title of Project	Name	<<	P	A	R	>>	>
Specialty: Cardiac services									
3.5.1	685	Essence of Care Benchmarking Audit	Graham Brant, Sarah Carson	X		X		X	
3.5.2	1301	CNST audit 2005	Graham Brant, Sarah Carson	X		X			
Sub-specialty: Cardiac Anaesthesia									
3.5.3	1397	Central Venous Access	Dr Alan Cohen			X			X
3.5.4	1399	Glycaemic Control Following Adult Cardiac Surgery	Tim Lovell			X			X
3.5.5	1400	The Use of Aprotinin in Cardiac Surgery	Andrea Binks		X				X
3.5.6	1474	Central line associated infections in the Cardiac Intensive Care Unit	Dr Tim Lovell			X			X
3.5.7	1475	Central line placement based on radiological landmarks	Dr Andrea Binks			X			X
3.5.8	1599	Intraoperative Transoesophageal Echocardiography (reaudit)	Dr Saravanan				X		X
3.5.9	1621	Mortality and complications in patients >80 years undergoing cardiac surgery	Dr N M Wharton			X			X
Sub-specialty: Cardiac Intensive Care									
3.5.10	1408	Readmission from wards 5A and 5C to the Cardiac Intensive Care Unit	Emma Darch		X				X
Sub-specialty: Cardiac Surgery									
3.5.11	206	Adult Cardiac Surgery Annual Report	Mr A J Bryan	X		X		X	
3.5.12	208	Audit of Extubation Data	Kathy Gough	X		X		X	
3.5.13	219	Usage of Blood Products After Cardiac Surgery	Dr A Cohen	X		X		X	
3.5.14	486	A protocol for the weaning of long-stay patients	Lisa Mace	X	X				X
3.5.15	549	Central Cardiac Audit Database/Society of Cardiothoracic Surgeons National Adult Cardiac Surgery Audit Database	Mr A J Bryan	X		X		X	
3.5.16	550	UK Heart Valve Registry	Mr A J Bryan	X		X		X	

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3.5.17	577	Radio frequency Ablation of Chronic Atrial Fibrillation	Mr Raimondo Ascione	X	X				X
3.5.18	578	Surgical Wound Audit Protocol	Mr Raimondo Ascione	X	X				X
3.5.19	1110	Outcomes of mechanically ventilated patients who require a tracheostomy	Dr Ian Davis	X	X				X
3.5.20	1556	Perfusion Charts (Re-audit)	Richard Downes				X		X
3.5.21	1596	CNST 2006	Graham Brant			X			X
Sub-specialty: Cardiology									
3.5.22	207	Cardiac Rehabilitation NSF-CHD Audit	Fiona Barnard	X		X		X	
3.5.23	223	Myocardial Infarction National Audit Project (MINAP)	Bernadette Greenan, Jenny Tagney	X		X		X	
3.5.25	367	Prophylaxis for patients who have experienced a MI	Jenny Tagney	X		X		X	
3.5.26	368	Glycoprotein IIb/IIIa inhibitors for acute coronary syndromes	Dr A Nightingale	X		X		X	
3.5.27	369	Coronary artery stents in the treatment of ischaemic heart disease	Dr A Baumbach	X		X		X	
3.5.28	546	Drug eluting stents for prevention of restenosis	Dr A Baumbach	X		X		X	
3.5.29	809	Central Cardiac Audit Database/British Cardiovascular Interventionist Society National Angioplasty Database	Dr Andreas Baumbach	X		X		X	
3.5.30	1226	Health Commission Acute Portfolio: Heart failure	Jenny Tagney	X		X			
3.5.31	1268	Cytochrome P450 interactions with Simvastatin	Frances Loftus	X		X			
3.5.33	1398	Transfer in audit: Ward28	Lorraine Hopes			X		X	
3.5.34	1406	Use of Anti-thrombotic and anti-platelet agents as adjuvant therapy during and after PCI	John Edmond			X			X
3.5.35	1410	Management of Acute ST-elevation Myocardial Infarction (STEMI) and failed thrombolysis	Angus Nightingale			X			X
3.5.36	1411	Heart Failure: management of in-patients and out-patients	Angus Nightingale			X			X
3.5.37	1476	Stress echocardiography at the BRI (re-audit)	Dr Angus Nightingale				X		X
3.5.38	1477	Valvular Heart Disease	Dr Angus Nightingale			X			X
3.5.39	1526	The false positive rate of treadmill testing in women under the age of 50	Karl Karsch		X				X
3.5.40	1578	Central Cardiac Audit Database/Heart Rhythm UK Cardiac Rhythm Management	Dr Tim Cripps			X		X	
3.5.41	1622	Biventricular pacemakers	Dr A Nightingale			X			X
Speciality: Homeopathy									
3.5.42	203	The Management and Treatment of Asthma	Dr Elizabeth Thompson	X	X				X
3.5.43	925	The use of a patient generated outcome measure to monitor outcome and completion of package of care and facilitate goal setting in routine practice	Elizabeth Thompson	X	X				X

3.5.44	1194	CNST Notes Audit	Elizabeth Thompson	X		X			
3.5.45	1623	Goal setting in Homeopathic Practice	Dr Richard Savage			X			X
3.5.46	1625	Homeopathy in Management of Childhood Eczema	Dr Willa Muir		X				X
3.5.47	1626	NHS Litigation Authority (NHSLA) Documentation Audit	Sue Barron			X			X
3.5.48	1627	Homeopathic Hospitals Outcome Project (HHOP): Establishing national best clinical practice outcomes	Dr Elizabeth Thompson		X				X
Specialty: Oncology & Haematology									
3.5.49	989	Neutropenic Sepsis Investigations	Olivera Frim, Hoda Booz, Kalyan Pundli	X		X			
3.5.50	1233	Re-audit of use of Gemcitabine in advanced metastatic pancreatic cancer	Sharon Brandreth	X			X		
3.5.51	1234	Management of Hypercalcaemia in in-patients on Ward 61	Emma Gray	X		X			
3.5.52	1235	Appropriate use of new Oncology Hostel Facility	Jonathon Price	X		X			
3.5.53	1273	Re-audit of Palliative Radiotherapy to non-small cell lung cancer (NSCL) Cancer	Ranil Fernanda, Kamalnayan Gupta	X			X		
3.5.54	1297	Completion of Chemotherapy Pre assessment Forms	Sarah Wheatley	X		X			
3.5.55	1298	Completion of Pregnancy, Fertility & Radiotherapy Form	Sue Humphreys	X		X			
3.5.56	1338	Consent for radiotherapy treatment	Karen Bannerman, Sue Humphreys			X			
3.5.57	1339	Audit of Prescribing Guidelines Amendment of Feb 2006	Kyle Heron			X			
3.5.58	1373	Neo-adjuvant chemotherapy for breast cancer	Sidharth Dubey			X			
3.5.59	1379	Appropriateness of use of granulocyte-colony stimulating factor (GCSF)	Dr S K Durrani			X			
3.5.60	1454	Breast Boost Radiotherapy - adherence to Protocol	Zahid Bashir			X			
3.5.61	1455	On-treatment reviews - radical radiotherapy	Petra Jacobs			X			X
3.5.62	1456	Consolidation thoracic Irradiation for Small Cell Lung Cancer	Jessica Matheson			X			
3.5.63	1458	Peripherally inserted central catheter - insertion and duration NICE TAG 49	Clare Bidgood			X			
3.5.64	1459	Clostridium Difficile Management on Ward 61	Jarrold Richards			X			
3.5.65	1460	1st Day Information for Prostate Patients	Dorothy Griffin			X			X
3.5.66	1500	Completeness of Clinical Trials Unit referrals	Christine Millman			X			
3.5.67	1539	Nutritional Assessment for patients receiving chemotherapy - NICE	Jessica Matheson			X			X
3.5.68	1541	Aherence to NICE Guidance (TA30) - Docetaxel in breast cancer	Jodie Gunter			X			X
3.5.69	1591	Tolerability of chemotherapy/radiotherapy in Oesophageal cancer	Alison Cameron			X			X

3.5.70	1601	NHSLA notes audit BHOC	Ruth Hendy, Hayley Long			X			X
Sub-Specialty: Haematology									
3.5.71	1215	Administration of autologous bone marrow/stem cells	Gavin Cho	X		X			
3.5.73	1425	Out of Hours Management of Haemophilia Patients	Emma Franklin, Mary Edgar			X			
3.5.74	1457	Allergy recording in casenotes - AHU	Amarith Bhatta, Charles Percy			X			
Sub-Specialty: Palliative Medicine									
3.5.75	1118	Audit to assess the accuracy of dose conversion when switching opioid drugs and/or changing route of administration in patients with cancer.	Gaye Senior-Smith	X		X			
3.5.76	1337	Re-Audit of laxative use in BHOC 2006	Andrew Lyon, Anna Bibby				X		
3.5.77	1499	Initial Bereavement Support Programme - Palliative Care Team	Tina Quinn			X			X
3.5.78	1543	Preferred Place of End of Life Care	Maria Malpass, Joanne Lee			X			X

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

Division listed under	Ref	Provisional Title of Project	Participating specialties from this Division
Diagnostic and Therapy	3.3.19	Blood and Blood Product Usage by Wards and Theatres	Cardiac Services
Diagnostic and Therapy	3.3.29	Audit of time taken to do discharge prescriptions on cardiology and cardiac surgery wards	Cardiac Services
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Surgery and Head and Neck	3.6.21	The appropriate use of Transthoracic Echocardiography in the preoperative setting	Cardiac Services
Surgery and Head and Neck	3.6.33	Is local protocol for Sickle Cell Disease adhered to at Bristol Dental Hospital? - re-audit	Oncology & Haematology
Surgery and Head and Neck	3.6.43	Continuing oral health care for paediatric patients who have been treated for childhood malignancies	Oncology & Haematology
Women's and Children's	3.7.89	Surgical complications of radical gynaecological surgery	Oncology & Haematology
Non-division specific	3.8.3	Infection Control Clinical Care Audit	All

Summary of benefits, actions or changes achieved in 2006/7

- **3.5.3** - An audit of NICE guidance which confirmed 100% success rates for cannulation and comparatively low complication rates for traditional placement methods. Ultrasound methods (as recommended by NICE) were associated with increased procedural complication and therefore consultants have been advised not to change practice.
- **3.5.5** - Extensive investigation of outcomes has revealed increased risk of renal failure post cardiac surgery for patients receiving the drug Trasyolol in combination with Angiotensin Converting Enzyme Inhibitors. As a result of this study guidelines are being formulated for use of Trasyolol that should minimize this risk for future patients.
- **3.5.9** - This audit has confirmed excellent outcomes for elderly patients (>80 yrs) undergoing cardiac surgery.

- **3.5.13** - Reliance on blood products post cardiac surgery continues to decline through a combination of changes in anaesthetic practice (in particular increased use of antifibrinolytic agents such as Tranexamic Acid) and regular monitoring of individual practice.
- **3.5.14** - This substantial audit has resulted in the formulation of comprehensive long-term weaning guidelines for use in the Cardiac Intensive Care Unit. As a result, more patients are being decannulated on Cardiac Intensive Care Unit (CICU) and discharged home rather than transferred to District General Hospitals for prolonged stays. There has also been a significant reduction in the proportion of patients ventilated for more than 6 weeks.
- **3.5.18** - This substantial audit has led to several changes in practice aimed at reducing post-operative wound problems. These include: establishment of blood sugar protocol; establishment of spontaneous breathing trials and improved thermoregulation management. Other changes in practice are in progress.
- **3.5.23** - Data from this key national audit have provided valuable quantitative evidence enabling the establishment of a primary angioplasty service at UBHT in January 2007. This audit has also assured UBHT that two Healthcare Commission targets have been met.
- **3.5.29** - This national audit of angioplasty treatment and patient outcomes has assured UBHT that a Healthcare Commission target has been met.
- **3.5.37** - Several recommendations made for improved patient care including; stopping of Beta-blockers prior to tests, and institution of plans for onward management of patients.
- **3.5.51** - New protocol has been written taking into account third generation bisphosphonates.
- **3.5.53** - World Health Organisation performance status (patient mobility) is now recorded on the patient radiotherapy treatment sheet
- **3.5.55** - Work Instruction 8.5.38 (information for patients regarding Pregnancy and Radiotherapy) is now readily available in clinics and documentation has been altered to allow clinicians to indicate that this form has been completed.
- **3.5.58** - All patients to be referred to breast care Clinical Nurse Specialist.
- **3.5.64** - Confirmed best practice in diagnosis and management of Clostridium Difficile on ward 61.
- **3.5.71** - Standard Operating Policies are being re-written
- **3.5.73** - Haemophilia patient list is now set up on UBHT Clinic Alert System which notifies the Haemophilia team when patients present for treatment anywhere within the Trust
- **3.5.75** - Bristol Palliative Care Collaborative Guidelines have been updated to take into account available medication, including syringe drivers and opioid switch.
- **Project 1168 (ref 3.5.66 in 2005/6 report)** - Palliative Care Pain Guidance has been updated to take into account available medication. Drug chart to be redesigned at next reprint for ease of completion

3.6 SURGERY AND HEAD AND NECK

SUMMARY FIGURES

	2005/6 roll-overs <<	67	(includes 7 subsequently abandoned & 3 subsequently deferred – see Appendix B and C)
Audits first registered in 2006/7	Pre-audits P	5	
	First audits A	55	
	Re-audits R	31	
	Ongoing monitoring projects >>	0	
Total number of audits		148	
	Completed audits	64	
	Current (uncompleted) audits carried forward >	80	
	Ongoing monitoring projects carried forward >>	4	

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	Provisional Title of Project	Name	<<	P	A	R	>>	>
Specialty: Anaesthesia									
3.6.1	832	Epidural Response Time Audit	Dr Douglas Mein	X			X		
3.6.2	1070	Patient care after Taylor Spatial Frame surgery	Jane Rowlet-Harris	X		X			
3.6.4	1404	Hip fracture anaesthesia rates and infection rates	Jill Homewood			X			
3.6.5	1438	Preoperative airway assessment	Alla Belhaj			X			X
3.6.6	1463	Preoperative consent audit	Doug Mein			X			X
3.6.7	1489	The anaesthetic record and charting accuracy	Nick Wharton			X			X
3.6.8	1533	Airway skills - Timing and Level of competency for trainees	Gareth Gibbon		X				X
3.6.9	1558	Morphine protocol audit	Amy Pickles			X			X
Sub-Specialty: Acute Pain Services									
3.6.10	995	An audit of the quality of Postoperative Pain Management	Mrs Jacqui Gannon, Dr Tim Lovell	X			X		
3.6.11	1289	The Pain Clinic - Assessing outcomes	Amit Parekh	X	X				X
Sub-Specialty: Day Surgery Anaesthesia									
3.6.12	140	Direct admission after Day Surgery attendance	Dr S Grimes	X		X			
3.6.13	146	NCEPOD – review in Day Surgery	Dr Carl Heidelmeyer	X		X		X	
3.6.14	1249	The use of Fentanyl and time spent in the recovery room	Siobhan Grimes, Celia Howe	X		X			X
Sub-Specialty: Obstetrics & Gynaecology, Anaesthesia									
3.6.15	155	What Problems are Being Experienced with Regional Anaesthesia for Caesarean Section?	Dr Mike Kinsella	X		X		X	
3.6.16	538	Audit of Epidural Anaesthesia for Gynaecological Operations	Dr Steven Kinsella	X		X			X
3.6.17	1261	Anaesthetic monitoring for obstetric patients	Danni Seddon, Sarah Napier	X		X			

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.6.18	1402	Intra-uterine foetal resuscitation (IUF) in emergency caesarean section for foetal distress	Nicola Weale				X		X
3.6.19	1488	Epidural Analgesia - Following up post procedure	Claire Dowse				X		
3.6.20	1605	Epidural Analgesia - Following up post procedure (re audit 1488)	Claire Dowse				X		X
Sub-Specialty: Pre-Operative Assessment Clinic									
3.6.21	1389	The appropriate use of Transthoracic Echocardiography in the preoperative setting	Adam Nebeebaccus			X			
Specialty: Dental									
3.6.22	1232	Do all radiographic investigations within the Dental Hospital and School have a documented evaluation in the patients' notes? - re-audit	Melanie Williams	X			X		
3.6.23	1274	Standard of referral letters to the Dental specialties at Bristol Dental Hospital	Tony Brooke	X			X		
3.6.24	1430	Traumatised tooth audit	Hannah Nettleton, Chris Bell			X			
3.6.25	1582	Standard of referral letters to the Dental specialties at Bristol Dental Hospital - re-audit	Tony Brooke				X		X
3.6.26	1606	NHSLA Documentation audit - Dental Hospital	Jon Penny				X		X
Sub-Specialty: Oral Medicine									
3.6.27	1247	Are appropriate referrals being made by GPs to the Primary Care Unit?	Alison Grant	X			X		
3.6.28	1341	Customer satisfaction for patients attending the emergency department of Bristol Dental Hospital: Pre-audit	Tony Brooke		X				
3.6.29	1581	Customer Satisfaction for patients attending the emergency department of Bristol Dental Hospital - re-audit	Tony Brooke				X		X
3.6.30	1583	Filing of pathological reports in patient records	Tony Brooke			X			X
3.6.31	1614	Failure to attend appointments by patients being seen in the B3 suite	Andrew Barber			X			X
Sub-Specialty: Oral Surgery									
3.6.32	837	Why do Day Case surgery patients fail to attend? - re-audit	Prof Cowpe	X			X		
3.6.33	1258	Is local protocol for Sickle Cell Disease adhered to at Bristol Dental Hospital? - re-audit	Anna Auchterlonie	X			X		
3.6.34	1355	Referrals for apicectomy	Amish Patel				X		
3.6.35	1424	Management of patients on anti-platelet medication undergoing minor oral surgery	Tamara Khayatt			X			X
3.6.36	1506	Waiting list for OMFS procedures under local anaesthetic - are patients appropriately listed?	Eithne Fyfe			X			

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
Sub-Specialty: Orthodontics									
3.6.37	192	Osteotomies - regional	Nigel Harradine	X		X		X	
3.6.38	1423	Referral and management of patients with obstructive sleep apnoea	Hemendranath Shah			X			X
3.6.39	1442	The care pathway for patients with palatally ectopic maxillary canines, treated with surgical exposure and/or bonding	Nikki Atack			X			X
3.6.40	1522	Failure rate of multistranded bonded retainers	Clare McNamara			X			X
Sub-Specialty: Paediatric Dentistry									
3.6.41	1105	Is the information currently collected in the notes of children with cleft lip and palate adequate to determine risk-based recall intervals?	Tim Harris	X		X			
3.6.42	1221	An audit on the presence of a final working length in patients undergoing apexification.	Rebecca John	X		X			
3.6.43	1270	Continuing oral health care for paediatric patients who have been treated for childhood malignancies	Rebecca John	X		X			X
3.6.44	1279	Quality of referral letters for Children's General Anaesthetic Extractions	Shan Gandhi	X			X		
3.6.45	1332	Are radiographs being taken when children are assessed for routine extractions under general anaesthesia?	Kate Garrett			X			
3.6.46	1333	Is valid written consent being obtained for all patients prior to undergoing inhalation sedation?	Kate Garrett			X			
3.6.48	1496	Specialist treatment plans - re-audit	Rebecca John				X		X
3.6.49	1580	Fluoride: are we following national guidelines?	Hannah Nettleton, Lucy Stead			X			X
Sub-Specialty: Primary Care Dental Services (PCDS)									
3.6.51	1099	Antibiotic prescribing in the PCDS	Felicity Sutton	X		X			
3.6.52	1498	Medical Emergencies in Dental Surgeries - re-audit	Felicity Sutton				X		
3.6.53	1613	Are community dentists & dental nurses following NICE guidelines on infection control and the UBHT hand hygiene policy on domiciliary visits? Re-audit	Felicity Sutton				X		X
Sub-Specialty: Restorative Dentistry									
3.6.54	601	Are systemic antibiotics used appropriately in the treatment of periodontal disease?	Andrew Barber	X		X			
3.6.55	1093	What is the retention rate of Porcelain veneers placed at Bristol Dental Hospital?	Matthew Garrett	X			X		
3.6.56	1356	How are we doing on our Joint Orthodontic-Restorative clinic?	Matt Jerreat				X		

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.6.57	1413	Patient satisfaction following provision of complete dentures	Ediz Cakin		X				
3.6.58	1577	Survival of resin-retained bridgework provided for post-orthodontic hypodontia patients with missing maxillary lateral incisors	Matthew Garrett			X			X
3.6.59	1615	Are dental implants being prescribed and funded in accordance with the RCS guidelines?	Karen Andrews			X			X
Specialty: General Surgery									
3.6.60	790	Outcome from reversal of defunctioning ileostomy and colostomy	Mr R J Longman, Mr P Sylvester	X	X				
3.6.61	792	Origins of Referral of colorectal cancer patients	Mr R J Longman, Mr M G Thomas	X	X				
3.6.62	838	A retrospective audit of anastomotic leak rates following anterior resection for rectal cancer at the BRI	Serena Ledwidge	X			X		X
3.6.63	976	An audit of accuracy of medication histories on the surgical admissions unit	Barbara Wilson	X			X		X
3.6.64	1027	Effective set up of humidified oxygen systems in self ventilating patients	David Keene	X		X			
3.6.65	1426	Thromboprophylaxis in Acute General Surgical admissions	Gev Bhabra, Lyndsey Thomson		X				
3.6.66	1608	NHS Litigation Authority (NHSLA) Documentation Audit	Stuart Metcalfe			X			X
3.6.67	1612	Thromboprophylaxis in Acute General Surgical admissions (re audit of project 1426)	Lyndsey Thomson, Gev Bhabra				X		X
Sub-specialty: Lower GI (Gastrointestinal) Surgery									
3.6.68	1101	Factors involved in post operative length of stay of patients undergoing elective colorectal procedures in the Bristol Royal Infirmary	Duncan Avis	X	X				X
3.6.69	1285	Global Rating Scale (GRS) - Are we meeting quality standards for Colonoscopy	Rebecca Griggs	X		X			X
Sub-specialty: Upper GI (Gastrointestinal) Surgery									
3.6.70	932	Audit of the concordance between upper gastro intestinal cancer multi disciplinary team treatment decisions and final decisions implemented	Jane Blazeby	X		X			
3.6.72	1115	Staging laparoscopy and hepatic artery lymph node biopsy in Pancreatic cancer	Serena Ledwidge	X		X			
3.6.73	1282	Global Rating Scale (GRS) - Are we meeting quality standards for Endoscopic Ultrasonography (EUS) and EUS FNA (Fine Needle Aspiration)	Dr Jayshri Shah	X		X			X
3.6.74	1350	Time between referral and treatment of patients presenting with painless jaundice due to cancer of the pancreas, cholangiocarcinoma or duodenal cancer	James Wood			X			
3.6.75	1351	Implementation of decisions from the colorectal MDT	Jane Blazeby, James Wood				X		X
3.6.76	1559	An audit of antibiotic prescriptions on Surgical wards	Jen Courtney			X			X
3.6.77	1561	An audit of clinical outcomes in patients with pancreatic adenocarcinoma undergoing Percutaneous Transhepatic Cholangiography	Jane Blazeby				X		X
Sub-specialty: Urology									
3.6.80	1428	An audit of the referral of suspected testicular cancers	Ben Ayres			X			
3.6.81	1431	Emergency admissions and the right consultant	Ben Ayres			X			X
3.6.82	1436	An audit on emergency Nephrostomy timing	Helena Burden			X			X

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.6.83	1469	Accuracy of ultrasound scanning in Bladder Tumours	Weranja Ranasinghe			X			X
3.6.84	1562	Audit of surgical outcomes for Laparoscopic/Open Radical Prostatectomy	Ben Ayres			X			X
3.6.85	1563	Investigation and management of microscopic haematuria	Ben Ayres			X			X
3.6.86	1595	Audit of Laparoscopic Nephrectomies (re audit of Project 1007)	Laura Walker				X		
3.6.87	1619	An audit of outcomes of the Bristol Andrology service	Jonathon Shaw			X			X
Sub-Specialty: Vascular surgery									
3.6.88	1532	Secondary prevention in Peripheral Vascular Disease	Oliver Denton			X			X
Specialty: Integrated Critical Care Services									
3.6.89	160	Intensive Care National Audit and Research Centre (ICNARC) Database	Dr Tim Gould	X		X		X	
3.6.90	537	Potential Donor Audit	Sarah Caborn, Leanne Sarney	X		X			X
3.6.91	1068	An audit of newly started ITU medications and their continuation into the community	Subash Nandalan	X		X			X
Sub-Specialty: ITU/HDU									
3.6.92	1231	MRSA audit	Jeremy Bewley, Nicola Davis	X		X			X
3.6.93	1346	Sedation levels on intensive care in patients with septic shock	Mathew Thomas			X			
3.6.94	1348	Drug omissions on Intensive Care Unit	Rachael Prout			X			X
3.6.95	1560	Modified Observation charts and their role in emergency protocol	Sanjay Krishnamoorhy			X			X
Specialty: Maxillo-facial surgery & Adult Ear, Nose and Throat (ENT)									
Sub-Specialty: Ear, Nose and Throat (Adult ENT)									
3.6.97	1124	Audit of venous thromboembolism prophylaxis in ENT Patients	Juliet Meldrum	X		X			
3.6.98	1129	Re-audit of ENT Health Records	Jackie Moxham	X			X		
3.6.99	1241	Re-audit to assess the management of patients presenting with globus type symptoms	Priya Achar	X			X		
3.6.100	1276	Re-audit to assess the appropriate use of preoperative tests for elective ENT surgery	Natalie Blencowe	X			X		X
3.6.101	1314	Audit of the use of the ENTtreatment Room	Fahad Chuinwalla	X		X			
3.6.102	1328	Meningitis in adults with otitis media	Shahrul Ibrahim		X				
3.6.103	1386	Standard of discharge summaries in ENT	Victoria Thomas			X			
3.6.104	1387	Audit of the pre operating checking procedure	Lyndsey Thomson			X			
3.6.105	1388	Re-audit of fine needle aspiration (FNA) results in the Ear, Nose and Throat (ENT) Department	Maryam Nowghani				X		
3.6.106	1390	The management of tracheostomies in children at home	Emma Burness			X			
3.6.107	1467	Audit of ENT blood transfusion service	Stuart Burrows			X			X
3.6.108	1470	Audit of clinic outcomes	Andrew Carswell			X			X
3.6.109	1501	Are we meeting national clinical standards for head and neck cancer waiting times - re-audit	Karen Andrews, Jonathan Bernstein				X		X

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
3.6.110	1545	Re-audit of clinic outcomes	Andrew Carswell				X		X
3.6.111	1570	Laryngo-tracheal reconstruction in children	Fabian Sipaul			X			X
3.6.112	1598	Re-audit of the use of ENT Urgent Clinic	Rob Douglas				X		X
3.6.113	1609	NHS Litigation Authority (NHSLA) Documentation Audit	Jackie Moxham				X		X
Sub-Specialty: Maxillo-facial surgery									
3.6.114	1473	Head and Neck Cancer and GP Communication	Samantha Baker			X			
3.6.115	1576	Fine Needle Aspiration Cytology; adequacy of departmental samples, sensitivity and specificity.	Mehrnoosh Dastaran				X		X
Specialty: Ophthalmology									
3.6.116	558	Are we following the guidelines for Retinopathy of Prematurity Screening?	Cathy Williams	X		X			X
3.6.117	1255	5 year Retrospective Review of Fungal Endophthalmitis Management	Balini Balasubramaniam	X	X				
3.6.118	1264	Use of DENSIRON® for retinal detachment	Mohammed Majid, Hussin M Hussin	X	X				
3.6.119	1300	Cataract Surgery Outcomes	Philip Jaycock, Derek Tole	X			X		X
3.6.120	1362	Carotid Artery Duplex Scans and the Medical Management of Embolic Retinal Arterial Disease – re-audit	Maria Morgan, Marten Brelen				X		X
3.6.121	1441	Is simple punctal stenosis appropriately assessed and treatment effective?	Glynn Baker			X			X
3.6.122	1462	Quality of referrals and listing rates of traditional GP referrals and optometric direct referrals for cataract surgery	Mohan Mundasad, Jon Park			X			X
3.6.123	1508	Nasolacrimal duct probing in children	Jocelyn Cherry, Amanda Churchill			X			X
3.6.124	1604	NHSLA Documentation audit – Bristol Eye Hospital	Jon Penny				X		X
Sub-Specialty: Ophthalmology Inpatient / Day Case Surgery									
3.6.126	1125	Endophthalmitis Audit 2002-2005	Cheryl Lee	X			X		
3.6.127	1303	Outcomes of arcuate keratotomy for post-keratoplasty astigmatism	Suman Biswas	X	X				
3.6.128	1361	Trabeculectomy	Imran Zaheer				X		X
3.6.129	1376	Dropped nuclei as a complication of cataract surgery	Phil Jaycock			X			X
3.6.130	1617	Outcome of H60M lens exchange surgery at Bristol Eye Hospital – re-audit (of 986)	Nat Knox Cartwright				X		X
Sub-Specialty: Ophthalmology Outpatients									
3.6.131	887	Audit of Bleb Needling	Michael Greaney	X		X			X
3.6.132	1259	Treatment of Posterior Capsule Opacification	Alison Meakin	X		X			X
3.6.133	1363	Evaluation of Nurse-Led Cataract Follow-Up Clinics - re-audit	Martina Jones				X		X
3.6.134	1377	Bristol Eye Hospital Genetics Clinic	Sri Sharma			X			
Sub-Specialty: Ophthalmology Pre-Operative Assessment									
3.6.135	1171	BOTOX® injection for relief of Entropion	Sally Ashton	X		X			X

Ref	No	Provisional Title of Project	Name	<<	P	A	R	>>	>
Sub-Specialty: Ophthalmology Shared Care									
3.6.136	1126	Are professionals communicating with parents of children with severe vision impairment according to national guidelines? - Bristol-wide	Dr Susan Howard	X		X			
3.6.137	1589	Glaucoma out patient follow up appointments at Bristol Eye Hospital (re-audit)	Rinku Joshi				X		X
Sub-Specialty: Orthoptics									
3.6.138	1468	Orthoptic Management of Amblyopia	Ruth Scott				X		X
Specialty: Orthopaedics (T&O)									
3.6.139	591	Are the outcomes of surgical treatment for past proximal humeral fracture in accordance with published international literature?	Mr J Livingstone	X		X			
3.6.140	844	Are all orthopaedic surgery operation notes for ankle fractures completed according to the Royal College of Surgeons' guidelines?	Jonathan Eldridge	X		X			
3.6.141	960	Outcomes following the use of the Proximal Femoral Nail (PFN) in the treatment of Femoral Hip Fractures	Mike Walton	X		X			
3.6.142	1262	Nil By Mouth in Pre-operative Orthopaedic patients	Gerry Baber, Caraline Newbury	X			X		X
3.6.143	1277	The Management of Torus Fractures	Mr Mike Whitehouse	X		X			
3.6.144	1278	Record Keeping - Trauma & Orthopaedics	Elaine Borsic	X		X			X
3.6.145	1347	Are we following the Trust protocol for suspected Scaphoid Fractures?	Esther Maguire, Lucy Maizels,				X		
3.6.146	1349	Progression of disease in patients with rheumatoid arthritis awaiting hand surgery in a single surgeon's practice	Olly Donaldson			X			X
3.6.147	1374	NHS Litigation Authority (NHSLA) Documentation Audit	Stuart Metcalfe			X			
3.6.148	1401	The management of Supracondylar fractures of the humerus	Matt Kerton			X			
3.6.149	1409	Patient Care pathway for fractured Neck of Femur	James Livingstone, Sanjeevan Srisandarajah			X			X
3.6.150	1524	An audit of tip - apex distance in assessing Dynamic Hip Screw fixtures	Julian Foote			X			
3.6.151	1525	An audit of the Fracture Liaison Service	Juliet Pitman			X			
3.6.152	1549	An audit of hand Injuries in severely traumatised patients	Mike Rodger			X			
3.6.153	1550	The quality of x-rays used for peri-operative planning in limb reconstruction surgery	Koye Odutola			X			X
3.6.154	1551	An audit of post shoulder surgery physiotherapy	Sam Leak, Rachel Goodwin, Lucy Bourne			X			X
3.6.155	1607	NHS Litigation Authority (NHSLA) Documentation Audit	Stuart Metcalfe			X			X
Specialty: Theatres & Central Sterile Services									
3.6.157	1086	Audit of documentation of anaesthetic supervision	Mike Taylor	X		X			
3.6.158	1345	Are we following the guidance on ensuring Correct Site Surgery	Dina Plowes				X		X

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

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.19	Blood and Blood Product Usage by Wards and Theatres	General Surgery
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.1	Are Correct Routine Preoperative Tests For Elective Surgery Being Ordered According To NICE Guidelines?	Anaesthesia, General Surgery
Diagnostic and Therapy	3.3.28	An audit of intravenous to oral switch antibiotic guidelines in the surgical directorate	General Surgery
Diagnostic and Therapy	3.3.25	Diagnosis and Treatment of Pseudoaneurysm	General Surgery
Diagnostic and Therapy	3.3.30	Audit of prophylactic antibiotic guidelines in surgery	General Surgery
Diagnostic and Therapy	3.3.16	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Medicine	3.4.31	South West Regional Audit of Diabetic Lower Limb Amputations	General Surgery. Orthopaedics
Medicine	3.4.8	Treatment of corneal trauma in the Emergency Department	Ophthalmology
Medicine	3.4.20	Audit of the management of renal colic in the Emergency Department (Re-audit Project No. 978)	General Surgery
Medicine	3.4.64	National clinical audit of falls and bone health in older people	Orthopaedics
Specialised Services	3.5.58	Neo-adjuvant chemotherapy for breast cancer	Maxillo-facial surgery & Adult ENT
Women's and Children's	3.7.93	(Re-audit) Are gynaecological patients receiving appropriate thromboembolic prophylaxis at St Michael's Hospital	Anaesthesia, Theatres & Central Sterile Services
Women's and Children's	3.7.113	Audit of the pre-operative checking procedure	Theatres & Central Sterile Services
Women's and Children's	3.7.115	Major obstetric haemorrhage	Anaesthesia, Theatres & Central Sterile Services
Women's and Children's	3.7.116	Antibiotic prophylaxis for caesarean section	Anaesthesia
Women's and Children's	3.7.118	Audit of the standard of high dependency care In obstetrics	Anaesthesia
Women's and Children's	3.7.121	Re-audit of decision to delivery interval of emergency caesarean sections	Anaesthesia
Women's and Children's	3.7.15	Re-audit of retinopathy of prematurity – screening and follow up	Ophthalmology
Women's and Children's	3.7.129	Re-audit of the management of placenta praevia	Anaesthesia
Women's and Children's	3.7.97	NHS Litigation Authority (NHSLA) Documentation Audit	Theatres & Central Sterile Services
Non-division specific	3.8.3	Infection Control Clinical Care Audit	All

Summary of benefits, actions or changes achieved in 2006/7

- **3.6.1** - A re-audit of epidural response times for women in labour (first conducted in 2001) showed that despite the increase in workload (up by 39.3% between 1999 and 2005) the Trust still managed to meet the 60 minute response time in 95% of cases.
- **3.6.17** - Following Royal College of Anaesthetists national guidelines for documentation of anaesthetic monitoring and procedures for obstetric patients, it was found that the minimum dataset was not being

recorded. The obstetric anaesthetic chart has therefore been redesigned to address this. Re-audit is planned for 2007/8 and included on the divisional forward plan.

- **3.6.19** - not all patients undergoing regional anaesthesia were being followed-up post partum, leading to the risk of staff missing complications. It was discovered that there was no consensus of opinion as to what constituted a complication and a list of criteria has now been developed. Guidelines on the follow-up of these patients have been designed and implemented.
- **3.6.21** - With no trust guidelines in place there was concern that Transthoracic Echocardiograms were being requested inappropriately in pre-operative assessment. This audit led to the development of such guidelines which have been implemented in the pre-operative setting.
- **3.6.22** - Each department at Bristol Dental Hospital has been provided with clear guidance sheets and a standard reference radiograph, which will aid staff in meeting the documentation requirements of the Ionising Radiation (Medical Exposures) Regulations.
- **3.6.23** - A new standard referral proforma was designed and distributed to all General Dental Practitioners in the area, making the provision of essential information easier when referring to the Dental Hospital.
- **3.6.27** - A flowchart protocol was developed to aid General Dental Practitioners in referring to the Primary Care Unit at Bristol Dental Hospital.
- **3.6.28** - This audit, which involved a patient survey, confirmed a high level of satisfaction with the service provided by the Primary Care Unit at Bristol Dental Hospital.
- **3.6.32** - More efficient use of theatre time for patients on Day Case Oral Surgery lists is evident since a previous audit in 2003.
- **3.6.33** - Changes are to be made to the General Anaesthetic Integrated Care Pathway to clarify the recording of sickle cell status for patients treated at Bristol Dental Hospital.
- **3.6.34** - A proforma was designed to aid the process of referral for apicectomy from General Dental Practitioners and to help ensure all appropriate steps are taken prior to referral. It was sent to all practices in the local area, together with a summary of the Royal College of Surgeons' Guidelines for Surgical Endodontics.
- **3.6.36** - A new internal waiting list form has been introduced within the Dental Hospital to ensure appropriate listing for oral surgery procedures under local anaesthetic.
- **3.6.41** - A checklist, based on the National Institute for Health and Clinical Excellence "Checklist of Modifying Factors", is now included in the medical records for all children with cleft lip and palate treated in the Child Dental Health department, to allow NICE guidance on appropriate recall intervals to be more easily implemented.
- **3.6.42** - A local guideline has been provided for junior staff carrying out apexification for children, stressing the importance of obtaining periapical radiographs prior to treatment at Bristol Dental Hospital.
- **3.6.44** - Updates were made to the standard referral proforma for General Anaesthetic at Bristol Dental Hospital, to improve the quality of information received.
- **3.6.45** - A new section is to be incorporated into the General Anaesthetic Integrated Care Pathway to ensure radiographs are taken for routine dental extractions and to improve documentation of this.
- **3.6.46** - Local guidelines have been devised to make explicit the process of obtaining written consent from patients prior to inhalation sedation at Bristol Dental Hospital.
- **3.6.51** - A protocol has been developed from Faculty of General Dental Practice guidelines and recommendations in the Dental Practitioners' Formulary, in order to clarify antibiotic prescribing practice amongst community dental staff.
- **3.6.52** - Confirmed much improved staff preparedness for medical emergencies in community clinics since audits in 2004 and 2005.
- **3.6.54** - American Academy of Periodontology guidance was adapted into a Dental Hospital guideline for the benefit of new staff and to aid the teaching of students in prescribing of antibiotics for periodontal disease.
- **3.6.55** - New guidelines and a proforma for clinical preparation of porcelain veneers have been developed, to ensure every stage of the process is adhered to and documented at Bristol Dental Hospital.
- **3.6.56** - The joint Orthodontic / Restorative clinic protocol has been revised to aid communication between these departments.
- **3.6.57** - This audit of provision of dentures, which involved a patient survey, confirmed a high level of satisfaction with the way patients were treated by staff and students on Adult Clinic 1 at Bristol Dental Hospital.
- **3.6.64** - The finding that humidified oxygen systems were not being effectively set up in all cases resulted in the introduction of competency training on ward induction for all staff. A re-audit is planned for 2007/8 and listed on the divisional forward plan.
- **3.6.65** - Trust guidelines are currently being finalised to address the finding that thromboprophylaxis was not being prescribed appropriately in all general surgical patients. Teaching sessions have also been set up along with the implementation of posters on wards to educate staff of correct prescribing of TED stockings and heparin. Pre-printed prescription labels for TEDS/Heparin have also been introduced. A re-audit is currently underway.
- **3.6.80** - A delay between clinic and the ultrasound service was identified in patients referred with testicular cancer. With a same-day ultrasound service available it is hoped that dedicated access to ultrasound slots for suspected testicular cancer patients will improve care.

- **3.6.97** - The local protocol for the prophylaxis of venous thromboembolism in Ear, Nose and Throat (ENT) has been updated and re-implemented to ensure that patients are managed appropriately.
- **3.6.98** - The quality of the documentation in ENT has continued to improve. The successful implementation of notes awareness training and the introduction of a pre-formatted operation sheet should improve the quality of the documentation further.
- **3.6.99** - The investigations used to test for globus pharyngeus were clarified. In particular barium swallow will not be used as a routine test for globus pharyngeus.
- **3.6.101** - Specific clinic time has been set aside for urgent ENT outpatient appointments. This should lead to a reduction in the number of patients seen inappropriately in the ENT treatment room.
- **3.6.102** - The current management of otitis media by both primary and secondary care is satisfactory. The mortality rate for meningitis secondary to otitis media in Bristol is comparable to the lowest rates of mortality identified in the literature.
- **3.6.105** - Training will be provided to ENT staff on Fine Needle Aspiration (FNA) and specific FNA clinics will be set up. The implementation of these measures should reduce the rate of inadequate FNAs in ENT.
- **3.6.114** - A Clinical Nurse Specialist is to be appointed, who will help the Head and Neck Cancer team to improve the quality and speed of communication with General Practitioners. Arrangements have been made for letters regarding diagnosis to be typed as a priority.
- **3.6.117** - Guidelines have been revised following the audit with a clear checklist for staff to follow in managing patients with fungal endophthalmitis.
- **3.6.122** - Work is in progress to develop a new local referral form to improve the quality of information received for referrals for cataract surgery.
- **3.6.126** - This audit has confirmed a rate of post-operative endophthalmitis below the national rate. Availability of the endophthalmitis Pack has been improved, to ensure medical staff have easy access to the guideline for vitreous biopsy and intravitreal antibiotic administration.
- **3.6.134** - Consultations with medical team and genetics counsellor on the Eye Hospital Genetics Clinic are now taking place in separate rooms to help put patients more at ease. Measures have also been taken to improve pre- and post-clinic contact with patients.
- **3.6.136** - As a result of this North Bristol NHS Trust-led audit, a protocol has been developed for multi-professional management of children with severe vision impairment and communication with their parents, making responsibilities clearer and improving communication between Bristol Eye Hospital, Community Paediatricians, and Vision Support teachers.
- **3.6.138** - A new orthoptic proforma is being developed to improve documentation for patients with amblyopia and new advice leaflets have been made available for patients and parents.
- **3.6.151** - The audit showed that many potential referrals to the Fracture Liaison service were being missed. An automated referral system has been implemented and is now in use. The system uses text recognition technology on letters typed by orthopaedic secretaries and identifies all postmenopausal women who have attended fracture clinic with low impact fractures.
- **3.6.157** - The results from this audit highlighted the need to record the name of the supervising consultant on the anaesthetic chart as well as the level of supervision. Re-designing the chart was not a viable option so a sticker system has been put in place. These stickers are readily available in theatre and attached to the chart where applicable.

3.7 WOMEN AND CHILDREN'S

SUMMARY FIGURES

	2005/6 roll-overs <<	61
Audits first registered in 2006/7	Pre-audits P	0
	First audits A	54
	Re-audits R	19
	Ongoing monitoring projects >>	1
Total number of audits		131
Completed audits		79
Current (uncompleted) audits carried forward >		41
Ongoing monitoring projects carried forward >>		12

(includes 3 subsequently abandoned and 1 deferred – see Appendix B and C)

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	Provisional Title of Project	Name	<<	P	A	R	>>	>
Specialty: Childrens Services									
3.7.1	658	Service provision for inpatient children with special needs	Tom Allport, Jan Nicholson, Annette Marshall	X		X			
3.7.2	1296	Clinical Negligence Scheme for Trusts Standard 4 - Note keeping Audit	Carol Inward	X			X		
3.7.3	1381	Patient waiting times for Friday morning sessions	Katy Phelps			X			
3.7.4	1493	Patient Identification – nameband audit	Helen Morris, Barbara Sherriff			X			
Sub-Specialty: CAMHs (Child Adolescent Mental Health)									
3.7.5	1528	Deliberate Self Harm Care pathway Audit	Janet Smith			X			X
Sub-Specialty: Community Paediatrics									
3.7.6	1294	Review of inpatient child protection cases Sept 04 - Sept 05	Katrien Coppens, Raghu Lingam	X			X		
3.7.7	1552	Retrospective audit of the Green Form child protection alert system	Carol Sawkins			X			
Sub-Specialty: Neonatology									
3.7.8	1047	Audit of Gastroschisis Protocol in Neonatal Intensive Care Unit (NICU)	Sam O'Hare	X		X			X
3.7.9	1142	International, national and regional benchmarking of mortality & morbidity and resource allocation on the newborn intensive care unit	David Harding	X		X		X	
3.7.10	1145	Clinical management of infants with Hypoxic Ischaemic Encephalopathy (HIE)	Karen Luyt	X	X				
3.7.11	1178	Audit of referrals of premature infants for Patent Ductus Arteriosus (PDA) ligation	James Dodd	X		X			
3.7.12	1312	The management of babies born to mothers positive for group B streptococcus	Laura Hole	X		X			
3.7.14	1385	Re-Audit of infants referred for Patent Ductus Arteriosus (PDA) Ligation	James Dodd				X		
3.7.15	1417	Re-audit of retinopathy of prematurely – screening and follow up	Zainab Mohamed				X		

3.7.16	1418	Re-audit of temperature on admission to NICU	Anisio Melo				X		
3.7.17	1444	Testing the placement of gastric feeding tubes – is there compliance with the National Patient Safety Agency (NPSA) guidelines?	Sue Braithwaite			X			
3.7.18	1513	Documentation of baby notes in St Michael's Hospital NICU	Tinu Purayil			X			X
3.7.19	1538	An audit of NICU care plans	Carol Arlidge			X			
3.7.20	1540	Where's the baby – Audit of newborn sleeping position in St Michael's Hospital	Andrew Redfern			X			
3.7.21	1542	Audit of identification of junior medical staff when making notes in patient records.	Matt Rotheram			X			
3.7.22	1572	Readmissions for babies during neonatal period	A Yee Than				X		X
3.7.23	1611	NHS Litigation Authority (NHSLA) Documentation Audit	Jackie Moxham			X			X
Sub-Specialty: Paediatric Anaesthesia									
3.7.24	974	Pre-admission anaesthetic information completed in Children's Services?	Shanie Hempstead	X		X			
3.7.25	1104	Audit of sedation practice at BCH	Sarah Parry	X	X				
3.7.26	1330	Audit to assess usage of morphine via patient controlled analgesia in laparoscopic appendectomy	Dr Hannah Blanshard	X		X			X
Sub-Specialty: Paediatric Cardiac Services									
3.7.27	79	Post-Operative Morbidity Following Cardiac Catheterisation	Dr R Martin	X		X		X	
3.7.28	80	Post-Operative Morbidity Following Cardiac Surgery	Dr G Stuart	X		X		X	
3.7.29	81	Radiofrequency Ablation in Paediatric Arrhythmias	Dr G Stuart	X		X		X	
3.7.30	83	Review of Peri-operative Infections	Dr R Martin	X		X		X	
3.7.31	947	Paediatric cardiac surgery audit (CCAD - Central Cardiac Audit Database)	Dr Andrew Tometzki	X		X		X	
3.7.32	1482	Are all patients with isomerism being referred for GIT assessment	Dr Ollie Gee, Dr Gareth Morgan			X			X
Sub-Specialty: Paediatric Emergency Department									
3.7.33	1041	Compliance with the National Poisons Information Services Guidelines 2003 for management of paracetamol overdose in children	Sally Le Roux	X		X			
3.7.34	1382	Children presenting with seizures to the Emergency Department	Dr Pratik Shah			X			
3.7.35	1472	Paediatric Head Injury Management	Dr Adam Brown			X			
3.7.36	1624	Are we sending appropriate urine specimens to the labs for urinalysis?	Dr Jules Blackham			X			
Sub-Specialty: Paediatric Endocrinology									
3.7.37	1042	Patient education models for diabetes	Noeleen Lovell	X		X			
3.7.38	1334	Turners Syndrome - Management and screening of patients	Claire Wilkins	X		X			
3.7.39	1451	National Diabetes Audit (NCASP)	Dr Christine Burren			X		X	
Sub-Specialty: Paediatric Intensive Care (PICU)									
3.7.40	72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	Carol Maskrey	X		X		X	
3.7.41	493	Audit of the documentation of Invasive Procedures undertaken on PICU and consent for Invasive Procedures undertaken on PICU	Michaela Dixon	X		X			X

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3.7.42	946	PICANet (Paediatric Intensive Care Audit Network)	Dr Peter Davis	X		X		X	
3.7.43	963	A pre-audit of 5 years' experience with patients having a Fontan type procedure	Dr Tim Murphy	X	X				X
3.7.44	977	Complications of Chest Drain Removal in Post-Op Cardiac Patients	Dr John Ellis, Peter Davis	X	X				
3.7.45	1195	An Audit of Retrieval Response Times and the Impact of Practice Changes	Nigel Humphreys	X	X				
3.7.46	1319	Peritoneal Dialysis on PICU. Are PICU guidelines being followed?	Simon Law	X		X			X
3.7.47	1368	Management of Status Epilepticus in patients referred to Bristol PICU from the south-west region	Katherine Jackson			X			X
3.7.48	1445	Audit to assess elective central venous line insertion in cardiac theatre versus NICE guidelines	Dr Hannah Blanshard			X			X
3.7.49	1481	PICU Discharge Delay Re-Audit	Dr Peter Davis			X			X
3.7.50	1483	Use of muscle relaxants in PICU	Katy Mallam			X			X
3.7.51	1527	Chest Drain Removal in Post-op Cardiac Paediatric Patients	Sandra Cutts			X			X
3.7.52	1547	Bronchiolitis in need of CPAP: outcome project (BINCO)	Dr Helen Brewer			X			X
3.7.53	1590	Are we following the protocol for inhaled nitric oxide therapy on PICU?	Clare Skerritt			X			X
Sub-Specialty: Paediatric Nephrology									
3.7.54	245	Audit of adequacy of renal replacement	Dr Alison Dick	X		X		X	
3.7.55	1082	Audit of micturating cystourethrograms (MCUGs)	Dr David Grier	X		X			
3.7.56	1335	Audit of Effect on Prescribing of the Introduction of a new drug chart.	Dr Carol Inward			X			
3.7.57	1384	Management of children in end stage renal failure a re-audit	Dr Gita Modgil, Dr Hannah Cottis				X		
3.7.58	1594	Anaemia management in renal failure: Are we NICE compliant ?	Dr Rosie Fish			X			X
3.7.59	1546	National Institute for Clinical Excellence - Guidance on the diagnosis and management of the epilepsies in children in secondary care	Dr Lokesh Lingappa			X			X
Sub-Specialty: Paediatric Oncology									
3.7.60	815	Paediatric Cancer Defining the pathway for children in the South West	Annabele Foot	X		X			X
3.7.61	949	Audit of records of treatment plans and consent to treatment in haematology oncology patients	Keith Sibson	X		X			
3.7.62	1380	Pain assessment and evaluation in stem cell transplant patients	Wendy Saegenschnitter			X			
3.7.63	1478	Central line safety training audit	Wendy Sagenschitter, Sarah Berry			X			X
3.7.64	1503	Aseptic non touch technique audit	Wendy Saegenschnitter				X		
3.7.65	1593	Perinatal transmissoin of HIV: audit of infected infants born in England between 2002 and 2005	Lizzie Hutchenson			X			X
Sub-Specialty: Paediatric Respiratology									

3.7.66	67	Emphysema referrals (Physiotherapy)	Louise Owen	X		X			
3.7.68	1336	Review of adherence to NICE guidance on use of inhaler devices (under fives)	Dr Arun Marthandan	X			X		
3.7.69	1383	Parapneumonic effusions and empyemas	Dr Jane Heraghty				X		
3.7.70	1479	The use of pH studies in the investigation of children with respiratory disease	Kate Flavin			X			X
3.7.71	1548	To supply steroid cards to all asthmatics on high dose inhaled steroids	Dr Zainab Mohamed			X			X
3.7.72	1565	Is performing bronchoscopy and endobronchial biopsy in children with difficult asthma worthwhile?	Dr Karen Herbert			X			X
3.7.73	1574	British Paediatric Respiratory Society / British Thoracic Society (BPRS/BTS) Asthma Audit 2006	Deb Marriage				X		X
Sub-Specialty: Paediatric Surgery									
3.7.74	1210	Audit of Gastroschisis management	Dr Francis Verey	X		X			
3.7.75	1480	Choice of radiological imaging in investigation of paediatric blunt abdominal trauma	Dr Janet McNally, Dr Claire Willkins			X			X
3.7.76	1592	Emergency Theatre List Usage	Jonathan Graham			X			
Sub-Specialty: Paediatric Trauma & Orthopaedics (T&O)									
3.7.77	966	Time from admission to operation for paediatric trauma cases	M.J Barakat	X		X			
Specialty: Women's Services									
Sub-Specialty: Contraceptive & Sexual Health Services (CASH)									
3.7.79	619	Are Patient Group Directions (PGD) for issuing emergency contraceptive pills and for re-issuing pills and injectables being adhered to?	Cherry Morgan	X		X			
3.7.80	1049	Implanon audit	Dr Annie Evans	X	X				
3.7.81	1148	Smear takers self audit	Rosemary Bailey	X		X			
3.7.82	1403	Audit of patient records for under 16 year olds	Sharon Bodard			X			
3.7.83	1443	Re-audit of the management of women requesting abortion	Rosemary Willshaw				X		X
3.7.84	1512	An audit of contraceptive advice for women with unplanned pregnancy seeking counselling.	Sally Chow			X			
Sub-Specialty: Gynaecology									
3.7.85	231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management	John Murdoch	X		X			X
3.7.86	1131	Re-audit of gynaecology health records	Jackie Moxham	X			X		
3.7.87	1238	Re-audit of the treatment of fibroids by uterine artery embolism (UAE)	Dr Dimitrios Psaroudakis	X			X		
3.7.88	1248	Use of tension free vaginal tape (TVT) as a surgical treatment for urinary stress incontinence	Alex See	X		X			
3.7.89	1286	Surgical complications of radical gynaecological surgery	Melanie Griffin	X		X			X
3.7.90	1287	The communication of information given to patients in the Gynaecology outpatient department	Sue Coghlan	X		X			

3.7.91	1290	Audit of the use of methotrexate for ectopic pregnancy	Rebecca Swingler	X		X			
3.7.92	1299	Management of early pregnancy loss: Medical management of retained products of conception	Jo Marsden Williams	X		X			
3.7.93	1324	(Re-audit) Are gynaecological patients receiving appropriate thromboembolic prophylaxis at St Michael's Hospital	Kate Collins				X		
3.7.94	1449	Care of women requesting a termination of pregnancy (TOP)	Rebecca Swingler			X			
3.7.95	1587	Re-audit of the medical management of miscarriage	Jo Marsden Williams				X		X
3.7.96	1597	Audit of test result follow up on ward 78	Mike Jenkins			X			
3.7.97	1610	NHS Litigation Authority (NHSLA) Documentation Audit	Jackie Moxham				X		X
Sub-Specialty: Obstetrics & Midwifery									
3.7.98	532	Management of patients with Symphysis Pubis Dysfunction (SPD)	Dianne Paton	X		X			
3.7.99	633	Audit of blood usage on Central Delivery Suite	Annie Tizzard	X		X		X	
3.7.100	962	Audit to assess the appropriate admission of patients to the Central Delivery Suite and Birthing Suite	Belinda Cox	X	X				
3.7.101	1021	Hepatitis B vaccination in pregnancy	Wendy Ring	X		X			
3.7.102	1108	Re-audit of guideline for the care of women with Group B Streptococcus (GBS) infection in pregnancy	Maud Van De Venne	X			X		
3.7.104	1191	Re-audit to assess the effectiveness of external cephalic version (ECV)	Uma Vaze	X			X		
3.7.105	1219	Audit of Shoulder Dystocia Management	Amanda Jefferys	X		X			
3.7.106	1240	Re-audit to assess compliance with the United Nations International Children's Emergency Fund (UNICEF) baby friendly standards	Katie Williams	X			X		
3.7.107	1252	Audit of the uptake of antenatal human immunodeficiency virus (HIV) testing in Bristol	Deepa Shah	X		X			
3.7.108	1254	Evaluation of amniotic fluid index (AFI) in post term pregnancies	Mel Griffin	X		X			
3.7.109	1257	Re-audit - Are the standards for UNICEF baby friendly accreditation being met?	Belinda Cox	X			X		
3.7.110	1275	Re-audit of neonatal feed charts – supply, completion and review of the charts	Cass Adamson	X			X		
3.7.111	1313	Birthing Suite re-audit	Michelle Fletcher	X			X		X
3.7.112	1353	Antenatal and intrapartum management of women with a previous caesarean section	Jon Ash			X			
3.7.113	1354	Audit of the pre-operative checking procedure	Dimitrios Psaroudakis			X			
3.7.114	1370	Audit of local guidelines for the management of reduced foetal movements.	Amanda Jefferies			X			
3.7.115	1371	Major obstetric haemorrhage	Beth McHugh			X			
3.7.116	1372	Antibiotic prophylaxis for caesarean section	Cressida Downie			X			
3.7.117	1391	Audit of physiotherapy management of stress urinary incontinence (SUI)	Jess Butterly			X			X
3.7.118	1394	Audit of the standard of high dependency care In obstetrics	Alison Kirkpatrick			X			
3.7.119	1395	Re-audit of the management of induction of labour	Jo Baden Fuller				X		

3.7.120	1396	Immediate care of the newborn	Belinda Cox			X			
3.7.121	1405	Re-audit of decision to delivery interval of emergency caesarean sections	Brendon O'Leary				X		
3.7.122	1407	Audit of the NICE guideline 'Antenatal care, routine care for the healthy pregnant woman', Oct 2003.	Lisa Damsell, Jenny Ford,			X			
3.7.123	1419	Management of antepartum haemorrhage of unknown origin	Louise Wilson			X			
3.7.124	1448	Maternal consent for caesarean section - compliance with local guidelines	Christina Snowden, Linda Clubb			X			X
3.7.125	1450	Newborn blood spot screening	Mary Davis			X			
3.7.126	1464	Antenatal management of obstetrics cholestasis	Maggie Arlidge			X			
3.7.127	1465	Audit of the outcome of pre-gestational diabetes	Kate O'Brien, Nicky Davis			X			
3.7.128	1492	Re-audit of maternity health records	Jackie Moxham				X		
3.7.129	1502	Re-audit of the management of placenta praevia	Emma Preston, Jane Farey				X		X
3.7.130	1536	Re-audit of the recording of allergy / hypersensitivity information	Louise Howarth				X		X
3.7.131	1537	Management of hypothyroidism in pregnancy - are we any better?	Louise Ashelby				X		X
3.7.132	1569	The management of term vaginal breech delivery	Louisa Daoud			X			X
3.7.133	1571	Re-audit of postnatal glucose tolerance test (GTT) for gestational diabetes mellitus	Natasha Jesudason				X		X
3.7.134	1586	Audit of operative vaginal delivery - are we adhering to local and national guidelines.	Jo Marsden Williams			X			X
3.7.135	1588	Prenatal diagnosis of facial clefts	Jane Foster			X			X

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

Division listed under	Ref	Project Title	Participating specialties from this Division
Diagnostic and Therapy	3.3.50	Imaging Guidelines for Patients with Coarctation of the Aorta	Children's Services
Diagnostic and Therapy	3.3.52	The Introduction of a Radiographer's Image Interpretation Form as an Addendum to the Red Dot.	Children's Services
Diagnostic and Therapy	3.3.15	Infection Control Ward/Department audit	
Diagnostic and Therapy	3.3.16	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	
Diagnostic and Therapy	3.3.17	Management of MRSA positive patients	
Diagnostic and Therapy	3.3.7	Audit of Borderline Ovarian Tumour – 10 years	Women's Services
Diagnostic and Therapy	3.3.8	Audit of Negative biopsies of loop excision of cervical transformation zone (LLETZ).	Women's Services
Medicine	3.4.33	Transfer of patients from the Children's Hospital diabetes service to the adult service in the Bristol Royal Infirmary	Children's Services
Medicine	3.4.30	Regional audit of Diabetic Pregnancies	Women's Services
Specialised Services	3.5.73	Out of Hours Management of Haemophilia Patients	Children's Services

Division listed under	Ref	Project Title	Participating specialties from this Division
Specialised Services	3.5.31	Cytochrome P450 interactions with Simvastatin	
Specialised Services	3.5.57	Audit of Prescribing Guidelines Amendment of Feb 2006	
Specialised Services	3.5.73	Out of Hours Management of Haemophilia Patients	Children's Services
Surgery and Head and Neck	3.6.106	The management of tracheostomies in children at home	Children's Services
Surgery and Head and Neck	3.6.16	Audit of Epidural Anaesthesia for Gynaecological Operations	Women's Services
Surgery and Head and Neck	3.6.134	Bristol Eye Hospital Genetics Clinic	
Surgery and Head and Neck	3.6.40	Failure rate of multistranded bonded retainers	
Non-division specific	3.8.3	Infection Control Clinical Care Audit	All

Summary of benefits, actions or changes achieved in 2006/7

- **3.7.1** – Improvements in care provided for children with special needs identified since pilot study: Increase in use of the communication tool ("All about ME" booklet); uptake of training; completion of manual handling assessment form. Since the audit we have had an educational workshop for staff. Resources were found to conduct an extensive activity analysis to identify more clearly the numbers of children being admitted to Children's Services.
- **3.7.3** - Discussions presently taking place around Special Needs children and appropriateness of being seen in general outpatient clinics (hoist requirement, time pressure on staff, space in waiting area, facilities). Possibility of these patients to be seen in community. Appointment / ticket system for X-ray / Outpatients is also being explored.
- **3.7.4** - The Division is now co leading with Birmingham a joint audit on Patient Identification across five UK Paediatric Centres.
- **3.7.7** - Re-examination of the Child Protection process is underway (16% of children did not have details of case conference on CED computer) – an activity analysis to evaluate the long term recommendation that all health professionals should be working from a single set of records is in progress.
- **3.7.10** - A local guideline for the management of infants with Hypoxic Ischaemic Encephalopathy (HIE) will be developed.
- **3.7.16** - The temperature on admission to NICU was clarified. Staff were reminded to document the use of plastic bags and the use of the transport incubator. The local guideline for the initial management of infants <32 weeks gestation is currently being updated.
- **3.7.17** - Staff have been informed about the need to write the date on the intensive care fluid charts. The observation and fluid charts are currently being revised to incorporate space to record ph. Unit wide training will be provided once the new charts have been implemented. This will include the documentation of ph on the fluid chart, the documentation of the length of the tube on the care plan and the documentation of the rationale for actions if ph >5.5 or nil aspirate.
- **3.7.19** - A local guideline of blood pressure frequency is currently being produced. Once the guideline is implemented education will be provided to staff on the importance of blood pressure monitoring. The frequency of blood pressure monitoring will be made more explicit on ward rounds. The intensive therapy unit chart has been updated to include a space to record endotracheal tube (ETT) suction length. The chart has been re-implemented and education provided to staff as to the importance of knowing the suction length and how to assess and document it correctly.
- **3.7.35** - Poor documentation regarding loss of consciousness and Glasgow Coma Score has led to a new proforma being introduced in the department. There are plans to re-audit this project forming part of our 2007/8 Forward Plan.
- **3.7.37** - Parents of newly diagnosed children with diabetes received a full education programme at diagnosis. This project involved parents and children in assessing the level of education attained from the multi-disciplinary team. The audit highlighted areas that needed reviewing: a recommendation to introduce education review at six months post diagnosis has now been actioned.
- **3.7.38** - Introduced the proforma developed for the audit of Management of Turners Syndrome as an *ongoing monitoring tool* in individual patient notes, this will facilitate ensuring all aspects of care undertaken. Plan to re-audit in the future.
- **3.7.44** - The audit has lead to the production of a comprehensive guideline for the removal of an intrathoracic chest drain not just for post-operative cardiac surgical patients on PICU but for all children with drains in the

hospital. The hope is that this guideline will lead to more coherent practice across the hospital and reduce the number of adverse events. This is currently being re-audited on PICU.

- **3.7.56** - Generally high level of prescribing medicines recorded. Following some concerns regarding design of new charts, working party has reviewed the users' responses and made amendments to the chart. Division has adopted the new chart and its use is presently being implemented. Re-audit identified on 2007/8 Forward Plan.
- **3.7.62** - Audit tool has been adjusted, awaiting allocation of new pain link nurse to restart regular monthly audits. Mucositis care plan has been reviewed and changed.
- **3.7.69** - Nearly all patients with parapneumonic effusions and empyemas were assessed by a Paediatric Respiratory Consultant during their stay in hospital. All patients had a CXR either at their local centre or in BCH. All children were treated with appropriate antibiotics. Local guideline in development process.
- **3.7.79** - Best practice was achieved for the standards audited. Patients are being treated in line with the Patient Group Directives for issuing emergency contraceptive pills and for re-issuing pills and injectables.
- **3.7.80** - Best practice was achieved for the standards audited. Patients are receiving the appropriate counselling prior to the insertion of their implant. The local discontinuation rate of 25% compares favourably to 43% reported in the literature.
- **3.7.82** - A proforma has been developed to be used in all clinics for all clients aged under 16 or considered to be otherwise vulnerable. The proforma will be used across Bristol, North Somerset and South Gloucestershire. The proforma will ensure that staff are asking patients the right questions and that the responses are adequately documented.
- **3.7.86** - The quality of the documentation in Gynaecology has continued to improve. The successful implementation of notes awareness training and the introduction of a pre-formatted operation sheet will improve the quality of the documentation further.
- **3.7.87** - Best practice was achieved for the majority of the standards audited. A pre-procedure check list for the treatment of fibroids by uterine artery embolism has been developed to ensure all required investigations are carried out and are properly documented; the patient information leaflet has been amended to reflect local outcomes; and a satisfaction questionnaire is currently being produced. The results of which will be used to standardise symptom improvement monitoring.
- **3.7.90** - The quality of the communication between the patient and the doctors/ nurses in the Gynaecology outpatient department has continued to improve. In particular patients feel that their concerns are being listened to, that they are able to ask questions and that staff are good at explaining why any treatment/ tests are needed.
- **3.7.91** - Best practice was achieved for the majority of the standards audited. A proforma has been developed for the use of methotrexate for ectopic pregnancy to ensure that patients receive the appropriate pre treatment and follow up investigations.
- **3.7.92** - Best practice was achieved for the standards audited. All of the patient's were managed appropriately and the success rate for the medical management of retained products of conception compares favourably with the rate cited by the Royal College of Obstetricians and Gynaecologists. The local guideline for early pregnancy loss: medical management of retained products of conception has been updated and re-implemented. The re-implementation was accompanied by the provision of staff education.
- **3.7.93** - There has been a significant improvement in the number of patients being weighed pre-operatively. This has in turn helped to ensure that patients are receiving the appropriate treatment. The local guideline for thromboprophylaxis in Gynaecology has been updated and re-implemented to bring it in line with the pre op checklist. The re-implementation was accompanied by the provision of staff education.
- **3.7.94** - Best practice was achieved for the standards audited. The local guideline for the care of women requesting a termination of pregnancy is currently being updated to ensure that women receive the appropriate antibiotics pre-operatively to reduce the risk of acquiring a post-operative infection.
- **3.7.96** - The process for chasing up test results in Gynaecology was clarified. A system has been implemented that clarifies who is responsible for chasing up test results and when. This will ensure that positive test results are acted upon immediately, which will improve patient care.
- **3.7.102** - The local guideline for the care of women with Group B Streptococcus infection in pregnancy has been updated and re-implemented to increase the number of women receiving their GBS result prior to their labour. This should ensure that women are being given antibiotics appropriately. The re-implementation was accompanied by the provision of staff education.
- **3.7.105** - The definition of the predisposing factors for shoulder dystocia was clarified. Shoulder dystocia is clearly defined in the UBHT shoulder dystocia guideline. The procedure for delivering a baby with shoulder dystocia is included in the obstetrics emergency study day. The training session also includes the importance of documenting cases using the shoulder dystocia form.
- **3.7.107** - Best practice was achieved for the standards audited. UBHT is meeting the nationally recommended uptake rate for HIV screening for antenatal women. Training was implemented to improve screening uptake amongst ethnic minorities. This should improve the uptake rate further and hence improve patient care.
- **3.7.108** - Best practice was achieved for the standards audited. All women are being offered Induction of Labour beyond 41 weeks, in compliance with NICE recommendations.
- **3.7.109** - Mechanisms have been put in place to ensure that women are receiving information on support groups; the breast feeding policy has been updated; and training in breastfeeding management was provided to staff to improve the level of care that women receive and to improve the information that is given to

mothers. In particular training concentrated on the importance of skin to skin contact, positioning, attachment and hand expressing.

- **3.7.112** - Best practice was achieved for the majority of the standards audited. Information has been disseminated to staff to remind them about the need to administer Ranitidine every 6 hours following vaginal birth following a caesarean section (VBAC) and that blood should be group and saved. The VBAC leaflet is currently being updated.
- **3.7.115** - The local guideline for major obstetric haemorrhage has been updated and re-implemented. The re-implementation was accompanied by the provision of staff education.
- **3.7.116** - Best practice was achieved for the majority of the standards audited. Women are receiving the appropriate antibiotics during caesarean section. To ensure that good practice is continued Obstetric staff will ask the anaesthetists in theatre whether antibiotics have been given. This will act as a simple reminder.
- **3.7.118** - The local guideline for high dependency care has been reviewed by the Central Delivery Suite Working Party; the frequency/ timing of the multi professional review of has been updated; core F and G grade midwives have been supported in completing High Dependency Unit training to ensure that there is appropriate cover at all times; and calculators have been purchased.
- **3.7.119** - The local guideline for induction of labour is currently under review by the Central Delivery Suite Working Party. The audit highlighted a number of areas at which delays occur. In order to alleviate these delays the 5pm ward round will be used to prioritise inductions for the next day.
- **3.7.120** - Training has been provided to all staff on skin to skin contact; midwives have been reminded about the importance of correctly identifying babies, weighing babies correctly, accurate documentation, providing appropriate patient information leaflets, checking that the mother is making an informed choice around administration and route of administration prior to administering Vitamin K to her baby and asking a neonatal doctor to discuss the need for Vitamin K with a mother when the mother had declined Vitamin K for her baby; the guideline on assessing babies temperatures was highlighted in Close Encounters; the temperature of rooms on CDS is being reviewed and will be reported on shortly; and neonatal staff have been reminded to check in the neonatal notes whether a baby has received Vitamin K when undertaking the neonatal check.
- **3.7.121** - Changes have been implemented to improve staff awareness of the decision to delivery interval and the ability of the organisation to monitor its performance against the set standards. Staff should draw lines on the cardiotocograph to record when they enter the room and when decisions are made. A clinical incident form should be completed for all urgency 1 & 2 caesarean sections that are not delivered within the set timeframe.
- **3.7.122** - Best practice was achieved for some of the standards audited. The majority of women booked under midwifery led care are being appropriately booked and are subsequently going on to receive the appropriate number of antenatal appointments. Staff have been reminded about the importance of documenting the provision of all information leaflets. The format of the new yellow handheld maternity notes should help with this.
- **3.7.125** - Best practice was achieved for the standards audited. The appropriate consent was obtained for the heel prick test, all babies were tested and when the test was received by the laboratory the appropriate action was taken.
- **3.7.126** - Best practice was achieved for the majority of the standards audited. The local guideline for obstetric cholestasis is currently being updated and a checklist is being developed to ensure that all of the appropriate management points are attended to.
- **3.7.127** - A database of all the diabetic women treated at St Michael's Hospital is currently being developed; the antenatal care plan is being redesigned to ensure that women with pre gestational diabetes receive all of the appropriate investigations; and the postnatal notes are being redesigned to ensure that women with pre gestational diabetes receive contraception advice and a Glucose Tolerance Test (GTT) 6 weeks postnatally.
- **3.7.128** - The audit findings show that the quality of the documentation in Obstetrics has continued to improve for all staff groups. Three heavy duty punches were purchased to help ensure that the yellow handheld notes are filed correctly; training in notes awareness was provided to the ward clerks; the notes awareness sessions provided to the midwifery and medical staff has been revised to include the importance of care planning, the need to correctly label the cardiotocograph and the need to ensure that the time on the cardiotocograph is the same as the clock in the delivery room; prescription training was provided to all medical and midwifery staff; and nursing staff were asked to call doctors back to re-write the prescription if they are not written up correctly.

3.8 NON-DIVISION SPECIFIC

SUMMARY FIGURES

	2005/6 roll-overs <<	1
Audits first registered in 2006/7	Pre-audits P	0
	First audits A	1
	Re-audits R	0
	Ongoing monitoring projects >>	1
Total number of audits		3
	Completed audits	0
	Current (uncompleted) audits carried forward >	1
	Ongoing monitoring projects carried forward >>	2

PROJECT LIST

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

X indicates the audit is of the type specified

Ref	No.	Project Title	Audit Lead/s	Type of Audit						
				<<	P	A	R	>>	>	
Specialty: Trust-wide										
3.8.1	1510	Saving Lives – a programme to reduce healthcare associated infections	Nicky Henderson			X			X	
3.8.2	1071	Research Study Monitoring	Jake Harley	X		X			X	
3.8.3	1620	Infection Control Clinical Care Audit	Carly Hall, Christine Perry			X				X

Appendix A - UBHT Clinical Audit Staff (as at 31/03/07)

DIVISION	SPECIALTY	AUDIT SUPPORT	ROLE & W.T.E	AUDIT CONVENOR
Diagnostic & Therapy	Laboratory Medicine	Isabella To	Audit facilitator (0.8)	Dr Paul Thomas
	Medical Physics & Bioengineering			Mr Phil Quirk
	Pharmacy			Sally-Ann Hall
	Audiology (adult), Physiotherapy, Occupational Therapy, Orthotics, Nutrition & Dietetics, Speech & Language Therapy (adult)			<i>N/A – contact Heads of Service</i>
	Radiology			Sally King
Medicine	Medical Specialties	Salim Nureni	Audit facilitator (1.0)	Dr David DeBerker
	Emergency Services			Dr Sarah Woolley
Specialised Services	Cardiac Services	David Finch	Audit (0.5) & data manager	Mr Raimondo Ascione (Cardiac Surgery) & Dr Angus Nightingale (Cardiology)
	Homeopathy	Sue Barron	Audit facilitator (0.4)	Dr Liz Thompson
	Oncology & Haematology	Mairead Dent	Audit facilitator (1.0)	Dr Paula Wilson
Surgery & Head & Neck	Dental Services & Maxillo-facial Surgery	Jonathan Penny	Audit facilitator (0.8)	Mr Nigel Harradine
	Ophthalmology			Mr Michael Greaney
	Anaesthesia, Critical Care & Theatres	Stuart Metcalfe	Audit facilitator (1.0)	<i>vacant</i>
	General Surgery			Mr Mark Wright
	Orthopaedics (T&O)			Mr Jonathan Eldridge
	Adult ENT			Mr Graham Porter
Women & Children's	Obstetrics & Gynaecology	Joscelin Miles	Audit facilitator (1.0)	Mrs Alero Awala
	Neonatology	Chrissie Gardner		Audit facilitator (1.0)
	Children's Services			

Clinical Audit Central Office	Chris Swonnell	Clinical Governance manager (includes estimated 0.25 clinical audit)
	Eleanor Bird	Audit support manager (0.8) – <i>currently on maternity leave</i>
	Carl Thomas	Audit clerk (0.8)

Membership of the Clinical Audit Committee

Jeremy Braybrooke (Chairman)
Chris Swonnell (Clinical Governance Manager)
Eleanor Bird (Clinical Audit Support Manager)
Phil Hall (Assistant Director to the Medical Director)
Clinical Audit Convenors - see above

Appendix B – Clinical Audit projects abandoned during 2006/7

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

Division	Specialty	Sub-Specialty	Project ID	Provisional Title of Project	Reason abandoned
Diagnostic and Therapy	Laboratory Medicine	Infection Control	669	Are we decontaminating dental instruments in community settings in compliance with national standards?	Chris Perry confirmed the project is to be managed divisionally.
Diagnostic and Therapy	Laboratory Medicine	Laboratory Haematology	1144	Diagnostic value of autoimmune profiles in ophthalmology	Problem was resolved by a change in computer system, no need to audit.
Diagnostic and Therapy	Laboratory Medicine	Histopathology	50	Are we Complying with Laboratory Procedures Relating to the Retention of Tissue From Autopsy Examinations?	Ongoing monitoring has not been taking place recently due to lack of staff time. No results available from 2002 data analysis. To review & restart in 2007/8 if appropriate.
Diagnostic and Therapy	Laboratory Medicine	Histopathology	55	Correlation between Histology of Ovarian Tissue and Radiological Examination (with Radiology)	Completed on histology part
Diagnostic and Therapy	Radiology		572	Audit of haematuria clinic renal/bladder ultrasound scans, compared to urological findings.	Radiology aspect completed and all information passed to Urology team member who then left. Unable to resume project despite efforts on both sides.
Medicine	Medical Specialties	Rheumatology	1267	Outpatient review letters for Rheumatoid Arthritis Patients	Lead/supervising consultant no longer at UBHT. Data not handed over by SHO, no longer considered to be priority topic
Medicine	Medical Specialties	Medicine for the Elderly	1358	National Audit of continence care for older people 2006	No changes have been implemented since the last round of data collection so leads considered participation to be inappropriate
Medicine	Emergency Department (Adult)		1422	ED out of Hours TTO prescriptions	Lead registered the project then decided to go on extended leave - may wish to re-instate project when she returns
Specialised Services	Oncology & Haematology		1379	Appropriateness of use of GCSF in BHOC	Local Guidelines out of date and need to be re-written Project to be considered in the future following implementation of new local guidelines
Surgery and Head and Neck	Anaesthesia		1133	The checking of Central Venous Cannulations by CXR	Data collected but SHO moved on before being able to present
Surgery and Head and Neck	Dental	Primary Care Dental Services (PCDS)	589	Are standards for sterilisation of instruments being implemented within the Personal Dental Service?	Insufficient time for audit lead to complete / limited co-operation from other staff / data missing
Surgery and Head and Neck	Dental		1430	Traumatized tooth audit	Insufficient data to draw conclusions on standard of treatment, as only 6 patients presented during audit period
Surgery and Head and Neck	General Surgery	Upper GI (Gastrointestinal) Surgery	1023	Better blood transfusion in Surgery	Audit never got past the planning stage. Insufficient time for the audit lead to complete project as other commitments took priority.

Division	Specialty	Sub-Specialty	Project ID	Provisional Title of Project	Reason abandoned
Surgery and Head and Neck	General Surgery	Urology	1166	TURP's audit	SHO rotated and not picked up by anyone else in the team. Decided to start project afresh this year. Confirmed with Convenor
Surgery and Head and Neck	General Surgery	Urology	1201	Transobturator tape audit	SHO rotated and not picked up by anyone else in the team. Decided to start project afresh this year. Confirmed with Convenor
Surgery and Head and Neck	Theatres & Central Sterile Services		994	An audit into the knowledge of the location of Dantrolene in theatres by anaesthetists and anaesthetic assistants	SHO and supervising consultant have both left the trust. No longer priority within department
Women's and Children's	Children's Services	Paediatric Respiratology	1295	Asthma BTS Guidelines (National)	Project lead gone on maternity leave. Project not picked up by anyone in the division.
Women's and Children's	Women's Services	Obstetrics & Midwifery	1187	An audit to assess instrumental deliveries: maternal and neonatal complications and documentation	The data collected for this audit was lost when the University computer system crashed and wiped the medical students and the clinical fellow's computerised records.
Women's and Children's	Children's Services	Paediatric Trauma & Orthopaedics (T&O)	1217	Audit of developmental dysplasia of hip treatment via Pavlick Harness	

Appendix C - Clinical Audit projects with status of 'deferred' at end of 2006/7 financial year

The below list contains projects that were deferred in the 2006/7 financial year and that remained deferred by the end of the year.

Division	Specialty	Sub-Specialty	Project ID	Title	Reason Deferred
Diagnostic and Therapy	Nutrition & Dietetics		1490	Process Audit of the Management of Dietetic Outpatient Services at Bristol Royal Infirmary	Project deferred because Project Lead unable to come to work unexpectedly. Need to revise the objectives with Project Lead later.
Medicine	Medical Specialties	Gastroenterology & Hepatology	1227	Use of IV PPIs	Project lead now on maternity leave.
Specialised Services	Cardiac Services	Cardiology	366	Heart Failure NSF-CHD Audit	Pending revision owing to related new project (No. 1411).
Specialised Services	Cardiac Services	Cardiology	1293	Cryoablation in the treatment of supraventricular tachycardias	Loss of audit lead, changed priorities within specialty
Specialised Services	Oncology & Haematology	Haematology	1360	Irradiated Blood - re-audit	Deferred due to computer problems May be undertaken during 2007.
Surgery and Head and Neck	Dental	Paediatric Dentistry	1495	Presence of a final working length in patients undergoing apexification – re-audit	Deferred to Summer 2007 to allow more time for action plan to take effect.
Surgery and Head and Neck	Maxillo-facial surgery & Adult ENT	ENT (Adult)	1051	Re-audit on the outcome of sino-nasal surgery	The audit lead left their post and a replacement within the specialty has not been identified.
Surgery and Head and Neck	Ophthalmology	Ophthalmology Emergency Department	780	Assessment of 4 Hour A&E Waiting Times	Lack of time for finishing audit at present - concerns over quality of data collected.
Women's and Children's	Children's Services	Neonatology	1366	Audit of cuff blood pressure & intra arterial blood pressure in newborns	The audit lead has left the Trust. No data collected.

Appendix D - UBHT Clinical Audit Forward Plan 2007/8

The forward plan below details projects to be carried out in the 2007/8 financial year, by Division. This is in addition to the projects listed in the main bulk of the report which are incomplete or ongoing monitoring projects, which will be carried forward into the next financial year.

Key

PPI – whether audit involves patients/carers
 MP / MD – whether audit is multi-professional/multi-disciplinary
 Other Orgs – involves other healthcare organisations

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

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

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

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

Diagnostic & Therapy

Please note that audits carried out by Diagnostic & Therapy staff may be listed under the clinical division under which they are being undertaken. *For example*, Physiotherapy audits are included in forward plans for Cardiac Services, and Division of Surgery and Head and Neck.

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Laboratory Medicine						
Family screening in familial hypercholesterolaemia	Clinical Biochemistry	Charlotte Dawson (SpR)	Audit against Joint British Societies Guidelines Rollover from 06/07	Y	Y	
Management of Heparin Induced Thrombocytopenia	Laboratory Haematology	Amanda Clark (SpR)	British Society for Haematology guidelines			
Antenatal Haemoglobinopathy	Laboratory Haematology	Elizabeth Worsam	National Guidelines			
Audit of tissue retained at post mortem during 2006	Histology	Mark Orrell (Laboratory Manager)	Recent guidelines on the retention of tissue at post mortem. Need to ensure systems in place to comply with these.		Y	
Re-audit of local decontamination practice	Infection Control	Joanna Hamilton-Davies (Sen.)	Infection Control Nurses Association National Guideline First audit was conducted in 2006. A re-audit will confirm changes of practice.			
Physiotherapy						
Audit of Upper limb programme for stroke patients	Stroke Rehabilitation	Marion Mardon (Sen.)	NICE guidance, NSF statements, and Local guidelines		Y	
Review of the outcome measures for the William Lloyd Unit falls programme	Older People's Rehabilitation	Catie Sims (Sen.)	NSF statements, evaluation of documentation of outcome measures		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Physiotherapy Notes audit	Physiotherapy Department	Linda Clarke (sen.)	Clinical Governance: benchmarked against professional consensus standards - Chartered Society of Physiotherapy (CSP) guidelines			
Effectiveness of lumbar spine interventions in treatment room	Musculo-skeletal Physiotherapy	Lucy Bourne (sen.)	Benchmarked against CSP national guidelines, and to evaluate effectiveness of the group			
Joint audit minimal status for discharge tool	Older People's Rehabilitation	Jo Lyn-Jones (sen.)	Local standards The audit will have impact on reducing length of stay		Y	
Occupational Therapy						
Clinical standards and practise for Stroke	Occupational Therapy	Kelly O'Leary (sen.)	National Standards for Occupational Therapy as devised by National Special Interest Group based on Royal College of Physicians Guidelines for Stroke			
Documentation audit against College of Occupational Therapy standards	Occupational Therapy	Scott Allan (sen.)	Specific to clinical process of occupational therapy. Facilitates good interdisciplinary communication			
Home visit assessments audit	Occupational Therapy	Scott Allan (sen.)	To review clinical decision making leading to choice of this activity against local guidelines. It will have impact on discharge and length of stay.			
Pharmacy						
Prescription Endorsing by Pharmacy Staff	Pharmacy	Pre-registration Pharmacist supervised by Sally-Ann Hall (Clinical Effectiveness Pharmacist)	Rolled over from 06/07 because Guidelines due to be updated 2007. Once updated audit to ensure guidelines are being followed.			
Audit of Anticoagulation Referral Documentation	Pharmacy	Margaret Munro (Senior Anticoagulant Pharmacist)	Poor referral documentation currently received. Treatment plan identified by NPSA as risk factor (NPSA 2006). Patient telephone survey.	Y	Y	
Nutrition and Dietetics						
Efficacy of coeliac clinics at Bristol Royal Infirmary	Nutrition and Dietetics	Megan Gallagher (sen.)	Departmental priority. Local guidelines.		Y	
Oral Nutrition Supplements in Bristol General Hospital	Nutrition and Dietetics	Julie Barker (sen.)	Reduce wastage. Local guidelines.		Y	
Medical Physics & Bioengineering						
Pre cardiac surgery carotid artery duplex and management of significant carotid disease.	Vascular Diagnostics	Eleanor Walker (clinical scientist)	Local best practice for screening patients with risk factors for Carotid Artery Disease prior to cardiac surgery		Y	
Adult Speech & Language Therapy						
Dysphagia assessment	Adult SLT	Vicki Weekes and Jackie Griffiths (heads of department)	Royal college of Speech & Language Therapy (SLT) guidelines, NSF framework for older people, and departmental guidelines			

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Adult Audiology						
Endoscopic wax removal	Adult Audiology	Dunja Nieuwoud (sen.)	Local guidelines, saving clinical time and saving second journey for patients			
Orthotics						
Audit of clinic notes against best practice guidelines	Orthotics	James Garner (Orthotics manager)	The British Association of Prosthetists and Orthotists Guidelines for Best Practice on Clinical Records			
Radiology						
Re-Audit of Requests for Imaging for Suspected Pulmonary Embolus.	CT/Isotope	Dr Angela Jones (Cons)	Re-audit following introduction of specific request forms and re-circulation of guidelines. Are the British Thoracic Society Guidelines relating to the investigation of suspected pulmonary embolism being followed?			
Patient satisfaction audit	BRI/BGH Radiology	Sally King (Supt)	To ensure standards being achieved re patients passage through the dept.	Y	Y	
Audit of CT Colonography (virtual colonoscopy)	CT	Dr Huw Roach (Cons)	NICE IPG (interventional procedure) 129. This is a relatively new technique. Is this examination being performed appropriately?		Y	
Re-audit of pain diaries after Ultrasound Guided Injection.	US Musculo-skeletal	Dr Charles Wakeley (Cons)	New standards set. To ensure adherence to standards. (Dependent on numbers, may need to be 08/09)	Y		
Re- Audit of Reporting Times	All areas	Sally King (Supt)	To ensure targets being achieved and demonstrate realisation post PACS (Picture Archive Communication System) implementation		Y	
Audit of Radiation Dose and Image Quality for General Radiographic Examinations post CR/PACS implementation.	General Radiography	Ms Susan Doshi & Mrs Mary Smail (Medical Physics) Mrs Sally King (Supt)	To ensure Dose Reference Levels & Image quality maintained post CR (Computed Radiography) and PACS Implementation		Y	

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

CG 43: Obesity (Dec 06) - Obesity surgery not carried out at UBHT, therefore no audit work on guidelines planned for Pharmacy, Nutrition and Dietetics.

Medicine

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Adult inpatient diabetic care on medical wards	Diabetes & Endocrinology	Jane Godfrey (DSN), Colin Dayan (Cons)	National Service Framework for Diabetes		Y	
Management and diagnostic guidelines and angio-oedema/ Urticaria	Dermatology	David DeBerker (Cons)	British Association of Dermatology		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Management of patients prescribed Isotretinoin in the dermatology department	Dermatology	Jane Sansom (Cons)	British Association of Dermatology			
Management of Genital Herpes	Genitourinary	Andrew Leung (Cons)	British Association for Sexual Health & HIV			
Management of Genital Warts	Genitourinary	Andrew Leung (Cons)	British Association for Sexual Health & HIV			
Etanercept and Infliximab in psoriatic arthritis	Rheumatology	Robert Marshall (Cons)	NICE TA 104			
Care for people with Inflammatory arthritis	Rheumatology	Robert Marshall (Cons)	Standard 14, Standards of Care for people with Inflammatory arthritis			
Anti-TNF in the treatment of RA at UBHT	Rheumatology	Robert Marshall (Cons)	Re audit, NICE TA 36			
Audit of management of patients with type 2 diabetes in the elderly care department	Care of the elderly	Peter Campbell (SpR)	<i>NSF for Diabetes</i>		Y	
Atrial Fibrillation audit in Elderly medical inpatients	Care of the elderly	Peter Campbell (SpR)	NICE CG36			
Audit of hospital based management of stage 3 chronic kidney disease	Care of the elderly	Peter Campbell (SpR)	NSF for Chronic Kidney Disease		Y	
Drug prescription and administration at Bristol General Hospital	Care of the elderly	Neina English (MM)	Re audit Local policy for Medicines Management, 2002		Y	
Dementia	Care of the elderly	Jane Buswell (Sen)	National Audit, NICE CG42			
Hepatitis B treatment	Gastroenterology & Hepatology	Anne McCune (Cons)	NICE			
Terlipressin use in chronic liver disease	Gastroenterology & Hepatology	Anne McCune (Cons)	NICE			
Inpatient oxygen administration	Respiratory	Claire Dickson & Hayley Potter (Sen)	Local agreement, Re-audit		Y	
Appropriateness of provision of BIPAP equipment to patients	Respiratory	Dr Catterall (Cons)	Critical Care, Royal College of Nursing			
Adherence to sepsis bundles recommendations	Medical Admission Unit	Dr Gamble/Dr Whittle (Cons), Dr N Davis	Critical Care, Royal College of Nursing			
Appropriateness of bed allocation for cardiology patients	Medical Admission Unit	Dr Gamble/Dr Whittle (Cons)	Local policy/ agreement		Y	
Adherence to NIV guidelines and use of new proforma	Medical Admission Unit	Dr Gamble/Dr Whittle (Cons)	British Thoracic Society 2002, Re audit			
Emergency Department (Adult)						
Sedation in the ED	Emergency Department	Sarah Woolley (Cons), Hannah Brown (SHO)	British Association for Emergency Medicine			
Management of acute pancreatitis	Emergency Department	Sarah Woolley (Cons), Dominika (SHO)	British Society Gastroenterology Guidelines			
Management of Tibial Fractures	Emergency Department	Sarah Woolley (Cons), J Morrison (SHO)	British Association of Orthopedic guidelines			

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Management of whiplash with specific relevance to use of c-spine x-rays and collars.	Emergency Department	Sarah Woolley (Cons), N Roberts (SHO)	Canadian C-Spine Rule			
Management of anaphylaxis	Emergency Department	Sarah Woolley (Cons), O Jones (SHO)	ALS Resuscitation Council			
National Back Pain Association Acute Low Back Pain	Emergency Department	Anne Frampton (Cons), Melissa Marlow (SHO)	Royal College of General Practitioners			
NICE guidelines on dyspepsia	Emergency Department	Anne Frampton (Cons), Fiona (SHO)	NICE TAG 17			
Management of Alcohol Withdrawal Delirium and Alcohol Withdrawal Seizures.	Emergency Department	Sarah Woolley (Cons), B Greatorex (SHO)	American Society of Addiction Medicine			
BAEM asthma audit	Emergency Department	Sarah Woolley (Cons), Adam Brown (SpR)	British Association for Emergency Medicine			
Registrar use of ultrasound machine	Emergency Department	Lisa Munro-davies (Cons), Lorna Jackson (SpR)	UBHT ED Guidelines			
ITU referrals and their outcomes	Emergency Department	Jonathan Bengier (Cons), Michelle Craig (SpR)	UBHT ED Guidelines			
BAEM urinary retention audit	Emergency Department	Sarah Woolley (Cons), Howell Simpkins (SpR)	British Association for Emergency Medicine			
BAEM paracetamol audit	Emergency Department	Lisa Munro-davies (Cons), Celia Bagshaw (SpR)	British Association for Emergency Medicine			
Provision of psychiatric services in 16 and 17 year olds	Emergency Department	Sarah Woolley (Cons), Lucy Reed (SpR)	Royal College of Psychiatrists			
Use of the ED Observation Unit	Emergency Department	Jonathan Bengier (Cons), Steve Haig (SpR)	British Association for Emergency Medicine			
Management of Alcohol Withdrawal Delirium.	Emergency Department	Jonathan Bengier (Cons), Toby Slade (SpR)	American Society of Addiction Medicine			

Specialised Services

Project	Speciality	Lead/Snr clinician	Rationale for audit	PPI	MP / MD	Int.
Haematology & Oncology						
Use of Trastuzumab in early breast cancer treatment	BHOC	J Braybrooke Consultant	NICE TA107 August 2006		Y	
Radical Lung Radiotherapy	BHOC	Paula Wilson Consultant	NICE TA24 February 2005		Y	
Use of Docetaxel in the treatment adjuvant breast treatment	BHOC	M Beresford Consultant	NICE TA109		Y	
Drug Administration	BHOC (jointly with Cardiac)	Ruth Hendy/Hayley Long, Matrons	Project will examine drug prescribing and administration		Y	
Re-audit of Opioid dose Conversion (Project 1118/2005)	Palliative Medicine	K Forbes Professor	Examining accuracy of opioid dose conversion		Y	

Project	Speciality	Lead/Snr clinician	Rationale for audit	PPI	MP / MD	Int.
Use of Syringe Drivers in palliative medicine	Palliative Medicine	Dr Rachel McCoubrie Cons	Examines the prescribing, management and documentation of syringe drivers in palliative patients		Y	Y
Use of Fludarabine in the treatment of chronic lymphocytic leukaemia	AHU	J Bird Consultant	NICE TA119 February 2007		Y	
Homeopathy						
Use of LM Protocol		Dr Elizabeth Thompson (Cons)	Rollover from last year. Previous audit resulted in development of a protocol – re-audit will confirm its use			
Management of Side Effects with Mistletoe Extract in Cancer Treatment		Dr Moira Hamilton (CA) Dr Elizabeth Thompson (Cons)	Risk issue – Recent paper published highlighting potential side effects as an issue	Y		
Outcomes of Homeopathic treatment		Dr Elizabeth Thompson (Cons)	National Project to be undertaken by all NHS homeopathic hospitals. Pilot standard setting project currently underway – (1627)			
Cardiac Services						
CNST audit	Cardiac Surgery & Cardiology	Graham Brant (Sen.)	Trust-wide note keeping standards for CNST		Y	
Regional brain oxygen saturation during cardiopulmonary bypass	Cardiac Surgery	Mr G. Murphy (Cons)	Assessment of new technology wrt post-operative outcomes against manufacturers claims in light of randomised controlled trial results but prior to consideration by NICE			
Risk stratification of patients post cardiac surgery: assessing the need for early physiotherapy intervention	Cardiac Surgery	Angela Martin (Sen.)	Assessment of use and benefits of a newly introduced protocol for targeting of patients most in need of early physiotherapy	?		

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

Procedure not undertaken

- Balloon dilatation of pulmonary valve stenosis
- Cryoablation for atrial fibrillation in association with other cardiac surgery
- Endovascular atrial septostomy
- Endovascular closure of atrial septal defect
- Intraoperative fluorescence angiography for the evaluation of coronary artery bypass graft patency
- Laser sheath removal of pacing leads
- Microwave ablation for atrial fibrillation in association with other cardiac surgery
- Radiofrequency valvotomy for pulmonary atresia
- Stent placement for vena caval obstruction
- Stent-graft placement in abdominal aortic aneurysm
- Myocardial perfusion scintigraphy for the diagnosis and management of angina and myocardial infarction

Audit under discussion

- Balloon angioplasty with or without stenting for coarctation or re-coarctation of the aorta in adults and children
- Balloon valvuloplasty for aortic valve stenosis in adults and children

Other reasons

- Non-surgical reduction of the myocardial septum – very rare procedure
- Partial left ventriculectomy (the Batista procedure) – very rare procedure

Surgery, Head and Neck

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Anaesthesia and Critical Care						
Patient completion of pre op anaesthetic chart.	Anaesthesia	Diana Terry (Cons)	Determine the extent and reasons for non compliance.	Y		
The appropriate use of Transthoracic Echocardiography in the preoperative setting (Re audit)	Anaesthesia	Diana Terry (Cons)	Re audit of project 1389 after implementation of guidelines produced from original audit.		Y	
Post operative nausea and vomiting (Re audit)	Anaesthesia	Diana Terry (Cons)	Re audit of project 958.			
Is our Line placement service working effectively?	Anaesthesia	Frances Forrest (Cons)	Concern that our Lines service is not running appropriately.		Y	
Compliance with national standards for caesarean section anaesthesia	Anaesthesia	Mike Kinsella (Cons)	Re audit after changes in practice to address failure to meet RA-GA conversion standard.			
Are we administering prophylactic antibiotics appropriately?	Pre op Assessment	Claire Evans (Cons Nurse) Gerry Baber (Modern Matron)	Part of the Safer Patient Initiative measurement plan.		Y	
Perioperative glucose control in known diabetic patients	Pre op Assessment	Claire Evans (Cons Nurse) Gerry Baber (Modern Matron)	Part of the Safer Patient Initiative measurement plan.			
Are we labelling Lines appropriately?	ITU/HDU	Jeremy Bewley (Cons)	Issue identified from NPSA hospital working group.			
Patients cancelled on the day.	Theatres	Frances Forrest (Cons) Hannah Blanchard (Cons)	Concerns that despite pre op assessment, patients are still being cancelled on the day of surgery for medical reasons.		Y	
Anaesthetic monitoring of obstetric patients (Re audit)	Obstetrics	Nic Harvey (Cons)	Re audit of project 1261 after amendments to obstetric anaesthetic chart.			
Epidural analgesia follow up post delivery (Re audit)	Obstetrics	Nic Harvey (Cons)	Re audit of project 1605. Compliance with CNST maternity standard 4.3.1			
Accidental dural puncture.	Obstetrics	Mark Scrutton (Cons)	Compliance with CNST maternity standard 4.3.1			
Dental Services						
Infected titanium plates following orthognathic surgery	Orthodontics / Oral Surgery	Kate House (SpR) / Kunmi Fasanmade (SpR)	Concern that failure rate of internal fixation plates following surgery at Bristol Dental Hospital may be higher than in the literature.		Y	
Antibiotic prophylaxis for endocarditis	Oral Medicine	Tony Brooke (Senior Dental Officer)	New local protocol based on 2006 guidelines by British Society for Antimicrobial Chemotherapy.			
Oral care of patients undergoing treatment for Head and Neck Cancer – re-audit	Restorative / Maxillofacial Surgery	Matthew Jerreat (SpR) / Eithne Fyfe (Associate Specialist)	Determine whether actions taken after last audit (1037) have led to improved management of patients. Carried over from 2006/7.		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Multiple General Anaesthetics for special needs patients – re-audit	Restorative / GA	Petrina Wood (Senior Dental Officer) / Roger Yates (Cons)	Ascertain whether protocol introduced after first audit (not on database) has reduced repeat General Anaesthetics. Carried over from 2006/7.		Y	
Consent for clinical photographs – re-audit	Child Dental Health	Shan Gandhi (SpR)	Determine whether actions taken after first audit (1302) have led to improved documentation of consent.		Y	
Appropriateness of radiographic requests	Hospital-wide	Tony Brooke (Senior Dental Officer)	Determine whether improvements have been made since a radiology audit in March 2005. Carried over from 2006/7.		Y	
ENT						
Re-Audit of Health Records	ENT	Mr Graham Porter (Cons) & Hilary Hiscox (Modern Matron)	Organisational safety: compliance with NHS Litigation Authority (NHSLA) standard 6. Re-audit of 1129		Y	
ENT Daycase Rates	ENT	Graham Porter (Cons)	Compliance with National Guidance: Department of Health (DoH)			
Nutritional Assessment for Head & Neck Patients	ENT	Graham Porter (Cons)	Compliance with National Guidelines: National Institute of Clinical Excellence (NICE) & Scottish Intercollegiate Guidelines Network (SIGN)			
Ophthalmology						
Management of immuno-suppression therapy	Outpatients / Inpatients	Annie Hinchcliffe (Nurse Practitioner)	Determine whether BNF guidance on management of patients for immuno-suppression drugs is being followed		Y	
Management of orbital injury patients – Re-audit	Orthoptics	Sarah Schofield (Orthoptist)	Determine whether recommendations have improved practice since last audit (179)		Y	
Aftercare of Certificate of Visual Impairment patients (registered sight impaired) – Re-audit	Outpatients	Sharon Bambrick (Patient Support Nurse)	Ascertain whether patients are referred to Social Worker on being certified sight impaired (re-audit of 8)		Y	Y
Microbial keratitis – Re-audit	Outpatients / A&E	Derek Tole (Cons)	Simplified technique for corneal scrapes introduced during period of previous audit (472)		Y	
Cataract surgery in people with amblyopia	Inpatients / Daycases	Joanna Waterfall, (Clinical Research Fellow)	Determine whether cataract outcome and practice standards are met for patients who also have amblyopia.			
Surgical Specialties						
CNST audit of documentation.	General Surgery	Mark Wright (Cons)	Compliance with CNST standards.		Y	
Thromboprophylaxis in acute general surgical admissions (Re audit).	General Surgery	Mike Thomas (Cons) Jonathan Bloor (Clin Fellow)	Re audit of project 1426. Change in practice since original audit		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Effective set up of humidified oxygen systems in self ventilating patients (Re audit)	General Surgery	Ann Touboulic (Sen Physio)	Re audit of project 1426. Guidance/training of system setup introduced.		Y	
Outpatient service usage by the colorectal unit.	Lower GI	Rob Longman (Cons)	To identify inappropriate usage of colorectal outpatient services and to set-up guidelines of follow-up for colorectal patients.		Y	
Outcomes of the soon to be introduced 'day of surgery admission' project for colorectal in-patients	Lower GI	Rob Longman (Cons)	Analysis of colorectal elective in-patient admission and pre-operative assessment procedures following introduction of 'same day admission' project for colorectal patients.		Y	
National oesophago-gastric cancer audit and outcomes project	Upper GI	Jane Blazeby (Cons)	Healthcare Commission requirement. Jane part of the national team and keen for us to get involved.			
Fast Track Cancer Pathway (Re audit)	Upper GI	Jane Blazeby (Cons)	Re audit of Project 1150. Changes in pathway implementation established.			
The implementation of decisions made at MDT	Upper GI	Jane Blazeby (Cons)	Detailed look at decisions made at MDT meetings and whether the proposed treatments are carried out within the planned timescales		Y	Y
Antibiotic prescribing on general surgical wards (Re audit)	Upper GI	Andy Hollowood (Cons) Jen Courtney (SHO)	Re audit of project 1559.		Y	
The implementation of decisions made at MDT	Breast	Zen Rayter (Cons)	Detailed look at decisions made at MDT meetings and whether the proposed treatments are carried out within the planned timescales		Y	
Laparoscopic Partial Nephrectomies	Urology	Mark Wright (Cons)	NICE IPG151			
Laparoscopic Hernia Surgery	Urology	Mark Wright (Cons)	NICE TA83			
The haematuria clinic service	Urology	Mark Wright (Cons) Helena Burden (SpR)	Are we making the most of the patient's journey through elective surgery. Guidance from RCS Patient Liaison Group.	Y	Y	

Women's & Children's Services

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Children's Services						
Neonatal hernia repairs PROSEAL ® Laryngeal Mask Airway <60 weeks	Anaesthesia	Dr Peter Stoddart (Cons)	Area of concern		Y	
Audit of hearing aid review clinics	Audiology	Liz Midgley (Audiology Manager), Dawn O'Dwyer (Sen. Audiologist)	Local Concern		Y	
Eating Disorders	CAMHS	Dr Janet Smith (Cons)	Rolled over from 06/07			
Complications of arterial shunt operation in Congenital Heart Disease (CHD)	Cardiology	Dr Rob Tulloh (Cons)	Local Guideline for CHD			
Out of area referrals	Clinical Genetics	Dr Ruth Newbury Ecob (Cons)	Area of concern		Y	
Guidelines for managing invasive /distressing procedures	Cross Division	Dr Sue Dolby (Cons)	Area of concern			
Length of stay in hospital	Cross Division	Dr Reg Braggonier (Cons), Dr Carol Inward (Cons)	Performance Improvement Target			
Patient identification	Cross Division	Helen Morris (Sen. Nurse), Dr Pam Cairns (Cons)	National Patient Safety Agency Recommendations This audit involves five other acute paediatric centres and will be part of a National benchmarking exercise		Y	Y
Pressure Ulcers	Cross Division	Maureen Harris (Sen. Nurse), Dr Carol Inward (Cons)	NICE Guidance This audit involves five other acute paediatric centres and will be part of a National benchmarking exercise			
Methycillin Resistant Staphylococcus Aureus (MRSA) Screening for hospital to hospital transfers	Cross Division	Hazel Moon (Sen. Nurse), Dr Carol Inward (Cons)	Infection Control			
New Antibiotic Guidelines	Cross Division	Dr S Langton-Hewer (Cons)	Infection Control - New Local Guidance		Y	
Blood Transfusion Practice	Cross Division	Dr Carol Inward (Cons), Dr Pam Cairns (Cons)	Risk Management		Y	
Drug Chart Re-Audit	Cross Division	Dr Carol Inward (Cons), Sue Jarvis (Pharmacist)	Risk Management		Y	Y
Essence of care documentation audit	Cross Division	Karen Evans (Sen. Nurse), Dr Carol Inward (Cons)	Nurse Practice Group			
Obesity	Endocrinology	Dr Julian Shield (Cons)	NICE Guidance 2006 (CG 43)			

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
The recognition and assessment of acute pain in children : British Association of Emergency Medicine (BAEM) guidelines plus Royal College of Nursing (RCN) guidelines	Emergency Department	Dr Lisa Goldsworthy (Cons), Dr Rosie Fish (SHO)	National Guidance		Y	
Management of Urinary Tract Infections (UTI)	Emergency Department	Dr Helen Avery , Dr Anne Frampton (Cons)	NICE guidance (expected publication June 07) Re-audit			
RCPCH guideline on management of community acquired pneumonia in childhood	Emergency Department	Dr Lisa Goldsworthy Dr Alison Kelly	Royal College Guidance		Y	
Royal College of Paediatric and Child Health (RCPCH) guideline on children presenting with reduced consciousness	Emergency Department	Dr Lisa Goldsworthy (Cons), Dr Rachel Bebb	Royal College Guidance		Y	
RCPCH guidelines on management of Deliberate Self Harm	Emergency Department	Dr Anne Frampton (Cons), Dr Atif Latief (SHO)	Royal College Guidance		Y	
Audit of access to services for Ward 38	General Paediatrics	Dr Reg Bragonier (Cons)	Bristol Health Service Plan Woodlands transfer	Y	Y	
Chronic renal failure	Nephrology	Dr Jane Tizard (Cons), Dr Rachel Lenon	Renal Association Guidelines			
AN renal USS and f/u	Neonatology	Dr Anoo Jain (Cons)	Clinical Guideline: Compliance with local guideline. Re-audit		Y	
Hip USS and f/u	Neonatology	Dr Anoo Jain (Cons)	Clinical Guideline: Compliance with local guideline		Y	
Sleep position on the PNW	Neonatology	Dr Anoo Jain (Cons)	National Guidance: Compliance with Department of Health (DoH) & Foundation for the Study of Infant Death (FSID) Guidance		Y	
Re-audit of temperature on admission to NICU	Neonatology	Dr Anoo Jain (Cons)	Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI): Compliance with local guideline. Re-audit		Y	
1 st day heart murmur	Neonatology	Dr Anoo Jain (Cons)	Clinical Guideline: Compliance with local guideline		Y	
Maternal Hypothyroid disease	Neonatology	Dr Anoo Jain (Cons)	Clinical Guideline: Compliance with local guideline		Y	
Audit of use of department specific discharge checklist	Oncology	Dr Annabel Foot (Cons), Dr Louise Wood (SHO)	Local Concern		Y	
Glomerular Filtration Rate practice in the Oncology Department	Oncology	Dr Annabel Foot (Cons), Dr Hannah Cottis	Local Concern		Y	
Discharge documentation (sticky labels)	PICU	Dr Peter Davis (Cons), Sandra Cutts (Senior Nurse)	Re-Audit of Local Guidelines		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Cross match requirements in cardiac surgery patients undergoing cardio-pulmonary bypass	PICU	Dr Peter Davis (Cons)	Re-Audit of Local Guidelines		Y	
Use of surfactant in Adult Respiratory Distress Syndrome	PICU	Dr Margrid Schindler (Cons)	Local Concern		Y	
Asthma Inhalers for children aged under 5 and 5 -15 years.	Respiratory	Dr Tom Hilliard (Cons)	NICE Guidance – Re-Audits Poor documentation noted.		Y	
Safe Site Marking	Surgery	Dr Oliver Gee (SpR), Dr Guy Nichols (Cons)	National Patient Safety Agency Guidance – Rolled over from 06/07		Y	
Muscular -skeletal consequences of meningococcal disease	Orthopaedic Surgery	Mr Fergal Monsell (Cons)	Local Concern			

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

- NICE (TA 51) Computerised cognitive behavioural therapy for anxiety and depression
We currently do not have this resource so this has not been audited.

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
Women's Services						
Re-Audit of Health Records	Obstetrics & Gynaecology	Supervisors of Matrons	- NHS Litigation Authority (NHSLA) standard 6. - Re-audit of 1492		Y	
Antenatal Corticosteroids to Prevent Respiratory Distress Syndrome	Obstetrics	Ms Alero Awala (Consultant)	Royal College of Obstetricians and Gynaecologists (RCOG) Green Top Guideline 7		Y	
Chickenpox in Pregnancy	Obstetrics	Ms Jo Trinder (Consultant)	RCOG Green Top Guideline 13		Y	
The Management of Genital Herpes in Pregnancy	Obstetrics	Dr Bryony Strachan (Consultant)	RCOG Green Top Guideline 30		Y	
The Management of Gestational Trophoblastic Neoplasia	Gynaecology	Mrs Caroline Overton (Consultant)	RCOG Green Top Guideline 38		Y	
Ovarian Cysts in Postmenopausal Women	Gynaecology	Ms Jo Bailey (Consultant)	RCOG Green Top Guideline 34		Y	
The Management of Ovarian Hyperstimulation Syndrome	Reproductive Medicine	Mr David Cahill (Consultant)	RCOG Green Top Guideline 5		Y	
Preterm Prelabour Rupture of Membranes	Foetal Medicine	Mr Sherif Abdel Fattah (Consultant)	RCOG Green Top Guideline 44		Y	
The Investigation and Treatment of Couples with Recurrent Miscarriage	Gynaecology	Ms Alero Awala (Consultant)	RCOG Green Top Guideline 17		Y	
The Management of Third and Fourth Degree Perineal Tears Following Vaginal Delivery	Obstetrics / Physiotherapy	Jackie Moxham (Patient Safety Manager) & Jess Butterly (Sen. Physiotherapist)	- RCOG Green Top Guideline 29 - Topic identified through mortality and morbidity reporting		Y	
Fertility: Assessment and Treatment for People with Fertility Problems	Reproductive Medicine	Ms Cathy Coulson (Consultant)	RCOG National Evidence Based Clinical Guideline		Y	

Project	Sub-Speciality	Lead	Rationale for audit	PPI	MP / MD	Other Orgs
NICE: Postnatal Care	Obstetrics	Postnatal Working Party	National Institute of Clinical Excellence (NICE) guideline: CG 37		Y	
NICE: Foetal vesico-amniotic shunt for lower urinary tract outflow obstruction	Foetal Medicine	Mr Mark Denbow (Consultant)	NICE guideline: IPG 202		Y	
Re-audit of the Management of Severe Postpartum Haemorrhage	Obstetrics	Central Delivery Suite Working Party	- National Patient Safety Agency (NPSA): - Re-audit of Project 1371		Y	
Re-Audit of the Management of Shoulder Dystocia	Obstetrics	Ms Sue Sellers (Consultant)	- Topic identified through mortality and morbidity reporting - CESDI recommendations - Re-audit of Project 1291		Y	
Re-Audit of the Management of Reduced Foetal Movements	Obstetrics	Belinda Cox (Practice Development Midwife)	- United Bristol Healthcare Trust (UBHT) guideline - Confidential Enquiry into Stillbirths and Deaths in Infancy (CESDI) recommendations - Re-audit of Project 1370		Y	
Re-Audit of Electronic Foetal Monitoring	Obstetrics	Belinda Cox (Practice Development Midwife)	- UBHT guideline - CESDI recommendations - Re-audit of Project 866		Y	
Re-Audit of Domestic Abuse	Obstetrics	Belinda Cox (Practice Development Midwife)	- UBHT guideline - Confidential Enquiry into maternal and Child Health (CEMACH) recommendations 'Why Mothers Die' - Re-audit of Project 1251		Y	
Re-audit of UNICEF Baby Friendly 10 Steps	Obstetrics	Sally Tedstone (Infant Feeding Co-Ordinator)	- United Nations International Children's Emergency Fund (UNICEF) - Patient Public Involvement (PPI) survey - Re-audit of 1257.	Y	Y	
Neonatal Checks by Community Midwives	Community Midwifery	Siobhan O'Callaghan (Modern Matron)	- UBHT guideline - Local practice change		Y	
Re-audit of IUD	Contraception & Sexual Health	Dr Leonor Herrera-Vega (Associate Specialist)	- Contraception & Sexual Health (CaSH) guideline - Local practice change - Re-audit of 870		Y	
Re-audit of documentation for under 16 year olds	Contraception & Sexual Health	Dr Leonor Herrera-Vega (Associate Specialist)	- CaSH guideline - Local practice change - Re-audit of 1403		Y	
PGD use and doctors' prescribing of COC	Contraception & Sexual Health	Dr Leonor Herrera-Vega (Associate Specialist)	- CaSH guideline - Local practice change			