|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Audit 16124 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **16124** | | | | |
| **Project Tile:** | | Long term outcomes of pyrocarbon shoulder hemiarthroplasty | | | | |
| **Proposer:** | | Ashley Simpson | | | | |
| **Tel No/Mob No:** | | 07759420891 | | | | |
| **Email Address:** | | [Ashley.Simpson@gstt.nhs.uk](mailto: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 Tile:** | | Compliance rate with the National Joint Registry in orthopaedic trauma | | | | |
| **Tel No/Mob No:** | | 07923371640 | | | | |
| **Email Address:** | | [Philip.Harper@gstt.nhs.uk](mailto: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** | | |  | |
| **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 Tile:** | | | 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](mailto: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 September1st 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 Panchamtia** | |  | |  |  |  |  |
| **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 September1st 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 know 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 Tile:** | | | 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](mailto: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 Tile:** | | 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](mailto: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** |  | |  |  |  |  |
| **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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Audit 15460 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15460** | | | | |
| **Project Tile:** | | 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](mailto: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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **National Audit 15700 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15700** | | | | |
| **Project Tile:** | | 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](mailto: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** | |  |  | |  | |  |  |
| **neurosurgical team KCH** | |  |  | |  | |  |  |
| **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 â€“ 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 15460 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15460** | | | | |
| **Project Tile:** | | 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](mailto: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 Tile:** | | 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](mailto: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 Tile:** | | | 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](mailto: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 Tile:** | | Comparing clinical outcomes following single / double high tibial osteotomy | | | | |
| **Tel No/Mob No:** | | 07838627453 | | | | |
| **Email Address:** | | [Miles.Benjamin@gstt.nhs.uk](mailto: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** |  |
| **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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Audit 15846 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15846** | | | | |
| **Project Tile:** | | 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](mailto: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 Tile:** | | | 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](mailto: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 childrenâ€™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 childrenâ€™s fractures should occur in a location suitabl |  | |  |
| **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** |  |
| **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 14092 Printed By: mbenjamin1 on 24/04/2025** | | | | | | | |
| **Project Number:** | | | **14092** | | | | |
| **Project Tile:** | | | 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](mailto: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. | | | | | | |
| **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 atending 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 Tile:** | | The Prosthetic Hip Dislocation Study | | | | |
| **Tel No/Mob No:** | | 07983563520 | | | | |
| **Email Address:** | | [neil.limaye@kcl.ac.uk](mailto: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** |
| **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 Tile:** | | 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](mailto: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** | | |  | |
| **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 15846 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15846** | | | | |
| **Project Tile:** | | 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](mailto: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 Tile:** | | Comparing clinical outcomes following single / double high tibial osteotomy | | | | |
| **Tel No/Mob No:** | | 07838627453 | | | | |
| **Email Address:** | | [Miles.Benjamin@gstt.nhs.uk](mailto: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** |  |
| **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 Tile:** | | | 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](mailto: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 Tile:** | | 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](mailto: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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Clinical Audit 14896 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **14896** | | | | |
| **Project Tile:** | | 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](mailto: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 Tile:** | | | Post- Operative Radiographic Confirmation Of Hip Arthroplasty | | | | |
| **Proposer:** | | | Ioannis Pantekidis | | | | |
| **Added Proposers:** | | | Stavros Tsotsolis | | | | |
|  | | | AbdulRasheed Rabiu | | | | |
|  | | | Akshay Date | | | | |
| **Tel No/Mob No:** | | | 07393655820 | | | | |
| **Email Address:** | | | [Ioannis.Pantekidis@gstt.nhs.uk](mailto: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 Rabiu** | |  | |  |  |  |  |
| **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 15495 Printed By: mbenjamin1 on 24/04/2025** | | | | | | | |
| **Project Number:** | | | **15495** | | | | |
| **Project Tile:** | | | Neck of Femur Fracture Proforma | | | | |
| **Proposer:** | | | Bryan Chew | | | | |
| **Added Proposers:** | | | Shaun Rees | | | | |
| **Tel No/Mob No:** | | | 07459819532 | | | | |
| **Email Address:** | | | [Bryan.Chew@gstt.nhs.uk](mailto: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** | | |  | |
| **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 Tile:** | | | Post- Operative Radiographic Confirmation Of Hip Arthroplasty | | | | |
| **Proposer:** | | | Ioannis Pantekidis | | | | |
| **Added Proposers:** | | | Stavros Tsotsolis | | | | |
|  | | | AbdulRasheed Rabiu | | | | |
|  | | | Akshay Date | | | | |
| **Tel No/Mob No:** | | | 07393655820 | | | | |
| **Email Address:** | | | [Ioannis.Pantekidis@gstt.nhs.uk](mailto: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 Rabiu** | |  | |  |  |  |  |
| **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 Tile:** | | | 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](mailto: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 September1st 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 Panchamtia** | |  | |  |  |  |  |
| **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 September1st 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 know 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 Tile:** | | Compliance rate with the National Joint Registry in orthopaedic trauma | | | | |
| **Tel No/Mob No:** | | 07923371640 | | | | |
| **Email Address:** | | [Philip.Harper@gstt.nhs.uk](mailto: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** | | |  | |
| **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 Tile:** | | Long term outcomes of pyrocarbon shoulder hemiarthroplasty | | | | |
| **Proposer:** | | Ashley Simpson | | | | |
| **Tel No/Mob No:** | | 07759420891 | | | | |
| **Email Address:** | | [Ashley.Simpson@gstt.nhs.uk](mailto: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 | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **National Audit 15700 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15700** | | | | |
| **Project Tile:** | | 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](mailto: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** | |  |  | |  | |  |  |
| **neurosurgical team KCH** | |  |  | |  | |  |  |
| **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 â€“ 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 Tile:** | | | 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](mailto: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 Associsation 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 | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinical Audit 13957 Printed By: mbenjamin1 on 24/04/2025** | | | | | | | |
| **Project Number:** | | | **13957** | | | | |
| **Project Tile:** | | | 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](mailto: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 - Haemglobin, 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 Tile:** | | Service Evaluation of Foot and Ankle Extra-Corporeal Shockwave Therapy Service | | | | |
| **Tel No/Mob No:** | | 07876453511 | | | | |
| **Email Address:** | | [Thomas.Lewis@gstt.nhs.uk](mailto: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** | | |  | |
| **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 15846 Printed By: mbenjamin1 on 24/04/2025** | | | | | | |
| **Project Number:** | | **15846** | | | | |
| **Project Tile:** | | 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](mailto: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 | |