



University Hospitals  
Bristol and Weston  
NHS Foundation Trust



# Clinical Audit Annual Report 2021/22

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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.

Since the last annual report in 2020 (covering 2019/20), we have switched to a new electronic system (AMAT) to register projects, this provides additional visibility of activity and will hopefully enable further linkage and embedding of audit and QI within the Trust down to the grass roots level. CAG meetings have also been revamped, now held monthly, and over the year have worked through reviewing the backlog of completed projects as a result of the COVID-19 pandemic and disruption to usual processes.

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.

Rachel Bradley

Chair, Clinical Audit Group

## 1. Report from the Clinical Audit & Effectiveness Manager

### 1.1 Clinical Audit & Effectiveness Team

During the financial year 2021/22, clinical audit at University Hospitals Bristol and Weston NHS Foundation Trust was supported by a team of six Clinical Audit Facilitators and a Clinical Audit Clerk, employed by the Trust Services Division; working closely with healthcare staff within individual clinical Divisions to support clinical audit projects and activity. 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.

During the financial year 2021/22, there were a number of changes to the team. In April 2021, Michelle Walters joined the team as Clinical Audit Facilitator for Weston General Hospital, while in November 2021, Damian Jones joined as Facilitator for St Michael's Hospital and Cardiac Services, covering Jonathan Penny's secondment to the new post of Deputy Clinical Audit Manager. Full details of the team and the Divisions/specialties they support can be found at [Appendix A](#) of this report.

In August 2021, the Trust procured a new project management system to improve the processes of registration, monitoring and reporting clinical audit activity; Audit Management and Tracking (AMaT®). After internal set up, creation of internal guidance/training and testing, the system went live in January 2022. The implementation of AMaT® has been a significant development for the team and for staff that undertake projects and has provided a good opportunity to reduce duplication, streamline and automate some of our processes. As at June 2022, there were 1789 users registered on the system and 807 clinical audit projects registered (since April 2020; including projects transferred from old database). General feedback from staff and from the team has been very positive.

Continuing to develop AMaT® functionality (working with the developers, other Trusts and our staff) will remain a focus for the team over the next year. Specifically, the system has a separate module which is better designed for ward and area projects where ongoing monitoring is useful to track results over time and identify areas for improvement. Currently, nursing staff undertake much of this type of work through a range of separate audits, data collection methods and reporting. AMaT® provides a potential solution to streamlining this activity and work is underway with Heads of Nursing and Matrons to identify suitable projects to pilot/test the system.

Outside of implementation of AMaT®, the team have worked hard over the year to take a stock of the Trusts participation in national clinical audit projects and understanding the impact of merger with Weston on those services affected; especially where submissions to specific ongoing national audits include data across separate sites/services. Progress has been made and a separate national audit register created (as a team source of information). This register will develop over the year to help ensure we can track and monitor progress and published reports more effectively.

### 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 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. After being re-established in September 2021 as a monthly meeting, the Group met five times during the financial year to enable discussion of core business, i.e. annual forward plans, overview of local audits, outcome and actions review, participation in national clinical audits. Meetings in January and February 2022 were cancelled due to operational pressures from the ongoing pandemic.

At each meeting, the CAG reviews outcomes and actions from 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.

### 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. Following initial cancellation during the Covid pandemic, the team switched to providing these workshops as online training via MS Teams® on a monthly basis during 2021/22, training a total of 44 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. A series of videos were produced by the team to make this material available online.

In addition to the scheduled workshops, bespoke training sessions were provided for other staff groups around the Trust, including at Foundation doctors' training sessions. Clinical Audit is also a component of the QI Academy Bronze teaching sessions, which run throughout the year.

### 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 2022/23 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 2021/22 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 2021/22. 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**  
July 2022

## 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 principally based on data from AMaT® (Audit Management and Tracking), the project management database introduced at the Trust during 2020.

Some of the measures are based on projects newly registered on AMaT® within the financial year 2021/22, while others are based on projects closed during the same time period, regardless of when they started. Similarly, measures relating to projects reviewed by the Clinical Audit Group (CAG) and projects on the Forward Plan will also include projects started in previous years and ongoing national projects.

Direct comparison with previous years is not possible for many measures, as a significant number of statistics included in previous annual reports cannot be exactly replicated using the reporting functions or data outputs of the new system. Members of the UHBW clinical audit team are able to work together with the developer of AMaT® via a Super User Group to improve reporting functions over time.

#### Overall activity

343



Total number of projects registered in 2021/22. This is slightly more than in the last annual report for 2019/20 (305).



251

Total number of projects on the Forward Plan for 2021/22

9

Projects abandoned in year

These figures indicate that the Trust has an active audit programme. As the table in section 2.2 below shows, 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 upward trend in activity across previous financial years, with a further increase in the number of projects being registered this year. In part this can be attributed to the merger with Weston General Hospital and the additional activity thereby added to the programme. Projects will be a mix of initial audits (1<sup>st</sup> cycle) to help identify where care needs to be improved and re-audits (2<sup>nd</sup> or 3<sup>rd</sup> cycle) to establish whether the actions implemented have led to improvement.

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 the project has to be made. This does not necessarily mean that the project team have not undertaken the work or agreed improvement actions.

## National recommendations and standards

52%

**NICE**

National Institute for  
Health and Care Excellence

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



Over half of the projects registered in 2021/22 were measuring against specific standards or recommendations outlined in national guidance. This is a dramatic increase on 22% in 2019/20 and 26% in 2018/19; previously, the figure had remained quite consistent over the years. In past reports, this measure was calculated from a total of all projects complete or in progress during the year, regardless of when they were registered; due to the differences in available data, it is now calculated only from projects registered during the year, however there is no reason to suppose that this would account for the increase. It may reflect better recording of relevant guidance by audit leads in the new AMaT system, or may just be attributable to the method of recording compared to the team's old database. 25% of projects are measuring specifically against standards from NICE (compared to 15% in 2019/20). 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

10%

**Datix**  
Software for patient safety

Projects linked to incident or risk management processes. This is similar to the last annual report in 2019/20 (11%).



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

111



Total number of projects closed during 2021/22. This is a new measure, representing projects where all identified actions have been fully completed.

99%

Completed audits where an action plan was agreed or where no action plan was felt to be necessary (same as last year)



193

Projects reviewed by Clinical Audit Group (CAG) during the year (includes projects where actions still in progress)

The CAE team will not sign-off a project as closed until an action plan has been fully completed, or a statement has been provided explaining why none is needed.

Action plans are expected for all projects where results have shown room for improvement. The measure above also takes into account cases where the expert judgement of the local clinical team was that practice was of an acceptable standard. Although in previous reports the percentage of projects with action plans was again based on a slightly different cohort of audits, it is sufficiently comparable to include past results in the table in section 2.2. This measure has been consistently high over past years.

Projects are reviewed by the Trust Clinical Audit Group (CAG) once actions have been agreed or a decision has been made that no actions are required; this will often be before the actions have been completed and the project fully closed. Depending on the time-scale of the project, it may also include those registered in previous years. CAG resumed in September 2021 after having been stood down for clinical and operational reasons during 2020/21, resulting in a backlog of projects for review from a longer period than normal. 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

The table below shows key measures for each Division. Comparison with past figures is provided in the right hand column wherever this is possible.

	DAT	MED	SPS	SUR	WAC	WES	NDS	21/22	19/20	18/19
New projects registered in year	32	36	27	84	95	68	1	343	305	273
Of these, closed * by year end	13%	14%	15%	19%	8%	24%	0%	15%		
Audits of national guidance	78%	58%	56%	54%	33%	59%	100%	52%	22%	26%
Arising from Incident/Risk	25%	11%	0%	11%	4%	12%	100%	10%	11%	8%
All projects closed * in year	18	16	9	30	20	18		111		
Action Plan produced	94%	100%	100%	90%	85%	72%		89%	95%	94%
Confirmed good practice #	6%	0%	0%	7%	15%	0%		10%	4%	5%
Projects abandoned in year	0	2	1	0	2	4		9	102	57
All projects on Forward Plan (FP)	25	28	22	68	71	37		251		
FP projects completed in year	4%	11%	5%	54%	13%	3%		9%		
Reviewed by CAG during year †	32	24	25	27	65	20		193		

NDS = Non-division specific (i.e. Trust-wide)

\* Closed projects = all actions recorded as complete (or no actions required) and audit signed off by Clinical Audit Facilitator

# Confirmed good practice: 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.

† Projects are reviewed at the Trust Clinical Audit Group (CAG) once actions have been agreed or a decision has been made that no actions are required. This will often be before the actions have been completed and the project fully 'closed', and during 2021/22 also included a backlog of projects due to cancellation of meetings during the previous 12 months, thus this figure is higher than the number of closed projects for the year.



### 3. Divisional Summaries

The following section summarises activity by Division using tables and graphs derived from dashboards provided in AMaT®. The figures are based on projects registered between April 2021 and March 2022. The changes, benefits and improvements made as a result of completed projects are also summarised. A breakdown of services and specialties can be found at within the full list of divisional activity at [Appendix E](#).

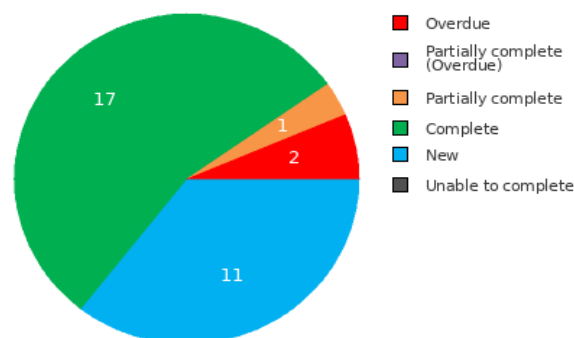
In the summary tables for each Division, the following definitions apply:

- Total number of projects Total projects registered in the Division during 2021/22
- Open projects Projects still in progress at the end of 2021/22
- Open overdue projects Where the original planned date of completion has been exceeded
- Closed projects Where all actions have been completed (or no action required) and the project cycle has been signed off as complete

#### 3.1 Diagnostics and Therapies

Total number of projects	32	100%
Total number of open projects	28	88%
Number of open projects with no results	16	57%
Number of open projects with results	12	43%
Number of open overdue projects (no action plans)	6	21%
Total number of open projects with action plans	10	36%
Number of open overdue projects with action plans	1	4%
Number of closed projects	4	13%
Number of abandoned projects	0	N/A

Actions



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

#### Diagnostic Services

##### Diagnostic Services – Adult Audiology

AUDIO/CA/2018-19/01	The MRI audiology direct referral protocol was updated as a result of this audit. All clinical scientists are to receive ICE training to ensure easier communication between them and radiologists.
AUDIO/CA/2019-20/01	This audit of real ear measurements confirmed that the average goodness of fitting score showed a better than average match to the prescription target.

##### Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)

CLIBIO/CA/2019-20/01	Following this audit of use of Lipoprotein(a) testing, a standard protocol and clinic letter template were developed. A reminder was sent to all Lipid Clinic clinicians that the units of measurement must be included, owing to change in units used during 2019.
CLIBIO/CA/2020-21/01	As a result of this audit of laboratory thyroid function testing, the Endocrinology team agreed that they do not want TRAb reflexed on all first presentation of biochemical thyrotoxicosis. A change request for other tests has been sent to the IT team and WinPath team.

##### Diagnostic Services - Laboratory Medicine (Microbiology)

MICRO/CA/2019-20/01	After this re-audit of diagnosis and management of invasive candidaemia, the guideline for systemical candida infections was amended with multidisciplinary involvement. The rationalisation of antifungals with susceptibility results is to be applied to all new candidaemias.
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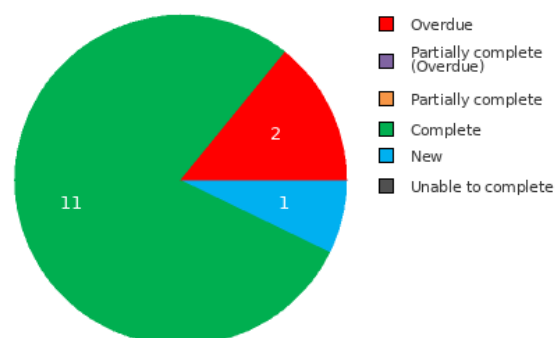
<b>Diagnostic Services - Medical Physics &amp; Bioengineering</b>	
MEDPHYS/CA/2019-20/01	This audit demonstrated that none of the DLP median values for the CT examination types audited in the BRHC scanner exceeded the 2019 national DRLs. Results to be used to update the list of local DRLs for the scanner, where clinically justified.
MEDPHYS/CA/2020-21/02	This audit of people with intermittent claudication confirmed that the best way forward is to continue with home exercises and lifestyle advice to all patients instead of a supervised exercise programme.
MEDPHYS/CA/2019-20/02	This audit of Ankle Brachial Pressure Index (ABPI) results demonstrated the need to offer training to GP practices, including hints and tips for getting the best key data for the diagnosis of peripheral arterial disease.
MEDPHYS/CA/2020-21/05	This audit of abdominal aortic aneurysm surveillance appointments confirmed that changes to local databases are necessary, in particular the addition of surveillance interval.
<b>Therapy Services</b>	
<b>Therapy Services – Pharmacy</b>	
PHARM/CA/2020-21/01	Following this audit, a clinical guideline was produced reiterating the indication for lidocaine plasters and the need to refer to the Acute Pain Service or Palliative Care as appropriate. A copy of the guideline was sent to all surgical wards.
PHARM/CA/2019-20/01	Following the audit of medicines reconciliation on discharge summaries, the Trust discharge summary was updated to reflect BNSSG requirements and improved Medway clinical notes / discharge medication prescribing.
PHARM/CA/2019-20/02	After this audit of MO CQUIN 19/20 Trigger 3 Supporting national treatment criteria, requirement for CA125 reduction were changed on updated form, BRCA testing was performed prior to finishing chemo, and Blueteq criteria were included as part of MDT review of patient.
PHARM/CA/2019-20/05	This audit of monitored dosage system confirmed that the current dispensing and labelling standard operating procedure should include guidance of which medicines should be in MDS, e.g. not dispersible aspirin.
PHARM/CA/2019-20/06	As a result of this audit, the Patch Administration and Removal Record was included on the DMS. Training and promotion of use of the Record was given to all staff.
<b>Therapy Services – Physiotherapy</b>	
PHYSIO/CA/2018-19/01	This audit confirmed the use of the Australian Pelvic Floor Questionnaire Outcome Measure for all outpatient Obstetric Anal Sphincter Injury Physiotherapy Services, including consultant and physiotherapy appointments.
PHYSIO/CA/2018-19/02	A clinical pathway was developed as a result of this audit of non-invasive ventilation service and cough augmentation. A national information leaflet is provided to patients.
PHYSIO/CA/2019-20/01	Since the audit of Bristol Adult Cystic Fibrosis Centre (BACFC) Oxygen Pathway, three Physiotherapists became competent in capillary blood gas analysis and staff were encouraged to complete the necessary assessments.
PHYSIO/CA/2019-20/02	Following the audit of BTS Bronchiectasis guidelines, changes were made to the initial proforma and an annual review table was added. Clinicians should provide written information when referring to dietician if BMI 18.5.
<b>Therapy Services – Radiology</b>	
RADIO/CA/2017-18/01	Following this audit, a code for pleural phase scans aimed at chest malignancy CT chest clinical scenarios was developed. Medical teams were educated to provide further clinical history and consider mesothelioma when requesting CT scans if pleural effusion present.
RADIO/CA/2018-19/01	This audit confirmed excellent compliance with both radiation dose and diagnostic quality for low dose CT thorax.
RADIO/CA/2019-20/05	As a result of this audit, the use of Q scans was incorporated in the hospital guidance "Investigation and management of pulmonary embolism". A pathway for Q scans in diagnosing PE in patients ages 40 years and younger, and in pregnant patients, was produced.
RADIO/CA/2020-21/03	This audit demonstrated a good reporting standard by Advanced Practitioner Sonographers and the standard phrases were correctly utilised. Protocols for abdominal ultrasound were updated and new reporting pathways added.
RADIO/CA/2020-21/04	This audit of image quality of CT thorax with contrast imaging at Weston General Hospital showed 100% of scans, with both Safire off or on, were of diagnostic value for answering a variety of different clinical questions.
RADIO/CA/2020-21/06	This audit showed that the majority of non-medical referrers requested imaging within their specified protocol or scope of practice. The updated Register of non-medical referrers in the trust was to be made available.
RADIO/CA/2020-21/07	Following the audit, staff were educated on how to accurately identify acute aortic syndrome in gated CT aorta scans. A paper was submitted to the journal Clinical Radiology.
RADIO/CA/2020-21/02	This audit showed good compliance with coding for lower limb Dopplers. VTE coding instructions are to be included in induction and the registrar handbook to improve VTE coding for CTPAs and VQ scans.
RADIO/CA/2020-21/08	As a result of this audit of optimising outpatient CT cancer follow up, an additional CT protocol was necessary in order to avoid double scanning of the liver. Subspecialist radiology teams are to identify patient groups that would benefit from using the new protocol.

RADIO/CA/2019-20/02	This audit confirmed that the diagnostic quality of computed tomographic pulmonary angiography using fixed-timing protocol is better than fixed-timing protocol for acute chest CT imaging, thus it has become the departmental standard.
RADIO/CA/2021-22/02	The majority of the standards of British Society of Gastrointestinal and Abdominal Radiology CT Colonography were met. Education to radiographer regarding revisiting technique, competencies and associated documentation is necessary.
RADIO/CA/2020-21/11	The audit showed that the Ultrasound Advanced Practitioners had adhered to the gynaecological ultrasound protocol. Updates to the protocol were agreed and implemented.
<b>Therapy Services – Speech &amp; Language Therapy</b>	
SALT/CA/2019-20/01	This audit of Speech and Language Therapy ENT Voice Outpatient Pathway has led to improvements to the Voice Assessment Form and discharge data is to be collected on video calls including subjective rating scale (Q5) and GRBAS perceptual voice rating scale.

## 3.2 Medicine

Total number of projects	36	100%
Total number of open projects	31	86%
Number of open projects with no results	25	81%
Number of open projects with results	6	19%
Number of open overdue projects (no action plans)	16	52%
Total number of open projects with action plans	3	10%
Number of open overdue projects with action plans	1	3%
Number of closed projects	5	14%
Number of abandoned projects	2	N/A

### Actions



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

### Emergency Department

EDMED/CA/2021-22/04	This audit of venous thromboembolism risk in Lower Limb Immobilisation led to a prompt to be added to Careflow EPR to improve documentation of whether patient information leaflets were provided.
EDMED/CA/2020-21/01	Following this audit, a new pathway for acute urinary retention and relevant education have been fully implemented.

### Medical Specialties

#### Medical Specialties - Acute Medicine

MED/ACUTE/CA/2021-22/01	Following this audit, further education was provided for staff with regard to providing critical medication in patients admitted to hospital in the last 24 hours under the care of a medical team.
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#### Medical Specialties - Contraceptive & Sexual Health Services (CASH)

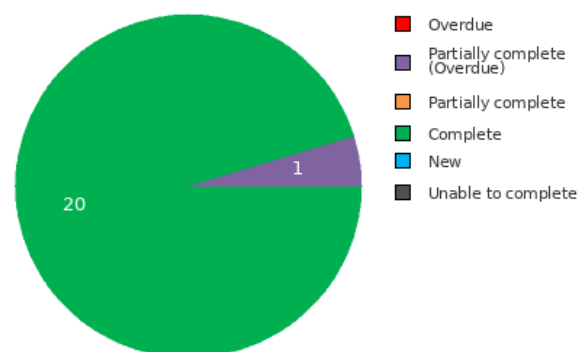
CASH/CA/2019-20/01	This audit of the correct use of natural family planning as a contraceptive method in women with an unplanned pregnancy, has led to developing better patient information resources and educating staff on those.
CASH/CA/2019-20/03	This audit demonstrated that the service scored highly in five out of six standards. Actions were implemented to improve the service overall, including changes in system proformas and staff education on Hepatitis C.
CASH/CA/2019-20/04	This audit of the safeguarding framework for notifying Unity Sexual Health of referrals and monitoring outcomes, confirmed high compliance for five standards. All Unity sexual health partner centres were provided with reminders and education on the process of referrals and record keeping.
CASH/CA/2019-20/05	Following this audit of empirical antibiotics usage in suspected urinary tract infection, several changes were made to the relevant electronic proforma and the audit results were disseminated to staff at the departmental meeting.
CASH/CA/2020-21/01	This audit of safeguarding and health needs of young people self-referring to the Bridge Sexual Assault Referral Centre confirmed high standards of practice, with 100% compliance for the majority of standards. The improvement plan was focused on changes to paperwork used and staff training.
CASH/CA/2020-21/03	Following this audit on Hepatitis screening and vaccination, actions included the addition of multiple prompts on the risk assessment panel.
CASH/CA/2020-21/04	This re-audit of gonorrhoea management led to changes to the MillCare electronic patient record to improve documentation of the offer of educational information around diagnoses and management of condition to patients.
CASH/CA/2020-21/09	This audit of British Association for Sexual Health and HIV association's regional management of Trichomonas Vaginalis confirmed 100% compliance in four out of five criteria, with a change in the standard dose of metronidazole being introduced as a result.
CASH/CA/2020-21/10	This review of frequency of renal function monitoring in pre-exposure prophylaxis users under the age of 40, led to a change in the process of renal function monitoring reviews and an additional alert to patient records with the aim of improving financial and clinical allocation of resources.

CASH/CA/2020-21/13	This audit of Covid pathway changes and quality of care in the Pregnancy Advisory Service confirmed that all three standards were fully met.
CASH/CA/2021-22/02	Following this audit of the Trust chaperone policy, a poster has been designed and will be displayed in prominent areas and reminders to staff have been made about documentation of who is present at examination.
CASH/CA/2020-21/02	This audit of notes of the Sexual Assault Referral Clinic's clinical records for paediatric service suggest that the service operates at a high standard overall. A new 'young person's' proforma was introduced in August 2020 to address issues with completion of documentation.
<b>Medical Specialties - Dermatology</b>	
DERM/CA/2019-20/01	This audit confirmed excellent performance against 2013/14 NHS standard contract for specialised dermatology services. Since the audit, urgent follow-up slots have been incorporated in general clinics and urgent biopsy slots have been provided for.
DERM/CA/2020-21/02	Following this audit of the use of Alitretinoin for hand dermatitis, an easy-to-follow guide was implemented to improve checking requirements prior to prescribing.
<b>Medical Specialties - Diabetes &amp; Endocrinology</b>	
DIAEND/CA/2019-20/02	Since this audit of diabetes insipidus sick day rules was undertaken, processes have been changed, including creation of Medway alerts for relevant patients, recommendation that patients have 'medic alert' identification jewellery on them, and dissemination of new department guidelines to patients as part of their information leaflet.
<b>Medical Specialties - Respiratory</b>	
Resp/CA/2020-21/03	This audit of vitamin D levels in Cystic Fibrosis patients taking Paravit™-CF supplement for bone health confirmed good performance against Cystic Fibrosis guidance and policies. Actions in the improvement plan included dissemination of results to relevant stakeholders and changes in prescribing supplementation to include all CF patients, unless contraindicated.
Resp/CA/2020-21/06	Following this audit of bisphosphonate therapy in Cystic Fibrosis patients, a new SOP for triaging relevant patients as well as a decision support tool were created to improve compliance with standards.
Resp/CA/2020-21/05	This audit implemented various actions to improve adherence to guidance, including staff education, improvement in liaison between respiratory and diabetes teams for more complex patients, and patient education via leaflet and email alerts.
<b>Medical Specialties - Rheumatology</b>	
RHEU/CA/2019-20/03	This audit of diagnosis and early management of axial spondyloarthritis led to reduction of the scanning time/sequence of MRI scans and changed policy so that moderate to high suspicion axial spondyloarthritis patients are referred to the patient transport service.
<b>Medical Specialties – Sexual Assault Referral Centre</b>	
SARC/CA/2021-22/01	This audit of staff adherence to the Trust Chaperone policy confirmed good compliance. A SARC-specific chaperone notice has now been created and displayed in prominent areas.

## 3.3 Specialised Services

Total number of projects	28	100%
Total number of open projects	24	86%
Number of open projects with no results	20	83%
Number of open projects with results	4	17%
Number of open overdue projects (no action plans)	10	42%
Total number of open projects (with action plans)	4	17%
Number of open overdue projects (with action plans)	1	4%
Number of closed projects	4	14%
Number of abandoned projects	1	N/A

### Actions



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

CARDS/CA/2018-19/01	This audit compared the outcomes of Homograft and Stented valves for patients with pulmonary valve replacement and confirmed that pulmonary homografts may be considered as first choice in this population. However, other factors should be considered in the choice of prosthesis.
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#### Cardiac Services - Cardiology

CARDO/CA/2019-20/03	This audit of ACHD Surgical Pathway and Post-operative Anticoagulation Strategies achieved 4 out of the 8 criteria and has led to the standardisation of anticoagulation practice with a departmental guideline.
CARDO/CA/2020-21/06	This audit confirmed good performance against guidance and demonstrated that catheter ablation for atrial arrhythmia in ACHD patients is safe and effective, with most patients achieving multiple arrhythmia-free months.
CARDO/CA/2021-22/01	This audit of the care provided to patients who attend the rapid access chest pain clinic has led to improved clarity of documentation and increased awareness amongst staff.

### Oncology & Clinical Haematology

#### Oncology & Clinical Haematology - BMT

BMT/CA/2020-21/01	This bone marrow transplant data quality audit achieved scores above 95% for six out of seven standards and led to measures being implemented to improve the accuracy of data and make them more usable for the BMT clinicians and external stakeholders.
CHAEM/CA/2021-22/05	This external accreditation audit demonstrated good compliance with JACIE international standards for Hematopoietic Cellular Therapy product collection, processing and administration.
BMT/CA/2020-21/03	This JACIE audit of the prescription ordering system demonstrated 100% compliance for chemotherapy doses being prescribed in accordance with a BMT treatment protocol or approved reference. Actions were put in place to ensure any deviation/modification to protocols was recorded on approved BMT documentation.

#### Oncology & Clinical Haematology - Clinical Haematology

CHAEM/CA/2021-22/01	The majority of standards relating to this external accreditation audit of related stem cell donor screening and testing were fully met. The action plan focused on continuous discussions around need for pregnancy testing where appropriate and HCG blood tests being added routinely for eligible donors.
CHAEM/CA/2021-22/02	Following this audit of first line treatment of Diffuse Large B Cell Lymphoma, changes were made to documentation requirements to include more information on treatment plan needs and definition on indication for radiotherapy.
CHAEM/CA/2021-22/05	This audit of external accreditation on autologous stem cell donor screening and testing confirmed full compliance on four out of seven standards. Improvements focused on documentation completion and correct virology samples being ordered and taken.
CHAEM/CA/2022-23/02	The majority of standards relating to the BCSH guideline on the first line management of classical Hodgkin Lymphoma were fully met.

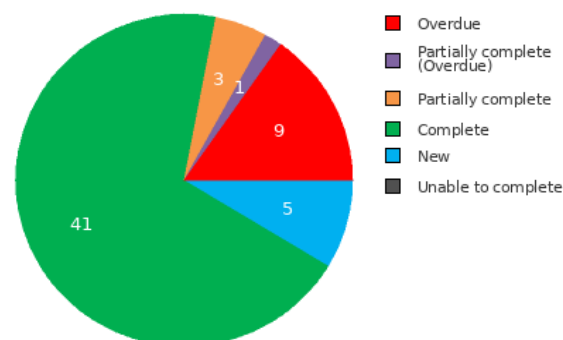
CHAEM/CA/2020-21/01	Following this audit of virology testing in new patients and those receiving transfusions, actions included the creation of a blood test set in the ICE system, improved monitoring through completion of annual reviews including virology, and the addition of information around consent when performing the recommended test at first adult clinic appointment.
CHAEM/CA/2021-22/02	The majority of the standards relating to Neutropenic Sepsis in Haematology, were fully met. Following the audit, further improvements have been made to timing around administering antibiotics, routine requests of lactate and paired blood cultures, and routine calculation of criteria set by the Multinational Association of Supportive Care in Cancer.
BMT/CA/2020-21/03	This audit demonstrated that all chemotherapy doses prescribed as part of a BMT conditioning were in accordance with a BMT treatment protocol or included clear documentation of the reasons why a deviation was required.
BMT/CA/2021-22/02	Following this audit, further work was carried out to improve practice of documenting BMT/IEC protocol deviations for patients in the Blood and Marrow Transplant (BMT) Therapy Unit.
CHAEM/CA/2020-21/06	This audit demonstrated good compliance with DA-EPOCH-R clinical protocols for lymphoma patients, with changes being made to pre-assessment clinic forms to improve communication between outpatient chemotherapy prescribers and inpatient chemotherapy carers/providers.
<b>Oncology &amp; Clinical Haematology - Oncology</b>	
ONC/CA/2017-18/01	Following this audit, teaching on Steroid management has been delivered, as well as education for staff outside Oncology on Metastatic Spinal Cord Compression (MSCC) guidelines. Additionally, electronic MSCC referrals have been developed.
ONC/CA/2019-20/03	Following this audit, changes to the standard form were made to improve documentation in Electronic Portal Imaging and Cone Beam CT (CBCT) imaging.
ONC/CA/2020-21/01	This audit showed a 30 day mortality rate that compared favourably to Royal College of Radiologists recommendations for patients with bone and brain metastases.
ONC/CA/2020-21/04	All standards were fully met in relation to indications for treatment, taking of consent and follow-up in this audit of patients having biodegradable rectal spacer insertion before radical radiotherapy for prostate cancer.
ONC/CA/2020-21/06	This audit led to a adoption of a change in routine practice in line with that offered by other centres, as well as improving clarity of the existing protocol for patients having a Lutathera infusion.
ONC/CA/2020-21/08	This project demonstrated full compliance with national standards for management of patients with bladder cancer during Covid-19.
ONC/CA/2020-21/11	This project resulted in the development of a new electronic referral form to enable patients on anti HER2 therapy for breast cancer to be referred directly to heart failure nurses if they experience a significant drop in ejection fraction.
<b>Clinical Genetics</b>	
CGEN/CA/2019-20/01	This audit looked to identify our compliance with the SOP for reporting results for patients enrolled in the 100,000 Genomes Project and demonstrated the need for improvement across each of the criteria stated with actions identified and completed in response.



## 3.4 Surgery

Total number of projects	85	100%
Total number of open projects	69	81%
Number of open projects with no results	50	72%
Number of open projects with results	19	28%
Number of open overdue projects (no action plans)	50	72%
Total number of open projects (with action plans)	13	19%
Number of open overdue projects (with action plans)	5	7%
Number of closed projects	16	19%
Number of abandoned projects	0	N/A

### Actions



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

SURANAES/CA/2020-21/05	The majority of standards measured were met at 100% bar one standard regarding peripheral nerve simulation use and documentation - this has prompted a specific audit looking into that in more detail.
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#### Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia

ANAE/O/CA/2020-21/01	This audit, carried out in response to updated guidance from the British Society for Haematology, led to development of a standardised care pathway for antenatal iron for high and low risk women.
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#### Anaesthesia & Critical Care & Theatres – Integrated Critical Care Services

GICU/CA/2021-22/01	Improvements have been made to the medical discharge letter as a result of this audit of internal transfers from ITU to ward areas.
GICU/CA/2020-21/03	Following this audit of emergency ITU admissions from ward areas, training and education has been provided for trainee doctors and a new outreach team has been introduced who will take this work forward.
GICU/CA/2020-21/04	Improvements have been made to clinical documentation of sedation hold, with an RASS target mandatory box on the morning ward round note and sedation hold made clearer on the Philips® system.

### Dental Services

#### Dental Services – Oral & Maxillofacial Surgery

ORSUR/CA/2020-21/03	This re-audit showed 95% of patients received appropriate imaging followed by the utilisation of parallax principles to identify the position of the tooth prior to the surgical procedure. This represents a 14% improvement from the first audit cycle.
ORSUR/CA/2020-21/01	This audit confirmed that, during the pandemic, all patients referred to the dental hospital received a face to face or telephone assessment for urgent dental care. Actions were put in place to address appropriate prescribing of antibiotics.
MAXFAX/CA/2020-21/02	This audit of tracheostomy patients demonstrated that all patients had a bed head sign in place. An action plan was put in place in collaboration with Anaesthesia to improve documentation.
ORSUR/CA/2020-21/06	Following this audit of extraction of teeth in the Urgent Dental Centre, three criteria were achieved, with actions put in place to improve other aspects; these included a post-operative instructions leaflet, provision of whiteboards in the treatment bays, and teaching regarding the WHO checklist and record keeping.
ORSUR/CA/2020-21/08	Following this audit, teaching for dental trainees was provided to improve analgesia prescribing.

#### Dental Services – Oral Medicine

ORMED/CA/2020-21/01	Improvements were observed from this second audit cycle following the creation of a new combined oral medicine prescription and histopathology form, with a further audit cycle now in progress.
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**Dental Services - Orthodontics**

ORTHOD/CA/2020-21/01	A Mandibular Advancement Appliance proforma has been created as a result of this audit of management of sleep apnoea and a re-audit cycle is in progress.
ORTHOD/CA/2020-21/07	Proforma check lists have been created for each main stage of treatment 'Pre-treatment', 'Pre-Surgery' and 'Post-Surgery' as a result of this audit of the combined orthodontic / orthognathic clinic.
ORTHOD/CA/2020-21/05	The audit has enabled the streamlining of the process for clinicians to request the removal of wisdom teeth if required prior to orthognathic surgery via the implementation of a checklist table and proforma letter.

**Dental Services - Paediatric Dentistry**

PAEDD/CA/2021-22/02	The percentage of letters sent to GPs has improved compared to the previous audit of paediatric dental trauma record keeping and actions have been put in place to further promote use of the trauma form.
PAEDD/CA/2020-21/01	The majority of children who did not attend had a letter sent to their referring general dental practitioner and an action plan is in place to improve uptake of text alerts to parents /patients with appointment reminders.
PAEDD/CA/2021-22/03	This audit resulted in modification of the current Integrated Care Pathway to include height, weight and BMI recordings and a re-audit cycle is in progress.

**Dental Services – Primary Care Dental Service**

PCDS/CA/2021-22/01	Following this audit of special care patients requiring a general anaesthetic, a post-operative care leaflet was created to be given pre and post operatively.
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**Dental Services - Restorative Dentistry**

RESTD/CA/2020-21/03	This audit demonstrated good compliance with legible records, documenting reason for attendance, treatment plan and treatment options at restorative dentistry consultations. Further actions are in place to improve the remaining criteria.
RESTD/CA/2020-21/07	This audit showed that 95% of resin retained bridges survived a minimum of 5-years, exceeding the national target of >75%.
RESTD/CA/2021-22/04	Updates have been made to teaching for dental students to improve their recording of the diagnosis of dental caries. A re-audit is currently in progress.
RESTD/CA/2020-21/02	The new European guidelines on treatment of periodontitis have been disseminated widely since this audit was performed.
RESTD/CA/2020-21/06	This audit of cancer patients showed that all dental extractions were performed prior to radiotherapy commencing. Improvements have been made to ensure the extraction site is reviewed post operatively. Re-audit is in progress.
RESTD/CA/2020-21/04	This audit confirmed best practice for all criteria measured with regard to the format of clinical letters.

**Surgical Specialties****Adult Surgical Specialties – Colorectal Surgery**

LGI/CA/2021-22/01	This audit demonstrated improvement in the correct consultant name being attached to the current care episode compared to a previous audit cycle.
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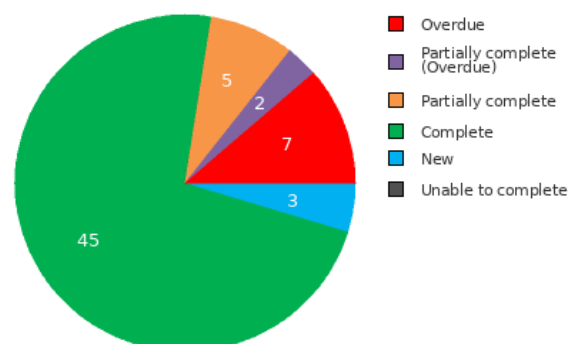
**Adult Surgical Specialties – Trauma and Orthopaedic Surgery**

TRORTH/CA/2021-22/03	Changes have been made to how distal radial fractures are reviewed following this audit and guidelines have been widely disseminated.
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## 3.5 Women's and Children's

Total number of projects	95	100%
Total number of open projects	87	92%
Number of open projects with no results	46	53%
Number of open projects with results	41	47%
Number of open overdue projects (no action plans)	54	62%
Total number of open projects (with action plans)	20	23%
Number of open overdue projects (with action plans)	7	8%
Number of closed projects	8	8%
Number of abandoned projects	4	N/A

Actions



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

### Children's Services

#### Children's Services - Anaesthesia

PANAES/CA/2018-19/01	This audit demonstrated that the Children's Hospital compares favourably to national standards with regard to unplanned day case admissions.
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#### Children's Services - Audiology

PAUDIO/CA/2020-21/03	This audit demonstrated good compliance with audiological standards for paediatric cystic fibrosis patients undergoing aminoglycoside treatment. To further strengthen the system it has been agreed that a Cystic Fibrosis nurse will monitor to ensure all necessary referrals made.
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#### Children's Services - Cardiac Services

PCARD/CA/2020-21/02	Following this audit of echocardiogram reporting, agreement was reached on standardised reporting systems.
PCARD/CA/2020-21/03	This re-audit of echocardiogram reporting showed some improvement in compliance with standards, and further system changes were agreed.

#### Children's Services - Cross-departments

XDIVWAC/CA/2019-20/01	Following this audit, teaching sessions have been organised for ward staff on mouth care for inpatients.
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#### Children's Services - Ear, Nose and Throat (ENT)

ENTP/CA/2020-21/02	This audit was completed in response to a clinical incident and aimed to identify possible delays in the process of initial presentation to surgery. It confirmed that we are still meeting guidelines in the majority of cases at the time of this audit.
ENTP/CA/2019-20/01	Following this audit, improvements to the theatre booking pathway are being made to reduce delays in the referral and treatment of paediatric nasal bone fractures.

#### Children's Services - Emergency Department

PED/CA/2020-21/04	This audit, and re-audit, of recording of relevant information in "GP referrals telephone log" showed improvement after the recording form was revised to make it easier to complete.
PED/CA/2020-21/07	Following this audit a series of actions were agreed to raise awareness and improve compliance with standards relating to the Criteria Led Discharge pathway for accidental ingestion.
PED/CA/2020-21/14	Following this audit, results have been shared with clinical staff and a "Past Medical History" section has been added to the Children's Emergency Department CAS Card medication page to make recording easier.
PED/CA/2020-21/06	Following this audit, medical and nursing staff were to be reminded that patients undergoing procedural sedation must be considered for the relevant "Criteria Led Discharge" pathway. It was also planned to amend the "Sedation in Emergency Department" checklist to include a reminder about use of the pathway.

PED/CA/2020-21/09	This re-audit of Tertiary Survey completion in Paediatric Major Trauma Patients showed improvements compared with previous audits.
PED/CA/2019-20/01	Following this audit, the major trauma Tertiary Survey document was reviewed and made available in all clinical trauma areas.
<b>Children's Services - Endocrinology</b>	
PENDO/CA/2021-22/01	This re-audit showed improvement in the percentage of patients given calcium replacement compared with a previous audit. After discussion, the relevant guideline was also updated to improve clarity, for example indicating which are "must do" investigations for a particular group of patients.
<b>Children's Services – Gastroenterology</b>	
PGAST/CA/2020-21/02	Following this audit it was agreed that consultants in the region should request small bowel MRI at the point of referral for endoscopy to support prompt investigation of these patients.
PGAST/CA/2020-21/01	Following this audit a new Inflammatory Bowel Disease biologics meeting has been established to have better oversight of this patient group. In addition, the anti-TNF guideline has been updated with a checklist appendix to prompt disease activity scoring.
<b>Children's Services - General Medicine</b>	
PGENMED/CA/2019-20/01	Following this audit, regular complex needs spinal clinics have been established and a standardised feedback questionnaire for parents has been developed.
PGENMED/CA/2020-21/01	Following this audit of fluid management, verbal feedback was provided to the team about checking electrolytes every 24 hrs, and the subject was flagged at induction.
<b>Children's Services - Neonatology</b>	
Neonatology/CA/2020-21/01	This audit demonstrated reassuring results relating to documenting cooling criteria and requesting MRIs and led to the development and implementation of an admission form to improve other aspects.
NEO/CA/2019-20/05	This audit led to improvements being made to the thermoregulation guidelines and adoption of the Tecotherm® system to monitor and adjust temperature for neonates.
NEO/CA/2020-21/14	Following this audit into temperature changes before and after the insertion of peripherally inserted central catheter in preterm newborn infants, awareness was raised among trainee and senior Doctors and mandatory documentation was introduced.
NEO/CA/2020-21/12	This audit of the current neonatal abstinence syndrome guideline led to several changes being made in order to achieve improved compliance in all areas.
<b>Children's Services – Oncology, Haematology &amp; BMT</b>	
POHBMT/CA/2020-21/03	Following this audit, a new section was created within the local guideline commenting on the emetogenicity of intrathecal chemotherapy and radiotherapy.
POHBMT/CA/2020-21/06	Following this audit, use of paper in data management has been reduced, with direct electronic copying from primary source wherever possible. Instances where the electronic or paper data collection forms and/or guidance may contribute to errors or inconsistencies has been raised with the makers of the EBMT registry.
POHBMT/CA/2020-21/09	Following this audit, use of the port access record stickers has been promoted through the Oncology Nurse Practice Group and the surgical team were updated on audit findings regarding documentation in surgical notes. Needle size is now to be recorded on the Lines database on Careflow®.
POHBMT/CA/2020-21/02	As a result of this audit, relevant donor paperwork is to be allocated to the medical co-ordinator reviewing the donor, and the clinical nurse specialist will continue to follow up the donor within 14 days of harvest.
POHBMT/CA/2020-21/04	Awareness of minimum standards for fluid balance documentation was promoted after this audit, with particular focus on increasing compliance with hourly drip readings by supporting staff education. The Nurse Practice Group is reviewing the fluid balance management SOP.
POHBMT/CA/2020-21/08	Following this audit, results were discussed during safety briefings as point of the month and emailed to all members of staff on ward. A poster was produced highlighting areas for improvement, and prompting completion of assessment at each shift, as well as highlighting the consequences of not doing so.
POHBMT/CA/2020-21/11	Following this audit, it was agreed that clearer guidance on switching from allopurinol to rasburicase is to be provided at the next revision of the guideline, with a dose banding table to round doses to the nearest whole vial.
<b>Children's Services – Palliative Medicine</b>	
PPALL/CA/2020-21/01	Following this audit of care plans for patients with life limiting conditions, local education was carried out on uploading Advanced Care Plans to the Careflow® EPR, and a list of key professionals to contact from the 16 relevant organisations was prepared.
<b>Children's Services - Pharmacy</b>	

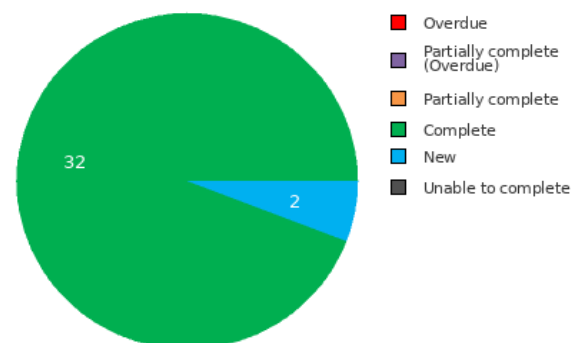
PPHARM/CA/2021-22/01	An SOP/guideline is being prepared on medications and supportive items required for orthopaedic frame patients on discharge, as a result of this audit.
<b>Children's Services - Radiology</b>	
PRAD/CA/2021-22/01	Following this audit, it was agreed that Paediatric Radiology fellows be allowed to verify some of their own radiographs (where confident), and Registrars are to aim to report at least 10 radiographs per day, prioritising category 5 and PICU patients.
<b>Children's Services - Rheumatology</b>	
PRHEUM/CA/2020-21/01	Following this audit there was agreement to work collaboratively with theatres to try to ensure that list allocation is confirmed at least 6 weeks in advance in order to plan appropriately and fully utilise available theatre time.
<b>Children's Services - Trauma &amp; Orthopaedics</b>	
PTO/CA/2021-22/01	This re-audit demonstrated increased compliance with standards and led to a revised proforma being produced to support full completion of relevant clinical information.
PTO/CA/2020-21/03	Following this audit, changes are to be made to the Neurovascular observation chart to allow easy completion and improve the quality of the recording of neurovascular status of the patient for handover.
PTO/CA/2020-21/01	Results of this initial audit were presented at the weekly paediatric surgical grand round, where Consultants, Registrars and particularly the SHOs could be reminded of the importance of performing and documenting a tertiary survey adequately.
<b>Women's Services</b>	
<b>Women's Services - Gynaecology</b>	
Gynaecology/CA/2020-21/05	This audit looked to determine if the management of ?glandular neoplasia referrals are in line with national guidance, finding 100% compliance in 5 out of the 7 criteria, with actions in place to improve the remaining criteria.
Gynaecology/CA/2020-21/06	This audit showed that the majority of patients were offered a second LLETZ where recommended by guidelines, with a reminder to colposcopists of the outcome of the audit and the recommended national guidance.
Gynaecology/CA/2020-21/03	This audit of new patients referred to Early Pregnancy Clinic before and after implementation of Covid measures has led to development of a dashboard and database to monitor patients attending the clinic, reminders to staff on documenting counselling, and surveys to obtain further patient and staff feedback on changes to the clinic.
GYNAE/CA/2020-21/12	The aim of this mandatory audit was to identify our compliance with Human Fertilisation and Embryology Authority (HFEA) standards for documentation and demonstrated that the majority were fully met. The only area routinely missing has now been added to the HFEA form.
GYNAE/CA/2021-22/02	Following this audit, a guideline on reporting and coding of endometrial hyperplasia has been implemented in the laboratory at North Bristol NHS Foundation Trust.
GYNAE/CA/2020-21/07	This audit looked at compliance with the Did Not Attend (DNA) policy for patients aged 16 to 17 and has led to measures to highlight these patients, particularly in areas where under 18s are not frequently seen.
GYNAE/CA/2020-21/09	This audit led to measures to improve informing patients in writing of their future risk of preterm labour when receiving their LLETZ (large loop excision of the transformation zone) result.
Gynaecology/CA/2019-20/02	The audit identified many areas of good practice in the management of ectopic pregnancies, with changes to patient information leaflets being made to improve information given to patients about support groups, bereavement counselling, advice about future pregnancies and fertility.
<b>Women's Services - Obstetrics &amp; Midwifery</b>	
OBS/CA/2019-20/02	This audit was commended by the Trust Clinical Audit Group as an example of a clear, effective audit and QI project, using a simulation-based training intervention to improve midwives' identification of abnormalities during digital vaginal examinations.
OBS/CA/2019-20/06 OBS/CA/2020-21/07	These two audits of the pre-term birth prevention service showed 100% compliance with two of the three standards and demonstrated a marked improvement in the number of high-risk women seen between 16 and 20 weeks gestation, following introduction of a new specialist midwife role.
OBS/CA/2019-20/01	This audit showed good compliance with the majority of standards relating to identifying at-risk newborn babies as well as management of hypoglycaemia.
OBS/CA/2020-21/11	Ongoing audits of symphysis fundal height measurement continue to show steady improvements in compliance in most areas and have led to changes being made to documentation to assist staff with plotting and management.
OBS/CA/2020-21/16	This audit of safeguarding demonstrated good compliance with recording the name of the woman's partner or father of the baby, with plans to improve compliance with other standards in place.

O&G/CA/2020-21/02	This audit of emergency cervical cerclage identified many areas of good compliance. Reminders relating to good documentation have been disseminated and work on patient information leaflets has been carried out.
OBS/CA/2020-21/17	This regular re-audit showed full compliance with taking appropriate action when observations are recorded in the yellow or red zone on the maternal observation chart.
OBS/CA/2020-21/15	This audit looked to determine whether the Risk Assessment guideline is being followed during the antenatal period and highlighted strong compliance at the booking stage. A new system to improve updating of the lead professional was introduced.
OBS/CA/2021-22/03 OBS/CA/2021-22/07	These two cycles of audit showed successful implementation of computerised CTGs for reduced fetal movements in line with the Saving Babies Lives care bundle, with steadily improving compliance across rapid audit cycles.
OBS/CA/2020-21/10	This audit confirmed good performance for the majority of areas in regard to the use of single dose antibiotics administration within 6 hours of instrumental birth.
OBS/CA/2020-21/05 OBS/CA/2020-21/14 OBS/CA/2021-22/05	Three cycles of audit showed mixed results, but overall improvement in compliance by the third cycle with regard to measuring and recording transcutaneous and/or serum bilirubin within 6 hours of identifying a baby as clinically jaundiced, as well as starting phototherapy appropriately. Findings have been disseminated to midwives via local meetings, newsletters and Safety Briefings to encourage improvements in repeating measurements within the time frame specified in the guideline.

## 3.6 Weston

Total number of projects	68	100%
Total number of open projects	52	76%
Number of open projects with no results	32	62%
Number of open projects with results	20	38%
Number of open overdue projects (no action plans)	23	44%
Total number of open projects (with action plans)	5	10%
Number of open overdue projects (with action plans)	0	0%
Number of closed projects	16	24%
Number of abandoned projects	4	N/A

### Actions



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

### Emergency / Medical Specialties

#### Emergency / Medical Specialties – Acute Medicine

WESACMED/CA/2021-22/03	Following this audit of completing RESPECT forms within 24 hours of admission, training has been provided for low-scoring areas and monthly monitoring continues across all medical wards and MAU.
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#### Emergency / Medical Specialties – Cardiology

CARWES/CA/2020-21/01	This audit showed performance comparable to National figures on referrals to cardiac rehabilitation, as well as pointing to improvements to be made in other areas. Cardiac rehab nurses now have access to the inpatient cardiology list with eligible patients highlighted.
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#### Emergency / Medical Specialties – Emergency Department

EDWES/CA/2020-21/02	This audit of demonstrated good compliance with all standards relating to the Anticholinergic Effect on Cognition (AEC) score for dementia patients and ensuring that patients who have been prescribed anticholinesterase medications are not prescribed individual drugs with an AEC above a defined level.
EDWES/CA/2020-21/05	Following this audit, posters were created and displayed in the ED department and staff were provided with small information cards on how to measure lying/standing blood pressure in patients aged 65 years or more who present to ED after a fall.

#### Emergency / Medical Specialties – Gastroenterology

GASWES/CA/2020-21/03	The audit demonstrated that whilst most patients were receiving the newly recommended N-acetyl cysteine dosing following an overdose some improvement could still be made. The guidance was updated and implemented.
GASWES/CA/2021-22/01	Following this audit of dosing of Pabrinex in patients with alcohol withdrawal, a new alcohol withdrawal guideline was implemented and further re-audit is in progress to confirm improvement.

#### Emergency / Medical Specialties – General Medicine

GMWES/CA/2020-21/01	Following the first cycle of this audit of management of potassium disturbance, a new hypokalaemia guideline was produced along with a new lab protocol and both were included in induction for trainee doctors. The re-audit showed 100% compliance with all standards.
GMWES/CA/2021-22/06	

#### Emergency / Medical Specialties – Radiology

RADWES/CA/2021-22/01	This audit showed that 100% of abnormal chest x-rays were coded correctly.
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### Surgical Specialties

#### Surgical Specialties – General Surgery

GSWES/CA/2020-21/04	The audit of fluid prescribing for Nil By Mouth patients led to inclusion of fluid charts and guidelines in junior doctor training and making them more accessible to Weston staff on the shared drive.
GSWES/CA/2020-21/06	This audit showed 100% compliance for standards on early oral feeding and enteral feeding and led to the guidance being updated to help improve standards of care around pancreatitis proformas, timely USGs and management on admission.
GSWES/CA/2020-21/01	This audit showed good compliance with the majority of fluid charts completed correctly on surgical wards. To improve this further a new fluid chart was created and implemented.
<b><i>Surgical Specialties – Trauma and Orthopaedics</i></b>	
TOWES/CA/2020-21/05	To improve review of patients within 6 and 12 hours of their surgery for fractured neck of femur, the review proforma was included in junior and senior doctor induction, on-call SHOs are now given formal handover for post-op patients overnight, and nursing staff were asked to include “review due” times on handover sheets. Re-audit has showed marked improvement.
TOWES/CA/2020-21/07	100% compliance was shown in this audit of management of patients with post-operative delirium.
TOWES/CA/2021-22/06 TOWES/CA/2021-22/07	Following the first audit of VTE Prophylaxis in neck of femur fracture patients, results of the audit were discussed with junior doctors and nurses on the ward and was included in junior doctor induction to improve awareness. The second cycle showed an improvement from 76% to 96% of patients being offered VTE prophylaxis for one month post-surgery.



## Appendix A - UH Bristol Clinical Audit Staff (as at May 2022)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Andrew Day
	Medical Physics & Bioengineering		Nonie Guarin
	Pharmacy		Kevin Gibbs
	Adult Therapies		Chris Easton
	Radiology		Dr Mohamed K Hussien
Medicine	Medical Specialties	Eleni Lamprianidou	Position currently vacant
	Emergency Services		Dr Rosty Bezuhlyy
Specialised Services	BMT		Dr Rachel Protheroe
	Oncology		Dr Waheeda Owadally
	Haematology		Dr Laura Percy
	Cardiac Services	Damian Jones	Dr Emma Riley
Surgery & Head & Neck	Anaesthesia	Chrissie Gardner	Dr Ruth Murphy
	Critical Care		Dr Chris Bourdeaux
	General Surgery		Mr Paul Wilkerson
	Trauma & Orthopaedics		Mr Henry Burnand
	Dental Services & Maxillo-facial Surgery		Position currently vacant
	Ophthalmology		Dr Lina Kobayter-Helayhel
	Adult ENT	Damian Jones	Mr Philip Clamp
Women & Children's	Obstetrics & Gynaecology		Ms Naomi Crouch
	Neonatology	Richard Hancock	Dr Malini Ketty
	Children's Services		Position currently vacant
Weston	Medical specialties	Michelle Walters	Position currently vacant
	Surgical specialties		Position currently vacant

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



## Appendix B - Progress against Clinical Audit Forward Programme 2021/22

In total, there were 251 projects on the Forward Plan. The table below shows that 179 projects (71%) had started or were complete. 82% of Category 1 projects (50/61) and 58% of Category 2 projects (38/66) have commenced or been completed.

It should be noted that Category 1 projects were recorded separately for Bristol and for Weston on the plan. Those Category 1 projects where we do not have a record of our participation are as follows:

- Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP) at Weston;
- Compliance of intrauterine insemination (IUI) treatment with HFEA standards;
- National Audit of Dementia (NAD) – this was postponed to 2022/23 pending a pilot, in which UHBW was not invited to participate;
- National Bowel Cancer Audit (NBoCA) at Weston;
- National Lung Cancer Audit (NLCA) at Weston;
- National Diabetes Footcare Audit at Weston;
- National Diabetes Core Audit at Weston;
- National Heart Failure Audit at Weston;
- Pain in Children (RCEM National Audit) – registration in progress, difficulty registering two sites.

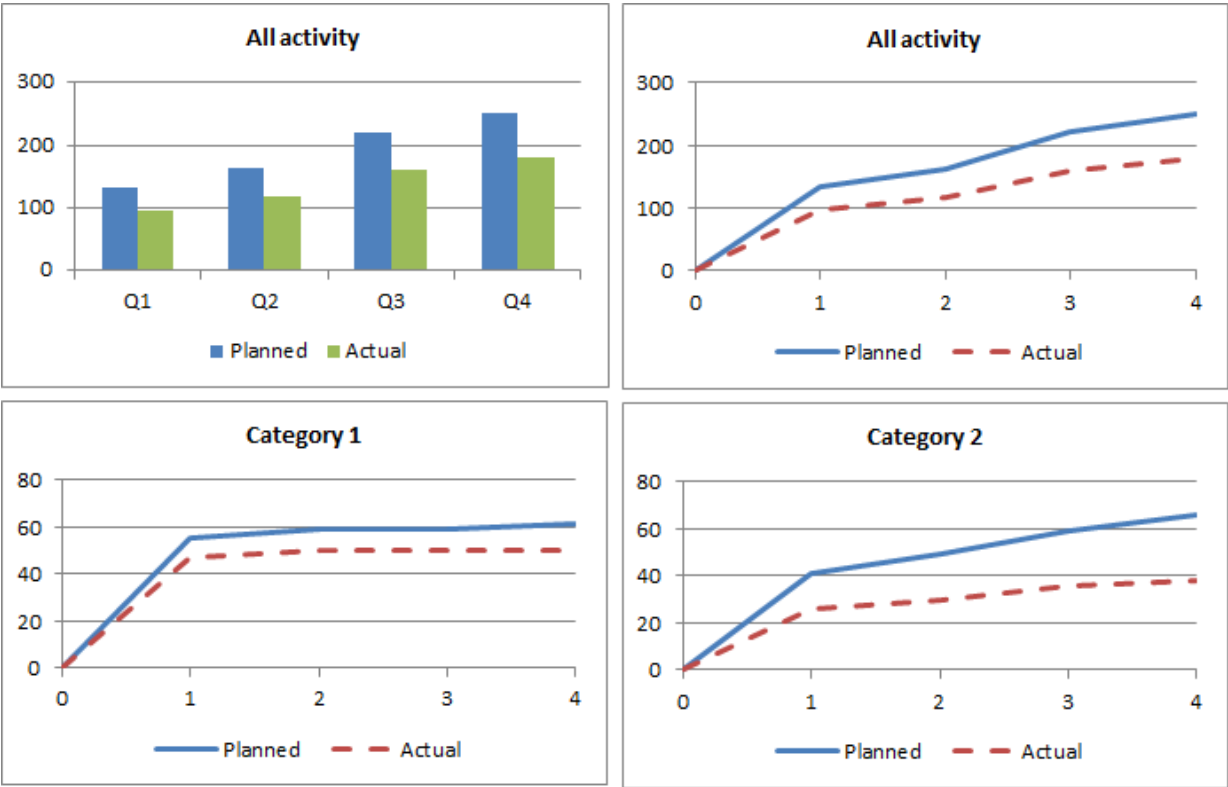
Two Category 1 projects were abandoned:

- National Diabetes Footcare Audit is no longer running at the BRI as there is no longer a footcare service being provided there;
- National Prostate Cancer Audit (NPCA) at Weston, as Urology services have moved to North Bristol Trust.

Priority	Status Q4	Division					Weston	Total
		DAT	MED	SPS	SUR	WAC		
<b>Cat 1</b>	Abandoned		1				1	2
	Completed				1			1
	In progress	1	10	9	6	9	14	49
	Not started		1			2	6	9
<b>Cat 1 Total</b>		<b>1</b>	<b>12</b>	<b>9</b>	<b>7</b>	<b>11</b>	<b>21</b>	<b>61</b>
<b>Cat 2</b>	Abandoned			1	1		2	4
	Completed	1	2	1	1		1	6
	In progress	8	2	2	7	9	4	32
	Not started	3	1	5	3	3	9	24
<b>Cat 2 Total</b>		<b>12</b>	<b>5</b>	<b>9</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>66</b>
<b>Cat 3</b>	Abandoned	2	1		1			4
	Completed				21	8		29
	In progress	4	5	2	4	21		36
	Not started	5	3	2	2	17		29
<b>Cat 3 Total</b>		<b>11</b>	<b>9</b>	<b>4</b>	<b>28</b>	<b>46</b>		<b>98</b>
<b>Cat 4</b>	Completed		1		14	1		16
	In progress	1	1		7	1		10
<b>Cat 4 Total</b>		<b>1</b>	<b>2</b>		<b>21</b>	<b>2</b>		<b>26</b>
<b>Total</b>		<b>25</b>	<b>28</b>	<b>22</b>	<b>68</b>	<b>71</b>	<b>37</b>	<b>251</b>

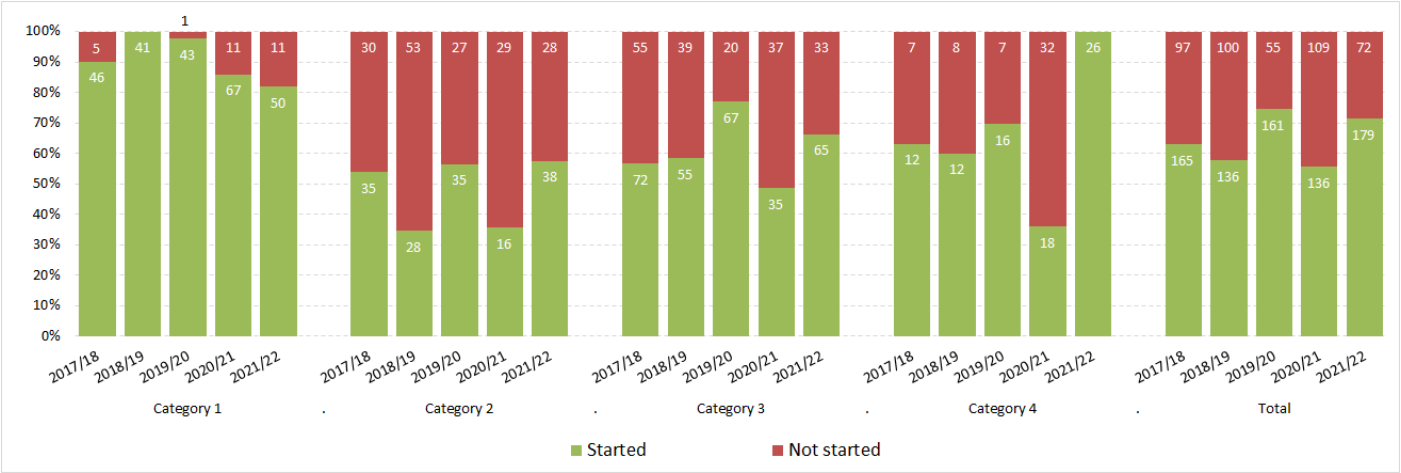
	P1	P2	P3	P4	All
<b>% projects commenced as planned (Q4)</b>	82%	58%	66%	100%	71%

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



**Projects commenced – comparison to previous years**

The graph below shows the overall percentage of projects started. Figures for the same period in previous years have been included as a comparator. Overall, there has been an increase in the percentage of planned projects started or completed compared to the 2020/21 financial year.



## Appendix C - Clinical Audit Forward Plan 2022/23

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 2022/23; 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*'.

<b>Category 1 – External ‘must dos’</b>	<b>Category 2 – Internal ‘must dos’</b>
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:	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:
<ul style="list-style-type: none"><li>▪ Participation in the National Clinical Audit &amp; Patient Outcome Programme (NCAPOP)</li><li>▪ Statutory/regulatory requirements</li><li>▪ CQUINS or other commissioner priorities.</li><li>▪ Board assurance requirements</li></ul>	<ul style="list-style-type: none"><li>▪ Participation in the national clinical audits included in the Quality Accounts</li><li>▪ External accreditation schemes</li><li>▪ Clinical Effectiveness activity (e.g. following the introduction of new procedures).</li><li>▪ Patient Safety issues (including Safety Alerts).</li><li>▪ Clinical Risk issues e.g. serious untoward incidents/adverse incidents.</li></ul>
<b>Category 3 - Division/specialty/service priority</b>	<b>Category 4 - other</b>
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:	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.
<ul style="list-style-type: none"><li>▪ Participation in national audits not part of NCAPOP (e.g. Royal College initiated)</li><li>▪ Demonstrating compliance with CQC outcomes.</li><li>▪ Guidance from professional bodies (e.g. NICE, Royal College, etc.)</li><li>▪ Local guidelines/policies</li></ul>	<ul style="list-style-type: none"><li>▪ Other/Clinician Interest or priority</li></ul>

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)
<b>Specialty/Service: Therapy Services</b>					
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
<b>Specialty/Service: Emergency Department</b>					
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
<b>Specialty/Service: Medical Specialties</b>					
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 appendicectomy 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 (RCEM 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 PBST (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 PBST/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
<b>Specialty/Service: Women's Services</b>					
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)
<b>Specialty/Service: Surgery</b>					
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 2022/23)

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 2021/22, 51 national clinical audits and five national confidential enquiries covered NHS services that University Hospitals Bristol and Weston NHS Foundation Trust provides. During that period, the Trust participated in 82 per cent (41/50) of national clinical audits and 100 per cent (5/5) of the national confidential enquiries in which it was eligible to participate. The majority of national audits were back to normal data collection schedules, after some having suspended mandatory data submissions during the first year of the Covid-19 pandemic.

Table 1 lists the national clinical audits and national confidential enquiries that University Hospitals Bristol and Weston NHS Foundation Trust was eligible to participate in during 2021/22 and whether it did participate:

*Table 1*

Name of audit / programme	Participated
<b>Acute, urgent and critical care</b>	
Case Mix Programme (CMP) – Intensive Care	Yes
Emergency Medicine Quality Improvement Projects (x2)	No *
Major Trauma Audit (TARN)	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
<b>Blood and infection</b>	
National Comparative Audit of Blood Transfusion – Perioperative Paediatric Anaemia	No ‡
National Comparative Audit of Blood Transfusion – Patient Blood Management	Yes
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
<b>Cancer</b>	
National Audit of Breast Cancer in Older People (NABCOP)	Yes
National Bowel Cancer Audit (NBoCA) – part of NGICP <sup>1</sup>	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP <sup>1</sup>	Yes
National Prostate Cancer Audit (NPCA)	Yes
Cytoreductive Radical Nephrectomy Audit	No †
Management of the Lower Ureter in Nephroureterectomy Audit	No †
<b>Elderly care</b>	
Fracture Liaison Service Database (FLS) – part of FFFAP <sup>2</sup>	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP <sup>2</sup>	Yes
National Hip Fracture Database (NHFD) – part of FFFAP <sup>2</sup>	Yes
National Audit of Dementia (NAD)	No ‡
National Joint Registry (NJR)	Yes
<b>End of life care</b>	
National Audit of Care at the End of Life (NACEL)	Yes

Name of audit / programme	Participated
<b>Heart</b>	
Adult Cardiac Surgery (ACS) – part of NCAP <sup>3</sup>	Yes
Cardiac Rhythm Management (CRM) – part of NCAP <sup>3</sup>	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP <sup>3</sup>	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP <sup>3</sup>	Yes
National Congenital Heart Disease (CHD) – part of NCAP <sup>3</sup>	Yes
National Heart Failure Audit (NHF) – part of NCAP <sup>3</sup>	Yes
<b>Long term conditions</b>	
Adult Asthma Secondary Care – part of NACAP <sup>4</sup>	Yes
Cleft Registry and Audit Network (CRANE)	Yes
COPD Secondary Care – part of NACAP <sup>4</sup>	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Core Audit (NDA)	Yes
National Diabetes Foot Care Audit (NDFA) – part of NDA	No ††
National Diabetes Inpatient Audit (NaDIA) – part of NDA	Yes
National Pregnancy in Diabetes Audit (NPID) – part of NDA	Yes
National Outpatient Management of Pulmonary Embolism	Yes
National Smoking Cessation Audit	Yes
UK Cystic Fibrosis Registry	Yes
Inflammatory Bowel Disease programme / IBD Registry	No ‡‡
<b>Women's &amp; Children's Health</b>	
National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme	No **
Paediatric Asthma Secondary Care – part of NACAP <sup>4</sup>	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
<b>Confidential enquiries/outcome review programmes</b>	
Child Health Clinical Outcome Review Programme	Yes
Learning Disabilities Mortality Review Programme (LeDeR)	Yes
National Perinatal Mortality Review Tool	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes

\* Difficulty registering Bristol and Weston sites as one trust since merger in April 2020

† Urology services moved to North Bristol NHS Foundation Trust during 2021

‡ Audit postponed at national level

†† Footcare service no longer provided at the Bristol Royal Infirmary

‡‡ Organisational data submitted only

\*\* Funding for participation not agreed by Trust

<sup>1</sup> NGCIP: National Gastro-Intestinal Cancer Programme

<sup>2</sup> FFFAP: Falls and Fragility Fractures Audit Programme

<sup>3</sup> NCAP: National Cardiac Audit Programme

<sup>4</sup> NACAP: National Asthma and COPD Audit Programme

Of the above national clinical audits and national confidential enquiries, those which published reports during 2021/22 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. Due to variation in sample selection and publication dates, these cases may be from time periods earlier than 2021/22.

Table 2

Name of audit / programme	
<i>Acute, urgent and critical care</i>	
Major Trauma Audit (TARN)	76-88%
National Emergency Laparotomy Audit (NELA)	82.1% Bristol, 100% Weston
Sentinel Stroke National Audit programme (SSNAP)	>90% Bristol and Weston
<i>Cancer</i>	
National Bowel Cancer Audit (NBOCA)	≥80% (198)
National Oesophago-Gastric Cancer (NOGCA)	75-84% Bristol (165), <65% Weston (19)
<i>Elderly care</i>	
Fracture Liaison Service Database (FLS)	83% Bristol (1279), 17% Weston (235)
National Joint Registry (NJR)	>43 Bristol, >25 Weston*
<i>Heart</i>	
Adult Cardiac Surgery (ACS)	78% (924)
Cardiac Rhythm Management (CRM)	1746*
Myocardial Ischaemia National Audit Project (MINAP)	60.3% Bristol (638), 63% Weston (143)
National Congenital Heart Disease (CHD)	1099*
National Heart Failure Audit (NHF)	64.8% (400)
<i>Long term conditions</i>	
National Asthma Audit	15% Bristol (26), 56% Weston (42)
UK Cystic Fibrosis Registry	401*
National Pregnancy in Diabetes Audit (NPID)	125*
<i>Women's &amp; Children's Health</i>	
National Audit of Seizures and Epilepsies (Epilepsy 12)	31*
National Neonatal Audit Programme (NNAP)	618*
National Paediatric Diabetes Audit (NPDA)	495*
Paediatric Asthma Secondary Care – part of NACAP <sup>4</sup>	58*
Paediatric Intensive Care Audit Network (PICANet)	99.5% (2097)

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

## Appendix E - Divisional activity tables (projects registered in year)

### Diagnostics & Therapies

Project code	Project title	Forward Plan	Project status
<b>Diagnostics</b>			
XDIVDAT/CA/2021-22/01	Stroke Sentinel National Audit Program (SSNAP) Post-Acute Organisational Audit	N	In progress
AUDIO/CA/2021-22/02	Real ear measurements 2021	Y	Closed
CLIBIO/CA/2021-22/01	Out of Hours phoning of critically abnormal results	Y	In progress
CLIBIO/CA/2021-22/02	Screening for myeloma in primary care	N	Closed
INFECT/CA/2021-22/01	Surgical Site Infection Surveillance	Y	In progress
INFECT/CA/2021-22/02	Mandatory Surveillance of HCAI (bloodstream infections and clostridium difficile infection)	Y	In progress
INFECT/CA/2021-22/03	Escherichia Coli source	Y	In progress
INFECT/CA/2021-22/04	NHS provider interventions with suspected/confirmed carbapenemase-producing Enterobacterales	Y	In progress
INFECT/CA/2021-22/05	Aseptic Non Touch Technique (ANTT) in clinical practice 2022	Y	In progress
LABHAE/CA/2021-22/01	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Y	In progress
LABHAE/CA/2021-22/02	2021 National Comparative Audit of NICE Quality Standard 138 and 2021 PBM Survey	Y	In progress
MEDPHYS/CA/2021-22/01	Computed Tomography Patient Radiation Dose Audit BRI Suite A scanner - 2021	Y	In progress
MEDPHYS/CA/2021-22/02	Computed Tomography Patient Radiation Dose Audit BRI Suite E scanner - 2021	Y	In progress
MEDPHYS/CA/2021-22/03	Computed Tomography Patient Radiation Dose Audit BRI Suite C scanner - 2021	Y	In progress
MICRO/CA/2021-22/01	Adherence to vaccination guidelines post splenectomy in UHBW	N	In progress
RADIO/CA/2021-22/01	Musculoskeletal Ultrasound performed and reported by Principal and Advanced Practitioner Sonographers with or without discussion with a Consultant Radiologist.	N	In progress
RADIO/CA/2021-22/02	British Society of Gastrointestinal and Abdominal Radiology CT Colonography Audit	N	Closed
RADIO/CA/2021-22/03	Exclusion of lens of eye on routine outpatient CT head scans	Y	In progress
RADIO/CA/2021-22/06	VTE Coding in Radiology Reports 2021	N	Closed
RADIO/CA/2021-22/07	MRI whole spine	Y	In progress
RADIO/CA/2021-22/08	Radiology reporting on appendicular skeleton using CO-score	N	In progress
RADIO/CA/2021-22/09	Lumbar Spine Radiograph Audit	N	In progress
RADIO/CA/2021-22/10	Radiological work-up of pulsatile tinnitus at UHBW	N	Actions in progress
RADIO/CA/2022-23/01	Audit of mobile chest x-ray image quality within the Bristol Royal Infirmary	Y	In progress

Project code	Project title	Forward Plan	Project status
RADIO/CA/2022-23/02	Radiograph Image Quality Audit: Facial Bones	Y	In progress
<b>Therapies</b>			
NUTDIE/CA/2021-22/01	Regulation 14 audit	Y	In progress
PHARM/CA/2021-22/01	An audit reviewing Vassopressin prescribing in critical care.	N	In progress
PHARM/CA/2021-22/02	Baseline HbA1c and capillary blood glucose testing in adults commencing systemic anticancer therapy (SACT)	N	In progress
PHARM/CA/2021-22/03	Dapagliflozin and empagliflozin prescribing in patients admitted to hospital with a history of heart failure.	N	In progress
PHARM/CA/2021-22/04	Medicines reconciliation in adult discharge summaries to meet national & BNSSG standards. 2022.	Y	In progress
PHARM/CA/2021-22/05	Medication allergy recording	N	In progress
PHARM/CA/2022-23/01	Standard operating practices of independent second checking methods	Y	In progress

## Medicine

Project code	Project title	Forward Plan	Project status
<b>Medical specialties</b>			
XDIVMED/CA/2021-22/01	The Management of New Atrial Fibrillation on the Medical Take.	N	In progress
MED/ACUTE/CA/2021-22/01	An audit of delayed and omitted doses of critical medication in patients who have been admitted to hospital in the last 24 hours under the care of a medical team.	N	Closed
MED/ACUTE/CA/2021-22/02	Acute Medicine Benchmarking Audit (SAMBA) 2022.	Y	In progress
COE/CA/2021-22/01	Fracture Liaison Service Database.	Y	In progress
COE/CA/2021-22/02	National Audit of Inpatient Falls.	Y	In progress
COE/CA/2021-22/04	Parkinson's UK Bone Health Audit	N	In progress
COE/CA/2021-22/05	Immediate aspirin for TIA (transient ischaemic attack).	N	In progress
CASH/CA/2021-22/01	Clinical Audit of contraception after termination of pregnancy at Unity Sexual Health Clinic.	N	Closed
CASH/CA/2021-22/03	Audit of Safeguarding Framework for Unity Sexual Health: Are partner organisations notifying Unity of referrals and monitoring outcomes?	Y	Actions in progress
CASH/CA/2021-22/04	Nexplanon subdermal Implant audit.	N	Closed
CASH/CA/2021-22/05	HIV testing in Sexual health.	Y	In progress
DERM/CA/2021-22/01	Audit of Loco Regional and Distant Recurrent Primary Cutaneous Squamous Cell Carcinoma (SCC) - re audit from 2018.	N	In progress
DIAEND/CA/2021-22/01	An audit of clinical practice and staff's awareness about unexplained risks of 'gliflozins' (SGLT-2 inhibitors) in patients with Type-2 Diabetes Mellitus.	N	In progress
DIAEND/CA/2021-22/02	National Diabetes Core Audit.	Y	In progress



Project code	Project title	Forward Plan	Project status
DIAEND/CA/2021-22/04	National Diabetes Inpatient Audit (NaDIA).	Y	In progress
DIAEND/CA/2021-22/05	National Pregnancy in Diabetes Audit.	Y	In progress
DIAEND/CA/2021-22/06	Diabetes Insipidus: Sick day rules audit.	Y	In progress
EDMED/CA/2021-22/03	Adolescent Mental Health in the context of Adult Services, Transitioning from Paediatric Services.	N	In progress
EDMED/CA/2021-22/04	VTE Risk in Lower Limb Immobilisation.	N	In progress
EDMED/CA/2021-22/05	Discharge of Pregnancy of Unknown Location.	N	In progress
EDMED/CA/2021-22/06	Management of pain in adults in the BRI Emergency Department.	N	In progress
EDMED/CA/2021-22/08	Discharge summaries from the Emergency Department.	N	In progress
EDMED/CA/2021-22/09	Audit of Current Clinical Management of Acute Tonsillitis in the Emergency Department.	N	In progress
GASHEP/CA/2021-22/01	An audit of ascitic taps in medical admissions: are junior doctors using the cirrhosis care bundle?	N	In progress
GASHEP/CA/2021-22/05	National Audit for the Management of Primary Biliary Cholangitis (PBC).	N	In progress
GASHEP/CA/2021-22/06	Knowledge and use of upper GI bleed proforma amongst junior doctors at the BRI	N	In progress
Resp/CA/2021-22/02	National Smoking Cessation Audit 2021.	Y	In progress
Resp/CA/2021-22/03	National Lung Cancer Audit (NLCA)	Y	In progress
Resp/CA/2021-22/04	National Adult Asthma Secondary Care Audit (NACAP).	Y	In progress
Resp/CA/2021-22/05	National COPD Secondary Care Audit (NACAP).	Y	In progress
Resp/CA/2021-22/06	UK Cystic Fibrosis Registry.	Y	In progress
Resp/CA/2021-22/07	National BTS Outpatient Management of Pulmonary Embolism Audit	Y	In progress
RHEU/CA/2021-22/01	Auditing the clinical and radiologic follow up and outcomes of pathologically defined clinically isolated aortitis at a tertiary cardiothoracics/vascular centre.	N	In progress
SARC/CA/2021-22/01	Audit of SARC staff adherence to Trust Chaperone Policy.	N	Closed
SARC/CA/2021-22/02	Notes Audit of SARC clinical records for Paediatric service	Y	Closed
STROKEBRI/CA/2021-22/01	Sentinel Stroke National Audit Programme (SSNAP).	Y	In progress

## Specialised Services

Project code	Project title	Forward Plan	Project status
<b>Cardiac Services</b>			
CICU/CA/2021-22/01	ICNARC Case Mix Programme (CMP) 2021.	Y	In progress
CICU/CA/2021-22/04	Perioperative replacement of exogenous corticosteroids	N	In progress
CARDS/CA/2021-22/01	Adult Cardiac Surgery (Surgery Audit).	Y	In progress
CARDS/CA/2021-22/02	Resternotomy after Cardiac Surgery.	N	In progress
CARDS/CA/2021-22/03	Cardiac Surgery Consent Process.	N	In progress
CARDO/CA/2021-22/04	National Heart Failure Audit (HF) 2021-22	Y	In progress
CARDO/CA/2021-22/05	Myocardial Ischaemia MINAP Heart Attack 2021	Y	In progress
CARDO/CA/2021-22/06	National Coronary Angioplasty Audit (PCI) 2021-22.	Y	In progress
CARDO/CA/2021-22/08	Cardiac Implantable Electronic devices extraction (CIED) in BHI 2018-2019 experience.	N	In progress
CARDO/CA/2021-22/14	Clinical audit of venothromboembolism (VTEP) prophylaxis prescribing on cardiology wards - both adherence to Careflow documentation and prescribing practice of VTEP.	N	In progress
CARDO/CA/2022-23/01	Clinical outcomes following percutaneous closure of ASDs using multiple devices	N	In progress
<b>Oncology and Clinical Haematology</b>			
XDIVSPS/CA/2021-22/02	Antifungals use in the haematology/BMT/CAR-T patients admitted with suspected, probable or confirmed fungal infection between October 2019 – Feb 2021.	N	In progress
XDIVSPS/QI/2021-22/01	IVIG follow up assessment.	N	Closed
BMT/CA/2020-21/03	Audit of the Prescription Ordering System Against the Protocol - JACIE B4.08.03.07	Y	Closed
BMT/CA/2021-22/02	Audit of the Prescription Ordering System Against the Protocol - JACIE B4.08.03.07.	N	Closed
BMT/CA/2021-22/03	Audit of Related Stem Cell Donor Screening and Testing - JACIE B4.8.3.2 - Biennial audit	Y	Closed
BMT/CA/2021-22/04	Annual Audit of Verification of Chemotherapy Drug Administered Against the Written Order - JACIE standard B4.08.03.06.	Y	In progress
BMT/CA/2021-22/05	Audit of Autologous Stem Cell Donor Screening and Testing JACIE B4.8.3.2 - Biennial audit	N	In progress
CHAEM/CA/2021-22/01	Bristol Haematology and Oncology Centre Acute Myeloid Leukaemia Clinical Quality Performance.	N	In progress
CHAEM/CA/2021-22/02	Audit of Neutropenic Sepsis in Haematology.	N	Actions in progress
CHAEM/CA/2021-22/04	Audit of compliance with the BSH guideline on use of hydroxycarbamide in adults with sickle cell disease.	N	In progress
CHAEM/CA/2021-22/05	Compliance within BHOC haematology department with our local protocol for Virology testing (Hepatitis B, C and HIV) in patients undergoing systemic chemotherapy before commencement of therapy.	N	In progress
CHAEM/CA/2021-22/06	National 'Two sample rule' in transfusion survey.	N	In progress
CHAEM/CA/2021-22/07	A 'Flash-Mob' UK national audit of the use of Reversal Agents in Patients anticoagulated with Direct Oral anticoagulants (HaemSTAR RAPIDO).	N	In progress

ONC/CA/2021-22/01	Audit of CDK4/6 inhibitors in patients with metastatic breast cancer.	N	In progress
ONC/CA/2021-22/03	National Prostate Cancer Audit (NPCA) 2021.	Y	In progress
PALM/CA/2021-22/02	National Audit of Care at the End of Life (NACEL) 2021.	Y	In progress

## Surgery

Project code	Project title	Forward Plan	Project status
<b>Anaesthesia and Critical Care</b>			
SURANAES/CA/2021-22/03	Stop Before You Block Audit	N	In progress
SURANAES/CA/2021-22/04	National Emergency Laparotomy Audit (NELA)	Y	In progress
SURANAES/CA/2021-22/06	Sharpening up- A clinical audit of sharps bin waste in theatres	N	Actions in progress
SURANAES/CA/2022-23/03	Anaesthesia for elderly hip fractures - BP control and depth of anaesthesia monitoring	Y	Closed
ANAEIO/CA/2021-22/02	Laxatives after caesarian birth	N	In progress
GICU/CA/2021-22/01	Assessing the Quality of Internal Transfers from Critical Care to ward areas	N	Closed
GICU/CA/2021-22/02	Oxygen management in out of hospital cardiac arrest patients during the first 72hrs post return of spontaneous circulation	N	In progress
GICU/CA/2021-22/03	Drug misuse and overdose management in ITU	N	In progress
GICU/CA/2022-23/01	Why is important to have clocks for ICU patients?	N	In progress
<b>Dental and Maxillofacial Surgery</b>			
MAXFAC/CA/2021-22/01	A retrospective audit assessing the quality of trauma referrals taken by the junior maxillofacial team	N	In progress
MAXFAC/CA/2022-23/01	An audit to analyse patient's timeline on the oral cancer pathway in the Oral and Maxillofacial Surgery department	N	In progress
ORMED/CA/2021-22/01	[Planned re-audit: 25/07/2021] Completion of Oral Medicine biopsy prescription forms	Y	In progress
ORMED/CA/2021-22/03	Oral Medicine Query forms	N	In progress
ORMED/CA/2021-22/05	A re-audit of oral medicine priority patient follow up appointments	N	In progress
ORSUR/CA/2021-22/01	Pharmaceutical Management of Post-operative Pain for Routine Paediatric GA	N	In progress
ORSUR/CA/2021-22/02	Outpatient Clinical Coding in Oral Surgery	N	In progress
ORSUR/CA/2021-22/03	Botulinum toxin in the management of trigeminal neuralgia and temporomandibular joint dysfunction against the commissioned treatment pathways in oral surgery.	N	In progress
ORSUR/CA/2021-22/04	The Management of an Analgesic overdose in the Urgent Dental Care Department.	Y	In progress
ORSUR/CA/2022-23/02	Quality of pathological specimens taken at the Dental Hospital	Y	In progress
ORTHOD/CA/2021-22/01	Re-audit of the Consent Process for Orthodontic Treatment Using Fixed Appliances at Bristol Dental Hospital	Y	In progress

Project code	Project title	Forward Plan	Project status
ORTHOD/CA/2021-22/03	A re-audit of recording of dental trauma at new orthodontic patient clinics	N	In progress
ORTHOD/CA/2021-22/04	4th Cycle Audit – Reporting Radiographs within Orthodontics at BDH	N	Closed
ORTHOD/CA/2021-22/05	A prospective audit of compliance with Personal Protective Equipment (PPE) in the Bristol Dental Hospital Orthodontic department	N	In progress
ORTHOD/CA/2021-22/06	An audit of response to invite letter for Orthodontic New Patients	N	In progress
ORTHOD/CA/2021-22/07	Audit of General Dental Practitioner attendance for patients awaiting orthognathic surgery	N	In progress
PAEDD/CA/2021-22/01	Audit of complexity of referrals to the paediatric dental department	Y	In progress
PAEDD/CA/2021-22/02	Audit of paediatric trauma record keeping	N	Closed
PAEDD/CA/2021-22/03	An audit of Body Mass Index (BMI) recording in paediatric dental patients	N	Closed
PAEDD/CA/2021-22/04	An audit of Body Mass Index (BMI) recording in paediatric dental patients	N	In progress
PAEDD/CA/2021-22/06	Are patients receiving appropriate information prior to inhalation sedation provision?	N	In progress
PAEDD/CA/2021-22/07	Preventive care of children requiring General Anaesthetic for caries management	N	Closed
PAEDD/CA/2021-22/09	Identification of teeth prior to intra-and-extra coronal restorations for paediatric patients	N	In progress
PAEDD/CA/2022-23/01	Dental Screening for Paediatric patients prior to Bone Marrow Transplant in the Bristol Royal Hospital for Children- Re-Audit	Y	In progress
PAEDD/CA/2022-23/02	Access to dental services and oral health information for children with cleft lip and/or palate by 12 months	Y	In progress
PAEDD/CA/2022-23/03	Anaesthetic pre-operative assessment for paediatric patients undergoing dental treatment under GA at BRHC	N	In progress
PAEDD/CA/2022-23/04	Audit of correspondence for patients attending the paediatric department at Bristol Dental Hospital	N	In progress
PCDS/CA/2021-22/01	Are we providing verbal and written post-operative care advice for special care patients requiring a general anaesthetic for their dental treatment ?	Y	Closed
PCDS/CA/2021-22/03	Audit on the Patient recall system	N	In progress
PCDS/CA/2022-23/01	Written information provided to patients within PCDS and BDH attending for an assessment prior to planned GA for SCD.	Y	In progress
RESTD/CA/2021-22/01	An audit of compliance of Central Sterile Services Department (CSSD) packaging stickers in patient notes in Bristol Dental Hospital	N	In progress
RESTD/CA/2021-22/02	An audit of compliance of Central Sterile Services Department (CSSD) packaging stickers in patient notes in Restorative Dentistry	N	In progress
RESTD/CA/2021-22/03	Local anaesthetic documentation (AHD )	N	Closed
RESTD/CA/2021-22/04	Caries risk assessment record keeping – Adult Dental Health Clinic	N	Closed
RESTD/CA/2021-22/05	[Planned re-audit: 01/10/2021] An audit of “healing time” after dental extractions prior to the commencement of radiotherapy for head and neck cancer	N	Closed
RESTD/CA/2021-22/06	Re-Audit of the quality of dental screening and preventative management of head and neck oncology patients (DPT, Fluoride Prescriptions)	Y	In progress
RESTD/CA/2021-22/08	Audit of Prescription of non-surgical periodontal therapy (NSPT)	N	In progress
RESTD/CA/2021-22/09	Prescription of Local Anaesthetic for non surgical periodontal treatment to hygiene and therapy students	N	In progress
RESTD/CA/2021-22/10	Formulation and recording of treatment plans on the undergraduate clinic	N	In progress

Project code	Project title	Forward Plan	Project status
RESTD/CA/2021-22/11	[Planned re-audit: Caries risk assessment record keeping – Adult Dental Health Clinic	Y	In progress
RESTD/CA/2022-23/01	Compliance with radiograph reporting in the Adult Dental Health Department at University Hospitals Bristol - NHS Foundation Trust.	N	In progress
RESTD/CA/2022-23/02	Re-audit of documentation of local anaesthesia administration	N	In progress
SPECD/CA/2021-22/02	Audit of consent process for a root canal treatment in Special Care dental patients.	N	In progress
SPECD/CA/2022-23/01	Do our GA assessments for Special Care Dentistry follow the British Society of Disability and Oral Health guidance	Y	Closed
<b>Ophthalmology</b>			
CORN/CA/2021-22/01	National Ophthalmology Database (NoD) Cataract Audit 2020	Y	In progress
A&EP/CA/2021-22/01	VTE Risk Assessment for Ophthalmology Day Case Surgical Patients	Y	In progress
A&EP/CA/2021-22/02	Audit of conjunctival biopsies for suspected conjunctival neoplasms	Y	In progress
MEDRET/CA/2021-22/02	Refractive outcome of cataract surgery complicated by posterior capsular complications	Y	In progress
MEDRET/CA/2021-22/04	National Ophthalmology Database - Age Related Macular Degeneration (AMD) audit	Y	In progress
MEDRET/CA/2021-22/05	Transition to Adult Services for Patients with Uveitis	Y	Actions in progress
MEDRET/CA/2022-23/01	Audit of the hydroxychloroquine retinopathy screening service at Bristol Eye Hospital	N	In progress
POCCS/CA/2021-22/02	Audit of paediatric cataract surgery outcomes	N	In progress
POCCS/CA/2021-22/03	Management of patients on immunosuppressive therapy in the Adnexal Service	N	In progress
<b>Surgical Specialties</b>			
ENTAD/CA/2021-22/01	Antithrombotic agents and their role in epistaxis	N	In progress
ENTAD/CA/2021-22/03	Dizziness and Driving [re-audit]	N	In progress
GENSUR/CA/2021-22/01	Covid Surg-3: Outcomes of surgery in COVID-19 infection - adult surgical patients	N	In progress
GENSUR/CA/2021-22/02	Is driving advice communicated to patients on discharge after day case general surgery?	N	In progress
HEPSUR/CA/2021-22/02	CASCADE (CArdiovaSCuLAr outcomes after major abDominal surgEry) - A student-led observational prospective audit of postoperative cardiovascular complication after major abdominal surgery	N	In progress
HEPSUR/CA/2021-22/05	Use of Careflow Workspace by Hepatobiliary Surgery	N	Closed
LGI/CA/2021-22/01	Who is the patient's named consultant?	N	Closed
LGI/CA/2021-22/04	National Bowel Cancer Audit 2020	Y	In progress
LGI/CA/2021-22/05	"Closing the loop": what is the delay in Reversal of Hartmann's procedure?	N	Actions in progress
THOR/CA/2021-22/02	Audit of Venous Thromboembolism Risk Assessments on Thoracic Surgery	N	Closed
THOR/CA/2022-23/01	Is nicotine replacement therapy (NRT) prescribed or offered to current smokers admitted to thoracic surgery?	Y	Actions in progress
THOR/CA/2022-23/02	[Planned re-audit: 01/12/2021] Audit of Venous Thromboembolism Risk Assessments on Thoracic Surgery	N	In progress
TRORTH/CA/2021-22/01	Fragility Fracture Post-Operative Mobilisation (FFPOM) Study	Y	In progress

Project code	Project title	Forward Plan	Project status
TRORTH/CA/2021-22/02	VTE risk assessment compliance in Trauma and Orthopaedics	Y	Closed
TRORTH/CA/2021-22/03	Timing of surgery in distal radius fractures	Y	Closed
TRORTH/CA/2021-22/06	Op notes availability for T&O outpatient clinics	N	Actions in progress
TRORTH/CA/2021-22/08	Informing patients: extended VTE prophylaxis counselling.	N	In progress
TRORTH/CA/2021-22/11	Response time for NEWS in Orthopedic Wards	N	In progress
TRORTH/CA/2021-22/12	Postoperative radiograph review following hip hemiarthroplasties - Cycle 2	N	In progress
UGI/CA/2021-22/03	National Oesophago-Gastric Cancer Audit 2020	Y	In progress
UGI/CA/2021-22/04	Management of Oesophageal Dysplasia at The Bristol Royal Infirmary	Y	In progress
UGI/CA/2021-22/05	Audit of Venous Thromboembolism Risk Assessments on Upper GI (Oesophago-gastro) Surgery	N	In progress

## Women's & Children's

Project code	Project title	Forward Plan	Project status
<b>Children's Services</b>			
PANAES/CA/2018-19/01	Unplanned admission after paediatric day case anaesthesia in the UK v national standards - previously registered as 4872	N	In progress
PANAES/CA/2021-22/01	Anaesthetic management of neonatal tracheo-oesophageal fistula repair	N	In progress
PANAES/CA/2021-22/02	Airway Safety in Theatre	Y	In progress
PANAES/CA/2021-22/03	Re-audit of unplanned admission after paediatric day case anaesthesia in the UK v national standards - previously registered as 5508	Y	Closed
PANAES/CA/2021-22/04	Perioperative blood transfusion of adolescent idiopathic scoliosis patients	N	In progress
PANAES/CA/2021-22/05	Improving difficult paediatric intravenous access at BRHC	N	In progress
PAUDIO/CA/2019-20/01	Re-Audit of Hearing Aid Review Clinics - previously registered as 5557	N	In progress
PAUDIO/CA/2021-22/01	Audit into early screening, early hearing loss detection and early intervention timescales at the Children's Hearing Centre, Bristol.	N	In progress
PAUDIO/CA/2021-22/02	A re-audit of the Transition pathway from paediatric to adult audiology in Bristol - previous audit registered as 3853	N	In progress
PAUDIO/CA/2021-22/03	Audit of fitting of hearing aids to temporary conductive hearing losses	N	In progress
PBUP/CA/2021-22/01	Paediatric trauma notes completion	N	In progress
PCARD/CA/2019-20/01	Re-audit of trisomy 21 patients with pulmonary hypertension v local and national standards - previously 5551	N	In progress
PCARD/CA/2019-20/02	Re-audit of Paediatric Cardiac Cath Lab activity 2017-2018 v local and national standards - previously registered as 5593	N	In progress
PCARD/CA/2019-20/03	Audit of Paediatric Cardiology Outreach Clinic activity (Royal Cornwall Hospital) v local standards - previously registered as 5594	N	In progress



Project code	Project title	Forward Plan	Project status
PCARD/CA/2019-20/04	Availability of letters - images - technician at Joint Cardiac Conference - previously registered as 5417	N	In progress
PCARD/CA/2021-22/01	Congenital Heart Disease (CHD - NICOR) - previously registered as 947	Y	In progress
PCARD/CA/2021-22/02	Evaluation of compliance with dental pathway for children referred for cardiac surgery	N	In progress
ENTP/CA/2021-22/02	Consent for recurrent laryngeal nerve damage following cardiac procedures	N	In progress
ENTP/CA/2021-22/03	Manipulation of nasal bones: the process of timely referral to ENT for ongoing management [Planned re-audit]	N	In progress
PED/CA/2020-21/15	Re-audit of Major Trauma Tertiary Survey - August - December 2020	N	In progress
PED/CA/2021-22/03	Imaging of paediatric abdominal trauma in the Children's Emergency Department	Y	In progress
PED/CA/2021-22/04	of the practice of single checking of medication within the Children's Emergency Department and adherence to Patient Group Directives guidance (previously audited for March 2019 to February 2020)	N	In progress
PED/CA/2021-22/05	CED Triage Audit	N	In progress
PED/CA/2021-22/06	Lumbar puncture in infants within the Children's Emergency Department	N	In progress
PED/CA/2021-22/07	Sepsis Audit Project in Children's Emergency Department- August 2021	N	In progress
PED/CA/2022-23/01	RCEM Consultant Sign off audit for CED	Y	In progress
PENDO/CA/2021-22/01	Effectiveness of guideline in management of neonatal hypocalcaemia in Paediatric Intensive Care patients	N	In progress
PENDO/CA/2021-22/02	National Paediatric Diabetes Audit - previously registered as 1451	Y	In progress
PENDO/CA/2021-22/04	Audit of the Management of Paediatric Neurosurgical and Traumatic Brain Injury Patients at Risk of Fluid Balance Abnormalities against recommendations in the new guidelines	N	In progress
PGENMED/CA/2019-20/03	Re-audit of criteria led discharge in Bronchiolitis v national and local standards - previously registered as 5507	Y	In progress
PGENMED/CA/2021-22/01	Post-operative unnecessary blood tests for spinal and neurosurgery patients	N	In progress
PGENMED/CA/2021-22/02	Quality of blood gas recording - previously registered as 4450	N	In progress
PGENMED/CA/2021-22/03	Paediatric High Dependency Unit Handover - previously registered as 5395	N	In progress
Intensive Care (Paediatric)/CA/2021-22/01	Paediatric Intensive Care Audit Network (PICANet) - previously registered as 2583	Y	In progress
NEO/CA/2021-22/01	Cranial Ultrasound Scanning for Preterm Infants	Y	In progress
NEO/CA/2021-22/02	Growth Monitoring on NICU Audit	N	In progress
NEO/CA/2021-22/03	National Neonatal Audit Programme (NNAP)	Y	In progress
NEO/CA/2021-22/05	Audit of the compliance with and effectiveness of the neonatal intensive care guideline (NICU) for vancomycin intermittent infusion.	N	In progress
Nephrology (Paediatric)/CA/2018-19/01	Re-audit of Paediatric Renal Transplantation v national and local standards - previously registered as 5190	Y	In progress

Project code	Project title	Forward Plan	Project status
Nephrology (Paediatric)/CA/20 21-22/01	DISCHARGE SUMMARIES FOR CHILDREN AND YOUNG PEOPLE ADMITTED UNDER THE PAEDIATRIC NEPHROLOGY TEAM	Y	In progress
Nephrology (Paediatric)/CA/20 21-22/03	An audit on current practice and outcome of renal biopsies	N	Actions in progress
Nephrology (Paediatric)/CA/20 21-22/06	Audit of paediatric patients receiving renal replacement therapy	Y	In progress
PNEU/CA/2021-22/01	PARENTS AND CARERS SATISFACTION QUESTIONNAIRE ABOUT THE TREATMENT WITH NUSINERSEN (SPINRAZA) IN CHILDREN WITH SPINAL MUSCULAR ATROPHY	N	In progress
PNEU/CA/2021-22/03	National Audit of the Management of Encephalitis (NAME)	N	In progress
PNEU/CA/2021-22/06	Standards of care in TSC (Tuberous Sclerosis Complex)	N	In progress
PNEU/CA/2021-22/08	Neurorehabilitation Extended Discharge summaries	N	In progress
PDIET/CA/2021-22/01	Deep Dive Nutritional Screening Audit	Y	In progress
PDIET/CA/2021-22/03	A audit to assess if ketogenic diet investigations were being carried out as per Kossoff et al. (2018) recommendations/local agreement across the South West in 2021.	N	In progress
POHBMT/CA/2020 -21/11	Re-auditing the use of Rasburicase for tumour lysis syndrome prevention and treatment in paediatric haematology and oncology patients - previously 5562	Y	Actions in progress
POHBMT/CA/2020 -21/12	The use of parenteral nutrition within paediatric haematology/oncology patients: 2020 re-audit - previously 5561	Y	Actions in progress
POHBMT/CA/2021 -22/01	Audit of referrals of paediatric oncology patients to the Speech and Language Therapy service	N	In progress
POHBMT/CA/2021 -22/02	Addition of Mifamurtide to standard chemotherapy for osteosarcoma: a multi-centre experience	N	In progress
POHBMT/CA/2021 -22/03	Review of cerebrospinal fluid analysis in patients presenting with a new diagnosis of Acute Lymphoblastic Leukaemia	N	In progress
POHBMT/CA/2021 -22/05	Re-audit of platelet and Red Cell Use in Paediatric Haem/Onc/BMT Patients	Y	In progress
POHBMT/CA/2021 -22/08	Audit of Central Venous Catheter (CVC) Assessment	Y	In progress
POHBMT/CA/2021 -22/09	Bone marrow transplant (BMT) and Chimeric Antigen Receptor T-Cell (CAR-T Cell) Therapy Data Quality Audit	Y	In progress
POHBMT/CA/2021 -22/10	Evaluating the use of Lenograstim in Paediatric Haematology and Oncology with the current guidance.	N	In progress
POHBMT/CA/2021 -22/11	Investigating the Current Practice of Prescribing Vancomycin in Paediatric Teenage Patients - follow up to 5336	Y	In progress
POHBMT/CA/2021 -22/12	Immunization for siblings audit (VZV), Audit versus local guidance	Y	In progress
POHBMT/CA/2021 -22/13	Monitoring of Methotrexate levels in patients receiving high dose Methotrexate	N	In progress
POHBMT/CA/2021 -22/15	Bone Marrow Donor Screening Testing (sibling and haplo) Jan 2020 - December 2021 [Planned re-audit]	Y	In progress
POHBMT/CA/2021 -22/18	Annual Audit of Portacath needle insertion documentation ("Port access record stickers")	N	In progress
PPALL/CA/2021-22/01	Management of continuous subcutaneous infusions in children	N	Actions in progress
PPHARM/CA/2021 -22/01	Review of the medications and supportive care items prescribed and supplied at discharge for paediatric orthopaedic frame patients	N	Actions in progress



Project code	Project title	Forward Plan	Project status
PPHARM/CA/2021-22/02	Assessing the timeliness and safety of discharge prescriptions on Dolphin ward	N	In progress
PPHYSI/CA/2021-22/01	Audit on joint injection (requiring general anaesthetic) waiting times and Occupational Therapy/Physiotherapy response time for children in BRHC - 2020 & 2021.	N	In progress
PRAD/CA/2021-22/02	Re-audit of Inpatient radiograph reporting times at the Bristol Children's Hospital	N	In progress
PRHEUM/CA/2021-22/01	Identifying cardiopulmonary involvement in connective tissue disease (CTD)	N	In progress
PSURG/CA/2021-22/03	COVIDSurg3: Outcomes of surgery in COVID-19 infection: international cohort study	N	In progress
PSURG/CA/2021-22/04	Operative notes documentation compliance according to the GMC good medical practice	N	Closed
PSURG/CA/2021-22/05	Operative notes documentation compliance according to the GMC good medical practice(ReAudit)	N	In progress
PSURG/CA/2021-22/06	Evaluation of our local outcome after Inguinal and Scrotal Orchidopexy in comparison to the published EAU guidelines on paediatric Urology in 2020.	N	In progress
PTHEAT/CA/2021-22/01	Audit of Surgical Skin Preparation	N	In progress
PTO/CA/2021-22/01	Completion of the paediatric surgery major trauma tertiary surveys at the BRCH	N	In progress
PTO/CA/2021-22/02	The use of the paediatric clerking booklets and the quality of documentation in paediatric admissions - A Re-Audit	N	In progress
PTO/CA/2022-23/02	Management of Paediatric Meniscal Injuries Audit	N	In progress
XDIVWAC/CA/2019-20/01	Mini-Mouth Care Matters - previously 5434	N	Actions in progress
XDIVWAC/CA/2021-22/01	Clinical audit of the collection of research blood samples via venepuncture.	N	In progress
XDIVWAC/CA/2021-22/03	Paediatric Respiratory Sleep Studies	N	In progress
XDIVWAC/CA/2021-22/04	Audit of nurse set up and administration of Parenteral Nutrition (PN/TPN) to patients in Bristol Royal Hospital for Children.	N	In progress
XDIVWAC/CA/2021-22/05	Paediatric Major Trauma Follow Up Phone Calls	N	In progress
<b>Women's Services</b>			
GYNAE/CA/2020-21/12	Compliance of intrauterine insemination (IUI) treatment with HFEA standards at the Reproductive Medicine Clinic [Planned re-audit: 01/11/2020]	Y	Closed
GYNAE/CA/2021-22/02	Complex Atypical Hyperplasia identified on histology [Planned re-audit]	N	Closed
GYNAE/CA/2021-22/05	Colposcopy management of ?glandular neoplasia of endocervical type referrals	Y	In progress
OBS/CA/2021-22/03	Computerised CTG for reduced fetal movements	N	Closed
OBS/CA/2021-22/04	Quantitative fetal fibronectin testing	Y	In progress
OBS/CA/2021-22/05	Management of Neonatal jaundice [Planned re-audit]	Y	Closed
OBS/CA/2021-22/06	Clinical risk assessment during the antenatal period; Ockenden Report [Planned re-audit]	Y	In progress
OBS/CA/2021-22/07	Computerised CTG for reduced fetal movements [Planned re-audit]	N	Closed
OBS/CA/2021-22/08	BSOTS symptom specific triage pilot	N	In progress
OBS/CA/2021-22/10	Examination of the Newborn(NIPE)	Y	In progress

Project code	Project title	Forward Plan	Project status
OBS/CA/2021-22/11	[Planned re-audit: 10/01/2022] Symphysis Fundal Height (SFH) Measurements in Pregnancy [re-audit]	Y	In progress
OBS/CA/2021-22/12	Antenatal and newborn screening	Y	Actions in progress
OBS/CA/2021-22/13	Antibiotics post instrumental delivery	N	In progress
OBS/CA/2021-22/14	Computerised CTG for reduced fetal movements [Planned re-audit]	Y	Closed

## Weston

Project code	Project title	Forward Plan	Project status
<b>Division-wide</b>			
XDIVWES/CA/2021-22/02	Weekly CQC assurance audit - medical outliers	N	In progress
XDIVWES/CA/2021-22/03	Reporting of harm incidents	N	In progress
XDIVWES/CA/2021-22/05	Duty of Candour Compliance Audit	N	In progress
<b>Medical specialties</b>			
WESACMED/CA/2021-22/01	Subarachnoid Haemorrhage Management Re-Audit	N	In progress
WESACMED/CA/2021-22/03	Compliance with Completion of Respect forms within the stipulated time.	N	In progress
WESACMED/CA/2021-22/04	COVID-19 - initial management of COVID-19 outside of intensive care.	N	In progress
CARWES/CA/2021-22/01	National Cardiac Arrest Audit	Y	In progress
CARWES/CA/2021-22/02	Myocardial Ischaemia/MINAP (heart attack)	Y	In progress
CARWES/CA/2021-22/03	National Heart Failure Audit	Y	In progress
CARWES/CA/2021-22/04	Increasing proportion of patients referred to cardiac rehabilitation post cardiac event	N	In progress
CARWES/CA/2021-22/05	Coronary angiogram wait time in Weston General Hospital	N	In progress
DIAWES/CA/2021-22/01	National Diabetes Core Audit (NDA)	Y	In progress
DIAWES/CA/2021-22/02	National Diabetes Inpatient Audit (NaDIA) (including National Diabetes Inpatient Audit - Harms)	Y	In progress
DIAWES/CA/2021-22/03	National Diabetes Foot Care Audit (NDFA)	Y	In progress
EDWES/CA/2021-22/01	RCEM National QI Project; Fractured Neck of Femur.	N	In progress
EDWES/CA/2021-22/02	Chest injury assessment tool for patient presented with chest injuries	N	In progress
EDWES/CA/2021-22/03	Pain in Children	Y	In progress
GASWES/CA/2021-22/01	Use of parenteral thiamine (Pabrinex) – Improving hospital prescribing at Weston General Hospital (WGH)	N	Closed
GASWES/CA/2021-22/03	Review of side effect profile and length of stay with conventional N-acetyl cysteine (NAC) dosing in paracetamol overdose.	N	Closed

Project code	Project title	Forward Plan	Project status
GASWES/CA/2021-22/04	Use of parenteral thiamine (Pabrinex) – Improving hospital prescribing at Weston General Hospital (WGH)	N	In progress
GASWES/CA/2021-22/05	Repeat Oesophago-Gastro-Duodenoscopy (OGD) for Gastric ulcers	N	In progress
GASWES/CA/2021-22/06	Inpatient endoscopy audit	N	In progress
GASWES/CA/2021-22/07	Liver Bundle Compliance in patients admitted with Decompensated Liver disease	N	In progress
GMWES/CA/2021-22/03	National Audit of Inpatient Falls (NAIF)	Y	Closed
GMWES/CA/2021-22/04	National Audit of Dementia (NAD)	Y	In progress
GMWES/CA/2021-22/05	RESPECT forms for patients with a Learning Disability	N	Closed
GMWES/CA/2021-22/06	Improving Management of Potassium Disturbance	N	Closed
GMWES/CA/2021-22/08	Upper GI Bleed audit (JAG)	N	In progress
GMWES/CA/2021-22/02	Serious Hazards of Transfusion: UK national Haemovigilance Scheme (SHOT)	Y	In progress
PALMWES/CA/2021-22/01	National Audit of Care at the End of Life (NACEL)	Y	In progress
PHAWES/CA/2021-22/01	An Audit measuring guideline adherence for post-operative analgesia following hip and knee surgeries.	N	In progress
RADWES/CA/2021-22/01	Coding in GP Requested Chest X-Rays	N	Closed
RADWES/CA/2021-22/02	Coding in GP Requested Chest X-Rays	N	Closed
RESWES/CA/2021-22/01	Compliance with Target Oxygen Saturations in Hospitalized Patients with COVID-19.	N	In progress
RESWES/CA/2021-22/02	National Lung Cancer Audit (NLCA)	Y	In progress
RESWES/CA/2021-22/03	National Outpatient Management of Pulmonary Embolism	Y	In progress
RESWES/CA/2021-22/04	National Smoking Cessation Audit	Y	In progress
RESWES/CA/2021-22/05	National Adult Asthma Secondary Care Audit (NACAP)	Y	In progress
RESWES/CA/2021-22/06	National COPD Secondary Care Audit (NACAP)	Y	In progress
RHEWES/CA/2021-22/01	Fracture Liaison Service Database (FLS-DB)	Y	In progress
RHEWES/CA/2021-22/02	National Early Inflammatory Arthritis Audit (NEIAA)	Y	In progress
STRWES/CA/2021-22/01	Sentinel Stroke National Audit Programme (SSNAP)	Y	In progress
WESPATH/CA/2021-22/01	2021 National Comparative Audit of NICE Quality Standard 138 and 2021 PBM Survey (Weston)	Y	In progress
<b>Surgical specialties</b>			
ANAWES/CA/2021-22/01	National Emergency Laparotomy Audit (NELA)	Y	In progress
ANAWES/CA/2021-22/02	Case Mix Programme (CMP)	Y	In progress
ANAWES/CA/2021-22/03	Preoperative Paracetamol use in accordance to the NICE guidelines at Weston General Hospital	N	In progress
ANAWES/CA/2021-22/04	Survey on TIVA and Depth of Anaesthesia Monitoring	N	In progress

Project code	Project title	Forward Plan	Project status
ANAWES/CA/2021-22/05	ASA recording	N	In progress
ANAWES/CA/2021-22/06	Evaluation of rate of regional blocks in theatre for neck of femur fracture patients	N	Closed
GASWES/CA/2021-22/08	CASCADE (CArdiovaSCulAr outcomes after major abDominal surgEry) - A student-led observational prospective audit of postoperative cardiovascular complication after major abdominal surgery	N	In progress
GSWES/CA/2021-22/02	Covid 19 Pandemic Effect On The Pathological Outcome Of Colorectal Cancer In Weston General Hospital	N	In progress
GSWES/CA/2021-22/04	Management of Gallstone Pancreatitis	N	Closed
GSWES/CA/2021-22/05	Record Keeping (surgical patients)	N	Closed
GSWES/CA/2021-22/08	30-day readmission rates of elective day case laparoscopic cholecystectomies at Weston General Hospital	N	Closed
GSWES/CA/2021-22/09	Stay-in / unplanned admission rates in elective day case laparoscopic cholecystectomy at Weston General Hospital	N	Closed
ONCWES/CA/2021-22/02	National Bowel Cancer Audit (NABoCA)	Y	In progress
ONCWES/CA/2021-22/03	Metastatic Spinal Cord Compression Audit in Weston General Hospital	N	In progress
ONCWES/CA/2021-22/04	Audit of Neutropenic sepsis in Weston	N	In progress
TOWES/CA/2021-22/01	National Joint Registry (NJR)	Y	In progress
TOWES/CA/2021-22/02	National Hip Fracture Database (NHFD)	Y	In progress
TOWES/CA/2021-22/03	Audit of post-operative NOF reviews	N	Closed
TOWES/CA/2021-22/04	Alcohol History and Clinical Incident Withdrawal Assessment (CIWA) protocol	N	In progress
TOWES/CA/2021-22/05	An audit of the arozullah score - looking at the usage of the score to prevent chest infections	N	In progress
TOWES/CA/2021-22/06	VTE Prophylaxis in Neck of Femur (NoF) Fracture patient	N	Closed
TOWES/CA/2021-22/07	VTE Prophylaxis in Neck of Femur (NoF) Fracture patient	N	Closed
TOWES/CA/2021-22/09	Documentation of the Safe use of Intraoperative Tourniquet in Operation Notes of Trauma & Orthopaedic patients at Weston General Hospital	N	Closed
UROWES/CA/2021-22/01	Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	Y	In progress
UROWES/CA/2021-22/03	National Prostate Cancer Audit (NPCA)	Y	In progress
<b>Trust-wide</b>			
TRUST/CA/2021-22/01	Air and Oxygen Safety Audit	N	In progress

## Non-Division Specific

Project code	Project title	Forward Plan	Project status
TRUST/CA/2021-22/01	Air and Oxygen Safety Audit	N	In progress