

U.B.H.T.

Clinical Audit Report

2000/2001

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1. Introduction from Chairman of Clinical Audit Committee

It is a great pleasure to again present the Clinical Audit Annual Report for UBHT this year. The report demonstrates continued progress, with a significant proportion of audits leading to measurable improvements in patient care.

The Clinical Audit 'Oscars' event was again an excellent showcase to demonstrate the quality of audit within the Trust: a measure of this is seen in the fact that five projects from UBHT have been accepted for presentation at the Clinical Excellence (NICE) conference in London later this year.

The Trust audit programme is taking on the new challenges with regard to NICE guidance/guidelines and the National Service Frameworks and I hope that the template being developed for audit for Coronary Heart Disease will serve the Trust in good stead for future national developments. In this context, it is disappointing that the Clinical Audit Committee's ability to support worthy audit projects requiring additional funding has been curtailed by the decision not to make our 2000/1 underspend available in 2001/2, but I hope that the high standards set by the past year's audit programme will nevertheless be maintained.

I would like to thank all the audit convenors and facilitators in the trust for all their hard work this year. In particular I would like to thank the members of the Clinical Audit Committee for the support I have enjoyed which has enabled me to represent them forcefully on the Clinical Governance Committee and to ensure that audit matters are aired appropriately and given the high profile they deserve. Finally, I would like to thank Chris Swonnell for all the hard work he and his staff have put in throughout the year which not only enables the publication of the audit report in this new format, but also facilitates the work of the Clinical Audit Committee throughout the year.

Zen Rayter
Chairman of the Clinical Audit Committee

2. Clinical Audit Co-ordinator's Report

2.1 Preamble

The past 12 months have been both exciting and challenging for all those associated with clinical audit at UBHT. In particular we have seen the emergence of a new national agenda for audit, set by National Service Frameworks and NICE guidance: the Trust has recognised this important development in its appointment of a new Project Manager to oversee Trust audit work in relation to these initiatives.

A story of continued progress in 2000/1 includes a new 'scorecard' of performance indicators for clinical audit (recently accepted for poster display at Clinical Excellence 2001) and a second round of directorate audit reviews, now with a clear view to preparing for a future CHI visit.

UBHT's links with the wider audit network continue to grow: the Clinical Audit Co-ordinator has been appointed as Joint Chairman of the South West Audit Network and represents the region on the new National Audit Governance Group which meets under the broad umbrella of NICE.

At the same time the development of the local audit programme has continued to be dogged by problems with recruitment and retention within the audit team. Proposals to develop opportunities for audit staff to progress within their directorate posts will be discussed by the Trust in the summer of 2001.

This year we have made a significant change to the format of the annual report. The previous report, with summaries of all projects undertaken, required a mammoth effort on behalf of the team, which could no longer be justified. Hence this year's report concentrates on providing a strategic overview of developments alongside performance data from each directorate.

As always, my thanks go to Trust's team of audit staff for their hard work and to members of the CAC for their continued support. Thanks in particular to Emma Parsons (Project Manager) for preparing the statistical data in the main body of the report.

2.2 *Achieving Effective Clinical Audit*

2.2.1

Clinical Audit Strategy

The Clinical Audit Strategy has been updated (see Appendix A). Whilst the core aims of the UBHT audit programme are unchanged - i.e. to deliver demonstrable improvements in patient care, encourage evidence-based practice and contribute to the process of continuing clinical education - details of how this is to be achieved are now set out in a 'balanced scorecard' of critical success factors and key performance indicators (KPIs). The majority of these KPIs are included in the analysis of each directorate's audit programme for 2000/1.

2.2.2

Financial information

In 2000/2001, the Trust made available a total of £352,058 to support clinical audit activity: £54,100 of this figure is automatically allocated to the IM&T directorate to support the MDI system, and is now part of the baseline funding for the Directorate of IM&T.

The remaining £297,958 was therefore allocated as follows:

Medicine		£22,000
Children's Services		£18,500
Oncology		£17,000
Surgery		£17,000
Anaesthesia (now Critical Care)		£16,500
Ophthalmology & Homeopathy		£14,000
Community Services		£14,000
O&G/ENT		£13,500
Pathology		£11,500
Radiology		£11,000
Cardiothoracic Services		£8,500
Dental Services		£8,000
Specialty Services		£6,500
Occupational Health		£1,650
TOTAL TO DIRECTORATES		£179,650
Clinical Audit Central Office:		£117,878
	Staff	£46,300
	Non-pay	£19,900
	Bids monies (controlled by CAC)	£25,700
	1999/2000 underspend	£25,978
Income generated in 2000/1 (workshops, booklets)		£430
TOTAL		£297,958

In 2000/2001, the budget was used to support clinical audit in the following ways:

Clinical Audit Staff		£219,882
	Directorates	£171,000
	Central Office	£48,882
Projects		£23,408
Study, training, conferences, meetings (including related travel costs)		£8,040
Capital expenditure (audit server, network connections)		£250
Miscellaneous directorate expenses (floats)		£8,650
Central office expenses (including books, journal subscriptions, stationery, IM&T charges)		£3,720
TOTAL EXPENDITURE FOR 2000/1		£263,950
Underspend*		£34,008

* the Trust's adverse financial position means that this underspend has not been carried forward into 2001/2

It should be noted that whilst the above table describes the central distribution and management of earmarked clinical audit funds, directorates may decide to make additional funds available to support local audit initiatives.

2.2.3

Organisational arrangements

Organisational arrangements for clinical audit are unchanged from last year's report. The Clinical Audit Central Office (CACO) continues to oversee the work of a team of directorate-based audit facilitators and to provide support to the Clinical Audit Committee (CAC). Directorates now submit four monthly (formerly quarterly) progress reports to the CAC which form the basis of a similar report which goes from the CAC to the Trust's Clinical Governance Committee (CGC). These four monthly reports now focus on the implementation of action plans resulting from the audit process.

In 2000/1 we welcomed the following staff into the Trust's audit team: Michelle Croucher (Critical Care), Carl Thomas (Clerk) and more recently, since April 2001, David Finch (Cardiothoracic Services) and Sarah Spinks (Surgery). We also said goodbye to Nikki Evans, Paul Dillon, Simon Sewart, Kerry Reid and more recently (June 2001) to Marian Connolly. Tracey Jones, Deputy CA Co-ordinator also left in the autumn of 2000 to manage the audit department at North Bristol NHS Trust: Emma Parsons

subsequently joined UBHT in May 2001 as Clinical Audit Project Manager. Emma will have specific responsibilities for tracking audit implications in National Service Frameworks (NSFs) and NICE guidance/guidelines, as well as developing audit links with the new Primary Care Trusts.

The Trust Clinical Audit Committee continues to meet on a monthly basis, overseeing the progress of the Trust's audit programme. There were a number of changes in membership of the Committee during 2000/1, Rosaleen Cooper replaced Jess Dougal as audit convenor for the Community directorate (although by the end of the year Jess had returned to the Committee), Sue King succeeded Eleri Cussick as joint convenor at BCH, Liz Thompson replaced David Spence at the Homoeopathic Hospital, Nabil Jarad became joint convenor for Medicine, Bryony Strachan succeeded Kay Collings at St Michael's Hospital and Charles Wakeley succeeded Andrew Duncan in Radiology. The role of Executive lead on the CAC has passed from Lindsey Scott to Nick Bishop.

Full details of the Trust's audit team of facilitators and convenors are shown in Appendix B.

2.2.4

Recruitment, development and retention

Last year's annual report highlighted a problem with the retention of audit facilitators. This pattern has continued in 2000/1. The BRI site has been most effected, and the problem has recently been raised at CGC.

Last year's annual report recognised the lack of opportunity for audit facilitators to progress in their posts. Since then a proposal has been drafted to enable facilitators to progress from A&C5 to A&C6 grade dependent upon certain criteria being met (experience, continuing professional development, evidence of proactive working, etc). In this respect the past year has been a frustrating one with significant delays in the process of working through the detail and implications of this proposal. It is hoped that a positive decision about staff grading will be reached later in 2001.

In the past year Eleanor Ferris and Fiona Clark have started MSc studies in Clinical Audit & Effectiveness at the University of Wales, Swansea. Emma Parsons and Chrissie Gardner are in the second and third years of the course respectively.

2.2.5

Training for clinical staff

In 2000/1, 12 one day workshops were held at Barrow Hospital as part of the Staff Development Programme. Feedback from staff attending these courses (around 160 in total) has been extremely positive. A follow up report of staff undertaking audit training during the previous year (1999/2000) revealed an encouraging number of staff putting their training into practice. The workshops are mostly attended by nursing and therapy staff: in 2001/2 we will therefore be looking at ways of packaging audit training in ways which will hopefully prove more convenient/attractive to a medical audience, and run this programme alongside the Barrow sessions.

Many directorates run their own audit training days and audit is frequently included in general staff induction.

2.2.6

Auditing Audit

In 2000/1, a further series of directorate audit reviews was commenced (to be completed in 2001/2). Reviews completed to date have shown that the majority of action points agreed following the first round of reviews have been implemented.

2.2.7

Clinical Effectiveness & Evidence Based Practice

Clinical Audit and Research & Development staff continue to collaborate through the work of the Clinical Effectiveness Committee. James Osborne, previously seconded to develop the CE website, has been appointed in a part time role as Clinical Effectiveness Training Co-ordinator for the Trust. In particular, James has taken the lead in rolling out a successful programme of CASP (Critical Appraisal Skills) workshops and Clinical Effectiveness training days.

2.2.8

Quality and Consumer Involvement

Whilst NHS Trusts are increasingly being exhorted to involve patients and carers in their work on the various strands of clinical governance, there appears to be little accompanying guidance of the 'how to do it' variety. The practical barriers associated with resourcing and supporting meaningful links with consumers are considerable. In 1999/2000 we continued to use the *Feedback* magazine to inform patients and carers

about developments in audit: likewise an large information board toured the foyers of the Trust's various hospital sites, encouraging consumers to send ideas and suggestions to the audit, R&D and consumer departments. Unfortunately neither of these approaches drew any specific interest or inquiries. In 2001/2 it is hoped that new developments with PALS and the proposed Patients Forum will provide new avenues to explore a dialogue with consumers.

2.2.9

Audit prizes

The third UBHT Clinical Audit 'Oscars' were held in March 2001. This event – a showcase for the best audit work in the Trust during the preceding year – continues to be supported by the Charitable Trustees for the United Bristol Hospitals (formerly the Special Trustees) who once again provided cash prizes for the winning projects. First prize was claimed by Jackie Rees for an audit of day-case laparoscopic cholecystectomies; second prize was awarded to Nicola West for an audit of General Dental Practitioner referrals for new periodontology patients.

2.2.10

Funding for audit projects

For the second year running, the Clinical Audit Committee was in a position to provide a central bidding mechanism whereby clinical staff could obtain additional funding to support worthy audit projects, in addition to the assistance routinely available through directorate audit support staff. In 2000/1, around £23k was awarded in this way, usually to free up clinical time to enable staff to participate in the audit process.

2.2.11

National conference

The Pharmacy Department (Compliance with Hospital Antibiotic Policy) and Directorate of Surgery (Audit of Pre-assessment Clinics in BRI) both displayed posters at Clinical Excellence 2000.

Chris Swonnell
Clinical Audit Co-ordinator

3. Project Reports for 2000/2001

3.1 Contracted audits

For the first time in recent years, the clinical contract between UBHT and Avon Health Authority for 2000/1 did not contain specific requests for audit projects to be undertaken. Instead, as general guidance, the contract indicated that priority should be given to the following:

- National Service Frameworks
- National Audits
- Health Improvement Programme priorities
- Primary Care interface audit

UBHT audit projects relating to these areas in 2000/1 were as follows:

	<u>CODE</u>		
National Service Framework for Coronary Heart Disease	3.5		
	3.8.2		
	3.16.6		
National Sentinel Caesarean Section Audit	3.12.2 0		
National Sentinel Audit on Prescribing for the Elderly	3.11.6		
National Sentinel Audit of Stroke Care	3.11.7		
National Audit of Chronic Obstructive Pulmonary Disease (COPD)	3.11.51		
Other National Audits	3.8.28	3.16.1	
	3.12.6	3.16.13	
NICE Guidance	3.9.8	3.9.9	
Cancer Services (incl. Cancer Accreditation Programme)	3.9.7	3.12.22	3.19.7
	3.11.11	3.14	3.19.8
	3.11.19	3.16.18	3.19.15
	3.11.48	3.16.21	3.19.16
	3.12.1	3.12.23	3.19.42

	3.12.11	3.16.24	3.19.45
	3.12.18	3.16.25	

Emergency Vascular Rota	This work is co-ordinated at UBHT by Dr Frank Smith
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Primary Care Interface Audit	3.5.19	3.7.14	3.13.2
	3.5.30	3.8.34	3.15.1 4
	3.6.1	3.9.1	3.19.1 7
	3.7.1	3.9.2	3.19.2 7
	3.7.3	3.9.24	
	3.7.8	3.9.27	

3.2 Summary statistics

Directorate	Total number of projects	New projects, including pre-audits*	Re-audits*	Ongoing monitoring *	National *	Regional *	Multi-Disciplinary *	Interface *	Patient / Carer Involvement *			Standards - measuring or development *	Use of evidence in standards*	Changes in practice ~	Confirmed measurable benefits to patients #
									Survey	Non survey	Total				
Cardiothoracic Services	31	61%	13%	26%	6%	0%	55%	6%	0%	0%	0%	29%	10%	17%	11%
Children's Services	31	87%	6%	6%	6%	0%	29%	3%	10%	10%	16%	39%	48%	20%	0%
Community Services	20	75%	25%	0%	0%	0%	35%	20%	10%	0%	10%	85%	85%	89%	33%
Critical Care	35	69%	6%	26%	11%	11%	57%	3%	3%	20%	20%	66%	69%	35%	10%
Dental Services	27	70%	26%	4%	7%	18%	44%	15%	11%	4%	11%	89%	63%	55%	13%
Homeopathy	7	71%	0%	29%	0%	0%	0%	0%	14%	0%	14%	57%	86%	20%	0%
Medicine	55	78%	20%	2%	5%	11%	16%	0%	0%	0%	0%	82%	76%	38%	57%
Obs, Gynae & ENT	26	46%	31%	19%	8%	8%	61%	0%	23%	0%	23%	81%	61%	60%	67%
Occupational Medicine	7	43%	29%	29%	14%	29%	71%	14%	71%	100%	100%	86%	100%	100%	100%
Oncology	25	92%	8%	0%	4%	0%	64%	0%	4%	4%	8%	84%	92%	80%	50%
Ophthalmology	18	72%	22%	5%	0%	5%	50%	5%	6%	0%	6%	100%	94%	89%	50%
Pathology	31	68%	10%	23%	10%	3%	68%	0%	0%	0%	0%	74%	48%	61%	22%
Radiology	14	79%	7%	14%	0%	7%	64%	0%	7%	0%	7%	71%	64%	44%	0%
Specialty Services	25	72%	12%	16%	0%	0%	44%	0%	8%	8%	16%	80%	48%	28%	0%
Surgery	48	88%	4%	8%	0%	6%	33%	4%	8%	4%	10%	37%	37%	40%	40%
TOTAL	400	74%	14%	12%	5%	6%	44%	4%	8%	6%	11%	68%	60%	48%	31%

* includes 1999/2000 rollovers

~ does not include 'current' projects

calculation based on completed re-audits and ongoing monitoring projects only

3.3 Service-wide audits

It has become apparent that a number of service-wide audits, mostly conducted within Nursing and the Allied Health Professionals have slipped through the reporting net by virtue of not fitting into the current directorate-base audit support structure. In response to this, at the time of writing this report, discussions are taking place about how these projects might be more effectively supported.

The following audit projects, undertaken on a Trust or service-wide basis during 2000/1, have been identified, although performance statistics on these projects are not available and hence not included in the table shown in paragraph 3.2. Reporting systems for projects of this kind will be improved for 2001/2.

Nursing

- Audit of Trust-wide nutrition standards
- Tracheostomy audit
- Pressure sore prevalence reporting

Physiotherapy

- Surgery / Ambulatory Care - Hydrotherapy patient forms - quality of info.
- Surgery / Ambulatory Care - Knee Arthroscopy Exercise Group - Patient satisfaction
- BRI- Acute Physio Service - Documentation standards
- UBHT- Physiotherapy - GP Questionnaire re. CSAG standards
- BRI - Acute Physio Service (Rehab Criteria and transfer)
- Ambulatory Care - Rheumatology patients referred to Shared Care Clinic
- Ambulatory Care / Surgery - Quality & timing of referral to # Clinic Physio
- BRI - Acute Physio Service - Back to Fitness service

Speech & Language Therapy

- Case note standards
- Communication guidelines audit
- Nurses' knowledge and confidence with communication-impaired patients

3.4 Comment on directorate reports (3.5 - 3.19)

In recent years, UBHT clinical audit annual reports have included project summaries alongside performance data. Given the large amount of time required to produce such a report, the increasing number of projects now being reported (a reflection, we feel, on improved capture), and the fact that the emphasis has moved towards reporting clinical audit progress via the Clinical Governance Annual Report, a decision was taken to restrict the directorate reports which follow to lists of projects accompanied by detailed performance data. Names of project leads are provided if the reader wishes to pursue an interest in any specific piece of work that has been undertaken.

3.5 CARDIOTHORACIC SERVICES

SUMMARY

Number of roll-overs from 1999/2000 report <<:	7
Number of new pre-audits □:	3
Number of new first audits □:	10
Number of new re-audits □:	4
Number of ongoing monitoring projects >>:	8
Total number of audits:	31
Number of completed audits:	4
Number of current (i.e. uncompleted) audits >:	9
Number whose current status is unknown:	10

(1 of these roll-over audits (3.5.12) has now been re-classified as an ongoing monitoring project)

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	1/3	(33%)	9/18	(50%)	12/24	(50%)
Audits arising from a critical incident:	-	-	-	-	0/24	(0%)
Audits prompted by a patient complaint:	-	-	-	-	0/24	(0%)
Audits directly involving patients/carers (but not including surveys):	0/3	(0%)	4/18	(22%)	0/24	(0%)
Audits incorporating a patient / carer survey:					0/24	(0%)
Audits involving representatives from primary care:	1/3	(33%)	2/18	(11%)	1/24	(4%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/24	(0%)
Number of proposal forms completed:	-	-	-	-	5/24	(21%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	5/24	(21%)
Audits measuring against or resulting in development of standards or guidelines:	3/3	(100%)	15/18	(83%)	5/24	(21%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	-	-	4/18	(22%)	2/24	(8%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	3/4	(75%)
Audits where an action plan was produced:	-	-	-	-	0/4	(0%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	0/4	(0%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	2/3	(67%)	8/11	(73%)	2/12	(17%)
Audits leading to better ways of working for staff:	-	-	-	-	2/12	(17%)
Audits leading to measurable benefits for patients:	-	-	-	-	1/12*	(8%)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	1/1	(100%)	6/7	(86%)	1/9*	(11%)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
CARDIAC SURGERY			<<	□	□	□	>>
3.5.1	Audit of Adult Cardiac Surgery: Annual Report	Mr Alan Bryan					
3.5.2	Audit of Cardiac Rehab Patients	A Daniels, J Victory					
3.5.3	Audit of Discharge Co-ordinators Work	Caroline Smith					
3.5.4	Audit of Extubation Data	Kathy Gough					
3.5.5	Audit of Medical Notes	P Dillon					
3.5.6	Audit of Mortality / Morbidity for Urgent Referred Patients	Mr F Ciulli					
3.5.7	Audit of Nurses' Documentation in Ward 5B	Janet Kew					
3.5.8	Audit of Physiotherapy Data for the First 6 Months of the Financial Year	Physio Dept.					
3.5.9	Audit of Relationship Between Haemocrit on Admission to ICU	Dr Alan Cohen					

	Following Coronary Surgery and Postoperative MI and/or Death						
3.5.10	Characteristics of Cardiac Patients With Diabetes	Ward 5B					
3.5.11	Critical Pathways	Fiona Thomas					
3.5.12	Fast-track of Cardiac Patients After Surgery	Mr F Ciulli					
3.5.13	Mortality Rate Procedures Based on Parsonnet Scores	S Pryn					
3.5.14	Quality of Catherisation Data	P Dillon, J Sims					
3.5.15	Sternum Wound Infection	Dr Milan Bates					
3.5.16	To Compare the Administration of PostOp Bloods	I Channon					
3.5.17	Usage of Blood Products After Cardiac Surgery	Dr Alan Cohen					
3.5.18	Use of Monte Carlo Forecasting on Cardiothoracic Surgery	Dr Milan Bates					
3.5.19	What are the Local Morbidity and Mortality Rates in Cardiac Patients >= 80 Years of Age?	Sharif Al-Ruzzeh					

CARDIOLOGY

3.5.20	Are Myocardial Infarction Patients Receiving Clinically Effective Treatment to Prevent Further Infarcts?	Dr Tim Cripps					
3.5.21	Audit into the Provision of Angiograms and PTCAs to Patients from Peripheral Hospitals						
3.5.22	Audit of Care of Patients With Diabetes	Jo Chambers					
3.5.23	Audit of CCU Workload	Roger Owen					
3.5.24	Audit of Door / Symptom to Needle Times	Roger Owen					
3.5.25	Audit of Leg Wounds After Cardiac Surgery	Dr D Metha					
3.5.26	Can we Reduce Bed-Rest Post Angiogram / PTCA?	Fiona Thomas					
3.5.27	Cardiology Audit: Annual Report	Dr Tim Cripps					
3.5.28	Chest Pain Clinic	Dr Hilary Portch					

DIRECTORATE

3.5.29	Audit of PATS Data Quality	Paul Dillon					
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THORACIC SURGERY

3.5.30	Surgery for Lung Metastases With Emphasis on Pulmonary Conversion	Mr L Balacumaraswami					
3.5.31	Thoracic Surgery Audit: Annual Report	Mr Forrester-Wood Mr Morgan					

3.6 CHILDREN'S SERVICES

SUMMARY

Number of roll-overs from 1999/2000 report <<:	3	(Originally 7 but 4 abandoned during 2000/01)
Number of new pre-audits □:	6	
Number of new first audits □:	18	
Number of new re-audits □:	2	
Number of ongoing monitoring projects >>:	2	
Total number of audits:	31	
Number of completed audits:	8	
Number of current (i.e. uncompleted) audits >:	16	
Number whose current status is unknown:	5	

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	5/10	(50%)	7/15	(47%)	8/28	(29%)
Audits arising from a critical incident:	-	-	-	-	1/28	(4%)
Audits prompted by a patient complaint:	-	-	-	-	1/28	(4%)
Audits directly involving patients/carers (but not including surveys):	3/10	(30%)	4/15	(27%)	3/28	(11%)
Audits incorporating a patient / carer survey:					3/28	(11%)
Audits involving representatives from primary care:	1/10	(10%)	1/15	(15%)	1/28	(4%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/28	(0%)
Number of proposal forms completed:	-	-	-	-	10/28	(36%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	6/28	(21%)
Audits measuring against or resulting in development of standards or guidelines:	8/10	(80%)	13/15	(87%)	11/28	(39%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	5/10	(50%)	10/13	(77%)	13/28	(46%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	3/8	(38%)
Audits where an action plan was produced:	-	-	-	-	1/8	(12%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	0/7	(0%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	5/13	(38%)	2/7	(29%)	2/10	(20%)
Audits leading to better ways of working for staff:	-	-	-	-	3/10	(30%)
Audits leading to measurable benefits for patients:	-	-	-	-	3/10*	(30%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients-	0/3	(0%)	0/1	(0%)	0/2*	(0%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
ANAESTHESIA / PICU			<<	□	□	□	>>
3.6.1	Acceptability of Finger Prick Anti-Coagulation Testing	Kalu Ogbureke					
3.6.2	A Questionnaire Regarding Attitudes to Perceived Feeding Intolerance on PICU	David Hopkins					
3.6.3	Are we Managing Gas Exchange Properly During Transfer to and from Theatre?	Dr Olga Kappelou					
3.6.4	Audit of Practice of Placement of Naso Jejunal Feeding Tubes	David Hopkins					
3.6.5	Could the Level of Drug Errors in PICU be Reduced by Introducing a New Prescribing System?	Dr P Weir					
3.6.6	How long are children starved pre-operatively?	Dr Philippa Dix					
3.6.7	O ² Concentration Supplied to Bagging Circuits in PICU	Christina Gillen					
3.6.8	Pain Experienced on Removal of Chest Drains in PICU	Dr N Morgan					

3.6.9	Post-Operative Outcome of Blalock Taussig Shunts in PICU	Deirdre Murray							
3.6.10	Post Operative Pain and Nausea in Day Case Surgery	Dr G Lauder							
<u>CAMHS (CHILD & ADOLESCENT MENTAL HEALTH TEAMS)</u>									
3.6.11	Deliberate Self Harm	Marla Minn Dinn							
<u>CARDIAC</u>									
3.6.12	Post-Operative Morbidity Following Cardiac Catheterisation	Dr R Martin							
3.6.13	Post-Operative Morbidity Following Cardiac Surgery	Dr G Stuart							
3.6.14	Radiofrequency Ablation in Paediatric Arrhythmias	Dr G Stuart							
3.6.15	Review of Peri-operative Infections	Dr R Martin							
<u>NEONATOLOGY</u>									
3.6.16	PCO ² Levels in Neonates transferred from CDS to NICU	Marianne Thoreson							
<u>GENERAL PAEDIATRICS</u>									
3.6.17	Asthma	Dr Simon Langton Hewer							
3.6.18	Audit of Paediatric Diabetic Service in Bristol & Weston Super Mare	Dr R Allen, Dr J Shields, Dr L Crowne							
3.6.19	Discharge Planning	Carol Aldridge							
3.6.20	Investigations for Abdominal Pain	Dr A Duncan							
3.6.21	Management of Empyema	Dr T Hilliard							
3.6.22	PCO ² Levels in Transported Neonates	Dr S Gupta							
3.6.23	Quality of Routine Note Keeping	Martin Mcrea							
3.6.24	Retrospective Review of Blood Usage Products	Dr R Martin							
3.6.25	Safety and Practicality of Drug Prescribing Practices	Miss Huskisson, Dr W Teague							
3.6.26	Sedation Practice for Lumbar Puncture Procedure	Dr P Sharples, Dr S Subra Maniyan							
<u>RADIOLOGY</u>									
3.6.27	Audit of Consent for Radiological IXS	Dr A Duncan							
3.6.28	Management of Neonatal Hydronephrosis in UBHT / N Bristol (Multi-centred audit)	Dr H Cheow, Dr S King, Dr P Cairns							
3.6.29	Telephoning Requests for Results to Radiology Department	Dr U Amendy, Dr S King							
<u>SURGERY</u>									
3.6.30	Central Venous Catheter Service in Oncology	Dr R Babu, Mr R D Spicer,							
3.6.31	Ordering Blood Products for Theatre	Dr N Kumaran, Miss E Cusick							

3.7 COMMUNITY SERVICES

SUMMARY

Number of roll-overs from 1999/2000 report <<:	7	(Originally 9 but 2 abandoned during 2000/01)
Number of new pre-audits □:	1	
Number of new first audits □:	9	
Number of new re-audits □:	3	
Number of ongoing monitoring projects >>:	0	
Total number of audits:	20	
Number of completed audits:	9	
Number of current (i.e. uncompleted) audits >:	8	
Number whose current status is unknown:	3	

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	5/11	(45%)	8/15	(53%)	5/13	(38)
Audits arising from a critical incident:	-	-	-	-	0/13	(0)
Audits prompted by a patient complaint:	-	-	-	-	0/13	(0)
Audits directly involving patients/carers (but not including surveys):	1/11	(9%)	3/15	(20%)	0/13	(0)
Audits incorporating a patient / carer survey:					1/13	(8)
Audits involving representatives from primary care:	1/11	(9%)	8/15	(53%)	2/13	(15)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/13	(0)
Number of proposal forms completed:	-	-	-	-	12/13	(92)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	10/13	(77)
Audits measuring against or resulting in development of standards or guidelines:	7/11	(64%)	14/15	(93%)	13/13	(100)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	2/11	(18%)	9/14	(64%)	13/13	(100)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	9/9	(100)
Audits where an action plan was produced:	-	-	-	-	1/9	(11)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	3/8	(38)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	3/7	(43%)	13/16	(81%)	8/9	(89)
Audits leading to better ways of working for staff:	-	-	-	-	9/9	(100)
Audits leading to measurable benefits for patients:	-	-	-	-	6/9*	(67)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	0/0	(0%)	2/2	(100%)	1/3*	(33)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
			<<	□	□	□	>>
3.7.1	Are Bank Staff Given Enough Equipment and Information to Perform Their Job?	Karen Cole	■				
3.7.2	Are Vulnerable Adults Being Assessed Effectively by Health Visitors?	Rose Toson		■			
3.7.3	Are we Meeting St John's Lane H/Cs Foreign Travel Standard, and Do Our Forms Contain Enough Information to Effectively Advise the Patient on Current Health Issues?	Marian Reid				■	
3.7.4	Assessment of Current Practice in the Child Protection and Vulnerable Families Review System	Susan Whitehead, Mary Boyle			■		
3.7.5	Assessment of Training Requirements for Health Visiting and School Nursing Teams, Treatment Room and Podiatry Staff	Rose Toson			■		
3.7.6	Can We Reduce the Length of Time Patients are Waiting to be Seen	Pauline Lawson			■		

	by the Treatment Room Staff in the Morning, at Montpelier Health Centre?						
3.7.7	Catheter Blockage	Angela Perrett					
3.7.8	Do All Patients Within Charlotte Keel H/C Ensure All Children Are Screened for Anaemia / Haemoglobinopathis, And Receive Appropriate Advice and Treatment Within the Primary Care Team?	Rebecca Mullen					
3.7.9	Do Health Visitors Have the Skills and Knowledge to Enable Them to Confidently and Competently Question Clients and Deal With Issues Arising From Domestic Violence?	Carole Bryant					
3.7.10	Do Our Clients / Patients Use Re-Usable Pants With Integral Pad, Once They Have Been Supplied by the Health Authority?	Carole Davey					
3.7.11	Do we Comply With the Trust Group Protocol for Vitamin K for Neonates?	Rebecca Mullen, Sue Postlethwaite					
3.7.12	Does Record Keeping in the Community Directorate Meet UKCC Guidelines?	Jess Dougal					
3.7.13	Has Integration of Health Visitor Older People / District Nurse Teams Lead to Increased Work for District Nurses? Is Referral Information to the Team Appropriate?	Rose Toson					
3.7.14	How Effective Has the Acute Response Team / Early Discharge Team Been at Handling the 2000/2001 Winter Pressures?	Helen Lockett					
3.7.15	Is the Community Occupational Therapy Team Meeting the Standard for Professional Record	Amanda Schopp					
3.7.16	Is the Health Visitors Safety Equipment Scheme Successful?	Jane Bryant					
3.7.17	Is the Trust's Standard for Male Catheterisation Being Met?	Angela Perrett					
3.7.18	Is the Wound Assessment Tool Being Used By District Nurses to Assess All Wounds?	Gail Powell					
3.7.19	Management of Patients with Indwelling Suprapubic and Urethral Catheters	Angela Perrett					
3.7.20	Physiotherapy Triage	Pat Lansdale					

3.8 CRITICAL CARE

SUMMARY

Number of roll-overs from 1999/2000 report <<:	8
Number of new pre-audits □:	7
Number of new first audits □:	10
Number of new re-audits □:	2
Number of ongoing monitoring projects >>:	9
Total number of audits:	35
Number of completed audits:	11
Number of current (i.e. uncompleted) audits >:	14
Number whose current status is unknown:	1

(Originally 9 but 1 abandoned during 2000/01. Also, 1 roll-over audit (3.8.11) has now been classified as an ongoing monitoring project)

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	7/15	(47%)	5/16	(31%)	20/27	(74%)
Audits arising from a critical incident:	-	-	-	-	6/27	(22%)
Audits prompted by a patient complaint:	-	-	-	-	0/27	(0%)
Audits directly involving patients/carers (but not including surveys):	4/15	(27%)	0/16	(0%)	7/27	(26%)
Audits incorporating a patient / carer survey:					1/27	(4%)
Audits involving representatives from primary care:	1/15	(7%)	0/16	(0%)	1/27	(4%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/27	(0%)
Number of proposal forms completed:	-	-	-	-	22/27	(81%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	21/27	(78%)
Audits measuring against or resulting in development of standards or guidelines:	11/15	(73%)	11/16	(69%)	19/27	(70%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	7/15	(47%)	3/11	(27%)	19/27	(70%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	5/11	(45%)
Audits where an action plan was produced:	-	-	-	-	7/11	(64%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	0/4	(0%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	5/9	(56%)	12/17	(71%)	7/20	(35%)
Audits leading to better ways of working for staff:	-	-	-	-	6/20	(30%)
Audits leading to measurable benefits for patients:	-	-	-	-	8/20*	(40%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	1/4	(25%)	3/7	(43%)	1/10*	(10%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
A&E			<<	□	□	□	>>
3.8.1	Major Trauma Outcome Study (MTOS)	Dr I O'Sullivan					
3.8.2	Thrombolysis and MI	Dr G Lloyd					
ANAESTHESIA							
3.8.3	Are Children Experiencing Acute Pain Following Major Surgery?	Dr P Stoddart					
3.8.4	Are Surgical Patients Receiving Appropriate Prophylaxis for Venous Thromboembolism?	Dr J Homewood					
3.8.5	Audit of Completion of Anaesthetic Records	David Roberts					
3.8.6	Audit of Pre-Assessment Clinic	Sr S Clark					
3.8.7	Can Recovery Times at St Michaels be Reduced?	Dr S Harris					

3.8.8	Cause for Alarm?	Dr A Cohen						
3.8.9	Day Case Inappropriate Admissions on the Day Unit	Dr D Terry						
3.8.10	Epidural for Pain Relief - Response Time by the Anaesthetist	Dr M Patteril						
3.8.11	How Successful is the Newly Standardised Infusion Mixture in Post-Operative Epidural Analgesia for Gynaecology Patients?	Dr R Craven						
3.8.12	Patient Attendance at ENT Pre-Admission Clinic (PACs) at St MH	Dr L Shutt						
3.8.13	Post Operative Pain Relief and Side Effects	Jacqui Gannon						
3.8.14	Retrospective Study of Drug Administration Errors	Dr A Pickering						
3.8.15	Thoracic Epidurals	Dr T Simpson						
3.8.16	Tonsillectomy Audit	Dr R Taylor						
3.8.17	VASGBI Aortic Surgery Audit	Dr S Howell						
3.8.18	What Can we Learn from Critical Incident Reporting?	Dr S Howell						
3.8.19	What is the Outcome of Aortic Dissection Repair?	Dr T Lovell						
3.8.20	What Problems are Being Experienced with Regional Anaesthesia for Caesarian Section?	Mike Kinsella						
3.8.21	What Resuscitation Training or Competence Assessment is Appropriate for Practicing Anaesthetists?	Dr D Terry						
<u>CHILDREN'S SERVICES</u>								
3.8.22	Introduction of New Prescription Policy	Dr P Weir						
3.8.23	Regional Audit of Critical Care Outcomes	Carol Maskrey						
3.8.24	Tonsillectomy Day Case	Mr Griffiths, Dr Gill Lauder						
<u>ITU</u>								
3.8.25	Can we Predict Likelihood of Death for Patients Over the Age of 65 who have Perforated Large Bowel at Laparotomy?	Dr M Schuster-Bruce						
3.8.26	Feasibility of Collecting Augmented Care Period (ACP) Forms from Ward Areas	S McAuslan-Crine						
3.8.27	In-Hospital Deaths Post-Discharge from ICU / HDU	Dr J Bewley						
3.8.28	Intensive Care National Audit and Research Centre (ICNARC) Database	Dr S Willatts						
<u>PAIN CLINIC</u>								
3.8.29	Pain Peri-Operative Management	Jacqui Gannon						
<u>RESUSCITATION</u>								
3.8.30	Cardiopulmonary Resuscitation Facilities and Equipment Within the Trust	Keith Lewis						
3.8.31	Do All Telephones Have the Correct Emergency Number on Them?	Carolyn Meyer						
3.8.32	Is the Trust Following the Procedures for Arrest as Set Out in the Resuscitation Policy?	Jo Bruce-Jones						
3.8.33	Non-Attendance at Resuscitation Training Days	Nikki Evans						
<u>THEATRES</u>								
3.8.34	Are Patients being Collected Promptly from the Recovery Ward?	Jane Reece						
3.8.35	Cot-Sides on Every Post-Operative Patient Bed	Marion Brown						

3.9 DENTAL SERVICES

SUMMARY

Number of roll-overs from 1999/2000 report <<:	5
Number of new pre-audits □:	2
Number of new first audits □:	13
Number of new re-audits □:	6
Number of ongoing monitoring projects >>:	1
Total number of audits:	27
Number of completed audits:	21
Number of current (i.e. uncompleted) audits >:	5

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	2/15	(13%)	5/13	(38%)	11/22	(50%)
Audits arising from a critical incident:	-	-	-	-	1/22	(5%)
Audits prompted by a patient complaint:	-	-	-	-	1/22	(5%)
Audits directly involving patients/carers (but not including surveys):	6/15	(40%)	1/13	(8%)	1/22	(5%)
Audits incorporating a patient / carer survey:					3/22	(14%)
Audits involving representatives from primary care:	2/15	(13%)	4/13	(31%)	3/22	(14%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/22	(0%)
Number of proposal forms completed:	-	-	-	-	20/22	(91%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	20/22	(91%)
Audits measuring against or resulting in development of standards or guidelines:	14/15	(93%)	12/13	(92%)	20/22	(91%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	8/15	(53%)	5/12	(42%)	13/22	(59%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	21/21	(100%)
Audits where an action plan was produced:	-	-	-	-	17/21	(81%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	3/4	(75%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	7/11	(64%)	9/13	(69%)	12/22	(55%)
Audits leading to better ways of working for staff:	-	-	-	-	11/22	(50%)
Audits leading to measurable benefits for patients:	-	-	-	-	8/22*	(36%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	4/4	(100%)	4/5	(80%)	1/7*	(14%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit					
COMMUNITY DENTAL SERVICE			<<	□	□	□	>>	>
3.9.1	Are Medical Histories Recorded and Updated Satisfactorily?	Mark Donnan		■				
3.9.2	Are Medical Histories Recorded and Updated Satisfactorily?	Mark Donnan			■			
OTHER								
3.9.3	Are All Staff Aware of Emergency Information such as Crash Call Number, etc.?	Linda Coltham			■			
3.9.4	Are All Staff Aware of Emergency Information such as Crash Call Number, etc.?	Linda Coltham				■		
3.9.5	Why are Patients with Special Needs Undergoing Multiple General Anaesthetics in a 3 Year Period?	Petrina Wood			■			
ORAL & MAXILLOFACIAL SURGERY								
3.9.6	Are Avulsed Permanent Teeth Being Reimplanted Adequately?	Petrina Wood			■			■

3.9.7	Auditing the Process of Care and Outcomes in Patients with Head and Neck Cancer	Chris Bell						
3.9.8	Does the Treatment of Third Molars Follow the Guidance Advocated by the National Institute for Clinical Excellence (NICE)?	Chris Bell						
3.9.9	Does the Treatment of Third Molars Follow the Guidance Advocated by the National Institute for Clinical Excellence (NICE)?	Chris Bell						
3.9.10	What Causes Disruption of Admissions / Operations in Oral and Maxillofacial Surgery?	Chris Bell						
ORAL MEDICINE								
3.9.11	Are Dental Radiographs being Reported in the Patients' Notes?	Jane Luker						
3.9.12	Are Medical Histories Adequately Documented and Updated in Patient Records? Are Reported Allergies Recorded on the PAS System?	Jane Luker						
3.9.13	Are the Clinical Details on the Radiographic Request Card Sufficient to Adequately Justify the Radiological Investigation Requested?	Jane Luker						
ORTHODONTICS								
3.9.14	Do Improvements in Dental Irregularity Meet National Standards Following Orthodontic Treatment?	Nigel Harradine						
3.9.15	Do Orthodontic Clinical Records Comply with the British Orthodontic Society's Minimum Data Set?	Jo Clark						
3.9.16	Do Patients Know How to Care for Their Teeth and Appliances During Orthodontic Treatment?	Alison Williams						
3.9.17	Have Changes in Practice Reduced Emergency Attendances for Archwire Problems?	Nigel Harradine						
3.9.18	How Successful is Combined Orthodontic / Surgical treatment for Facial Deformity?	Nigel Harradine						
3.9.19	Osteotomies	Nigel Harradine						
PAEDIATRICS								
3.9.20	Are Children Having More Than One General Anaesthetic for Dental Extractions?	Deborah Franklin						
3.9.21	Are Patients / Parents Satisfied With the Paediatric Dental Service?	Deborah Franklin						
3.9.22	How Good is the Dental Health of Children Attending Cardiology Outpatient Clinics?	Peter Crawford						
RESTORATIVE								
3.9.23	Are Laboratory Cards being Adequately Completed?	Tony Telford						
3.9.24	Following information given to GDPs on which patients have sufficient periodontal disease to warrant referral, are the referral patterns the same pre and post information or have they changed?	Nicola West						
3.9.25	Is the Treatment Plan for Joint Restorative Patients Carried to a Successful Conclusion? In particular, do we set out clear objectives in the treatment plan?	Adrian Watts						
3.9.26	What are the Causes for Broken Master Casts?	Martin Woodhead						
3.9.27	What Proportion of Patients in General Dental Practice have Evidence of Toothwear Requiring Clinical Treatment?	Martin Woodhead, Dr Carmichael						

3.10 HOMEOPATHY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	4
Number of new pre-audits □:	1
Number of new first audits □:	0
Number of new re-audits □:	0
Number of ongoing monitoring projects >>:	2
Total number of audits:	7
Number of completed audits:	3
Number of current (i.e. uncompleted) audits >:	2

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	1/6	(17%)	0/5	(0%)	0/3	(0%)
Audits arising from a critical incident:	-	-	-	-	0/3	(0%)
Audits prompted by a patient complaint:	-	-	-	-	0/3	(0%)
Audits directly involving patients/carers (but not including surveys):	1/6	(17%)	0/5	(0%)	0/3	(0%)
Audits incorporating a patient / carer survey:					0/3	(0%)
Audits involving representatives from primary care:	0/6	(0%)	0/5	(0%)	0/3	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/3	(0%)
Number of proposal forms completed:	-	-	-	-	1/3	(33%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	1/3	(33%)
Audits measuring against or resulting in development of standards or guidelines:	3/6	(50%)	3/5	(60%)	1/3	(33%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	1/6	(17%)	1/3	(33%)	2/3	(67%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	3/3	(100%)
Audits where an action plan was produced:	-	-	-	-	1/3	(33%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	1/2	(50%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	3/3	(100%)	2/4	(50%)	1/5	(20%)
Audits leading to better ways of working for staff:	-	-	-	-	1/5	(20%)
Audits leading to measurable benefits for patients:	-	-	-	-	1/5*	(20%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	0/2	(0%)	0/3	(0%)	0/2*	(0%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
			<<	□	□	□	>>
3.10.1	Assessing the Effectiveness of Homeopathic Interventions at BHH	Dr David Spence					
3.10.2	Does the Overall Pattern of Attendance for CFS Patients Vary Significantly from the Overall Attendance Pattern for BHH?	Dr Christina Scott-Moncrief					
3.10.3	How Much Extra Work for Doctors and Pharmacists are 'Out of Clinic' Prescriptions Generating?	Dr Elizabeth Thompson					
3.10.4	The Diagnosis and Management of Chronic Fatigue Syndrome	Dr Christina Scott-Moncrief					
3.10.5	The Management and Treatment of Asthma	Dr David Spence					
3.10.6	What is the Current Pattern of Referral Origin to BHH?	Dr David Spence					
3.10.7	What is the DNA (Did Not Attend) Rate at BHH?	Dr David Spence					

3.11 MEDICINE

SUMMARY

Number of roll-overs from 1999/2000 report <<:	12
Number of new pre-audits □:	2
Number of new first audits □:	34
Number of new re-audits □:	7
Number of ongoing monitoring projects >>:	1
Total number of audits:	55
Number of completed audits:	31
Number of current (i.e. uncompleted) audits >:	22
Number whose current status is unknown:	1

(Originally, 15 but 3 abandoned during 2000/01. Also, 1 roll-over audit (3.11.36) has now been classified as an ongoing monitoring project)

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	8/19	(42%)	9/18	(50%)	7/43	(16%)
Audits arising from a critical incident:	-	-	-	-	0/43	(0%)
Audits prompted by a patient complaint:	-	-	-	-	1/43	(2%)
Audits directly involving patients/carers (but not including surveys):	6/19	(32%)	2/18	(11%)	0/43	(0%)
Audits incorporating a patient / carer survey:					0/43	(0%)
Audits involving representatives from primary care:	4/19	(21%)	2/18	(11%)	0/43	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/43	(0%)
Number of proposal forms completed:	-	-	-	-	35/43	(81%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	33/43	(77%)
Audits measuring against or resulting in development of standards or guidelines:	14/19	(74%)	15/18	(83%)	37/43	(86%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	13/19	(68%)	10/15	(67%)	36/43	(84%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	20/31	(65%)
Audits where an action plan was produced:	-	-	-	-	8/31	(26%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	0/23	(0%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	5/7	(71%)	8/15	(53%)	12/32	(38%)
Audits leading to better ways of working for staff:	-	-	-	-	7/32	(22%)
Audits leading to measurable benefits for patients:	-	-	-	-	12/32*	(38%)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	1/1	(100%)	0/3	(0%)	4/7*	(57%)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

CARE OF THE ELDERLY			Type of Audit				
			<<	□	□	□	>>
3.11.1	Are Patients Receiving Sip Feeds and Supplements as Recommended by the Dietitian?	Claire Phillips, Sue Stocker			■		
3.11.2	Are we Prescribing Metformin According to the Guidelines?	Dr R Sheridan	■				
3.11.3	Effectiveness of Falls Service	Paulette Nuttal, Ruth Cowell			■		
3.11.4	How Appropriate is our Management of Hypercalcaemia?	Dr S Tamane			■		
3.11.5	Is Resuscitation Status Recorded in the Medical Notes?	Dr Mark Haslam			■		
3.11.6	National Sentinel Audit - Evidence Based Prescribing to Elderly People	Dr Peter Murphy				■	
3.11.7	National Sentinel Audit of Stroke Care	Dr Peter Murphy	■			■	

3.11.8	The Management of Patients Admitted with Acute Stroke	Dr Terleioich, Dr Murphy, Angie Nichols							
3.11.9	The Patient's Day in the Stroke Rehabilitation Unit	Pauline Baker							
<u>DERMATOLOGY</u>									
3.11.10	An Audit of Cyclosporin Prescribing and Monitoring	Dr Cari Aplin							
3.11.11	Are All Patients With Skin Cancer Seen by a Specialist Physician?	Dr De Berker							
3.11.12	Are we Monitoring Patients on Methotrexate as Recommended?	Dr M Kirkup							
3.11.13	Are We Using PUVA as Recommended for the Treatment of Psoriasis?	Dr Chris Bower							
3.11.14	Audit of Nurse-Led Cryotherapy Clinic	Nicki Mitchell							
3.11.15	Effectiveness of Uptons Paste in the Treatment of Plantar Warts	Dr M Kirkup							
3.11.16	Management and Investigation of Myocosis Fungoides	Dr Maureen Connolly							
3.11.17	Minor Surgery in Dermatology Outpatients	Jackie Dark							
3.11.18	Referral Standards for Patients with Basal Cell Carcinoma	Dr M Kirkup							
3.11.19	Standards of Care for Patients with Non-Melanoma Skin Cancer	Dr de Berker							
3.11.20	The Quality of Medical Photography for Recording Dermatological Conditions	Dr Moffitt							
<u>DIETETICS</u>									
3.11.21	Are we Meeting the Dietary Objectives of Patients on the Cardiac Rehabilitation Scheme?	Diana Reed							
<u>ENDOCRINOLOGY</u>									
3.11.22	Are we Following the National Guidelines for the Management of Blood Lipids for Diabetic Patients?	Dr Graham Bailey							
3.11.23	Are we Using the Test D-Dimer Appropriately?	Dr G J Van Rensbury							
3.11.24	Review of Diabetic Services	Lorna Kelly							
3.11.25	The Management of Patients Admitted with Ketacidosis	Dr Alex Gray							
<u>GASTROENTEROLOGY</u>									
3.11.26	Are Appropriate Patients Being Identified for Receiving Interferon Treatment for Hepatitis C Infection?	Dr Barry							
3.11.27	Are Patients Over 40 With a Gastrointestinal Bleed Being Investigated Appropriately?	Dr Haslam							
3.11.28	Are we Following the Guidelines for the Management of Patients with Gastrointestinal Bleeds?	Dr T Creed							
3.11.29	The Incidence of GI Bleeds After Cardiac Surgery. Are we Managing These Patients Appropriately?	Dr A Jay							
<u>GENERAL MEDICINE</u>									
3.11.30	Are We Managing Patients with Acute Paracetamol Poisoning According to the UBHT Guidelines?	Dr Ming Ming Teh							
3.11.31	Are We Managing Patients With Unstable Angina According to the Guidelines?	Dr Sally Evans							
3.11.32	How Are We Managing Urinary Continence in Patients Who Are Admitted With An Acute Stroke?	Pauline Baker, Chris Oram							
3.11.33	Survey of Ward Staff - Understanding of Communication Problems and Their Management. Dysphasia and dysarthria	Hannah Yates							

3.11.34	An Audit of the Activity of the Pathology Day Unit	Pat Coggen, Rachel Heneken						
3.11.35	Are All Suitable Patients Referred to the DVT (Deep Vein Thrombosis) Home Care Scheme?	Pat Coggen, Rachel Heneken						
3.11.36	Are Nursing Care Standards Being Maintained?	Jan Lyn						
3.11.37	Are Physiotherapists Spending the Recommended Proportion of their Work Time Working Directly with Patients?	Sarah Harding						
3.11.38	Are we Following UBHT Antibiotic Prescribing Policy?	Debbie Campbell						
3.11.39	Audit of Contract Nursing Home Beds. Are we Following the Guidelines?	Debbie Harrison						
3.11.40	Effectiveness of the Home Enteral Feeding Programme	Pat Howard						
3.11.41	Has Training Staff in the Care of Patients with Dysphagia Improved Standards?	Vicki Weekes						
3.11.42	In-patient Nutritional Policy	Linda Prosser						
3.11.43	Is the Department Meeting the Standards for Referral, Assessment and Discharge of Patients?	Sue Jones						
3.11.44	Review of the Hepatitis C Clinic	Anne Rollings						
3.11.45	Review of the Warfarin Helpline	Rachel Heneken, Pat Coggen						
3.11.46	What is the Quality of Nursing Notes in the Directorate?	Jenny Papps						
RESPIRATORY								
3.11.47	Annual Review of Cystic Fibrosis - Does This Contribute to the Effective Management of Patients?	Dr Nabil Jarad						
3.11.48	Are we Meeting Referral Standards for Patients with Lung Cancer?	Martin Ball						
3.11.49	Inpatient Management of COPD (Chronic Obstructive Pulmonary Disease)	Suzanne Gilson-Jones						
3.11.50	Management of Patients Admitted with Acute Asthma	Dr K Walsh						
3.11.51	National Audit of Management of Chronic Obstructive Pulmonary Disease	Katherine Baile						
3.11.52	Review of the Use of Antileukotrienes in the Treatment of Asthma	Dr N Jarad, Stephen Gray						
RHEUMATOLOGY								
3.11.53	Are Rheumatoid Arthritis Patients Benefiting from Wearing Night Resting Splints?	Gina Ludlom						
SEXUAL HEALTH								
3.11.54	Are we Meeting National Standards for Treatment of Gonorrhoea?	Michael Clarke						
3.11.55	Review of Management of Sexual Assaults	Dr Tessa Crowley						

3.12 OBS, GYNAE & ENT

SUMMARY

Number of roll-overs from 1999/2000 report <<:	3	(Originally 4 but 1 abandoned during 2000/01)
Number of new pre-audits □:	0	
Number of new first audits □:	10	
Number of new re-audits □:	8	
Number of ongoing monitoring projects >>:	5	
Total number of audits:	26	
Number of completed audits:	15	
Number of current (i.e. uncompleted) audits >:	6	

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	3/10	(30%)	2/11	(18%)	15/23	(65%)
Audits arising from a critical incident:	-	-	-	-	2/23	(9%)
Audits prompted by a patient complaint:	-	-	-	-	0/23	(0%)
Audits directly involving patients/carers (but not including surveys):	0/10	(0%)	2/11	(18%)	0/23	(0%)
Audits incorporating a patient / carer survey:					5/23	(22%)
Audits involving representatives from primary care:	0/10	(0%)	0/11	(0%)	0/23	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/23	(0%)
Number of proposal forms completed:	-	-	-	-	12/23	(52%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	11/23	(48%)
Audits measuring against or resulting in development of standards or guidelines:	9/10	(90%)	9/11	(82%)	18/23	(78%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	7/10	(70%)	9/9	(100%)	13/23	(56%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	12/15	(80%)
Audits where an action plan was produced:	-	-	-	-	8/15	(53%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	4/7	(57%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	5/10	(50%)	11/15	(73%)	12/20	(60%)
Audits leading to better ways of working for staff:	-	-	-	-	14/20	(70%)
Audits leading to measurable benefits for patients:	-	-	-	-	12/20*	(60%)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	1/2	(50%)	1/1	(100%)	8/12*	(67%)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit					
ENT			<<	□	□	□	>>	>
3.12.1	Are Two Week Cancer Referrals to ENT Appropriate and Using Correct Proforma? (In Conjunction with Trust Cancer Office)	R Sim, J Savage			■			
3.12.2	Can the Inadequacy Rate of Fine Needle Aspirations in ENT be Improved? (In conjunction with Pathology)	R Sim, B Philpotts, C Calder, S Gore				■		■
3.12.3	Informed Consent in Tonsillectomy	Chris Hobbs				■		
3.12.4	Is ENT Inpatient Admission Documentation Reaching Acceptable Standards?	Mr M Saunders, E Ferris					■	
3.12.5	Is the Rate of Post-Tonsillectomy Haemorrhage in Adults Acceptable?	C Hall				■		
3.12.6	National Comparative Audit of Surgery for Nasal Polyposis & Rhinosinusitis in England and Wales	Mr M Saunders			■			■

OBS & GYNAE						
3.12.7	Are Cardiotocograph Reports (CTGs) Being Stored According to Protocol?	Maria Bradley				
3.12.8	Are Community Midwives Following the Protocol for Returning Handheld Maternity Notes to St Michaels?	J Moxham, E Ferris				
3.12.9	Are Mothers Given Sufficient Information to Make an Informed Choice about Baby Feeding Method?	Fiona Perkins				
3.12.10	Are Post-Dates Referrals to Day Assessment Unit Appropriately Managed?	Jenny Ford, Lisa Joels				
3.12.11	Are Regional Cancer Organisation (RCO) Guidelines for Stage 1 Ovarian Cancer Being Followed?	Adeola Olaitan				
3.12.12	Are St Michaels Staff Following the New Policy for Administration of Vitamin K (Linked with Community Vitamin K Project)	Sarah Windfield				
3.12.13	Are St Michael's Staff Meeting the Requirements for Baby Friendly Accreditation?	Belinda Cox, Debbie Johnson				
3.12.14	Are the Pregnancy Advisory Service Following the RCOG Guidelines for the Care of Women Requesting Induced Abortion?	Dr Sharon Bodard				
3.12.15	Are Women with Raised Bile Acids Being Managed Appropriately?	Sharon Moses				
3.12.16	Induction of Labour	Sharon Moses				
3.12.17	Is Department of Obs & Gynae Following Royal College Guidelines Regarding ECV (External Cephalic Version)?	Lisa Joels				
3.12.18	Is the Present Follow-Up Regime for Gynaecological Cancer Effective in Detecting Recurrent Disease?	Adeola Olaitan				
3.12.19	Is Third Degree Tear Rate Comparable to Other Units and are Women Managed Appropriately?	Jackie Moxham				
3.12.20	National Sentinel Caesarean Section Audit	Rosie Lear, Jean Butler				
3.12.21	Obstetric Admissions to ITU - Does St Michaels have an Acceptable Level of Maternal Morbidity?	Deirdre Murphy				
3.12.22	The Collection of Regional Gynaecological Cancer for the Purposes of Audit and Improvement of Management	Mr J Murdoch				
3.12.23	What Lessons have been Learned from Monthly Peer Review of Fetal Deaths, Stillbirths and Neonatal Deaths?	P Kyle				
3.12.24	Would a Policy of Universal Administration of Serial Antenatal Cortiseteroids to Women with Multiple Pregnancies be Justified?	Deirdre Murphy				
3.12.25	Failure of Instrumental Delivery	A Galimberti				
OTHER						
3.12.26	Can we Increase the Percentage of Out-Patients in ENT and Gynaecology Clinics who are Seen by 30 Minutes after their Appointment Time?	Lynn Richardson				

3.13 OCCUPATIONAL MEDICINE

SUMMARY

Number of roll-overs from 1999/2000 report <<:	3
Number of new pre-audits □:	0
Number of new first audits □:	1
Number of new re-audits □:	1
Number of ongoing monitoring projects >>:	2
Total number of audits:	7
Number of completed audits:	0
Number of current (i.e. uncompleted) audits >:	5

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	4/4	(100%)	3/5	(60%)	3/4	(75%)
Audits arising from a critical incident:	-	-	-	-	2/4	(50%)
Audits prompted by a patient complaint:	-	-	-	-	0/4	(0%)
Audits directly involving patients/carers (but not including surveys):					4/4	(100%)
Audits incorporating a patient / carer survey:	3/4	(75%)	5/5	(100%)	2/4	(50%)
Audits involving representatives from primary care:	3/4	(75%)	0/5	(0%)	1/4	(25%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	2/4	(50%)
Number of proposal forms completed:	-	-	-	-	3/4	(75%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	3/4	(75%)
Audits measuring against or resulting in development of standards or guidelines:	4/4	(100%)	2/5	(40%)	4/4	(100%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	1/4	(25%)	1/2	(50%)	4/4	(100%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	N/a	N/a
Audits where an action plan was produced:	-	-	-	-	N/a	N/a
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	N/a	Na
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	1/3	(33%)	2/3	(67%)	2/2	(100%)
Audits leading to better ways of working for staff:	-	-	-	-	2/2	(100%)
Audits leading to measurable benefits for patients:	-	-	-	-	2/2*	(100%)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	2/2	(100%)	1/2	(50%)	2/2*	(100%)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
			<<	□	□	□	>>
3.13.1	Are we Adhering to Agreed Local Guidelines for the Management of Needlestick Injuries?	B Matson					
3.13.2	Arts, Health and Well-Being	Dr R Philipp					
3.13.3	Is the Hepatitis B Status of Staff who Regularly Carry Out Exposure-Prone Procedures Being Adequately Monitored?	B Eng Gan					
3.13.4	What Interventions do UBHT Staff Need in Order to Combat Stress?	Dr R Philipp					
3.13.5	What is the Level of Awareness about the Occupational Health Service Amongst SpRs in the South West Region?	Dr R Philipp					
3.13.6	What Levels of Stress are Being Experienced by Anaesthetists?	Dr R Philipp					
3.13.7	What Motivates / De-Motivates NHS Staff and Local Employees?	Dr R Philipp					

3.14 ONCOLOGY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	4
Number of new pre-audits □:	0
Number of new first audits □:	19
Number of new re-audits □:	2
Number of ongoing monitoring projects >>:	0
Total number of audits:	25
Number of completed audits:	15
Number of current (i.e. uncompleted) audits >:	10

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	4/5	(80%)	3/13	(23%)	13/21	(62%)
Audits arising from a critical incident:	-	-	-	-	1/21	(5%)
Audits prompted by a patient complaint:	-	-	-	-	0/21	(0%)
Audits directly involving patients/carers (but not including surveys):	0/5	(0%)	1/13	(8%)	0/21	(0%)
Audits incorporating a patient / carer survey:					0/21	(0%)
Audits involving representatives from primary care:	0/5	(0%)	0/13	(0%)	0/21	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/21	(0%)
Number of proposal forms completed:	-	-	-	-	13/21	(62%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	13/21	(62%)
Audits measuring against or resulting in development of standards or guidelines:	4/5	(80%)	13/13	(100%)	18/21	(86%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	4/5	(80%)	11/13	(85%)	19/21	(90%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	13/15	(87%)
Audits where an action plan was produced:	-	-	-	-	13/15	(87%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	1/2	(50%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	3/7	(43%)	9/10	(90%)	12/15	(80%)
Audits leading to better ways of working for staff:	-	-	-	-	8/15	(53%)
Audits leading to measurable benefits for patients:	-	-	-	-	6/15*	(40%)
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	0/0	(0%)	1/1	(100%)	1/2*	(50%)
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit					
			<<	□	□	□	>>	>
ONCOLOGY								
3.14.1	Are High Grade Glioma Patients Seen by Oncologists being Appropriately Assessed for Prognosis and Treatment?	Dr H Newman						
3.14.2	Does the Standard of Handwashing in BHOC Comply with Recommendations in Trust Infection Control Manual?	Polly Gingell						
3.14.3	Management and Care of GROSHONG ® Lines ¹	Sr Clare Bidgood						
3.14.4	Management of Pleural Effusion	Dr Anna Hartop, Dr C Candish						
3.14.5	Neo-Adjuvant Chemotherapy in Breast Patients	Paul Dillon						
3.14.6	Patient Consent - Level of Compliance	Dr Boinagiu						

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

3.14.7	Patient Consent for Clinical Trials	Paul Dillon						
3.14.8	PICC Line - Management and Care of	Ruth Hendy						
3.14.9	Private Patient Documentation	Tracy Smart						
3.14.10	Radiotherapy Waiting Times	Judy Cox						
3.14.11	Treatment Delays in Breast Cancer Patients	Dr Tom Wells						
3.14.12	Treatment of Head and Neck Patients (RCR Audit)	Diane Shillam						
3.14.13	Which Patients are Receiving Post Mastectomy Radiotherapy?	Dr C Candish						
AHU								
3.14.14	Adherence to Antibiotics Policy - Neutropenic Septic Patients	Dr Amanda Clarke						
3.14.15	AML in Elderly	Dr S Otton						
3.14.16	Bisphosphonates in Myeloma	Dr Wexler						
3.14.17	Chemotherapy Consent	Dr Elaine Keane						
3.14.18	Fast Track Pharmacy Services	Dr Dennis						
3.14.19	G –GSF	Dr A Clark						
3.14.20	Irradiated Blood	Dr Dan Hart						
3.14.21	Platelet Wastage	Dr Janet Birchall						
3.14.22	Tunnelled Lines - Re-audit	Professor Hows, Sr Cheryl Bradley						
3.14.23	Use of TPN (Total Parenteral Nutrient)	Naomi Shantry						
PALLIATIVE MEDICINE								
3.14.24	Analgesic Prescribing	Dr C Reid						
3.14.25	Laxative Prescribing	Dr C Thompson, Sr Gaye Senior-Smith						

3.15 OPHTHALMOLOGY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	5
Number of new pre-audits □:	3
Number of new first audits □:	5
Number of new re-audits □:	4
Number of ongoing monitoring projects >>:	1
Total number of audits:	18
Number of completed audits:	8
Number of current (i.e. uncompleted) audits >:	9

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	2/8	(25%)	3/12	(25%)	6/13	(46%)
Audits arising from a critical incident:	-	-	-	-	0/13	(0%)
Audits prompted by a patient complaint:	-	-	-	-	0/13	(0%)
Audits directly involving patients/carers (but not including surveys):					0/13	(0%)
Audits incorporating a patient / carer survey:	0/8	(0%)	0/12	(0%)	1/13	(8%)
Audits involving representatives from primary care:	0/8	(0%)	2/12	(17%)	0/13	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/13	(0%)
Number of proposal forms completed:	-	-	-	-	13/13	(100%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	13/13	(100%)
Audits measuring against or resulting in development of standards or guidelines:	3/8	(38%)	12/12	(100%)	13/13	(100%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	2/8	(25%)	7/12	(58%)	13/13	(100%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	8/8	(100%)
Audits where an action plan was produced:	-	-	-	-	6/8	(75%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	2/2	(100%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	0/5	(0%)	8/9	(89%)	8/9	(89%)
Audits leading to better ways of working for staff:	-	-	-	-	5/9	(56%)
Audits leading to measurable benefits for patients:	-	-	-	-	6/9*	(67%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	0/3	(0%)	1/4	(25%)	1/2*	(50%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit					
OPHTHALMOLOGY			<<	□	□	□	>>	>
3.15.1	The Rate of and Management of Endophthalmitis	James Husan						
3.15.2	Are All Aspects of Nursing Care Adequately Documented on Nursing Care Plans in A/E?	Annie Hinchcliffe						
3.15.3	Are Intra-ocular Lens Power Calculations Reaching Acceptable Standards?	Gary Shuttleworth						
3.15.4	Are Ophthalmologists Following Current Fluorescein Request Guidelines and Do The Guidelines Need Revising?	Quresh Mohammed						
3.15.5	Are Patients Who Attend / Are Referred to A/E Appropriate?	Karen Goodinson						
3.15.6	Are the Outcomes of Surgery for Childhood Esotropia Reaching Acceptable Standards?	Steven Rowley						
3.15.7	Are the Psycho-Social Needs of Enucleation Patients Being Addressed Within the Hospital?	Sharon Bambrick						

3.15.8	Does the Outcome of Horizontal and Vertical Adjustable Squint Surgery in Adults Meet Acceptable Standards?	Steven Rowley						
3.15.9	Is the New System for Urgent Care Clinic Slots Working Efficiently and Effectively?	Ed Hughes, Tonia Didcott						
3.15.10	What are the Patients Perceptions of the Benefits or Drawbacks of Trabeculectomy Surgery Performed for Primary Glaucomas?	Gary Shuttleworth						
3.15.11	What is the Outcome and Complication Rate for Trabeculectomy Surgery Compared to Local and National Standards?	Casper Gibbon						
3.15.12	Why is the First Outpatient Appointment Cancellation Rate So High at BEH?	John Sparrow						
<u>OPTOMETRY</u>								
3.15.13	A Re-Audit of the Quality of Glaucoma Referrals from General Ophthalmic Service Optometrists and Waiting Times for Appointments	Rosemary Lumb						
3.15.14	Can Referral Letters From Community Optometrists be Improved in Terms of Patients And Clinical Information?	Fred Giltrow -Tyler						
3.15.15	How Efficient and Effective is the Current Glaucoma Service for Establishing Patients Attending for Follow -Up?	Kate Powell						
<u>ORTHOPTICS</u>								
3.15.16	Is Our Management of Orbital Injury Patients Efficient and Effective?	Helen McCarthy						
3.15.17	Is The Orthoptic Department Following its "Community Discharge Policy" and Does the Policy Need Amending?	Ann Starbuck						
3.15.18	Is the Service for Children with Amblyopia Efficient and Effective?	Elizabeth Newcomb						

3.16 PATHOLOGY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	1
Number of new pre-audits □:	1
Number of new first audits □:	19
Number of new re-audits □:	3
Number of ongoing monitoring projects >>:	7
Total number of audits:	31
Number of completed audits:	16
Number of current (i.e. uncompleted) audits >:	8

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	10/20	(50%)	11/13	(85%)	20/30	(67%)
Audits arising from a critical incident:	-	-	-	-	2/30	(7%)
Audits prompted by a patient complaint:	-	-	-	-	2/30	(7%)
Audits directly involving patients/carers (but not including surveys):	0/20	(0%)	0/13	(0%)	0/30	(0%)
Audits incorporating a patient / carer survey:					0/30	(0%)
Audits involving representatives from primary care:	1/20	(5%)	0/13	(0%)	0/30	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/30	(0%)
Number of proposal forms completed:	-	-	-	-	13/30	(43%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	11/30	(37%)
Audits measuring against or resulting in development of standards or guidelines:	16/20	(80%)	9/13	(69%)	22/30	(73%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	12/20	(60%)	4/9	(44%)	14/30	(47%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	4/16	(25%)
Audits where an action plan was produced:	-	-	-	-	10/16	(63%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	3/6	(50%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	12/18	(67%)	10/13	(77%)	14/23	(61%)
Audits leading to better ways of working for staff:	-	-	-	-	9/23	(39%)
Audits leading to measurable benefits for patients:	-	-	-	-	9/23*	(39%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	0/10	(0%)	1/6	(17%)	2/9*	(22%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
ALL DEPARTMENTS			<<	□	□	□	>>
3.16.1	Continuous Participation in National External Quality Assurance Schemes - Across All Laboratory Disciplines As a Formal Requirement to Maintain Laboratory and Professional Accreditation	Dr Morgan Moorghen					
CHEMICAL PATHOLOGY							
3.16.2	Are Nicotinic Acid Stimulation Tests of Value in the Diagnosis of Gilbert's Syndrome?	Dr David Stansbie					
3.16.3	Are There Results on the Pathology Computer That Have Not Been Reported, And Are There Steps That Can be Undertaken to Reduce This?	Dr Denis Bingham					
3.16.4	Are we Telephoning Results in a Timely Way and Are we Complying with CPA Standards to Record the Name of the Individual Receiving the Result?	Dr Paul Thomas					
3.16.5	Audit of a New Local Laboratory Service for the Identification of Inborn Errors of Amino Acid	Dr Janet Stone					

3.16.6	Audit of Outpatient Based Clinic for the Management of Hyperlipidaemia Against National Service Framework Standards (Cardiovascular Disease)	Dr Graham Bayly							
3.16.7	CSF Pigment Analysis - Is Visual Inspection Adequate in Cases of Suspected Subarachnoid Haemorrhage?	Ms Nicola Marden							
3.16.8	Is the Laboratory Information System Up to Date and Are we Providing Appropriate Reference Ranges for Endocrine Tests?	Dr Paul Thomas							
3.16.9	Laboratory Audit of C1 Esterase as Used in the Diagnosis of Hereditary Angioedema	Dr Mark Gompels							
3.16.10	Pre-analysis Sample Validation	James Osborne							
3.16.11	Systematic Review of Minor and Major errors Identified by the Laboratory	Dr Paul Thomas							
HAEMATOLOGY									
3.16.12	Blood and Blood Product Usage by Wards and Theatres- Monitored Throughout Year and Reported Back to Individual Clinical Teams	Mr Ian Martin							
3.16.13	Continuous Participation With Serious Hazards of Transfusion Sentinel Audit	Mrs Elizabeth Worsam							
3.16.14	The Use and Abuse of ANCA Testing	Dr Mark Gompels							
3.16.15	Thyroid Antibody Screening in Borderline Hypothyroid Patients	Dr Mark Gompels							
HISTOPATHOLOGY									
3.16.16	Annual Audit of Adult Autopsies Carried Out at BRI Mortuary	Dr Ed Sheffield							
3.16.17	Are Diagnostic Rates Different Between Histology and Cytology in Respiratory Disease?	Dr Chandan Sen							
3.16.18	Are Lung Cancer Resection Specimens Received at the BRI Reported in Accordance with the RCPATH Minimum Data Set for Lung Cancer?	Dr Ed Sheffield							
3.16.19	Are we Complying with Laboratory Procedures Relating to the Retention of Tissue From Autopsy Examinations?	Dr Morgan Moorghen							
3.16.20	Continuous Participation in Clinico-Pathological Meetings as a Means of Constantly Auditing Practice and Investigations Relating to Individual Patients Through Multi-Professional Peer Review	Dr Morgan Moorghen							
3.16.21	Correlation Between Cervical Smear Results and Subsequent 'Lletz' Cervical Excision Biopsy Tissue	Dr Joya Pawade							
3.16.22	How Many Supplemental Reports are Issued and do they Lead to Changes in Diagnosis?	Prof Massimo Pignatelli							
3.16.23	Standards of Histology Reporting of Rectal Resection Specimens	Dr Roddy Campbell							
3.16.24	Urological Audit of Bladder Tumours	Dr Chris Collins							
3.16.25	What is the Standard of Reporting of Gastric Cancer in Gastrectomy Specimens Performed at BRI?	Dr Chandan Sen							
INFECTION CONTROL									
3.16.26	Annual Pan-Trust Audit of Infection Control Procedures	Mrs Christine Perry							
3.16.27	Are Staff Following Appropriate Hand Washing Standards in UBHT's Surgical Wards?	Mrs Christine Perry							
3.16.28	Ward-Based Surveillance Programme of Infection Control Procedures in Action	Mrs Christine Perry							
3.16.29	What is the Trust's Hospital Bacteraemia Rate, Used as a National	Mrs Christine							

	Clinical Indicator?	Perry						
MICROBIOLOGY								
3.16.30	Compliance With Clostridium Difficile Antibiotic Policy	Dr Bob Spencer						
3.16.31	Requests for Laboratory Investigations Post Needlestick Injury	Dr David Carrington						

3.17 RADIOLOGY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	3
Number of new pre-audits □:	1
Number of new first audits □:	7
Number of new re-audits □:	1
Number of ongoing monitoring projects >>:	2
Total number of audits:	14
Number of completed audits:	7
Number of current (i.e. uncompleted) audits >:	4
Number whose current status is unknown:	1

(Listed as 4 in 1999/2000 annual report but 1 completed audit was included in error)

	1998/1999		1999/2000		2000/2001	
Multidisciplinary audits:	13/16	(81%)	10/13	(77%)	8/11	(73%)
Audits arising from a critical incident:	-	-	-	-	2/11	(18%)
Audits prompted by a patient complaint:	-	-	-	-	0/11	(0%)
Audits directly involving patients/carers (but not including surveys):	3/16	(19%)	0/13	(0%)	0/11	(0%)
Audits incorporating a patient / carer survey:					1/11	(9%)
Audits involving representatives from primary care:	2/16	(13%)	1/13	(8%)	0/11	(0%)
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/11	(0%)
Number of proposal forms completed:	-	-	-	-	7/11	(64%)
Number of proposal forms completed BEFORE audit started:	-	-	-	-	6/11	(54%)
Audits measuring against or resulting in development of standards or guidelines:	15/16	(94%)	12/13	(92%)	9/11	(82%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	8/16	(50%)	8/12	(67%)	8/11	(73%)
<i>(figures above do not include 1999/2000 roll-overs)</i>						
Audits where a formal report was filed at the end of the project:	-	-	-	-	7/7	(100%)
Audits where an action plan was produced:	-	-	-	-	5/7	(71%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	2/2	(100%)
<i>(figures above include completed audits only)</i>						
Audits resulting in changes in practice:	13/17	(76%)	7/12	(58%)	4/9	(44%)
Audits leading to better ways of working for staff:	-	-	-	-	4/9	(44%)
Audits leading to measurable benefits for patients:	-	-	-	-	4/9*	(44%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>						
Audits leading to confirmed measurable benefits for patients:	8/11	(73%)	0/1	(0%)	0/2*	(0%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>						
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>						

			Type of Audit				
MEDICAL PHYSICS			<<	□	□	□	>>
3.17.1	Radiation Doses for CT Scans (Head, Chest, Abdo, Pelvis). How do we Compare with Other Centres and Against NRPB Standards?	Sally King, Jenny Oducko					
OTHER							
3.17.2	An Audit of the Use of Herniograms. Are these herniograms influencing patient management? The result of an investigation should alter or conform appropriateness of patient management	Dr J Jones					
3.17.3	Antenatal Diagnosis of Isolated Talipes. To Assess the Accuracy of Antenatal Diagnosis of Isolated Talipes	Dr P Davidson, Helen Lockyer					
3.17.4	Assess the Referrals and Implications to Staff and Resources in Providing an Open Access U/S	Ms T Stoyles					
3.17.5	Assessment of Liver Biopsies - Complication Rates,	Dr M Callaway					

	Cancellations						
3.17.6	Audit of CT 'Out of Hours' Escort. Is the Patient at Risk? Is the Service being Utilised Correctly?	A Curnock					
3.17.7	Audit of Patient response to GI Radiology Appointments at Different Times of Day - Does the Time of Day Affect DNA Rates?	Mrs C Hamilton					
3.17.8	Is a Lateral View of the Anteriorly Dislocated Gleno-Humeral Joint Necessary Prior to Reduction?	Mrs K Browning					
3.17.9	One Stop Breast Clinics - Assessment of Workload, and Sensitivity and Specificity for Mammograms Alone and Mammograms in Conjunction with Ultrasound	Dr L Kutt					
3.17.20	Radiation Doses of GI Studies - How do we compare against NRPB standards?	J Oduko, S King, T Stoyles					
3.17.21	Re-audit of Requests for Abdominal Ultrasound and Outcome of Those Examinations for Patients with Non-Specific Abdominal Pain	Dr A Duncan					
3.17.22	What is the Degree of Reporting Accuracy of Snr Radiographer?	Mrs P Hallett					
PAEDIATRICS							
3.17.23	Audit to Determine the Indications for CXR Prior to Paediatric Cardiac Investigations	Dr P Davison, Dr A Duncan					
3.17.24	How appropriately are requests for erect abdomen radiographs in paediatric radiology?	Dr A W Duncan					

3.18 SPECIALTY SERVICES

SUMMARY

Number of roll-overs from 1999/2000 report <<:	2	(Originally 3 but 1 abandoned during 2000/01)
Number of new pre-audits □:	7	
Number of new first audits □:	9	
Number of new re-audits □:	3	
Number of ongoing monitoring projects >>:	4	
Total number of audits:	25	
Number of completed audits:	14	
Number of current (i.e. uncompleted) audits >:	7	

	1998/1999	1999/2000	2000/2001
Multidisciplinary audits:	4/6 (67%)	3/10 (30%)	11/23 (48%)
Audits arising from a critical incident:	-	-	0/23 (0%)
Audits prompted by a patient complaint:	-	-	0/23 (0%)
Audits directly involving patients/carers (but not including surveys):	1/6 (17%)	2/10 (20%)	2/23 (9%)
Audits incorporating a patient / carer survey:			2/23 (9%)
Audits involving representatives from primary care:	0/6 (0%)	2/10 (20%)	0/23 (0%)
Audits involving representatives from Avon Ambulance Service?	-	-	0/23 (0%)
Number of proposal forms completed:	-	-	14/23 (61%)
Number of proposal forms completed BEFORE audit started:	-	-	9/23 (39%)
Audits measuring against or resulting in development of standards or guidelines:	3/6 (50%)	7/10 (70%)	19/23 (83%)
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	1/6 (17%)	2/7 (29%)	12/23 (52%)
<i>(figures above do not include 1999/2000 roll-overs)</i>			
Audits where a formal report was filed at the end of the project:	-	-	10/14 (71%)
Audits where an action plan was produced:	-	-	1/14 (7%)
If action plan NOT produced, number where audit confirmed current good practice:	-	-	5/13 (38%)
<i>(figures above include completed audits only)</i>			
Audits resulting in changes in practice:	1/6 (17%)	5/7 (71%)	5/18 (28%)
Audits leading to better ways of working for staff:	-	-	7/18 (39%)
Audits leading to measurable benefits for patients:	-	-	6/18* (33%)*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirmed current good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>			
Audits leading to confirmed measurable benefits for patients:	0/3 (0%)	1/4 (25%)	1/5* (20%)*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>			
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>			

			Type of Audit					
			<<	□	□	□	>>	>
MEDICAL ILLUSTRATION								
3.18.1	Are Digital Photographs Adequate for Medical Reports?	Miss Liz Hurst, Dr Debbie Moffitt		■				
MEMO								
3.18.2	Are Professional Users Trained in the Safe Operation of Medical (Infusion) Devices?	Mandy Gemmell, Mr Nuri Nanji		■				
3.18.3	Audit of Re-Usable Diathermy Accessories	Mr Peter Smithson			■			
3.18.4	Effectiveness of Servicing Methods for Infusion Devices Used by UBHT	Mr Peter Smithson				■		■
PHARMACY								
3.18.5	Antibiotic Use at BGH	Hippolyte Fraser	■		■			
3.18.6	Are Acute MI Patients Receiving the Appropriate Medication on CCU?	Clare Conroy				■		

3.18.7	Are Instructions on Medicine Labels Inadequate on PODS Brought in By Patients => 75 Years?	Mary Nicholls						
3.18.8	Are the Wards at the BRI Registering Controlled Drugs Received from Pharmacy?	Richard Cattell						
3.18.9	Audit of Efficacy of Antibiotics in Neutropenic Fever in Oncology Patients	Clare Kelly						
3.18.10	Audit of Medical Directorate Antibiotic Policy	Debbie Campbell						
3.18.11	Dispensing Error Level of Occurrence	Richard Cattell						
3.18.12	Does the Use of Pre-Filled Propofol Syringes Within the BRI Theatres Lead to Waste?	Richard Cattell						
3.18.13	Has the Patients Own Drugs Scheme been Successfully Implemented?	Mary Nicholls						
3.18.14	Has the Provision of a Discharge Pharmacist Service to Medical Wards been Successful?	Clare Conroy						
3.18.15	Hightech Homecare Services	Colleen Abbot						
3.18.16	Identifying the Accuracy in TTA Prescribing and the Time Taken to Dispense TTAs in the BCH	Clare Kelly						
3.18.17	Inappropriate Secondary Care Prescribing of PPIs has a Significant Influence on Primary Care	Rachel Beckett						
3.18.18	Is Infliximab Being Appropriately Prescribed in Patients with Crohn's Disease?	Clare Conroy						
3.18.19	Outpatient Dispensing Workload	Richard Cattell						
3.18.20	Teicoplanin is Prescribed for Patients in Whom Vancomycin is the Drug of Choice	David Harris						
3.18.21	The Accuracy of the Writing of the Initial Drug Chart Pre BMT	Clare Kelly						
3.18.22	What Contribution does a 'PODS' Scheme Make to Improving Medicines Management?	Mary Nicholls						
3.18.23	What Hard Copy Medicines Information is Available to Nursing and Medical Staff on the BRI Wards?	Clare Conroy						
TREATMENT RADIATION								
3.18.24	Does the Radiotherapy Physics Unit Spend Too Much Time Calibrating Radiotherapy Treatment Machines?	Dr Alan McKenzie						
VASCULAR STUDIES								
3.18.25	Are Ophthalmic Referrals for Carotid Duplex Scanning Appropriate?	Dr Susan E A Cole						

3.19 SURGERY

SUMMARY

Number of roll-overs from 1999/2000 report <<:	12
Number of new pre-audits □:	1
Number of new first audits □:	30
Number of new re-audits □:	3
Number of ongoing monitoring projects >>:	4
Total number of audits:	48
Number of completed audits:	12
Number of current (i.e. uncompleted) audits >:	9
Number whose current status is unknown:	24

(Originally 14 but 2 abandoned during 2000/01)

(1 project (3.19.7) is classified twice, as both a re-audit and ongoing monitoring, 1 project (3.19.20) is classified as a first audit and ongoing monitoring)

	1998/1999		1999/2000		2000/01
Multidisciplinary audits:	9/30	(30%)	9/19	(47%)	13/36
Audits arising from a critical incident:	-	-	-	-	0/36
Audits prompted by a patient complaint:	-	-	-	-	0/36
Audits directly involving patients/carers (but not including surveys):	5/30	(17%)	3/19	(16%)	1/36
Audits incorporating a patient / carer survey:					3/36
Audits involving representatives from primary care:	1/30	(3%)	2/19	(11%)	1/36
Audits involving representatives from Avon Ambulance Service?	-	-	-	-	0/36
Number of proposal forms completed:	-	-	-	-	14/36
Number of proposal forms completed BEFORE audit started:	-	-	-	-	13/36
Audits measuring against or resulting in development of standards or guidelines:	29/30	(97%)	12/19	(63%)	14/36
Audit projects incorporating evidence about best practice (i.e. thorough review of relevant literature undertaken):	28/30	(93%)	9/12	(75%)	15/36
<i>(figures above do not include 1999/2000 roll-overs)</i>					
Audits where a formal report was filed at the end of the project:	-	-	-	-	5/12
Audits where an action plan was produced:	-	-	-	-	6/12
If action plan NOT produced, number where audit confirmed current good practice:	-	-	-	-	3/6
<i>(figures above include completed audits only)</i>					
Audits resulting in changes in practice:	16/20	(80%)	4/12	(33%)	6/15
Audits leading to better ways of working for staff:	-	-	-	-	4/15
Audits leading to measurable benefits for patients:	-	-	-	-	7/15*
<i>(figures above include completed audits and ongoing monitoring projects only (including those audits within this group which confirm good practice)). * Other projects in this section – May be too early to confirm measurable benefits</i>					
Audits leading to confirmed measurable benefits for patients:	0/0	(0%)	2/4	(50%)	2/5*
<i>(figure above includes completed re-audits and ongoing monitoring projects only)</i>					
<i>* Other projects in this section – May be too early to confirm measurable benefits</i>					

GENERAL SURGERY			Type of Audit						
			<<	□	□	□	>>	>	
3.19.1	23 Hour Admissions	Angie Robinson			■				?
3.19.2	Adequate Preparation for Stoma Patients Before Their Surgery	Mia Card			■				
3.19.3	Are Outpatient Clinics Starting on Time?	Anne Rollings	■	■					
3.19.4	Are the Breast Care Nurses Meeting the ASWCS Standards?	Carla Holmes	■		■				?
3.19.5	Are the Post Operative Complications of Patients Being Accurately Recorded on the Hospital MDI System?	Vasia Kavadas			■				?
3.19.6	Are we Providing Patients with an Acceptable Standard of Oral Hygiene?	Catherine Moore	■		■				?

3.19.7	Avon and Somerset Cancer Standards for Breast Cancer	Zen Rayter							
3.19.8	Breast Cancer Referrals Within BRI and Frenchay	Dr Tom Wells							
3.19.9	Care After TFA, Angioplasty and Stent Insertion	Angie Nicholson							
3.19.10	Catheter Management	Wendy Hurn							
3.19.11	Day Case Admissions (Are Patient Admissions to Wards Following Day Surgery Avoidable?)	Caroline Spours							
3.19.12	Epidural and Heparin Management	Jacqui Gannon							?
3.19.13	Hip Replacement Management	Tom Leslie							?
3.19.14	Is the Theatre Swab and Instrument Policy Being Adhered to and is it Relevant?	Sarah Primer							?
3.19.15	Is There a Correlation Between the Extent of Axillary Dissection Being Described Operatively Versus Pathological Number of Lymph Nodes Being Accrued?	Zoe Winters							?
3.19.16	Patient Perceptions of Early Discharge with Axillary Drain Post Breast Cancer Surgery	Zen Rayter							
3.19.17	Post-Operative Pain Following Mesh Repair of Inguinal Hernia	Zen Rayter, Tracey Jones							
3.19.18	Resuscitation Orders	Dr Joslin							?
3.19.19	Sterilisation	Claire Hodges							?
3.19.20	The Incidence of Hypocalcaemia After Total Thyroidectomy	Professor Farndon							
3.19.21	The Management of Patients with Biliary Gallstone Disease	Paul Barham							
3.19.22	Therapeutic Adequacy of Wide Local Excision	Zoe Winter							?
3.19.23	Use of Anti-Emboloc Stockings	Stephanie Carroll							?
3.19.24	Waiting Times for Fractured Neck of Femur Patients From A&E to the Ward	Nikki Johnson							?
HAND UNIT									
3.19.25	Is There a Need for a Referral to a Counsellor in Certain Cases?	Fiona Brassington							
OCCUPATIONAL THERAPY									
3.19.26	Is the Transport Service for Home Visits Satisfactory?	Rosemary Johnson, Maria John							
PHYSIOTHERAPY									
3.19.27	Are Referrals by Nurses and SHOs for Respiratory Physio on the Surgical Wards Appropriate?	Sasha Graham							
3.19.28	Hydrotherapy Patient Forms	Gail Thornton							?
3.19.29	Knee Arthroscopy Exercise Group	Helen Preston							?
SPEECH AND LANGUAGE THERAPY									
3.19.30	Are Speech and Language Therapy Records Being Maintained According to UBHT Policy?	Esther Corrick							
TRAUMA AND ORTHOPAEDICS									
3.19.31	Are we Providing a Friendly and Efficient Reception by a Well-Informed Multi-Disciplinary Team Throughout the Trauma, Orthopaedic and Plaster Department?	Sharon Nicholson							?
3.19.32	How Are Long Bone Fractures Being Treated and What	David Nelson							?

	Are the Outcomes?						
3.19.33	Is Internal X-Raying of Greenstick Distal Radial Fractures Useful?	Dr K Sehat					?
3.19.34	Is the Trust Following the Royal College of Physicians Guidelines for the Treatment of Patients with Fractured Neck of Femur (#NOF)	Angie Nicholson					

3.19.35	Plaster Boot Audit. (Diabetic Sandwich Cast Against Use of 'Aircast' Walking Boot)	Steve McDonagh					
3.19.36	Quality of Occupational Therapy Service for Patients With Fractured Neck of Femur (#NOF)	Georgina Simpson					
3.19.37	Tibial Nailings - Does the Use of a Half Frame Reduce Operation Time?	Claire Topliss					
3.19.38	Spine Fracture at Neck	Dr Joslin					?
3.19.39	Use of Time in Hand Unit	Dawn Hollis					?

UPPER GI

3.19.40	Are Patients Going Home Adequately Nourished After Major Oesophago-Gastric Surgery?	Paul Barham, Jo Lee					
3.19.41	Is 'POSSUM' Scoring a Good Predictor of Morbidity and Mortality Following Surgery for Upper GI Malignancy?	Paul Barham					

UROLOGY

3.19.42	Clinical Management of Bladder Tumours	John Probert					?
3.19.43	Hepato Biliary Management	Stephanie Farnell, Angie Nicholson					
3.19.44	Is the Trust Following the Guidelines for the Management of Acute Upper GI Bleeds?	Tom Creed, Sam Gooh					
3.19.45	Testicular Cancer Management	Dr Jefferies					?
3.19.46	Testicular Implants Management	Dr Amerasinghe					?
3.19.47	Trial Without Catheter Audit	John Holmes					?

VASCULAR

3.19.48	Is Serum Cholesterol and Triglycerides Being Measured in Vasculopathic Patients and Abnormal Results Treated?	S Herard, D Lewis, J Bolton					
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U.B.H.T. CLINICAL AUDIT STRATEGY

1. Definition

Clinical audit is a clinically-led initiative which seeks to improve the quality and outcome of patient care through structured peer review whereby clinicians examine their practices and results against agreed standards and modify their practice where indicated.

2. Context

The 1997 White Paper *The New NHS* and 1998's *A First Class Service* reinforced the position of clinical audit as an essential element of professional practice in the Health Service. Clinical audit is therefore at the heart of UBHT's arrangements for **Clinical Governance** and integral to its **Clinical Effectiveness** strategy.

This document updates and revises previous clinical audit strategy documents written in 1996 and 1999.

3. Aims

The overarching strategic aims of clinical audit activity at UBHT are:

1. **To deliver demonstrable improvements in patient care**
2. **To encourage evidence-based practice**
3. **To contribute to the process of continuing clinical education**

As part of a commitment to realising these strategic aims, the UBHT Clinical Audit Committee & the Trust Clinical Audit team have developed and agreed the following specific objectives and associated measures of performance:

A 'Balanced Scorecard' for the UBHT Clinical Audit function

Stakeholders

What results do we need to deliver to our stakeholders: patients, the Trust Board, local Primary Care Groups, the local Health Authority?

Objective	Measure
Undertake a required volume of activity	Number of audit projects undertaken
Promote evidence-based practice	Proportion of projects based on a thorough review of published evidence of clinical effectiveness
Ensure local agreement on best practice	Proportion of projects incorporating clinical standards or guidelines
Operate within budget	Annual balance sheet
Fulfil national audit requirements (NICE, NSFs, etc)	Evidence that requirements have been identified and appropriate audits put in place
Ensure all projects are formally documented	Proportion of projects with report submitted
Improve ways of working for staff	Proportion of projects leading to improved ways of working
Improve things for patients	Proportion of projects leading to identifiable benefits for patients
Involve patients and carers in the audit process	Proportion of projects incorporating patient survey Proportion of projects incorporating other methods of user involvement
Ensure participation of all professional groups in the audit process as appropriate	Proportion of projects with multi-professional input
Provide contracted service to Primary Care Groups/Trusts	Number of interface projects

Customer

What do we need to deliver to the clinicians and managers who use our service?

Objective	Measure
Ensure that customers receive useful, timely advice in a courteous manner	Annual customer survey (independent)*

* implementation is dependent on being able to identify an appropriate independent agency to undertake the survey

Internal Processes

What processes do we need to be good at?

Objective	Measure
Ensure audit is planned	Proportion of directorates with annual forward programmes for audit
Ensure local audit activity is co-ordinated	Proportion of directorates with a multi-professional (if appropriate) steering group to oversee progress of audit programme
Ensure projects are thoroughly planned	Proportion of projects with a proposal form Proportion of projects with a form signed-off before the commencement of the project
Link audit activity to clinical risk	Proportion of directorates linking audit to previously identified high risk activity (e.g. through risk profiling)
Audit high volume activity	Proportion of directorates linking audit to previously identified high volume activity (e.g. through quality impact analysis)
Link audit to patient complaints process	Number of projects based on patient complaints
Ensure audits lead to change and re-audit as appropriate	Proportion of projects with clearly defined action plan or confirmation that no action is indicated (note: recommendations alone are not sufficient)

Staff & Learning

To achieve our vision, how must clinicians and audit staff learn and work together?

Objective	Measure
Ensure that clinical staff are participating in and learning from the audit process	Attendance records at directorate audit presentations (analysed by profession)

Link personal goals of audit staff to strategic objectives of CA function	Proportion of audit staff with personal objectives linked to CA strategy/scorecard
Link training and development of audit staff to personal goals (see above)	Proportion of audit staff with evidence of appropriate CPD (continuing professional development) activities
Retain audit staff	Staff turnover
To realise the benefits of the audit process	Proportion of projects that are re-audits
To provide training for clinicians in clinical audit skills	Number of clinicians attending clinical audit training (analysed by profession)

In seeking to deliver the service described above, the Clinical Audit Committee is committed to:

1. Supporting audit staff in working towards appropriate and relevant qualifications in healthcare quality
2. Delivering high quality local training to clinicians and managers
3. Sharing information about Trust audit resources and where appropriate, the results of UBHT audit, via the World Wide Web
4. Participating in local development in Information Technology to ensure that future requirements of Clinical Audit are as far as possible anticipated and incorporated.
5. Close collaboration with other strands of UBHT's work on Clinical Governance and Clinical Effectiveness, e.g. R&D, Clinical Risk, Consumer Involvement, Complaints.

Chris Swonnell
UBHT Clinical Audit Co-ordinator

Appendix B

UBHT Clinical Audit Staff (as at 22/08/01)

DIRECTORATE	AUDIT SUPPORT	GRADE (A&C)	ROLE / W.T.E.	AUDIT CONVENOR
Cardiac Services	David Finch (x2507)	6	Audit (0.5) and data management	Mr Alan Bryan (x2822)
Children's Services	Chrissie Gardner (x5046)	5	Audit (1.0)	Dr Lisa Goldsworthy (x5447) & Dr Sue King (x5463)
Community Services	Fiona Clark (929 1010)	5	Audit (0.7)	Ms Jess Dougal (929 1010)
Critical Care	Michelle Croucher (x3465)	5	Audit (1.0)	Dr Diana Terry (x2163)
Dental Services	Carolyn Southwell (x4973)	5	Audit (0.45) and Information	Mr Nigel Harradine (x4434)
Homeopathy	Sue Barron (973 1231)	5	Audit (0.4)	Dr Elizabeth Thompson (973 1231)
Medicine	Kate Wathen (x3085) - from September 2001	5	Audit (1.0)	Mrs Pat Howard (x2049) & Dr Nabil Jarad (x2620)
Obs, Gynae & ENT	Eleanor Ferris (x5794)	5	Audit (0.75)	Dr Bryony Strachan (x5594)
Oncology	Mairead Dent (x3370)	5	Audit (1.0)	Dr Chris Price (x2238)
Ophthalmology	Sue Barron (x4675)	5	Audit (0.4)	Mr John Sparrow (x4653)
Pathology	James Osborne (x2513)	MLSO grade	Audit (0.5) and CE training	Dr Ed Sheffield
Radiology	Sally King (x3857)	Radiography	Radiography & Audit	Dr Charles Wakeley (x3050)
Specialty Services	Clare Conroy – <i>Pharmacy</i> (x5705) Vacant – <i>non-Pharmacy</i> (x4620)	Pharmacist 4	Pharmacy & Audit Audit (0.2)	Mr Phil Quirk (x2636)

Surgery	Sarah Spinks (x2589)	5	Audit (1.0)	Mr Paul Barham (x3054)
Central Office	Chris Swonnell (x4146)	SMP	Audit (1.0)	
	Emma Parsons (x4053)	SMP	Audit (1.0)	
	Carl Thomas (x4146/4053)	3	Audit (0.8)	

Membership of the Clinical Audit Committee

Mr Zen Rayter (Chairman)
Mr Chris Swonnell (Clinical Audit Co-ordinator)
Audit Convenors - see above
Mrs Naaz Nathoo (Secretary to Committee)

Mrs Carol Rainbow (Nursing Representative)
Dr Nicholas Bishop (Trust Board)
Mr David Allegranza (Avon Health Authority)
Dr Bette Baldwin (Consumer Involvement & Information Unit)

Appendix C

'Current' projects from 1999/2000 annual report which do not appear in the 2000/1 report

The following projects are not listed in this year's report. Most were abandoned (e.g. because the project lead left the organisation); in a small number of cases, the outcome of the audit was unknown.

Directorate	<u>Project Title</u>	1999/2000 Report Code
Children's Services	Management of Epilepsy	3.6.1
	What is the incidence of post-operative problems following Tracheo Oesophageal Fistula/Atresia? Is there any correlation with anaesthetic technique?	3.6.4
	Is Early Discharge for Paediatric Tonsillectomies Possible?	3.6.6
	Hearing Assessment for Children with Meningitis	3.6.9
Community Services	Do Prescriptions for Equipment Adhere to New European Legislation?	3.7.15
	Self Management of Asthma	3.7.16
Critical Care	Can we Ensure That Patients Temperature Does Not Drop on the Way to Theatre?	3.8.11
Medicine	Nursing Dependency	3.11.4
	Are Patients on Ward 11 on a Low Sodium Diet Receiving the Correct Diet?	3.11.20
	Is it More Appropriate for a Patient to be Seen by a Nurse or a Doctor?	3.11.23
Obs. Gynae & ENT	Can we Establish Consensus Guidelines for the Management of Substance-Using Mothers?	3.12.8
Radiology	How accurately do Radiographers perform and report routine abdominal ultrasound? (Completed in 1999/2000)	3.17.6
Specialty Services	Is Granisetron being appropriately prescribed in Paediatric Oncology?	3.18.6
Surgery	Is the Coloproctology Rapid Access Clinic running effectively?	3.19.7
	Does the Information Given to Patients Undergoing Trans-Urethral Resection of the Prostate (TURP) Meet Their Needs and Expectations?	3.19.21

Appendix D

Directorate forward programmes for 2001/2

For the coming year, **in addition to those projects identified as 'current' in this year's report**, directorates have indicated that they propose to focus their audit programmes on the following topics:

Cardiac Services

The directorate is in the process of appointing a new audit convenor and data manager/audit facilitator, however it is understood that the audit programme for 2001/2 will include the following:

- Monitoring of mortality and morbidity
- Rehab nurses MI audit
- Audit of Heart Failure Clinic

It is planned to develop mortality & morbidity reporting for cardiology and thoracic surgery.

Other audit projects will be in response to requirements of CHD National Service Framework.

Children's Services

- Referrals to A+E (A+E, re-audit)
- Sedation for lumbar punctures (Anaesthesia/General Paeds)
- Quality of the medical record (Child & Adolescent Mental Health)
- Feed Tolerance Audit (Dietetics)
- Quality of note keeping (Dietetics)
- Dietetic input into CF services (Dietetics)
- Recording of growth parameters (Dietetics)
- Management of meningitis (General Paediatrics)
- Management of empyema (General Paediatrics)
- Management of head injury (General Paediatrics)
- Congenital hip dislocation (Neonatology)
- Discharge planning for neonates (Neonatology)
- Investigations in prolonged jaundice (Neonatology)
- Use of infusion pumps on wards (Nursing)
- Central line infection rates and guideline compliance (Oncology / Surgery / Nursing)
- Hydronephrosis (Radiology, re-audit)

- Patient satisfaction survey (Radiology)
- Safety and practicality of drug prescribing practices (Surgery)
- PCT interface audit re. NICE guidelines on treatment of childhood asthma

Community Services

- Bank Staff (Karen Cole)
- Documentation Audit (Jess Dougal)
- Indwelling Catheters (Angela Perrett)
- Catheter Blockage Prevention (Angela Perrett)
- Quality of Incontinence Assessments (Angela Perrett)
- Incontinence Pants (Carole Davey)
- Child Protection Reviews (Mary Boyle)
- Vitamin K Administration (Rebecca Mullen)
- Male Catheterisation (Angela Perrett)
- Physiotherapy Documentation (Sarah Carter)
- Leg Ulcer Healing Rates (Pauline Lawson)
- ART / EDT 2001 (Karen Cole)
- O/T in A&E Department (Karen Cole)

Critical Care

- ENT Pre-admission clinics (already commenced)
- ITU Percutaneous tracheostomies
- Day Surgery Unit Pre-admission clinics
- Day Surgery Unit late / early finishes
- Thrombolysis and MI (A&E)

Dental Services

- Completion of student treatment on ADH2 - Susan Hooper (Restorative)
- Retention rate of porcelain veneers - Susan Hooper (Restorative)
- Care of Teeth with Orthodontic Appliances - Alison Williams (Orthodontics)
- Haematological Investigations - Sarah Constant (Oral Medicine)
- Cross infection control on PCU - Andrea Richards (Oral Medicine)
- Radiographs - Mark Donnan (Community Dental Service)
- Re-sheathing of needles - Mark Donnan (Community Dental Service)
- Re-audit on dental health of cardiology patients - Sarah Davies (Paediatrics)
- Apicectomies - JJ Khamis (Oral Surgery)

Homeopathy

- Pharmacy Workload
- Treatment Reactions
- Re-Audit of Quality of Info in Patient Notes

- Implementing Patient Information Leaflets - Patient Survey

Medicine

- Acute Myocardial Infarction (Cardiology)
- Syncope/Collapse (Care of the Elderly)
- Stroke Management (Care of the Elderly)
- Referral Standards for Skin Cancer (Dermatology)
- Diabetes (Endocrinology)
- Gastrointestinal Bleed (Gastrointestinal)
- Deep Vein Thrombosis (General Medicine)
- Post-take Ward Round (General Medicine)
- Purchase of Nursing Home Beds (General Medicine)
- Home Enteral feeding (General Medicine)
- Pathology Day Unit (General Medicine)
- Paracetamol Overdose (General Medicine)
- Chronic Obstructive Pulmonary Disease (Respiratory)
- Pulmonary Embolism (Respiratory)
- Cancer Referral Standards Lung (Respiratory)
- Cystic Fibrosis (Respiratory)
- Acute Asthma Management (Respiratory)
- Sample Collection (Sexual Health)

St Michael's Hospital

Obstetrics & Gynaecology

- Chlamydia screening (Ben Peyton-Jones, SHO)
- Laparoscopic Sterilisation (Emma Treloar, SHO)
- Readmission of Babies (Jackie Moxham)
- Infection Control in Theatres (Bryony Strachan)
- Referrals to Early Pregnancy Clinic (Hilary Rennolds)
- Serum Screening for Down's Syndrome (lead to be identified from FMU staff)
- Return of hand held maternity notes (re-audit)
- Double Instrumental Delivery (re-audit)
- Third Degree Tear (re-audit)
- Anti-D (re-audit)
- Perinatal Mortality (ongoing)
- Gynaecological Cancer (ongoing)

ENT

- Fine Needle Aspiration re-audit (R Sim, Registrar)
- Audiology referrals to ENT
- Theatre Throughput
- Taking of bloods by medical and nursing staff

- Post-tonsillectomy bleeds (re-audit)
- Documentation (continuing)

Bristol Haematology & Oncology Centre

Oncology

- Late Severe Bowel Toxicity after Radical Radiotherapy for Carcinoma Cervix
- Urology Referral Patterns
- The use of Pre-Operative Tamoxifen in Operable Early Breast Cancer Patients and it's Impact on Oestrogen Receptor Status
- Nursing Documentation of Chemotherapy Administration
- Statutory Training
- Blood Transfusion – Trust-wide audit
- Use of Taxanes
- Local Recurrence Rate – Boost Policy in Breast Cancer
- Audit of Resuscitation Decision Process
- Audit of Emergency Admissions – Consultant Review Policy
- Oncology Admissions to BRI
- In-Patient Casemix
- Re-Audit of Picc Lines
- Re-Audit of Handwashing

Avon Haematology Unit

- Management of Acute Lymphatic Leukaemia
- Management of Mantle Cell Lymphoma
- Stem Cell Transplant – Time to Engraftment
- Re-Audit of Tunnelled Lines
- Re-Audit of Bisphosphonates in Myeloma
- Re-Audit of Blood Product Usage

Palliative Medicine

- New Cancer Pain Guidelines in BHOC
- New Transdermal Fentanyl Guidelines in BHOC
- Syringe Driver Guidelines in BHOC

Physiotherapy

- Oncology/Haematology - patient satisfaction questionnaire

Ophthalmology

- Fluorescein Requests
- Retinal Detachment Surgery Outcomes
- Consultants Cataract Surgery Outcomes
- Nurse Led Cataract Clinics
- Cataract Listing Patient Survey
- Endophthalmitis Re-audit
- UCC Slots Re-audit

- Biometry Re-audit

Pathology

Histopathology

- Are we complying with laboratory documentation procedures relating to the retention of tissue from autopsy examinations..?
- Annual audit of adult autopsies carried out at BRI mortuary
- Correlation between bone marrow trephine biopsy and aspirates
- Correlation between cervical smear results and cervical excision specimens
- Correlation between breast core biopsies and resection specimens
- Correlation between histology of ovarian specimens and radiological examination
- Standards of reporting of oesophageal resection specimens
- Standards of reporting of lung resection specimens (re-audit)
- Standards of reporting of head & neck resection specimens
- C3 & C4 Breast Cytology results
- Continuous participation in clinico-pathological meetings as a means of constantly auditing practice and investigations relating to individual patients through multi-professional peer review

Haematology

- Continuous participation with Serious Hazards of Transfusion sentinel audit
- The use and abuse of ANCA testing
- Blood and blood product usage by wards and theatres - monitored throughout year and reported back to individual clinical teams
- Audit of service to Bristol Childrens Hospital following closure of dedicated laboratory
- Audit of newly published UBHT Transfusion Policy

Microbiology

- Requests for laboratory investigations post needlestick injury
- Laboratory turnaround (re-audit)

Infection Control

- Benchtop sterilisers
- Trust-wide cleanliness of clinical areas
- Annual Infection Control Audit
- Are staff following hand washing standards in UBHT's surgical wards..? (re-audit)
- Ward-based surveillance programme of infection control procedures in action (re-audit)

Chemical Pathology

- USTAR Research Support Unit Service - is it providing a good service?

- What proportion of discharges are DPs involved in?
- How frequently do Medicines Administration Errors occur?
- How often do prescribing errors occur?
- What are the delays between medicine prescribing and administration?
- Can pharmacists improve inpatient Warfarin dosing?
- How effective is implementing a patient group direction in a Day Surgery Unit?
- Are controlled drugs adequately recorded on wards?
- Are single containers used in Theatres for more than one injection dose?

MEMO

- Pilot: Equipment Training (Infusion Devices) (A Gemmell, N Nanji)
- Equipment Manuals (A Gemmell)
- Follow-up of pilot audit: Equipment Training (A Gemmell)
- Equipment Maintenance Procedures Guidelines MDA DB 2000(02) (B Hemmens)
- Infection Control in workshops (following receipt of Action Plan from ICN) (N Nanji)
- Planned Maintenance – equipment availability (Nanji)
- Servicing Methods (Infusion Devices) (P H Smithson)

Treatment Radiation

- Calibration Time of Treatment Machines (A L McKenzie)

Nuclear Medicine

- GFR Measurements (turn around time) (D Hall)
- Quality Control (D Hall)
- Documenting Methods of Image Procedures (D Hall)

Biophysics

- Grant Applications: Effort v Outcome (A W Preece, K Wathen)

Surgery

- Re audit “ Axillary Drain Feasibility Study”
- Effectiveness of Patient Information Leaflets
- Effectiveness of ICP in breast disease
- Nutrition in post gastrectomy and oesophagectomy patients
- Discharge information to GPs
- Supra Condylar Fracture in Children

Service-wide

Nursing

- Prospective Tracheostomy audit
- Re-audit of nutrition standards
- Incidence (rather than point-prevalence) reporting of pressure ulcers
- Misc. audit activity to support implementation of clinical practice benchmarking

Physiotherapy

- Ambulatory Care/ Surgery - Role of ESP
- BRI Acute Physio service - CSP Electrotherapy Standards
- BRI Acute Physio Service - CSP Service Standards
- BRI - Discharge Planning paperwork

Speech & Language Therapy

- Re-audit of early identification and management of Dysphagia