

Clinical Audit 16124 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16124
Project Title:	Long term outcomes of pyrocarbon shoulder hemiarthroplasty
Proposer:	Ashley Simpson
Tel No/Mob No:	07759420891
Email Address:	Ashley.Simpson@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ashley Simpson

Reason for carrying out this project:

Quality Improvement

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Assessing the long term clinical, radiological and patient-reported outcomes of the pyrocarbon shoulder hemiarthroplasty. This will be part of a joint audit with the University Hospitals Sussex NHS Foundation Trust.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ashley Simpson	✓	✓	✓	✓	✗
Steve Corbett	✓	✓	✓	✓	✗
James White	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Yes. Patients will be invited to complete outcome questionnaires.

Population (Patients, Service Users, Events or Situations):**Include:**

All patients who have undergone a pyrocarbon shoulder hemiarthroplasty in the Trust.

Exclude:

Patients who have undergone revision of their pyrocarbon shoulder hemiarthroplasty.

Additional data to be collected for information only (specify):**Population or Sample****Number of Cases:**

41 - 50

Date From:

01/01/2014			
Date To:			
30/04/2024			
How will they be selected:			
Identified through Consultant surgical logbooks			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
70	Patients with pyrocarbon shoulder hemiarthroplasty	Patients who have undergone revision of pyrocarbon shoulder hemiarthroplasty	Oxford Shoulder Score, VAS pain score, radiological outcomes
Time plan			
Data collected by		18/06/2024	
Findings reviewed by		30/06/2024	
Report submitted by		31/07/2024	
Audit design and measures agreed by		22/05/2024	
Flagged case reviewed by		30/06/2024	
Problems/causes analysed by		30/06/2024	
Action plan implemented by		24/07/2024	
Remeasurement completed by		23/01/2025	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✗	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			

Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16126 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	16126				
Project Title:	Compliance rate with the National Joint Registry in orthopaedic trauma				
Tel No/Mob No:	07923371640				
Email Address:	Philip.Harper@gstt.nhs.uk				
Bleep:	0302				
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Philip Harper				
Reason for carrying out this project:					
Identified as a problem					
Quality Improvement					
Regional/National audit					
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
External audit by NJR reported compliance of data submission to be 40% in our department - far below national average. Our plan is to perform an internal audit followed by a service improvement project.					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
No					
Population (Patients, Service Users, Events or Situations):					
Include:					
All patients in the last 3 months who have undergone joint replacement surgery for the management of trauma					
Exclude:					
Hip hemiarthroplasties					
Additional data to be collected for information only (specify):					
Population or Sample					
Number of Cases:					
0 - 10					
Date From:					
01/01/2023					
Date To:					
31/03/2023					
How will they be selected:					
Reviewing previous trauma operating lists to select all those who required joint replacement					

Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by		20/04/2023	
Findings reviewed by		24/04/2023	
Report submitted by		10/08/2023	
Audit design and measures agreed by		10/04/2023	
Flagged case reviewed by		24/04/2023	
Problems/causes analysed by		30/04/2023	
Action plan implemented by		10/05/2023	
Remeasurement completed by		31/07/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		X	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	

NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	16395
Project Title:	Management of AKI amongst Trauma and Orthopaedic patients
Proposer:	Suzan Kayitesi
Added Proposers:	Jaykar Panchmatia
	Fabian Wong
	Sharan Chandran
	Camille Yeo
	Thalia PictonScott
	Amelia Gullett
Tel No/Mob No:	85990
Email Address:	Suzan.Kayitesi@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Jaykar Panchmatia

Reason for carrying out this project:

Identified as a problem
Related to complaints
Quality Improvement
Regional/National audit
Measure compliance with local guideline
Note: Trust guideline for management of AKI
Measure compliance with CQC regulations/outcomes
Note: Acute kidney injury (nice.org.uk) Routine preoperative tests for elective surgery (nice.org.uk)

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Audit patients who have been admitted under Trauma and orthopaedics (both Guys and St Thomas') from September 1st 2023 to March 31st 2024 who were flagged as AKI 2 or 3 OR needed OR were given Naloxone, review pre-op renal function and review management of AKI

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Jaykar Panchmatia	✓	✓	✓	✓	✗
Fabian Wong	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):			
Include:			
Adult patients who have been admitted under Trauma and orthopaedics (both Guys and St Thomas') from September 1st 2023 to March 31st 2024 who were flagged as AKI 2 or 3 OR needed OR were given Naloxone.			
Exclude:			
Patients from other specialities/ admitted under T&O but did not receive naloxone			
Additional data to be collected for information only (specify):			
N/A			
Population or Sample			
Number of Cases:			
None Selected			
Date From:			
01/09/2023			
Date To:			
31/03/2024			
How will they be selected:			
Review medchart/ MAR records for patients that received naloxone			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Children, young people and adults who are at risk of acute kidney injury are given advice on maintaining kidney health. Children, young people and adults admitted to hospital who are at risk of acute kidney injury have their serum creatinine level monitored. Adults with an acute kidney injury warning stage 2/3 test result have a clinical review within 6 hours Children, young people and adults with acute kidney injury who meet the criteria for renal replacement therapy are referred immediately to a nephrologist or, if appropriate,	N/A	In addition to patients with AKI 2 + 3 or who required naloxone whilst inpatients, please identify patients who pre-operatively were known to have any of the following: a. CKD with eGFR

	a critical care specialist. Adults discharged from hospital after acute kidney injury have a clinical review within 3 months, or sooner if they are at higher risk of poor outcomes.		
Time plan			
Data collected by		26/08/2024	
Findings reviewed by		30/08/2024	
Report submitted by		30/11/2024	
Audit design and measures agreed by		12/08/2024	
Flagged case reviewed by		28/08/2024	
Problems/causes analysed by		03/09/2024	
Action plan implemented by		23/09/2024	
Remeasurement completed by		16/10/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✗	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		✗	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)		✓	

Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 14531 Printed By: mbenjamin1 on 24/04/2025

Project Number:	14531
Project Title:	Adequacy of clinical information in ankle X-ray requests with reference to the Ottawa ankle rules
Proposer:	Ross Blair
Tel No/Mob No:	07702640930
Email Address:	Ross.Blair@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ross Blair

Reason for carrying out this project:

Measure compliance with NICE guideline

Note: Use of Ottawa ankle rules for traumatic ankle X-ray requests
(<https://cks.nice.org.uk/topics/sprains-strains/diagnosis/assessment/>)

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Evaluate the number of X-rays that refer to Ottawa ankle rules in traumatic ankle pain imaging requests

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ross Blair	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

Patients referred to Orthopaedic team - included on the take list

Exclude:**Additional data to be collected for information only (specify):****Population or Sample****Number of Cases:**

81 - 90

Date From:

01/09/2022

Date To:

31/12/2022

How will they be selected:

Patients referred to Orthopaedic team - included on the take list			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100	Ottawa ankle rules should be used for requesting imaging for traumatic ankle pain	Clear dislocations	Patient data is saved on Orthopaedic take list - includes hospital number.X-ray clinical information reviewed and collected if referring to Ottawa ankle rules or not
Time plan			
Data collected by		31/01/2023	
Findings reviewed by		31/01/2023	
Report submitted by		17/02/2023	
Audit design and measures agreed by		31/01/2023	
Flagged case reviewed by		31/01/2023	
Problems/causes analysed by		31/01/2023	
Action plan implemented by		31/01/2023	
Remeasurement completed by		31/01/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	

Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 14977 Printed By: mbenjamin1 on 24/04/2025

Project Number:	14977
Project Title:	Comparing clinical outcomes following single / double high tibial osteotomy
Proposer:	Miles Benjamin
Added Proposers:	Raghbir Khakha
	Nebu Jacob
Tel No/Mob No:	07838627453
Email Address:	Miles.Benjamin@gstt.nhs.uk
Bleep:	0559
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Miles Benjamin

Reason for carrying out this project:

Identified as a problem

Quality Improvement

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Review of patients who have single / double high tibial osteotomy 2017-2023 Measuring pre/postoperative full Leg Length Films. Comparing pre and post op films for accuracy of the surgery and clinical outcomes Additional proposer: Giovanni Barbo

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Patients requiring Tibial Osteotomy for OA	X	✓	X	X	X

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Patients radiographs will be reviewed and measured Patients will also be called into clinical to complete pre post operative clinical outcome scores

Population (Patients, Service Users, Events or Situations):**Include:**

Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha

Exclude:

Patients no longer followed up here

Additional data to be collected for information only (specify):**Population or Sample****Number of Cases:**

81 - 90			
Date From:			
01/01/2017			
Date To:			
08/03/2023			
How will they be selected:			
Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Other			
Please specify other data sources to be used:			
Radiographs			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100	A patient who has had a single/double high level tibial osteotomy for OA between 2017 - 2023 under Mr Khakha	Any other type of procedure	Data collected from operative database XRs reviewed from PACS Clinical outcome scores completed by speaking to patients over telephone or in clinic
Time plan			
Data collected by		15/06/2023	
Findings reviewed by		15/06/2023	
Report submitted by		13/07/2023	
Audit design and measures agreed by		01/05/2023	
Flagged case reviewed by		15/06/2023	
Problems/causes analysed by		15/06/2023	
Action plan implemented by		13/07/2023	
Remeasurement completed by		13/07/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✗	
Hospital or patient number		✗	

Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	×
Professional registration or PIN numbers	×
Other easily linked identifiers	×
Reports or representations will not include any of the above (including initials)	×
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15460
Project Title:	Outcomes of Lockdown Implant for ACJ Reconstruction
Proposer:	Ashley Simpson
Added Proposers:	Bryan Chew
	Yumna Nayab
Tel No/Mob No:	07759420891
Email Address:	Ashley.Simpson@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ashley Simpson

Reason for carrying out this project:

Quality Improvement

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

To assess the long term outcomes and patient reported measures of the Lockdown implant for reconstruction of the Acromioclavicular Joint

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ashley Simpson	✓	✓	✓	✓	✗
Bryan Chew	✓	✓	✓	✓	✗
Yumna Nayab	✓	✓	✓	✓	✗
James White	✗	✗	✓	✗	✗
Steve Corbett	✗	✗	✓	✗	✗
Andy Richards	✗	✗	✓	✗	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Patients who have undergone ACJ Reconstruction with the Lockdown implant over the past 12 years

Population (Patients, Service Users, Events or Situations):

Include:

All patients undergoing primary ACJ reconstruction with the Lockdown implant

Exclude:

Patients undergoing revision ACJ reconstruction and patients lost to follow up

Additional data to be collected for information only (specify):

Population or Sample			
Number of Cases:			
101 - 200			
Date From:			
01/01/2011			
Date To:			
31/12/2022			
How will they be selected:			
Retrospective search of surgical database			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100	Post-op Xray assessment	None	PACS system
80	PROMs	None	Telephone consultation
Time plan			
Data collected by		30/11/2023	
Findings reviewed by		30/11/2023	
Report submitted by		01/08/2024	
Audit design and measures agreed by		31/10/2023	
Flagged case reviewed by		30/11/2023	
Problems/causes analysed by		30/11/2023	
Action plan implemented by		02/01/2024	
Remeasurement completed by		31/12/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	

Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15700
Project Title:	Improving the timeliness of diagnosis and treatment of Cauda Equina Syndrome at GSTT
Proposer:	Jeremy Webb
Added Proposers:	Fabian Wong
	Ekemini Ekpo
	Pooja Rathod
	James Deighton
Tel No/Mob No:	07787502586
Email Address:	Jeremy.Webb@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Fabian Wong

Reason for carrying out this project:

High risk service

Of local concern

Wide variation in current practice

Quality Improvement

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

1. QI Team to audit current practices and timeframes for management of CES for the three-month period from 5th October 2023, and to aim to complete this and present findings by the end of February 2024. 2. To achieve at least 20% reduction in mean time to MRI scan from the time of presentation, measured over six months. 3. To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months. 4. To obtain an MRI confirming/refuting the diagnosis of CES within 6 hours of presentation for 80% of patients with suspected CES, in 12 monthsâ€™ time.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
trauma & orthopaedic surgeons (including spinal co	✓	✓	✓	✓	✗
radiologists	✗	✓	✓	✓	✗
radiographers	✗	✗	✗	✓	✗
emergency physicians	✗	✗	✓	✓	✗

emergency nurses	X	X	X	✓	X
neurosurgical team KCH	X	X	✓	X	X
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
No					
Population (Patients, Service Users, Events or Situations):					
Include:					
Patients presenting to ED with suspected cauda equina syndrome between October 2023 and January 2024					
Exclude:					
Additional data to be collected for information only (specify):					
Â· Total number of patients referred to T&O as suspected CES from October 5th 2023 â€“ January 5th 2024 Â· Total number of patients admitted for investigation Â· Number of patients emergency MRI scanned Â· Number of patients with urgent OP scan Â· Number of patients transferred to KCH for imaging/surgery Â· Any missed cases of CES? For patients referred for MRI scanning: Â· Patient demographics: age; gender; Â· Patient description of symptoms Â· Positive examination findings Â· Presence of â€˜red flagâ€™™ features Â· Date & time of arrival in hospital Â· Referral Source (ED/GP/Physio/Other) Â· Date & time of triage in ED Â· Time of review by ED Â· Time of referral to T&O Â· Time of review by T&O Â· Time interval between arrival and MRI scan request (?out-of-hours) Â· Time to scan being vetted Â· If scan refused, reason for this documented? Â· Time to scan being completed (out-of-hours?) Â· Time between imaging and neurosurgical/spinal plan Â· Plan? Transfer/Admit for emergency imaging/OP scan Â· If surgery, what surgery performed Â· Time from plan to transfer/discharge Â· Patient outcomes at first clinic appointment					
Population or Sample					
Number of Cases:					
31 - 40					
Date From:					
05/10/2023					
Date To:					
05/01/2024					
How will they be selected:					

Data collection strategy:					
Retrospective					
Data sources to be used:					
Patient or service user records					
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken					
Standard	Evidence	Exceptions	Definitions		

100%	20% reduction in mean time to MRI scan for those patients with suspected cauda equina syndrome	Contraindication to MRI scan	Data to be collected from smartpage and EPIC to understand: Total number of patients referred to T&O as suspected CES from October 5th 2023 – January 5th 2024 Â· Total number of patients admitted for investigation Â· Number of patients emergency scanned Â· Number of patients with urgent OP scan Â· Number of patients transferred to KCH for imaging/surgery Â· Date & time of arrival in hospital Â· Referral Source (Emergency department(ED)/GP/Physio/Other) Â· Date & time of triage in ED Â· Time of review by ED Â· Time of referral to T&O Â· Time of review by T&O Â· Time interval between arrival and MRI scan request (?out-of-hours) Â· Time to scan being vetted Â· If scan refused, reason for this documented? Â· Time to scan being completed (out-of-hours?)
100%	To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months.	Contraindication to MRI	Number of emergency and urgent OP MRI lumbosacral or whole spine scans performed to exclude CES, from search on CRIS using search terms "CES" OR "cauda equin*" to return number of studies between 05 Oct 2023 and 05 Jan 2024, correlating with clinical information from EPIC
100%	To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months.	Contraindication to MRI	As explained in previous criterion
80%	To obtain an MRI confirming/refuting the diagnosis of CES within 6 hours of presentation for 80% of patients with suspected CES, in 12 monthsâ€™ time.	Contraindication to MRI	As explained in previous criteria. To be repeated in Oct 2024-Jan 2024 to assess change over 12 months. This criterion will not be known until audit is repeated in 12 months, and will therefore not be included in first report.
Time plan			
Data collected by			11/02/2024
Findings reviewed by			18/02/2024
Report submitted by			03/03/2024

Identifying patients or carers	
Data collected WILL NOT include:	
Name	✓
Date of birth	✓
Hospital or patient number	✓
Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15460
Project Title:	Outcomes of Lockdown Implant for ACJ Reconstruction
Proposer:	Ashley Simpson
Added Proposers:	Bryan Chew
	Yumna Nayab
Tel No/Mob No:	07759420891
Email Address:	Ashley.Simpson@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ashley Simpson

Reason for carrying out this project:

Quality Improvement

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

To assess the long term outcomes and patient reported measures of the Lockdown implant for reconstruction of the Acromioclavicular Joint

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ashley Simpson	✓	✓	✓	✓	✗
Bryan Chew	✓	✓	✓	✓	✗
Yumna Nayab	✓	✓	✓	✓	✗
James White	✗	✗	✓	✗	✗
Steve Corbett	✗	✗	✓	✗	✗
Andy Richards	✗	✗	✓	✗	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Patients who have undergone ACJ Reconstruction with the Lockdown implant over the past 12 years

Population (Patients, Service Users, Events or Situations):

Include:

All patients undergoing primary ACJ reconstruction with the Lockdown implant

Exclude:

Patients undergoing revision ACJ reconstruction and patients lost to follow up

Additional data to be collected for information only (specify):

Population or Sample			
Number of Cases:			
101 - 200			
Date From:			
01/01/2011			
Date To:			
31/12/2022			
How will they be selected:			
Retrospective search of surgical database			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100	Post-op Xray assessment	None	PACS system
80	PROMs	None	Telephone consultation
Time plan			
Data collected by		30/11/2023	
Findings reviewed by		30/11/2023	
Report submitted by		01/08/2024	
Audit design and measures agreed by		31/10/2023	
Flagged case reviewed by		30/11/2023	
Problems/causes analysed by		30/11/2023	
Action plan implemented by		02/01/2024	
Remeasurement completed by		31/12/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	

Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16516 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16516
Project Title:	Virtual Fracture Clinic: Updating the SOP in the EPIC era
Proposer:	Benjamin Lau
Added Proposers:	Christian Smith
	Raghbir Khakha
	Randhir Francis
Tel No/Mob No:	0559
Email Address:	Benjamin.Lau1@gstt.nhs.uk
Bleep:	0559
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Benjamin Lau

Reason for carrying out this project:

Very frequent service

Of local concern

Quality Improvement

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Audit of VFC referrals versus the current Standard Operating Procedure (SOP) Suggest changes to SOP to improve efficiency

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
benjamin Lau	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Anonymised Patient data (MRN) used to see referrals to VFC

Population (Patients, Service Users, Events or Situations):**Include:**

All patient referred to VFC

Exclude:

Nil

Additional data to be collected for information only (specify):

Nil

Population or Sample**Number of Cases:**

81 - 90			
Date From:			
04/08/2024			
Date To:			
11/08/2024			
How will they be selected:			
All patients			
Data collection strategy:			
Prospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	All patients referred to VFC should be done so in accordance with the SOP	Unless discussed with on-call team to add as exception at time of referral on EPIC	All VFC patients need to be located
Time plan			
Data collected by		12/08/2024	
Findings reviewed by		23/09/2024	
Report submitted by		23/09/2024	
Audit design and measures agreed by		05/08/2024	
Flagged case reviewed by		26/08/2024	
Problems/causes analysed by		23/09/2024	
Action plan implemented by		23/09/2024	
Remeasurement completed by		30/09/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	

Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Service Evaluation 16315 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16315
Project Title:	A Project to Improve NICE Guidance Adherence: Updated Operated Records of Hip Fractures at GSTT
Proposer:	Praveen Baskaran
Added Proposers:	Christian Smith
	Pooja Rathod
	Magda Sbai
	Cussen Anne-Jayne (AJCUSSEN)
	Raghbir Khakha
	Stavros Tsotsolis
Tel No/Mob No:	07782321095
Email Address:	Praveen.Baskaran@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Christian Smith

Reason for carrying out this project:

Very frequent service

Wide variation in current practice

Identified as a problem

Quality Improvement

Regional/National audit

Measure compliance with NICE guideline

Note: CG124 - Hip fracture management guideline

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Improved NICE guidance compliance across the Trust with relation to acute hip fractures

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Praveen Baskaran	✓	✓	✓	✓	✗
Pooja Rathod	✗	✓	✓	✗	✗
Christian Smith	✓	✓	✓	✓	✗
Stavros Tsotsolis	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Population (Patients, Service Users, Events or Situations):

Include:			
All femur fractures in adults over the age of 18 who have an operation to fix this fracture at GSTT			
Exclude:			
Patients below the age of 18			
Additional data to be collected for information only (specify):			
Population or Sample			
Number of Cases:			
31 - 40			
Date From:			
09/06/2024			
Date To:			
18/07/2024			
How will they be selected:			
EPIC records of theatres at GSTT			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
95	Whether hip operation notes contain essential criteria to log hip fracture onto NHFD accurately.	No	NHFD = National hip fracture database
Time plan			
Data collected by		18/07/2024	
Findings reviewed by		18/07/2024	
Report submitted by		31/07/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			

Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16125 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	16125				
Project Title:	Comparing clinical outcomes following single / double high tibial osteotomy				
Tel No/Mob No:	07838627453				
Email Address:	Miles.Benjamin@gstt.nhs.uk				
Bleep:	0559				
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Miles Benjamin				
Reason for carrying out this project:					
Identified as a problem					
Quality Improvement					
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
Review of patients who have single / double high tibial osteotomy 2017-2023 Measuring pre/postoperative full Leg Length Films. Comparing pre and post op films for accuracy of the surgery and clinical outcomes Additional proposer: Giovanni Barbo					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
Yes					
Please describe how they will be involved:					
Patients radiographs will be reviewed and measured Patients will also be called into clinical to complete pre post operative clinical outcome scores					
Population (Patients, Service Users, Events or Situations):					
Include:					
Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha					
Exclude:					
Patients no longer followed up here					
Additional data to be collected for information only (specify):					
Population or Sample					
Number of Cases:					
81 - 90					
Date From:					
01/01/2017					
Date To:					
08/03/2023					

How will they be selected:			
Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Other			
Please specify other data sources to be used:			
Radiographs			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by	15/06/2023		
Findings reviewed by	15/06/2023		
Report submitted by	13/07/2023		
Audit design and measures agreed by	01/05/2023		
Flagged case reviewed by	15/06/2023		
Problems/causes analysed by	15/06/2023		
Action plan implemented by	13/07/2023		
Remeasurement completed by	13/07/2023		
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✗		
Hospital or patient number	✗		
Other easily linked identifiers	✓		
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names	✗		
Professional registration or PIN numbers	✗		
Other easily linked identifiers	✗		
Reports or representations will not include any of the above (including initials)	✗		
Storing information			
Code sheets or lists to protect identity will be used	✓		

Code sheet will be kept securely and separately from main data	X
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
Lead proposer needs to be filled	
Need prposer	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15846
Project Title:	Improving documentation of type of fracture and planned surgery in trauma meeting at a large tertiary centre
Proposer:	Sophie Jefferson
Added Proposers:	Pooja Rathod
	Eme Henshaw
	Aditi Rane
	Orla OKelly
	Omowunmi Omole
	Stavros Tsotsolis
	Ashwin Venkatesh
	Cussen Anne-Jayne (AJCUSSEN)
Tel No/Mob No:	07789078258
Email Address:	Sophie.Jefferson@gstt.nhs.uk
Bleep:	1510
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Sophie Jefferson

Reason for carrying out this project:

Wide variation in current practice

Identified as a problem

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Establish how many MDM trauma meeting documentation includes NOF classification and planned surgery, aim to ensure adequate and accurate documentation in future MDM trauma meeting notes. This will improve patient safety and ensure accurate NHFD data collection.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
T&O Juniors	✓	✓	✓	✓	✗
POPS Juniors	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

Adult Neck of Femur Fractures

Exclude:

Additional data to be collected for information only (specify):			
Whether fracture type or planned surgery has been documented in first MDT trauma meeting notes			
Population or Sample			
Number of Cases:			
11 - 20			
Date From:			
01/12/2023			
Date To:			
31/03/2024			
How will they be selected:			
Adult Neck of Femur Fractures			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Classification of Adult Neck of Femur Fractures and planned surgery documented in MDT trauma meeting notes	-	We will look back at the last 10-20 NOF admissions to review if NOF type and planed surgery has been documented. We will then implement a smart text to see if this improves documentation.
Time plan			
Data collected by		02/02/2024	
Findings reviewed by		09/02/2024	
Report submitted by		23/03/2024	
Audit design and measures agreed by		02/02/2024	
Flagged case reviewed by		09/02/2024	
Problems/causes analysed by		09/03/2024	
Action plan implemented by		23/02/2024	
Remeasurement completed by		15/03/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✓		

Hospital or patient number	✓
Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 14411 Printed By: mbenjamin1 on 24/04/2025

Project Number:	14411
Project Title:	BOAST - Early Management of the Paediatric Forearm Fracture Audit
Proposer:	Timothy Davis
Added Proposers:	Miles Benjamin
	Raghbir Khakha
	Sharanya Palaneer
Tel No/Mob No:	07972883199
Email Address:	Timothy.Davis@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Timothy Davis

Reason for carrying out this project:

Very frequent service

Wide variation in current practice

Quality Improvement

Other reason (specify)

Note: Measure compliance with professional body guidance - BOAST Guidelines May 2020 - Distal Radius Fractures

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Establish our performance against recently published BOAST standards of care. Identify areas for improvement. Develop and educate our practitioners' current knowledge.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Timothy Davis	✓	✓	✓	✓	✗
Miles Benjamin	✓	✗	✓	✓	✗
Sharanya Palaneer	✓	✓	✓	✓	✗
Raghbir Khakha	✗	✗	✓	✗	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

Skeletally immature patients seen in St Thomas' Emergency Department following an angulated (but not off-ended) forearm fracture who were then manipulated under anaesthesia in St Thomas' Emergency Department.

Exclude:			
Skeletally immature patients without forearm fractures seen in St Thomas' Emergency Department. Skeletally mature patients seen in St Thomas' Emergency Department.			
Additional data to be collected for information only (specify):			
Population or Sample			
Number of Cases:			
31 - 40			
Date From:			
01/09/2022			
Date To:			
31/10/2022			
How will they be selected:			
All skeletally immature patients seen in Emergency Department following an angulated (but not off-ended) forearm fracture.			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	1. All units managing children's forearm fractures should have protocols to enable early, definitive manipulation and casting without necessitating admission. This protocol should specifically address processes around procedural analgesia and sedation as well as the timely response to manipulation. 2. A documented assessment of the limb, performed on presentation, should include the status of the radial pulse, digital capillary refill time and the individual function of the radial, median and ulnar nerves. 3. At the time of initial assessment, effective analgesia should be administered. Pain scores should be recorded	Skeletally mature patients. Pt's with off ended forearm fractures.	Data required is E-noting, EPR and Symphony.

	frequently, to ensure that pain relief is maintained throughout. 4. Orthogonal X-rays should be available to allow proper diagnosis and planning. 5. The child, if competent, carers and clinicians must agree with the intervention. Formal consent should be documented according to local protocols. 6. Manipulation of children's fractures should occur in a location suitable		
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Time plan

Data collected by	10/12/2022
Findings reviewed by	24/12/2022
Report submitted by	04/02/2023
Audit design and measures agreed by	30/11/2022
Flagged case reviewed by	17/12/2022
Problems/causes analysed by	30/12/2022
Action plan implemented by	14/01/2023
Remeasurement completed by	28/01/2023

Identifying patients or carers

Data collected WILL NOT include:	
Name	✓
Date of birth	✗
Hospital or patient number	✗
Other easily linked identifiers	✓

Identifying Healthcare or other professionals

Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓

Storing information

Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓

Patient records or any other identifiable information will not be removed from GSTT site	X
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	X
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Service Evaluation 14092 Printed By: mbenjamin1 on 24/04/2025

Project Number:	14092
Project Title:	Analysis of Orthopaedic Trauma During National Mourning of the Death of Her Majesty Queen Elizabeth II at a Central London Trauma Unit
Proposer:	Ashley Simpson
Added Proposers:	Steven Corbett
Tel No/Mob No:	+447759420891
Email Address:	Ashley.Simpson@gstt.nhs.uk
Bleep:	N/A
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ashley Simpson

Reason for carrying out this project:

Of local concern

Other reason (specify)

Note:	Expectation that due to the increased population in central London secondary to the Queen's period of mourning there will be a significant increase in Emergency Department attendances and Orthopaedic admissions at St Thomas' Hospital. This has the potential to overwhelm services and may result in significantly increased healthcare costs.
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Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Compare number of Emergency Department attendances during 12 day period of Queen's mourning to the same 12 days period in 2021. Compare number of Orthopaedic admissions during 12 day period of Queen's mourning to the same 12 days period in 2021. Assess economic impact increased Emergency care provided during this period. Assess impact of cancelled elective care during this period.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Orthopaedic Team	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

Patients attending the emergency department requiring orthopaedic management

Exclude:**Additional data to be collected for information only (specify):****Population or Sample****Number of Cases:**

301 - 400

Date From:			
09/09/2022			
Date To:			
19/09/2022			
How will they be selected:			
All orthopaedic admissions at St. Thomas' during this period.			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
N/A	Emergency attendances at St Thomas' A&E	N/A	Dates to be assessed: 9-19th September 2022 10th - 20th September 2021
Time plan			
Data collected by		30/09/2022	
Findings reviewed by		31/10/2022	
Report submitted by		30/11/2022	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		✓	
Data (in any format) will be stored in a secure place		✓	

Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

National Audit 13903 Printed By: mbenjamin1 on 24/04/2025

Project Number:	13903
Project Title:	The Prosthetic Hip Dislocation Study
Tel No/Mob No:	07983563520
Email Address:	neil.limaye@kcl.ac.uk
Bleep:	n/a
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Jerome Davidson

Reason for carrying out this project:

Wide variation in current practice

Quality Improvement

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

The aim of this study is to improve the care provided to patients who suffer from prosthetic hip dislocation(s). A streamlined protocol will allow for standardised approach to these complex patients and will reduce the number of unnecessary presentations, both in the acute and long term setting thereby reducing patient morbidity. This will also have economical benefits for the NHS by reducing the number of hospital admissions and clinic appointments by providing a clear framework for clinicians to follow. To establish an understanding of the management of prosthetic hip dislocations in the UK. There are currently no known local or national guidelines on the management of prosthetic hip dislocations. There is also no consensus in the literature on the long term management of this complex group of patients. This results in great morbidity and mortality to patients and a financial strain to an already pressured National Health Service.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
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Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

All episodes of Total Hip Replacement dislocations, primary and revision prosthesis All episodes of Hip Hemiarthroplasty dislocations, any prosthesis type i.e bipolar, unipolar etc.

Exclude:

Mega prosthesis dislocations: This includes proximal femoral replacements and total femoral replacements. Native hip dislocations

Additional data to be collected for information only (specify):

n/a

Population or Sample**Number of Cases:**

41 - 50			
Date From:			
01/01/2019			
Date To:			
30/06/2019			
How will they be selected:			
Data collection will be through the individual hospital Audit departments with the use of Hospital coding. Patient notes will be analysed via written notes or the use of Electronic patient databases. Anonymised Data will be collected by each trust once notes are available and permission has been granted from the relevant hospital Audit lead/department. Data will remain anonymised and confidential at all times. Patients who have been admitted to the St Thomas accident and emergency department + Theatre procedures + discharge codes with the following diagnosis and procedure codes â€˜Manipulation of (insert the below phrases)â€™: Prosthetic hip dislocation Total Hip dislocation Hip Hemiarthroplasty dislocation Arthroplasty hip dislocation Hip dislocation Hip joint dislocation We are also collecting an anonymous consultant opinion questionnaire on the management of PHDs.			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by		27/05/2022	
Findings reviewed by		31/05/2022	
Report submitted by		03/06/2022	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✗	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			

Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✗
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

National Audit 13722 Printed By: mbenjamin1 on 24/04/2025

Project Number:	13722
Project Title:	UK-Foot and Ankle Thromboembolism audit (FATE-UK)
Proposer:	Thomas Lewis
Added Proposers:	Ali Abbasian
Tel No/Mob No:	07876453511
Email Address:	Thomas.Lewis@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ali Abbasian

Reason for carrying out this project:

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

To observe the UK wide variation in post op vte prophylaxis in foot and ankle surgery and assess the 90 day incidence of symptomatic VTE

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ali Abbasian	✗	✓	✓	✓	✗
Thomas Lewis	✗	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

1) all patients aged 16 and over undergoing any foot and ankle procedure in theatre 2) all patients presenting with acute Achilles tendon rupture

Exclude:

Patients under 16

Additional data to be collected for information only (specify):**Population or Sample****Number of Cases:**

201 - 300

Date From:

01/06/2022

Date To:

30/11/2022

How will they be selected:			
Collected from galaxy and orthopaedic take lists			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Other			
Please specify other data sources to be used:			
Galaxy records On call take lists			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
NG89 guidance	national evaluation of current practice NICE NG89 Local VTE guidelines	No	Study protocol for UK-FATE available for review
Time plan			
Data collected by		12/12/2022	
Findings reviewed by		31/12/2022	
Report submitted by		31/12/2022	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		X	
Date of birth		X	
Hospital or patient number		X	
Other easily linked identifiers		X	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		X	
Professional registration or PIN numbers		X	
Other easily linked identifiers		X	
Reports or representations will not include any of the above (including initials)		X	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		✓	
Data (in any format) will be stored in a secure place		✓	

Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15846
Project Title:	Improving documentation of type of fracture and planned surgery in trauma meeting at a large tertiary centre
Proposer:	Sophie Jefferson
Added Proposers:	Pooja Rathod
	Eme Henshaw
	Aditi Rane
	Orla OKelly
	Omowunmi Omole
	Stavros Tsotsolis
	Ashwin Venkatesh
	Cussen Anne-Jayne (AJCUSSEN)
Tel No/Mob No:	07789078258
Email Address:	Sophie.Jefferson@gstt.nhs.uk
Bleep:	1510
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Sophie Jefferson

Reason for carrying out this project:

Wide variation in current practice

Identified as a problem

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Establish how many MDM trauma meeting documentation includes NOF classification and planned surgery, aim to ensure adequate and accurate documentation in future MDM trauma meeting notes. This will improve patient safety and ensure accurate NHFD data collection.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
T&O Juniors	✓	✓	✓	✓	✗
POPS Juniors	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

Adult Neck of Femur Fractures

Exclude:

Additional data to be collected for information only (specify):			
Whether fracture type or planned surgery has been documented in first MDT trauma meeting notes			
Population or Sample			
Number of Cases:			
11 - 20			
Date From:			
01/12/2023			
Date To:			
31/03/2024			
How will they be selected:			
Adult Neck of Femur Fractures			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Classification of Adult Neck of Femur Fractures and planned surgery documented in MDT trauma meeting notes	-	We will look back at the last 10-20 NOF admissions to review if NOF type and planed surgery has been documented. We will then implement a smart text to see if this improves documentation.
Time plan			
Data collected by		02/02/2024	
Findings reviewed by		09/02/2024	
Report submitted by		23/03/2024	
Audit design and measures agreed by		02/02/2024	
Flagged case reviewed by		09/02/2024	
Problems/causes analysed by		09/03/2024	
Action plan implemented by		23/02/2024	
Remeasurement completed by		15/03/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✓		

Hospital or patient number	✓
Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16125 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	16125				
Project Title:	Comparing clinical outcomes following single / double high tibial osteotomy				
Tel No/Mob No:	07838627453				
Email Address:	Miles.Benjamin@gstt.nhs.uk				
Bleep:	0559				
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Miles Benjamin				
Reason for carrying out this project:					
Identified as a problem					
Quality Improvement					
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
Review of patients who have single / double high tibial osteotomy 2017-2023 Measuring pre/postoperative full Leg Length Films. Comparing pre and post op films for accuracy of the surgery and clinical outcomes Additional proposer: Giovanni Barbo					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
Yes					
Please describe how they will be involved:					
Patients radiographs will be reviewed and measured Patients will also be called into clinical to complete pre post operative clinical outcome scores					
Population (Patients, Service Users, Events or Situations):					
Include:					
Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha					
Exclude:					
Patients no longer followed up here					
Additional data to be collected for information only (specify):					
Population or Sample					
Number of Cases:					
81 - 90					
Date From:					
01/01/2017					
Date To:					
08/03/2023					

How will they be selected:			
Patients undergoing tibial osteotomy 2017 - 2023 under Mr Khakha			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Other			
Please specify other data sources to be used:			
Radiographs			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by	15/06/2023		
Findings reviewed by	15/06/2023		
Report submitted by	13/07/2023		
Audit design and measures agreed by	01/05/2023		
Flagged case reviewed by	15/06/2023		
Problems/causes analysed by	15/06/2023		
Action plan implemented by	13/07/2023		
Remeasurement completed by	13/07/2023		
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✗		
Hospital or patient number	✗		
Other easily linked identifiers	✓		
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names	✗		
Professional registration or PIN numbers	✗		
Other easily linked identifiers	✗		
Reports or representations will not include any of the above (including initials)	✗		
Storing information			
Code sheets or lists to protect identity will be used	✓		

Code sheet will be kept securely and separately from main data	X
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
Lead proposer needs to be filled	
Need prposer	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Service Evaluation 16315 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16315
Project Title:	A Project to Improve NICE Guidance Adherence: Updated Operated Records of Hip Fractures at GSTT
Proposer:	Praveen Baskaran
Added Proposers:	Christian Smith
	Pooja Rathod
	Magda Sbai
	Cussen Anne-Jayne (AJCUSSEN)
	Raghbir Khakha
	Stavros Tsotsolis
Tel No/Mob No:	07782321095
Email Address:	Praveen.Baskaran@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Christian Smith

Reason for carrying out this project:

Very frequent service

Wide variation in current practice

Identified as a problem

Quality Improvement

Regional/National audit

Measure compliance with NICE guideline

Note: CG124 - Hip fracture management guideline

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Improved NICE guidance compliance across the Trust with relation to acute hip fractures

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Praveen Baskaran	✓	✓	✓	✓	✗
Pooja Rathod	✗	✓	✓	✗	✗
Christian Smith	✓	✓	✓	✓	✗
Stavros Tsotsolis	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Population (Patients, Service Users, Events or Situations):

Include:			
All femur fractures in adults over the age of 18 who have an operation to fix this fracture at GSTT			
Exclude:			
Patients below the age of 18			
Additional data to be collected for information only (specify):			
Population or Sample			
Number of Cases:			
31 - 40			
Date From:			
09/06/2024			
Date To:			
18/07/2024			
How will they be selected:			
EPIC records of theatres at GSTT			
Data collection strategy:			
Retrospective			
Prospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
95	Whether hip operation notes contain essential criteria to log hip fracture onto NHFD accurately.	No	NHFD = National hip fracture database
Time plan			
Data collected by		18/07/2024	
Findings reviewed by		18/07/2024	
Report submitted by		31/07/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			

Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16516 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16516
Project Title:	Virtual Fracture Clinic: Updating the SOP in the EPIC era
Proposer:	Benjamin Lau
Added Proposers:	Christian Smith
	Raghbir Khakha
	Randhir Francis
Tel No/Mob No:	0559
Email Address:	Benjamin.Lau1@gstt.nhs.uk
Bleep:	0559
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Benjamin Lau

Reason for carrying out this project:

Very frequent service

Of local concern

Quality Improvement

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Audit of VFC referrals versus the current Standard Operating Procedure (SOP) Suggest changes to SOP to improve efficiency

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
benjamin Lau	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Anonymised Patient data (MRN) used to see referrals to VFC

Population (Patients, Service Users, Events or Situations):**Include:**

All patient referred to VFC

Exclude:

Nil

Additional data to be collected for information only (specify):

Nil

Population or Sample**Number of Cases:**

81 - 90			
Date From:			
04/08/2024			
Date To:			
11/08/2024			
How will they be selected:			
All patients			
Data collection strategy:			
Prospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	All patients referred to VFC should be done so in accordance with the SOP	Unless discussed with on-call team to add as exception at time of referral on EPIC	All VFC patients need to be located
Time plan			
Data collected by		12/08/2024	
Findings reviewed by		23/09/2024	
Report submitted by		23/09/2024	
Audit design and measures agreed by		05/08/2024	
Flagged case reviewed by		26/08/2024	
Problems/causes analysed by		23/09/2024	
Action plan implemented by		23/09/2024	
Remeasurement completed by		30/09/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	

Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	14896
Project Title:	The occult scaphoid fracture: a multi-centre service evaluation project
Proposer:	Kalpesh Vaghela
Added Proposers:	Sam Gidwani
Tel No/Mob No:	07828950204
Email Address:	Kalpesh.Vaghela@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Sam Gidwani

Reason for carrying out this project:

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Aim: To assess the complications of occult scaphoid fractures detected by early MRI (The occult scaphoid fracture is defined as any scaphoid fracture detected after initially normal x-rays, hence any scaphoid fracture detected in the initial x-rays should not be included within this study)

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Orthopaedic Surgeons	✓	✗	✗	✓	✓
Radiologists	✓	✓	✗	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

This is a multicentre service evaluation of the identification of occult scaphoid fractures picked up on MRI scans.

Population (Patients, Service Users, Events or Situations):

Include:

(The occult scaphoid fracture is defined as any scaphoid fracture detected after initially normal x-rays, hence any scaphoid fracture detected in the initial x-rays should not be included within this study)

Exclude:

Scaphoid fractures seen and treated on initial x-rays.

Additional data to be collected for information only (specify):

Complications, patients requiring surgery.

Population or Sample

Number of Cases:

91 - 100			
Date From:			
01/01/2022			
Date To:			
31/12/2022			
How will they be selected:			
Retrospective review of MRI wrists - review of occult scaphoid fractures identified where initially the scaphoid series was normal.			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	A patient who has a normal scaphoid series who then undergoes an MRI wrist to look for an occult scaphoid fracture.	Nil	1st January 2022 to 31st December 2023 - 1 year retrospective review.
Time plan			
Data collected by		05/06/2023	
Findings reviewed by		01/08/2023	
Report submitted by		01/08/2023	
Audit design and measures agreed by		01/08/2023	
Flagged case reviewed by		05/06/2023	
Problems/causes analysed by		01/08/2023	
Action plan implemented by		01/08/2023	
Remeasurement completed by		01/08/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	

Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 15402 Printed By: mbenjamin1 on 24/04/2025

Project Number:	15402
Project Title:	Post- Operative Radiographic Confirmation Of Hip Arthroplasty
Proposer:	Ioannis Pantekidis
Added Proposers:	Stavros Tsotsolis
	AbdulRasheed Rabiou
	Akshay Date
Tel No/Mob No:	07393655820
Email Address:	Ioannis.Pantekidis@gstt.nhs.uk
Bleep:	0559
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Arfan Malhi

Reason for carrying out this project:

Very frequent service

Identified as a problem

Royal College guidance

Note: British Orthopaedic Association and British Hip Society in Conjunction with NICE: Best Practice for Hip Arthroplasty - Getting it Right the First time

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Review the compliance with existing guidelines on: -Ordering the AP and Lateral x-ray views on D#0 - Performing the x-rays on D#1 -Documenting the x-rays were reviewed by SpR, Consultant or at Trauma Meeting. The goal is to reduce to time to post-operative check x-rays to 1 day

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ioannis Pantekidis	✓	✓	✗	✓	✓
Stavros Tsotsolis	✓	✗	✓	✓	✓
AbdulRasheed Rabiou	✓	✗	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

Patients admitted to St Thomas' hospital following a traumatic NOF fracture, and undergo either a total or hemi arthroplasty procedure

Exclude:

DHS, Cannulated Screws, Non-arthroplasty procedures

Additional data to be collected for information only (specify):			
Population or Sample			
Number of Cases:			
21 - 30			
Date From:			
30/05/2023			
Date To:			
03/08/2023			
How will they be selected:			
All patients who undergo traumatic NOF arthroplasty (total or hemiarthroplasty)			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Patient with NOFs who underwent either hemiarthroplasty or total hip arthroplasty	Patients who underwent non arthroplasty procedures	Galaxy for collection of patients, EPR for collection of date xrays were ordered, E-noting for collection of xray review documentation
Time plan			
Data collected by		16/09/2023	
Findings reviewed by		17/09/2023	
Report submitted by		16/11/2023	
Audit design and measures agreed by		01/09/2023	
Flagged case reviewed by		17/09/2023	
Problems/causes analysed by		18/09/2023	
Action plan implemented by		08/11/2023	
Remeasurement completed by		11/11/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✓		
Hospital or patient number	✗		
Other easily linked identifiers	✓		
Identifying Healthcare or other professionals			

Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✗
Code sheet will be kept securely and separately from main data	✗
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15495
Project Title:	Neck of Femur Fracture Proforma
Proposer:	Bryan Chew
Added Proposers:	Shaun Rees
Tel No/Mob No:	07459819532
Email Address:	Bryan.Chew@gstt.nhs.uk
Bleep:	0599
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	shaun rees

Reason for carrying out this project:

Measure compliance with NICE guideline

Note: NICE Guidelines for management of neck of femur fractures

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

To assess compliance and accuracy of completion of neck of femur fractures proforma as per NICE guidelines and Best Practice Tariff

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
shaun rees	✓	✓	✓	✓	✗
bryan chew	✗	✓	✓	✗	✗
Pooja Rathod	✗	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

All neck of femur fractures

Exclude:

Additional data to be collected for information only (specify):

Population or Sample

Number of Cases:

None Selected

Date From:

Date To:

How will they be selected:			

Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Neck of femur fracture proformas completed adequately as per NICE and BPT Guidelines	no	Time of admission to surgery, patient co-morbidities, AMTS score, FiB performed, regular analgesia optimised, seen by orthogeriatrics team
Time plan			
Data collected by		24/11/2023	
Findings reviewed by		24/11/2023	
Report submitted by		24/01/2024	
Audit design and measures agreed by		06/10/2023	
Flagged case reviewed by		24/11/2023	
Problems/causes analysed by		24/11/2023	
Action plan implemented by		24/11/2023	
Remeasurement completed by		24/01/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		X	
Date of birth		X	
Hospital or patient number		X	
Other easily linked identifiers		X	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			

Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 15402 Printed By: mbenjamin1 on 24/04/2025

Project Number:	15402
Project Title:	Post- Operative Radiographic Confirmation Of Hip Arthroplasty
Proposer:	Ioannis Pantekidis
Added Proposers:	Stavros Tsotsolis
	AbdulRasheed Rabiou
	Akshay Date
Tel No/Mob No:	07393655820
Email Address:	Ioannis.Pantekidis@gstt.nhs.uk
Bleep:	0559
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Arfan Malhi

Reason for carrying out this project:

Very frequent service

Identified as a problem

Royal College guidance

Note: British Orthopaedic Association and British Hip Society in Conjunction with NICE: Best Practice for Hip Arthroplasty - Getting it Right the First time

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Review the compliance with existing guidelines on: -Ordering the AP and Lateral x-ray views on D#0 - Performing the x-rays on D#1 -Documenting the x-rays were reviewed by SpR, Consultant or at Trauma Meeting. The goal is to reduce to time to post-operative check x-rays to 1 day

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ioanis Pantekidis	✓	✓	✗	✓	✓
Stavros Tsotsolis	✓	✗	✓	✓	✓
AbdulRasheed Rabiou	✓	✗	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):**Include:**

Patients admitted to St Thomas' hospital following a traumatic NOF fracture, and undergo either a total or hemi arthroplasty procedure

Exclude:

DHS, Cannulated Screws, Non-arthroplasty procedures

Additional data to be collected for information only (specify):			
Population or Sample			
Number of Cases:			
21 - 30			
Date From:			
30/05/2023			
Date To:			
03/08/2023			
How will they be selected:			
All patients who undergo traumatic NOF arthroplasty (total or hemiarthroplasty)			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Patient with NOFs who underwent either hemiarthroplasty or total hip arthroplasty	Patients who underwent non arthroplasty procedures	Galaxy for collection of patients, EPR for collection of date xrays were ordered, E-noting for collection of xray review documentation
Time plan			
Data collected by		16/09/2023	
Findings reviewed by		17/09/2023	
Report submitted by		16/11/2023	
Audit design and measures agreed by		01/09/2023	
Flagged case reviewed by		17/09/2023	
Problems/causes analysed by		18/09/2023	
Action plan implemented by		08/11/2023	
Remeasurement completed by		11/11/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✓		
Hospital or patient number	✗		
Other easily linked identifiers	✓		
Identifying Healthcare or other professionals			

Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✗
Code sheet will be kept securely and separately from main data	✗
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16395 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16395
Project Title:	Management of AKI amongst Trauma and Orthopaedic patients
Proposer:	Suzan Kayitesi
Added Proposers:	Jaykar Panchmatia
	Fabian Wong
	Sharan Chandran
	Camille Yeo
	Thalia PictonScott
	Amelia Gullett
Tel No/Mob No:	85990
Email Address:	Suzan.Kayitesi@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Jaykar Panchmatia

Reason for carrying out this project:

Identified as a problem

Related to complaints

Quality Improvement

Regional/National audit

Measure compliance with local guideline

Note: Trust guideline for management of AKI

Measure compliance with CQC regulations/outcomes

Note: Acute kidney injury (nice.org.uk) Routine preoperative tests for elective surgery (nice.org.uk)

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Audit patients who have been admitted under Trauma and orthopaedics (both Guys and St Thomas') from September 1st 2023 to March 31st 2024 who were flagged as AKI 2 or 3 OR needed OR were given Naloxone, review pre-op renal function and review management of AKI

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Jaykar Panchmatia	✓	✓	✓	✓	✗
Fabian Wong	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):			
Include:			
Adult patients who have been admitted under Trauma and orthopaedics (both Guys and St Thomas') from September 1st 2023 to March 31st 2024 who were flagged as AKI 2 or 3 OR needed OR were given Naloxone.			
Exclude:			
Patients from other specialities/ admitted under T&O but did not receive naloxone			
Additional data to be collected for information only (specify):			
N/A			
Population or Sample			
Number of Cases:			
None Selected			
Date From:			
01/09/2023			
Date To:			
31/03/2024			
How will they be selected:			
Review medchart/ MAR records for patients that received naloxone			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Children, young people and adults who are at risk of acute kidney injury are given advice on maintaining kidney health. Children, young people and adults admitted to hospital who are at risk of acute kidney injury have their serum creatinine level monitored. Adults with an acute kidney injury warning stage 2/3 test result have a clinical review within 6 hours Children, young people and adults with acute kidney injury who meet the criteria for renal replacement therapy are referred immediately to a nephrologist or, if appropriate,	N/A	In addition to patients with AKI 2 + 3 or who required naloxone whilst inpatients, please identify patients who pre-operatively were known to have any of the following: a. CKD with eGFR

	a critical care specialist. Adults discharged from hospital after acute kidney injury have a clinical review within 3 months, or sooner if they are at higher risk of poor outcomes.		
Time plan			
Data collected by		26/08/2024	
Findings reviewed by		30/08/2024	
Report submitted by		30/11/2024	
Audit design and measures agreed by		12/08/2024	
Flagged case reviewed by		28/08/2024	
Problems/causes analysed by		03/09/2024	
Action plan implemented by		23/09/2024	
Remeasurement completed by		16/10/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✗	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		✗	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)		✓	

Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16126 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	16126				
Project Title:	Compliance rate with the National Joint Registry in orthopaedic trauma				
Tel No/Mob No:	07923371640				
Email Address:	Philip.Harper@gstt.nhs.uk				
Bleep:	0302				
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Philip Harper				
Reason for carrying out this project:					
Identified as a problem					
Quality Improvement					
Regional/National audit					
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
External audit by NJR reported compliance of data submission to be 40% in our department - far below national average. Our plan is to perform an internal audit followed by a service improvement project.					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
No					
Population (Patients, Service Users, Events or Situations):					
Include:					
All patients in the last 3 months who have undergone joint replacement surgery for the management of trauma					
Exclude:					
Hip hemiarthroplasties					
Additional data to be collected for information only (specify):					
Population or Sample					
Number of Cases:					
0 - 10					
Date From:					
01/01/2023					
Date To:					
31/03/2023					
How will they be selected:					
Reviewing previous trauma operating lists to select all those who required joint replacement					

Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by		20/04/2023	
Findings reviewed by		24/04/2023	
Report submitted by		10/08/2023	
Audit design and measures agreed by		10/04/2023	
Flagged case reviewed by		24/04/2023	
Problems/causes analysed by		30/04/2023	
Action plan implemented by		10/05/2023	
Remeasurement completed by		31/07/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		X	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	

NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 16124 Printed By: mbenjamin1 on 24/04/2025

Project Number:	16124
Project Title:	Long term outcomes of pyrocarbon shoulder hemiarthroplasty
Proposer:	Ashley Simpson
Tel No/Mob No:	07759420891
Email Address:	Ashley.Simpson@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Ashley Simpson

Reason for carrying out this project:

Quality Improvement

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Assessing the long term clinical, radiological and patient-reported outcomes of the pyrocarbon shoulder hemiarthroplasty. This will be part of a joint audit with the University Hospitals Sussex NHS Foundation Trust.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Ashley Simpson	✓	✓	✓	✓	✗
Steve Corbett	✓	✓	✓	✓	✗
James White	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

Yes

Please describe how they will be involved:

Yes. Patients will be invited to complete outcome questionnaires.

Population (Patients, Service Users, Events or Situations):**Include:**

All patients who have undergone a pyrocarbon shoulder hemiarthroplasty in the Trust.

Exclude:

Patients who have undergone revision of their pyrocarbon shoulder hemiarthroplasty.

Additional data to be collected for information only (specify):**Population or Sample****Number of Cases:**

41 - 50

Date From:

01/01/2014			
Date To:			
30/04/2024			
How will they be selected:			
Identified through Consultant surgical logbooks			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
70	Patients with pyrocarbon shoulder hemiarthroplasty	Patients who have undergone revision of pyrocarbon shoulder hemiarthroplasty	Oxford Shoulder Score, VAS pain score, radiological outcomes
Time plan			
Data collected by		18/06/2024	
Findings reviewed by		30/06/2024	
Report submitted by		31/07/2024	
Audit design and measures agreed by		22/05/2024	
Flagged case reviewed by		30/06/2024	
Problems/causes analysed by		30/06/2024	
Action plan implemented by		24/07/2024	
Remeasurement completed by		23/01/2025	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✗	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			

Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15700
Project Title:	Improving the timeliness of diagnosis and treatment of Cauda Equina Syndrome at GSTT
Proposer:	Jeremy Webb
Added Proposers:	Fabian Wong
	Ekemini Ekpo
	Pooja Rathod
	James Deighton
Tel No/Mob No:	07787502586
Email Address:	Jeremy.Webb@gstt.nhs.uk
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Fabian Wong

Reason for carrying out this project:

High risk service

Of local concern

Wide variation in current practice

Quality Improvement

Regional/National audit

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

1. QI Team to audit current practices and timeframes for management of CES for the three-month period from 5th October 2023, and to aim to complete this and present findings by the end of February 2024. 2. To achieve at least 20% reduction in mean time to MRI scan from the time of presentation, measured over six months. 3. To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months. 4. To obtain an MRI confirming/refuting the diagnosis of CES within 6 hours of presentation for 80% of patients with suspected CES, in 12 monthsâ€™ time.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
trauma & orthopaedic surgeons (including spinal co	✓	✓	✓	✓	✗
radiologists	✗	✓	✓	✓	✗
radiographers	✗	✗	✗	✓	✗
emergency physicians	✗	✗	✓	✓	✗

emergency nurses	X	X	X	✓	X
neurosurgical team KCH	X	X	✓	X	X

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

Patients presenting to ED with suspected cauda equina syndrome between October 2023 and January 2024

Exclude:

Additional data to be collected for information only (specify):

Â· Total number of patients referred to T&O as suspected CES from October 5th 2023 – January 5th 2024
 Â· Total number of patients admitted for investigation
 Â· Number of patients emergency MRI scanned
 Â· Number of patients with urgent OP scan
 Â· Number of patients transferred to KCH for imaging/surgery
 Â· Any missed cases of CES? For patients referred for MRI scanning:
 Â· Patient demographics: age; gender;
 Â· Patient description of symptoms
 Â· Positive examination findings
 Â· Presence of “red flag” features
 Â· Date & time of arrival in hospital
 Â· Referral Source (ED/GP/Physio/Other)
 Â· Date & time of triage in ED
 Â· Time of review by ED
 Â· Time of referral to T&O
 Â· Time of review by T&O
 Â· Time interval between arrival and MRI scan request (?out-of-hours)
 Â· Time to scan being vetted
 Â· If scan refused, reason for this documented?
 Â· Time to scan being completed (out-of-hours?)
 Â· Time between imaging and neurosurgical/spinal plan
 Â· Plan? Transfer/Admit for emergency imaging/OP scan
 Â· If surgery, what surgery performed
 Â· Time from plan to transfer/discharge
 Â· Patient outcomes at first clinic appointment

Population or Sample

Number of Cases:

31 - 40

Date From:

05/10/2023

Date To:

05/01/2024

How will they be selected:

Data collection strategy:

Retrospective

Data sources to be used:

Patient or service user records

Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken

Standard	Evidence	Exceptions	Definitions
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100%	20% reduction in mean time to MRI scan for those patients with suspected cauda equina syndrome	Contraindication to MRI scan	Data to be collected from smartpage and EPIC to understand: Total number of patients referred to T&O as suspected CES from October 5th 2023 – January 5th 2024 Â· Total number of patients admitted for investigation Â· Number of patients emergency scanned Â· Number of patients with urgent OP scan Â· Number of patients transferred to KCH for imaging/surgery Â· Date & time of arrival in hospital Â· Referral Source (Emergency department(ED)/GP/Physio/Other) Â· Date & time of triage in ED Â· Time of review by ED Â· Time of referral to T&O Â· Time of review by T&O Â· Time interval between arrival and MRI scan request (?out-of-hours) Â· Time to scan being vetted Â· If scan refused, reason for this documented? Â· Time to scan being completed (out-of-hours?)
100%	To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months.	Contraindication to MRI	Number of emergency and urgent OP MRI lumbosacral or whole spine scans performed to exclude CES, from search on CRIS using search terms "CES" OR "cauda equin*" to return number of studies between 05 Oct 2023 and 05 Jan 2024, correlating with clinical information from EPIC
100%	To achieve a 20% reduction in emergency MRI scans, in favour of urgent outpatient scans, over six months.	Contraindication to MRI	As explained in previous criterion
80%	To obtain an MRI confirming/refuting the diagnosis of CES within 6 hours of presentation for 80% of patients with suspected CES, in 12 monthsâ€™ time.	Contraindication to MRI	As explained in previous criteria. To be repeated in Oct 2024-Jan 2024 to assess change over 12 months. This criterion will not be known until audit is repeated in 12 months, and will therefore not be included in first report.
Time plan			
Data collected by		11/02/2024	
Findings reviewed by		18/02/2024	
Report submitted by		03/03/2024	

Identifying patients or carers	
Data collected WILL NOT include:	
Name	✓
Date of birth	✓
Hospital or patient number	✓
Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Clinical Audit 14149 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	14149				
Project Title:	Intra-operative use of limb tourniquets in Orthopaedics at Guy's and St Thomas' Hospitals				
Tel No/Mob No:	07759420891				
Email Address:	Ashley.Simpson@gstt.nhs.uk				
Bleep:	N/A				
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Ashley Simpson				
Reason for carrying out this project:					
Royal College guidance					
Note:	British Orthopaedic Association Guidelines on Safe Use of Intra-operative Tourniquets				
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
Define current use of limb tourniquets in orthopaedics against national guidelines					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
No					
Population (Patients, Service Users, Events or Situations):					
Include:					
All patients undergoing orthopaedic surgery using a limb tourniquet					
Exclude:					
Patients undergoing orthopaedic surgery not using a limb tourniquet					
Additional data to be collected for information only (specify):					
Demographic data Operative data - specifically focusing on tourniquet use and documentation					
Population or Sample					
Number of Cases:					
101 - 200					
Date From:					
01/01/2022					
Date To:					
31/10/2022					
How will they be selected:					
Retrospective review of trauma and elective operating in 2022					
Data collection strategy:					

Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by		30/11/2022	
Findings reviewed by		16/12/2022	
Report submitted by		13/01/2023	
Audit design and measures agreed by		20/10/2022	
Flagged case reviewed by		30/11/2022	
Problems/causes analysed by		16/12/2022	
Action plan implemented by		01/01/2023	
Remeasurement completed by		04/10/2023	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		✓	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	

NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	13957
Project Title:	Complication Rate And Clinic Outcomes of Anterior Lumbar Interbody Fusion
Proposer:	Thananjeyen Srirangarajan
Added Proposers:	Zaid Marhoon
	Jaykar Panchmatia
Tel No/Mob No:	07535670668
Email Address:	Thananjeyen.Srirangarajan@nhs.net
Bleep:	
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Thananjeyen Srirangarajan

Reason for carrying out this project:

High risk service

Very frequent service

Other reason (specify)

Note: Aiming to assess the current practice of a specific surgical procedure and identify the local complication and outcome figures.

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

The objective of this audit project is to retrospectively assess the patients who have undergone anterior lumbar interbody fusion locally and identify specific complication rates and patient outcomes.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
Thananjeyen Srirangarajn	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

Adult patients who have undergone anterior lumbar interbody fusion at Guy's Hospital

Exclude:

Additional data to be collected for information only (specify):

Anonymised patient demographic data, clinical laboratory results and clinical letters.

Population or Sample

Number of Cases:

101 - 200

Date From:			
01/01/2015			
Date To:			
31/12/2020			
How will they be selected:			
Retrospective data collection from spinal operative database			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100	The aim would be to compare the data we have obtained from our cohort of patients with published data. This will identify if the procedure is effectively and successful.	No identified exceptions.	Age BMI - body mass index ASA - American society of anesthesiology classification 90 Day complications - from inpatient and outpatient clinical documents Clinical lab results - Haemoglobin, Creatinine
Time plan			
Data collected by		31/08/2022	
Findings reviewed by		31/08/2022	
Report submitted by		31/01/2023	
Audit design and measures agreed by		31/08/2022	
Flagged case reviewed by		31/08/2022	
Problems/causes analysed by		31/08/2022	
Action plan implemented by		30/09/2022	
Remeasurement completed by		31/12/2022	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		✓	
Date of birth		✓	
Hospital or patient number		✓	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	

Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Service Evaluation 13783 Printed By: mbenjamin1 on 24/04/2025					
Project Number:	13783				
Project Title:	Service Evaluation of Foot and Ankle Extra-Corporeal Shockwave Therapy Service				
Tel No/Mob No:	07876453511				
Email Address:	Thomas.Lewis@gstt.nhs.uk				
Bleep:					
Lead Specialty:	Orthopaedics & Trauma				
Specialty Lead:	Pavlos Panteliadis				
Responsible Person:	Ahmed Latif				
Reason for carrying out this project:					
Very frequent service					
Quality Improvement					
Objective(s) of this project: What do you intend to achieve by carrying out this activity?					
Evaluate the clinical outcomes of the foot and ankle Extra-Corporeal Shockwave Therapy Service in order to assess efficacy					
Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved					
Stakeholder	Design	Data Source	Review	Plan Action	Other
Will the project involve Patients/Carers? e.g. advise on data collection/planning action					
No					
Population (Patients, Service Users, Events or Situations):					
Include:					
Patients with Achilles Tendinopathy or Plantar fasciitis referred for ESWT					
Exclude:					
Additional data to be collected for information only (specify):					
- Radiology reports, up to date clinical PROMS,					
Population or Sample					
Number of Cases:					
Over 1000					
Date From:					
01/01/2014					
Date To:					
07/07/2021					
How will they be selected:					
All patients referred for ESWT. Clinical outcomes regarding these patients are already routinely collected.					

Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
Time plan			
Data collected by		21/07/2021	
Findings reviewed by		11/08/2021	
Report submitted by		15/09/2021	
Identifying patients or carers			
Data collected WILL NOT include:			
Name		X	
Date of birth		X	
Hospital or patient number		X	
Other easily linked identifiers		✓	
Identifying Healthcare or other professionals			
Data collected WILL NOT include:			
Names		✓	
Professional registration or PIN numbers		✓	
Other easily linked identifiers		✓	
Reports or representations will not include any of the above (including initials)		✓	
Storing information			
Code sheets or lists to protect identity will be used		✓	
Code sheet will be kept securely and separately from main data		X	
Data (in any format) will be stored in a secure place		✓	
Patient records or any other identifiable information will not be removed from GSTT site		✓	
No patient identifiable data will be kept on laptops, memory stick or other removable storage device		✓	
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)		✓	
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only		✓	
Password protected databases or spreadsheets will be used		✓	

Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
No	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	

Project Number:	15846
Project Title:	Improving documentation of type of fracture and planned surgery in trauma meeting at a large tertiary centre
Proposer:	Sophie Jefferson
Added Proposers:	Pooja Rathod
	Eme Henshaw
	Aditi Rane
	Orla OKelly
	Omowunmi Omole
	Stavros Tsotsolis
	Ashwin Venkatesh
	Cussen Anne-Jayne (AJCUSSEN)
Tel No/Mob No:	07789078258
Email Address:	Sophie.Jefferson@gstt.nhs.uk
Bleep:	1510
Lead Specialty:	Orthopaedics & Trauma
Specialty Lead:	Pavlos Panteliadis
Responsible Person:	Sophie Jefferson

Reason for carrying out this project:

Wide variation in current practice

Identified as a problem

Objective(s) of this project: What do you intend to achieve by carrying out this activity?

Establish how many MDM trauma meeting documentation includes NOF classification and planned surgery, aim to ensure adequate and accurate documentation in future MDM trauma meeting notes. This will improve patient safety and ensure accurate NHFD data collection.

Stakeholders and their involvement (maximum of 5). List the individuals or types of staff who will be involved in or affected by this activity and indicate how they will be involved

Stakeholder	Design	Data Source	Review	Plan Action	Other
T&O Juniors	✓	✓	✓	✓	✗
POPS Juniors	✓	✓	✓	✓	✗

Will the project involve Patients/Carers? e.g. advise on data collection/planning action

No

Population (Patients, Service Users, Events or Situations):

Include:

Adult Neck of Femur Fractures

Exclude:

Additional data to be collected for information only (specify):			
Whether fracture type or planned surgery has been documented in first MDT trauma meeting notes			
Population or Sample			
Number of Cases:			
11 - 20			
Date From:			
01/12/2023			
Date To:			
31/03/2024			
How will they be selected:			
Adult Neck of Femur Fractures			
Data collection strategy:			
Retrospective			
Data sources to be used:			
Patient or service user records			
Identifying problems and finding causes: Describe how you plan to address any problems revealed by the audit to find the root causes so that effective action can be taken			
Standard	Evidence	Exceptions	Definitions
100%	Classification of Adult Neck of Femur Fractures and planned surgery documented in MDT trauma meeting notes	-	We will look back at the last 10-20 NOF admissions to review if NOF type and planed surgery has been documented. We will then implement a smart text to see if this improves documentation.
Time plan			
Data collected by		02/02/2024	
Findings reviewed by		09/02/2024	
Report submitted by		23/03/2024	
Audit design and measures agreed by		02/02/2024	
Flagged case reviewed by		09/02/2024	
Problems/causes analysed by		09/03/2024	
Action plan implemented by		23/02/2024	
Remeasurement completed by		15/03/2024	
Identifying patients or carers			
Data collected WILL NOT include:			
Name	✓		
Date of birth	✓		

Hospital or patient number	✓
Other easily linked identifiers	✓
Identifying Healthcare or other professionals	
Data collected WILL NOT include:	
Names	✓
Professional registration or PIN numbers	✓
Other easily linked identifiers	✓
Reports or representations will not include any of the above (including initials)	✓
Storing information	
Code sheets or lists to protect identity will be used	✓
Code sheet will be kept securely and separately from main data	✓
Data (in any format) will be stored in a secure place	✓
Patient records or any other identifiable information will not be removed from GSTT site	✓
No patient identifiable data will be kept on laptops, memory stick or other removable storage device	✓
NO patient identifiable information will be emailed to a non NHS email account (e.g. Hotmail, Yahoo, Google etc.)	✓
Data will be accessed by the auditing team (or those specifically authorised by the lead clinician) only	✓
Password protected databases or spreadsheets will be used	✓
Data sheets (electronic or hard copy) will be kept and disposed of in accordance with Trust Information Governance policy	✓
Is Audit on forward plan	
Yes	
Specialty Lead Comments	
No comments	
Directorate Lead Comments	
No comments	
CG Comments	
No comments	