

Audit/Project title	CSU	Specialty	Start date	Anticipated End date	National audit report due	Learning/Actions from audit	Aims	Objectives
BAUS Urology Audits: Cystectomy	General Surgery	Urology			30 September 2017 - Analyses of Radical Cystectomies performed between January 1st and December 31st 2016			
BAUS Urology Audits: Percutaneous nephrolithotomy	General Surgery	Urology			31 May 2017 - Analyses of PCNL's performed between January 1st 2014 and December 31st 2016			
BAUS Urology Audits: Urethroplasty (BAUS audits operate a continuous data collection model. Collection cycle runs from 1 Jan to 31 Dec)	General Surgery	Urology			N/A			
National Prostate Cancer	General Surgery	Urology			22/11/2017	Awaiting national audit report		
BAUS Urology Audits: Female stress urinary incontinence (BAUS audits operate a continuous data collection model. Collection cycle runs from 1 Jan to 31 Dec)	General Surgery	Urology	01/04/2016 00:00	01/03/2017 00:00	Feb-18	Team to actively participate in this national audit		

Guidelines on the Management of Botulinum toxin in the Treatment of Irritable Bladders.docx	General Surgery	Urology	30/04/2018 00:00		
Sepsis rates post prostate biopsies	General Surgery	Urology	01/09/2017 00:00		<p>To establish sepsis rates associated with a prostate biopsies, and compare with national data.</p> <p>To establish antibiotic prophylaxis</p> <p>Sepsis rates post prostate biopsies Responsible clinician: Robert McCormick</p>
'High grade non muscle invasive bladder cancer audit'	General Surgery	Urology		<p>The audit needs to be ongoing in order to identify if the patients with Non-Muscle Invasive Bladder Cancer diagnosis are being followed in compliance with the standard protocols like EAU, NICE. Re-audit in 3-6 months to ensure changes are followed through</p>	<p>The purpose of this audit is to improve clinical effectiveness and confirm the quality of patient care by reviewing patients diagnosed with NonInvasive Bladder TCC have been marked for follow up in Endoscopy Unit, Milton Keynes University Hospital in the past 3 months, ensure that they are on the correct pathway and the repeat follow up (with flexible cystoscopy) is set in compliance with the standard protocols.</p>

BAUS Urology Audits: Nephrectomy	General Surgery	Urology	Renal cell cancer has been more common in Baus database as compared to MKUH(69% Vs 54%). On the other hand Upper tract TCC are more commen in MKUH c/t BAUS database. T1 disease has been more common in BAUS c/t MKUH. This may be due to referral of cases with low stage disease to
Use of local anaesthetic infusion systems following laparosocpic nephrectomy or laparoscopic nephrourectomy	General Surgery	Urology	
Intravesical botox injections for urinary incontinence - a quality of life study	General Surgery	Urology	
Does Strict Compliance to the Enhanced Recovery Programme (ERP) affect outcomes during Laparoscopic Nephrectomy and Nephrourectomy?	General Surgery	Urology	

GP-led pre-biopsy MRI in patients with raised PSA	General Surgery	Urology		
. Use of local anaesthetic infusion systems following laparoscopic nephrectomy and laparoscopic nephroureterectomy.	General Surgery	Urology		
Voiding related delays	General Surgery	Urology	09/07/1905 00:00	09/07/1905 00:00

Compliance to the BAUS
Enhanced recovery
Programme

General
Surgery

Urology

To increase the use of
scanning systems for
audit purposes.To have
initial approach to
laparoscopic
appendicectomy. T
keep normal
appendicectomy.Standa
rds are being met
within theTrust for
normal
appendicectomy rate
and laparoscopc
approach. Repeat audit
to assess normal
appendicectomy rate
more accurately and to
assess the use of
laparoscopic approach.

Circumcision in Milton Keynes, an audit of practice over 2 year period	General Surgery	Urology		N/A	Audit forms part of Get it Right First Time NHS improvement. Team were recommending too many patients for circumcision but in general for adults correct remmendations were follow Recommendations Strict adherence to RCS guidelines, BAUS for referral. Use of conservative management. Use of patient infomration leaflets.	To review the clinical decision making path for patients who had circumcsion over a 2 year period	identify if adequate documentation took place, what cadre of staff booked the circumcision, Are there absolute reasons for the circumcision along the BAUS recommendations
Audit of Heamaturia Clinic Practice in MK, against NICE guidelines.	General Surgery	Urology	31/03/2018 00:00	N/A		To review the adequacy of clinical and investigational components of haematuria clinic patients	identify if adequate documentation took place, what cadre of staff performed the clinics, Are these investigations meeting BAUS recommendations.

BAUS: Radical
prostatectomy

General
Surgery

Urology

N/A