



University Hospitals Bristol
NHS Foundation Trust



Clinical Audit Annual Report 2019/20

Report by: Stuart Metcalfe, Clinical Audit & Effectiveness Manager
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Foreword

Clinical Audit as a quality improvement process has had a proven track-record in the NHS for over a quarter of a century. It helps enable our staff and services to address and monitor quality and safety issues, and allows benchmarking of expected practice against national standards. Done well, audit leads to improvements in service delivery and patient outcomes; it also provides valuable opportunities for education, training and teamwork.

Over the years, the Clinical Audit & Effectiveness Team has developed robust systems, processes and controls to help provide strong assurance around the audit programme, helping to drive improvements in safe and high quality clinical practice. A big thank you must go to all the Clinical Audit Facilitators and Convenors for their commitment and enthusiasm both individually and within their speciality areas. They continue to support and sustain both the quantity and quality of audit projects every year. This year particular focus has been paid to ensuring that the action plans for each audit are robust and address the issues identified. Stuart Metcalfe deserves a special mention for his outstanding work ethic, enthusiasm and commitment to improving quality processes for the Trust.

In this annual report you will see many examples of positive outcomes from audits across all specialities. Figures and information is presented at programme and divisional/specialty level to try and better understand activity and variation and to show integration with other governance processes such as patient safety, risks and key clinical/service priorities. The team have a strong link with the Trust's QI Academy and continue to teach and embed clinical audit as an improvement methodology as part of a wider quality agenda within the Trust, helping to address local and national priorities.

Next year the Team are looking forward to switching from the current database to a new electronic system, enabling further integration and embedding of audit and QI within the Trust down to the grass roots level. The team are also excited to start working with new audit and QI colleagues from Weston General Hospital.

Rachel Bradley

Chair, Clinical Audit Group

1. Report from the Clinical Audit & Effectiveness Manager

1.1 Clinical Audit & Effectiveness Team

During the financial year 2019/20, clinical audit at University Hospitals Bristol NHS Foundation Trust was supported by a team of 3.8 whole time equivalent (WTE) Clinical Audit Facilitators (CAFs) and one 0.8 WTE Clinical Audit Clerk, employed by the Trust Services Division. Additional support is provided by a number of other staff employed by the clinical divisions with a specific remit for clinical audit; primarily data management for individual national clinical audit projects. The Clinical Audit & Effectiveness Team (CAET) also includes a designated NICE Manager with a remit for coordinating assurance information relating to the implementation of NICE guidance in all its forms.

There was one change to the team during the year. In February 2020, Fiona Clark joined the team as Clinical Audit Facilitator for the Divisions of Medicine and Specialised Services, covering Eleni Lamprianidou's maternity leave. Full details of the team and the Divisions/specialties they support can be found at [Appendix A](#) of this report.

At the beginning of each year, the team produces an annual workplan. The plan for 2019/20 focused on further improving the processes for managing and reviewing national clinical audit outcomes, the re-design of clinical audit documentation and working towards ensuring that all clinical services participate regularly in clinical audit (a commitment in the Trust's Quality Strategy). Other identified plans included the development of a clinical audit e-learning package and working on comparing our processes of governance/ assurance of activity to other Trusts in the region and to best practice guidance. Progress has been made in the areas identified and will continue in 2020/21.

The end of the financial year saw the arrival and impact of COVID-19. As I write this report, the team are currently working remotely to continue to support our staff. Like many teams, we have had to get used to new ways of working and have had to adapt and be flexible to deliver what we can. Whilst proving a challenge, this has also provided an opportunity to review the ways in which we work; this will inevitably carry on throughout 2020/21. I would like to take this opportunity to thank the team for the way they have embraced what we have faced and for their help and support throughout the year.

Continuing on the theme of change, at the end of the year the Trust agreed to procure a new project management system to improve the processes of registration, monitoring and reporting clinical audit activity; this will replace the current in-house MS Access database. This is an exciting opportunity to reduce duplication, streamline and automate some of our processes. The chosen system (AMaT) also provides the functionality to improve our processes for assessing compliance against national guidance and provides the ability to start to bring wider governance/quality projects into one system.

1.2 Clinical Audit Group

The Clinical Audit Group (CAG) is the Trust's lead group in relation to all matters relating to the practice of clinical audit. The Group met five times during the financial year 2019/20 to enable discussion of core business, i.e. annual forward plans, quarterly key performance indicators and project progress reports on registered activity. The Group is made up of clinical leads for audit (Clinical Audit Convenors) within Divisions/specialties, Clinical Audit Facilitators and other representatives from the corporate Quality Team.

At each meeting, the CAG reviews summary outcomes and actions reports from completed clinical audit projects to ensure that results are clear and that robust action plans have been produced. Where this is not the case, the CAG will seek further clarity from the project lead or from within the CAET before accepting the project as complete. There are also instances where the Group determines that the outcomes would be relevant to the work of other corporate governance/risk groups or other areas of the Trust. In this case, the Group will recommend wider dissemination of the results as necessary. The CAG reports into the Trust Clinical Quality Group (CQG) on a quarterly basis, highlighting any relevant risk/assurance issues.

During the financial year, Rosty Bezuhlyy (Consultant in Emergency Medicine) and Sally King (Senior Radiographer) joined the group as convenors for projects in the adult emergency department and radiology respectively. Thanks goes

to outgoing convenors Jennifer Jones and John Hughes for their contribution to the work of the Group and support for the Clinical Audit Facilitators.

1.3 Clinical Audit Training

Throughout the year, the team runs two main training workshops. The 'Beginner's Guide to Clinical Audit' workshop is aimed at staff with little or no previous experience of carrying out a clinical audit who would like a good grounding in the basic principles. During 2019/20 the team ran four sessions (in May, September, November, and March), training 35 members of staff. The second workshop, 'Essential Excel for Clinical Audit', aims to train people with limited experience of using Excel to analyse data for audit or service evaluation. During the year, the team ran five of these sessions (in May, July, October, November and January) training 23 members of staff; the March workshop was cancelled along with other non-essential training in the Trust during the response to COVID-19.

In addition to the scheduled workshops, bespoke training sessions were provided for other staff groups around the Trust, including at Foundation doctors' training sessions, for the respiratory medicine and sexual health teams, and at induction for doctors in the Children's Hospital. Clinical Audit is also a component of the QI Academy Bronze teaching sessions, which run throughout the year.

Progress has been made in developing a local e-learning package as an alternative way for staff to access training in clinical audit methods. The aim is to roll this out for Trust staff during 2020/21.

1.4 Forward Planning

Each year, Clinical Divisions/specialties agree a programme of planned clinical audit activity for the forthcoming financial year. This process is co-ordinated by the CAET (through consultation with clinical/nursing staff and Divisional Quality/Safety Groups) and overseen by the CAG.

Each year's plan reflects agreed priority projects, based on considerations such as anticipated Trust/Divisional quality objectives, national clinical audits, commissioning priorities, national guidance (NICE, Royal College) and local clinical priorities. Projects are categorised based on priority areas for clinical audit as outlined within the Healthcare Quality Improvement Partnerships (HQIP) '*Clinical Audit Programme Guidance*'. The forward plan for 2019/20 can be found at Appendix C.

Progress against projects on the forward plan is closely monitored by the CAET and CAG (as is all registered activity) and reported to the Clinical Quality Group and the Trust Audit Committee. Overall progress against the 2019/20 plan as at the end of the financial year is reported separately at [Appendix B](#).

1.5 Annual Quality Account

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Account for 2019/20. The relevant extract has been reproduced in Appendix D of this report. As outlined within this statement, the Trust has a duty to provide information on the actions taken and improvement made as a result of clinical audit activity. This information can be found within the changes and benefits section of Divisional reports.

1.6 National and Regional Involvement

The Trust participates in the South West Audit Network, a regional forum bringing clinical audit professionals together to share best practice through presentations, discussion and networking. Meetings take place twice a year.

Stuart Metcalfe, Clinical Audit & Effectiveness Manager
August 2020

2. Activity data & key statistics








2.1 Introduction and explanation of figures and statistics

The figures and statistics presented throughout the rest of this report are based on data from the Trust's Clinical Audit Project Management Database. Information from project proposal/registration forms completed by clinical teams is entered into the database by the clinical audit facilitators.

The figures presented are based on registered activity on the database during the financial year 2019/20. This includes projects started in previous years and not yet complete, as well as projects newly registered within the financial year. There is little, if any, published programme data from other Trusts so it is difficult to interpret what 'good' looks like. As a result, these figures are intended as comparative measures rather than performance measures.

	Measure improved or consistent with previous years
	Measure declined or felt could be improved

Overall activity

	Total number of projects completed, in progress, or ongoing in this year. This slightly is less than in 2018/19 (611).	
523	Projects completed or in progress within the year	
248	Projects completed in year (slight increase)	
305	New projects registered in year (increase)	
109	Projects abandoned or deferred in year (significant increase)	
61	Ongoing audit (broadly the same)	

These figures indicate that UH Bristol has an active audit programme. Staff across all clinical divisions and specialties are engaging in quality improvement, using clinical audit as a method for measuring and improving the quality of care they provide.

There has been a general rise in overall activity over the past three financial years, with a slight decline this year. Data shows a rise in new project as well as the number of audits completed. Projects will be a mix of initial audits (1st cycle) to help identify where care needs to be improved and re-audits (2nd or 3rd cycle) to establish whether the actions implemented have led to improvement.

Some projects are classed as 'ongoing monitoring' projects (continuous data collection, measuring and reviewing care on a regular basis). These are predominantly national clinical audits and make up approximately 9% of all registered activity. This has remained constant over the years and reflects the stability of the national audit programme.

There will be occasions where, despite our best efforts, it has not been possible to obtain a final outcome of an audit. This is often when a project lead leaves the Trust or rotates to a different specialty. The clinical audit team will continue to monitor, but there comes a time when a pragmatic decision to abandon or defer the project has to be made. This does not necessarily mean that the project team have not undertaken the work or agreed improvement actions.

Project approval and governance

80%



Projects with a proposal form completed and approved with the clinical audit team before they started. This is slightly lower than the last two years (83%).



75%

New projects started in year and registered with the team. This is a slight decrease from the last two years (79%, 80%).



Ideally, all clinical audit projects would be reviewed and approved by the relevant clinical audit facilitator and specialty/divisional lead (convenor) before they start, but this is not always the case. Staff are busy and do not always think about this part of the process or they may not be aware of the need to register the work with the team. Registering a project is not just good governance and Trust policy (ensuring projects conform to best practice), it also allows the individual facilitators to provide advice and support throughout and utilise their knowledge and skills to help the clinical team get the best out of the project.

The team will retrospectively register projects if they are made aware of them, so that the outcomes (issues identified or improvements made) and actions can be reported at Trust and Divisional levels along with other registered activity.

Re-audit



Projects that were re-audits, measuring improvement made by the actions/ changes put in place as a result of the initial audit. This is a decrease from 32% last year.



25%

New projects started in year that were re-audits (decrease from 29%)



Approximately a third of the programme is made up of re-audit projects; these aim to measure the improvement in care made by the actions implemented following earlier audit cycles. The overall proportion of projects that are re-audit has decreased slightly on last year but remains fairly consistent; historically a figure over 25% was felt to be a healthy proportion.

Not all projects will require re-audit and new audits will start in-year. In some cases the initial audit and re-audit may be completed in the same year, but in the majority of cases the re-audit will take place in the next financial year, as it can take time for agreed actions to be implemented. For these reasons, you would not expect to see a particularly high re-audit rate.

National recommendations and standards

22%



Audits measuring practice against standards/recommendations from national bodies such as Royal Colleges and the National Institute of Health and Care Excellence (NICE).



Just under a quarter of projects in the programme are measuring against specific standards or recommendations outlined in national guidance. This is a slight decrease on 26% in 2018/19, but the figure has remained quite consistent over the years. 15% of projects are measuring specifically against standards from NICE. This figure may not take into account projects measuring against local guidelines which are in turn based on national guidance. Outside of clinical

audit, the Trust also has other processes in place to determine whether care is in line with NICE and other national guidance.

Incidents and risk management

11%



Projects linked to incident or risk management processes. This is an increase on last year.



This measure is based on projects undertaken to help improve care where issues have been identified through incident reporting (e.g. in relation to a specific clinical incident) or to address known clinical risks. Given the overall level of audit activity this would seem fairly low, but it is difficult to draw any conclusions from this. It is important to note that clinical audit is just one tool that staff can use to improve care where issues of patient safety have been identified. The Trust has other processes in place to help ensure that incidents are managed, lessons learnt and improvements in care made. Much monitoring and improvement work also takes place through the patient safety programme (with the support of the Trust Patient Safety Team), the wider QI academy and other divisional workstreams.

Work has been undertaken over the last couple of years to ensure that processes and systems are in place so that clinical audit is considered as part of the incident management process. The team continue to work with the corporate and divisional patient safety/risk teams to help develop these processes and help ensure projects are registered and supported as necessary.

Completed projects

248



Projects completed during the year.



96%

Completed audits where a full report was written at the end of the project

99%

Completed audits where an action plan was agreed or where no action plan was felt to be necessary.

A project is considered completed when the clinical team has provided a report and an action plan.

It is important that a final report is received at the end of a project, as this documents the methodology (which may have changed slightly from the original proposal) and detailed results and conclusions. Summary outcomes and actions from completed projects are reviewed by the Clinical Audit Group and a full formal report provides the necessary detail should any clarification be required. It is also a useful record for re-audit purposes, where the project team in many cases will be different to that of the initial audit. Where we have been unable to get a final report but have a copy of the results and actions, this information is used to complete the project on the database.

Action plans are expected for all projects where results have shown room for improvement; the measure above takes into account cases where the expert judgement of the local clinical team is that practice was of an acceptable standard. In general, the clinical audit team will not complete a project until an action plan has been received. This is demonstrated by a consistently high figure in this measure. Occasionally a project will have been completed where

CAG feels that the action plan does not fully address the issues identified, but is unable to get any clarification or consensus from the project team on the further work needed.

2.2 Summary of key figures and statistics

	DAT	MED	SPS	SUR	WAC	NDS	19/20	18/19	17/18	16/17
Total number of projects *	88	70	2	56	175	193	584	611	595	555
In progress at year end	38	30	27	111	67	2	275	312	334	268
Completed projects	42	32	20	53	101	0	248	236	209	231
On-going monitoring	8	8	9	11	25	0	61	63	52	56
Abandoned in year	4	30	40	13	15	0	102	57	41	40
Deferred in year	1	2	0	3	1	0	7	4	21	9
New in year	22	36	38	83	124	2	305	273	304	269

Registered before start	85%	79%	71%	94%	68%	100%	80%	83%	83%	81%
Re-audits	28%	29%	24%	23%	37%	0%	29%	32%	30%	32%
National guidance	24%	49%	36%	9%	19%	100%	22%	26%	26%	24%
Incident/Risk	9%	10%	15%	6%	16%	0%	11%	8%	9%	6%

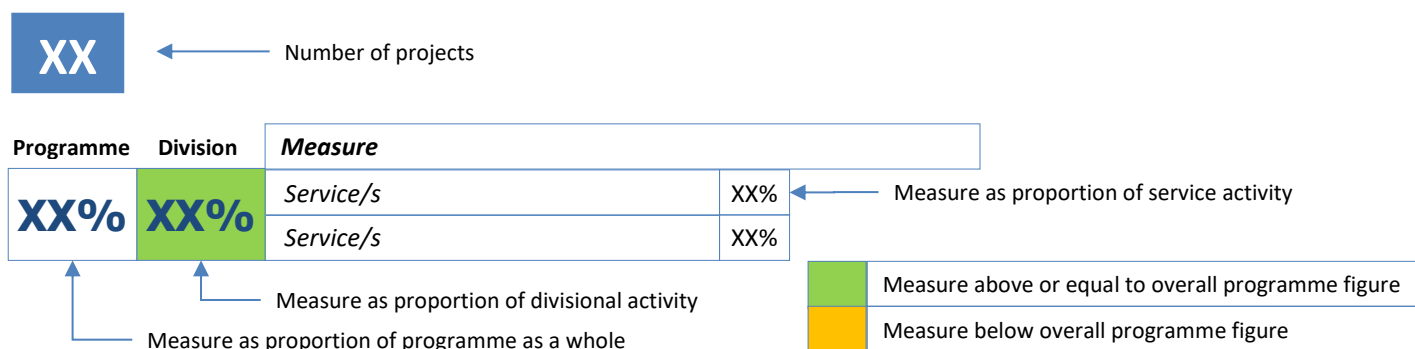
Report produced	100%	94%	95%	94%	96%	n/a	96%	90%	92%	88%
Action Plan produced	95%	97%	90%	91%	97%	n/a	95%	94%	91%	93%
Confirmed good practice #	5%	0%	5%	8%	2%	n/a	4%	5%	9%	6%

* In progress (including ongoing monitoring audits) or completed during the year. This includes projects started in previous years and not yet complete, but excludes projects that were abandoned or deferred in the year. All percentages are based on this total, apart from those in the last three rows which are based only on clinical audits completed during the year.

please note: this statistic applies only to projects where an action plan was not produced, i.e. there will also have been a number of projects which produced an action plan, but where practice was nevertheless identified as being of an acceptable standard.

3. Divisional Summaries

The following section summarises the key figures by Division and service. A breakdown of services and specialties can be found at within the full list of divisional activity at [Appendix E](#). The changes, benefits and improvements made as a result of completed projects are also summarised.



3.1 Diagnostics and Therapies

Activity and project approval

88	Projects completed or in progress within the year	Diagnostic Services	56
		Therapy Services	32

Programme	Division	Projects registered and approved before start	
80%	85%	Diagnostic Services	80%
		Therapy Services	94%

22	New projects registered in the year	Diagnostic Services	10
		Therapy Services	12

Programme	Division	New projects registered and approved before start	
76%	86%	Diagnostic Services	80%
		Therapy Services	92%

Project drivers

25	Re-audit projects	Diagnostic Services	22
		Therapy Services	3

Programme	Division	Proportion of projects that are re-audits	
29%	28%	Diagnostic Services	39%
		Therapy Services	9%

21	Projects measuring practice against national standards/guidance	Diagnostic Services	10
		Therapy Services	11

Programme	Division	Measuring practice against national standards/guidance	
22%	24%	Diagnostic Services	18%
		Therapy Services	34%

8	Audits identified through incident or risk management	Diagnostic Services	5
		Therapy Services	3

Programme	Division	Identified through incident or risk management	
11%	9%	Diagnostic Services	9%
		Therapy Services	9%

Abandoned and deferred projects

5	Projects abandoned or deferred in the year	Diagnostic Services	3
		Therapy Services	2

Programme	Division	Projects abandoned	
15%	4%	Diagnostic Services	5%
		Therapy Services	3%

Programme	Division	Projects deferred	
1%	1%	Diagnostic Services	0%
		Therapy Services	3%

Completed projects

42

Projects completed within the year

Diagnostic Services	21
Therapy Services	21

Programme	Division	Projects with a written report produced	
96%	100%	Diagnostic Services	100%
		Therapy Services	100%

Programme	Division	Projects with an action plan agreed or not needed	
99%	100%	Diagnostic Services	100%
		Therapy Services	100%

The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.

Diagnostic Services

Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)

4589	Following this audit, changes were made to the coded comments for duty biochemists on the laboratory LIMS system in order to make it easier to alert clinicians to the need for further investigation when appropriate. A larger survey of lab practice across the region on biochemical testing for male hypogonadism is being planned.
4969	The Trust protocol for biochemical monitoring in patients receiving home parenteral nutrition was updated after this re-audit.
5208	The findings of this faecal calprotectin audit were incorporated into the West of England Academic Health Science Network pathway for irritable bowel syndrome.

Diagnostic Services - Laboratory Medicine (Infection Control)

5173	As a result of this audit, the content of the Local Safety Standard for Invasive Procedures (LocSSIP) has been reduced in order to encourage the documentation of central venous catheter insertion and maintenance in adult and cardiac intensive care.
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Diagnostic Services - Laboratory Medicine (Laboratory Haematology)

4757	The results of this re-audit of red cell and platelet transfusion in adult haematology patients were satisfactory and comparable with the national results.
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Diagnostic Services - Medical Physics & Bioengineering

5203	All results of this audit of Computed Tomography (CT) patient radiation dose at the Level 3 scanner in BRI were satisfactory. A list of local Diagnostic Reference Levels for this scanner was collated following the audit.
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Therapy Services

Therapy Services – Occupational Therapy

4343	Following this audit of pathway standards in Acute Older Persons Rehabilitation, there was follow up staff education on assessment documentation. The Modified Barthel Index was built into Medway and used service-wide.
4883	Following this audit, the paperwork for the Acute Stroke Therapy Pathway team was updated to include the time of assessment on each page. Staff were made aware of the documentation standards.
4887	As a result of this audit, the acute stroke pathway standards were revised and the Modified Barthel Index was removed in favour of the stroke-specific Modified Rankin Scale. The use of an SOP for the management of mood and cognitive disorders in the stroke pathway was launched.
5137	A Standard Operating Procedure (SOP) was put in place for the goal review meeting process for stroke rehab patients. The stroke Multidisciplinary Team (MDT) proforma was amended to include comment about the Modified Rankin score.

Therapy Services – Pharmacy

4370	The local guideline for the use and prescribing of Pabrinex (high dose vitamin B and C intravenous injection) within the Division of Medicine was amended in accordance with NICE Clinical Guideline CG100 after this audit.
4908	Following this audit, trust guidelines for antibiotic treatment of lower urinary tract infections (UTI) in adults was updated to contain a link to Public Health England (PHE) flowcharts for diagnosis of UTI. A sticker was designed and disseminated to ward pharmacists to be used on drug charts to alert clinicians to review treatment.
4927	This audit led to producing an example of a completed gentamicin chart for inclusion in the Aminoglycoside prescribing guideline, in order to help guide better administration of gentamicin and taking of levels at an appropriate time.

4959	As a result of this audit of Methotrexate prescribing, further staff education is to take place on the new outpatient Methotrexate drug chart, as this is designed to eliminate the potential for errors to be made.
5105	Following this audit, recreation in Medway of the current paper venous thromboembolism risk assessment is being explored, allowing for access to real time data to steer better completion.
5167	The audit led to the implementation of BlueTeq high cost drugs monitoring within adult Gastroenterology. Clinical staff were educated and a separate screening process for infliximab in inflammatory bowel disease was set up in the BRI dispensary to ensure full use of dosing protocol at ward level and for outpatients.
5207	As a result of this audit, the treatment of hyperosmolar hyperglycaemic state (HHS) guideline was updated to improve blood ketone monitoring for inpatients within the Division of Medicine.
5255	A visual guide on adult vancomycin charts (intermittent dosing only) was created to supplement current guidelines as a result of this audit. Standardised staff training for prescribing and documentation was also developed.
Therapy Services – Radiology	
4675	As a result of this audit, the protocol for CT kidneys, ureters and bladder was updated so that scan length is reduced to a maximum of 10mm above the dome of the diaphragm.
4694	Protocols for abdominal ultrasound performed and reported by Advanced Practitioner Sonographers were updated and new reporting pathways were added after this audit.
4756	Following this audit, the Advanced Practitioner Sonographers were reminded that they must scan contralateral groins for groin or ventral hernia ultrasound examinations.
4803	After this audit, all nursing staff were reminded to ensure that any deviations from non-anaesthetist conscious sedation policy during interventional radiology procedures are documented in nursing records.
4893	This re-audit of MRI knee examinations has led to clarity on adequate coverage by the coronal sequences, which should be up to 2cm from the condyles.
4917	New reporting phrases and pathways were formulated based on the results of this audit of testes ultrasound reporting by Advanced Practitioners. Staff were reminded of the protocol for image storage and what images are required to be taken.
4970	This audit of image quality for pelvic x-rays taken in Room 5 confirmed acceptable clinical practice.
4994	Performing of a free breathing localiser was added into the local protocol following this audit of the quality of dynamic liver MRI examinations at the Trust.
5008	Following this audit of the departmental cervical cancer MRI pelvis protocol on outpatient scans, MRI radiographers were reminded of the protocol sequencing, including the acetabular margins on sagittal T2 sequence.
5107	As a result of this audit, a macro was added to be used at the end of chest radiograph reports with consolidation, to prompt clinicians to consider a repeat chest x-ray if the patient is considered higher risk based on the British Thoracic Society Guidelines.
5199	It was agreed to change the Computed Tomography Pulmonary Angiography (CTPA) protocol from “AP topogram only” to “lateral topogram only” after this audit project, in order to reduce inadequate scans.
5217	Radiographers were reminded of the technique of achieving a high quality chest radiograph following this re-audit.
5264	Staff were educated to take extra care when centring the sagittals and in setting the scope of axial slices in MRI lumbar spine examinations following this audit.
Therapy Services – Speech & Language Therapy	
4958	The communications around referring suitable patients and providing appropriate information on the referral form for fiberoptic endoscopic evaluation of swallowing (FEES) service were improving following the audit.
5166	A standard documentation for patients who are feeding at risk had been developed after the audit. It was then trialled and amended based on feedback from two PDSA cycles (Plan, Do, Study, Act: a Quality Improvement method).
5320	This audit of the Speech and Language Therapy head and neck cancer surgical pathway identified the need to re-evaluate the case history form to provide prompts re liaison, consent, communication status and time-scale for next intervention.

3.2 Medicine

Activity and project approval

70	Projects completed or in progress within the year	Emergency Department	10
		Medical specialties	60

Programme	Division	Projects registered and approved before start	
80%	79%	Emergency Department	90%
		Medical specialties	77%

35	New projects registered in the year	Emergency Department	5
		Medical specialties	30

Programme	Division	Projects registered and approved before start	
76%	74%	Emergency Department	80%
		Medical specialties	73%

Project drivers

20	Re-audit projects	Emergency Department	3
		Medical specialties	17

Programme	Division	Proportion of projects that are re-audits	
29%	29%	Emergency Department	30%
		Medical specialties	28%

34	Projects measuring practice against national standards/guidance	Emergency Department	8
		Medical specialties	26

Programme	Division	Measuring practice against national standards/guidance	
22%	49%	Emergency Department	80%
		Medical specialties	43%

7	Audits identified through incident or risk management	Emergency Department	2
		Medical specialties	5

Programme	Division	Identified through incident or risk management	
11%	10%	Emergency Department	20%
		Medical specialties	8%

Abandoned and deferred projects

32	Projects abandoned or deferred in the year	Emergency Department	4
		Medical specialties	28

Programme	Division	Projects abandoned	
15%	29%	Emergency Department	29%
		Medical specialties	30%

Programme	Division	Projects deferred	
1%	1%	Emergency Department	0%
		Medical specialties	2%

Completed projects

32

Projects completed within the year	Emergency Department	1
	Medical specialties	31

Programme	Division	Projects with a written report produced	
96%	94%	Emergency Department	100%
		Medical specialties	94%

Programme	Division	Projects with an action plan agreed or not needed	
99%	97%	Emergency Department	100%
		Medical specialties	97%

The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.

Emergency Department

5180	This audit of the venous thromboembolism (VTE) risk for patients with a lower limb immobilisation demonstrated that further improvement was required. Further education around the documentation supporting the screening, monitoring and management of the VTE risk is planned, together with a re-audit in due course.
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Medical Specialties

Medical Specialties - Acute Medicine

5078	This national audit benchmarking acute medical care showed that care was in line with or better than national practice. Clarifications on measures will be sought. Addressing some of the difficulties in recruiting to posts should ensure that care remains timely, organised, well-led and delivered by the right staff, for the varied group of patients using the service.
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Medical Specialties - Care of the Elderly

4998	This national audit of dementia care showed that, in general, results were better than the national average, scoring well in nutrition and the creation of dementia champions. However, there remains scope for improvement (also reflective of the national findings), and these have already been included in the Trust's Dementia work-plan.
5366	This audit demonstrated that, whilst the results on the process of Advance Care Planning (ACP) itself were reassuring, improvements to methods of communicating ACP to GPs and other community services can be made, including further education to raise awareness on the importance of communicating ACP for those who write the discharge summaries.

Medical Specialties - Contraceptive & Sexual Health Services (CASH)

5043	This audit showed generally good performance against the standards. Discussions are taking place around the feasibility of including more history in the information shared with Unity Sexual Health Clinic from The Bridge sexual assault referral centre.
5149	This audit demonstrated that the majority of patients in the Pregnancy Advisory Service had good documentation. Good practice was highlighted to staff and further education for relevant staff regarding how to complete the record sheet correctly has been put in place.
5202	Amendments to proformas and registration paperwork are to be undertaken as a result of this audit, to try to improve documentation for those under 25 attending Unity Sexual Health Clinic and partners.
5241	As a result of this audit to review the management of ano-genital warts within Unity Sexual Health Clinic against local and national guidelines, reminders to staff about the importance of detailed documentation if not using the genital map/ diagram have been issued. A review of the Trust guideline is also under discussion.
5314	This audit confirmed good performance against most of the Faculty of Sexual and Reproductive Healthcare (FSRH) standards for the use of progestogen-only injectable contraception. Adjustments to the proformas in use and further education to raise awareness of the importance of considering and discussing other options to POI contraception have been implemented.
5316	The results of this audit of patients referred to the complex implant removal clinic showed that the majority of standards were met to a high degree. The findings of the audit will be shared with practices, reminding them that with impalpable implant there is a need for effective bridging contraception and not to attempt blind removal.
5317	The results from this audit of combined hormonal contraceptives use in Unity Sexual Health were generally encouraging. Education / reminders to staff have been put in place to raise awareness of some documentation issues.
5346	This audit demonstrated good compliance with the majority of the British Association for Sexual Health and HIV (BASHH) standards in the treatment of patients with chlamydia infection at the Unity Sexual Health Clinic. It has led to several improvements to the proformas and paperwork used.
5347	Following this audit, work is underway to support the use of the UTI guideline algorithm to diagnose and treat UTIs and improve compliance with standards.

5388	This audit of documentation of essential patient information and testing demonstrated good compliance with the majority of the standards. Reminders to staff about the importance of recording the compulsory information have been issued.
5393	This audit confirmed good performance against standards for the referral process, with most GP referrals having considered and covered pregnancy risk and on-going contraceptive needs. The development of a script for reception to use will ensure that patients receive the recommended pregnancy risk information.
Medical Specialties - Dermatology	
4340	This national audit of non-melanoma skin cancer excision and completeness of histopathological reporting demonstrated good compliance with standards, with the data suggesting a high level of complete excision and low level of complications.
4685	This national audit demonstrated that psoriasis continues to be assessed and managed in accordance with national guidelines and standards. It also identified areas on which to focus improvement efforts: in the provision of psychological support and timely access to phototherapy.
5171	Following this audit, changes to the surgical booking forms and a separate follow-up proforma have been implemented, together with increased clinical nurse specialist follow-up for patients.
5246	Broad compliance with standards was demonstrated in submission of photographs to teledermatology. The results will be shared with both the referring practices and the implementation company who set up the service, in the hope that ensuring tighter adherence to the criteria will improve referral quality.
5273	This re-audit of paediatric eczema demonstrated high compliance with NICE guidelines and dramatic improvement in documentation of disease impact on Quality of Life (QoL) and psychological impact. Reminders have been issued of the importance of documenting clinical severity and QoL assessment for all patients with moderate to severe eczema.
5351	Following this audit of the screening guidelines for patients who are prescribed Hydroxychloroquine by the Dermatology department, actions have focussed on improving the documentation of the provision of HCQ retinopathy and screening information and on raising awareness of the guidelines amongst both the dermatology consultants and new registrars.
Medical Specialties - Diabetes & Endocrinology	
5254	This audit demonstrates that the majority of patients diagnosed with Multiple Endocrine Neoplasia 1 are being offered the appropriate lifelong screening in line with the current guidelines. Clinicians will be asked to complete Medway outcome forms rather than paper ones and local guidelines will be reworded to allow for clinical judgement and patient choice.
Medical Specialties - Gastroenterology & Hepatology	
4934	Following this audit of ascetic tap in patients with cirrhosis and ascites, changes have been made to the order for ascetic fluid on ICE and teaching sessions set up for junior doctors regarding the use of the decompensated cirrhosis care bundle.
5403	As a result of this audit investigating symptom-triggered withdrawal prescribing of chlorthalidone on the hepatology ward, further training and reminders highlighting the proforma will be provided to doctors at induction to the department.
Medical Specialties – Liaison Psychiatry	
5028	This re-audit has shown an improvement in response time of Adult Psychiatry Liaison to Emergency Department patients. The team plan to look at updating the current rainbow triage tool and whether this could be incorporated into practice at the BRI.
5230	As a result of this audit of depression in adults in general hospital settings, barriers to the recognition of depression will be explored by surveying the F1 doctors and the nurses working on the AMU and further training will be provided.
5280	This re-audit provided good evidence that patients' risk is being appropriately assessed by the Emergency Department (ED) and showed improvement since the original audit. Further teaching for ED staff will be provided regarding monitoring patients while in the department.
Medical Specialties - Respiratory	
4935	This audit demonstrated 100% compliance with screening for latent tuberculosis infection prior to commencing biological therapy. Following the audit, a "History Taking notes" section was added to the current proforma.
Medical Specialties - Rheumatology	
5345	This re-audit of the monitoring of hydroxychloroquine-associated retinopathy showed improvements on compliance from the previous audit. The results have been fed back to staff, with reminders to retain awareness of the long-term risks of HCQ.

3.3 Specialised Services

Activity and project approval

56

Projects completed or in progress within the year

Cardiac Services	24	Clinical Genetics	4
Haematology, Oncology and Palliative Medicine			28

Programme	Division	Projects registered and approved before start			
80%	71%	Cardiac Services	63%	Clinical Genetics	75%
		Haematology, Oncology and Palliative Medicine			79%

38

New projects registered in the year

Cardiac Services	15	Clinical Genetics	2
Haematology, Oncology and Palliative Medicine			21

Programme	Division	Projects registered and approved before start			
76%	67%	Cardiac Services	50%	Clinical Genetics	50%
		Haematology, Oncology and Palliative Medicine			78%

Project drivers

14

Re-audit projects

Cardiac Services	6	Clinical Genetics	2
Haematology, Oncology and Palliative Medicine			6

Programme	Division	Proportion of projects that are re-audits			
29%	25%	Cardiac Services	25%	Clinical Genetics	50%
		Haematology, Oncology and Palliative Medicine			21%

21

Projects measuring practice against national standards/guidance

Cardiac Services	11	Clinical Genetics	0
Haematology, Oncology and Palliative Medicine			10

Programme	Division	Measuring practice against national standards/guidance			
22%	38%	Cardiac Services	46%	Clinical Genetics	0%
		Haematology, Oncology and Palliative Medicine			36%

8

Audits identified through incident or risk management

Cardiac Services	3	Clinical Genetics	1
Haematology, Oncology and Palliative Medicine			4

Programme	Division	Identified through incident or risk management			
11%	14%	Cardiac Services	13%	Clinical Genetics	25%
		Haematology, Oncology and Palliative Medicine			14%

Abandoned and deferred projects

40

Projects abandoned or deferred in the year

Cardiac Services	20	Clinical Genetics	0
Haematology, Oncology and Palliative Medicine			20

Programme	Division	Projects abandoned			
15%	42%	Cardiac Services	45%	Clinical Genetics	0
		Haematology, Oncology and Palliative Medicine			42%

Programme	Division	Projects deferred			
1%	0%	Cardiac Services	0	Clinical Genetics	0
		Haematology, Oncology and Palliative Medicine			0

Completed projects

20

Projects completed within the year

Cardiac Services	8	Clinical Genetics	4
Haematology, Oncology and Palliative Medicine			8

Programme	Division	Projects with a written report produced			
96%	95%	Cardiac Services	88%	Clinical Genetics	100%
		Haematology, Oncology and Palliative Medicine			100%

Programme	Division	Projects with an action plan agreed or not needed			
99%	95%	Cardiac Services	100%	Clinical Genetics	100%
		Haematology, Oncology and Palliative Medicine			88%

The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.

Cardiac Services

Cardiac Services - Cardiac Surgery

4632	Following this audit of the success of atrial fibrillation ablation surgery, advice and training on Novel Oral Anticoagulant (NOAC) use has been provided and changes have been made to the PATS database, including a tick box for atrial fibrillation and improved documentation of lesion sets used in notes.
5071	This audit of transoesophageal echocardiogram showed excellent compliance with standards.
5245	The results of this evaluation demonstrate that Frozen Elephant Trunk (FET) operations at the BRI are comparable to the aggregate risk scores of published literature. Longer-term follow-up needs to be maintained in this cohort and a database to collate this patient information has been established.
5253	This audit of safe discharge showed good compliance with standards in the sample of patients audited. Actions focused on creating a pace wire (PW) removal form, updating current Trust guidelines, and reconsidering routine insertion of PW for uncomplicated coronary artery bypass graft patients.
5306	This audit investigated the results of type A aortic dissection repair and demonstrated that the outcomes against GIRFT (Getting It Right First Time) recommendations were broadly comparable, with CT scan to operation times significantly better.

Cardiac Services - Cardiology

5084	This audit demonstrated that the majority of patients had a WHO (World Health Organization) surgical safety checklist present on either CARDDAS or Evolve. The current information system now needs to be configured to enable routine audit of documentation on the checklist.
5243	This audit confirmed good performance against standards for aspirin prescribing and advice following trans-catheter pulmonary valve implantation. As a further safeguard, any patients found to not be currently taking aspirin will be contacted.
5532	Following this audit of drug amendments in cardiology wards at the BHI, both junior and senior doctors have been made aware of pharmacy guidelines and given examples of how to amend prescriptions.

Oncology & Clinical Haematology

Oncology & Clinical Haematology - Clinical Haematology

4890	This audit of bendamustine use in chronic lymphocytic leukaemia and low grade non-Hodgkin's lymphoma has led to focus on tracking infective complications (including mortality) in the current cohort of patients receiving bendamustine and achieving consensus amongst consultants regarding ongoing PCP prophylaxis for lymphopenic patients.
5192	As a result of this audit of haematological cancers, it is planned to establish formal reporting structures to support the specialist integrated haematological malignancy diagnostic service (SIHMDS).
5349	This audit demonstrated improvements in compliance with national and local standards on the prescription of Rasburicase in tumour lysis syndrome. Local guidelines are being revised, in particular to include guidance on novel agents.
5363	Following this audit of acute chest syndrome in patients with Sickle Cell Disease, improvements are being made in staff education and providing easy access to guidelines.
5427	As a result of this audit of the prevention and management of steroid-induced hyperglycaemia in outpatient myeloma chemotherapy, measures have been put in place to educate staff to identify and document patients at risk, and a dedicated textbox has been added on the Medway PAC form for steroid complications.

Oncology & Clinical Haematology - Oncology

4366	Following this audit of SABR (Stereotactic Ablative Body Radiation) treatment of Stage 1 non-small cell lung cancer, a toxicity proforma for follow up appointments has been designed, together with dedicated SABR meetings to review plans and allow peer review of planning volumes.
5083	This audit demonstrated good outcomes for concurrent treatment with Radium-223 and enzalutamide. Changes to the licence mean that oncology will no longer be able to use concurrent Radium and Enzalutamide.

Oncology & Clinical Haematology - Palliative Medicine

4785	This audit showed that there was a big improvement in both the acknowledgement and responses to End of Life Care complaints. A process map of where delays occur is being developed to assist continual improvement.
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Clinical Genetics

4864	This audit demonstrated that referrals to the Clinical Genetics Rapid Access Cancer Clinic are appropriate. Recruitment to clinic co-ordinator roles has now been completed, which should improve timeliness of initial patient contact.
5610 5124	These annual audits showed continued good compliance with midwives referring women with a positive haemoglobinopathy screening result to the Clinical Genetics department, as well as with timeliness of the department's communication with the patient after referral. These results are also a significant improvement from when the department first took over the service.

3.4 Surgery

Activity and project approval

175	Projects completed or in progress within the year	Anaesthesia & Critical Care	29	Ophthalmology	39
		Dental & Maxillofacial Surgery	64	Surgical specialties	43

Programme	Division	Projects registered and approved before start			
80%	94%	Anaesthesia & Critical Care	97%	Ophthalmology	95%
		Dental & Maxillofacial Surgery	95%	Surgical specialties	91%

83	New projects registered in the year	Anaesthesia & Critical Care	15	Ophthalmology	15
		Dental & Maxillofacial Surgery	39	Surgical specialties	14

Programme	Division	New projects registered and approved before start			
76%	90%	Anaesthesia & Critical Care	93%	Ophthalmology	93%
		Dental & Maxillofacial Surgery	92%	Surgical specialties	79%

Project drivers

41	Re-audit projects	Anaesthesia & Critical Care	5	Ophthalmology	5
		Dental & Maxillofacial Surgery	20	Surgical specialties	11

Programme	Division	Proportion of projects that are re-audits			
29%	23%	Anaesthesia & Critical Care	17%	Ophthalmology	13%
		Dental & Maxillofacial Surgery	31%	Surgical specialties	26%

15	Projects measuring practice against national guidance	Anaesthesia & Critical Care	4	Ophthalmology	1
		Dental & Maxillofacial Surgery	1	Surgical specialties	9

Programme	Division	Measuring practice against national standards/guidance			
22%	9%	Anaesthesia & Critical Care	14%	Ophthalmology	3%
		Dental & Maxillofacial Surgery	2%	Surgical specialties	21%

10	Audits identified through incident or risk management	Anaesthesia & Critical Care	3	Ophthalmology	1
		Dental & Maxillofacial Surgery	4	Surgical specialties	2

Programme	Division	Identified through incident or risk management			
11%	6%	Anaesthesia & Critical Care	10%	Ophthalmology	3%
		Dental & Maxillofacial Surgery	6%	Surgical specialties	5%

Abandoned and deferred projects

16	Projects abandoned or deferred in the year	Anaesthesia & Critical Care	5	Ophthalmology	3
		Dental & Maxillofacial Surgery	2	Surgical specialties	6

Programme	Division	Projects abandoned			
15%	7%	Anaesthesia & Critical Care	15%	Ophthalmology	0%
		Dental & Maxillofacial Surgery	3%	Surgical specialties	12%

Programme	Division	Projects deferred			
1%	2%	Anaesthesia & Critical Care	0%	Ophthalmology	7%
		Dental & Maxillofacial Surgery	0%	Surgical specialties	0%

Completed projects

52	Projects completed within the year	Anaesthesia & Critical Care	7	Ophthalmology	8
		Dental & Maxillofacial Surgery	24	Surgical specialties	13

Programme	Division	Projects with a written report produced			
96%	94%	Anaesthesia & Critical Care	100%	Ophthalmology	89%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	85%

Programme	Division	Projects with an action plan agreed or not needed			
99%	98%	Anaesthesia & Critical Care	86%	Ophthalmology	100%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	100%

The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.

Anaesthesia & Critical Care Services

Anaesthesia & Critical Care – Anaesthesia

5197	Results were variable across theatre sites for this audit of anaesthetic machine checks, but good results were observed in Queen's Day Unit and future work is planned to look at pre-case checks.
5370	As a result of these audits relating to aspects of anaesthetic staffing, it has been agreed that more consultant anaesthetists should be allocated to cover trauma lists.

Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia

4888	This audit demonstrated good practice in waiting to administer antithrombotic therapy until at least 4 hours after regional anaesthesia has been performed or epidural catheter has been removed in women delivering at St Michael's Hospital. Additionally, a protocol has been agreed to ensure there is an appropriate upper limit on the length of time women have to wait for this.
5376	As a result of this audit, a flowchart is being developed to help clinicians manage anaemia in patients for elective caesarean section.

Anaesthesia & Critical Care & Theatres – Integrated Critical Care Services

5365	Following this audit, staff education was provided to improve knowledge of the enhanced recovery pathway standards.
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Dental Services

Dental Services - Oral & Maxillofacial Surgery

5120	This audit demonstrated that all patients were adequately hydrated and had symptom control whilst waiting for surgery.
5228	This audit showed improvements in quality of discharge documentation for inpatients since a previous audit cycle.
5236	Following this audit, staff education has been provided reiterating that patients must receive radiographs within 24 hours and a dental trainee checklist has been drawn up.
4920	There was a general improvement across all standards in this re-audit compared to the previous cycle in 2015. It was proposed to conduct small-scale clinical audits or peer audits at least yearly to maintain the new and improved standards.
5212	Staff education was delivered at the Maxillofacial Surgery meeting to reiterate that two radiographic images should be used to allow pre-operative localisation of impacted canines.

Dental Services – Oral Medicine

5128	Following this audit of biopsy referrals, a checklist has been introduced to improve recording of biopsy site, provisional diagnosis and next review date.
5226	This audit showed an improvement in compliance with completing each section of oral medicine referral forms in comparison to the first audit cycle.
5512	New template proformas for ophthalmology screening of patients receiving hydroxychloroquine for oral lichen planus are being introduced as a result of this audit, as per Royal College of Ophthalmologists guidelines.

Dental Services - Orthodontics

4950	Following this audit, education has been provided to dental trainees and orthodontic therapists regarding obtaining consent for fixed orthodontic appliances.
5223	Following this audit, education was provided to staff on reporting and grading of radiographs in orthodontics.
5332	This audit showed a large improvement since the first audit cycle in documenting dental trauma for new orthodontic patients.

Dental Services - Paediatric Dentistry	
4828	Guidance has been written for general dental practitioners following this audit of dental awareness in parents of children with inherited bleeding disorders.
5210	Following this audit of preventive care of children requiring general anaesthetic (GA) for caries management, changes were made to the GA pathway booklet and a patient information leaflet was developed.
5333	Improvements were observed in provision of dental screening for paediatric patients prior to bone marrow transplant and a patient information leaflet has been developed.
5420	Through the introduction of a new proforma, improvement has been shown throughout four cycles of audit in the standard of record-keeping for patients attending their initial consultation appointment in a consultant clinic.
Dental Services – Primary Care Dental Service	
4853	Improvements were observed in completion of the patient representative form following this audit cycle and results have been included in trainee induction.
5463	Following this audit of emergency equipment and drugs, equipment was purchased in the primary care dental clinics to bring resources in line with national standards.
Dental Services - Restorative Dentistry	
5224	There are plans to move to an electronic referral system following this audit of the quality of radiographs on referral forms.
5357	Following this audit, a quality assurance policy for display monitors has been introduced, to include yearly calibration and daily/weekly checks with a quality control test card. Monitors that do not meet the standards have been replaced.
5384	This audit confirmed best practice in referring patients to NHS Stop Smoking services, demonstrating significant improvements since a previous audit cycle.
5485	Laminated posters have been attached to computers in restorative dentistry to act as aide memoir regarding the importance of grading and reporting radiographs following this audit.
Ophthalmology	
5275	This audit confirmed that the hydroxychloroquine retinopathy screening service is performing well against the majority of criteria measured. Staff education has been provided to increase awareness of requirements for the separate baseline and screening appointments.
Ophthalmology – Cornea & Cataracts	
4753	This audit showed good outcomes and low complication rates in collagen cross linking for young people with keratoconus.
5026	In this audit of conjunctival biopsies for suspected mucous membrane pemphigoid, the standards on documentation and sample transport were fully met. A local clinical guideline is in development to try to improve positive biopsy rate.
Ophthalmology - Glaucoma & Shared Care	
5081	Improvements were observed across nearly all standards in this repeat audit of giant cell arteritis. Clinic slots have been increased following a joint meeting with Rheumatology.
Ophthalmology - Medical & Surgical Retina	
5168	Two additional age related macular degeneration clinics are now in place as a result of the audit, to reduce waiting times for patients.
Ophthalmology - Paediatrics, Oculoplastics & Squint	
4774	Teaching has been widely provided on the results of this audit of children presenting with swollen optic discs. The proforma has been redesigned to reduce tests that are not warranted.
Surgical Specialties	
Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)	
4911	This audit has led to changes in the way that requests for MRI of the internal auditory meatus are made by GPs, in order that ENT specialists have more oversight and patients have hearing tests before scans are booked.
5442	Two cycles of audit demonstrated that changes made to the operation note were effective at improving documentation of key details of the operation.
5411	This audit found a closure rate for myringoplasty in patients over 16 that compared well with reported rates in the literature.
Adult Surgical Specialties - Colorectal Surgery	
5189	As a result of this audit the pre-operative frailty assessment was changed to use a more robust measure via the Rockwood Clinical Frailty Scoring system.
5249	A bundle of measures to improve wound care was implemented following this audit of surgical site infection (SSI) in elective patients and the colorectal team are evaluating SSI rates on an ongoing continuous monitoring basis.
5259	This second audit cycle confirmed best practice with regard to extended venous thromboembolism prophylaxis for patients who have had major cancer. The results were an improvement on the previous audit cycle.

Adult Surgical Specialties - Thoracic Surgery

5139	A chronic pulmonary multi-disciplinary referral pathway was developed as a results of this audit, liaising with North Bristol NHS Foundation Trust where this service has now been transferred.
5251	Following this audit of thoracic Clinical Nurse Specialist telephone follow up, an information leaflet has been created for patients, including information on symptoms, medication and contact telephone numbers.
5503	Significant improvements were observed in this re-audit of the assessment and initial management of rib fracture.

Adult Surgical Specialties - Upper GI Surgery/Hepatobiliary

5310	A bundle of measures to improve wound care was implemented following this audit of surgical site infection (SSI) in elective upper GI patients.
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3.5 Women's and Children's

Activity and project approval

193

Projects completed or in progress within the year

Children's Services	147
Women's Services	46

Programme	Division	Projects registered and approved before start	
80%	68%	Children's Services	67%
		Women's Services	70%

124

New projects registered in the year

Children's Services	103
Women's Services	21

Programme	Division	New projects registered and approved before start	
76%	66%	Children's Services	64%
		Women's Services	76%

Project drivers

72

Re-audit projects

Children's Services	52
Women's Services	20

Programme	Division	Proportion of projects that are re-audits	
29%	37%	Children's Services	35%
		Women's Services	43%

37

Projects measuring practice against national standards/guidance

Children's Services	25
Women's Services	12

Programme	Division	Measuring practice against national standards/guidance	
22%	19%	Children's Services	17%
		Women's Services	26%

30

Audits identified through incident or risk management

Children's Services	18
Women's Services	12

Programme	Division	Identified through incident or risk management	
11%	16%	Children's Services	12%
		Women's Services	26%

Abandoned and deferred projects

16

Projects abandoned or deferred in the year

Children's Services	8
Women's Services	8

Programme	Division	Projects abandoned	
15%	7%	Children's Services	5%
		Women's Services	15%

Programme	Division	Projects deferred	
1%	1%	Children's Services	1%
		Women's Services	0%

Completed projects

100

Projects completed within the year

Children's Services

76

Women's Services

24

Programme

Division

Projects with a written report produced

96%

96%

Children's Services

96%

Women's Services

96%

Programme

Division

Projects with an action plan agreed or not needed

99%

99%

Children's Services

100%

Women's Services

96%

The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.

Children's Service

Children's Services - Anaesthesia

5322 As a result of this audit of analgesic prescribing following surgery, the current day case booklet drug chart is being evaluated and anaesthetic registrar induction by the Pain Team is to continue.

5433 Following this audit of Microcuff endotracheal tube (MCETT) use, each theatre has been provided with an MCETT cuff pressure monitor system to enable appropriate measurement and a business case is being prepared for funding this.

Children's Services - Audiology

5278 Staff have been reminded of the importance of discussion with parents of children with otitis media with effusion and providing written information. Where possible, standard letters are to be implemented when a treatment option is decided, to act as a prompt to check written information was given.

Children's Services - Burns & Plastics

5281 Two audits of burns referral documentation demonstrated improvement. Processes are to be further reviewed following implementation of a telemedicine system.

Children's Services - Cardiac Services

5191 Following this audit of cardiomyopathy screening in children, a customised electronic recording system, where nomenclature of results matches nomenclature of test requested, is being pursued.

5417 Organisation of the Joint Cardiac Conference has been changed as a result of this audit. A decision is now taken in advance about who should be there, so that relevant staff are available to discuss cases being considered by the meeting.

5419 Following this audit of pre-admission clinic blood sampling, guidance on what samples need to be taken is to be clarified and arrangements will be made for relevant patients to be booked in earlier with phlebotomists on the day before surgery.

5490 As a result of this audit of cardiac echocardiogram reporting, it has been agreed to implement standardised reporting. Individual feedback on performance and progress will be given when this is repeated.

5493 Throughput through the cardiac catheter lab has been improved since this audit by changing the timing of provision of pre-med drugs and a dedicated imaging team is now performing the majority of Trans-Oesophageal Echocardiography.

5497 Plans of care in cryoablation are being developed for particular patient sub-groups as a result of this audit, and freedom from tachycardia is to be assessed at 3 months post-procedure.

5594 Following this audit of the Outreach Clinic at Royal Cornwall Hospital, the distribution of the admin workload is to be reviewed at a meeting between the visiting UHBristol Consultant and local paediatricians with expertise in cardiology in order to reach a fair balance between them.

Children's Services - Dietetics

5252 The local guideline for monitoring ketogenic diet is to be updated in line with recent published research after this audit.

Children's Services - Emergency Department

4814 Following this national audit of pain in children, an information leaflet on methods of pain management will be provided when patients are discharged with a broken bone and staff education has been provided via "Message of the Week".

5115 Following this re-audit of fever in children less than 1 year old, "Message of the Week" has been used to raise awareness of the need for senior review of these children and an update to Medway has been requested to incorporate an automatic prompt for this.

5196 As a result of this re-audit of procedural sedation, use of criteria-led discharge after sedation is being encouraged for all patients and the consent form is to be added to the procedural sedation checklist.

5337	Since this audit of recording weight, education has been provided to medical and nursing staff about when it is appropriate to use estimated weights and how these estimates can be best reached. A new drug chart has been implemented, with space for nursing staff to sign when they took the weight.
5338	An acute limp patient information leaflet is being produced following this audit.
5341	As a result of this re-audit of single checking medication and adherence to Patient Group Directives (PGD), it was agreed that more staff are to be PGD/single check trained, to enhance the patient experience and ensure no delay to medication, and a revised CAS Card is to be developed for triage within PGD Guidelines.
5413	Alcohol and drug use information and mental health packs for patients and their families are to be publicised during induction talks following this audit, and the addition of a prompt in the social care notification form on Medway about leaflet distribution will be requested.
5547	Following this re-audit of febrile neutropenia, advice for senior nurses on coding haematology/oncology patients with temperatures has been issued and the local guideline revised to include a proforma to prompt appropriate action. Training has also been provided for nurses in how to manage difficult line access.
5552	A booklet for new starters and a teaching package for trainees are being introduced following this re-audit of the safeguarding checklist. Changes to Medway to include an obligatory safeguarding checklist on the discharge screen are being requested. A questionnaire has been sent to trainees about use of the checklist and improvements to the current safeguarding process.
5553	Following this audit, structured headings are to be created for Medway discharge summaries.
5604	A laminated guide to completing discharge summaries on Medway is being introduced to direct specialty team members towards when in the department, following this audit of GP letters for children discharged from the emergency department.
Children's Services - Endocrinology	
5160	As a result of this audit of diabetic ketoacidosis management, the local guideline is to be revised to improve clarity, there are plans to include additional training at nursing learning days, and a new protocol has been produced with pre-calculated values, a serial data sheet, and a flow chart for the switch to subcutaneous insulin.
5390	Systems are to be revised after this audit to ensure that all patients enlisted in the Tier 3 Paediatric Obesity Service have had all relevant blood investigations performed and that they meet the referral criteria.
5391	The importance of full recording as per local guidelines is to be emphasised at induction, following this audit of use of recombinant human growth hormone in children.
5400	Following this audit of management of neonatal hypocalcaemia in intensive care patients, a request is being made to group investigations together on ICE, making it easier for clinicians to order the appropriate tests.
5401	The results of this audit of paediatric thyrotoxicosis have been presented to the wider endocrine clinical group and consultant leadership group to promote uniform practice-regimens and the local guideline has been revised to better emphasize the suggested investigation section, with re-wording of the side effects warning.
Children's Services - General Paediatrics	
5156	The system for criteria led discharge (CLD) for children with bronchiolitis has been revised as a result of these two audit cycles, ensuring the new CLD form is easily available, and education is being provided for nursing and medical staff about CLD.
5407	As a result of this audit of management and recognition of sepsis, procedures for screening children over 12 years old have been revised, training is to be provided on the care pathway for suspected sepsis, and monitoring effectiveness of the screening protocol is to continue, with changes made where appropriate.
5434	Following this base-line audit, a Mouth Care Assessment & Record tool has been implemented, teaching to staff on Caterpillar ward is being provided, and the "Mini Mouth Care Matters" campaign is to be promoted via posters on the ward.
5474	Education is to be provided for junior ED medical staff in the HEEADSSS screening tool for safeguarding after this audit, and a further survey of clinical staff is to be carried out to investigate use of the checklist.
Children's Services - Immunology & Infectious Disease	
5328	A checklist has been produced to go in the clinical notes for children with hereditary angioedema (C1 Esterase Inhibitor Deficiency) after the completion of this audit.
5435	Following this audit of immunoglobulin replacement therapy a checklist has been produced to improve record keeping.
Children's Services - Intensive Care (PICU)	
5279	Following this audit of documentation for critical care patients transported by the WATCH team, teaching posters have been produced to remind the team of relevant guidelines and paperwork has been updated to record actual transfer times in the ambulance, as well as the current bed-to-bed time, to improve availability of data for future audit.
Children's Services - Neonatology	
3779	Over the course of this monthly audit, improvements were made in documenting evidence of the regular checking of newborn life support equipment on the neonatal intensive care unit.
5274	Good compliance was found in some aspects of discharge documentation requirements and a programme of education was carried out to improve awareness of other aspects amongst staff.

5425	Changes were made to the parenteral nutrition recipes for preterm infants in between two cycles of this audit, demonstrating improved nutrient intakes in those that received it on time. Further work has since been done to explore reasons for delay in starting parenteral nutrition within 6 hours and to ensure current guidance is up to date with any available evidence on correct line position.
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Children's Services - Nephrology

5311	This audit of infectious complications resulting from renal replacement therapy led to the use of peritoneal dialysis swabs being revised and to updating of the local guideline with the recommended antibiotic choice for haemodialysis line infection.
5312	Following this re-audit of paediatric patients receiving renal replacement therapy, it was agreed that optimal upper limit of Hb should be explored as part of update of NICE anaemia guidance and the importance of documentation of height and blood pressure on proton flagged at Departmental presentation.

Children's Services - Neurology

5500	Following this audit of intravenous immunoglobulin (IVIG), a reminder has gone to medical staff regarding completion of follow-up forms and copying clinic letters to the pharmacist, and a programme of nurse training and signing off competency administering IVIG is to be initiated.
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Children's Services - Neurosurgery

5216	This re-audit of time critical transfer to the neurosurgery centre demonstrated improvement since previous cycles. The introduction of a standardised transfer protocol is being explored, and time-critical transfer simulation sessions are planned.
5369	This audit looked at inappropriate out of hours calls to on-call neurosurgery registrars and has led to further publicising of the neurosurgical referral pathway and investigation of ways to reduce out of hours arrivals of non-urgent neurosurgical patients.

Children's Services - Oncology & Haematology

4985	As a result of this annual audit of blood stem cell testing, use of a follow up checklist 14 days post-procedure is to be instigated and staff encouraged to document provision of Children's Cancer & Leukaemia Group booklets.
5303	Following this audit there was agreement to work with staff on the ward to raise awareness of minimum standards for fluid balance documentation, so that it is consistently implemented.
5336	The paediatric vancomycin guideline is being revised to align with the Children's National Formulary and remove sources of confusion following this audit of vancomycin use in teenage patients. Laminated charts will be put in the ward's drug room for quick reference by nursing and medical staff.
5379	This audit and re-audit of Local Safety Standards for Invasive Procedures (LocSSIPs) for lumbar punctures and bone marrow aspirates showed improvement in recording of appropriate care following introduction of a proforma sticker.
5380	Following this audit of the use of the procedures diary and procedures forms on Oncology Day Beds, which make it clear which procedures are to be carried out, the forms are to be taken to weekly MDT meetings in advance of patient attendance and explanation of the process is to be included in trainee induction.
5450	As a result of this audit of Vitamin D supplementation for patients undergoing a haematopoietic stem cell transplant, advice is to be added to the discharge summary regarding supplementation and checking levels, in order to ensure this is handed over from UH Bristol to regional dietitians.
5461	This re-audit of nutrition screening for cancer patients demonstrated improvement since the initial audit. Nutrition screening education with the oncology clinical skills facilitator is to continue, as new staff are often less confident with the tool.
5520	The importance of checking and updating patients' central venous catheter care plans daily was communicated via the safety briefing at ward handovers and emailed to all members of staff on the ward following this audit.
5529	Following this annual audit of the management of blood and bone marrow cellular products with positive microbacterial culture results, the standard procedure has been revised to instruct the parents to wash the donor with chlorhexidine or betadine the night before the harvest.

Children's Services - Pharmacy

5350	This ongoing annual audit demonstrated high compliance with standards relating to verification of chemotherapy drug administered against the written prescription.
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Children's Services - Radiology

5298	The use of a single code for recording procedure is being implemented and a standardised procedure, including timing of re-attempt, has been written following this audit of non-operative reduction of intussusception.
5318	This audit of national guidance on radiological investigation of suspected physical abuse has led to changes in the way images are processed and sent to PACS to safeguard against them being deleted, and it was re-iterated to staff that the 72hr reporting target applies for follow up as well as "initial" skeletal surveys.
5564	Following this audit of use and accuracy of gonad shielding in radiographs of the pelvis/hips, the topic will be covered as part of induction for newly appointed Radiographers and Consultant Radiologists, while departmental protocols have been circulated to all and displayed in both radiology control rooms as a reminder.

Children's Services - Respiratory

4496	Following this audit the Bristol Pleural Infection Management in Children Guideline was revised and updated, informed by the
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	findings of the audit.
5219	Guidelines for the use of both exhaled nitric oxide (FeNO) and nasal nitric oxide (nNO) have been developed as a result of this audit and systems for recording the "PICADAR" criteria to obtain a predictive score have been reviewed.
Children's Services - Rheumatology	
4987	Following this audit, education has been provided locally, nationally and internationally about the importance of recognising highly elevated ferritin (HEF) levels and secondary haemophagocytic lymphohistiocytosis / macrophage activation syndrome. A biochemistry alert system for highlighting ferritin greater than 10,000 to Bristol clinical teams is being investigated.
5402	Local guidelines for Kawasaki Disease have been updated following this audit to rectify discrepancies regarding intra-venous immunoglobulin administration and a checklist has been added to prompt correct investigations and management.
Children's Services - Surgery	
5471	Guidelines for antibiotic use in appendicitis in treatment rooms have been checked to ensure they are up to date after this audit, and a reminder sent to surgical SHOs and SpRs of the different indications and dosing changes.
Children's Services - Trauma & Orthopaedics	
5353	Improvement in many standards was demonstrated in this re-audit of clinical coding and information provided on operation notes. Coding posters are to be highlighted and a standard operation note proforma to prompt appropriate recording is to be investigated.
5406	As a result of this audit of documentation of neurovascular status at paediatric specialty clerking, which demonstrated improvement where a checklist was used, education in its use is to be provided at induction for doctors in training.
5494 5509	Following introduction of a paediatric admission booklet, these audits of specialty patient clerking demonstrated improvements in documentation and it has been ensured that all wards have a good stock of booklets easily accessible.
Women's Services	
Women's Services - Gynaecology	
5012	This audit of augmented care in gynaecology demonstrated good compliance with documentation of appropriate indications for attending and of management plans. It also showed that correct action is being taken where a patient's condition deteriorates. Introduction of more regular "board rounds" with the on-call team will allow better review of patients.
5263	This premature ovarian failure audit showed good compliance with the majority of standards relating to diagnosis and management, and has helped support discussions regarding funding a specialist menopause service for Bath, North Somerset and South Gloucestershire.
5348	As a result of this audit of management of pelvic inflammatory disease in gynaecology inpatients, an existing patient information leaflet will be adapted for the inpatient context and local guidelines will be adapted and improved, following a change in available national guidance.
5374	This audit of laparoscopic morcellation of uterine fibroids showed good compliance with all standards, as well as prompt and effective management of any surgical complications.
5375	The majority of standards relating to consent in gynaecology were well met and work is underway to develop pre-printed consent forms for suitable procedures, in order to aid the documentation process and to act as a prompt for clinicians.
5566	This annual audit of documentation in intrauterine insemination, a mandatory requirement for renewal of the HFEA license in the Reproductive Medicine department, demonstrated good compliance with all standards.
Women's Services - Obstetrics & Midwifery	
4861	This audit of quantitative fetal fibronectin testing to predict the likelihood of preterm labour found that appropriate patients were being tested and that all patients with a result above the threshold specified in the guideline were admitted and received steroids.
5187	This annual audit has shown continued good practice in identifying and documenting risk factors requiring neonatal observations on initial examination of the baby by a midwife.
5200	Good practice has shown on maternity wards with regard to signing and dating of prescriptions, completion of venous thromboprophylaxis assessments and review of these assessments if the patient's condition changed, checking booking weight prior to prescribing enoxaparin, and documenting medication reviews when they take place.
5229	Two cycles of audit demonstrated the efficacy of training using a birthing simulator, which has allowed midwives to practice performing vaginal examinations and gain experience in diagnosing different malpresentations. The training continues to be provided as part of skills drills and is also available for trainee doctors new to the labour wards.
5267	This audit demonstrated good compliance by midwives with the majority of standards relating to examinations of the newborn within the first 72 hours. Following the audit, weekend clinics are now running to allow more opportunities for midwives to increase their experience, face-to-face training is provided by neonatologists every six months, and a new administrative assistant has been recruited to help the newborn screening team with tracking of patients.
5313	This audit demonstrated the value of the newly established high-risk pre-term birth prevention service at St Michael's hospital. A specialist midwife has since been recruited and now manages referrals from community midwives, which will reduce the risk of late referrals.

5396 5172	These two audits demonstrated good practice with regard to management of neonatal jaundice by the midwives at St Michael's hospital.
5404	Following this audit of the management of pregnant women with cardiac conditions at St Michael's Hospital, improvements have been made to management of women having induction, and a newly recruited cardiac antenatal care midwife now attends multi-disciplinary team meetings where care plans are agreed. Improvements are also being made to patient information leaflets, in part to empower patients to monitor their own care.
5540	Several cycles of audit of Symphysis Fundal Height (SFH) measurements in pregnancy have shown consistent good compliance with making appropriate referrals if the SFH deviates from the norm, as well as general improvement in all standards since the first cycle.

Appendix A - UH Bristol Clinical Audit Staff (as at March 2020)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Andrew Day
	Medical Physics & Bioengineering		Mr Phil Quirk
	Pharmacy		Mr Kevin Gibbs
	Adult Therapies		Mr Chris Easton
	Radiology		Sally King
Medicine	Medical Specialties	Fiona Clark	Dr Lidia Riera-Sanchez
	Emergency Services		Dr Rosty Bezuhyly
Specialised Services	Cardiac Services		Dr Ihab Diab
	Oncology		Dr Amamath Challapalli
	Haematology		Dr Laura Percy
	BMT		Dr Rachel Protheroe
Surgery & Head & Neck	Anaesthesia	Chrissie Gardner	Dr Ruth Murphy
	Critical Care		Dr Chris Bordeaux
	General Surgery		Mr Paul Wilkerson
	Trauma & Orthopaedics		Mr Steve Mitchell
	Dental Services & Maxillo-facial Surgery		Position currently vacant
	Ophthalmology		Mr Tomas Burke
	Adult ENT	Jonathan Penny	Mr Philip Clamp
Women & Children's	Obstetrics & Gynaecology		Ms Naomi Crouch
	Neonatology	Richard Hancock	Position currently vacant
	Children's Services		

Other staff	Stuart Metcalfe	Clinical Audit & Effectiveness Manager
	James Osborne	NICE Manager
	Sandra Messan	Clinical Audit Clerk

Appendix B - Progress against Clinical Audit Forward Programme 2019/20

43/44 (98%) of Category 1 ('external must-do') projects had commenced by the end of the financial year. The Trust did not participate in the second round of the National Audit of Care at the End of Life (NACEL) in 2019, but was due to participate in the third round in 2020, although this has now been suspended until further notice at the national level.

Across all categories, 216 projects on the plan were due to have commenced by the end of the financial year. The table below shows that 161 projects (75%) had commenced or were complete, an improvement on 58% in 2018/19.

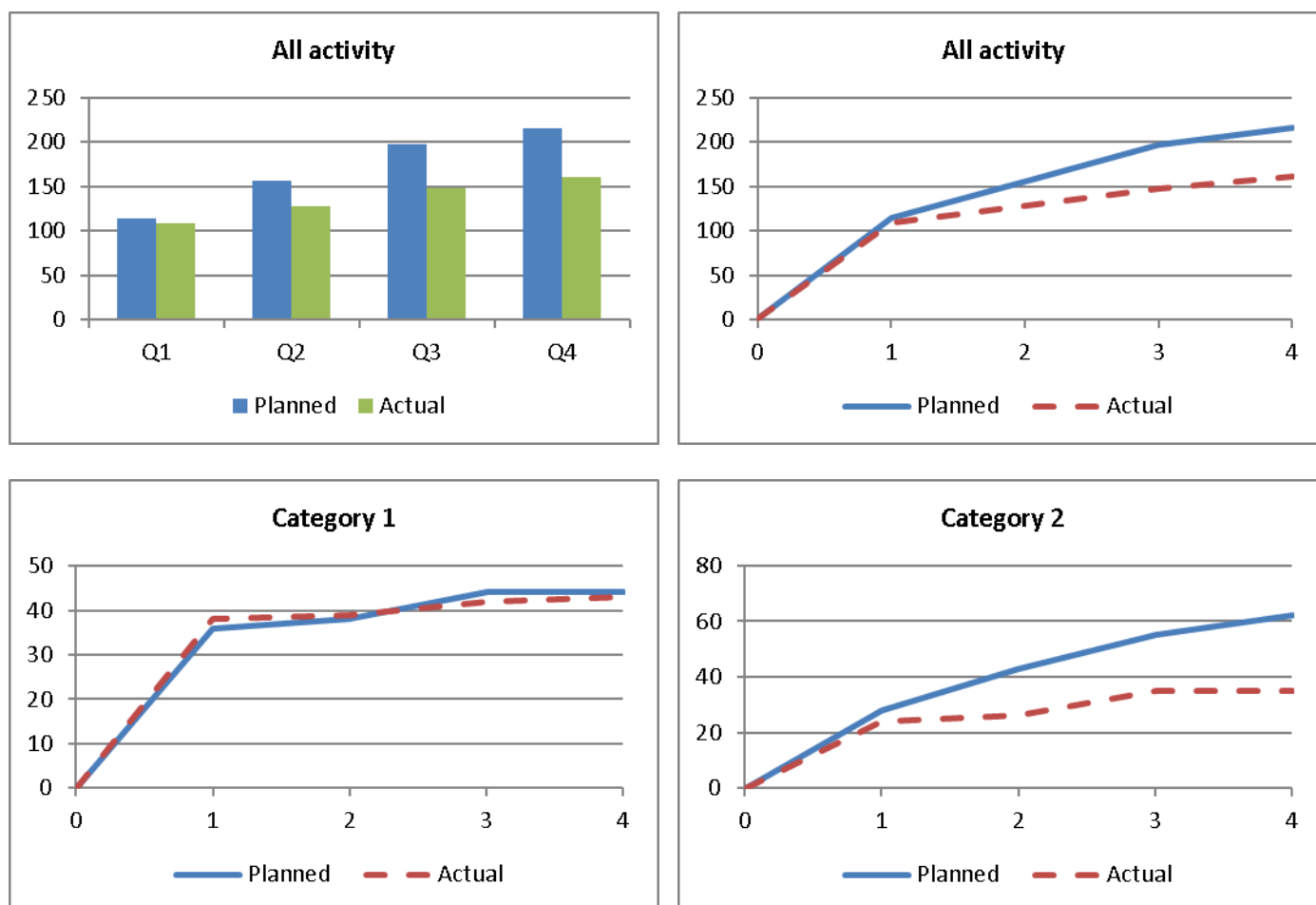
Category	Status (Q4)	Division					NDS*	Total
		D&T	Med	SpS	SHN	W&C		
Cat 1	Completed				1	2	1	4
	In progress	1	13	8	7	10		39
	Not started			1				1
Cat 1 Total		1	13	9	8	12	1	44
Cat 2	Completed		1		1	3	2	7
	In progress	8	7	2	4	3	4	28
	Not started	4		2	4	11	3	24
	Abandoned			1	1	1		3
Cat 2 Total		12	8	5	10	18	9	62
Cat 3	Completed	2		1	4	12		19
	In progress	10	9		11	18		48
	Not started	6	4		4	4		18
	Abandoned					2		2
Cat 3 Total		18	13	1	19	36		87
Cat 4	Completed				7	2		9
	In progress	2		1	4			7
	Not started			3	2			5
	Abandoned	1				1		2
Cat 4 Total		3		4	13	3		23
Grand		34	34	19	50	69	10	216

*Non Division specific (i.e. Trust wide)

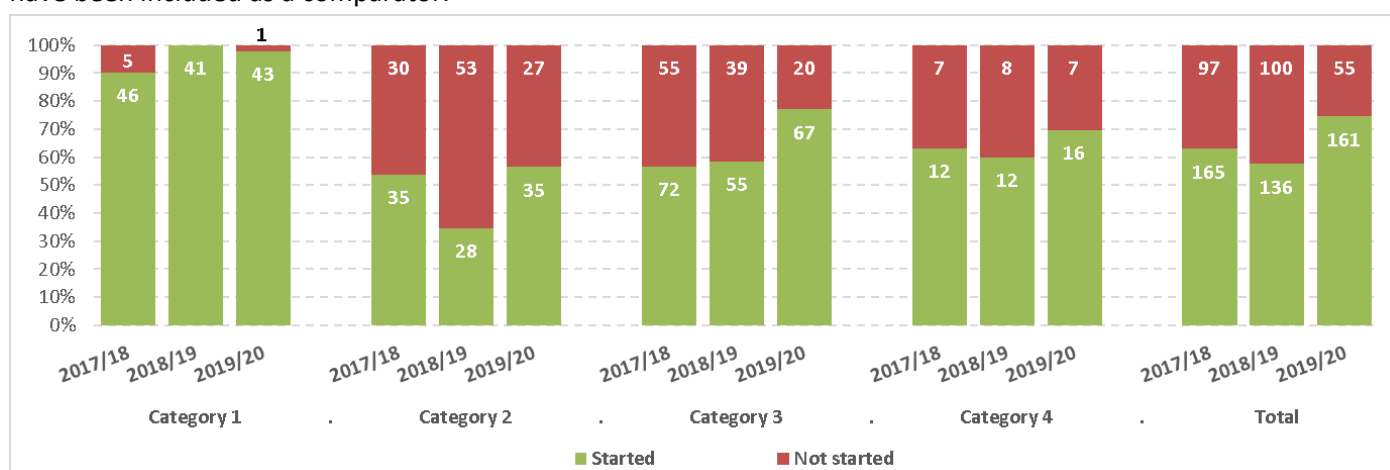
	P1	P2	P3	P4	All
% projects commenced as planned (Q4)	98%	56%	77%	70%	75%

Division	Completed	In progress	Not started	Abandoned	Totals	% Commenced
Diagnostics & Therapies	2	21	10	1	34	68%
Medicine	1	29	4		34	88%
Specialised Services	1	11	6	1	19	63%
Surgery	13	26	10	1	50	78%
Women's & Children's	19	31	15	4	69	72%
Non-Division Specific	3	4	3		10	70%
Total	39	122	48	7	216	75%

The graphs below show planned activity (i.e. the number of projects due to have started) against actual activity (the number of projects reported as in progress or complete) per quarter over the full year. Planned and actual trajectories for all activity and for those projects categorised as category 1 and 2 are also plotted.



The graph below shows the overall percentage of projects started. Figures for the same period in the previous year have been included as a comparator.



Overall, there has been an increase in the percentage of planned projects started or completed compared to the previous two financial years; 75% (161/216) compared to 58% in 2018/19 and 63% in 2017/18.

Appendix C - Clinical Audit Forward Plan 2020/21

All the projects within the programme have been identified through consultation as priorities for the Trust. This is not an exhaustive list of clinical audit activity that will take place throughout 2020/21; other projects may be facilitated by the Clinical Audit & Effectiveness Team over the year according to on-going priorities and available resources.

Each of the audits in the programme has been listed according to the categories below. These are based on priority areas for clinical audit as outlined within the Healthcare Quality Improvement Partnerships (HQIP) '*Clinical Audit Programme Guidance*'.

Category 1 – External 'must dos'	Category 2 – Internal 'must dos'
<p>Failure to deliver on these externally driven audits may carry a penalty for the Trust (either financial or in the form of a failed target or non-compliance with standards). Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> Participation in the National Clinical Audit & Patient Outcome Programme (NCAPOP) Statutory/regulatory requirements CQUINS or other commissioner priorities. Board assurance requirements 	<p>Many of these audit projects emanate from Trust governance issues or high profile local initiatives although no penalties exist for non-participation. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> Participation in the national clinical audits included in the Quality Accounts External accreditation schemes Clinical Effectiveness activity (e.g. following the introduction of new procedures). Patient Safety issues (including Safety Alerts). Clinical Risk issues e.g. serious untoward incidents/adverse incidents.
Category 3 - Division/specialty/service priority	Category 4 - other
<p>These projects have been identified within Divisions/specialties/services as important pieces of work. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> Participation in national audits not part of NCAPOP (e.g. Royal College initiated) Demonstrating compliance with CQC outcomes. Guidance from professional bodies (e.g. NICE, Royal College, etc.) Local guidelines/policies 	<p>It is important that to maintain a degree of locally initiated projects by clinical staff; these projects can lead to real improvements in patient care as well as providing valuable education for junior staff but do not necessarily fall into any of the other categories.</p> <ul style="list-style-type: none"> Other/Clinician Interest or priority

Please note that the contact in the 'Lead' column may not be the person who will carry out this audit, but the senior clinician proposing and supervising a project which they plan to delegate to a junior member of staff to carry out (who would then become the project lead).

Diagnostics & Therapies

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Diagnostic Services					
Audiology	Real ear measurements	Pat Smith	Cat 2	Q1	External accreditation
Clinical Biochemistry	Laboratory thyroid function testing against NICE guideline NG145	Andrew Day	Cat 3	Q2	National guidance (NICE)
Infection Control	Catheterisation policy implementation and compliance	Jo Coles	Cat 3	Q2	Rollover from 2019/20
	<i>E. Coli</i> source	Jo Coles	Cat 3	Q2	Rollover from 2019/20
	ANTT Audit	TBC	Cat 2	Q4	Rollover from 2019/20
	Peripheral venous cannula care and maintenance	TBC	Cat 2	Q3	Rollover from 2019/20
	Central venous catheter insertion and maintenance audit 2018 (CICU&ITU).	TBC	Cat 4	Q2	Re-audit 5173
	Mandatory Surveillance of HCAI (bloodstream infections and clostridium difficile infection)	Jo Coles	Cat 1	Q1	National Audit (Quality Report)
	NHS provider interventions with suspected/confirmed carbapenemase	Jo Coles	Cat 1	Q1	National Audit (Quality Report)
	Surgical Site Infection Surveillance Service	Jo Coles	Cat 2	Q2	National Audit (Quality Report)
Laboratory Haematology	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Tom Latham	Cat 2	Q1	National Audit (Quality Report)
	Audit of the management of perioperative paediatric anaemia	Tom Latham	Cat 2	Q2	National Audit (Quality Report)
Medical Physics & Bioengineering	AAA surveillance within recommended timescales	Teresa Robinson	Cat 3	Q3	National guidance (NICE)
	People with intermittent claudication are offered a supervised exercise programme	Teresa Robinson	Cat 3	Q1	National guidance (NICE)
	Consistency of carotid duplex reporting	Teresa Robinson	Cat 4	Q2	Local priority / concern
Microbiology					
Radiology	MRI whole spine	Kay Haghani	Cat 3	Q3	Rollover from 2019/20
	Abdominal Ultrasound performed and reported by Advanced Practitioner Sonographers	Kate Wade	Cat 4	Q1	Re-audit 4694

Radiology	Radiologically Inserted Gastrostomy (RIG)	Huw Roach	Cat 2	Q4	Introduction of new interventional procedure (Overdue)
Specialty/Service: Therapy Services					
Nutrition & Dietetics	Calorie provision in days 1 -5 of admission in enteral feeding patients in critical care units	Rebecca Forder	Cat 4	Q3	European guideline (ESPEN)
	Stroke nutrition pathway	Wendy Breare	Cat 4	Q3	Local priority / concern
Occupational Therapy	Re-audit Acute Stroke Pathway	Bronagh Corlett	Cat 4	Q4	Re-audit 4887
Pharmacy	Antimicrobial guideline in adult ED	Sue Wade	Cat 3	Q3	Re-audit 4577. Rollover from 2018/19.
	Re-audit use of adult Vancomycin Charts (intermittent dosing only)	Sue Wade	Cat 4	Q3	Local priority / concern
Physiotherapy	Treatment plans and goals completed at the BRI and SBCH	Clare Buchanan	Cat 4	Q1	National guidance
	Re-audit of Early Supported Discharge (ESD) team Pathway	Claire Robinson	Cat 3	Q3	Re-audit 4550
Speech and Language Therapy	SLT Head and neck cancer pathway – Oncological pathway	Caroline McGill	Cat 3	Q3	National guidance (NICE). Rollover from 2019/20.

Medicine

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Emergency Department					
Emergency Department	Fractured Neck of Femur (RCEM National Audit)	TBC	Cat 1	Q2	National Audit (Quality Report) and CQC expectation
	Infection Control (RCEM National Audit)	TBC	Cat 1	Q2	National Audit (Quality Report) and CQC expectation
Specialty/Service: Medical Specialties					
Acute Medicine	Society for Acute Medicine's Benchmarking Audit (SAMBA)	TBC	Cat 2	Q3	National Audit (Quality Report)
Care of the Elderly	Fracture Liaison Service Database	Cathy Churchman	Cat 1	Q1	National Audit (NCAPOP)
	National audit of Inpatient falls	Laura Clow	Cat 1	Q1	National Audit (NCAPOP)
	National Hip Fracture Database	Rachel Bradley	Cat 1	Q1	National Audit (NCAPOP)

Care of the Elderly	National Audit of Dementia	TBC	Cat 1	Q2	National Audit (NCAPOP)
Contraceptive & Sexual Health Services	Regional BASSH Trichomonas Vaginalis audit	Joy Schmidt / Sharon Moses	Cat 3	Q1	National guidance (BASHH)
	Re-audit of injectable contraception.	Lucinda Farmer	Cat 4	Q2	Re-audit 5314
	Audit of rectal Chlamydia and LGV management	TBC	Cat 4	Q3	Local priority / concern
	PAS Audit – outcome with “no scan” TOP during Covid 19	Alison Hines/ Manika Singh	Cat 4	Q3	Local priority / concern
Dermatology	Loco Regional and Distant Recurrent Primary Cutaneous Squamous Cell Carcinoma (SCC)	Adam Bray	Cat 4	Q2	Re-audit 5171
	Audit of NICE guideline on the management of paediatric eczema (British Association of Dermatologists)	Lindsay Shaw	Cat 3	Q3	Re-audit 5273
	Hidradenitis audit	Aparna Sinha	Cat 4	Q1	Local priority / concern
	Phototherapy Audit	Giles Dunnill / Tonia Goman	Cat 4	Q2	Local priority / concern
	Dupilimab Audit	Louise Newall	Cat 4	Q3	Local priority / concern
Diabetes & Endocrinology	National Diabetes Core Audit	Natasha Thorogood	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Footcare Audit	Rami Fikri	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Bushra Ahmed	Cat 1	Q1	National Audit (NCAPOP)
	National Pregnancy in Diabetes Audit	Karin Bradley	Cat 1	Q1	National Audit (NCAPOP)
Gastroenterology & Hepatology	Audit of symptom triggered withdrawal (chlordiazepoxide) prescribing.	Jim Portal	Cat 4	Q4	Re-audit 5403
	Inflammatory Bowel Disease (IBD) Audit	TBC	Cat 2	Q1	National Audit (Quality Report)
Liaison Psychiatry	Recognition of depression in adults in general hospital settings	Nicola Taylor	Cat 4	Q3	Re-audit 5230
	Re-audit of the Management of Self-Harm for Patients Who Attend the BRI	Nick Munien	Cat 4	Q3	Re-audit 5280

Respiratory	National Asthma Audit	Liz Gamble	Cat 1	Q1	National Audit (NCAPOP)
	National COPD Audit	Katrina Curtis	Cat 1	Q1	National Audit (NCAPOP)
	UK Cystic Fibrosis Registry	Nick Bell	Cat 2	Q1	National Audit (Quality Report)
Rheumatology	National Early Inflammatory Arthritis Audit (NEIAA)	Liz Perry	Cat 1	Q1	National Audit (NCAPOP)
	Audit on Tocilizumab prescription for sGCA	Joanna Robson	Cat 1	Q1	NHS England
Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Clare Holmes	Cat 1	Q1	National Audit (NCAPOP)

Specialised Services

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Cardiac Services					
Cardiac Anaesthesia/ ITU	ICNARC Case Mix Programme (CMP)	Ben Gibbison	Cat 1	Q1	National Audit (Quality Report) and CQC expectation
Cardiac Surgery	Adult Cardiac Surgery	Hunaid Vohra	Cat 1	Q1	National Audit (NCAPOP)
	Aortic neocuspidisation (NeoAV or Ozaki Procedure)	Umberto Benedetto	Cat 2	Q2	Introduction of new interventional procedure (2020/21)
Cardiology	Intra-vascular Lithoplasty, adjunctive to Percutaneous Coronary Intervention	Julian Strange	Cat 2	Q1	Introduction of new interventional procedure (2020/21)
	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)
	Coronary Angioplast (PCI)	Tom Johnson	Cat 1	Q1	National Audit (NCAPOP)
	National Heart Failure Audit	Angus Nightingale	Cat 1	Q1	National Audit (NCAPOP)
	Cardiac Rhythm Management (CRM)	Ed Duncan	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Cardiac Rehabilitation (NACR)	TBC	Cat 2	Q1	National Audit (Quality Report)

Cardiology	Aortic root replacement indications and outcomes audit	Joanna Luszczak	Cat 3	Q4	Local priority / concern
	Re-audit Fontan investigations	Vicky Ordonez	Cat 3	Q4	Re-audit 4784
	Audit of SVASD closure	Mark Turner	Cat 3	Q4	Local priority / concern
	Use of defibrillator therapy in Mustard and Senning TGA patients	Mohamed Mehesin	Cat 3	Q4	Local priority / concern
	Audit of MDT referral and outcomes pathway	Stefano Bartoletti	Cat 3	Q4	Local priority / concern
	ACHD Transplant pathway audit	Caryl Evans	Cat 3	Q4	Local priority / concern
	ACHD transition/ loss to follow up audit	Marta Cunha	Cat 3	Q4	Local priority / concern
	Audit of compliance of PH therapy with guidelines for adult congenital heart disease	Robert Tulloh	Cat 3	Q4	Local priority / concern
	Percutaneous transcatheter endovascular repair of sinus venosus atrial septal defect	Mark Turner	Cat 2	Q2	Introduction of new interventional procedure (2020/21)
	Impella haemodynamic support	Tom Johnson	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
Specialty/Service: Clinical Genetics					
Clinical Genetics	Genetic Antenatal Care Pathway for Haemoglobinopathies	Sally Monks	Cat 4	Q4	Re-audit 5610
Specialty/Service: Haematology & Oncology					
BMT	Autologous stem cell transplant (for relapsed refractory multiple sclerosis)	James Griffin	Cat 2	Q2	Introduction of new interventional procedure (2020/21)
Clinical Haematology					
Oncology	Biodegradable spacer insertion to reduce rectal toxicity during radiotherapy for prostate cancer	Amit Bahl	Cat 2	Q2	Introduction of new interventional procedure (2020/21)
	National Prostate Cancer Audit (NPCA)	Amit Bahl	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Breast Cancer in Older People (NABCOP)	Jeremy Braybrooke	Cat 1	Q1	National Audit (NCAPOP)

Oncology	MRI guided adaptive intracavitary and interstitial brachytherapy	Hoda Booz	Cat 2	Q2	Introduction of new interventional procedure (Overdue)
	HDR brachytherapy for skin cancers	Amar Callapali	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
Palliative Medicine	National Audit of Care at the End of Life (NACEL)	Karen Forbes	Cat 1	Q1	National Audit (NCAPOP)

Surgery

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Anaesthetic Services					
Acute Pain	Nerve blocks for fractured neck of femur patients	Anoushka Winton / Rebecca Jones	Cat 3	Q1	National guidance (NICE)
Anaesthesia	Anaesthetic machine checks	Ruth Murphy	Cat 4	Q3	Re-audit 5197
	National Emergency Laparotomy Audit (NELA)	Phoebe Syme	Cat 1	Q1	National Audit (NCAPOP)
	Perioperative Quality Improvement Programme (PQIP)	Clare Dowse	Cat 2	Q1	National Audit (Quality Report)
Pre-Operative Assessment	Correct venous thromboembolism and prescribing of enoxaparin post-operatively	Daniella Smith	Cat 4	Q1	Rollover from 2019/20
Resuscitation Services	National Cardiac Arrest Audit (NCAA)	TBC	Cat 2	Q1	National Audit (Quality Report)
Specialty/Service: Critical Care Services					
Intensive Care	ICNARC Case Mix Programme (CMP)	Tim Gould	Cat 1	Q1	National Audit (Quality Report) and CQC expectation
	Major Trauma (TARN)	Matt Thomas	Cat 1	Q1	National Audit (Quality Report) / Mandatory requirement
	Intensive care management of post-operative oesophagectomy patients	Adrian Clarke	Cat 4	Q2	Re-audit 5365
Specialty/Service: Dental & Maxillofacial Services					
Cleft Services	Cleft Registry and Audit NETwork (CRANE)	Scott Deacon	Cat 2	Q1	National Audit (Quality Report)
	Nasal prosthesis (nasal valve/obturator) for velopharyngeal dysfunction	Scott Deacon	Cat 2	Q2	Introduction of new interventional procedure (2020/21)

Maxillofacial Surgery	Quality of discharge summaries in maxillofacial surgery inpatients	Tanu Bhat	Cat 3	Q2	Re-audit 5228
	Paediatric Maxillofacial Emergency Admissions	Alistair Cobb	Cat 4	Q3	Re-audit 5120
Oral Medicine	Oral medicine priority patient follow up appointments, re-audit	Helen Rogers	Cat 4	Q2	Re-audit 5175
	Hydroxychloroquine audit	Helen Rogers	Cat 4	Q2	Re-audit 5512
Oral Surgery	Antibiotic audit	Julie Potter / Carla Fleming	Cat 4	Q1	Re-audit 4920
	Can teeth be safely extracted in the Urgent Dental Centre?	Catherine Wicks / Tim Milton	Cat 4	Q4	Local patient safety standards (LocSSIPs)
Orthodontics	Recording of dental trauma at new orthodontic patient clinics - a re-audit	Nikki Atack	Cat 4	Q2	Re-audit 5332
Paediatric Dentistry	Dental screening for paediatric patients prior to bone marrow transplant	Amy Hollis	Cat 4	Q2	Re-audit 5333
	Body mass index recording in paediatric dental patients	Amy Hollis	Cat 4	Q2	Local priority / concern
	Are patients receiving appropriate information prior to inhalation sedation provision?	Amy Hollis	Cat 4	Q3	Re-audit 4227
Primary Care Dental Services (PCDS)	Success of Hall technique pre-formed metal crowns – re-audit	Katherine Walls	Cat 4	Q4	Re-audit 5065
	Primary Care Dental Service Emergency Equipment and Drugs	Katherine Walls	Cat 4	Q2	Re-audit 5463
	Casemix Tool (BDA)	Katherine Walls	Cat 4	Q2	National guidance
Restorative Dentistry	Audit of digital monitors in the dental hospital	Rebecca Davies	Cat 4	Q2	Re-audit 5357
	Quality of radiographs on referral forms	Claire Forbes Haley	Cat 4	Q3	Re-audit 5224
	Compliance of outcome clinical letters format	Lisa McNally	Cat 4	Q2	Local priority / concern
	Compliance rate of radiograph reporting on adult dental health	Lucy Marsden	Cat 4	Q2	Local priority / concern
	Quality of dental screening and preventative management of head and neck oncology patients	Mojtaba Dorri	Cat 3	Q2	Re-audit

Special Care Dentistry	Reported dental radiographs in clinical notes	Shabnum Ali	Cat 4	Q2	National guidance
Specialty/Service: Ophthalmology					
A&E and Primary Care	Chemical eye injury	Jocelyn Cherry	Cat 4	Q4	Local priority / concern
Cornea & Cataracts	OmniLenz / Omnigen amniotic membrane	Kieren Darcy	Cat 2	Q3	Introduction of new interventional procedure (2020/21)
	Audit of conjunctival biopsies for suspected mucous membrane pemphigoid (MMP)	Venkata Avadhanam	Cat 4	Q2	Re-audit 5026
	National Ophthalmology Audit (NOD)	John Sparrow	Cat 1	Q1	National Audit (NCAPOP)
	Collagen cross linking	Phil Jaycock	Cat 2	Q1	Introduction of new interventional procedure (Overdue)
	Descemets Membrane Endothelial Keratoplasty [DMEK]	Derek Tole	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
Glaucoma & Shared Care	Xen Glaucoma Gel Implant	Demetri Manasses	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
Medical & Surgical Retina	Incidence and management of endophthalmitis	Clare Bailey	Cat 3	Q3	Re-audit
	Age related macular degeneration during Covid 19	Serena Salvatore	Cat 4	Q3	Regional audit
	Treatment of Idiopathic Polypoidal Choroidal Vasculopathy	Tomas Burke	Cat 3	Q3	Local priority / concern
	Use of off license medications within the retinal service (Avastin, Triescence and Naevi)	Adam Ross	Cat 3	Q3	National guidance
	Macular Holes	Johan Keller	Cat 3	Q4	National guidance
	Retinal re-detachment rates	Johan Keller	Cat 3	Q4	National guidance
Orthoptics & Optometry	Glaucoma follow-ups	Neil Fraser / Fiona Grey	Cat 4	Q2	National guidance
	Convergence insufficiency	Cathy Williams	Cat 4	Q3	Local priority / concern
Paediatrics, Oculoplastics & Squint	Transition to adult services for patients with uveitis	Catherine Guly	Cat 3	Q1	Identified through patient safety / risk management processes

Specialty/Service: Surgical Specialties					
Colorectal Surgery	National Bowel Cancer Audit (NBOCAP)	Mike Thomas	Cat 1	Q1	National Audit (NCAPOP)
	Transanal Total Mesorectal Excision (TaTME)	David Messenger	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
	Use of blood in lower gastro intestinal bleeding	Jamshed Shabbir	Cat 3	Q3	Re-audit 4183. Rollover from 2019/20.
ENT	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	Cat 2	Q1	Introduction of new interventional procedure (Overdue)
Hepatobiliary Surgery	Right iliac fossa (RIF) pain and negative appendectomy rate	Meg Finch Jones	Cat 4	Q2	National guidance
	Diagnostic Pathway for Surgically Treated Periapillary / Pancreatic Ductal Adenocarcinoma	Samir Pathak	Cat 3	Q1	National guidance (NICE)
	Cholecystitis during the COVID-19 pandemic	Stijn Var Laarhoven	Cat 3	Q3	National Audit (Other)
Thoracic Surgery	National Lung Cancer Audit (NLCA)	Gianluca Casali	Cat 1	Q1	National Audit (NCAPOP)
Trauma & Orthopaedics	National Joint Registry (NJR)	Sanchit Mehendale	Cat 1	Q1	National Audit (NCAPOP)
Upper GI Surgery	Wound infections in elective upper GI patients	Paul Wilkerson	Cat 3	Q2	Re-audit 5310
	National Oesophago-gastric Cancer Audit (NOGCA)	Dan Titcombe	Cat 1	Q1	National Audit (NCAPOP)
	Endoscopic Submucosal Dissection (ESD)	Stratis Alexandridis	Cat 2	Q4	Introduction of new interventional procedure (Overdue)

Women's & Children's

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Anaesthesia	Pre-op fasting	Amelia Pickard	Cat 3	Q1	Continuous Quality Monitoring
	Re-Audit of unplanned admission after Paediatric Day Case Anaesthesia	Arivazhagan Sampath	Cat 3	Q1	National guidance

Audiology	Re-Audit of Hearing aid Review Clinics	Danwn O'Dwyer	Cat 3	Q1	Re-audit
Burns & Plastics	International Burn Injury Database (iBID)	Sankhya Sen	Cat 1	Q1	Mandatory requirement of service
Cardiac Services	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	Cat 1	Q1	National Audit (NCAPOP)
	Personalised external aortic root support (PEARS)	Serban Stoica	Cat 2	Q3	Introduction of new interventional procedure (Overdue)
	Elective surgical pathway re-audit v local standards	Lisa Patten	Cat 3	Q1	Re-audit 5126
	Re-audit on performance of pre-operative echocardiograms of congenital heart disease v national standard	Sri Narayan	Cat 3	Q3	Re-audit 5061
Diabetes & Endocrinology	National Paediatric Diabetes Audit (NPDA)	John Barton	Cat 1	Q1	National Audit (NCAPOP)
Dietetics	Malnutrition audit	Clare Fowler/ Lauren McVeigh	Cat 3	Q4	Continuous Quality Monitoring
Ear, Nose and Throat					
Emergency Department	Major Trauma (TARN)	Giles Haythornthwaite	Cat 1	Q1	National Audit (Quality Report) / Mandatory requirement
	Pain in Children (RCM National Audit)	Robin Marlow	Cat 1	Q2	National Audit (Quality Report) and CQC expectation
	Re-audit of completion of GP letters for children discharged from the children's emergency department	Robin Marlow	Cat 3	Q1	Re-audit 5604
	Management of Paracetamol Overdose in the Children's Emergency Department v local standards	Robin Marlow	Cat 3	Q4	Re-audit 5154
	Re-audit of Consultant sign off in fever in children < 1 year old v national and local standards	Bienca Cuellar	Cat 3	Q3	Re-audit 5115
Gastroenterology	Inflammatory Bowel Disease (IBD) Audit	Tony Wiskin	Cat 2	Q1	National Audit (Quality Report)
General Paediatrics	Functioning of new scoliosis pathway, including weekend medical Consultant review.	J-C Sconce	Cat 2	Q4	Identified through patient safety / risk management processes
	Use of sticker to improve adherence to local Optiflow weaning guidelines	Frances Hutchings	Cat 3	Q1	Re-audit
Intensive Care (neonatal)	Neonatal Intensive and Special Care (NNAP)	Louise Anthony	Cat 1	Q1	National Audit (NCAPOP)

Intensive Care (neonatal)	Vermont Oxford Network	Louise Anthony	Cat 3	Q4	Ongoing monitoring
	Drainage, Irrigation and Fibrinolytic Therapy (DRIFT)	Adam Smith-Collins	Cat 2	Q1	Introduction of new interventional procedure (2020/21)
	NICU discharge documentation on Philips clinical information system	Kay Pullen	Cat 4	Q2	Re-audit 5274
Intensive Care (paediatric)	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	Cat 1	Q1	National Audit (NCAPOP)
Nephrology	UK Renal Registry National Acute Kidney Injury programme	Jan Dudley	Cat 2	Q1	National Audit (Quality Report)
	Management of Bristol Children's Hospital paediatric dialysis patients against recommended national standards	Jan Dudley	Cat 3	Q1	Re-audit
	Audit of infectious complications in children and young people receiving renal replacement therapy (dialysis)	Jan Dudley	Cat 3	Q1	Re-audit 5311
Neurology	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Neurosurgery	Neurosurgical National Audit Programme	Richard Edwards	Cat 2	Q1	National Audit (Quality Report)
	Re audit of the timing and documentation of consent for elective paediatric Neurosurgical patients.	Richard Edwards	Cat 3	Q3	Re-audit
Occupational Therapy					
Oncology, Haematology & BMT	Parenteral nutrition in Paediatric Haematology and Oncology	Vanessa McLelland	Cat 3	Q1	Re-audit
	Annual audit of donor screening & testing in allogeneic siblings & unrelated donor PBSCT (with reference to JACIE/BCH recommendations) - BMT	Penny Taylor / Chris Morris	Cat 1	Q1	External accreditation (JACIE)
	Periodic audit of the accuracy of data contained in the transplant essential data forms of the CIBMTR or the MED-A forms of the EBMT	Andrea Blotkamp	Cat 1	Q1	External accreditation (JACIE)
	Annual audit of management of PBSC/BM cellular products with positive microbacterial culture results (with reference to JACIE/BCH recommendations/policy)	TBC	Cat 1	Q3	External accreditation (JACIE)
	Planning and delivering Total Body Irradiation for BMT Patients	Penny Taylor / Chris Morris	Cat 3	Q4	Re-audit 5037
	Annual audit of verification of chemotherapy drug administered against the written order	Vanessa McLelland	Cat 1	Q3	External accreditation (JACIE)
Oncology, Haematology & BMT	Platelet and red cell use in paediatric Haem/Onc/BMT v national standard	Marie O'Donovan	Cat 3	Q4	National guidance

Oncology, Haematology & BMT	Fluid balance documentation in paediatric haematology and oncology patients v local and national guidance	Katie Stone	Cat 3	Q1	Re-audit 5303
	Audit of central venous catheter (CVC) Assessment v local guidance	Emily Parsons	Cat 3	Q3	Re-audit 5520
	Immunisation for siblings audit (VZV)	TBC	Cat 3	Q4	National guidance
	Audit of Vitamin D supplementation for Paediatric BMT Patients	Laura Sealy	Cat 3	Q4	Re-audit 5450
	Vancomycin use in Paediatric teenage patients vs local guidance	Eleanor McLaren	Cat 2	Q3	Re-audit 5336
	Periodic audit of the prescription ordering system against the protocol	Vanessa McLelland	Cat 1	Q3	External accreditation (JACIE)
	Periodic audit of the accuracy of clinical data.	Andrea Blotkamp	Cat 1	Q1	External accreditation (JACIE)
	Re-audit of Aseptic Non-Touch Technique in clinical practice vs local standards	Emily Parsons	Cat 3	Q3	Local audit following Trustwide audit
	Bone Marrow Harvest Notes audit	Kerry Bullock	Cat 1	Q1	Audit against external standards (Human Tissue Authority)
Palliative Medicine					
Physiotherapy					
Radiology	Compliance with the Royal College of Radiologists guidance on the radiological investigation of suspected physical abuse	Ewan Simpson	Cat 3	Q2	Re-audit 5318
Respiratory	Children and young people asthma audit	Simon Langton-Hewer	Cat 1	Q2	National Audit (NCAPOP)
Rheumatology	Documentation of patients transitioning from paediatric to adult rheumatology services v local standards	Valerie Rogers	Cat 4	Q4	National and local priority / concern
Speech & Language Therapy					
Spinal Surgery	British Spine Registry	Stephen Morris	Cat 2	Q4	National Audit (Quality Report)
Surgery	BLAST - Management of paediatric Blunt Liver And/or Splenic Trauma v national standards	Hannah Rhodes	Cat 3	Q1	National Audit (Other)
Trauma & Orthopaedics	Introduction of e-Operation notes in paediatric orthopaedics - national standards	Agnes Hamilton-Baillie	Cat 3	Q1	National guidance

Trauma & Orthopaedics	Children's Trauma and Orthopaedics Accurate Coding Audit	Guy Atherton	Cat 3	Q3	Re-audit 5215
Specialty/Service: Women's Services					
Gynaecology	Manual Vacuum Aspiration	Suvarna Mahavarkar	Cat 2	Q4	Introduction of new interventional procedure (Overdue)
	WORD catheter management of Bartholins Abscess	Abigail Oliver	Cat 2	Q4	Introduction of new interventional procedure (Overdue)
	Hysteroscopic morcellation tissue removal system	Suvarna Mahavarkar	Cat 2	Q4	Introduction of new interventional procedure (Overdue)
	British Society of Urogynaecology (BSUG) audit database - Vaginal Prolapse and Female Stress Urinary Incontinence	Elisabeth Adams	Cat 3	Q1	National Audit (Other)
	Investigation and management of pelvic inflammatory disease (PID)	Rachel Adams	Cat 4	Q3	Re-audit 5348
	Histology biopsy reports showing complex atypical hyperplasia	Claire Newton	Cat 3	Q3	Identified through patient safety / risk management processes
	Compliance of intrauterine insemination (IUI) treatment with HFEA standards	Amanda Jefferys	Cat 1	Q4	External accreditation
Obstetrics & Midwifery	National Maternity and Perinatal Audit (NMPA)	Rachna Bahl	Cat 1	Q1	National Audit (NCAPOP)
	Antenatal and newborn national audit protocol 2019 to 2022 (PHE Screening)	Sam Haines	Cat 1	Q1	National Audit (Quality Report)
	Fetal monitoring in labour and maternal observations	Anne Tomlinson	Cat 3	Q2	Identified through patient safety / risk management processes
	Oral Morphine Sulphate use in latent phase of labour	Anne Tomlinson	Cat 3	Q1	Identified through patient safety / risk management processes
	Use of neonatal observation chart and management of hypoglycaemia	Anne Tomlinson	Cat 3	Q3	Identified through patient safety / risk management processes
	Maternal observations in women having induction of labour	Anne Tomlinson	Cat 3	Q1	Identified through patient safety / risk management processes
	Neonatal jaundice	Anne Tomlinson	Cat 3	Q3	Identified through patient safety / risk management processes
	Second checker of IV fluids	Sara-Jane Sheldon	Cat 3	Q2	Identified through patient safety / risk management processes
	Expressed breast milk audit for babies who go to NICU from Central Delivery Suite	Sara-Jane Sheldon / Heather Norris	Cat 4	Q2	National guidance

Obstetrics & Midwifery	Symphysis Fundal Height measurement	Rebecca Morgan	Cat 3	Q4	Identified through patient safety / risk management processes
	Stillbirths at UH Bristol and Weston	Tim Overton / Donna Kerslake	Cat 3	Q1	Ongoing monitoring
	Supporting smoke-free pregnancy	Anne Tomlinson	Cat 3	Q2	Identified through patient safety / risk management processes
	Documentation of Partner Details and Living Situation by Community Midwives	Fiona Robinson	Cat 3	Q4	Regular safeguarding audit
	Prescription drug errors on maternity wards	Eimear McGeehan	Cat 3	Q1	Re-audit 5200
	Examination of the newborn (NIPE screening)	Sara Arnold	Cat 4	Q4	Re-audit 5267
	Communication between Emergency Department (ED) and Central Delivery Suite (CDS)	Fiona Robinson	Cat 3	Q4	Regular safeguarding audit

Weston

Sub-Specialty/Service	Project title	Lead (to be confirmed)	Priority	Q Start	Rationale
Division-wide	National Cardiac Arrest Audit (NCAA)	Alison Rich	Cat 2	Q1	National Audit (Quality Report)
	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Ana Pareja-Sanchez	Cat 2	Q1	National Audit (Quality Report)
Specialty/Service: Medicine					
Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Geoff Dalton	Cat 1	Q1	National Audit (NCAPOP)
	National Heart Failure Audit	Geoff Dalton	Cat 1	Q1	National Audit (NCAPOP)
Diabetes	National Diabetes Core Audit	Kurien John / Parag Singhal	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Kurien John	Cat 1	Q1	National Audit (NCAPOP)
Emergency Department	Pain in Children (RCEM National Audit)	Julia Cartwright	Cat 1	Q2	National Audit (Quality Report) and CQC expectation
	Fractured Neck of Femur (RCEM National Audit)	Julia Cartwright	Cat 1	Q2	National Audit (Quality Report) and CQC expectation

Emergency Department	Infection Control (RCEM National Audit)	Julia Cartwright	Cat 1	Q2	National Audit (Quality Report) and CQC expectation
Infection Control	Mandatory Surveillance of HCAI (bloodstream infections and clostridium difficile infection)	TBC	Cat 1	Q1	National Audit (Quality Report)
Paediatrics	National Paediatric Diabetes Audit (NPDA)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Palliative Care	National Audit of Care at the End of Life (NACEL)	Alison Rich	Cat 1	Q1	National Audit (NCAPOP)
Respiratory	National Asthma Audit	TBC	Cat 1	Q1	National Audit (NCAPOP)
	National COPD Audit	TBC	Cat 1	Q1	National Audit (NCAPOP)
Rheumatology	Fracture Liaison Service Database	Stuart Webber	Cat 1	Q1	National Audit (NCAPOP)
	National Early Inflammatory Arthritis Audit (NEIAA)	Stuart Webber	Cat 1	Q1	National Audit (NCAPOP)
Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Abraham George	Cat 1	Q1	National Audit (NCAPOP)
Specialty/Service: Surgery					
Anaesthesia	ICNARC Case Mix Programme (CMP)	David Crossley	Cat 1	Q1	National Audit (Quality Report) and CQC expectation
	National Emergency Laparotomy Audit (NELA)	Maha Elias	Cat 1	Q1	National Audit (NCAPOP)
	Perioperative Quality Improvement Programme (PQIP)	TBC	Cat 2	Q1	National Audit (Quality Report)
Infection Control	Surgical Site Infection Surveillance Service	TBC	Cat 2	Q2	National Audit (Quality Report)
Respiratory	National Lung Cancer Audit (NLCA)	Rajiv Srivastava	Cat 1	Q1	National Audit (NCAPOP)
Surgery	National Audit of Breast Cancer in Older People (NABCOP)	Nick Gallegos	Cat 1	Q1	National Audit (NCAPOP)
	National Bowel Cancer Audit (NBOCAP)	Krishna Kandaswamy	Cat 1	Q1	National Audit (NCAPOP)
	National Oesophago-gastric Cancer Audit (NOGCA)	Paul Wilkerson	Cat 1	Q1	National Audit (NCAPOP)

Trauma & Orthopaedics	National Hip Fracture Database	Mark Price	Cat 1	Q1	National Audit (NCAPOP)
	National Joint Registry (NJR)	Simon Burt	Cat 1	Q1	National Audit (NCAPOP)
Urology	National Prostate Cancer Audit (NPCA)	John Probert	Cat 1	Q1	National Audit (NCAPOP)
Vascular Surgery	National Vascular Registry	Bee Martin	Cat 1	Q1	National Audit (NCAPOP)

Appendix D - National audit participation (extract from Quality Report 2019/20)

For the purpose of the Quality Report/Account, the Department of Health published an annual list of national audits and confidential enquiries, participation in which is seen as a measure of quality of any trust's clinical audit programme. This list is not exhaustive, but rather aims to provide a baseline for trusts in terms of percentage participation and case ascertainment. The detail which follows relates to this list.

During 2019/20, 52 national clinical audits and four national confidential enquiries covered NHS services that University Hospitals Bristol NHS Foundation Trust provides. During that period, University Hospitals Bristol NHS Foundation Trust participated in 96 per cent (50/52) of national clinical audits and 100 per cent (4/4) of the national confidential enquiries of which it was eligible to participate in.

Table 1 lists the national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust was eligible to participate in during 2019/20 and whether it did participate:

Table 1

Name of audit / programme	Participated
Acute, urgent and critical care	
Assessing Cognitive Impairment in Older People (Care in Emergency Departments)	Yes
Care of Children in Emergency Departments	Yes
Case Mix Programme (CMP) – Intensive Care	Yes
Mental Health (Care in Emergency Departments)	Yes
Major Trauma Audit (TARN)	Yes
National Audit of Seizure Management in Hospitals (NASH3)	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Emergency Laparotomy Audit (NELA)	Yes
Perioperative Quality Improvement Programme (PQIP)	Yes
Sentinel Stroke National Audit programme (SSNAP)	Yes
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes
Blood and infection	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
Surgical Site Infection Surveillance Service	Yes
Cancer	
Endocrine and Thyroid National Audit	No
National Audit of Breast Cancer in Older People (NABCOP)	Yes
National Bowel Cancer Audit (NBOCA) – part of NGICP ¹	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NAOGC) – part of NGICP ¹	Yes
National Prostate Cancer Audit (NPCA)	Yes
Elderly care	
Fracture Liaison Service Database (FLS) – part of FFFAP ²	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP ²	Yes
National Hip Fracture Database (NHFD) – part of FFFAP ²	Yes
National Audit of Dementia (NAD)	Yes
National Joint Registry (NJR)	Yes

End of life care	
National Audit of Care at the End of Life (NACEL)	Yes
Heart	
Adult Cardiac Surgery (ACS) – part of NCAP ³	Yes
Cardiac Rhythm Management (CRM) – part of NCAP ³	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP ³	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP ³	Yes
National Congenital Heart Disease Audit (NCHDA) – part of NCAP ³	Yes
National Heart Failure Audit (NHF) – part of NCAP ³	Yes
Long term conditions	
National Asthma Audit – part of NACAP ⁴	Yes
National COPD Audit – part of NACAP ⁴	Yes
National Early Inflammatory Arthritis Audit (NEIAA, formerly NCAREIA)	Yes
National Diabetes Core Audit (NDA)	Yes
National Diabetes Foot Care Audit (NDFA) – part of NDA	Yes
National Diabetes Inpatient Audit (NaDIA) – part of NDA	Yes
National Pregnancy in Diabetes Audit (NPID) – part of NDA	Yes
National Ophthalmology Audit (NOD)	Yes
National Smoking Cessation Audit	Yes
UK Cystic Fibrosis Registry	Yes
UK Parkinson's Audit	Yes
Inflammatory Bowel Disease programme / IBD Registry	No
Women's & Children's Health	
National Audit of Seizures and Epilepsies in Children and Young People	Yes
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
Confidential enquiries/outcome review programmes	
Child Health Clinical Outcome Review Programme	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes
Mental Health Clinical Outcome Review Programme	Yes

¹ NGCIP: National Gastro-Intestinal Cancer Programme

² FFFAP: Falls and Fragility Fractures Audit Programme

³ NCAP: National Cardiac Audit Programme

⁴ NACAP: National Asthma and COPD Audit Programme

Of the above national clinical audits and national confidential enquiries, those which published reports during 2019/20 are listed in Table 2 alongside the number of cases submitted to each, where known. Where relevant, this is presented as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Table 2

Name of audit / programme	
Acute, urgent and critical care	
Care of Children in Emergency Departments	158*
Case Mix Programme (CMP)	100% (2750)
Major Trauma Audit (TARN)	91-100%
National Emergency Laparotomy Audit (NELA)	84% (132)
Sentinel Stroke National Audit programme (SSNAP)	≥90% (470)
Blood and infection	
Surgical Site Infection Surveillance Service	148*
Cancer	
National Audit of Breast Cancer in Older People (NABCOP)	39*
National Bowel Cancer Audit (NBOCA)	108% (193)**
National Lung Cancer Audit (NLCA)	235*
National Oesophago-Gastric Cancer (NOGCA)	75-84% (133)
Elderly care	
Fracture Liaison Service Database (FLS)	111% (1549)**
National Hip Fracture Database (NHFD)	89% (278)
National Audit of Dementia (NAD)	102% (51)**
National Joint Registry (NJR)	68% (>16)
End of life care	
National Audit of Care at the End of Life (NACEL)	41*
Heart	
Cardiac Rhythm Management (CRM)	1110*
Myocardial Ischaemia National Audit Project (MINAP)	138% (1574)**
National Audit of Percutaneous Coronary Interventions (PCI)	1857*
National Congenital Heart Disease Audit (NCHDA)	1192*
National Heart Failure Audit (NHF)	60% (262)
Long term conditions	
National Asthma Audit	90*
National COPD Audit	515*
National Early Inflammatory Arthritis Audit (NEIAA, formerly NCAREIA)	166*
National Diabetes Core Audit (NDA)	80*
National Diabetes Foot Care Audit (NDFA)	60*
National Diabetes Inpatient Audit (NaDIA)	74*
National Pregnancy in Diabetes Audit (NPID)	105*
National Ophthalmology Audit (NOD)	99% (3958)
Women's & Children's Health	
National Maternal and Perinatal Audit (NMPA)	5657*
National Neonatal Audit Programme (NNAP)	100% (1022)
National Paediatric Diabetes Audit (NPDA)	464*
Paediatric Intensive Care Audit Network (PICANet)	99.9% (2159)
Confidential enquiries/outcome review programmes	
Medical and Surgical Clinical Outcome Review Programme	14*

*No case requirement outlined by national audit provider/unable to establish baseline

** Case submission greater than expected (e.g. estimated from Hospital Episode Statistics (HES) data)

The reports of 10 national clinical audits were reviewed by the provider in 2019/20. University Hospital Bristol NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided:

National Neonatal Audit Programme

A local project was conducted to gather further data on thermoregulation of neonates on admission to the Neonatal Intensive Care Unit, following performance in the previous audit report that, while better than the national average, left room for improvement. A bundle of measures has been identified to improve the numbers of neonates with a normal temperature on admission.

Fracture Liaison Service Database

A Fracture Clinic Quality Improvement Project was established to improve patient engagement in the FLS service and osteoporosis treatment. Internal IT processes have been reviewed to improve efficiency.

National Maternal and Perinatal Audit

A working group has been set up to look at how to manage the increase in the rate of induction of labour.

National Audit of Dementia

Training on delirium and its relationship to dementia has been included in the existing dementia training at induction and delirium e-learning has been produced.

National Pregnancy in Diabetes

The Trust is one of 20 teams across the UK participating in the national Quality Improvement Collaborative focusing on improving pre-conception care of women with diabetes.

Venous Thromboembolism (VTE) Risk in Lower Limb Immobilisation

Changes were made to the Virtual Fracture Clinic referral forms on the Medway system to ensure that clinicians complete a VTE risk assessment when referring.

National Clinical Audit Benchmarking (NCAB)

The Healthcare Improvement Partnership (HQIP) produce benchmarking information based on the data that trusts submit to national audits. Along with the national reports produced, this allows trusts to see how they compare to national results and those of other organisations. In 2019/20, the Trust reviewed the following benchmarking summaries:

- Intensive Care – Case Mix Programme (CMP)
- Trauma Audit (TARN)
- National Lung Cancer Audit (NLCA)
- National Oesophago-Gastric Cancer Audit (NAOGC)
- Adult Cardiac Surgery (ACS)
- Myocardial Ischaemia National Audit Project (MINAP)
- National Heart Failure Audit (NH)
- National Chronic Obstructive Pulmonary Disease Audit
- National Ophthalmology Database Audit (NOD)
- National Joint Registry (NJR)
- National Audit of Inpatient Falls (NAIF)
- Paediatric Intensive Care Audit (PICANet)
- Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)

The outcome and action summaries of 226 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2019/20; summary outcomes and actions reports were reviewed on a bi-monthly basis by the Trust's Clinical Audit Group. Details of the changes and benefits of these projects will be published in the Trust's Clinical Audit Annual Report for 2019/20¹.

¹ Available via the Trust's internet site from July 2020

Appendix E - Divisional activity tables (all activity)

Diagnostics & Therapies

Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2019/20 are indicated (<<), as are those new projects that were started in year.

Ref	Provisional Title of Project	New	<<	Status
Diagnostic Services - Audiology (Adult)				
5153	Magnetic Resonance Imaging (MRI) audiology direct referral protocol.	No		In Progress
5364	Real ear measurements 2019	Yes		In Progress
Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)				
4589	A regional audit of biochemical testing for male hypogonadism	No	<<	Completed
4969	Adequacy of biochemical monitoring in home parenteral nutrition patients in UH Bristol. Re-audit 4218.	No		Completed
5178	Diagnoses in the Specialist Enzyme Section of the Clinical Biochemistry Department from 2014 to 2018. Re-audit 3647.	No		In Progress
5208	Faecal calprotectin in the differential diagnosis of inflammatory bowel disease or irritable bowel syndrome	No	<<	Completed
5473	Use of lipoprotein(a) testing audit	Yes	<<	In Progress
Diagnostic Services - Laboratory Medicine (Infection Control)				
2592	Surgical Site Infection Surveillance (SSIS)	No		Ongoing
3606	Hand Hygiene Environment: a trust-wide audit of clinical and non-clinical areas	No		Ongoing
5036	Infection prevention practice across the surgical pathway	No	<<	Abandoned
5051	MRSA screening for inpatient areas	No	<<	In Progress
5173	Central venous catheter insertion and maintenance audit 2018 (CICU&ITU).	No		Completed
5177	Infection Control Environment and Equipment Audit	No		Ongoing
5289	Aseptic Non-Touch Technique (ANTT) Audit 2019	No	<<	In Progress
Diagnostic Services - Laboratory Medicine (Laboratory Haematology)				
4696	Transfusion Associated Circulatory Overload Audit 2017	No	<<	In Progress
4757	National audit of red cell and platelet transfusion in adult haematology patients. Re-audit 4291.	No	<<	Completed
4766	Retrospective re-audit of Group and Save sample labelling	No	<<	Ongoing
4909	Audit of NICE guidelines for cyclic citrullinated peptide (CCP) antibody testing. NICE CG79.	No		In Progress
5049	National audit on use of FFP and/or cryoprecipitate 2018	No	<<	In Progress
5151	2018 National Major Haemorrhage Audit	No	<<	In Progress
5486	2019 Re-audit of the medical use of red cells. A national comparative audit.	Yes	<<	In Progress
Diagnostic Services - Laboratory Medicine (Microbiology)				
4957	Laboratory turnaround times for joint fluid samples	No		In Progress
5174	National Audit of Meningitis Management (NAMM)	No		Completed
5327	Audit of the diagnosis and management of invasive candidaemia	Yes	<<	In Progress
Diagnostic Services - Medical Physics & Bioengineering				
5343	ABPI results documented in referral letters and the ABPI performed by the vascular scientist	Yes	<<	In Progress
5203	Computed Tomography Patient Radiation Dose Audit of Level 3 scanner in BRI - 2018	No	<<	Completed
5597	Computed Tomography Patient Radiation Dose Audit of BRHC scanner - 2020	Yes	<<	In Progress

Diagnostic Services - Radiology

4463	Musculoskeletal (MSK) ultrasound examinations performed and reported by a MSK Advanced Practitioner Sonographer	No		Ongoing
4675	Scan length for CT kidneys, ureters and bladder	No	<<	Completed
4694	Abdominal Ultrasound performed and reported by Advanced Practitioner Sonographers with or without discussion with a Consultant Radiologist 2017	No	<<	Completed
4756	Groin or ventral hernia ultrasound examinations by Advanced Practitioner Sonographers	No		Completed
4764	Completing of WHO safety checklist within Radiology. Re-audit 4540.	No	<<	In Progress
4802	Image quality in plain radiographic examinations of the facial bones	No		In Progress
4803	Re-auditing non-anaesthetist conscious sedation during interventional radiology procedures	No	<<	Completed
4808	Quality assurance audit of First Trimester Screening Scan	No	<<	Ongoing
4809	Quality assurance audit of 18 to 20+6 week anomaly scan	No	<<	Ongoing
4856	Neuroimaging in lung cancer. Re-audit ID 4558.	No	<<	Abandoned
4879	Maintaining lumbar spine diagnostic plain imaging standards	No	<<	In Progress
4893	Quality of MRI knee examinations at University Hospitals Bristol (re-audit ID 4523)	No	<<	Completed
4907	MRI for suspected Sarcomas – are the appropriate technical requirements for MRI being met?	No		In Progress
4917	Audit of Testes Ultrasound Reporting by Advanced Practitioners	No		Completed
4918	Assessment of image quality MRI Shoulder	No	<<	In Progress
4970	Image quality for pelvis x-rays performed in Room 05	No	<<	Completed
4971	National audit of Fetal Anomaly Screening Programme (FASP) – Key Performance Indicator	No	<<	Abandoned
4994	Quality of dynamic liver MRI examinations at UHBristol	No		Completed
5008	Adherence to departmental cervical cancer MRI pelvis protocol on outpatient scans	No	<<	Completed
5032	Re-auditing accuracy of CT staging of mesothelioma. Re-audit CAID 3321.	No		In Progress
5055	The process for urgent and unexpected findings	No		In Progress
5107	Follow-up chest x-rays for high risk adults according to British Thoracic Society Guidelines	No		Completed
5109	Dose and diagnostic quality of low dose CT thorax	No		In Progress
5161	Follow-up of focal liver lesions identified on hepatocellular carcinoma surveillance abdominal ultrasound examinations	No	<<	Completed
5199	Lateral and AP Topography in Computed Tomography Pulmonary Angiography (CTPA)	No		Completed
5217	Quality of chest radiograph audit 2018, re-audit 4988	No	<<	Completed
5264	Adequacy of Centring of MRI Lumbar Spine Examinations at UHBristol	No	<<	Completed
5283	Quality of horizontal beam hip projections within A&E Radiology	No		In Progress
5488	Inclusion of the bases of lungs on plain CT chest examinations. Re-audit CAID 5001.	Yes	<<	In Progress
5571	Diagnostic quality of computed tomographic pulmonary angiography	Yes		In Progress
5589	Re-audit of image guided lung biopsies (2019)	Yes		In Progress
5605	Patient resuscitation status, is it known off the ward?	Yes		In Progress

Therapy Services - Nutrition & Dietetics

5046	Deep dive into nutrition care across UHBristol 2018	No	<<	Ongoing
5570	Liver disease nutrition pathway standards	Yes		In Progress

Therapy Services - Occupational Therapy

4343	Pathway standards in Acute Older Persons Rehabilitation	No		Completed
4883	Record keeping audit within Acute Stroke Therapy Pathway team	No		Completed
4887	Deep dive audit of the acute stroke pathway	No	<<	Completed
5137	Deep dive audit of the Stroke Rehab Pathway	No	<<	Completed

Therapy Services - Pharmacy				
4370	Use and prescribing of Pabrinex (high dose vitamin B and C intravenous injection) within the Division of Medicine. NICE CG100.	No	<<	Completed
4896	Azithromycin use in the prophylaxis of infective exacerbations of COPD and bronchiectasis	No		Deferred
4908	Antibiotic treatment of lower urinary tract infections in adults	No		Completed
4927	A prospective audit evaluating whether the gentamicin prescribing guidelines are being followed	No	<<	Completed
4959	Oral methotrexate treatment on adult patients (except oncology) in UHBristol	No	<<	Completed
5105	Venous thromboembolism (VTE) risk assessment completion audit	No		Completed
5118	Evaluation of inpatient warfarin prescribing at UHBristol	No	<<	Completed
5167	Audit into the clinical and cost implications of the infliximab dosing protocol in inflammatory bowel disease.	No		Completed
5176	Quality of the information UHBristol receive from GPs regarding insulin prescribing	No		Completed
5207	Blood ketone monitoring for in-patients within the Division of Medicine	No		Completed
5218	Venous thromboembolism risk assessment compliance audit on Acute Medical Unit. NICE NG89.	No		Completed
5255	Use of Adult Vancomycin Charts (Intermittent Dosing Only) at University Hospitals Bristol NHS Foundation Trust	No		Completed
5392	Accurate completion of medicines reconciliation on discharge summaries as per BNSSG standards	Yes	<<	In Progress
5394	MO CQUIN 19/20 Trigger 3 Supporting national treatment criteria through accurate completion of prior approval proformas.	Yes	<<	In Progress
5479	Patch Administration and Removal Record	Yes		Completed
5502	Adherence to the UHBristol antimicrobial guidelines in Paediatric Emergency Department	Yes	<<	In Progress
5535	Medicines Optimisation CQUIN 2019/2020: Antifungal Audit	Yes		In Progress
5586	Appropriateness of monitored dosage system (MDS) use within University Hospitals Bristol	Yes		In Progress
Therapy Services - Physiotherapy				
4301	Audit of therapy standards of assessment and treatment within critical care	No		Abandoned
5103	Motor Neurone Disease Association Audit: Non-invasive ventilation (NIV) service and cough augmentation.	No	<<	Completed
5194	Obstetric Anal Sphincter Injury Physiotherapy Services	No		In Progress
5319	Audit of compliance with British Thoracic Society (BTS) Bronchiectasis guidelines	Yes	<<	Completed
5356	Bristol Adult Cystic Fibrosis Centre (BACFC) Oxygen Pathway.	Yes	<<	In Progress
5437	CSP Hip Fracture Rehabilitation Standards Audit	Yes		In Progress
Therapy Services – Speech and Language Therapy				
4958	Fibreoptic endoscopic evaluation of swallowing (FEES) service	No	<<	Completed
5166	Standards of Care for patients who are feeding at risk	No		Completed
5320	Speech and Language Therapy head and neck cancer surgical pathway clinical audit.	Yes	<<	Completed
5623	Speech and Language Therapy ENT Voice outpatient pathway	Yes	<<	In Progress

Medicine

Ref	Provisional Title of Project	New	FP	Status
Emergency Department (Adult)				
4571	Re-Audit of Paracetamol Overdose in the Emergency Department (4207)	No		Abandoned
4929	Management of Moderate and Acute Severe Asthma in the BRI Emergency Department	No		In Progress
5179	RCEM Vital signs in ED 2018	No	<<	In Progress
5180	RCEM VTE Risk in Lower Limb Immobilisation 2018	No	<<	Completed
5239	RCEM Procedural sedation in adults 2018	No		In Progress
5244	Learning Disabilities: Improving care in the Emergency Department	No		Abandoned
5268	Re-audit of 16-17 year olds presenting in unscheduled care setting	No		Abandoned
5296	National Audit of Seizure Management (NASH)	No	<<	In Progress
5423	Management of scaphoid fractures in the Emergency Department.	Yes		In Progress
5476	RCEM Assessing for Cognitive Impairment in Older People 2019-20	Yes	<<	In Progress
5518	Audit of the management of Paracetamol Overdose in the Bristol Royal Infirmary Adult Emergency Department	Yes		In Progress
5530	VTE Risk in Lower Limb Immobilisation (re-audit 5180)	Yes		In Progress
5541	RCEM Mental Health Self-Harm 2019	Yes	<<	In Progress
4591	CTKUB (computed tomography, kidneys, ureters and bladder) audit	No		Abandoned
Medical Specialties - Acute Medicine				
4930	Four Hour Admission to Acute Stroke Unit (ASU)	No		Abandoned
5078	Society for Acute Medicine Benchmarking Audit 2018	No		Completed
5201	Audit of CT scans within 1 hour for suspected stroke patients	No		Abandoned
5307	Administration of IV Zolendronic Acid at South Bristol Community Hospital	Yes		Abandoned
5377	Atrial Fibrillation in Stroke Sept-Nov 2018	Yes		Abandoned
5624	Improving the uptake of HIV testing in patients with clinically indicated conditions, focusing on oesophageal candidiasis.	Yes		In Progress
Medical Specialties - Care of the Elderly				
2486	National Hip Fracture Database (NHFD)	No	<<	Ongoing
2601	Sentinel Stroke National Audit Programme (SSNAP)	No	<<	Ongoing
4242	Fracture Liaison Service Database (FLS)	No	<<	Ongoing
4993	National Delirium Day Spotlight Audit	No		Abandoned
4998	National Audit of Dementia (NAD) 2018	No	<<	Completed
5136	Use and quality of completion of the Abbey Pain Scale for patients with a delirium or dementia diagnosis	No		Deferred
5294	National UK Parkinson's Audit 2019	No	<<	In Progress
5366	How well do we share advance planning decisions made in hospital with community services?	Yes		Completed
5443	Enhanced Care Observation (ECO) and Meaningful Activities in Adult Trust Services	Yes		In Progress
5472	Stroke in pregnancy and the post-partum period	Yes		In Progress
Medical Specialties - Contraceptive & Sexual Health Services (CASH)				
5043	Planned Follow-Up Appointments for Victims of Sexual Assault	No		Completed
5149	An audit of Pregnancy Advisory Service clinical record sheet documentation	No		Completed
5202	Unity Sexual Health and Partners - Audit of Sexual & Reproductive Health Management for Young People	No	<<	Completed
5241	Audit of genital warts management	No		Completed
5261	Re-Audit: Documentation of Young People receiving a Child Sexual Exploitation (CSE) assessment in Unity Sexual Health	No		Completed

5262	Re-Audit: Documentation of Domestic Violence for patients attending Unity Sexual Health services (4821)	No		Completed
5290	Re-audit of Quick Starting Contraception Guidelines at Unity Sexual Health (5074)	No		Abandoned
5314	Audit of the use of progestogen-only injectable contraception	Yes		Completed
5316	Audit of management of patients referred to complex implant removal clinic	Yes		Completed
5317	Audit of combined hormonal contraceptive use in Unity Sexual Health	Yes		Completed
5346	Audit of Chlamydia Treatment in Unity Sexual Health	Yes		Completed
5347	Review of empirical antibiotics usage in suspected UTI	Yes		Completed
5367	Audit of Emergency hormonal contraception provision	Yes		Deferred
5388	Panther drop off: Ensuring high risk groups are identified and offered appropriate testing, vaccination and support	Yes		Completed
5393	Audit to review GP IUD lost thread referrals and outcomes	Yes		Completed
5458	Use of natural family planning as a contraceptive method in women with an unplanned pregnancy	Yes		In Progress
5577	Audit of sexual health care of men who have sex with men	Yes		In Progress
5578	Audit of Safeguarding Framework for Unity Sexual Health: Are partner organisations notifying Unity of referrals and and monitoring outcomes	Yes		In Progress
Medical Specialties - Dermatology				
3569	Skin Cancer Complete Excision Rates Audit	No	<<	Ongoing
4340	National audit of non-melanoma skin cancer (NMSC) excision and completeness of histopathological reporting.	No		Completed
4685	National Re-Audit on the Assessment and Management of Psoriasis	No	<<	Completed
4962	Omalizumab in Chronic Spontaneous Urticaria	No	<<	Abandoned
5135	Assessing the TL01 pathway for the psoriasis patients	No		Abandoned
5169	Proportion of necessary clinical information available at weekly skin cancer MDT.	No		Abandoned
5171	Loco Regional and Distant Recurrent Primary Cutaneous Squamous Cell Carcinoma (SCC)	No		Completed
5231	Audit of newly established Photodynamic Therapy service in the treatment of Bowen's disease and BCC	No		Abandoned
5246	An Audit of the photography standards in teledermatology referrals of lesions from primary care	No		Completed
5273	Audit of NICE guideline on the management of paediatric eczema (British Association of Dermatologists) (re-audit of 4253)	No		Completed
5285	An audit of vitamin D levels in patients with melanoma	No		Abandoned
5351	Audit of the monitoring of hydroxychloroquine related retinal toxicity in dermatology patients	Yes		Completed
5484	Re - audit of referrals and clinical action in an on call dermatology service	Yes		In Progress
5620	A re-audit into retinal screening referral in patients commenced on hydroxychloroquine by dermatology	Yes		Completed
Medical Specialties - Diabetes & Endocrinology				
3937	National Pregnancy in Diabetes Audit (NPDA)	No	<<	Ongoing
3942	National Diabetes Foot Care Audit (NDFA)	No	<<	Ongoing
4063	National Diabetes Audit (NDA)	No	<<	Ongoing
4455	Diabetes Medication Errors on MAU and A400	No		Abandoned
4479	National Inpatient Diabetes Re-Audit 2016 (Initial audits: ID3336/4182)	No	<<	Abandoned
4789	Diabetes Inpatient Foot Examination	No		Abandoned
4792	Inpatient Self-Management of Diabetes	No		Abandoned
4794	Immunology of thyroid eye disease and the use of steroids as a treatment option with an audit of current practice.	No		Abandoned
4791	The post-surgical morbidity following trans-sphenoidal surgery for pituitary macroadenomas	No		Abandoned
4790	Care Delivered and Patient Perception of Diabetes Care	No		Abandoned
4818	National Diabetes Inpatient Audit (NADIA) 2017 and 2019	No	<<	In Progress
5117	Insulin Pump Audit	No		Abandoned

5254	Multiple Endocrine Neoplasia 1 (MEN1)	No		Completed
5399	Audit of the diabetes care delivered and patient perceptions of diabetes care received on surgical wards	Yes		In Progress
5489	Diabetes Insipidus: Sick day rules audit	Yes		In Progress
Medical Specialties - Gastroenterology & Hepatology				
4859	Inflammatory Bowel Disease (IBD) Outpatient Follow-ups	No		Abandoned
4867	Review of Patients with Crohn's Disease who have Undergone Resection	No		Abandoned
4877	Ustekinumab Patient Care Pathway & Review Process Audit	No		Abandoned
4891	Vedolizumab Patient Care Pathway & Review Process Re-Audit	No		Abandoned
4934	Ascitic Tap in Patients with Cirrhosis and Ascites	No		Completed
5403	Audit of symptom triggered withdrawal (chlordiazepoxide) prescribing.	Yes		Completed
5438	The influence of Taurolock on line infection rates for patients on Home Parenteral Nutrition	Yes		In Progress
5626	Is Smoking Status Reviewed in clinic?	Yes		In Progress
Medical Specialties – Liaison Psychiatry				
5028	Re-Audit of Adult Psychiatry Liaison Response Time to Emergency Department Patients (4420 & 4147)	No	<<	Completed
5230	Recognition of depression in adults in general hospital settings	No		Completed
5270	Anticholinergic burden amongst hospitalised dementia patients	No		In Progress
5280	Re-audit of the Management of Self-Harm for Patients Who Attend the BRI	No		Completed
5291	Assessing outcomes in liaison patients who discharge before being seen in the emergency department	No		In Progress
Medical Specialties - Respiratory				
4617	Documentation of Discussions Regarding Future Non-Invasive Ventilation	No		Abandoned
4625	National Chronic Obstructive Pulmonary Disease (COPD) Audit	No	<<	Ongoing
4935	Screening for Latent Tuberculosis Infection Prior to Commencing Biological Therapy	No	<<	Completed
4946	Non-Invasive Ventilation (NIV) Provision Against NCEPOD and BTS Recommendations	No		Abandoned
5240	BTS Adult Non-Invasive Ventilation 2019	No		In Progress
5276	BTS Adult Community Acquired Pneumonia 2019	No		Abandoned
5432	BTS National Smoking Cessation Audit 2019	Yes	<<	In Progress
Medical Specialties - Rheumatology				
5024	National Early Inflammatory Arthritis Audit (NEIAA)	No	<<	In Progress
5345	Re-Audit of the monitoring of hydroxychloroquine associated retinopathy (re audit 5086)	Yes		Completed
5464	Need for psychological support for rheumatology patients as assessed by clinical nurse specialists through helpline calls.	Yes		In Progress
5506	Diagnosis and early management of axial spondyloarthritis in the Rheumatology Department.	Yes		In Progress
5622	Use of Tocilizumab in Giant Cell Arteritis	Yes		In Progress
Trust-wide				
5568	Falls management audit	Yes		In Progress
5569	Post Falls Management Audit	Yes		In Progress

Specialised Services

Ref	Provisional Title of Project	New	FP	Status
Cardiac Services - Cardiac Anaesthesia				
4012	Time of Admission of Surgical Patients	No		Abandoned
4409	Compliance with NICE CG103 (Delirium – Prevention, Diagnosis & Management) in CICU	No	<<	Abandoned
4860	ACTACC National Prospective Audit of Resternotomy	No		Abandoned
4996	ACTACC National Audit of Major Complications of Transoesophageal Echocardiography	No	<<	Abandoned
Cardiac Services - Cardiac Surgery				
5424	Adult Critical Care Case Mix Programme (ICNARC-CMP)	Yes	<<	Ongoing
549	National Adult Cardiac Surgery Audit (ACS)	No	<<	Ongoing
3304	Early and Long-Term Outcome of Mitral Valve Surgical Procedures in Adult Patients	No		Abandoned
4355	Early and Long-Term Health Outcome After Coronary Surgery in Adult Patients	No	<<	Abandoned
4632	Success of Atrial Fibrillation (AF) Ablation Surgery Revisited	No		Completed
4689	Review of Antithrombotic Therapy for Mechanical Prosthesis	No		Abandoned
5071	Transoesophageal Echocardiogram (TOE) Data	No		Completed
5242	Evaluating the current Cardiac Surgery referral system	No		Abandoned
5245	The Frozen Elephant Trunk – a service evaluation of practice at BRI 2017-2019	No		Completed
5253	Safe Discharge of Patients Post Temporary Epicardial Pacing Wire Removal	No		Completed
5272	Outcomes of Homograft vs Stented Valve for PVR	No		In Progress
5306	Outcomes of emergency type A aortic dissection repair (institutional report)	Yes		Completed
5523	Off-pump CABG vs On-Pump CABG for inferolateral wall revascularisation	Yes		In Progress
5616	Management of adult patients with transposition of great arteries (TGA) after arterial switch	Yes		In Progress
Cardiac Services - Cardiology				
223	Myocardial Infarction National Audit Project (MINAP)	No	<<	Ongoing
366	National Heart Failure Audit (HF)	No	<<	Ongoing
809	National Coronary Angioplasty Audit	No		Ongoing
1578	National Cardiac Arrhythmia Audit (CRM)	No	<<	Ongoing
3375	Outcomes Following Ventricular Tachycardia (VT) Ablation	No		Abandoned
4674	Regional Variation in Out-of-Hospital Cardiac Arrest Care and Survival in South-West England	No	<<	Abandoned
4706	Re-Audit of Ivabradine for Treating Chronic Heart Failure (3761)	No		Abandoned
4772	Use of Sacubitril Valsartan in Heart Failure	No		In Progress
4852	Treating Low Ferritin Levels in Patients with Chronic Heart Failure (Ejection Fraction <40%)	No		Abandoned
4870	Improving the Documentation of Cardiology Multidisciplinary Team (MDT) Meetings	No		Abandoned
4967	Transition Between Paediatric and Adult Congenital Cardiology Services	No		In Progress
5084	WHO Surgical Checklist in the Cardiac Catheter Laboratories	No		Completed
5090	Women of Child Bearing Age with Young Onset Hypertension (4771)	No		Abandoned
5222	Effectiveness of Hybrid Procedure for lone atrial fibrillation in symptomatic patients	No		Abandoned
5243	Audit of aspirin prescribing and advice following transcatheter pulmonary valve implantation (percutaneous or hybrid) between 2008 and 2018	No		Completed
5302	End of life care in adults with congenital heart disease	Yes		Abandoned
5315	Incidence of new onset of permanent pacemaker maker implantation (PPM) after sutureless aortic valve replacement (AVR)	Yes		Abandoned
5326	Staphylococcus aureus (MRSA/MSSA) Preoperative Admission Screening and Treatment in Elective Cardiac Surgery Patients	Yes		Abandoned

5429	Takotsubo Cardiomyopathy	Yes	<<	Abandoned	
5465	Acute Atrial Fibrillation Post Coronary Artery Bypass and Aortic Valve Replacement	Yes		In Progress	
5466	Venous thromboembolism (VTE) risk assessment completion audit	Yes		In Progress	
5470	Coding of cardiology patients	Yes		Abandoned	
5524	ACHD Surgical Pathway and Post-operative Anticoagulation Strategies	Yes		In Progress	
5532	Practices in altering drug prescriptions in cardiology wards at the BHI	Yes		Completed	
5538	Management of Pericarditis	Yes		In Progress	
5554	Rapid Access Chest Pain Clinic	Yes		In Progress	
Oncology & Clinical Haematology – Bone Marrow Transplant					
4850	One-Year Survival Outcome Within or Above the Expected Range When Compared to National or International Outcome Data - Quarterly (JACIE B4.7.5)	No		Abandoned	
Oncology & Clinical Haematology - Clinical Genetics					
4864	Rapid Access Cancer Clinic	No		Completed	
5124	Genetic Antenatal Care Pathway for Haemoglobinopathies [re-audit of 4830]	No	<<	Completed	
5531	Review of results processes for patients enrolled in the 100,000 Genomes Project within the West of England Genomic Medicine Centre	Yes		Completed	
5610	Genetic Antenatal Care Pathway for Haemoglobinopathies [re-audit of 5124]	Yes	<<	Completed	
Oncology & Clinical Haematology - Clinical Haematology					
4593	Rasburicase in Tumour Lysis Syndrome	No		Abandoned	
4838	Verification of chemotherapy drugs and doses	No		Abandoned	
4890	Bendamustine Use In Chronic Lymphocytic Leukaemia and Low Grade Non-Hodgkin's Lymphoma	No		Completed	
4898	Use of Positron Emission Tomography-Computed Tomography (PET-CT) in Staging of Non-Hodgkin Lymphomas (NHL)	No		Abandoned	
5072	Hepatitis B and C Screening Before the Commencement of Rituximab Containing Regimen	No		Abandoned	
5148	HaemSTAR FLASH-MOB national audit on use of IVIG in ITP patients	No		In Progress	
5188	Prophylaxis and management of thromboembolism in patients with acute lymphoblastic leukaemia / lymphoma (pre-audit)	No		Abandoned	
5192	NICE QS150 – TYA unit Bristol Haematology Oncology Centre	No		Completed	
5213	Compliance with the BCSH guideline on the first line management of classical Hodgkin lymphoma	No		Abandoned	
5349	Re-audit of the use of Rasburicase for the prophylaxis and treatment of Tumour Lysis Syndrome in patients with haem. malignancy (re-audit of 4223)	Yes		Completed	
5363	Audit of compliance with the BSH guideline for the management of Acute Chest Syndrome in Sickle Disease	Yes		Completed	
5386	Related Donor Testing and Screening JACIE B4.8.3.2	Yes		In Progress	
5387	Neutropenic Fever in Haematology	Yes		Abandoned	
5408	JACIE 7th Edition standards. Annual audit of verification of chemotherapy drug administered against the written order (2019)	Yes		Abandoned	
5427	Audit of prevention and management of steroid-induced complications, specifically hyperglycaemia, in outpatient myeloma chemotherapy at BHOC	Yes		Completed	
5428	First line treatment of Diffuse Large B Cell Lymphoma – Bristol experience versus Literature outcome	Yes		In Progress	
5460	Flash-Mob TTP Audit: Nationwide audit of treatment delays in patients presenting with acute TTP to UK hospital	Yes		In Progress	
5482	Audit of annual review of long-term haematology immunoglobulin patients	Yes		In Progress	
5519	Red cell exchange transfusion for patients with Sickle Cell Disease at the University Hospitals Bristol	Yes		Abandoned	
5533	Audit of Donor Screening and Testing JACIE B4.8.3.2	Yes		In Progress	
5617	Annual audit os safety endpoints and immune effector cellular therapy toxicity management	Yes		In Progress	
Oncology & Clinical Haematology - Oncology					
554	National Lung Cancer Audit (NLCA)	No	<<	Ongoing	
3926	Trustwide Neutropenic Sepsis in Oncology Patients	No		Abandoned	

4035	Hyponatraemia in small cell lung cancer	No		Abandoned
4366	Outcomes of Stereotactic Ablative Body Radiation (SABR) Therapy for Primary Lung Cancer	No	<<	Completed
4367	National Prostate Cancer Audit (NPCA)	No	<<	Ongoing
4467	Major Complications of Stereotactic Radiosurgery in Patients with Acoustic Neuroma	No		In Progress
4657	Re-Audit of Radiotherapy On-Treatment Reviews (2996)	No		Abandoned
4686	Audit of neutropenic sepsis in patients receiving docetaxel for hormone naïve metastatic prostate cancer	No		Abandoned
4783	Time to Radiotherapy for Post-Operative Head and Neck Patients	No		Abandoned
4931	Radioiodine for Thyroid Cancer	No	<<	Abandoned
4968	Clinical Trials Unit Research Nurses and Radiographers Requesting Imaging	No		Abandoned
5022	Re-Audit of Steroid Induced Hyperglycaemia in Central Nervous System Oncology Patients Undergoing Radiotherapy (3553)	No		Abandoned
5068	Management of Capecitabine Related Diarrhoea	No		Abandoned
5083	The Efficacy of Radium-223 in Metastatic Prostate Cancer	No		Completed
5360	National Audit of Breast Cancer in Older Patients	Yes	<<	Ongoing
5378	A national retrospective multicentre audit of long term trastuzumab use in metastatic breast cancer.	Yes		In Progress
5381	Neo-adjuvant (NA) Imatinib for gastrointestinal stromal tumours (GISTs): What is the optimal length of treatment?	Yes		In Progress
5382	Treating brain metastases from breast cancer - a single centre experience of Stereotactic radiosurgery.	Yes		In Progress
5430	Audit of patient letters for people diagnosed with cancer	Yes		In Progress
5480	Metastatic spinal cord compression prospective audit (MSCC audit)	Yes		In Progress
5522	Evaluating the use of Neoadjuvant Chemotherapy in Breast Cancer: the BHOC experience	Yes		In Progress
5525	Audit of Compliance to W.I. 8.1.16 (Treatment Verification of Radical Plans) for Electronic Portal Imaging and Cone Beam CT (CBCT) imaging.	Yes		In Progress
5588	Adherence to Electronic Progress Form & Consent, Consult Oncologists, SRs, Associate Specialists In Oncology And Consultant Therapeutic Radiographers	Yes		In Progress
Oncology & Clinical Haematology - Palliative Medicine				
4785	Timeliness of Acknowledging and Responding to End of Life Care Complaints	No		Completed
5053	National Audit of Care at the End of Life (NACEL) 2018	No		In Progress
5258	How is the term "harm" being interpreted and documented on DNACPR forms following the Tracey judgement?	No		Abandoned

Surgery

Ref	Provisional Title of Project	New	<<	Status
Anaesthesia & Critical Care – Acute Pain Service				
5020	Regional anaesthesia audit	No		Abandoned
5308	Nerve blocks for fractured neck of femur patients	Yes		In Progress
Anaesthesia & Critical Care – Anaesthesia				
5370	Anaesthetic staffing of trauma lists in the BRI	Yes		Completed
5371	Trauma theatre efficiency	Yes		In Progress
5431	Quality of the WHO checklist or LocSSIP in UHB	Yes		In Progress
5439	Consultant-delivered anaesthesia for fractured neck of femur patients	Yes		Completed
5581	Perioperative management of diabetes in surgical patients	Yes		In Progress
3512	National Emergency Laparotomy Audit (NELA)	No	<<	Ongoing
4944	Alcohol recording and advice for patients undergoing major surgery	No		Abandoned
5181	Audit of pain control following pleurectomy and pleurodesis surgery.	No		Abandoned
5197	Anaesthetic machine checks	No		Completed
Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia				
1704	Dural Puncture	No		Ongoing
4652	Transfusion targets post-delivery in obstetrics	No		Abandoned
4851	Management of morbidly obese obstetric women	No		Abandoned
4888	Timing of LMWH administration following regional anaesthesia and epidural catheter removal.	No		Completed
5376	Management of anaemia in patients for elective caesarean section	Yes		Completed
5412	Epidural response time	Yes		In Progress
Anaesthesia & Critical Care & Theatres - Preoperative Assessment				
5286	Correct venous thromboembolism and prescribing of enoxaparin post operatively	No		In Progress
5335	Fasting intervals in patients having trauma surgery	Yes		In Progress
Anaesthesia & Critical Care & Theatres – Critical Care/Resuscitation				
160	Adult Critical Care Case Mix Programme (ICNARC-CMP)	No	<<	Ongoing
3634	Trauma Audit Research Network (TARN)	No	<<	Ongoing
4884	Identifying and facilitating good quality sleep in intensive care unit patients	No		In Progress
5041	Inter hospital transfers within the South West Critical Care Network	No		In Progress
5087	Clinical audit of neurological prognostication following cardiac arrest	No		In Progress
5098	Appropriate checking of IV drugs on the intensive care unit	No		In Progress
5101	Tracheostomy care on the intensive care unit	No		In Progress
5365	Intensive care management of post-operative oesophagectomy patients	No		Completed
5409	End of life care and neurological prognostication for adult patients who have an out of hospital cardiac arrest (OHCA)	Yes		In Progress
5456	ITU Care for post hepatectomy patients	Yes		In Progress
5549	Antibiotic use in out-of-hospital cardiac arrest patients	Yes		In Progress
5602	Emergency ITU admissions from ward areas – are we escalating appropriately?	Yes		Completed
5608	Complex analgesia audit	Yes		In Progress
3139	National Cardiac Arrest Audit (ICNARC NCAA)	Yes	<<	Ongoing
4932	Adherence to unit protocol for use of neuron-specific enolase (NSE) sampling on General ICU	No		In Progress

Dental Services - Oral Medicine				
5128	Biopsy referrals to the oral surgery department	Yes		Completed
5226	Quality of referral forms in oral medicine - a re-audit	No		Completed
5512	Hydroxychloroquine audit	No		Completed
5513	Clinical photographs in the Oral Medicine Department	Yes		In Progress
Dental Services - Oral & Maxillofacial Surgery				
2414	National Head and Neck Cancer Audit (DAHNO)	No		Abandoned
5120	Paediatric Maxillofacial Emergency Admissions	No		Completed
5228	Quality of discharge summaries in maxillofacial surgery inpatients	No		Completed
5236	Orthognathic post operative radiographs	No		Completed
5536	Are punch biopsies in oral maxillofacial surgery adequate	No		In Progress
5537	To what extent are we compliant with completing the 'Bed-Head' signs for Maxillofacial patients with tracheostomies?	Yes		In Progress
5543	Post operative imaging following orthognathic surgery - a re-audit	Yes		In Progress
5544	Analgesic Prescribing Following Surgical Removal of Lower Wisdom Teeth	Yes		In Progress
5573	Appropriateness of patients presenting to the emergency department with dental pain and facial swelling	Yes		In Progress
5587	Surgical site infection	Yes		In Progress
5614	Excision margins of dermatological cancer procedures performed by the oral maxillofacial surgery department	Yes		In Progress
5615	Surgical site infection reporting	Yes		In Progress
4920	Antibiotic prescribing in Oral Surgery	Yes		Completed
5104	Conscious sedation re-audit 2018	No		In Progress
5212	Pre op localisation of impacted canines	No		Completed
5265	Completion of the signing out aspect of the surgical safety checklist on OMFS treatment sessions.	No		In Progress
5492	Quality and consistency of note taking carried out by undergraduate dental students for dental extractions	No		In Progress
5546	Antibiotic precribing - a re-audit	Yes		In Progress
5548	Can teeth be safely extracted in the Urgent Dental Centre?	Yes		In Progress
Dental Services - Orthodontics				
4701	National audit of the application of orthognathic acceptance criteria (BOS)	Yes		Completed
4950	Consent for fixed orthodontic appliances at BDH	No		Completed
5002	An Audit of non-completion of Joint Orthodontic and Orthognathic treatment	No		In Progress
5127	Oral hygiene status of orthodontic patients referred to Bristol Dental Hospital	No		In Progress
5223	Reporting of radiographs in orthodontics - re-audit	No		Completed
5331	Referral and management of unerupted maxillary incisors	No	<<	In Progress
5332	Recording of dental trauma at new orthodontic patient clinics - a re-audit	Yes		Completed
5511	Reporting of radiographs (3rd cycle) in orthodontics	Yes		In Progress
5514	Did not attend (DNA) rates in orthognathic clinics	Yes		In Progress
5542	Appropriate referrals to the orthodontic department	Yes		In Progress
5556	General Dental Practitioner (GDP) attendance and record-keeping (re-audit)	Yes		In Progress
5574	Audit of waiting times between referral and surgery for impacted canines	Yes		In Progress
Dental Services - Paediatric Dentistry				
4641	Appropriateness of general anaesthesia for patients referred by general dental practitioners for exodontia	Yes		Abandoned
4828	Dental awareness in parents of children with inherited bleeding disorders	No		Completed

4923	Dental registration and fluoride varnish application in children with cleft lip and/or palate	No		In Progress
5210	Preventive care of children requiring General Anaesthetic for caries management	No		Completed
5256	Record keeping (3rd cycle) in paediatrics	No		Completed
5269	Trauma form in paediatrics - re-audit	No		In Progress
5333	Dental screening for paediatric patients prior to bone marrow transplant	No		Completed
5385	Body mass index recording in paediatric dental patients	Yes		In Progress
5420	Record keeping re-audit	Yes		Completed
5441	Radiology audit re-audit	Yes		In Progress
5521	Are patients receiving appropriate information prior to inhalation sedation provision? – Re-audit	Yes	<<	In Progress
Dental Services - Primary Care Dental Services (PCDS)				
4853	Audit on patient representative form completion in primary care dental service (PCDS)	Yes		Completed
5129	Labelling of community patients dentures	No		In Progress
5257	Are we prescribing fluoride appropriately?	No		In Progress
5372	Patient Medical History Record Keeping	No		In Progress
5463	Primary Care Dental Service Emergency Equipment and Drugs	Yes		Completed
Dental Services - Restorative Dentistry				
5182	Consent for surgical procedures	Yes		In Progress
5224	Quality of radiographs on referral forms	No		Completed
5238	Delivering better oral health	No		In Progress
5334	Follow up dental appointments for head and neck cancer patients	No		In Progress
5339	Failure rate and Complication Rate of Implants Placed at Bristol Dental Hospital	Yes		In Progress
5357	Audit of digital monitors in the dental hospital	Yes		Completed
5373	Compliance of Restorative Dentistry department with the outcome clinical letters format	Yes		In Progress
5384	Re audit referrals to NHS stop smoking services for patients attending restorative dentistry	Yes		Completed
5485	radiograph reporting in the adult dental health department (ADH)	Yes		Completed
5504	Quality of dental screening and preventative management of head and neck oncology patients (DPT, fluoride prescriptions) re-audit	Yes		In Progress
5515	Re-audit of Individual Funding Requests (IFR) forms for dental treatment submitted in the South West of England – Restorative	Yes		In Progress
5516	General Dental Practitioner details for adult dental health patients	Yes		Completed
5545	Adult Dental Health Safety Briefing Compliance	Yes		In Progress
5572	clinical audit assessing undergraduate consent process in Restorative Department	Yes		In Progress
5576	2017 periodontal classification/BPE within restorative consultant clinics at Bristol Dental Hospital.	Yes		In Progress
Ophthalmology – A&E and Primary Care				
5418	Chemical eye injury management at Bristol Eye Hospital	Yes		In Progress
Ophthalmology - Cornea & Cataracts				
4454	Cataract outcomes annual audit 2014 (re-audit of CAID 4101)	Yes		In Progress
4746	Management of suspected microbial keratitis (MK) in the BEH emergency department	No		In Progress
4753	Collagen cross linking for young people with keratoconus	No		Completed
5026	Audit of conjunctival biopsies for suspected mucous membrane pemphigoid (MMP)	No		Completed
5096	Cataract surgery outcomes	No		In Progress
5330	Collagen cross linking audit 2016-17	No	<<	Completed
Ophthalmology - Glaucoma & Shared Care				

4796	Ocular hyptension treatment (OHT) according to NICE guidance (CG:85)	Yes		Deferred
4952	Re-audit of acute glaucoma pathway in Bristol Eye Hospital A+E	No		In Progress
5030	Glaucoma tube surgery audit 2018	No		In Progress
5081	Giant cell ateritis re-audit	No		Completed
5355	Neovascular Age-related macular degeneration Audit on Treat and Extend Protocol with Eylea efficiency	No		In Progress
5440	Glaucoma follow up appointments in Bristol Eye Hospital	Yes		In Progress
5527	Ab-interno Xen Gel implantation for glaucoma	Yes	<<	In Progress
Ophthalmology - Medical & Surgical Retina				
4306	Cataract Surgery undertaken by trainee surgeons	Yes		Ongoing
4471	Ocular screening of patients with candidaemia	No		Completed
4485	Retinal detachment re-audit 2016	No		In Progress
4697	Outcome and complications of pars plana vitrectomy for epiretinal membrane	No		In Progress
4922	Management of aphakia in absence of lens capsule support with Artisan lenses	No		In Progress
5168	Neovascular Age-related macular degeneration Compliance Audit	No		Completed
5287	Adherence to departmental guidelines for patients with neovascular glaucoma (NVG)	No		In Progress
5340	Outcomes of treatment of Idiopathic Polypoidal Choroidal Vasculopathy	No		In Progress
5447	Retinal vein occlusion audit	Yes		Completed
5275	Audit of the hydroxychloroquine retinopathy screening service at Bristol Eye Hospital	No		Completed
Ophthalmology - Orthoptics & Optometry				
5232	Autoantibody testing in acute optic neuritis and the management of neuromyelitis optica spectrum disorder at Bristol Eye Hospital	Yes		In Progress
5459	Management of convergence insufficiency in patients presenting to the Bristol Eye Hospital	No		In Progress
Ophthalmology - Paediatrics, Oculoplastics & Squint				
4214	Re-audit of visual outcomes and effectiveness of follow up in children treated with laser for retinopathy of prematurity	Yes		Deferred
4522	Clinical audit for surgical outcome for correction of intermittent exotropia – unilateral vs bilateral surgery	No		In Progress
4702	Orbital biopsy - indication, results, complication rate in Bristol Eye hospital	No		In Progress
4774	Children presenting with swollen optic discs, to the paediatric primary care clinic (PPC)	No		Completed
4915	Treatment Outcomes in patients treated with Mycophenolate Mofetil for Moderate-to Severe Graves' Orbitopathy (GO)	No		Deferred
5155	Ophthalmic complications following treatment for intracranial tumours	No		In Progress
5183	Squint surgery audit	No		In Progress
5221	Conjunctivodacryocystorhinostomy (CDCR) Audit	No		In Progress
5410	Periorbital and orbital infections presenting to Bristol Eye Hospital	No		In Progress
5457	Management and outcome of primary intraocular lens implantation in paediatric uveitis patients	Yes		In Progress
5487	Outpatient prescribing for Paediatric patients at the BEH	Yes		In Progress
5555	Sight registration audit	Yes		In Progress
5565	Functional and Anatomical Outcomes of screening of Children with Neurofibromatosis type 1 (NF1)	Yes		In Progress
5606	Dacryoscintigraphy in the management of epiphora	Yes		In Progress
5455	Methotrexate prescribing and monitoring in the paediatric uveitis clinic	No		In Progress
4606	Lid surgery success in patients diagnosed and treated for ocular mucus membrane pemphigoid (OMMP)	Yes		In Progress
Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)				
5411	Outcome of Myringoplasty	Yes		Completed
5442	Operation Note Documentation in the ENT Department (two audit cycles)	Yes		Completed

4524	Thyroid function testing following bilateral neck radiotherapy for non-thyroid head and neck malignancy	Yes		Completed
4911	GP MRI IAM requests	No		Completed
4995	BAHNO Head and Neck Cancer Surveillance Audit 2018	No	<<	In Progress
5123	Process for informing patients with results of MRI scans performed for unilateral sensorineural hearing loss or tinnitus [re-audit of 4125]	No		Completed
Adult Surgical Specialties - Colorectal Surgery				
2482	National Bowel Cancer Audit (NBOCAP)	Yes	<<	Ongoing
4743	Use of neoadjuvant therapy in rectal cancer	No		In Progress
4897	Improving adequacy of bowel preparation in patients admitted for elective colonoscopy	No		In Progress
5170	An audit of outcomes after treatment for anal cancer at Bristol Royal Infirmary	No		Abandoned
5189	Frailty assessment in enhanced recovery patients	No		Completed
5249	Surgical site infection in colorectal surgery	No		Completed
5259	Improving the prescription of extended venous thromboembolism prophylaxis on discharge in patients with colorectal cancer re-audit	No		Completed
5260	Rates of early mobilisation in elective colorectal surgical patients as part of Enhanced Recovery After Surgery (ERAS)	No		In Progress
5446	VTE assessment	No		In Progress
Adult Surgical Specialties - Orthopaedics (T&O)				
5534	Management of patients taking Novel Oral Anticoagulants (NOACs) who require orthopaedic trauma surgery – are we following trust guidelines?	No		In Progress
5619	VTE Prophylaxis Prescribing on Discharge for Fractured NOF patients	Yes		In Progress
2568	National Joint Registry (NJR)	Yes	<<	Ongoing
4700	Improving the way we deliver care in Trauma: Rehabilitation and Communication	No		Abandoned
4705	Falls assessment and bone health assessment in patients over 75 presenting to T+O with non hip fractures	No		Abandoned
4858	Group and Save prior to surgery for fractured neck of femur	No		Abandoned
4919	Clear communication of post take ward round (PTWR) plan to ward staff	No		Abandoned
5016	Tip apex distance re-audit third cycle	No		In Progress
5158	Assessing the initial management of acute ankle fractures in the BRI (AUGMENT)	No		In Progress
5165	Novel medial transverse incision for distal tibial plating of fractures	No		In Progress
Adult Surgical Specialties - Thoracic Surgery				
553	Thoracic Surgery Return (consultant outcomes)	Yes		Ongoing
4889	Effectiveness of post-operative laxative prescribing in Thoracic Surgery ERP patients	No		In Progress
5089	Flutter bags for persistent postoperative air leak	No		In Progress
5139	Chronic Obstructive Pulmonary Disease - Endobronchial Valves Audit	No		Completed
5140	Early Discharge Pathway after minor Video-assisted thoracoscopic surgery (VATS)	No		Completed
5162	Re-audit of outcomes after internal fixation of flail segment chest injuries in Severn Trauma network	No		In Progress
5251	Thoracic CNS telephone follow up one week post discharge.	No		Completed
5405	Management of newly diagnosed cancer patients suitable for early surgical intervention in accordance with national guidance	No	<<	In Progress
5503	Rib fracture re-audit	Yes		Completed
5510	Prescribing of simple analgesia in thoracic surgery	Yes		In Progress
Adult Surgical Specialties - Upper GI Surgery/Hepatobiliary				
4942	Investigation and management of patients with suspected pancreatobiliary malignancy	No		In Progress
5583	Right iliac fossa (RIF) pain and negative appendicectomy rate	No		In Progress
2484	National Oesophago-Gastric Cancer Audit (NAOGC)	Yes	<<	Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)	No		Ongoing

4453	Peritoneal cytology audit	No	In Progress
4819	Compliance with pre-operative requirements for stopping medications and restricting oral intake prior to emergency interventions	No	Abandoned
5250	Oesophago Gastric Anastomosis Audit	No	In Progress
5310	Wound infections in elective upper GI patients	No	Completed
5421	Analgesia in general surgery	Yes	In Progress
5445	Time to post -operative extubation of oesphagogastrrectomy patients	Yes	In Progress
5481	Prescribing and use of mechanical VTE prophylaxis in surgery	Yes	In Progress
5491	Postoperative driving advice for acute surgical patients	Yes	In Progress
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)	Yes	In Progress
5211	Respiratory Complications after abdominal Surgery 2019	No	In Progress

Women's & Children's

Ref	Provisional Title of Project	New	<<	Status
Children's Services - Anaesthesia				
4344	Outcome measure monitoring in Anaesthetics v national and local standards	Yes		Ongoing
4459	Paediatric pre-operative fasting v local standards	No	<<	Ongoing
5321	Text message follow-up assessing pain, analgesia and satisfaction following day case surgery v local standards	No		In Progress
5322	Analgesic prescribing following surgery v local standards	Yes		Completed
5433	Microcuff endotracheal tube audit for paediatric anaesthesia v national standards	Yes		Completed
5508	Re-Audit of unplanned admission after Paediatric Day Case Anaesthesia	Yes		In Progress
5590	Re-audit -occurrence of side effects from analgesia for patients reviewed by the pain service	Yes		In Progress
Children's Services - Audiology				
4314	Re-Audit of patient management post identification of permanent childhood hearing impairment (PCHI) v national standards	Yes		In Progress
5278	Re-audit of management of children with otitis media with effusion (OME) v local and national guidance	No		Completed
5557	Re-Audit of Hearing aid Review Clinics	No		Completed
Children's Services - Burns & Plastics				
3971	International Burn Injury Database (iBID)	Yes		Ongoing
5281	Audit and re-audit of paediatric Burns Referral Documentation v local standards	No		Completed
5603	Audit and re-audit of burns outpatient pre-attendance analgesia v local standards	No		In Progress
Children's Services - Cardiac Services				
79	Post-Operative Morbidity Following Cardiac Catheterisation	Yes		Ongoing
81	Radiofrequency Ablation in Paediatric Arrhythmias	No		Ongoing
947	Congenital Heart Disease (CHD - NICOR)	No	<<	Ongoing
5191	Audit of Cardiomyopathy Screening in Children v local standards	No		Completed
5417	Availability of letters - images - technician at Joint Cardiac Conference	No		Completed
5419	Pre-admission clinic blood sampling v local and national standards	Yes		Completed
5490	Paediatric cardiac echocardiogram reporting v local standards	Yes		Completed
5493	Paediatric Cardiac Cath Lab activity 2016-2017 v local and national standards	Yes		Completed
5496	Elective Surgical Pathway Audit - v local standards	Yes		Completed
5497	Compliance with local and international standards for cryoablation in paediatric population	Yes		Completed
5498	Audit of Sign out Protocol for Paediatric Electrophysiology Studies v local standards	Yes		In Progress
5551	Re-audit of trisomy 21 patients with pulmonary hypertension v local and national standards	Yes		In Progress
5593	Re-audit of Paediatric Cardiac Cath Lab activity 2017-2018 v local and national standards	Yes		Completed
5594	Audit of Paediatric Cardiology Outreach Clinic activity (Royal Cornwall Hospital) v local standards	Yes		Completed
Children's Services - Dietetics				
5252	Re-audit of compliance with service recommendations for monitoring the ketogenic diet at Bristol Royal Hospital for Children	Yes		Completed
Children's Services – Ear, Nose and Throat (ENT)				
5453	Complication rates of intracapsular and extracapsular coblation tonsillectomy in children	No		In Progress
5462	Manipulation of nasal bones: the process of timely referral to ENT for ongoing management	Yes		In Progress
Children's Services - Emergency Department				
4051	Management of Cervical Lymphadenitis v national standards	Yes		In Progress
4814	RCEM Pain in Children 2017-2018 audit v national standards	No	<<	Completed

5115	Re-audit of Consultant sign off in fever in children < 1 year old v national and local standards	No	<<	Completed
5196	Re-audit of Procedural Sedation in the Children's Emergency Department v national standards	No		Completed
5220	RCEM Feverish Child 2019	No	<<	Completed
5271	Blood-labelling in Children's ED v local standards	No	<<	In Progress
5337	Recording Weights in CED v local and national standards	No		Completed
5338	Re-audit of children presenting with limp v updated local standards	Yes		Completed
5341	Re-audit of Single checking medication and adherence to Patient Group Directives (PGD)	Yes		Completed
5352	Management of non-mobile babies with injuries presenting to the Bristol Children's Emergency department v national standards	Yes		Abandoned
5413	Use of 'Local alcohol and drug use advisory information for patients and their families' v local standards	Yes		Completed
5483	Care of Children in Emergency Departments v national standards - RCEM National Audit	Yes	<<	In Progress
5547	Re-audit of Febrile Neutropenia in CED v local and national standards	Yes		Completed
5552	Re-audit of Safeguarding Checklist - local standards	Yes		Completed
5553	Audit of Discharge Summaries - ED - v national standards	Yes		Completed
5558	Completion of Tertiary Trauma Surveys by Paediatric Major Trauma team	Yes		In Progress
5591	Continuity of care - discharge letter to primary care following stay on ED observation ward v	Yes		Completed
5604	Completion of GP letters for children discharged from the children's emergency department v local standards	Yes		Completed
Children's Services - Endocrinology				
1451	Paediatric National Diabetes Audit (PNDA)	Yes		Ongoing
5160	Paediatric diabetic ketoacidosis management v regional Network standards	No	<<	Completed
5304	Re-audit of Instituting carbohydrate counting after new diagnosis of Type 1 diabetes v local standards	No		In Progress
5390	Evaluation and audit of Tier 3 Paediatric Obesity Service v national standards	Yes		Completed
5391	Use of recombinant human growth hormone in children with growth v national and local standards	Yes	<<	Completed
5400	Management of neonatal hypocalcaemia in Paediatric Intensive Care patients v local guidelines	Yes		Completed
5401	Effect of introduction of a clinical guideline on management of Paediatric Thyrotoxicosis - audit v local standards	Yes	<<	Completed
Children's Services - Gastroenterology				
5478	Adherence to biopsy guidelines in children diagnosed with eosinophilic oesophagitis vs national standards	Yes		Completed
Children's Services - General Paediatrics				
4450	Improving documentation of venous blood gas analysis in the general paediatric department - v national standards	No		Ongoing
5156	Audit and re-audit of criteria led discharge for children with bronchiolitis v audit and re-audit v local and national standards	No	<<	Completed
5214	Use of sticker to improve adherence to local Optiflow weaning guidelines	No		In Progress
5395	HDU Handover v local standards	No		Ongoing
5407	Management and recognition of sepsis in the over 12 year old age group v local and national standards	Yes		Completed
5434	Mini-Mouthcare Matters base-line audit v national guidance	Yes		Completed
5474	HEEADSSS screening tool for safeguarding v local standards	Yes		Completed
5507	Re-audit of criteria led discharge in Bronchiolitis v national and local standards	Yes		In Progress
Children's Services - Immunology & Infectious Disease				
3788	Use of antibiotics for culture-positive infections in the Bristol Children's Hospital - compliance with local guidance	Yes		In Progress
5328	Investigations and Management of Children with Hereditary Angioedema (C1 Esterase Inhibitor Deficiency) HAE v national and local standards	No		Completed
5435	Paediatric Immunoglobulin Replacement Therapy v local and national standards	Yes		Completed
5609	Adherence to 2016 TB guidelines re investigation and management of children diagnosed with active disease - NICE and local standards	Yes		In Progress

Children's Services - Intensive Care (PICU)

72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	Yes		Ongoing
2583	Paediatric Intensive Care Audit Network (PICANet)	No	<<	Ongoing
2686	An audit of patients referred, but not accepted for paediatric intensive care	No	<<	Deferred
4874	Adherence to anti-coagulation protocol in Paediatric Intensive Care v local and national standards	No	<<	Abandoned
5234	Unplanned Extubation on PICU v national and local standards	No		In Progress
5279	Transport documentation for critical care patients transported by the WATCH team v local standards	No		Completed
5342	Re-audit of documentation of anticoagulation plan in paediatric cardiac surgical patients v local and national guidance	No		In Progress
5448	Unplanned admissions to PICU v local standards	Yes		In Progress
5449	Emergency Anaesthesia and Airway Management in Children v local standards	Yes		In Progress
5526	Paediatric trauma transfers into Bristol Royal Hospital for Children v local and national standards	Yes		In Progress
5563	DRiP: Diabetic Ketoacidosis and Fluid Resuscitation in Paediatric Intensive Care v national standards	Yes		In Progress

Children's Services - Neonatology

1142	Vermont Oxford Network (NICQ Programme)	Yes	<<	Ongoing
1902	National Neonatal Audit Programme (NNAP)	No	<<	Ongoing
3779	Checking of newborn life support equipment	No	<<	Completed
4056	Car seat assessments in neonates (re-audit)	No		Abandoned
5116	UNICEF UK Baby Friendly Initiative for Neonatal Units	No		In Progress
5274	NICU discharge documentation on Philips clinical information system	No		Completed
5362	Thermoregulation of babies born at less than 32 weeks gestation or less than 1500g weight	No		In Progress
5383	Time taken for Mothers to express colostrum after a baby is born	Yes		Abandoned
5415	Regional uplift and retrieval of infants requiring therapeutic hypothermia for perinatal hypoxic ischaemic encephalopathy.	Yes		In Progress
5416	Temperature control of infants transferred at ≤ 27 weeks gestation	Yes		In Progress
5425	Concentrated standardised parenteral nutrition (PN) in preterm infants on NICU	Yes		Completed
5444	ETCO2 monitoring in neonatal transport, uplift and retrieval	Yes		In Progress
5567	Documentation around commencement of treatment in Hypoxic Ischaemic Encephalopathy	Yes		In Progress

Children's Services - Nephrology

5190	Re-audit of Paediatric Renal Transplantation v national and local standards	Yes		In Progress
5311	Audit of infectious complications in children and young people receiving renal replacement therapy (dialysis) - v national standards	No		Completed
5312	Re-audit of paediatric patients receiving renal replacement therapy v national standards	Yes	<<	Completed
5358	Management of paediatric hypertension v national standards	Yes		In Progress
5559	Quality of discharge summaries from Paediatric nephrology unit.	Yes		In Progress
5598	Re-audit of paediatric patients receiving renal replacement therapy v national standards	Yes	<<	In Progress

Children's Services - Neurology

4759	Epilepsy 12 National Audit - Round 3 (RCPCH)	Yes		In Progress
5500	Use of IVIG in Paediatric Neurology v national standards	No		Completed

Children's Services - Neurosurgery

3953	Postoperative complications within 12 months following selective dorsal rhizotomy v local and national standards	Yes		In Progress
5216	Re-audit Time Critical Transfer of patients to the paediatric neurosurgery centre v national standards	No		Completed
5354	Management of Intracranial Pressure Monitor Removal v local and national standards	No	<<	Completed
5359	Re audit of the timing and documentation of consent for elective paediatric Neurosurgical patients.	Yes		Completed

5369	Inappropriate out of hours calls during the 5 hour rest period before and after introduction of pre-rest ward round	Yes		Completed
5560	Neurosurgical Surgical Site Infection Audit v national standards	Yes		In Progress
Children's Services - Oncology & Haematology				
4985	Annual audit of donor screening & testing in allogeneic siblings & unrelated donor Paediatric Blood Stem Cell Testing - 2014 -2017	Yes		Completed
5297	Chemotherapy Delay Audit v local standards	No		Abandoned
5303	Re-audit of Fluid Balance Documentation in Paediatric Haematology and Oncology Patients	No		Completed
5336	Vancomycin use in Paediatric teenage patients v local guidance	Yes		Completed
5379	Local Safety Standards for Invasive Procedures (LocSSIPs) for lumbar punctures and bone marrow aspirates	Yes		Completed
5380	Oncology Day Beds procedures diary - local standards	Yes		Completed
5450	Vitamin D supplementation for paediatric patients undergoing a haematopoietic stem cell transplant v local and national standards	Yes		Completed
5451	New cancer diagnosis GP letter v national standards	Yes		In Progress
5461	Audit and re-audit of nutrition screening for paediatric cancer patients v local standards	Yes		Completed
5501	Viral serology screening in paediatric and young adult cancer patients at diagnostic/pre-treatment work-up v national and local standards	Yes		In Progress
5520	Re-audit of Central Venous Catheter (CVC) care v local standards	Yes		Completed
5529	Annual audit of management of PBSC/BM cellular products with positive microbacterial culture results v national standards	Yes	<<	Completed
5561	Re-audit use of parenteral nutrition in Paediatric Haematology and Oncology	Yes		In Progress
5562	Re-audit of Rasburicase for tumour lysis syndrome prevention	Yes		In Progress
Children's Services - Pharmacy				
5350	Verification of chemotherapy drug administered against the written order v national standards (Jacie B4.8.3.5)	Yes		Completed
5600	Use of aprotinin in cardiac surgery v national standards	Yes		In Progress
5601	Rituximab use in paediatric nephrotic syndromes: retrospective audit v local and national guidelines	Yes		In Progress
Children's Services - Physiotherapy				
5282	Early Mobilisation on PICU v national standards	Yes		In Progress
5426	Staff knowledge re nasopharyngeal and oropharyngeal suction v local standards	No		In Progress
Children's Services - Radiology				
5298	Re-audit of non-operative reduction of intussusception (2016-2019) v national standards	Yes		Completed
5318	Compliance with the Royal College of Radiologists guidance on the radiological investigation of suspected physical abuse - national standards	No		Completed
5323	An audit of the technical and diagnostic quality of paediatric cervical spine radiography v national standards	Yes		Completed
5324	Management and Outcome of Paediatric ileocolic Intussusception - National Audit	Yes		In Progress
5452	Assessment of the paediatric ultrasound room cleanliness v local and national standards	Yes		Completed
5564	Use and accuracy of Gonad Shielding during X-ray examinations of the Pelvis/Hips	Yes		Completed
5592	Compliance of Paediatric Micturating Cystourothrogram (MCUG) procedures with local and national standards	Yes		In Progress
Children's Services - Respiratory				
4496	Audit of Paediatric Pleural infection management v local and national guidance	Yes		Completed
4555	Care in Spinal Muscular Atrophy Type 1 and Spinal Muscular atrophy with Respiratory Disease v national standards	No		In Progress
5219	Use of exhaled nitric oxide (FeNO) and nasal nitric oxide (nNO) v national standards	No		Completed
5422	National asthma audit - RCP -v national standards	No		In Progress
Children's Services - Rheumatology				
4987	Highly elevated ferritin (HEF) levels and secondary haemophagocytic lymphohistiocytosis / macrophage activation syndrome v national standards	Yes		Completed

5299	Paediatric Rheumatology referrals 2017-2018 v local standards	No		Abandoned
5402	Management of Kawasaki Disease v local standards	No		Completed
5607	Documentation of patients transitioning from paediatric to adult rheumatology services v local standards	Yes	<<	In Progress
Children's Services - Surgery				
3668	Biofeedback in management of dysfunctional voiding v national standards	Yes		In Progress
5300	Management and Outcomes of Congenital Anomalies v national standards	No		In Progress
5325	Insertion and management of peripheral venous lines v national standards	No		In Progress
5467	Antibiotic policy in minor per rectum procedures v national standards	Yes		In Progress
5468	Re-audit of adherence to feeding protocol post operatively in patients with pyloric stenosis v local standards	Yes		Completed
5469	Outcomes of bowel lengthening procedures according to underlying cause of short bowel syndrome v national standards	Yes		In Progress
5471	Audit of adherence to local guidelines for antibiotic use in appendicitis	Yes		Completed
5599	BLAST - Management of paediatric Blunt Liver And/or Splenic Trauma v national standards	Yes		In Progress
Children's Services - Trauma & Orthopaedics				
5150	Patient access to fracture clinic v local and national standards	Yes		Abandoned
5301	Management of bone and joint infections v local standards	No		Completed
5353	Re-audit: Children's Trauma and Orthopaedics Accurate Coding v national guidelines	No		Completed
5406	Documentation of neurovascular status at Paediatric specialty clerking before and after introduction of assessment proforma v national NICE standards	Yes		Completed
5494	Re-audit of Specialty patient clerking following introduction of paediatric admission booklet	Yes		Completed
5495	Introduction of e-Operation notes in paediatric orthopaedics - national standards	Yes		In Progress
5509	Re-audit - Improving the quality of documentation of paediatric clerkings at the Bristol Royal Hospital for Children v national standards	Yes	<<	Completed
Women's Services - Gynaecology				
231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management	Yes		Ongoing
1945	National audit of invasive cervical cancers	No		Ongoing
4714	Management of pregnancy of unknown location	No		Abandoned
4763	Gynaecology emergency operating (re-audit)	No	<<	Abandoned
5012	Augmented Care Guideline	No		Completed
5082	British Society of Urogynaecology (BSUG) database of prolapse and incontinence surgery	No	<<	Ongoing
5263	Diagnosis and management of patients with premature ovarian failure	No		Completed
5288	Large Loop Excision of the Transformation Zone (LLETZ) biopsy: Outcome of Test of Cure	No		In Progress
5348	Investigation and management of pelvic inflammatory disease (PID)	No		Completed
5374	Laparoscopic morcellation of uterine fibroids	Yes		Completed
5375	Consent in gynaecology	Yes		Completed
5397	Care of adult patients with Turner Syndrome	Yes		Completed
5398	Management of Ectopic Pregnancies	Yes		Completed
5436	Management of patients with complex Mullerian anomalies, in particular OHVIRA syndrome	Yes		In Progress
5566	Compliance of intrauterine insemination (IUI) treatment with HFEA standards (re-audit)	Yes	<<	Completed
5595	Women over 50 with malignancy of unknown primary presenting with a malignant groin node	Yes		In Progress
5612	Trust DNA policy for patients aged 16 & 17 in Gynaecology	Yes		In Progress
Women's Services - Obstetrics & Midwifery				
1638	UNICEF UK Baby Friendly Initiative best practice standards for Maternity	Yes	<<	Ongoing
2276	Management of Shoulder Dystocia	No	<<	Ongoing

2321	Antenatal and Newborn Screening Programme (National Screening Committee)	No	<<	Ongoing
2391	Caesarean section monitoring	No	<<	Ongoing
2449	Obstetric haemorrhage	No	<<	Ongoing
2795	Rate and management of perineal tear	No	<<	Ongoing
2796	Vaginal Birth After Caesarean Section	No	<<	Abandoned
2803	Bristol Stillbirth audit - continuous	No	<<	In Progress
2849	Re-audit of use of Oxytocin in the first and second stages of labour (CNST 3.2.5)	No		Abandoned
2930	Maternity records re-audit	No		Completed
3930	UK National Screening Committee National Hepatitis B in Pregnancy Audit 2014	No		In Progress
4580	National Maternity and Perinatal Audit (NMPA)	No	<<	Ongoing
4586	Antenatal SSRIs and the neonatal NAS scoring in the immediate postnatal period	No		Abandoned
4751	VTE Prophylaxis in Pregnancy	No		Abandoned
4861	Quantitative fetal fibronectin testing and outcomes	No	<<	Completed
5021	Referral and management of perinatal mental health patients (re-audit)	No	<<	Abandoned
5113	Fetal monitoring in labour (re-audit)	No	<<	Ongoing
5125	TAMBA Multiple pregnancy maternity engagement project (re-audit)	No		Completed
5172	Management of Neonatal Jaundice	No		Completed
5184	Identification and Management of Neonatal Hypoglycaemia (re-audit)	No		Completed
5187	Immediate care of the newborn (re-audit)	No	<<	Completed
5200	Prescription drug errors on maternity wards	No		Completed
5204	Use of Modified Obstetric Early Warning Score (MOEWS) chart in intrapartum care	No	<<	Ongoing
5229	Identification of abnormalities during digital vaginal examinations	No		Completed
5267	Examination of the newborn (re-audit)	No	<<	Completed
5305	Communication between Emergency Department (ED) and Central Delivery Suite (CDS)	No		Completed
5313	Management of women at high risk of preterm birth	Yes		Completed
5344	Management of Positive Syphilis Serology in Pregnancy	Yes		Completed
5361	Induction of Labour for Suspected Fetal Macrosomia	Yes		Abandoned
5396	Management of Neonatal Jaundice (re-audit)	Yes		Completed
5404	Compliance with Cardiac Care Plans during Induction, Labour and Postpartum	Yes		Completed
5454	Puerperal sepsis coding and care	Yes		In Progress
5540	Symphysis Fundal Height (SFH) Measurements in Pregnancy (re-audit)	Yes	<<	Completed
5550	Immediate Care of the Newborn (NEWTT chart and management of hypoglycaemia) (re-audit)	Yes		In Progress
5596	Midwives' identification of abnormalities during digital vaginal examinations (re-audit)	Yes		In Progress
5611	Maternal observations during induction of labour	Yes		In Progress
5621	Documentation of Partner Details and Living Situation by Community Midwives (re-audit)	Yes	<<	Completed