

Ms C Wilson
Clinical Nurse Specialist
Orthopaedic Department
R B H S C

27 November 2000

Dear Clare

Thank you for your recent audit project summary on pin sites. This is a very important area and I congratulate you on the excellent work you have done. Can I suggest however, how this could be made even better by setting standards? It is clear that your standards should be: -

- 1 That all wound sites are clean and dry
- 2 No pain or discomfort
- 3 Plaster cast is not split or weakened, etc.

You could then measure your patients against these agreed standards and continually monitor or re-audit their performance against standards. This is the format that the Audit Department would be most happy with. I will be happy to discuss these matters with you at any stage.

Keep up the good work.

Yours sincerely

DR R H TAYLOR
CONSULTANT PAEDIATRIC ANAESTHETIST

The **ROYAL**
HOSPITALS

THE ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Direct Dial Tel Number: [REDACTED]

Fax Number: [REDACTED]

E-mail Address: [REDACTED]

14th February 2000

Dr B Taylor
Consultant Anaesthetist
RBHSC

Dear Dr Taylor


Thank you for your letter regarding the paediatric anaesthetists and their interest in departmental audit. I can understand that they may feel some of the issues in the general paediatric audit are not immediately relevant to them. However, it does seem that more often than not the morbidity, mortality section will involve all disciplines and many of the audit reports should have a bearing on problems which all of us face from time to time. In addition the cross fertilisation of ideas from those who are not on precisely the same track as ourselves can be very fruitful. I would therefore suggest that at least to start with, on one of every three audit days they leave after the M&M session to run their own departmental audit and see how that works out.

As you observed yourself this month the wide-ranging multi-professional discussion was very worthwhile.

Can I also say I greatly appreciate your personal contribution to the development of audit both within paediatrics and beyond. Your leadership has produced a very high standard of activity.

With best wishes.

Yours sincerely


CONNOR MULHOLLAND B.S.c. F.R.C.P
Director of Clinical Audit

c.c. Dr P Elliott, Clinical Director, ATICS

PATRON: HRH The Duchess of Kent

The Royal Victoria Hospital
The Royal Maternity Hospital
The Royal Belfast Hospital for Sick Children

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST
Grosvenor Road, Belfast BT12 6BA
Northern Ireland
Telephone: 0232 240503

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	CLINICAL PROFESSIONS
DATE OF MEETING:	February 2001
SUB SPECIALTY:	CLINICAL PSYCHOLOGY MINUTES NOT SUBMITTED
SUB SPECIALTY:	OCCUPATIONAL THERAPY MINUTES NOT SUBMITTED
SUB SPECIALTY:	SPEECH AND LANGUAGE THERAPY
TOPIC:	Casenote Audit
POINTS OF NOTE:	Need for dysphagia assessment details and standardisation of assessment findings in all adult case files. This would result in the development of outcome measurements in adult dysphagia.
ACTION:	<ol style="list-style-type: none">1. Detail assessment findings with all adult dysphagia patients.2. Possible usage of paediatric dysphagia assessment form with adult patients.
TOPIC:	Voice Group Audit
ACTION:	<ol style="list-style-type: none">1. Perceptual and objective SLT measurements of voice to be carried out post-group therapy.2. Vocal questionnaire to be completed pre and post therapy by patient to obtain patient outcomes.3. Criteria for entry into voice group to be broadened to now include patients with vocal cord pathology as a first means of treatment and to prevent further pathology developing/becoming established whilst awaiting individual therapy.4. To attempt where possible to establish group therapy for patients according to pathology type such as patients with nodules and patients with vocal cord paralysis.
SUB SPECIALTY:	
SUB SPECIALTY:	PHYSIOTHERAPY MINUTES NOT SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	CLINICAL PROFESSIONS (CONTINUED)
SUB SPECIALTY:	NUTRITION AND DIETETICS
TOPIC:	Record Cards
POINTS OF NOTE:	100% compliance with 24/27 criteria audited. Quality of records much improved.
TOPIC:	Discharge Letters
POINTS OF NOTE:	12 letters audited from Paediatric Department. 100% compliance with 7/19 criteria.
RECOMMENDATION:	Design discharge letters with prompts to ensure all details entered.
SUB SPECIALTY:	PODIATRY
	MINUTES NOT SUBMITTED
SPECIALTY:	THORACIC SURGERY
DATE OF MEETING:	February 2001
TOPIC:	Audit of Patient Control Analgesia
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ There needs to be very careful attention to the appropriate selection of patients before commencing PCAS.➤ Improved documentation of respiratory depression by JHOs.
SPECIALTY:	NEUROLOGY
DATE OF MEETING:	February 2001
	MINUTES NOT SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	NEUROSURGERY
DATE OF MEETING:	February 2001
	MINUTES SUBMITTED HAND WRITTEN
SPECIALTY:	OPHTHALMOLOGY
DATE OF MEETING:	February 2001
TOPIC:	Corneal Graft Audit
CONCLUSION:	Graft survival and visual outcome were in keeping with published data. Keratoconus outcomes were excellent for both survival and vision. Fuchs and PBK obtained significant visual improvements and good survival rates. As expected results are poor for Herpes Simplex Keratitis and previous failed grafts.
SPECIALTY:	CARDIAC SURGERY
DATE OF MEETING:	February 2001
	MINUTES NOT SUBMITTED
SPECIALTY:	RADIOLOGY
DATE OF MEETING:	February 2001
	MEETING CANCELLED
SPECIALTY:	ATICS
DATE OF MEETING:	February 2001
	MINUTES NOT SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	GENERAL SURGERY MINUTES NOT SUBMITTED
SPECIALTY: DATE OF MEETING: TOPIC: DISCUSSION: TOPIC: POINTS OF NOTE: TOPIC:	OTOLARYNGOLOGY February 2001 Audit of the Protocol for Ventilator Insertion in Children Hearing assessment of children under 4 before ventilator insertion discussed. Audit of Tonsillectomy by Routine Dissection or Using Bipolar Scissors Blood loss and time of surgery were reduced using bipolar scissors. There was no difference in post-operative pain or post-operative bleeding or infection in the two groups. Morbidity and Mortality
SPECIALTY: DATE OF MEETING: TOPIC: SPECIALTY: TOPIC: SPECIALTY: DATE OF MEETING: TOPIC:	HISTOPATHOLOGY, FETAL MEDICINE & DYSMORPHOLOGY Monthly Clinical Review Diagnosis and Management of Cases Including Treatment/Preventative Measures HISTOPATHOLOGY, PAEDIATRIC SURGERY AND ONCOLOGY (JOINT MEETING) Clinical Aspects of Cases, Pathological Diagnosis and Patient Treatment and Outcome HISTOPATHOLOGY (REGIONAL) Weekly (term time) Discussion of Cases Following Circulation of Slides to Include Diagnosis and Investigation

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	OBSTETRICS, GYNAECOLOGY AND NEONATOLOGY
DATE OF MEETING:	February 2001
	NO MEETING SCHEDULED
SPECIALTY:	CLINICAL LABORATORIES
SUB SPECIALTY:	IMMUNOLOGY
	MINUTES NOT SUBMITTED
SUB SPECIALTY:	BACTERIOLOGY
	MINUTES NOT SUBMITTED
SUB SPECIALTY:	BIOCHEMISTRY
	MINUTES NOT SUBMITTED
SPECIALTY:	PAEDIATRICS
DATE OF MEETING:	February 2001
TOPIC:	Epipen Audit
ACTION:	<ul style="list-style-type: none">> Annual refresher sessions, including CPR training, are to be offered to all parents.> [REDACTED] is to update school nurses at the study day organised by the Paediatric Directorate to be held in May 2001.> Information leaflets are to be produced.> Feedback is to be given to staff at a Clinical Audit meeting.> Consideration is to be given to the implications for the education of all health care professionals involved in the care of this patient group.
TOPIC:	A&E Reattendders

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	DENTISTRY
DATE OF MEETING:	February 2001
	MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	PAEDIATRIC DENTISTRY
	MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	RESTORATIVE DENTISTRY
	MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	ORAL SURGERY
	MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	ORTHODONTICS
	MINUTES NOT YET SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	REGIONAL CARDIOLOGY
DATE OF MEETING:	February 2001
TOPIC:	Safe Prescribing and Administration of Drugs Audit
ACTION:	<ol style="list-style-type: none">1. Ensure medical staff are aware of policies and procedures which apply when prescribing drugs.2. Perceived problems with current drug chart to be communicated to the team reviewing this.3. Extend audit to include such problems as warfarin prescription and study drugs.
TOPIC:	Cardiac Arrest Audit at Mater Hospital
CONCLUSION:	The measures to minimise delay to first countershock and to optimise resuscitation skills among staff: <ul style="list-style-type: none">- Results in significant improvement in both immediate survival and survival to discharge but has no apparent impact on the poor outcomes seen in non-VF/VT cardiac arrest- There is continual audit of the process and outcomes of cardiac arrest, to facilitate improvement in the quality of resuscitation services.
TOPIC:	Echo Audit
ACTION:	<ol style="list-style-type: none">1. Repeat requests should continue to be scrutinised.2. Limited study in some reports.3. Request form should be revamped.

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

FEBRUARY 2001

SPECIALTY:	MEDICINE
DATE OF MEETING:	February 2001
TOPIC:	Re-audit of Aspirin Use in Stroke Patients
RESULTS:	Early prescribing improved in all patients.
TOPIC:	Re-audit of Hyperlipidaemia in Stroke Patients
RESULTS:	<ul style="list-style-type: none">• Increasing number of patients with lipid profile checked.• Timescale improving re fasting lipid profile to > 50% within 24 hours.• Still poor dietitian referral documentation.
TOPIC:	Audit of Prescribing in Elderly Patients (National Audit)
RESULTS:	<ul style="list-style-type: none">• Still a high proportion of non-generic prescribing.• Allergy boxes not completed in most kardex.• Paracetamol not prescribed correctly.
RECOMMENDATION:	Trust wide policy document to be drawn up re prescribing.
SUB SPECIALTY:	GENTO URINARY MEDICINE
DATE OF MEETING:	February 2001
TOPIC:	Post Exposure Prophylaxis
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ Increase the understanding of what constitutes safe clinical practice by addressing the staff who deal with patients carrying blood borne viruses most frequently (i.e. doctors and nurses Ward 9/10) by lectures/interactive talks.➤ Increase staff awareness about availability of specialist advice and post exposure prophylaxis by organised talks.

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	CLINICAL PROFESSIONS
DATE OF MEETING:	March 2001
SUB SPECIALTY:	CLINICAL PSYCHOLOGY MINUTES NOT SUBMITTED
SUB SPECIALTY:	OCCUPATIONAL THERAPY MINUTES NOT SUBMITTED
SUB SPECIALTY:	NUTRITION AND DIETETICS MEETING CANCELLED
SUB SPECIALTY:	SPEECH AND LANGUAGE THERAPY
TOPIC:	Casenote Audit
POINTS OF NOTE:	Neurosciences: Findings still need to be more consistently documented. Dysphagia assessments require details and findings. Medical: Dysphagia and dysphasia assessment findings more detailed overall particularly amounts and consistencies.
SUB SPECIALTY:	PHYSIOTHERAPY MINUTES NOT SUBMITTED
SUB SPECIALTY:	PODIATRY MINUTES NOT SUBMITTED
SPECIALTY:	NEUROLOGY
DATE OF MEETING:	March 2001 MINUTES NOT SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	NEUROSURGERY
DATE OF MEETING:	March 2001
TOPIC:	Morbidity and Mortality
POINTS OF NOTE:	<ul style="list-style-type: none">- Detailed discussion of several interesting cases.- A protocol for theatres to be developed concerning insertion of ventricular shunts.
SPECIALTY:	OPHTHALMOLOGY
DATE OF MEETING:	March 2001
TOPIC:	Audit of Presentation and Outcome of Ocular Management Melanomas
CONCLUSIONS:	<ul style="list-style-type: none">◆ Given that the number of cases is underestimated, a case could be made for a local Ophthalmologist with an interest specifically in ocular oncology.◆ Ophthalmology make a nomination for representation on the Campbell Committee.◆ Given the high rate of enucleation in Northern Ireland should 100% of patients be referred to GB unless the patient specifically requested not to have a referral.◆ A follow up protocol should be drawn up for those patients being followed up at the eye clinic.
SPECIALTY:	CARDIAC SURGERY
DATE OF MEETING:	March 2001
	MINUTES NOT SUBMITTED
SPECIALTY:	RADIOLOGY
DATE OF MEETING:	March 2001
TOPIC:	CT Guided Lung Biopsy Audit
POINTS OF NOTE:	8 patients developed pneumothorax following the biopsy of which 3 required a chest drain. The rate of haemoptysis following biopsy was less than 5%. The number of passes through the pleura was relevant to the development of pneumothorax.

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	OBSTETRICS, GYNAECOLOGY AND NEONATOLOGY
DATE OF MEETING:	March 2001
TOPIC:	Analgesia Following Day Surgery
CONCLUSIONS:	<ul style="list-style-type: none">◆ All day surgery patients should be offered take home analgesia.◆ Take home analgesia packs should be prescribed for longer than 3 days after certain surgical procedures.
FUTURE SCOPE:	<ul style="list-style-type: none">➤ An audit of relative efficacy of the various take home analgesia packs – does co-codamol significantly improve analgesia over NSAID alone?➤ Reason for overnight stay of day case gyane patients.
TOPIC:	Out of Hours induction of Labour
CONCLUSIONS:	<ul style="list-style-type: none">◆ Guidelines not being adhered to, especially parity and favourability of cervix.◆ Most decisions made by Consultant or Tutor.◆ Most women had no obstetric risk factors.◆ Few instrumental deliveries and caesarean sections carried out.◆ Increased workload leading to primagravidas being induced out of hours.◆ Being a primagravida is the strongest risk factor for the induced labour ending in C/S.
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ Increase limit of 3 to 5 to allow for increased workload since May 2000.➤ Allow low risk primagravidas 40 + 10 weeks with a favourable cervix and no obstetric risks.➤ Ensure high risk women with obstetric risks such as previous C/S or fetal anomalies are induced during normal working hours.➤ Decision should be made by Consultant or Tutor and recorded clearly and legibly.➤ It should be indicated in the induction book when a woman has delivered spontaneously before her induction date so that slot can be reallocated.➤ Re-audit in 12-18 months.
TOPIC:	Assessment of the Telephone Services in RMH

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	OBSTETRICS, GYNAECOLOGY AND NEONATOLOGY (CONTINUED)
CONCLUSIONS:	<ul style="list-style-type: none">◆ There is definitely a high demand for a telephone advisory service for our maternity patients. This demand is expected to increase.◆ The midwife is the best person to provide this service safely and efficiently however, we have to bear in mind, whoever gives the advice, is legally accountable for the advice given.◆ The service is safe.◆ The service is cost effective.◆ The patients re very satisfied with the service provided.
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ Midwives should receive the appropriate training to provide telephone advisory service to patients.➤ Each Maternity Unit should have a dedicated direct telephone line (NOT extension), to provide this service. Thus patients would have quicker access and also ensure that a trained person will be on the receiving end.➤ No patient should be denied the opportunity to attend the hospital, if wishes to do so.➤ Patients who have been advised to come to the hospital and did not do so, should receive a follow up courtesy call to ensure their well being. This can be extended to all patients not seen physically.➤ Investment in communication technology is definitely worthy in terms of safety, efficiency and cost effectiveness.➤ The issue of legal accountability should be clearly clarified by the concerned bodies and authorities e.g. UKCC and RCM.➤ Probably the best method to document the telephone conversation is by recording the calls. The legality of this matter has to be clarified to both the advisor and patient.➤ As with any service, it is essential to be assessed and evaluated regularly to see if it suits the setting of the unit and the other local community services.
TOPIC:	Wound Dehiscence Following Gynae Abdominal Surgery
CONCLUSIONS:	<ul style="list-style-type: none">◆ The incidence of wound dehiscence is (3.85%) higher than expected is general surgical practice.◆ 60% of cases had partial dehiscence and 40% had complete dehiscence.◆ Wound infection was confirmed in 57% of cases, this reflects the role of infection in causing the problem.◆ Temperature (Pyrexia) was observed in 71% of cases prior to dehiscence (38oC).◆ Antibiotics were administered post operatively in 15 (79%) of cases.◆ Is prophylactic antibiotic really necessary?

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	OBSTETRICS, GYNAECOLOGY AND NEONATOLOGY (CONTINUED)
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ A Directorate policy should be prepared for the clinical coding of wound dehiscence.➤ Improved documentation by medical staff in patient case notes to meet Trust policy as documented in Health Quality Service.➤ The patient's height in centimetres and weight in kilograms should be documented, in order that the BMI (Body Mass Index) can be calculated to determine the influence of obesity.➤ Anticipation of the risk of dehiscence is important pre-operatively.➤ Abdominal closure should be performed or supervised by a senior doctor in all risk patients e.g. cancer patients.➤ Early detection and prompt treatment of wound and chest infection.➤ Re-audit in 12 months time.
SPECIALTY:	CLINICAL LABORATORIES
SUB SPECIALTY:	IMMUNOLOGY
TOPIC:	Discussion on Future Audit Topics
SUB SPECIALTY:	BACTERIOLOGY
	MINUTES NOT SUBMITTED
SUB SPECIALTY:	BIOCHEMISTRY
	MINUTES NOT SUBMITTED
SPECIALTY:	REGIONAL CARDIOLOGY
DATE OF MEETING:	March 2001
TOPIC:	Audit of Adult Cardiological Procedures 1999 to 2000
TOPIC:	NCEPOD
TOPIC:	Cath Lab Mortality

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	PAEDIATRICS
DATE OF MEETING:	March 2001
TOPIC:	Audit of EEG Requests
SPECIALTY:	GENERAL SURGERY MINUTES NOT SUBMITTED
SPECIALTY:	DENTISTRY
DATE OF MEETING:	March 2001
	MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	PAEDIATRIC DENTISTRY MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	RESTORATIVE DENTISTRY MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	ORAL SURGERY MINUTES NOT YET SUBMITTED
SUB SPECIALTY:	ORTHODONTICS MINUTES NOT YET SUBMITTED

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	MEDICINE
DATE OF MEETING:	March 2001
	MINUTES NOT SUBMITTED
SUB SPECIALTY:	GENITO URINARY MEDICINE
DATE OF MEETING:	March 2001
TOPIC:	Herpes Audit
RECOMMENDATIONS:	<ul style="list-style-type: none">➤ Letter to all staff to encourage better documentation of signs and symptoms, risk, treatment including counselling; to continue on current anti viral prescription – and STD screening, to improve analgesia.➤ The 9 cases of PCR negative patients – charts to be reviewed and highlighted to [REDACTED] (Virologist).
SPECIALTY:	HISTOPATHOLOGY, FETAL MEDICINE & DYSMORPHOLOGY
DATE OF MEETING:	Monthly
TOPIC:	Clinical Review Diagnosis and Management of Cases Including Treatment/Preventative Measures
SPECIALTY:	HISTOPATHOLOGY, PAEDIATRIC SURGERY AND ONCOLOGY (JOINT MEETING)
TOPIC:	Clinical Aspects of Cases, Pathological Diagnosis and Patient Treatment and Outcome
SPECIALTY:	HISTOPATHOLOGY (REGIONAL)
DATE OF MEETING:	Weekly (term time)
TOPIC:	Discussion of Cases Following Circulation of Slides to Include Diagnosis and Investigation

CONFIDENTIAL

ROYAL HOSPITALS TRUST

MONTHLY REPORT ON MEDICAL/CLINICAL AUDIT ACTIVITIES

MARCH 2001

SPECIALTY:	ATICS
DATE OF MEETING:	March 2001
	MINUTES NOT SUBMITTED
SPECIALTY:	OTOLARYNGOLOGY
DATE OF MEETING:	March 2001
TOPIC:	Morbidity and Mortality
TOPIC:	Audit of Fractured Nasal Bones – National Audit
DISCUSSION:	Discussion about the variability and views of the audit. There already exists a province wide consensus on the management of nasal bones.

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

**ORGANISATIONAL PLAN FOR THE DEVELOPMENT
OF CLINICAL AUDIT
(1999-2000)**

ACTION PLAN - PROGRESS REPORT

1. *Development of Multiprofessional Audit*

See table below.

2. *Full participation in internal and external audit*

Internal

Directorate	Minutes	Attendance register	Multi-professional audit meetings
ATICS	Nursing only	Yes	Yes
CARDIOLOGY			
Cardiac Medicine	Yes	Yes	Yes
Cardiac Surgery	Yes	Yes	Yes
DENTISTRY			
Orthodontics	Yes	Yes	No
Restorative	Yes	Yes	No
Paediatric	No	No	No
Oral Surgery	No	No	No
LABORATORIES			
Histopathology	No	No	No
Immunology	Yes	No	No
Bacteriology	No	Yes	Yes
Biochemistry	No	No	No
MEDICINE			
General Medicine	Yes	Yes	Yes
GU Medicine	No	No	Yes
Dermatology	No	No	No
Endocrinology & Diabetes	No	No	Yes
Care of the Elderly	No	No	No
NEUROSCIENCES			
Neurology	No	No	No
Neurosurgery	Yes	Yes	No
OBSTETRICS & GYNAECOLOGY	Yes	Yes	Yes
OPHTHALMOLOGY	Yes	Yes	Yes
OTOLARYNGOLOGY	Yes	Yes	No
PAEDIATRICS	Yes	Yes	Yes
RADIOLOGY	No	Yes	Yes
SURGICAL			
General	No	No	No
Vascular	Yes (1/4)	No	No
Thoracic	No	No	No
Accident and Emergency	No	No	No
CLINICAL PROFESSIONS	Yes	Yes	Yes
Percentage	48	52	44

External

- a) Clinical directorates are contributing to 37 national audits – see attached report.
- b) NCEPOD – new reporting arrangements from NCEPOD – see enclosed report. Data on return of questionnaires for 1999/2000 not available – report not yet sent to NCEPOD due to low staffing levels in the audit department.

3. *Effective forward planning of clinical audit activity*

- 3.1 To be assessed in six months.
- 3.2 To be assessed following publication of 2000/2001 audit programmes.
- 3.3 The submission of programmes has been somewhat sporadic this year – some programmes submitted mid-year. The following table provides an indication of progress for 1999/2000:

Directorate	Forward programme
ATICS	Yes
CARDIOLOGY	
Cardiac Medicine	Yes
Cardiac Surgery	No
DENTISTRY	
Orthodontics	No
Restorative	No
Paediatric	No
Oral Surgery	No
LABORATORIES	
Histopathology	No
Immunology	No
Bacteriology	No
Biochemistry	No
MEDICINE	
General Medicine	Yes
GU Medicine	No
Dermatology	Yes
Endocrinology & Diabetes	No
Care of the Elderly	No
NEUROSCIENCES	
Neurology	No
Neurosurgery	No
OBSTETRICS & GYNAECOLOGY	Yes
OPHTHALMOLOGY	Yes
OTOLARYNGOLOGY	No
PAEDIATRICS	Yes
RADIOLOGY	Yes
SURGICAL	
General	No
Vascular	No
Thoracic	No
Accident and Emergency	No
CLINICAL PROFESSIONS	Yes
Percentage	33

Send Forward plan
Notes/CHART REVIEW
— Dec 2000
John Prescriptions
TRUST WILKS

Submission of 2000/2001 programmes to be assessed in six months.

3.4 As above.

4. *Focusing clinical audit activity on important issues*

Audit proposals forms submitted to the Audit Department indicate that at least two criteria are being met.

The Clinical Audit Committee (January 2000) agreed a change in policy. All audit proposals are to be endorsed in the first instance by audit facilitators before being sent to the audit department.

5. *Development of outcome measures*

Some examples of projects including outcome measures:

- *Patient experiences of colonoscopy examination*
- *Post-operative endophthalmitis following cataract surgery*
- *Shunt complications*
- *Outcome and management of aneurysmal subarachnoid haemorrhage*
- *Congenital diaphragmatic hernia*
- *Accident and emergency treatment of croup*
- *Pain control following surgery*
- *Rapid response clinic satisfaction*
- *Outcome of diabetes in pregnancy*

6. *Development of evidence-based practice*

6.1 Information circulated to audit facilitators < 3 working days (dependant on staffing levels).

6.2 Members to report.

6.3 All current projects supported by the audit department involve the setting of evidence-based standards, where such evidence is available.

6.4 The following directorates have included evidence-based practice as an agenda item at audit meetings:

- General medicine
- Cardiac surgery (one meeting)

7. *Clinical audit will provide a mechanism to demonstrate improvements in service delivery*

7.1 Information from project summary forms has been included in the 1998/99 Annual Report – change in practice has been highlighted.

8. ***Clinical and managerial staff will possess the necessary knowledge and skills to undertake audit effectively***

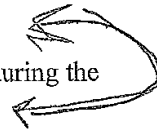
- 8.1 Three workshops took place in November 1999, December 1999 and January 2000. Attended by 28 nursing and clinical professions staff and 2 medical staff.
- 8.2 Awareness sessions have been provided to: General Medicine and Paediatrics directorate audit meetings and to general medicine and obstetrics and gynaecology junior doctors' induction. Further sessions to be arranged.
- 8.3 To be discussed at meeting.

9. ***Impact of changes implemented as a result of audit to be evaluated***

- 9.1 Report enclosed. Topics identified from 1997/98 annual report. Information taken from 1998/99 report to determine if re-audit had taken place. 40% of topics had been re-audited.
- 9.2 Database has been designed for above capturing only minimal information. A more extensive and detailed database to be developed within the next 2-3 months.
- 9.3 Reports not yet circulated to Audit Facilitators and Clinical Directors.

10. ***Involve patients and patient representatives in the audit process***

- 10.1 The audit department are not aware of any patient consultation during the formulation of audit projects. Members to report.
- 10.2 Findings of audits are included in the annual report only. However, some audits undertaken as part of charter mark awards are displayed on notice boards ie waiting times for appointment, patient satisfaction etc. Members to report.



All sheets

DIRCTSPEC	CATEGORY	TOPIC	ACTION IDENTIFIED	REVIEWS SPECIFIED	RE AUDITED	9899
ATICS	MULTIPROFESSIONAL	USAGE OF EPIDURINE IN THE RIGHT	NO	No	NO	
ATICS	MULTIPROFESSIONAL	EPIDURAL ANALGESIA EFFICACY	YES	Yes	NO	
ATICS	MULTIPROFESSIONAL	INTRATHECAL OPIOID EFFICACY	YES	Yes	NO	
ATICS	MULTIPROFESSIONAL	ORAL ANALGESIA EFFICACY	YES	No	YES	
ATICS	MULTIPROFESSIONAL	PATIENT SATISFACTION	YES	Yes	YES	
ATICS	MULTIPROFESSIONAL	PRE-OPERATIVE VISITING AND PATIENT SATISFACTION	YES	No	YES	
ATICS	MEDICAL	CHART REVIEW	YES	Yes	NO	
CARDIAC MEDICINE	MEDICAL	INTERNAL MEMO AUDIT	YES	Yes	YES	
CARDIAC MEDICINE	MULTIPROFESSIONAL	SAFE PRESCRIBING & ADMINISTRATION OF DRUGS	YES	No	NO	
CARDIAC MEDICINE	MULTIPROFESSIONAL	DC CONVERSION	YES	No	NO	
CARDIAC MEDICINE	MULTIPROFESSIONAL	CHART AUDIT	YES	No	YES	
CARDIAC MEDICINE	MULTIPROFESSIONAL	PACING AUDIT	YES	No	YES	
CARDIAC MEDICINE	MULTIPROFESSIONAL	TREADMILL AUDIT	YES	Yes	YES	
CARDIAC MEDICINE	NURSING	IV THERAPY AND IV ADMINISTRATION OF MEDICINAL PRODUCTS	YES	Yes	NO	
CARDIAC MEDICINE	NURSING	EVALUATING ADMINISTRATION OF MEDICATION	NONE REQUIRED	Yes	NO	
CARDIAC MEDICINE	NURSING	PLANNING FOR DISCHARGE INCLUDING INVOLVEMENT OF COMMUNITY SERVICES	YES	Yes	YES	
CARDIAC MEDICINE	NURSING	COURTESY OF NURSING STAFF TOWARDS PATIENTS	NONE REQUIRED	Yes	YES	
CARDIAC MEDICINE	NURSING	MEETING THE PATIENT'S NEED FOR HYGIENE	NONE REQUIRED	Yes	NO	
CARDIAC MEDICINE	NURSING	PROTECTING THE PATIENT FROM ACCIDENT & INJURY	YES	Yes	NO	
CARDIAC MEDICINE	NURSING	ADMISSION ASSESSMENT AND CARE PLANNING	NONE REQUIRED	Yes	YES	
CARDIAC SURGERY	NURSING	CORRECT NURSING PROCEDURE FOR CLOSURE OF STERNUM DURING CARDIAC SURGERY	NONE REQUIRED	Yes	NO	
CARDIAC SURGERY	NURSING	AUDIT OF THE NURSE CALL SYSTEM	YES	Yes	YES	
DENTISTRY - PAEDIATRICS	MEDICAL	REFERRALS TO GA EXTRACTION LISTS	YES	No	YES	
DENTISTRY - PAEDIATRICS	MEDICAL	DEPTH OF CURE WITH LIGHT ACTIVATED GLASS IONOMER	YES	No	NO	
DENTISTRY - PAEDIATRICS	MEDICAL	WAITING LIST FOR GENERAL ANAESTHETIC EXTRACTIONS	NONE REQUIRED	No	YES	
DENTISTRY - PAEDIATRICS	MEDICAL	WAITING TIMES FOR GENERAL ANAESTHETIC EXTRACTIONS	YES	Yes	YES	
DENTISTRY - PAEDIATRICS	MEDICAL	CASENOTE REVIEW	YES	Yes	YES	
DENTISTRY - PAEDIATRICS	MEDICAL	POST TREATMENT COMPLICATIONS OF INTRUDED TEETH	YES	No	NO	
DENTISTRY - PAEDIATRICS	MEDICAL	QUALITY OF DISCHARGE LETTERS	NONE REQUIRED	No	NO	
DENTISTRY - RESTORATIVE	MEDICAL	USE OF LOCAL DELIVERY ANTIMICROBIALS IN THE MANAGEMENT OF PERIODONTAL DISEASE	YES	No	NO	
DENTISTRY - RESTORATIVE	MULTIPROFESSIONAL	REFERRAL LETTERS REQUESTING APPOINTMENTS AT THE SOD PERIODONTAL CLINIC	YES	No	YES	
DENTISTRY - RESTORATIVE	MULTIPROFESSIONAL	HEALTH RECORD CONTENT	NO	Yes	YES	
DENTISTRY - RESTORATIVE	NURSING	PERFORMANCE OF DENTAL UNITS FOR THE PERIODONTAL CLINIC	YES	No	NO	
DENTISTRY - ORTHODONTICS	MEDICAL	FACIAL GROWTH OUTCOMES IN NORTHERN IRISH CHILDREN WITH UNILATERAL CLEFT LIP & PALATE	YES	No	NO	
DENTISTRY - ORTHODONTICS	MEDICAL	ALIGNING ARCHWIRES	YES	Yes	NO	
LABS - TISSUE PATHOLOGY	MULTIPROFESSIONAL	COLPOSCOPIC CERVICAL BIOPSY AUDIT	NO	No	NO	
LABS - TISSUE PATHOLOGY	MULTIPROFESSIONAL	REGIONAL PERINATAL AND INFANT AUTOPSY AUDIT	NO	No	YES	
LABS - TISSUE PATHOLOGY	MULTIPROFESSIONAL	PROFORMAS AND STANDARDISED REPORTS	NO	No	YES	
LABS - CLIN. BACTERIOLOGY	MULTIPROFESSIONAL	MYCOLOGY SPECIMENS	YES	Yes	NO	
LABS - CLIN. BACTERIOLOGY	MULTIPROFESSIONAL	INAPPROPRIATE SPECIMEN RECEIPTS INTENDED FOR OTHER LABORATORIES	YES	Yes	YES	
LABS - CLIN. BACTERIOLOGY	MULTIPROFESSIONAL	CLINICAL CASE REVIEW	YES	Yes	NO	
LABS - IMMUNOLOGY	MULTIPROFESSIONAL	PATIENT INFORMATION DATA	YES	No	NO	
LABS - CLIN. BIOCHEMISTRY	MULTIPROFESSIONAL	BIOCHEMICAL INVESTIGATION OF HYPOGLYCAEMIA	YES	Yes	NO	
GENERAL MEDICINE	MEDICAL	PATIENT TRANSFERS	YES	No	NO	
GENERAL MEDICINE	MEDICAL	MANAGEMENT OF DEEP VEIN THROMBOSIS	YES	No	NO	
GENERAL MEDICINE	MULTIPROFESSIONAL	CASE NOTE REVIEW	YES	Yes	YES	

DIRCTSPEC	CATEGORY	TOPIC	ACTION IDENTIFIED	REVIEWS SPECIFIED	RE-AUDITED	9899
GENERAL MEDICINE	MULTIPROFESSIONAL	CHEST PAIN CARE PATHWAY	YES	No	YES	
GENERAL MEDICINE	MULTIPROFESSIONAL	STROKE CARE PATHWAY	YES	Yes	YES	
GENERAL MEDICINE	NURSING	REFLEXOLOGY SERVICE - HAEMATOLOGY	YES	Yes	YES	
GENERAL MEDICINE	CLIN. PROFESSIONS	RESPIRATORY CARE STANDARDS - PHYSIOTHERAPY	YES	Yes	NO	
GENERAL MEDICINE	CLIN. PROFESSIONS	OUTCOME MEASURES IN DYSPHAGIA - SPEECH & LANGUAGE	YES	No	NO	
GENERAL MEDICINE	CLIN. PROFESSIONS	COMMUNICATION CHART FACILITIES - SPEECH & LANGUAGE	YES	No	NO	
GENERAL MEDICINE	CLIN. PROFESSIONS	PROFESSIONAL USER SATISFACTION QUESTIONNAIRE - SPEECH & LANGUAGE	YES	No	NO	
GENERAL MEDICINE	CLIN. PROFESSIONS	PATIENT REFERRALS - OCCUPATIONAL THERAPY	NONE REQUIRED	No	NOT REQUIRED	
GERIATRIC MEDICAL UNIT	MEDICAL	PATIENTS' AND DOCTORS' AWARENESS OF MEDICAL RESTRICTIONS TO DRIVING	YES	No	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	STROKE AUDIT - PHYSIOTHERAPY	YES	Yes	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	NOTE KEEPING - OCCUPATIONAL THERAPY	YES	No	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	KORNER STATISTICS	YES	Yes	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	USE OF ABBREVIATIONS ON THERAPY TREATMENT CARDS - OCCUPATIONAL THERAPY	YES	Yes	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	INITIAL EVALUATION FORMS - OCCUPATIONAL THERAPY	YES	Yes	YES	
GERIATRIC MEDICAL UNIT	CLIN. PROFESSIONS	WARD ROUND INFORMATION SHEETS - OCCUPATIONAL THERAPY	YES	Yes	NO	
GENITO-URINARY MEDICINE	MULTIPROFESSIONAL	PELVIC INFLAMMATORY DISEASE	YES	No	NO	
GENITO-URINARY MEDICINE	MULTIPROFESSIONAL	WRITTEN INFORMATION FOR PATIENTS	YES	No	NO	
GENITO-URINARY MEDICINE	MULTIPROFESSIONAL	IMPACT OF ANTIRETROVIRAL COMBINATION THERAPY ON HIV POSITIVE PATIENTS IN NI	NO	No	NO	
GENITO-URINARY MEDICINE	MULTIPROFESSIONAL	PATIENT SATISFACTION SURVEY	YES	Yes	NO	
DERMATOLOGY	MEDICAL	EXCISION MARGINS IN MALIGNANT MELANOMA	YES	Yes	YES	
DERMATOLOGY	MEDICAL	MANAGEMENT OF CHILDHOOD ECZEMA	YES	Yes	SCHEDULED	
DERMATOLOGY	MEDICAL	MANAGEMENT OF BOWEN'S DISEASE	YES	Yes	YES	
DERMATOLOGY	MULTIPROFESSIONAL	(RE-AUDIT) RATE OF INFECTION IN THEATRE	YES	Yes	SCHEDULED	
ENDOCRINOLOGY & DIABETES	MULTIPROFESSIONAL	PREGNANCY OUTCOME AFTER PREVIOUS RADIOACTIVE IODINE FOR THYROTOXICOSIS	YES	Yes	SCHEDULED	
ENDOCRINOLOGY & DIABETES	MULTIPROFESSIONAL	AUDIT OF OUTCOME OF DIABETIC PREGNANCY IN NORTHERN IRELAND	YES	No	SCHEDULED	
ENDOCRINOLOGY & DIABETES	MULTIPROFESSIONAL	ENDOCRINE INVESTIGATIONS	YES	Yes	YES	
ENDOCRINOLOGY & DIABETES	MULTIPROFESSIONAL	CASE NOTE REVIEW	YES	Yes	YES	
ENDOCRINOLOGY & DIABETES	NURSING	SERVICE PROVIDED TO ADOLESCENT PATIENTS ATTENDING THE RVH DIABETIC CLINIC	YES	No	YES	
NEUROLOGY	MEDICAL	LUMBAR PUNCTURE FOR CT NEGATIVE SUSPECTED SUBARACHNOID HAEMORRHAGE	YES	Yes	YES	
NEUROSURGERY	MULTIPROFESSIONAL	REMOVAL OF COLLARS IN CASES OF POTENTIAL CERVICAL INJURY	YES	No	NO	
NEUROSURGERY	MULTIPROFESSIONAL	OUT OF HOURS ACCESS TO MRI SCANNING	NO	No	NO	
NEUROSURGERY	NURSING	NEUROSCIENCE BENCHMARKING (INCLUDING RE-AUDIT)	YES	Yes	YES	
NEUROSURGERY	NURSING	SKIN INTEGRITY AND COMMUNICATION	YES	Yes	NO	
NEUROSURGERY	CLIN. PROFESSIONS	REFERRAL OF HEAD INJURY PATIENTS - OCCUPATIONAL THERAPY	NONE REQUIRED	No	NOT REQUIRED	
NEUROSURGERY	CLIN. PROFESSIONS	APPLICATION OF INHIBITORY PLASTERS - PHYSIOTHERAPY	YES	Yes	NO	
NEUROSURGERY	CLIN. PROFESSIONS	CARE PATHWAY FOR LUMBAR DISCECTOMY - PHYSIOTHERAPY	YES	Yes	NO	
OBS, GYNAE & NEONATOLOGY	MEDICAL	OPTIMAL USE OF ANTENATAL CORTICOSTEROIDS AND IV TOCOTLYTIC THERAPY FOR INFANTS	YES	No	YES	
OBS, GYNAE & NEONATOLOGY	MEDICAL	LENGTH OF TIME TO EMERGENCY CAESAREAN SECTION	YES	No	YES	

DIRCTSPEC	CATEGORY	TOPIC	ACTION IDENTIFIED	REVIEWS SPECIFIED	RE-AUDITED 9899
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	CHART AUDIT	YES	Yes	YES
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	SELF TESTING OF URINE FROM 26 WEEKS GESTATION	YES	Yes	NO
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	EARLY PREGNANCY PROBLEMS - HYPEREMESIS	YES	Yes	NO
OBS, GYNAE & NEONATOLOGY	MEDICAL	ABORTION & SURGICAL EVACUATION OF THE UTERUS	YES	Yes	NO
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	WAITING TIMES - PATIENT CHARTER MONITORING	YES	Yes	NO
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	POSTNATAL HAEMOGLOBIN	YES	Yes	YES
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	PRENATAL SCREENING (MULTICENTRE PROJECT)	NO	No	NO
OBS, GYNAE & NEONATOLOGY	MULTIPROFESSIONAL	PRESCRIPTION OF IV FLUIDS & ANALGESIA BY ANAESTHETIC STAFF IN GYNAE RECOVERY WARD	YES	No	NO
OBS, GYNAE & NEONATOLOGY	NURSING	PRE-ADMISSION SESSIONS - ARE THEY BENEFICIAL	NONE REQUIRED	No	NOT REQUIRED
OBS, GYNAE & NEONATOLOGY	NURSING	PATIENTS' PERCEPTION OF PATIENT CONTROLLED ANALGESIA	YES	No	NO
OPHTHALMOLOGY	MULTIPROFESSIONAL	OUTCOMES OF FOLDABLE & NON-FOLDABLE INTRAOCULAR LENS IMPLANTS	YES	No	NO
OPHTHALMOLOGY	MULTIPROFESSIONAL	MANAGEMENT OF TRAUMATIC HYPHAEMA	YES	Yes	SCHEDULED
OPHTHALMOLOGY	MULTIPROFESSIONAL	FLUORESCIN ANGIOGRAPHY	YES	Yes	SCHEDULED
OPHTHALMOLOGY	MULTIPROFESSIONAL	SUCCESS RATE OF GRID ARGON LASER FOR THE TREATMENT OF DIABETIC MACULOPATHY	YES	Yes	SCHEDULED
OPHTHALMOLOGY	MULTIPROFESSIONAL	SCREENING FOR RETINOPATHY OF PREMATURITY	YES	No	NO
OPHTHALMOLOGY	MULTIPROFESSIONAL	TEMPORAL ARTERY BIOPSIES	YES	No	NO
OPHTHALMOLOGY	MULTIPROFESSIONAL	INTRAOCULAR LENS POWER CALCULATIONS	YES	No	NO
OPHTHALMOLOGY	NURSING	EFFECTIVENESS OF AMETOP CREAM	YES	No	NO
OPHTHALMOLOGY	NURSING	PROBLEMS IDENTIFIED WHEN ADMINISTERING DRUGS PRESCRIBED FOR PTS IN WD 28	YES	Yes	NO
OTOLARYNGOLOGY	MULTIPROFESSIONAL	EPISTAXIS SURVEY	YES	Yes	NO
OTOLARYNGOLOGY	CLIN. PROFESSIONS	EVALUATION BY PTS & CARERS OF SLT INPATIENT LARYNGECTOMEE STANDARDS	YES	No	NO
PAEDIATRICS	MEDICAL	CASE NOTE REVIEW	YES	Yes	YES
PAEDIATRICS	MEDICAL	RE-AUDIT OF PAEDIATRIC JUNIOR MEDICAL STAFF	YES	Yes	NO
PAEDIATRICS	MULTIPROFESSIONAL	IDENTIFICATION AND CONTROL OF BURTHOLDERIA CEPACIA INFECTION IN CYSTIC FIBROSIS	YES	No	NO
PAEDIATRICS	MULTIPROFESSIONAL	CARE PATHWAY FOR FIRST FEBRILE CONVULSION	YES	No	YES
PAEDIATRICS	MULTIPROFESSIONAL	CARE PATHWAY FOR FRACTURED RADIUS AND ULNA	YES	No	YES
PAEDIATRICS	MULTIPROFESSIONAL	EDUCATION NEEDS OF STAFF WITH REGARD TO CHILD PROTECTION PROCEDURES	YES	No	NO
PAEDIATRICS	MULTIPROFESSIONAL	ADOLESCENTS VIEWS OF THEIR STAY IN HOSPITAL	YES	Yes	NO
PAEDIATRICS	NURSING	PARENTAL SATISFACTION WITH THE SERVICE PROVIDED BY THE PAEDIATRIC STOMATHERAPIST	YES	Yes	NO
PAEDIATRICS	NURSING	STAFF'S KNOWLEDGE OF CORRECT ET SUCTIONING PRACTICE	YES	No	NO
PAEDIATRICS	NURSING	RE-AUDIT OF PARENT SATISFACTION IN A & E	YES	Yes	SCHEDULED
PAEDIATRICS	NURSING	PAIN MANAGEMENT	YES	No	YES
PAEDIATRICS	CLIN. PROFESSIONS	MEASURING OUTCOMES IN PAEDIATRIC DYSPHAGIA - SPEECH & LANGUAGE	YES	No	NO
PAEDIATRICS	CLIN. PROFESSIONS	SWALLOWING VIDEO FLUOROSCOPY - USE IN OBJECTIVE EVALUATION - SPEECH & LANGUAGE	YES	No	NO
PAEDIATRICS	CLIN. PROFESSIONS	SPEECH OUTCOMES FOLLOWING SURGICAL REPAIR FOR CLEFT LIP & PALATE - SPEECH & LANGUAGE	YES	Yes	NO
PAEDIATRICS	CLIN. PROFESSIONS	BEREAVEMENT STANDARDS AUDIT - CLINICAL PSYCHOLOGY	YES	No	YES
RADIOLOGY	MULTIPROFESSIONAL	FRACTURE CLINIC X-RAY REQUESTS	YES	Yes	YES

DIRCTSPEC	CATEGORY	TOPIC	ACTION IDENTIFIED	REVIEWS SPECIFIED	RE-AUDITED	9899
RADIOLOGY	MULTIPROFESSIONAL	MRI SCANS PRIOR TO HYSTERECTOMY	NONE REQUIRED	No	NOT REQUIRED	
RADIOLOGY	MULTIPROFESSIONAL	PATIENT SATISFACTION SURVEY - RE-AUDIT	NONE REQUIRED	No	NOT REQUIRED	
RADIOLOGY	MULTIPROFESSIONAL	INVESTIGATION INTO THE NATURE & COMPLEXITY OF INTERVENTIONAL RADIOLOGY WORK	YES	Yes	NO	
RADIOLOGY	MULTIPROFESSIONAL	RE-AUDIT OF IVU EXAMINATIONS	YES	No	SCHEDULED	
VASCULAR SURGERY	NURSING	PATIENT SATISFACTION	YES	Yes	NO	
VASCULAR SURGERY	NURSING	PATIENT CARE	YES	Yes	NO	
GENERAL SURGERY	NURSING	CENTRAL VENOUS CATHETER SEPSIS & ADMINISTRATION OF PARENTERAL NUTRITION	YES	No	NO	
GENERAL SURGERY	NURSING	DRUG ADMINISTRATION	YES	Yes	NO	
GENERAL SURGERY	NURSING	PRESSURE AREA/RISK ASSESSMENT	YES	No	NO	
GENERAL SURGERY	NURSING	CARE PLANS	YES	Yes	NO	
GENERAL SURGERY	NURSING	BODY MASS INDEX RECORD	YES	Yes	NO	
GENERAL SURGERY	NURSING	DISCHARGE PLANNING	YES	Yes	NO	
GENERAL SURGERY	NURSING	PREPARATION OF PATIENTS FOR DAY SURGERY (FRACTURE CLINIC PATIENTS) - RE-AUDIT	NONE REQUIRED	Yes	SCHEDULED	
GENERAL SURGERY	CLIN. PROFESSIONS	DISCHARGE SUMMARIES (FRACTURE WARDS) - OCCUPATIONAL THERAPY	NONE REQUIRED	Yes	YES	
GENERAL SURGERY	CLIN. PROFESSIONS	NECK COLLARS & SKIN GRAFTING (BURNS UNIT) OCCUPATIONAL THERAPY & PHYSIOTHERAPY	YES	Yes	YES	
ACCIDENT & EMERGENCY	MEDICAL	EMERGENCY AMBULANCE CALLS IN N IRELAND (REGIONAL AUDIT)	YES	No	NO	
ACCIDENT & EMERGENCY	MEDICAL	PATIENTS SUSTAINING INJURIES CAUSED BY PLASTIC BULLETS (REGIONAL - RVH STAFF)	NO	No	NO	
ACCIDENT & EMERGENCY	MEDICAL	CASE NOTE REVIEW	NO	No	NO	
ACCIDENT & EMERGENCY	MEDICAL	EFFECTIVENESS OF SHO TEACHING	YES	Yes	NO	
ACCIDENT & EMERGENCY	NURSING	TRIAGE	YES	Yes	YES	
OCCUPATIONAL THERAPY	CLIN. PROFESSIONS	PROBLEM LISTS	YES	No	NO	
DIETETICS	CLIN. PROFESSIONS	NUTRITIONAL SUPPLEMENTS	YES	Yes	NO	
DIETETICS	CLIN. PROFESSIONS	NON-ATTENDANCE AT DIETETIC OUTPATIENT CLINICS	YES	Yes	YES	
DIETETICS	CLIN. PROFESSIONS	DISCHARGE LETTERS	YES	Yes	YES	
DIETETICS	CLIN. PROFESSIONS	PATIENT RECORD CARDS	YES	Yes	YES	
CLINICAL PSYCHOLOGY	CLIN. PROFESSIONS	CLINICAL NOTE REVIEW	YES	No	YES	
CLINICAL PSYCHOLOGY	CLIN. PROFESSIONS	CLINICAL TOPIC REVIEW	YES	No	NO	
NURSING	NURSING	CORPORATE PATIENT SATISFACTION	YES	Yes	YES	
NURSING	NURSING	MIXED SEX WARDS	YES	Yes	NO	
NURSING	NURSING	PATIENT SATISFACTION - OUTPATIENTS DEPT. (IMPROVING THE PATIENT FOCUS)	YES	No	YES	
NURSING	NURSING	PATIENT SATISFACTION - OUTPATIENTS DEPARTMENT (COMMUNICATION & INFORMATION)	YES	No	YES	

THE ROYAL GROUP OF HOSPITALS
AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

*DIRECTORY OF
NATIONAL AUDITS*

OCTOBER 1999

Directorate of Clinical Audit
3rd Floor, Musgrave Wing
The Royal Hospitals

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: ATICS

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
NCEPOD	Ongoing	Royal College of Surgeons	██████████
ICNARC	Ongoing	ICNARC (██████████ Director)	██████████
Critical Incident Reporting	Ongoing	Association of Anaesthetists	██████████
National Confidential Enquiry in Maternal Mortality		DHSS	██████████
National Vascular Audit (Elective Open Aortic Aneurysm Surgery)	2/99 – 5/99	██████████ Consultant Anaesthetist, Freeman Hospital, Newcastle	██████████

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Medical Cardiology**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Adult Interventional Activity	Ongoing for each calendar year	British Cardiovascular Interventional Society	[REDACTED]
Adult Interventional Activity	Ongoing for each calendar year	NCEPOD	[REDACTED]
National Pacemaker ICD Database	Ongoing	British Pacing and Electrophysiology Group	[REDACTED]
Prospective Registry of Acute Ischaemic Syndromes in UK	Ongoing	Clinical Trials and Evaluation Unit, Royal Brompton Hospital	[REDACTED]
Survey of Nuclear Cardiology Procedures	Ongoing	British Nuclear Group	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Cardiac Surgery**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Cardiac Surgery Results	Yearly	Society of Cardiothoracic Surgeons of Great Britain and Ireland	[REDACTED] (for providing the results)

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY


Directorate: **Dental**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Evidence for screening for periodontal disease in referrals from general dental practitioners	Ongoing	[REDACTED] Sheffield	[REDACTED]
Orthodontics - Quality of Treatment being delivered by the Hospital Services throughout the UK		National Orthodontic Working Party	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Ophthalmology** – NIL RETURN

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Audit of Trabeculectomy	March 1996 – March 1998	Royal College of Ophthalmologists	Audit Department
National Cataract Audit	August 1997 – February 1998 (subsequently abandoned)	Royal College of Ophthalmologists	

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Otolaryngology**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Otitis Media with Effusion Management	1997 - 1999	Royal College of Surgeons (England)	[REDACTED]
Tonsillectomy Audit	1998 - 1999	Royal College of Surgeons (England)	[REDACTED]
Attendance at Annual Comparative Audit Conference	Held in September 1998	Royal College of Surgeons (England)	Various consultants attended

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Laboratories – Tissue Pathology

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Audit of Perinatal Post Mortem Reports	1998/99	Confidential Enquiry into Stillbirths and Deaths in Infancy	[REDACTED] (Chair)

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Medical**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Evidence-based Prescribing in Older People	April – May 1999 (two week data collection)	Royal College of Physicians	[REDACTED]
National Sentinel Audit of Stroke	1 st Audit: Jan – March 1998 Re-audit: Aug – Oct 1999	Royal College of Physicians	[REDACTED]
Audit of Service and Management of Atopic Eczema	Spring 1998	DOH (& B.A.D. approved) Prof. Hywell Williams	[REDACTED]
National Pituitary Database	1998 - ongoing	[REDACTED]	[REDACTED] (Committee members also)

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Medical (Contd)**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Acromegaly Database	1998 - ongoing	[REDACTED]	[REDACTED] (Committee members also)
Patient acceptability of long-term injection treatment for erectile dysfunction	6 months	Erectile Dysfunction Alliance	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Neurosurgery

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Shunt Registry	Ongoing – long-term	National Shunt Registry, Addenbrookes, Cambridge	Byrnes, Gray, Cooke & Fannin

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Neurology – NIL RETURN

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Obstetrics, Gynaecology & Neonatology – NIL RETURN**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Audit of Management of Women who are RhD Negative (Regional audit – similar audit undertaken in UK mainland)	April 1998 – January 1999	Royal College of Obstetricians & Gynaecologists	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Paediatrics

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Audit of Acute Asthma Admissions	1998/99	British Paediatric Respiratory Group/British Thoracic Society	[REDACTED]
End Stage Renal Failure – Audit Database	Ongoing	British Association for Paediatric Nephrology	Professor M Savage
Solid Tumour Audit Leukaemia Audit	Ongoing	UK CCSG	[REDACTED]
Neonatal Surgical Audit	Ongoing	British Association of Paediatric Surgeons	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Paediatrics (Contd.)**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Laparoscopic Surgical Audit	Ongoing	British Association of Paediatric Surgeons	[REDACTED]
National Confidential Enquiry into Peri-operative Deaths	Ongoing	NCEPOD, London	[REDACTED]
Confidential Enquiry in Stillbirths and Deaths in Infancy	Ongoing	CESDI	
Neonatal Heel Prick Screening Audit	Ongoing		[REDACTED] (Endocrine Lab.)

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Paediatrics (Contd.)

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
Growth Hormone Audit	1999	Oxford	[REDACTED]
Diabetic Audit		Bristol	[REDACTED]
Organ Transplantation	Ongoing	UKTSSA	Dr M O'Connor
British Paediatric Surveillance Scheme (rare conditions)	Ongoing	RCPCH	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: Radiology – NIL RETURN

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
----------------	-----------------	-------------------------	------------------------

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Surgical – NIL RETURN**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Confidential Enquiry into Perioperative Deaths	Ongoing	NCEPOD	[REDACTED]
Major Trauma Outcomes Study (Accident & Emergency Dept.)	Ongoing	Major Trauma Outcomes Study - Manchester	[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Clinical Professions**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
National Audit of Cleft Lip and Palate	November 1996 – April 1997	Clinical Standards Advisory Group – Cleft Lip and Palate – [REDACTED]	[REDACTED]
National 'Care' Cleft Birth Database	Ongoing		[REDACTED]

THE ROYAL GROUP OF HOSPITALS AND DENTAL HOSPITAL
HEALTH AND SOCIAL SERVICES TRUST

NATIONAL AUDIT ACTIVITY

Directorate: **Nursing (Quality) – No contribution to National Audits**

Audit Title(s)	Period of Study	Organised nationally by	Lead Consultant in RHT
----------------	-----------------	-------------------------	------------------------