

University Hospitals Bristol



NHS Foundation Trust



# Clinical Audit Annual Report

## 2014/15

**Report by:** Stuart Metcalfe, Clinical Audit & Effectiveness Manager.

**Date:** July 2015.

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## Introduction from the Chair of Clinical Audit Group

Since its introduction over 25 years ago, clinical audit has evolved into a core component of Trust activity. In today's NHS, a robust audit programme is essentially a statutory requirement; it is a CQC expectation and a recommendation from the Francis report. Appropriately, the profile of clinical audit within NHS organisations has risen as its utility in demonstrating quality and safety, benchmarking against national standards, prioritising specific local concerns and driving sustained improvements is widely recognised.

At UH Bristol we continue to try and ensure that our clinical audit activity aligns to corporate and board objectives and that our systems and processes provide robust assurance. One of the key challenges for 201/15 was to deliver on a benchmarking exercise requested by the Trust's Non-Executive Directors. The project was complex to devise and deliver but was successfully achieved. The results demonstrate that there is no evidence to suggest that the processes for the management of clinical audit at UH Bristol are significantly different to those of other Trusts. The evidence in many of the topic areas explored suggested that the Trust has robust processes and controls in place, beyond those in place in other Trusts. It is also worth highlighting that the expertise and written resources developed by our team have been sought and adopted by other Trusts both in the UK and globally.

The Clinical Audit & Effectiveness Team has continued to focus on identifying and progressing ongoing challenges through the year. Reporting processes have been redesigned to standardise and improve the information received at Divisional level. This work is ongoing; the intention being to promote and share audit methodology and outcomes as well as also ensuring that there is visibility and ownership where projects fail to progress as expected.

The Clinical Audit Group has continued to scrutinise outcomes and action reports from all completed projects. We hope that this adds value to the projects and facilitates the implementation of actions and the sharing of result at Trust Level. I would like to thank the Clinical Audit & Effectiveness Team for all their work in producing these reports and for their dedication to the successful running of the clinical audit programme. You will see many examples in this annual report of positive outcomes of clinical audit projects and we will continue to build on this in the future. I would particularly like to thank Stuart Metcalfe for his leadership and the Clinical Audit Facilitators and Convenors, for their commitment to leading the clinical audit programme within their Divisions and specialties and for their contribution to the work of the Clinical Audit Group.

The Clinical Audit Forward Plan for 2015/16 demonstrates excellent breadth; encompassing activity from all major clinical Specialties represented at UH Bristol. It captures an appropriate spectrum of projects including those initiated in response to guidance issued by the National Institute for Health and Care Excellence (NICE) and the Medical Royal Colleges, local clinical effectiveness activity as well as audits identified to help address issues identified through patient safety activity (risk/incident reporting). The plan also includes projects that help address issues identified through the Trusts CQC inspection and through national CQUINs. Proposals developed in response to priorities identified by local clinical teams are also actively sought and captured within the plan.

Moving forward, the key priorities for 2015-16, above and beyond delivering the clinical audit programme, are to focus on achieving greater ownership and visibility of audit within the Divisions and to develop the Clinical Audit Project Management Database capabilities to improve efficiency.

Karin Bradley  
Chair, Clinical Audit Group

# 1. Report from the Clinical Audit & Effectiveness Manager

## 1.1 Clinical Audit & Effectiveness Team

During the financial year 2014/15, clinical audit at University Hospitals Bristol NHS Foundation Trust was supported by a team of 3.8 whole time equivalent (WTE) Clinical Audit Facilitators (CAFs) and one 0.8 WTE Clinical Audit Clerk, employed by the Trust Services Division. Additional support is provided by a number of other staff employed by the Clinical Divisions with a specific remit for clinical audit; primarily data management for individual national clinical audit projects. The Clinical Audit & Effectiveness Team (CAET) also includes a designated NICE Manager with a remit for coordinating assurance information relating to the implementation of NICE guidance in all its forms. Full details of the team and the Divisions/specialties they support can be found at Appendix A of this report.

## 1.2 Clinical Audit Group

The Clinical Audit Group (CAG) is the Trust's lead group in relation to all matters relating to the practice of clinical audit. The Group met five times during the financial year 2014/15 to enable discussion of core business, i.e. annual forward plans, quarterly key performance indicators and project progress reports on registered activity. At each meeting, the CAG reviews summary outcomes and actions reports from completed clinical audit projects to ensure that results are clear and that robust action plans have been produced. Where this is not the case, the CAG will seek further clarity from the project lead or from within the CAET before accepting the project as complete. There are also instances where the Group determines that the outcomes would be relevant to the work of other corporate governance/risk groups or other areas of the Trust. In this case, the Group will recommend wider dissemination of the results as necessary. The CAG reports into the Trust Clinical Quality Group on a quarterly basis, highlighting any relevant risk/assurance issues.

## 1.3 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 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, Patient Safety Alerts, Royal College) and local clinical priorities. Progress against this plan is closely monitored by the CAET and CAG (as is all registered activity) and reported to the CAG and the Trust Audit Committee. Overall progress against this plan at the end of 2014/15 can be found at Appendix C.

The past year of reporting to the Trust Audit Committee has prompted a number of challenges about how best to use the information that we report and how best to provide the necessary assurances the Committee require. The team has worked hard over the year to try and meet these requirements, developing new reporting processes as the year has gone on. Standard reporting into Divisions/specialties is in the process of being implemented to allow more visibility of activity and better help the Team highlight/manage exceptions where the progress of projects is not as expected. The process has also highlighted further opportunities to improve our Clinical Audit Project Management database. This work will continue throughout the next financial year.

The annual clinical audit forward plan for 2015/16 has been put together after wide consultation with clinical/nursing staff and Divisional Quality/Safety Groups and is monitored not only by the Clinical Audit Group but through regular reports into these Quality/Safety Groups.

Projects have been prioritised based on priority areas for clinical audit as outlined within the Healthcare Quality Improvement Partnerships (HQIP) '*Clinical Audit Programme Guidance*'. The full plan can be found at Appendix D

## **1.4 Annual Quality Report**

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Report for 2014/15. The relevant extract has been reproduced at 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 (Section 3 of this report)

## **1.5 National and Regional Involvement**

The Clinical Audit & Effectiveness Manager is the current Chair of the South West Audit Network (SWANS), a regional forum bringing clinical audit professionals together to share best practice through presentations, discussion and networking. This work is supported by the Healthcare Quality Improvement Partnership (HQIP). The Chair of SWANS also represents the network on the National Quality Improvement & Clinical Audit Network (NQICAN – previously the National Audit Governance Group), a national peer group consisting of representatives from regional clinical audit networks/forums, including representation from the Department of Health and Royal Colleges. NQICAN works closely with the Department of Health, HQIP, NICE and other relevant national bodies to further the development of clinical audit within the NHS.

**Stuart Metcalfe, Clinical Audit & Effectiveness Manager**

July 2015

## 2. Programme Key Performance Indicators

### 2.1 Introduction and explanation of statistics

All project information for this report is taken from the UH Bristol Clinical Audit Project Management Database. The statistics presented are based on registered activity during the financial year 2014/15. This includes projects started in previous years and not yet complete as well as projects newly registered in 2014/15.

The definition of terms used as KPIs is outlined below:

<b>Project registered before start</b>	Proposal form completed and approved before commencing a project.
<b>Ongoing monitoring (continuous) audit</b>	The continuous collection of data in order to measure practice. Ongoing audit should involve regular review of data and implementation of changes in practice (where necessary) in order to improve performance.
<b>Re-audit</b>	The repetition of an audit project in order to measure whether practice has improved since the initial audit.
<b>NICE guidance</b>	Audits relating to standards/recommendations from the National Institute of Health and Care Excellence.
<b>National</b>	Denotes national audits, e.g. those audits part of the National Clinical Audit & Patient Outcome Programme (NCAPOP), audits required for the annual Quality Report and other Royal College/other professional bodies' national audits.
<b>Interface</b>	Audit of care across organisational boundaries in the patient pathway, e.g. patient referrals in from primary care to UH Bristol.
<b>Multi-specialty</b>	Involving a specialty/specialties other than the specialty under which the project has been registered.
<b>Multi-professional</b>	Involving more than one profession (e.g. nurses and doctors).
<b>Projects with patient Involvement</b>	Patients/carers involved in one or more of the following: identification of audit topic; developing audit idea/project design; carrying out audit project; receiving audit results.

## 2.2 Summary 'dashboard' of Key Performance Indicators

	Total number of projects *	New in year	On-going (continuous) monitoring	Project registered before start	Re-audits	Abandoned	Deferred	NICE guidance	Projects with patient involvement	National	Interface	Multi-speciality	Multi-professional	Completed projects	Action Plan produced	Confirmed good/acceptable practice #	Report produced
Diagnostic and Therapy	74	33	6%	92%	26%	2	2	8%	3%	3%	1%	31%	46%	30	73%	27%	97%
Medicine	101	57	3%	75%	25%	5	0	33%	2%	14%	0%	17%	42%	52	96%	4%	81%
Non-division specific	4	3	25%	25%	75%	0	0	0%	0%	0%	0%	50%	75%	3	100%	0%	100%
Specialised Services	71	41	13%	82%	21%	0	0	41%	1%	11%	0%	20%	51%	22	91%	9%	91%
Surgery, Head and Neck	110	61	8%	82%	20%	27	2	12%	6%	10%	0%	25%	33%	46	80%	17%	78%
Women and Children's	189	89	16%	74%	33%	6	2	18%	5%	9%	1%	16%	51%	87	94%	6%	83%
<b>TOTAL (2014/15)</b>	<b>549</b>	<b>284</b>	<b>10%</b>	<b>79%</b>	<b>27%</b>	<b>40</b>	<b>6</b>	<b>21%</b>	<b>4%</b>	<b>9%</b>	<b>0%</b>	<b>21%</b>	<b>45%</b>	<b>240</b>	<b>89%</b>	<b>10%</b>	<b>84%</b>
<b>TOTAL (2013/14)</b>	<b>507</b>	<b>254</b>	<b>13%</b>	<b>80%</b>	<b>26%</b>	<b>40</b>	<b>6</b>	<b>15%</b>	<b>4%</b>	<b>10%</b>	<b>1%</b>	<b>21%</b>	<b>37%</b>	<b>218</b>	<b>90%</b>	<b>9%</b>	<b>80%</b>

\* In progress (including ongoing monitoring audits) or completed during the year. This includes projects started in previous years and not yet complete. All percentages are based on this total, apart from those in the last four columns which are based only on clinical audits completed during the year.

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

### **2.3 Comment on Key Performance Indicators**

The results of many of the indicators remain similar to the previous year, despite an increase in the level of overall activity.

It is encouraging to see that the percentage of multi-professional projects undertaken has risen to 45% after dropping in the previous year. Also of note, is the rise in the number of projects undertaken that relate to NICE guidance. These will either be projects looking specifically at a piece of NICE guidance or projects that measure against NICE recommendations/standards somewhere within their scope.

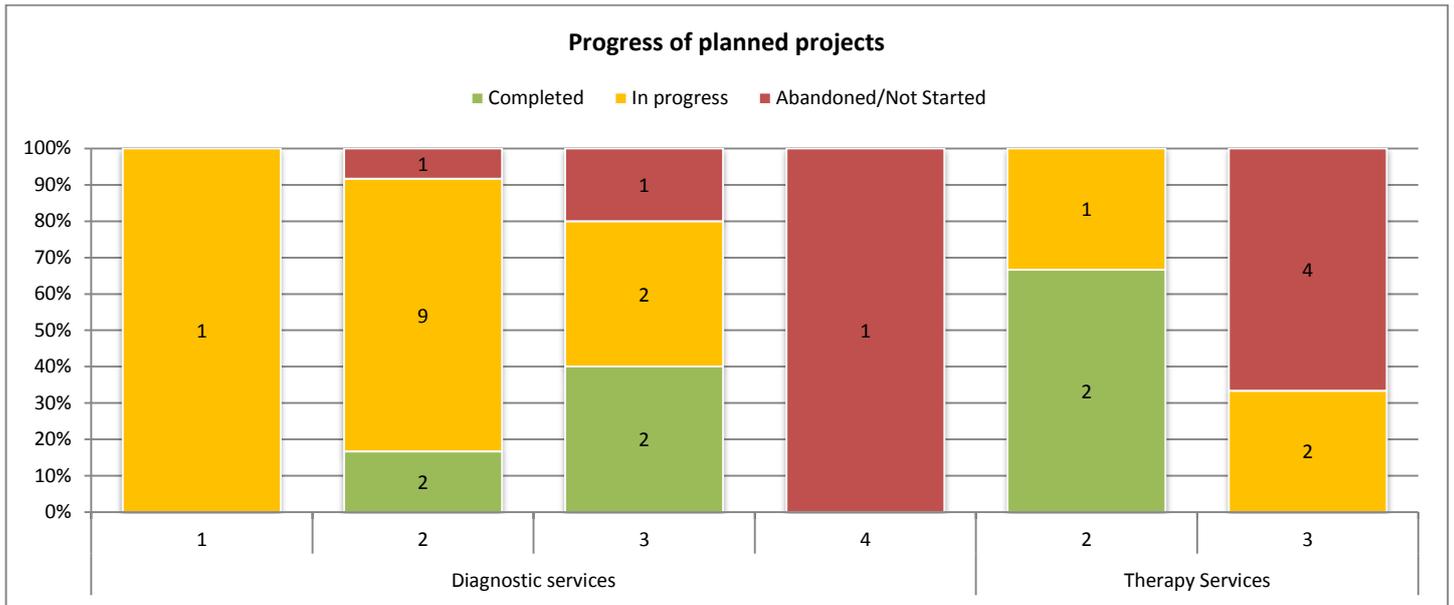
Where possible, CAFs will do their best to obtain a formal report at the end of each individual project but this is not always possible for a number of reasons. What is of vital importance however, is obtaining information on the outcomes of the work undertaken and the actions necessary to improve practice where the need is identified. To this end, the fact that the Trust can demonstrate that an action plan was produced in all but 1% of projects completed is a good achievement.

### 3. Divisional summaries and tables

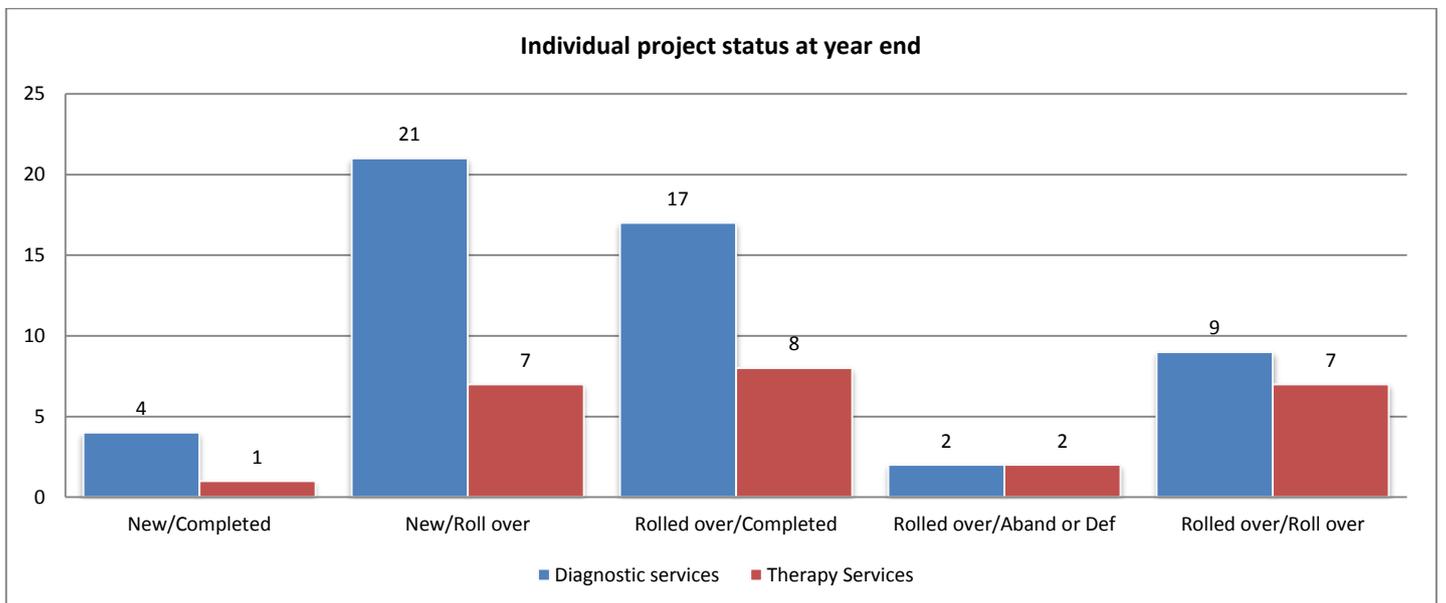
The following section aims to provide further details of Divisional/specialty clinical audit, including relevant key performance indicators.

#### 3.1 DIAGNOSTICS & THERAPIES

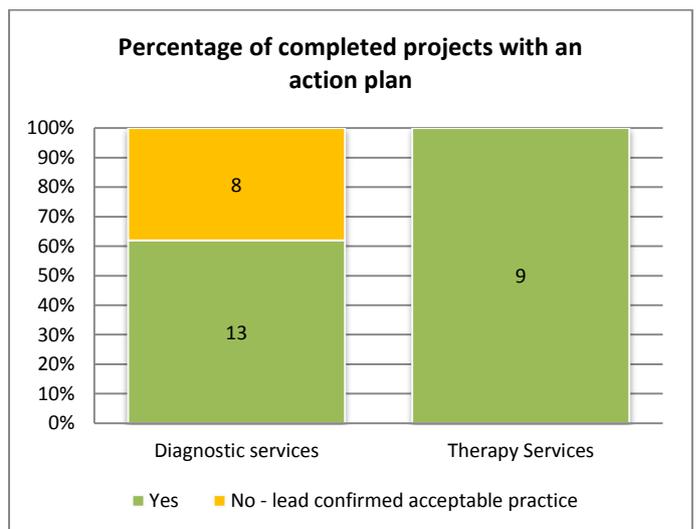
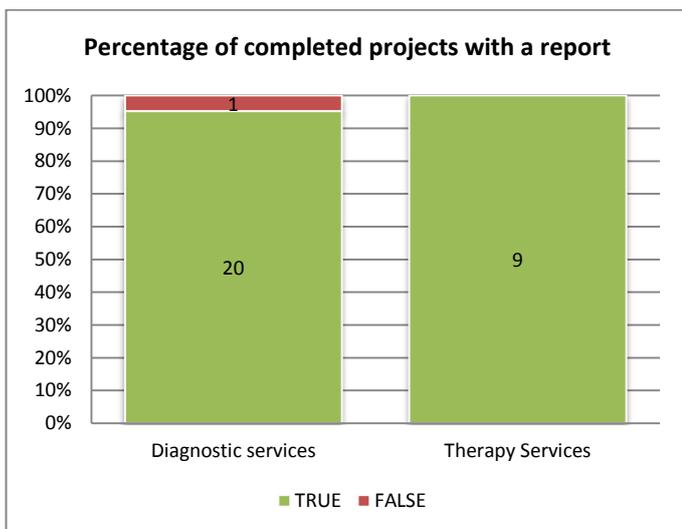
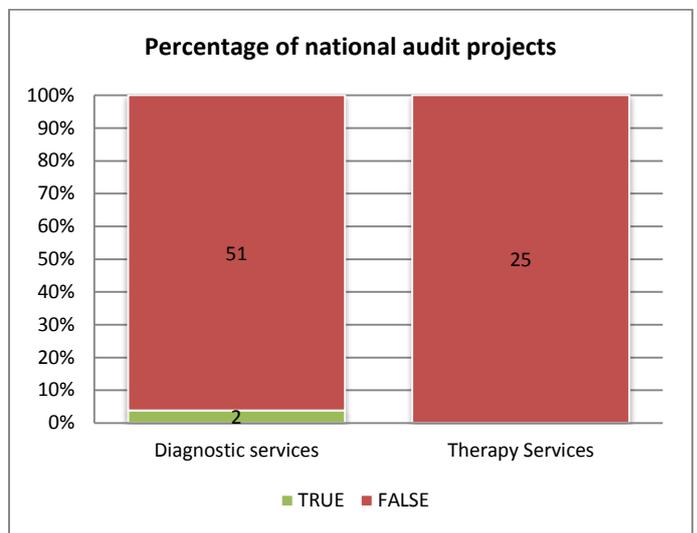
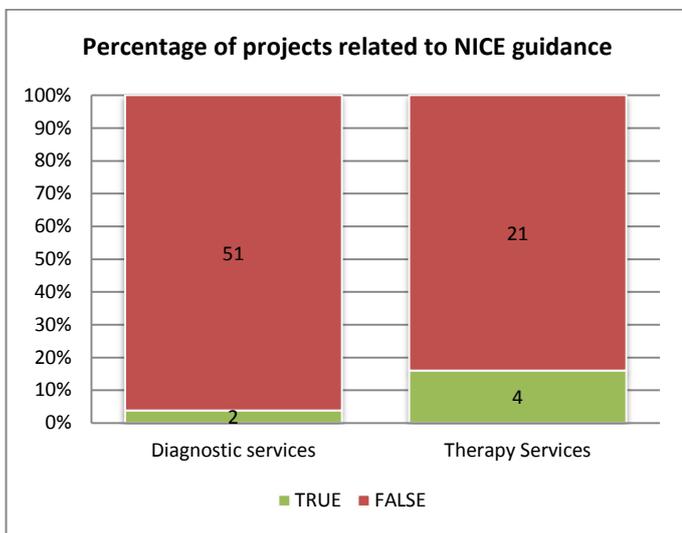
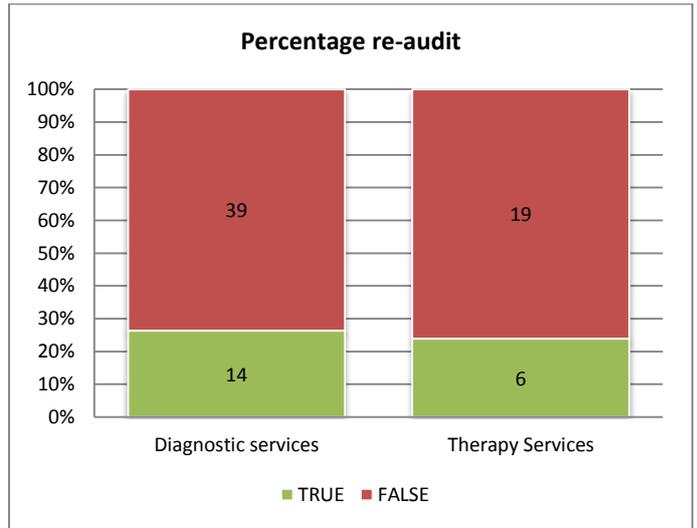
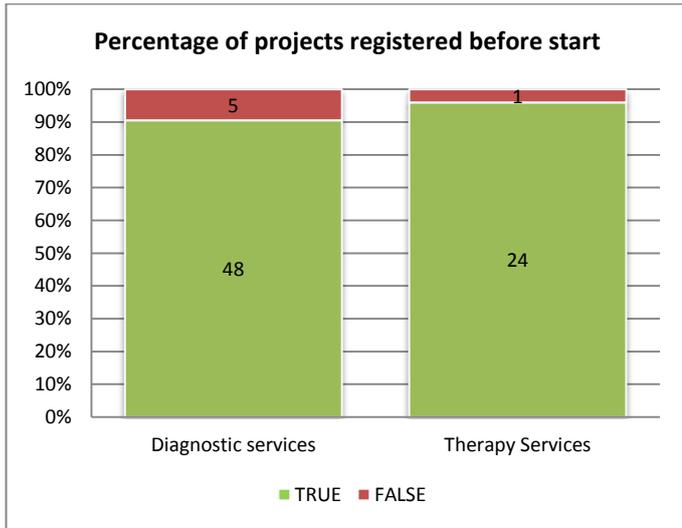
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15. Full details of the status of individual projects on this plan can be found within table 1 of this section.



The chart below shows the status at year end of all registered activity. Some projects will have started and finished within the financial year (New/Completed) and some will have been started but have yet to complete and are therefore rolled over (New/Roll over). The figures also include projects that commenced in previous years but have now been abandoned or deferred (Rolled over/Aband or Def), those that previously commenced but were completed in 2014/15 (Rolled over/Completed) and those previously commenced but not completed by the end of 2014/15 (Rolled over/Roll over).



The following graphs provide a Divisional/Specialty breakdown of the overall KPIs outlined in section 2.2.



The following table outlines the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15 (Plan) and the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D. These projects are highlighted in either   or   depending on the status of the projects. The table also details the status of all other registered activity within the Division/Specialty.

In some case it is know that an audit is being undertaken but the clinical team have not completed an audit proposal form and therefore the project has not officially been registered. These projects have been marked with an \* within the Ref column of the table.

Ref	Provisional Title of Project	FP	Priority	Status
<b>Diagnostic Services - Audiology (Adult)</b>				
3783	Re-audit of Real Ear Measurements	Yes	2	In Progress
<b>Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)</b>				
3647	Audit of Diagnoses in the Specialist Enzyme Section of the Clinical Biochemistry Department			Completed
3879	Inpatient management of hyponatraemia	Yes	2	In Progress
<b>Diagnostic Services - Laboratory Medicine (Histopathology)</b>				
3436	Audit of placenta request forms and macroscopic reporting			Completed
3534	Diagnosis of malignancy in endometrial curettage and resection specimen			Completed
3608	Re-auditing the reporting of Cutaneous Malignant Melanoma at UH Bristol			Completed
3627	Audit of frozen section practice in thoracic pathology			Completed
3688	Re-audit turnaround time for reporting of biopsies of suspected Inflammatory Bowel Disease			Completed
3689	Receptor Status in invasive breast cancer reported in UH Bristol in relation to national guidelines			Completed
3707	Turnaround time in reporting of skin specimens 2012-2013			Completed
3710	Double reporting protocol in colorectal cancer biopsies	Yes	3	Completed
3753	Assessment of clinical information of the specimen request forms	Yes	3	Completed
3855	Supplementary reports to identify discrepancies in paediatric tumours	Yes	2	Deferred
3880	Re-audit of quality of perinatal autopsy in South-West of England	Yes	3	Completed
3903	Turnaround time for urgent biopsies	Yes	2	In Progress
3904	Supplementary report for gynaecology pathology	Yes	2	In Progress
4021	Basic clinical information for histopathology request forms set by the Royal College of Pathologists.			In Progress
4026	Re-auditing frozen section practice in thoracic pathology. Re-audit ID 3627.	Yes	2	In Progress
*	Placentas microscopy in 2013	Yes	3	Not started
<b>Diagnostic Services - Laboratory Medicine (Infection Control)</b>				
733	Infection Control Ward/Department audit			Ongoing
992	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?			Ongoing
3013	Infection Control Environment and Equipment Audit 2011-2012	Yes	2	Ongoing
3606	Hand Hygiene Environment: a trust-wide audit of clinical and non-clinical areas	Yes	2	Ongoing
3633	Trust-wide Spot Check Sluice/Commode/Toilet Audit			Ongoing
3662	Documentation audit of the recording of peripheral venous cannula in adult ward areas trust wide			Completed
3709	Re-auditing management of discharge information for patients with an infection/colonisation			In Progress
3835	Suitability of Peripheral Venous Cannula in Adult Services			In Progress
733	Infection Control Ward/Department audit			Ongoing
<b>Diagnostic Services - Laboratory Medicine (Laboratory Haematology)</b>				
3451	Audit of consent gained for transfusions as per SaBTO guidelines			Abandoned
3839	2014 National audit of transfusion in children and adults with Sickle Cell Disease	Yes	1	In Progress

3976	2014 National audit of blood use in adult medical patients.			In Progress
<b>Diagnostic Services - Laboratory Medicine (Medical Physics &amp; Bioengineering)</b>				
3824	Long saphenous vein harvesting procedure during coronary artery bypass grafting surgery			In Progress
3871	Vascular One-stop service			In Progress
	CT radiation dose audit of L3 scanner	Yes	2	Not started
<b>Diagnostic Services - Laboratory Medicine (Microbiology)</b>				
3434	Diagnosis and initial management of suspected community-acquired bacterial meningitis in adults. Re-audit ID2632			Completed
3648	Laboratory diagnosis, sample processing and clinical management of invasive candidaemia			In Progress
3762	Appropriate antibiotic prophylaxis in cardiac surgery	Yes	3	In Progress
3946	Procalcitonin as an aid to decision making in acute medical admissions	Yes	2	In Progress
	Prophylaxis in orthopaedic surgery	Yes	4	Not started
4003	Gentamicin prophylaxis in cardiac surgery			In Progress
<b>Diagnostic Services - Radiology</b>				
3141	Audit of CT Colonography in the Bowel Cancer Screening Programme			Completed
3310	An audit of paediatric cardiac and chest CT doses			Completed
3328	National Audit of Standards for the NPSA and RCR Safety Checklist for Radiological Interventions			Completed
3610	Contrast dosing by weight in abdominal CT scanning			Completed
3673	Adequacy of new bowel preparation protocol in CT Colonography			Completed
3708	Quality of MRI lumbar spine examinations at University Hospitals Bristol			In Progress
3725	Subarachnoid haemorrhage and the use of diagnostic lumbar puncture			Completed
3766	Radiation dose of 128-MDCT coronary CT angiography	Yes	2	Completed
3822	Response evaluation criteria in solid tumours in radiology reports - RECIST (version 1.1)			In Progress
3823	Vetting outpatient CT scans in patients under 40	Yes	2	Completed
3834	Time to scan for acute CT abdomen or pelvis			In Progress
3845	Chest X-ray quality audit in quarter two 2014			In Progress
3872	The impact of Voice Recognition software on report accuracy			In Progress
3935	Completion of the modified WHO checklist for interventional radiological procedures			In Progress
3954	Radiological interpretation recorded in the notes by the referrer. Re-audit ID 2985	Yes	2	In Progress
3977	Annual re-audit of Image Guided Lung Biopsies. Re-auditing ID3686.			In Progress
<b>Therapy Services - Nutrition &amp; Dietetics</b>				
3115	Catering Ward Round rolling audit of mealtimes across the trust– Managing the patient journey through nutritional care			Abandoned
3267	Audit of nasogastric feeding practice on Cardiac Intensive Care Unit			Completed
3533	Nutrition: key prompts of CQC outcome 5. A bi-annual audit.			Completed
	Adherence to Enteral Tube Feeding Clinical Guideline in Critical Care	Yes	3	Not started
	'Nutrition Deep Dive audit' an audit into the key observational prompts of the Nutritional Care Policy'	Yes	3	Not started
<b>Therapy Services - Occupational Therapy</b>				
3290	Audit of the Early Supported Discharge Team for Stroke Professional Standards			Completed
	'Patient pending' process – Waiting list initiative	Yes	3	Not started
<b>Therapy Services - Pharmacy</b>				
2975	Audit of discharge referrals received by the Postal Anticoagulant Monitoring Service			Completed
3345	Audit on the use of the Potassium Supplementation Standing Order			Completed
3483	Audit of the Pharmacy prescription endorsing procedure			In Progress
3615	Audit of consultant name on prescription charts			In Progress

3624	Audit of the prescribing and monitoring of intravenous unfractionated heparin infusions			In Progress
3625	Blood test screening prior to commencement of significant cardiovascular drugs			In Progress
3679	Audit of medicines reconciliation on transfer from adult ICU or HDU to post-ICU wards			Completed
3699	Audit of inpatient prescription chart			Completed
3706	Audit of Medicines Reconciliation at Discharge			In Progress
3765	Oral methotrexate treatment on adult patients (except oncology) in UH Bristol in relation to NPSA alert 3/13 and the Trust Medicines Code chapter 20	Yes	2	Completed
3840	Prescribing of antiplatelet medication following acute coronary syndrome with Percutaneous Coronary Intervention			In Progress
3847	Re-audit of intravenous vancomycin prescribing and monitoring in adult patients at UH Bristol.	Yes	2	In Progress
3941	Prescription of Denosumab and teriparatide NICE guidance			In Progress
3998	Adult Gentamicin Prescribing Guidelines (Re-audit 3415)			In Progress
4034	Re-audit of insulin prescribing to agreed prescribing bundle	Yes	3	In Progress
*	Safer Care South West (Medicines Management)	Yes	2	Completed
<b>Therapy Services - Physiotherapy</b>				
3289	Are anterior cruciate ligament reconstruction patients adhering to the UH Bristol rehabilitation protocol?			Deferred
3384	Acute Stroke Therapy Service against NICE Stroke Quality Standard 5			In Progress
3656	Home intravenous antibiotic standards for the Cystic Fibrosis multidisciplinary team			In Progress
3830	Therapy rehabilitation input into adult critical care beds within UH Bristol - NICE CG83	Yes	3	In Progress
<b>Therapy Services - Speech &amp; Language Therapy</b>				
	Standards for and outcomes of videofluoroscopy referral	Yes	3	Not started
3401	Re-auditing management of adult dysphagia patients 2013			Completed

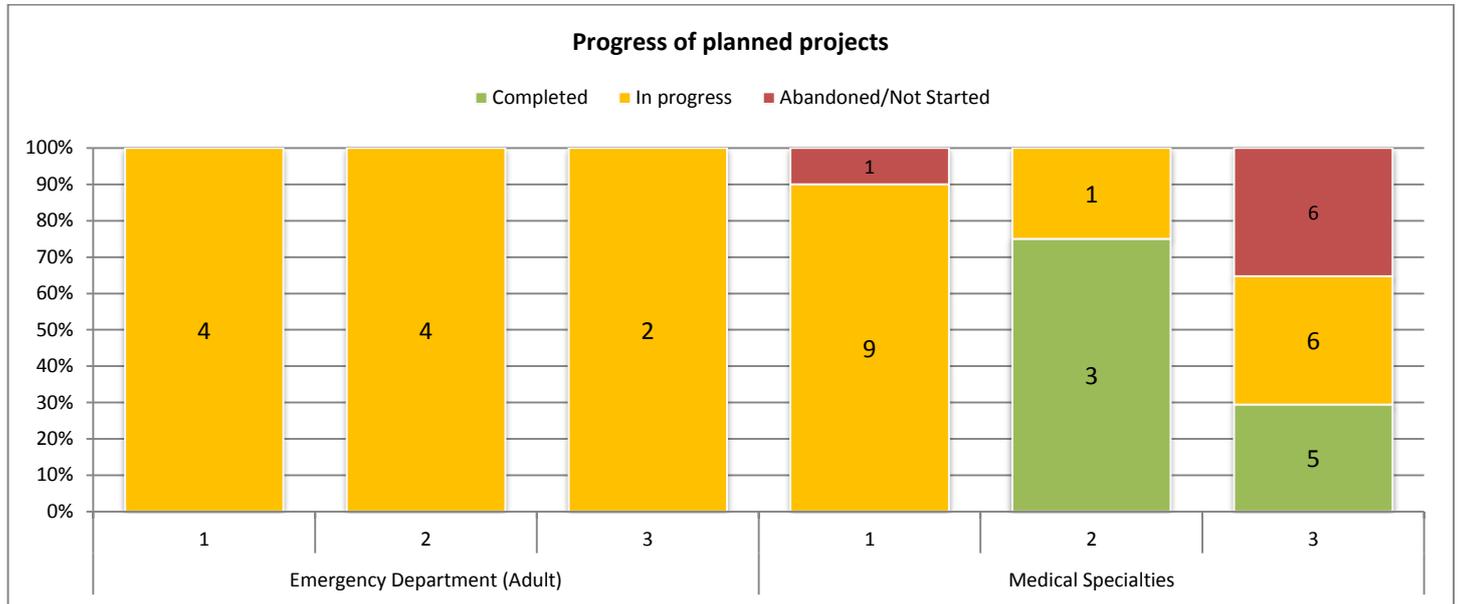
**The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.**

- 3647 All specialist enzyme section standard operating procedures were changed to clarify the requirements for repeat analysis and/or confirmation of result by second line test. All staff were reminded of the requirements for confirmation of positive diagnostic cases with repeat test. Follow-up systems have been introduced to ensure testing is done and to record details of confirmatory testing if done elsewhere.
- 3436 This re-audit demonstrated an increase in the clinical information included on the placenta request form. Further local agreement between pathologists and clinicians on the use of the form has been established.
- 3534 This audit of diagnosis of malignancy in endometrial curettage and resection specimen confirmed good practice.
- 3608 This re-audit demonstrated improved reporting of cutaneous malignant melanoma at UH Bristol. Clinicians will continue to use the minimum dataset template for in situ and invasive melanoma reporting.
- 3627 This audit has led to the introduction of mechanisms within the new Laboratory Information Management System (LIMS) so that reports cannot be authorised unless certain key data items are included. Department secretaries have agreed to highlight missing documentation when producing final reports for frozen sections in thoracic pathology.
- 3688 This audit demonstrated that the turnaround time for reporting of biopsies of suspected inflammatory bowel disease are within target. Short codes for macroscopy are being developed to reduce the time further.
- 3689 This audit demonstrated that the results for receptor status in invasive breast cancer reported in UH Bristol were in line with national guidelines. A re-audit will be carried out in Southmead Hospital where the services are to be based in the future.
- 3707 An improvement in the turnaround time in reporting of skin specimens 2012-2013 was demonstrated as a result of this audit, although there is still room for improvement. The department is recruiting to the consultant establishment to help improve practice further.
- 3710 This audit demonstrated good practice in relation to the use of the double reporting protocol in colorectal cancers. The need to continue this practice was further highlighted to pathologists and secretaries.
- 3753 A proforma for head and neck histology specimen requests was developed as a result of this audit. A re-audit is to be carried out in 2015 to assess the use of this form and whether improvements in practice have been demonstrated.
- 3880 This re-audit of quality of perinatal autopsy in the South-West of England demonstrated excellent practice.

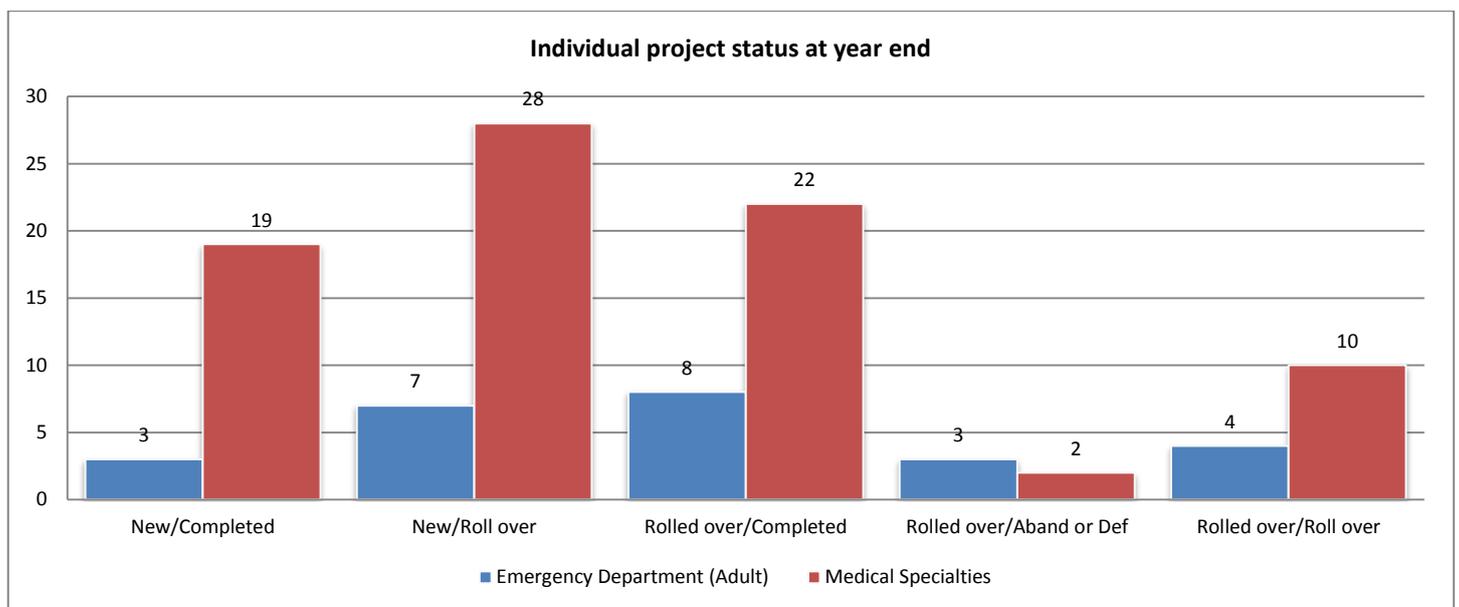
- 3662 A poster campaign to highlight device gauge and peripheral venous cannula selection was carried out after this documentation audit. All staff were reminded the importance of documenting the visual infusion phlebitis score and the removal time and date.
- 3434 This re-audit demonstrated improvements in practice related to the diagnosis and management of community acquired bacterial meningitis. Further actions to improve practice include the implementation of the microbiology guideline application for smartphones.
- 3267 The feeding protocol for nasogastric feeding practice on Cardiac Intensive Care Unit was reviewed and updated in line with current evidence as a result of this audit. Micro teaching sessions have been delivered to help educate staff further.
- 3533 This bi-annual audit on nutritional key prompts demonstrated the need for improvement. A package of actions is in place including review of the bedside catering information leaflet, the introduction of new protocols and guidance and raising staff awareness through micro-teaching. Nutritional screening will continue to be part of the Trust's essential to role training matrix for staff.
- 3290 The Early Supported Discharge for stroke performance standards have been revised as a result of this audit. Patient assessment and care will now be recorded on a newly developed Clinical Information System Suite (CISS) form. A continuous monitoring tool to help reduce retrieval problems will be devised.
- 2975 The Trust oral anticoagulation chart was reviewed and redesigned after the audit in order to improve discharge referrals. A poster for wards was produced to highlight the discharge procedure for patients on warfarin.
- 3345 The use of the Potassium Supplementary Standing Order (PSSO) was reviewed and updated. The PSSO will be electronically available in the future and included within the electronic prescribing system.
- 3679 As a result of this audit, a discharge checklist for doctors was created to include medicines reconciliation from the Intensive Care Unit. Proton pump inhibitors have been added to the pre-printed paper chart with advice for when to review. This advice and information has also been added to the electronic prescription on the new Philips Clinical Information System.
- 3699 As a result of this audit, individual wards have been educated on how to complete all parts of the inpatient prescription chart including all prompt boxes. The prescribing policy has been highlighted to new junior doctors as part of their induction. Ward nurses have been encouraged to challenge a changed prescription and request that the item is re-written on a new prescribing box on the drug chart.
- 3765 Changes have been made to Medicines Code Chapter 20. The endorsement of the strength and quantity of methotrexate tablets dispensed has been added.
- 3141 This audit demonstrated that practice regarded the detection of colorectal cancers and significant polyps with CT colonography is acceptable.
- 3310 This audit of paediatric cardiac and chest CT doses showed 100% compliance with dosing standards.
- 3328 This national audit of the NPSA and RCR (Royal College of Radiologists) safety checklist for radiological interventions confirmed good practice within the Trust.
- 3610 All CT departmental protocols have been revised as a result of this audit in order to ensure consistency of contrast dosing and technique. An email has been circulated to all radiographers, stating that all CT abdomen/pelvis and CT chest/abdomen/pelvis scans should utilise these new protocols.
- 3673 This audit concluded that the new bowel preparation used for CT colonography within the Trust produces technically adequate examinations.
- 3725 As a result of this audit, a standard radiology template report has been developed to include a statement highlighting the need for a diagnostic lumbar puncture to exclude subarachnoid haemorrhage following a normal plain CT head.
- 3766 This audit confirmed that radiation doses of 128-MDCT coronary CT angiography are of an acceptable level.
- 3823 As a result of this audit, it was been agreed that radiographers will contact the Radiology Registrar to carry out the vetting of outpatient CT scans in patients under 40.
- 3401 Dysphagia standards were reviewed and revised as a result of this audit, to ensure they remain appropriate for current clinical practice. Changes to the dysphagia assessment tool and the introduction of an online referral process have been implemented.

## 3.2 MEDICINE

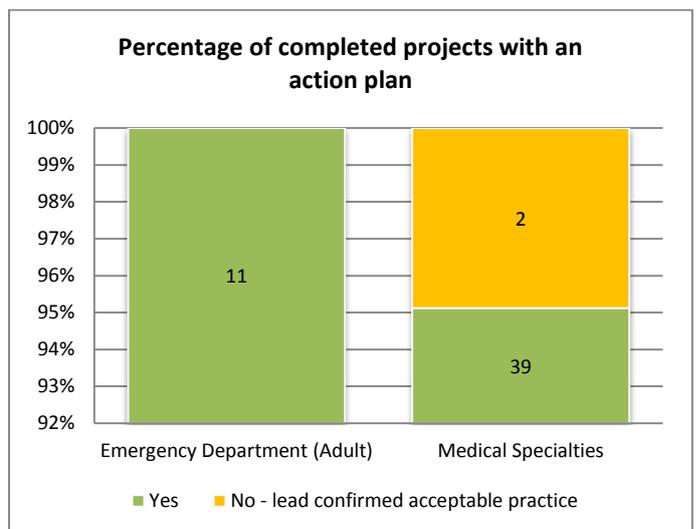
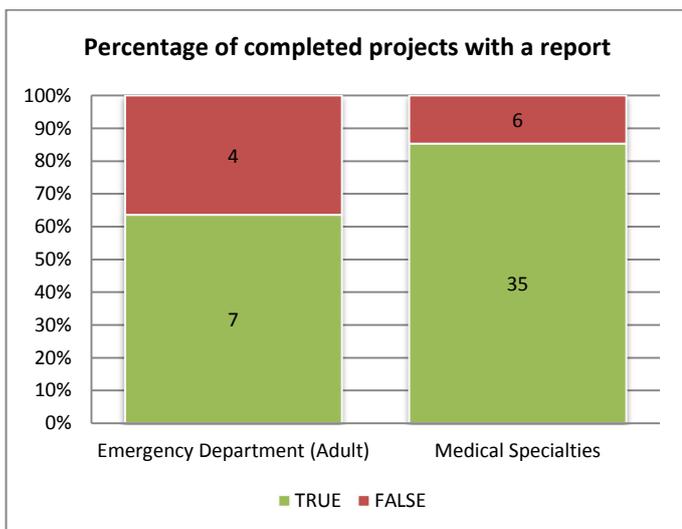
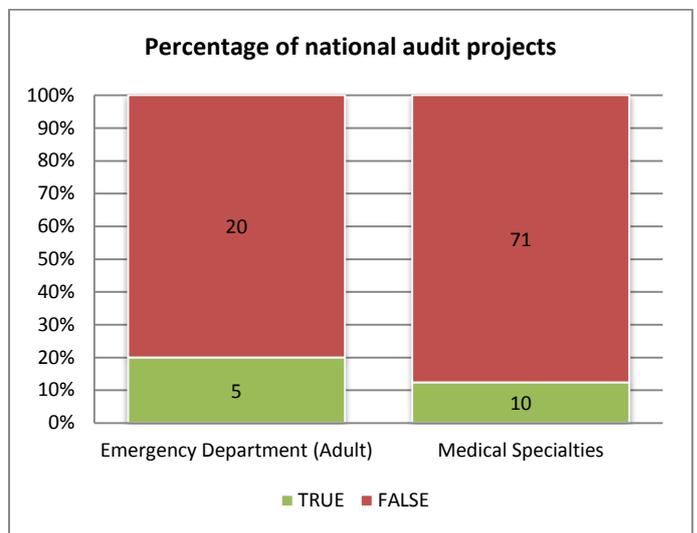
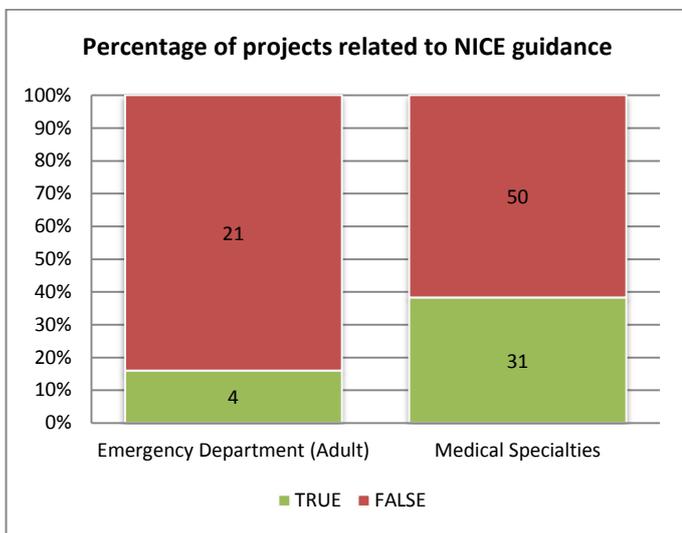
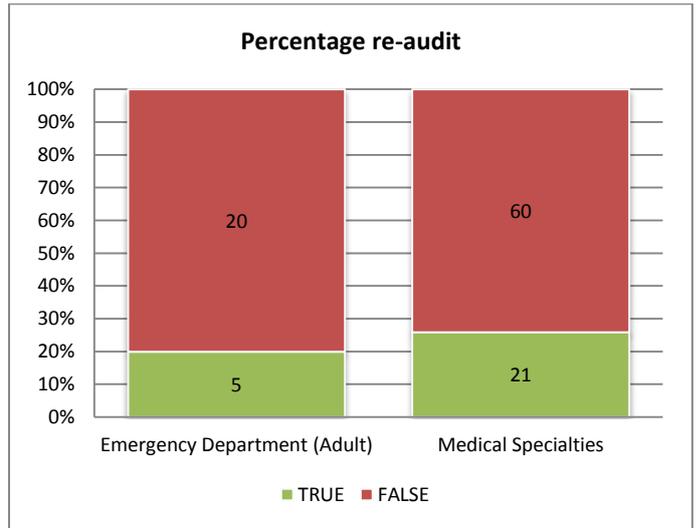
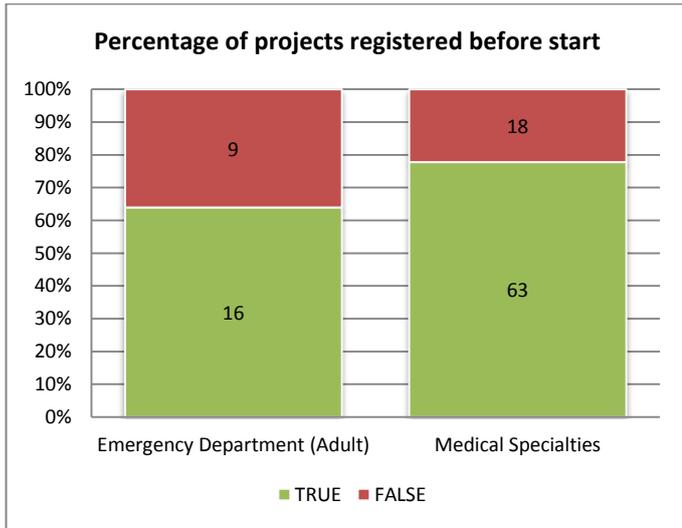
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15. Full details of the status of individual projects on this plan can be found within table 1 of this section.



The chart below shows the status at year end of all registered activity. Some projects will have started and finished within the financial year (New/Completed) and some will have been started but have yet to complete and are therefore rolled over (New/Roll over). The figures also include projects that commenced in previous years but have now been abandoned or deferred (Rolled over/Aband or Def), those that previously commenced but were completed in 2014/15 (Rolled over/Completed) and those previously commenced but not completed by the end of 2014/15 (Rolled over/Roll over).



The following graphs provide a Divisional/Specialty breakdown of the overall KPIs outlined in section 2.2.



The following table outlines the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15 (Plan) and the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D. These projects are highlighted in either   or   depending on the status of the projects. The table also details the status of all other registered activity within the Division/Specialty.

In some case it is know that an audit is being undertaken but the clinical team have not completed an audit proposal form and therefore the project has not officially been registered. These projects have been marked with an \* within the Ref column of the table.

Ref	Provisional Title of Project	FP	Priority	Status
<b>Emergency Department (Adult)</b>				
3040	Chest drain procedure carried out in the Emergency Department			Completed
3111	Re-audit of patient vital signs in the adult Emergency Department (ED)			Completed
3363	Fractured Neck of Femur (College of Emergency Medicine)			In Progress
3412	Re-audit of the initial management of sepsis			Abandoned
3544	Paracetamol Overdose (College of Emergency Medicine)			In Progress
3488	Management of primary spontaneous pneumothorax in emergency medicine.			Abandoned
3516	An audit of palliative care practices in the BRI ED			Abandoned
3558	Audit of the Emergency Departments' Pancreatitis Management			In Progress
3559	Missed Doses in ED			Completed
3590	Audit of Blood Culture Sampling in the Emergency Department			Completed
3591	Ensuring time critical radiological findings ordered from the ED are reviewed in a timely manner			Completed
3593	Management of head injuries presented to the BRI Emergency Department			In Progress
3597	Chest Drain re-audit (initial audit ID 3040)			Completed
3628	Severe Sepsis & Septic Shock (College of Emergency Medicine)			Completed
3660	Procedural sedation in the Emergency Department			Completed
3827	Procedural sedation in the Emergency Department - Re-Audit (Original audit ID 3660)			Completed
3831	An audit of discharge summaries following patient discharge from the BRI Emergency Department Observation Unit.	Yes	1	Completed
3858	The management of Frequent attenders in the Emergency Department			In Progress
3885	Management of Subarachnoid Haemorrhage in the Emergency Department	Yes	3	In Progress
3890	Seizure audit	Yes	1	In Progress
3911	Mental Health in the Emergency Department (College of Emergency Medicine)	Yes	1	In Progress
3928	Older People (College of Emergency Medicine)	Yes	1	In Progress
3940	Is regional nerve block for patients with a fractured neck of femur adequately documented			Completed
3991	Electronic sign off of blood tests for patients who are discharged from the Emergency Department	Yes	2	In Progress
3992	Thrombo-prophylaxis in lower limb immobilisation	Yes	2	In Progress
*	Central Lines	Yes	2	In Progress
*	Fluid prescribing	Yes	2	In Progress
*	Head injury	Yes	2	In progress
<b>Medical Specialties - Acute Medicine</b>				
3618	Re-audit of anticoagulation in newly diagnosed atrial fibrillation			Completed
3738	Sepsis Audit			Completed
3739	Acute Kidney Injury (AKI) assessment toolkit			In Progress
3914	Re-audit of sepsis management on MAU (Initial audit ID 3738)			In Progress

<b>Medical Specialties - Care of the Elderly</b>				
2486	OLP009 - Falls and Fragility Fractures Audit Programme - National Hip Fracture Database (NHFD)	Yes	1	Ongoing
2601	OLP008 - Sentinel Stroke National Audit Programme (SSNAP)	Yes	1	Ongoing
3442	Re-Audit of Vitamin D Deficiency in Hip Fractures			Completed
3524	An audit of appropriate thrombolysis for stroke patients			Abandoned
3550	Stroke Thrombolysis Audit			Completed
3564	An audit of the diagnosis and treatment of Urinary Tract and catheter associated infections in patients over 65 years in the Bristol Royal Infirmary			Completed
3612	Re-audit of Parkinson Medication prescribing and administration			Completed
3651	Audit on the accuracy of respiratory rate and its effects on EWS			Completed
3652	Assessment of the management of anaemia peri-operatively in patients undergoing total hip replacements for fractured neck of femur			Completed
3678	Management of patients with a fractured neck of femur who take warfarin anticoagulation medication			Completed
3720	Use of Abbey pain scale in patients with dementia and delirium over the age of 75 years			Completed
3756	Audit of venous thromboembolism prophylaxis in stroke patients			In Progress
3758	BRI inpatient hip fracture audit			Completed
3808	Audit on enhanced hip fracture pathway	Yes	2	Completed
3832	Generic medical record keeping - re-audit	Yes	2	Completed
3874	Audit of Intermittent Pneumatic Compression (IPC) use in stroke patients			In Progress
3892	Audit of recording and management of constipation in adult inpatients on elderly care wards			In Progress
3876	Secondary prevention of osteoporosis in male patients with hip fracture	Yes	3	In Progress
3913	Re-audit use of Abbey Pain Scale in patients with dementia & delirium over the age of 75 years (Initial audit ID 3720)			Completed
3969	The effectiveness of fragility fracture investigation and management audit			In Progress
4005	Analgesia Prescribing in Renal Impairment: An Audit on OPAU			In Progress
4008	Assessing the recognition and management of acute agitation and aggression of frail older people			In Progress
4058	National audit of inpatient falls	Yes	1	In Progress
	National Audit of Dementia	Yes	1	Not started
<b>Medical Specialties - Contraceptive &amp; Sexual Health Services (CASH)</b>				
3251	Audit of the Management of Epididymo-orchitis at Bristol Sexual Health Centre	Yes	3	In Progress
3551	Audit of HSA1 form for CQC standard compliance and early medical abortion protocol UK			Completed
3629	HIV PEPSE proforma audit			Completed
3640	Audit of clinical record keeping prior to 1st issue of combined contraceptive pill			Completed
3641	Re-audit quick starting contraception following implementation of a check list into the emergency contraception form (original ID 2990)			Completed
3650	Re-audit of patient records for under 18s in Sexual Health Services in Bristol			Completed
4009	Audit of Integrated Sexual Health Care	Yes	3	In Progress
4029	Re-audit of HSA1 form for CQC standard compliance and early medical abortion protocol UK (original ID 3551)			In Progress
	Management of syphilis	Yes	3	Not started
	Management of PID	Yes	3	Not started
	Re-audit of long-acting reversible contraception (LARC)	Yes	3	Not started
	Re-audit of emergency contraception	Yes	3	Not started
<b>Medical Specialties - Dermatology</b>				
3542	NICE technology appraisal TA134 Infliximab for the treatment of adults with psoriasis			Completed
3569	Skin Cancer Complete Excision Rates Audit	Yes	2	Ongoing
3649	Re-audit of the Melanoma Pathway Audit (2012 audit ID: 3265)			Completed

3755	Re-audit of the assessment of patients with complex psoriasis			Completed
3757	Re-audit of Basal Cell Carcinoma (BCC) waiting times for surgery	Yes	3	Completed
3838	ASW Skin cancer pathway audit 2014	Yes	3	Completed
3807	Audit of biologic therapy in psoriasis: compliance with NICE guidelines and rationale for change of therapy			In progress
3859	The surgical management of dermatofibrosarcoma protuberans (DFSP)			In Progress
3915	biological therapies adalimumab/etanercept for the treatment of moderate/ severe psoriasis under NICE guidance (TAGs 103 and 146) (re-audit of 3128)			Completed
<b>Medical Specialties - Diabetes &amp; Endocrinology</b>				
3336	LTC002 - National Diabetes Inpatient Audit (NADIA)			In Progress
3485	Audit of the Adult Outpatient Diabetes Care at the UH Bristol General Diabetes clinics			Completed
3698	Re-Audit of the management of hyperglycaemia in acute coronary syndromes (Initial audit ID 3478)			In Progress
3723	Audit of Growth Hormone replacement in adults with Growth Hormone Deficiency			Completed
3796	Outpatient Diagnostic Coding Audit Specialised CQUIN 2014-15 Q1 Report	Yes	2	Completed
3860	Audit of the appropriate use of D-dimers in patients with suspected pulmonary embolism (PE)			In Progress
3927	Management of hypoglycaemia at the Bristol Royal Infirmary			In Progress
3937	LTC002 - National Pregnancy in Diabetes Audit	Yes	1	Completed
3942	LTC002 - National Diabetes Foot Care Audit (NDFA)	Yes	1	In Progress
4004	Audit of the outpatient management of endocrine patients with either primary or secondary adrenal insufficiency			In Progress
<b>Medical Specialties - Gastroenterology &amp; Hepatology</b>				
2603	LTC004 - National Adult Inflammatory Bowel Disease Audit			In Progress
3670	Adherence of Hepatitis B screening in patients with Inflammatory Bowel Disease (IBD) starting Immunosuppressive Therapy	Yes	3	Completed
3817	The Use of Thiopurine Metabolites in the optimisation of patients with IBD on Thiopurines			Completed
3873	Review of all patients with crohns disease who have undergone resection			In progress
3875	Patient understanding of when to re-present after gastrointestinal bleed.			In Progress
<b>Medical Specialties - Liaison Psychiatry</b>				
3528	Improving DNA rates in Liaison Psychiatry Outpatient Clinics			Abandoned
3805	Audit of the use of the Mental Health Act (1983, as amended 2007) in a general hospital setting			Completed
	Suicide Audit	Yes	3	Completed
<b>Medical Specialties - Respiratory</b>				
3291	Blood glucose monitoring in Cystic Fibrosis patients during first 48 hours of admission to cystic fibrosis unit			Completed
3354	Bronchiectasis audit (British Thoracic Society)	Yes	1	In Progress
3520	Non-Invasive Ventilation (British Thoracic Society)			In Progress
3722	LTC007 - National Chronic Obstructive Pulmonary Disease (COPD) audit	Yes	1	Completed
3818	Do not attempt resuscitation : documentation and discussion			In Progress
3884	Audit of bronchoscopy safety and adverse events			In Progress
3886	Re-audit of isolation in patients with possible pulmonary tuberculosis	Yes	3	Completed
3888	Re-audit of the lymph node TB pathway (3033)			Completed
3902	An audit of staff awareness of the Standard Operating Procedure for 'Escorting of in-patients to Radiology' from Ward 10			In Progress
3912	Audit of Sweat test follow up for Ivacaftor use in CF	Yes	3	Completed
3947	Pleural Procedures (British Thoracic Society)	Yes	1	In Progress
3978	Re-audit of adherence to CT Trust Guidelines for CF related low bone mineral density (Original ID 2743)	Yes	3	Completed
4006	BTS Adult Community Acquired Pneumonia Audit			In Progress

4011	Audit to assess outcomes for lung cancer patients diagnosed as emergency presentations			In Progress
3599	British Thoracic Society (BTS) Emergency Oxygen Audit 2013			Completed
	Audit of Annual review points against CF trust guidelines	Yes	3	Not Started
	Smoking cessation advice	Yes	3	Not Started
<b>Medical Specialties - Rheumatology</b>				
3406	NICE technology appraisal TA161 Secondary prevention of osteoporotic fragility fractures in postmenopausal women			Completed
3697	Does current blood test monitoring lead to treatment change in Ankylosing Spondylitis patients on TNFi			In Progress
3737	NICE audit (TAG 247) on the use of tocilizumab in rheumatoid arthritis	Yes	3	Completed
3740	LTC008 - National clinical audit of rheumatoid and early inflammatory arthritis	Yes	1	In Progress
4015	Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis - NICE TA199	Yes	1	In Progress
<b>Medical Specialties - Unspecified</b>				
3970	Performing Physiological Observations Including Manual Blood Pressure' Competency Document Audit			Completed

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

- 3040 The results of this audit highlighted areas of good and poor practice. All Emergency Department trainees now have to complete Advanced Trauma Life Support and Advanced Paediatric Life Support training prior to placing drains.
- 3111 The BRI Emergency Department (ED) has a good standard of baseline observations as highlighted by the results of this national audit and is an improvement on the previous audit (within the top 25% of all UK Emergency Department for several components). However, some areas of poor performance, including poor documentation of communication, need addressing. Improvements will be taken forward as part of the department SHINE project, supported by the Health Foundation.
- 3559 This multi-cycle audit demonstrated an improvement in compliance regarding completion of drug charts and the appropriate prescribing of analgesia.
- 3590 The results of a previous Trust-wide audit identified high contamination rates of blood cultures from the Emergency Department. A number of areas of poor practice were identified in this audit which resulted in the update of the venepuncture guidelines and an education and training programme for all staff on the correct blood culture procedures.
- 3591 The results of this audit demonstrated poor signing off on the Trust's ICE system (or recording in the notes) of radiology findings. It was emphasized that requesting clinicians must review the results of tests they have requested or ensure the need to review an image is handed over to an appropriate colleague.
- 3597 This re-audit demonstrated an increase in compliance with national guidance in relation to the insertion of chest drains. Continued education for new doctors and the implementation of the WHO style checklist is now standard practice.
- 3628 This audit highlighted good practice around the measurement of serum lactate, administration of fluid boluses and antibiotic administration before leaving the Emergency Department. Focused education and training sessions on the importance of documentation including observations, blood cultures and urine outputs have been implemented.
- 3660 As a result of this audit, the Emergency Department sedation form was updated to clearly identify the responsibilities of both doctors and nurses. The use of the sedation form was promoted through posters and 'message of the week' bulletins to improve practice.
- 3827 The results of this re-audit highlighted an overall improvement in practice following an update of the sedation form and staff awareness campaign. Discharge instructions are now stored with the sedation forms which should improve provision of written discharge instructions for patients.
- 3831 This audit highlighted underperformance with the number and quality of discharge letters completed on the observation ward. The quality of the contents of the discharge letter needs improvement across many areas, particularly for investigations and results. Education and training has been implemented for all staff on the requirements of a good discharge letter.
- 3940 The results of this audit supported the development of a nerve block proforma to improve documentation, facilitate the timely administration of analgesia and ensure patients are better informed of the risks and benefits of the procedure. Local SHO teaching sessions and the availability of nerve block packs were implemented.
- 3618 The results of this re-audit demonstrated an improvement in the assessment and management of thromboembolic risk in patients presenting with atrial fibrillation. The use of risk assessment scoring tools (CHA2DS2VASC & HASBLED) remains poor. The results were presented locally to raise awareness of using these scoring systems.

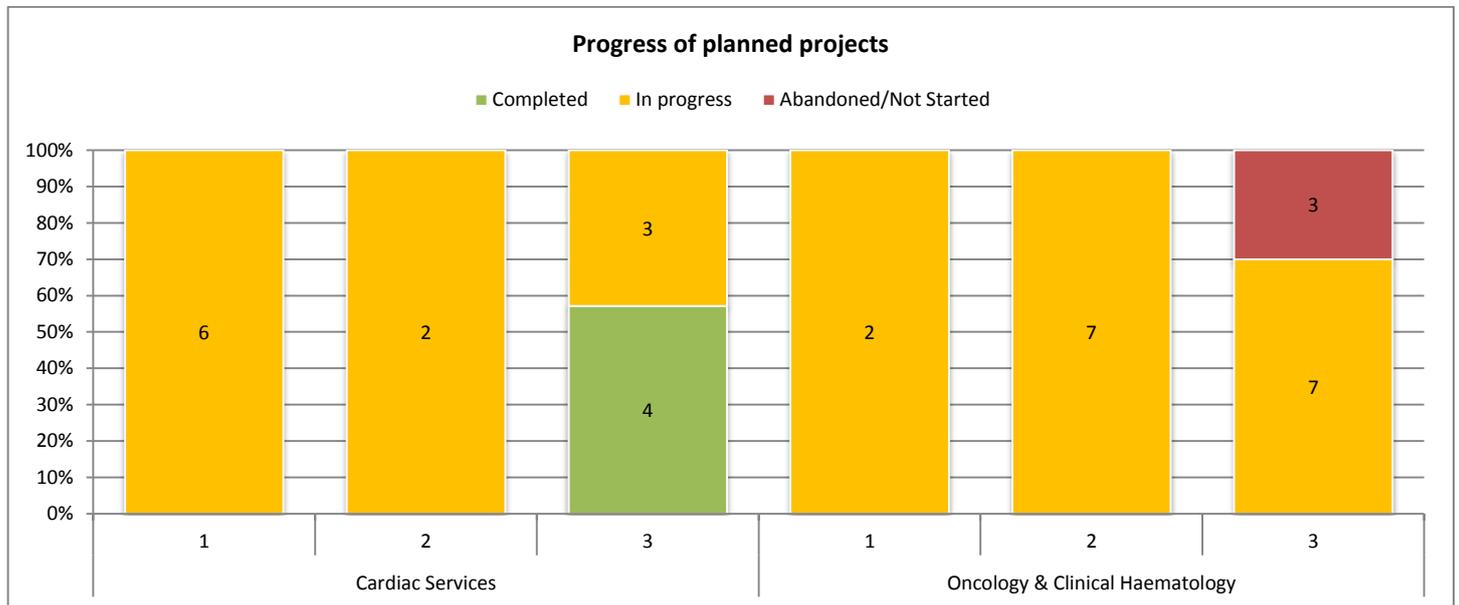
- 3738 The results of this audit show that the 'Sepsis 6' care bundle has not been implemented in all patients with severe sepsis. Targeted Sepsis 6 teaching and bundle awareness sessions were conducted along with posters, simulation training and publication of a patient safety bulletin to raise staff awareness and help improve practice.
- 3442 The results of this re-audit demonstrated an improvement in the measuring and prescribing of vitamin D as per the clinical guidelines. Ad-hoc snap shot audits will be conducted in the future to ensure that levels of compliance against guidelines are being maintained.
- 3550 The results of this audit support the model of care currently being delivered to patients admitted with a stroke at UH Bristol. Ongoing teaching of junior staff to ensure timely response to out of hours stroke thrombolysis calls is being conducted. Regular monitoring of thrombolysis rates and door to needle time is being undertaken to ensure standards are continuously being met.
- 3564 The results of this audit identified areas of practice which require improvement, such as antibiotic prescribing and recognition of key features of urinary tract infection (UTI). Education sessions were conducted for junior staff on the key features of UTI with a particular focus on catheter associated infection and the importance of using antibiotics sensibly.
- 3612 The results of this re-audit showed that further action was needed to improve the documentation of Parkinson's medication. Further teaching sessions for all junior doctors and nursing staff to address these documentation issues were conducted in light of these re-audit results. Parkinson's medications are now available 24/7 on the admission wards.
- 3651 This audit highlighted inconsistencies in measuring respiratory rate. This is being addressed through the Trust-wide manual observation project.
- 3652 The results of this audit highlighted many areas of good practice against the Trust transfusion guidelines.
- 3678 The results of this audit demonstrated many areas of good pre-operative practice of patients with fractured hips, however greater education and training was required to improve post-operative care. The Trust warfarin protocol was updated and relaunched as a result and was highlighted in a patient safety bulletin.
- 3720 This audit highlighted the inconsistent and often infrequent use of the Abbey Pain Scale (APS) within elderly care wards. Results were presented to all staff highlighting the value of using the APS in assessing pain in patients with cognitive impairment. 'Forget me not' stickers have been implemented for use on observation charts.
- 3758 This audit demonstrated many areas of good practice including the review of patients by their own medical team and the completion of clinical incidents and Root Cause Analyses. Areas of practice which need addressing were highlighted and discussed and are being addressed in a new Post falls Protocol and patient Safety bulletin. A dedicated template for a RCA post-fall was also implemented.
- 3808 This audit demonstrated excellent compliance with the majority of the enhanced hip fracture pathway indicators. More work is needed with regard to goal-directed fluid therapy and the use of higher level dependency beds. The hip fracture proforma has been updated to help address any shortcomings.
- 3913 The posters, teaching sessions and stamps implemented following the initial audit (3720) improved the use of the Abbey Pain Scale (APS) for assessing pain in patients with cognitive impairment. Ongoing staff teaching will ensure continued use of the APS in those patients who cannot articulate it themselves. Future audits will form part of the national dementia audit programme.
- 3551 This audit demonstrated that the HSA1 form was completed appropriately for many of the key information fields, however there were some areas where documentation was poor. Amendments to the drug chart and an update to the early medical abortion protocol were made in light of these results in order to help address the issues.
- 3629 A re-designed post-exposure prophylaxis after sexual exposure (PEPSE) proforma was developed as a result of this audit.
- 3640 This audit highlighted the benefit of using a proforma to support the patient group directives. Updates to the Electronic Patient Record (EPR) will be made, to include key data items.
- 3641 The results of this re-audit highlighted an improvement in documentation when the re-designed emergency contraception proforma was used. All staff now use the new proforma and an electronic patient record has been developed to include all key data fields. A plan to increase the use of the progesterone only (PO) implant through local training of all staff on the guidelines for the use of 'PO' has been implemented.
- 3650 The results of this audit led to the redesign of the under 18 years vulnerability sheet on both the electronic and paper patient records. This will prompt staff to document key information and address the areas of poor documentation highlighted in this audit.
- 3542 Clinical nurse specialist coverage has been expanded as a result of this audit of NICE guidance for patients with psoriasis. This will help to ensure that patients considered for and receiving new biologic treatments, such as infliximab for psoriasis, are better assessed and monitored in line with NICE guidance.
- 3649 The results from this re-audit demonstrated an overall improvement in the management of patients with melanoma.
- 3755 The results of this audit demonstrated adequate consistency for the documentation of quantitative scoring tools including PASI & DLQI scores on initiation of systemic biologic treatment. It has been agreed the PEST score will be calculated within 12 months of diagnosis by all Dermatology Specialist along with the documentation of PASI and DQLI scores at the

recommended follow-up times.

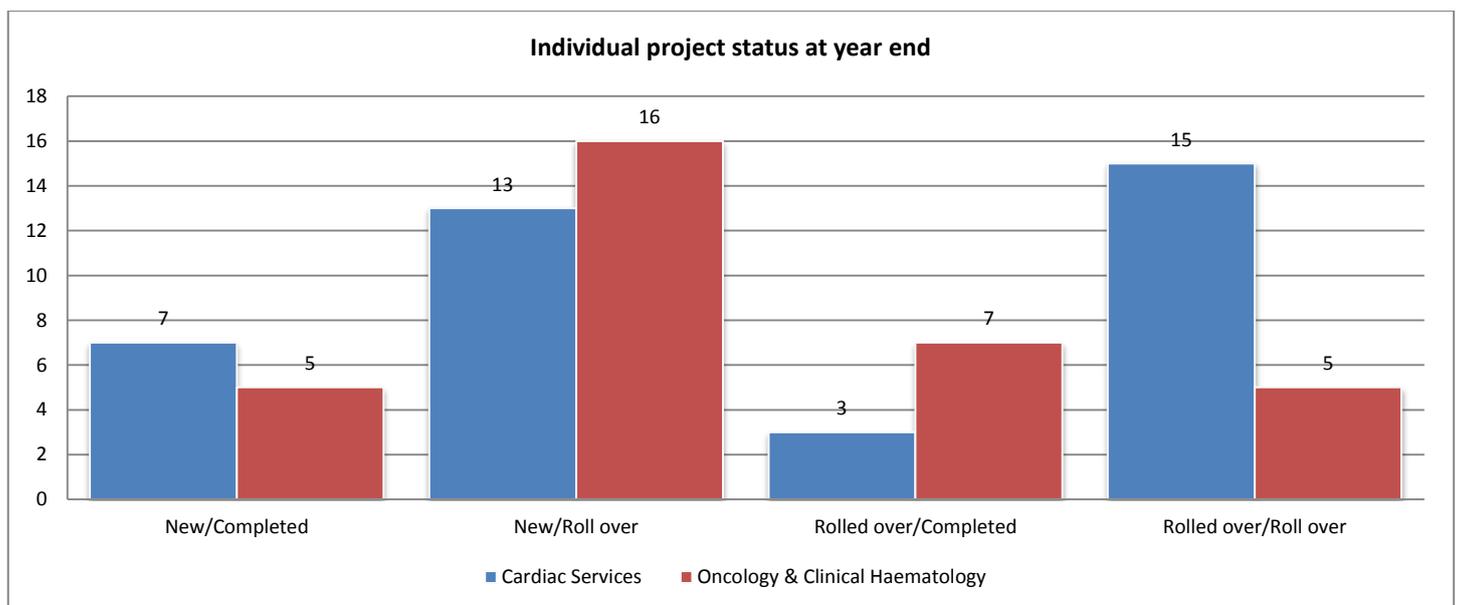
- 3757 This audit has led to the development of a tele-booking service for routine Basal Cell Carcinomas so as to avoid the initial wait when an outpatient appointment has been made. Further clinical staff have been employed to manage the rising need for skin cancer surgery.
- 3838 The results of this network-wide audit highlighted the need to re-develop the service to ensure patients are managed on the appropriate pathway dependent on the type of skin cancer diagnosed.
- 3915 The results of this re-audit demonstrate excellent compliance with best practice guidelines and a significant improvement in the provision of written information to patients compared to the previous 2009-2011 audit.
- 3485 This audit identified areas of good practice such as foot screening and smoking cessation advice, along with highlighting practice which required improvement. A comprehensive action plan was agreed and implemented to improve various aspects of medical care such as blood pressure, cholesterol, HBA1C measurements and targets.
- 3723 As a result of this audit a full time Clinical Nurse Specialist was appointed. The introduction of a dedicated adult endocrine database will enable all patients on Growth Hormone Therapy to be identified and managed more effectively.
- 3796 The results of this audit confirm the lack of recording of endocrine outpatient diagnostic codes. The implementation of an adult endocrine clinical database, to include diagnostic coding, will address this. Referral source and endocrine diagnosis is available for the majority of patients on clinic outcome sheets and out-patient letters.
- 3937 No specific UH Bristol data was reported in this national audit of pregnancy in diabetes, however the South West data was very similar to overall England/Wales results in meeting current nationally acceptable practice standards. Actions focused on better data collection and monitoring at local level as well as continuing to liaise with primary care and educate regarding pre-conception counselling regarding glycaemic control, folic acid use etc. The endocrine antenatal team will continue to run training days for community midwives.
- 3670 The results of this audit highlight poor compliance with the screening for anti-HBc for patients commencing immunosuppressive therapy (IT). The implementation of a formal checklist of screening investigations to be conducted for all patients starting IT will ensure appropriate screening is conducted.
- 3817 The results of this audit confirmed that thiopurine metabolites are being measured appropriately and in the right patient group. To further improve patient management, a system was devised to ensure results are not being missed.
- 3805 The findings of this audit highlighted that appropriate recording of all application times and dates need to be improved. Training and education for doctors on the use of section 5(2) of the mental health act was conducted.
- 4036 The results of this audit demonstrated poor compliance with signing of TPN prescriptions by doctors and recording of TPN prescriptions on the drug chart. The results were disseminated to all staff involved with TPN prescriptions and regular teaching sessions conducted for doctors and medical students in order to improve prescribing and signing.
- 3291 The findings of this audit highlighted a number of changes to be made in current practice to facilitate improved patient care. This included the use of the Cystic Fibrosis (CF) Blood Glucose Monitoring (BGM) chart, setting out clear guidance for BGM in CF admissions and writing a clear plan for BGM monitoring on the admission proforma.
- 3722 This audit highlighted many areas of good practice including patients being seen and discharged under a respiratory consultant and the timely performance of investigations and interventions. Amendments to the discharge bundle following this audit will help to address areas of poor practice.
- 3886 The results of this re-audit suggested that, compared to the previous audit, patients with typical chest X-ray for tuberculosis and respiratory symptoms were being appropriately isolated. Improvements included better documenting of x-ray reviews and clinical decisions along with asking patients with typical symptoms about TB risk factors.
- 3888 This audit relating to patients having a chest x-ray and the stopping of treatment, demonstrated that practice was good in many areas. Further education was delivered to all Core Medical Trainees, respiratory doctors and radiologists on aspirating fluctuant glands to improve the areas of poor practice identified in this audit.
- 3912 This audit demonstrated excellent current practice with regards to sweat test follow-up for Ivacaftor use in cystic fibrosis.
- 3978 The results from this re-audit demonstrated an improvement in practice since the implementation of the actions from the initial audit in 2011. The agreed recommendation to include DEXA and vitamin D checks to the pre-annual review investigations process will facilitate the checking and signing off by the consultants when the annual review is done.
- 3406 This audit demonstrated that the new Fracture Liaison Service is appropriately managing patients with regard to DEXA scan referrals.
- 3737 The results of this audit demonstrated that overall clinical decisions guiding tocilizumab used in rheumatoid arthritis comply with current NICE guidance. Documentation of baseline DAS28 score and at each 6-monthly tocilizumab infusion as recommended following this audit, will enable regular assessment of ongoing response to treatment.

### 3.3 SPECIALISED SERVICES

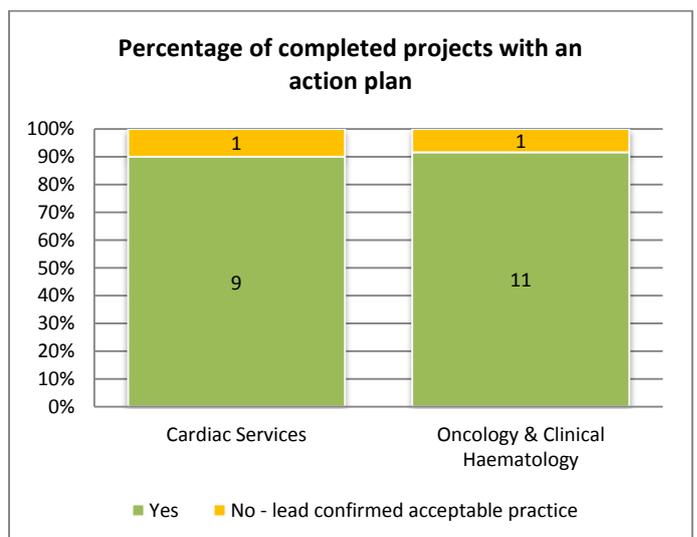
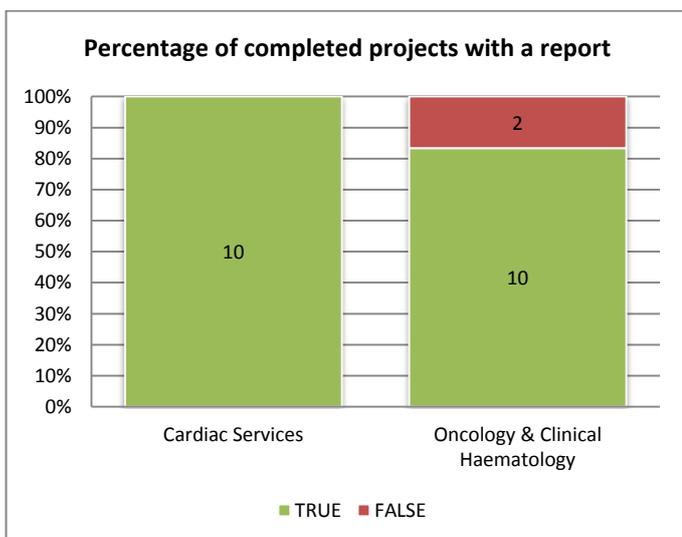
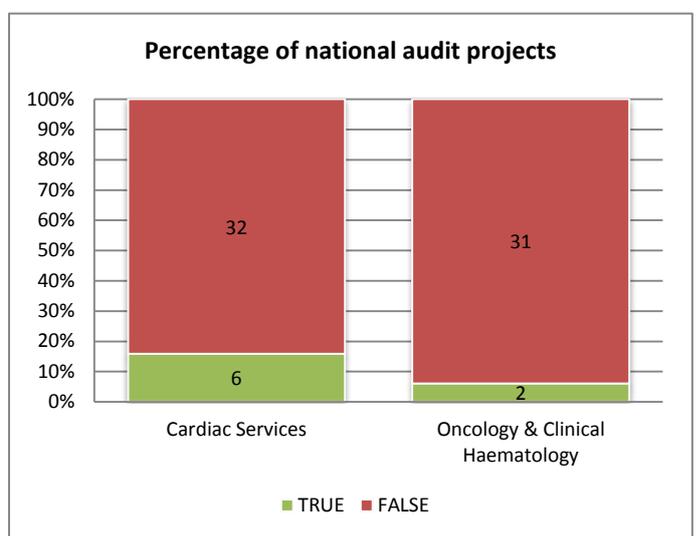
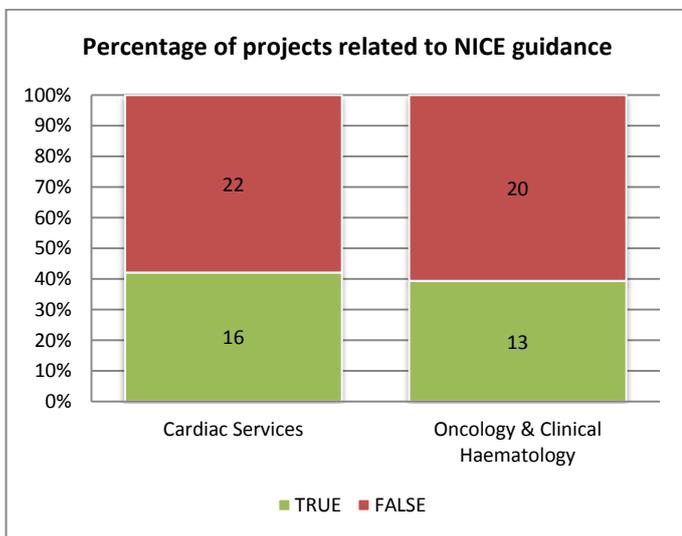
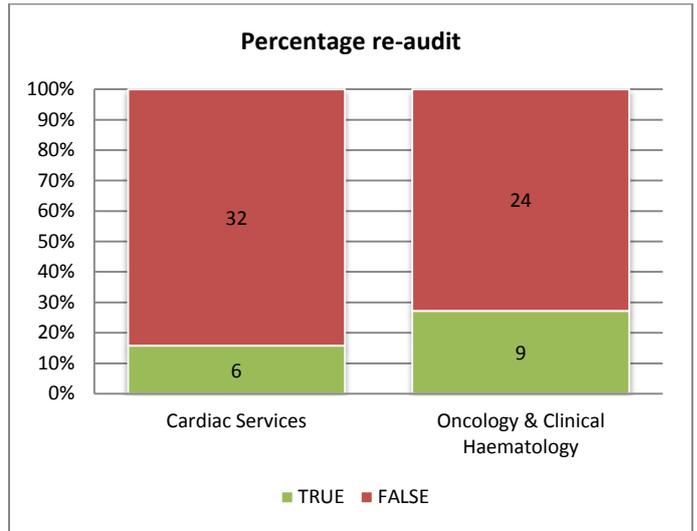
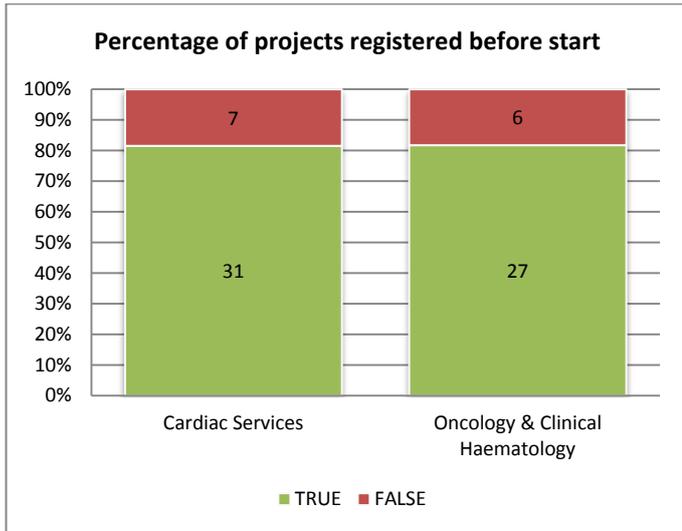
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The following graphs provide a Divisional/Specialty breakdown of the overall KPIs outlined in section 2.2.



The following table outlines the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15 (Plan) and the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D. These projects are highlighted in either   or   depending on the status of the projects. The table also details the status of all other registered activity within the Division/Specialty.

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Ref	Provisional Title of Project	Plan	Priority	Status
<b>Cardiac Services - Cardiac Anaesthesia</b>				
3846	Impact of the anaesthetist on mortality – a comparative audit	Yes	3	In Progress
4012	Time of admission of surgical patients			In Progress
4040	Audit of Prescribing Practices Within the Bristol Heart Institute	Yes	2	In Progress
<b>Cardiac Services - Cardiac Surgery</b>				
549	HRT002 - National Adult Cardiac Surgery Audit (ACS)	Yes	1	Ongoing
3304	Early and long-term outcome of mitral valve surgical procedures in adult patients			In Progress
<b>Cardiac Services - Cardiology</b>				
223	HRT001 - Myocardial Infarction National Audit Project (MINAP)	Yes	1	Ongoing
366	HRT006 - National Heart Failure Audit (HF)	Yes	1	Ongoing
809	HRT005 - National Coronary Angioplasty Audit	Yes	1	Ongoing
1578	HRT004 - National Cardiac Arrhythmia Audit (HRM)	Yes	1	Ongoing
2960	Should we still be screening patients with coarctation of the aorta for intracranial aneurysms? A re-audit.			Completed
3262	NICE technology appraisal TA95 Implantable cardioverter defibrillators (ICDs) for the treatment of arrhythmias			In Progress
3301	Nursing nutritional assessment and the incidence of pressure ulcer occurrence in Heart Failure patients			In Progress
3374	Audit of implantable devices used in cardiac rhythm management at University Hospitals Bristol			Ongoing
3375	Outcomes following VT ablation			Ongoing
3465	Audit of Percutaneous Balloon Mitral Valvuloplasty			In Progress
3480	Effectiveness of paroxysmal and persistent atrial fibrillation ablation			In Progress
3654	Simvastatin and calcium channel blocker prescription			Completed
3655	Renin-Angiotensin-Aldosterone System (RAAS) medication prescription			Completed
3665	Documentation of TR Band removal and radial artery occlusion rate post coronary intervention via the radial route			In Progress
3700	Audit of Non ST segment elevation myocardial infarction (NSTEMI) pathway			In Progress
3701	Conscious Sedation for Transoesophageal Echocardiography			In Progress
3761	The usage of Ivabradine for treating chronic heart failure NICE TA267	Yes	3	Completed
3804	Outcomes following stress echocardiography	Yes	3	Completed
3812	Follow up procedures for Fontan patients			In Progress
3816	Management of patients with ST elevation myocardial infarction treated with primary percutaneous coronary intervention	Yes	3	Completed
3820	Safety and efficacy of closure of Patent Foramen Ovale in divers	Yes	3	Completed
3825	Contraception use and advice given to women with heart disease of child-bearing age.			In Progress
3826	Retrospective evaluation of risk stratification for patients with Acute Coronary Syndrome			In Progress
3828	Patient satisfaction in the management of myocardial infarctions			In Progress
3841	Aortic Balloon Valvuloplasty, an audit of procedural complications, success and clinical outcomes			Completed
3842	Open Access Chest Pain Clinic next day service – NICE CG 95	Yes	3	In Progress

3843	Missed appointments in the Cardiac Outpatient Department of Bristol Heart Institute	Yes	3	In Progress
3844	Pre-operative imaging assessment in Trans Aortic Valve Implantation			In Progress
3893	Management of atrial fibrillation in the Emergency Department at UH Bristol			In Progress
3894	Incidence rate and severity of pocket haematomas			In Progress
3906	Bivalirudin for the treatment of ST-segment-elevation myocardial infarction - NICE TA230	Yes	1	In Progress
3944	The usage of Ivabradine for treating chronic heart failure - Re-audit ID 3761			Completed
4019	Angiotensin converting enzyme inhibitor and angiotensin receptor blocker combination therapy in hypertension at the Bristol heart institute	Yes	2	Completed
<b>Oncology &amp; Clinical Haematology - Clinical Haematology</b>				
3619	TAG 193 - Rituximab for the treatment of relapsed or refractory chronic lymphocytic leukaemia			In Progress
3639	Audit of the new Trust guidelines for the management of febril neutropenia			Completed
3695	Consent for chemotherapy for patients diagnosed with Acute Myeloid Leukaemia (AML)			Completed
3837	Hydroxycarbamide in adult sickle cell patients			In Progress
3901	NICE technology appraisal guidance TA129 Bortezomib monotherapy for relapsed multiple myeloma	Yes	1	In Progress
3973	Re-audit of Sickle Cell Disorder patients presenting in crisis receiving first dose of analgesia within 30 minutes of arrival	Yes	3	Completed
3987	Audit of Patient Controlled Analgesia (PCA) within the haematology and Bone Marrow Transplant setting	Yes	2	In Progress
4024	Use of prophylactic antibiotics in sickle cell and thalassaemia patients - re-audit	Yes	3	Completed
4025	Vaccination history of sickle cell and thalassaemia patients	Yes	3	Completed
<b>Oncology &amp; Clinical Haematology - Oncology</b>				
554	CAN002 - National Lung Cancer Audit (NLCA)	Yes	1	Ongoing
3351	Completeness of chemotherapy Pre Assessment and Administration charts			Completed
3378	Management of Metastatic Spinal Cord Compression - re-audit- NICE CG75/92/29			In Progress
3553	An audit to assess the prevention of corticosteroid-induced osteoporosis in patients with CNS tumours			Completed
3554	Referral of 15-24 year old patients with cancer to the TYA MDaT			In Progress
3613	A re-audit of weekly checks documentation undertaken within the radiotherapy department at the BHOC (original ID 3285)			Completed
3621	An audit of Post Radio-iodine Ablation follow-up for differentiated thyroid cancer			Completed
3736	Audit of CHART Radiotherapy	Yes	2	In Progress
3809	Pemetrexed in NSCLC			In Progress
3810	Adherence to BHOC policy for the treatment of extravasation injury - cytotoxic extravasation incidence, reporting and completeness of documentation	Yes	2	Completed
3811	Outcome of patients with oesophageal cancer following oesophagectomy			In Progress
3867	"It's Your Turn" Patient information on Pressure ulcer prevention	Yes	2	In Progress
3868	Administration time, dose alterations and dose delays in germ cell cancer patients undergoing inpatient chemotherapy			In Progress
3869	Audit of the use of prophylactic cranial irradiation in patients with small cell lung cancer	Yes	3	In Progress
3926	UH Bristol Trustwide Neutropenic Sepsis Audit			Ongoing
3988	Re-audit of the completeness of chemotherapy Pre Assessment and Administration charts (original audit ID 3351)			Completed
3989	Stereotactic Ablative Body Radiotherapy for Non-Small Cell Lung Cancer	Yes	2	In Progress
3990	Re-Audit of Medical Documentation in out-patients and on the BHOC wards	Yes	3	In Progress
4035	Hyponatraemia in small cell lung cancer			In Progress
*	High dose rate brachytherapy for treatment of localised prostate cancer	Yes	2	In Progress
	Audit of completion of pregnancy status and fertility status on the radiotherapy form	Yes	3	Not Started
	Drug chart audit	Yes	3	Not Started
	Audit of Aprepitant for control of chemotherapy induced nausea and vomiting	Yes	3	Not Started

Oncology & Clinical Haematology - Palliative Medicine				
3416	Audit of 'Do not attempt resuscitation' documentation (part of a BNSSG-wide audit)			Completed
3727	National Care of the Dying Audit – UH Bristol version 2014			In Progress
3851	Audit of syringe pump use in UH Bristol			In Progress
4030	Audit of the use of Treatment Escalation Personalised Plans in UH Bristol	Yes	2	In Progress
4031	Audit of 'Do not attempt resuscitation' documentation			In Progress
*	Advanced Care Planning	Yes	3	In Progress

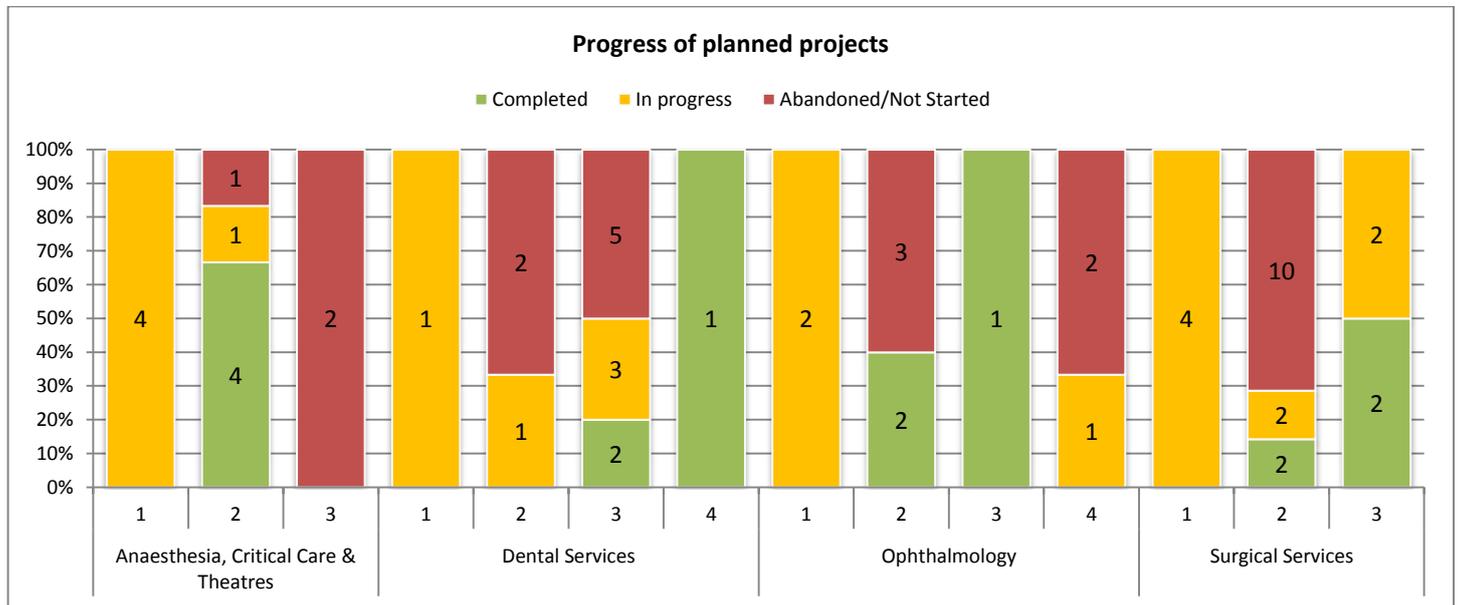
**The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.**

- 2960 This audit identified that performing brain scans on patients with coarctation of the aorta for intracranial aneurysms every five years should be continued as part of their cardiac assessment.
- 3654 The audit of simvastatin and calcium channel blocker prescription found practice to be in line with current guidance. Posters outlining MHRA/NICE guidance were placed in outpatient clinics.
- 3655 The results of this audit of renin-angiotensin-aldosterone system medication demonstrated that prescriptions were in line with guidance. Posters outlining MHRA / NICE guidance were placed in outpatient clinics as reminder to staff.
- 3761 This audit of the usage of Ivabradine for treating chronic heart failure led to further training for staff in terms of goal setting in titrating conventional medications. Printed educational materials with ivabradine criteria have been made available in the heart failure clinic rooms.
- 3804 As a result of this audit, a standard reporting system was implemented, based on the British Society of Echocardiography guidelines. Staff were reminded to record patients' weight on the stress echo (SE) report. SE target heart rate and termination criteria were discussed and the criteria made available for reference in SE laboratories.
- 3816 This audit has led to a review of the Trust's policy regarding implantable cardiac defibrillator consideration, in order to align with the latest NICE guidelines. This will benefit the management of patients with ST elevation myocardial infarction treated with primary percutaneous coronary intervention.
- 3820 This audit demonstrated that the safety and efficacy of closure of Patent Foramen Ovale (PFO) in divers were in line with published national results.
- 3841 A standard documentation proforma was developed as a result of this audit into aortic balloon valvuloplasty.
- 3944 This re-audit showed a significant improvement in the usage of ivabradine for treating chronic heart failure.
- 4019 The re-audit of angiotensin converting enzyme inhibitor and angiotensin receptor blocker combination therapy in hypertension demonstrated improvement in practice.
- 3695 Due to the variability of compliance against local guidelines on the completeness of consent for chemotherapy for Acute Myeloid Leukaemia (AML) highlighted by this audit, a chemotherapy-specific consent form has been developed and will be trialled.
- 3973 This audit demonstrated that all patients were administered diamorphine as per the Trust guidelines. Teaching sessions were conducted for all staff on the management of acute sickle cell crisis (where areas of poor practice were identified). In addition teaching sessions on the documentation of key information were carried out.
- 4024 The results of this re-audit highlighted an increase in the number of sickle cell and thalassaemia patients taking prophylactic antibiotics: continued patient education since the initial audit has had a positive impact.
- 4025 This audit into the management of patients with both sickle cell and thalassaemia has led to education of patients and GPs regarding the importance of up to date vaccinations. The development and availability of a dedicated GP letter requesting appropriate vaccinations, should also help increase the number of patients appropriately vaccinated.
- 3351 The results of this audit demonstrated poor completeness of the chemotherapy pre-assessment and administration charts. The chemotherapy pre-assessment and administration charts have been amended following this audit. This has been widely consulted upon and fed back at audit presentation meetings, discussed at the BHOC chemotherapy group and circulated to the medical staff.
- 3553 The results of this audit highlighted the lack of use of the FRAX score for evaluating fracture risk of patients on long term steroids. A FRAX patient questionnaire is being piloted to assist in identifying patients requiring osteoporosis prevention treatment.
- 3613 The results of this re-audit highlighted improvement with regards radiographers completing weekly checks for patients. Practice still needs to improve however, and the weekly checks protocol has been updated regarding 15 fraction breast treatments.

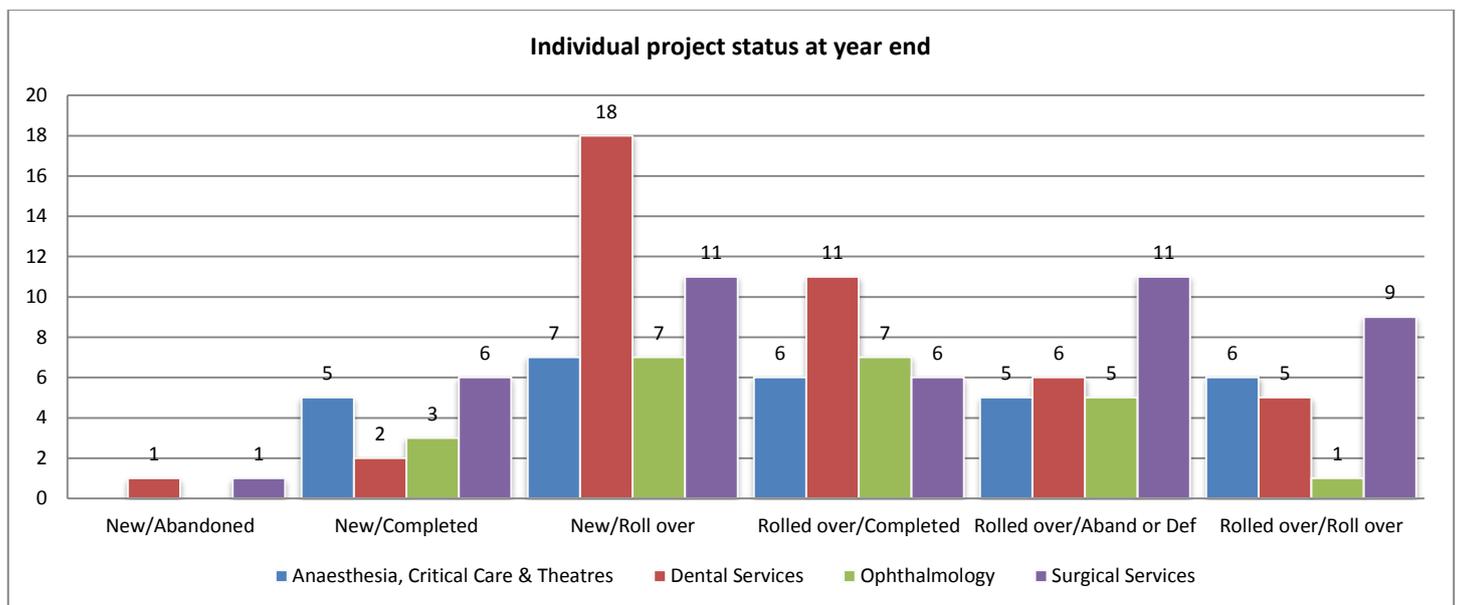
- 3621 The results of this audit demonstrated excellent compliance with performing post ablation radioiodine scans and measuring thyroglobulin levels. The introduction of routine ultrasound scans for all patients not just intermediate and high risk patients has been implemented following this audit.
- 3810 The results of this audit demonstrated poor completeness of the cytotoxic drug extravasation form and the prescribing of 'antidotes'. Following presentation of the results locally, staff were re-educated on the extravasation policy. The introduction of the BHOC community emergency drug proforma throughout BHOC (including community sites), along with adding the proforma to the chemocare prescribing system, will facilitate the improvement of prescribing 'antidotes'.
- 3988 The results of this re-audit demonstrated improved completeness of the chemotherapy pre-assessment and administration charts. The number of assessment charts filed in the notes has greatly improved since the initial audit. Presentation of the audit results locally resulted in further proposed redesign of the assessment documentation.
- 3416 Overall the degree of compliance with the standards for recording DNACPR information has improving since the unified BNSSG form has been in use. Teaching on the DNACPR has been changed to emphasise the importance of completing the form fully, including whether it is an indefinite decision or not, wording reasons for DNACPR carefully and accurately and ensuring patients (or their relevant others if patient lacks capacity) are fully informed about their current situation.

### 3.4 SURGERY, HEAD AND NECK

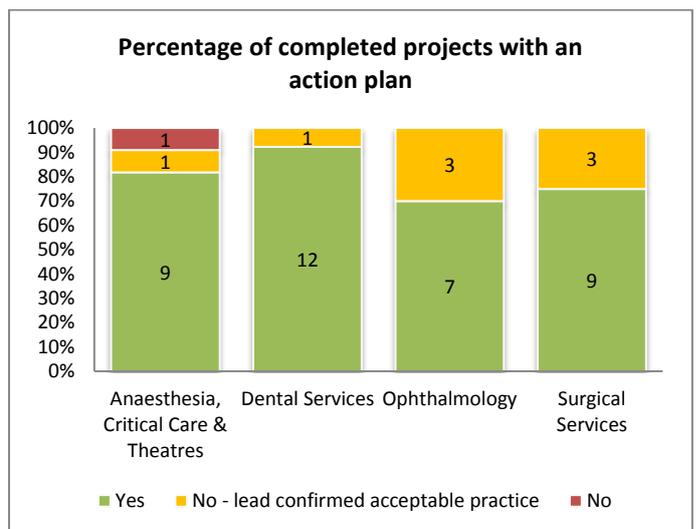
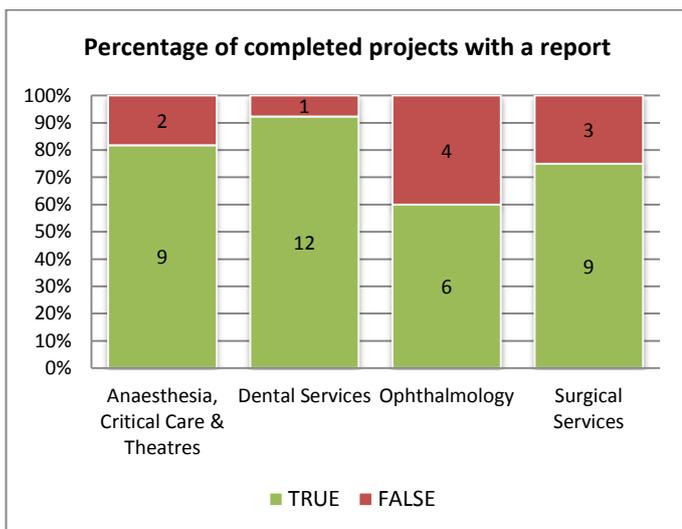
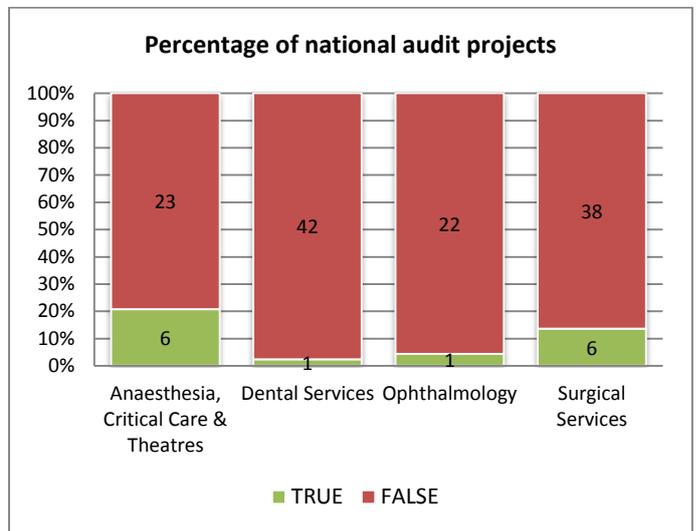
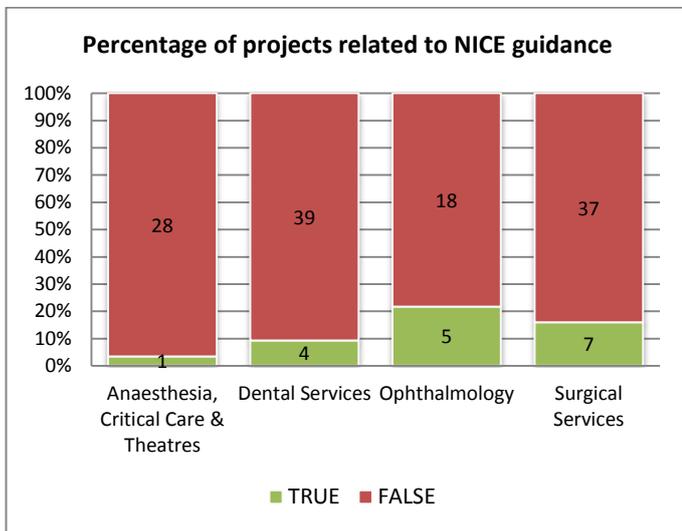
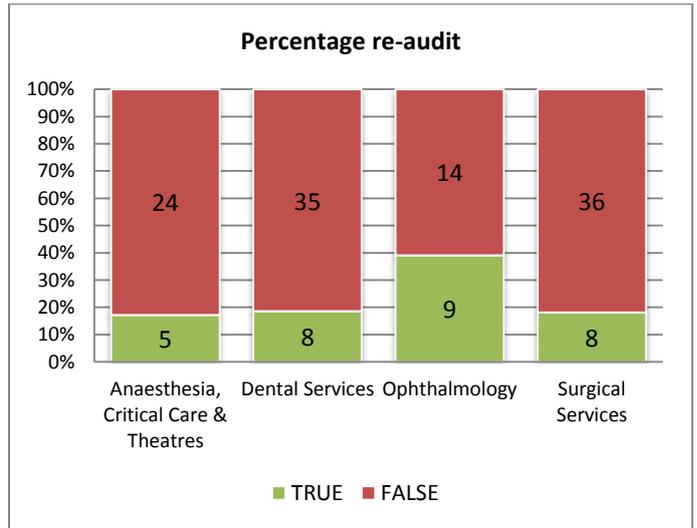
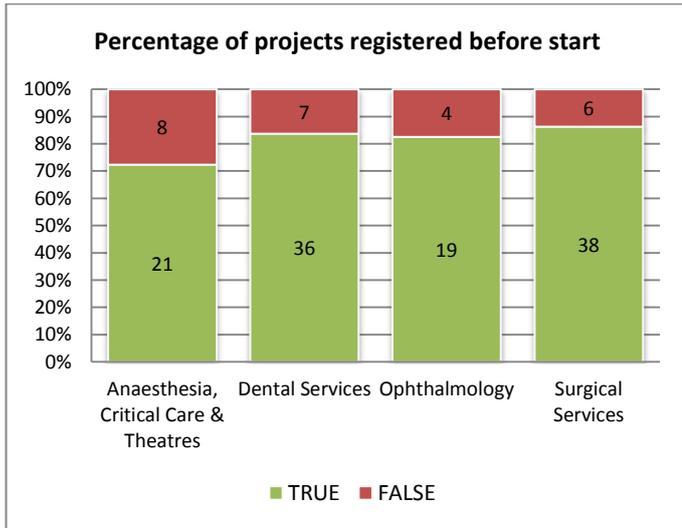
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Ref	Provisional Title of Project			Status
<b>Adult Ear, Nose and Throat (ENT)</b>				
3646	Provision of patient information in ENT: informed consent			Abandoned
3685	ENT Hot clinic referrals			Completed
3729	Injection snoreplasty – prospective audit of newly approved interventional procedure at UHBristol	Yes	2	Abandoned
	Active Middle Ear Implant (Vibrant Soundbridge)	Yes	2	Not Started
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Anaesthesia</b>				
1704	Dural Puncture			Ongoing
3446	OLP009 - Falls and Fragility Fractures Audit Programme - Anaesthetic Sprint Audit Project (ASAP)			Completed
3493	Retrospective audit of major lower limb amputation			Completed
3512	ACU003 - National Emergency Laparotomy Audit (NELA)	Yes	1	Ongoing
3530	Chronic pain- Audit of record keeping standards during epidural injections for the management of spinal origin pain			Abandoned
3605	Use of the major haemorrhage protocol at St Michaels Hospital			Completed
3658	Obstetric Anaesthesia Documentation Audit			Abandoned
3669	Frequency and Severity of Complications of Ophthalmic anaesthesia in cataract surgery			Completed
3687	Lung protective ventilation in theatres			Abandoned
3705	Safety of epidural catheter removal as part of the acute pain management	Yes	2	Abandoned
3719	Hyperglycaemia in theatre recovery			In Progress
3793	Re-audit of Post-Operative Epidural Analgesia Monitoring			Completed
3800	Do patients follow exercise advice pre-op?			Completed
3881	Patient fitness pre-surgery at UHB			Completed
3972	Perioperative fluid management in patients with fractured neck of femur			In Progress
	Perioperative Anaphylaxis	Yes	3	Not Started
	NCEPOD 'Knowing the risk'	Yes	3	Not Started
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Critical Care Services</b>				
160	Adult Critical Care Case Mix Programme (ICNARC-CMP)	Yes	1	Ongoing
537	Potential Donor Audit (PDA)	Yes	1	Completed
3139	National Cardiac Arrest Audit (NCAA)			Ongoing
3219	Critical illness rehabilitation from intensive care unit			Completed
3400	Delayed and out of hours discharges from ITU			Abandoned
3634	Trauma Audit Research Network (TARN)	Yes	1	Ongoing
3829	Visual and hearing impairment aids in ICU patients			Completed
3883	Compliance with protected catheter sputum screening for ventilator associated pneumonia (VAP)			In Progress
3887	Intensive Care Referrals audit			In Progress
3921	Audit of tracheal tube length and tip position in ventilated patients			In Progress
3934	Acute respiratory distress syndrome (ARDS) in Critical Care			In Progress

3948	Mechanical ventilation audit			In Progress
4028	End tidal Co2 values in pre hospital ventilated patients.			In Progress
	Safer Care South West (Critical Care)	Yes	2	Completed
	ALung Hemolung Respiratory Assist System	Yes	2	Not Started
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Theatres</b>				
*	Safer Care South West (Perioperative care)	Yes	2	Ongoing
3833	WHO surgical safety check list	Yes	2	Completed
<b>Dental Services - Oral &amp; Maxillofacial Surgery</b>				
2414	CAN003 - National Head and Neck Cancer Audit (DAHNO)	Yes	1	Ongoing
3675	An audit to assess the success rate of surgical endodontics (apicectomy) within the oral surgery department			In Progress
3713	Quality of clinical coding in oral and maxillofacial surgery			Completed
3786	Arthrocentesis efficacy in improving symptoms and function in patients with TMJDS			In Progress
3862	Audit of fast track head and neck cancer referrals at University Hospitals Bristol			In Progress
3936	Oral Surgery Outpatient Conscious Sedation – Audit of Practice.			In Progress
3952	Basal Cell Carcinoma excision margins			In Progress
3963	Dry sockets audit 2014			In Progress
3975	Audit on the use of cone beam CT imaging prior to surgical removal of wisdom teeth			In Progress
3997	Outpatient Intra oral biopsies at BDH			In Progress
	Bisphosphonate related osteocronosis of the jaw (BRONJ)	Yes	3	Not Started
<b>Dental Services - Oral Medicine</b>				
2826	Histopathological Diagnosis of Vesiculobullous Diseases			Completed
3317	Histopathological Diagnosis in Oral Medicine [re-audit]			Abandoned
3420	Head and Neck Cancer: Is radiotherapy being delayed by dental screening and subsequent extractions?			Completed
3579	Pre-surgical blood investigations for abnormal coagulation due to possible alcohol induced liver impairment			Completed
3595	Quality of Clinical Information on Biopsy Request Forms			Abandoned
3774	Follow up of patients taking systemic immunosuppressant medications			Abandoned
3863	Audit of follow up appointments for oral epithelial dysplasia			In Progress
3962	Photographic storage audit			In Progress
	Smoking cessation advice	Yes	3	Not Started
<b>Dental Services - Orthodontics</b>				
3157	Management of orthodontic patients with a history of dental trauma to incisor teeth			Completed
3773	Audit reviewing the drop-out rates of new paediatric and orthodontic referrals.			In Progress
3949	Orthodontic extraction letters			In Progress
3979	Audit of joint Orthodontic –Restorative cases treated with Fixed appliances at Bristol Dental Hospital.			In Progress
4002	An Audit of Orthodontic Treatment Outcomes as defined by PAR Score reduction and Treatment Length in a Dental Hospital			In Progress
4038	An audit of clinician and administration staff compliance with DNA policy for children treated in the orthodontic department	Yes	2	In Progress
	Periodontal screening in adult orthodontic patients	Yes	3	Not Started
<b>Dental Services - Paediatric Dentistry</b>				
3357	Fluoride: are we following the national guidelines? [re-audit of 2430]			In Progress
3481	Patient satisfaction with paediatric general anaesthetic services for dental treatment			Deferred
3745	Audit of introducing a trauma form in paediatric dentistry	Yes	3	Completed

3861	Clinical audit of documentation and recording use of local anaesthetic in the paediatric dental department			In Progress
4018	Inhaled sedation audit in the paediatric dentistry department			In Progress
	Sickle cell Audit	Yes	3	Not Started
<b>Dental Services - Primary Care Dental Services (PCDS)</b>				
3642	Success of Hall technique pre formed metal crowns			Completed
3891	An audit on the quality of radiographs in the Out of Hour Dental Service (OOHs)	Yes	3	In Progress
<b>Dental Services - Restorative Dentistry</b>				
3082	Quality of life of patients with total prostheses before and after treatment with conventional dentures in Bristol Dental Hospital			Completed
3163	Patient satisfaction of Dental GA care pathway for Special Care patients			Abandoned
3224	Dental implant treatment at Bristol Dental Hospital			Completed
3292	Are radiographs utilised on new patient periodontal clinics appropriate to aid periodontal diagnosis?	Yes	3	In Progress
3430	Restorative undergraduate treatment plans			Abandoned
3459	Quality of dental screening and DPT fluoride prescriptions in the management of head and neck oncology patients	Yes	3	Completed
3529	Caries prevention regimes given to head and neck oncology patients following oncological therapy			Abandoned
3661	The quality of Endodontic referral radiographs received at the Bristol Dental Hospital.			Completed
3680	Denture care for inpatients			In Progress
3711	Patient referrals for Temporomandibular Joint Dysfunction to Bristol Dental Hospital			Completed
3746	The quality of undergraduate crown and bridge impressions			Completed
4027	Record Keeping by Undergraduate Dental Students at Bristol Dental School			In Progress
	Tooth survival and restorative status of undergraduate root treated teeth	Yes	3	Not Started
<b>Ophthalmology - Unspecified</b>				
3614	Management of giant cell arteritis at Bristol Eye Hospital [re-audit of 2710]			In Progress
<b>Ophthalmology - A&amp;E and Primary Care</b>				
3165	Record-keeping for child casualty patients at BEH [re-audit of 2836]			Abandoned
3813	Re-audit of waiting times and follow ups in the BEH emergency department	Yes	3	Completed
4033	Renal function stability in acute angle closure glaucoma patients treated with IV acetazolamide			In Progress
<b>Ophthalmology - Cornea &amp; Cataracts</b>				
2872	Ocular biometry (re-audit of 2362)			Abandoned
3703	Re-audit of microbial keratitis at Bristol Eye Hospital	Yes	4	Completed
3718	Cataract outcomes audit 2013 (re-audit of 3423)	Yes	3	Completed
	Implantation of multifocal intraocular lenses during cataract surgery	Yes	2	Not Started
	Intraocular lens insertion for correction of refractive error with preservation of the natural lens guidance	Yes	2	Not Started
<b>Ophthalmology - Glaucoma &amp; Shared Care</b>				
3458	Normal tension glaucoma audit - current BEH practice NICE CG 85			Completed
3848	Glaucoma follow ups at the Bristol Eye Hospital 2014 re-audit 2014 NICE CG 85 - Quality Standard 7			In Progress
	Selective Laser Trabeculoplasty (SLT)	Yes	2	Not Started
	Trabeculectomy outcomes	Yes	2	Npt Started
<b>Ophthalmology - Medical &amp; Surgical Retina</b>				
3419	Dexamethasone intravitreal implant (OZURDEX®) for patients with vision loss due to macular oedema			Abandoned
3776	Endophthalmitis Audit	Yes	2	Completed
3781	Low fluence photodynamic therapy (PDT) in central serous retinopathy (CSR)			Completed
3965	Outcomes following Pars Plana Vitrectomy for Epiretinal membrane			In Progress
3983	Outcomes of retinal detachment surgery			In Progress

3995	Aflibercept for the treatment of wet age-related macular degeneration - NICE TA294	Yes	1	In Progress
4013	Ranibizumab for treating diabetic macular oedema - NICE TA274	Yes	1	In Progress
	Lucentis outcomes	Yes	2	Not Started
<b>Ophthalmology - Orthoptics &amp; Optometry</b>				
3556	Reception vision screening [re-audit of 3287]			Completed
	Assessment of orbital trauma patients	Yes	4	Not Started
<b>Ophthalmology - Paediatrics, Oculoplastics &amp; Squint</b>				
3166	Outcomes of adult ptosis surgery			Abandoned
3210	Retinopathy of Prematurity screening in Bristol [re-audit of 2094]			Abandoned
3229	Surgical Outcome of Correction of Exotropia in Children			Completed
3456	Audit of on the day oculoplastic surgery cancellations			Completed
3692	Surgical treatment of convergent esotropia (strabismus) in children			Completed
3782	Management of paediatric cataracts in the Bristol Eye Hospital.			In Progress
	Periorbital filler injection	Yes	2	Not Started
<b>Adult Surgical Specialties - Unspecified</b>				
3343	Is Foundation doctors' understanding of IV fluid prescribing adequate?			Abandoned
3371	Surgical Ward Rounds in the BRI: when, who and how often?			Abandoned
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)			In Progress
3792	Oxygen prescribing on Surgical Wards - an audit of compliance with Trust Policy			In Progress
<b>Adult Surgical Specialties - Colorectal Surgery</b>				
2482	CAN001 - National Bowel Cancer Audit (NBOCAP)	Yes	1	Ongoing
3342	Are we following the NCEPOD recommendations for emergency surgery in Octogenarians?			Completed
3383	Re - admission to hospital of patients waiting for hot gall bladder lap cholecystectomy waiting list			Deferred
3785	Adherence to NICE guidelines (CG174) on IV fluid prescription for elective colorectal patients	Yes	2	In Progress
3864	Best outcome in emergency abdominal surgery			In Progress
4022	Audit of sharps bins on surgical wards			In Progress
4032	Enhanced recovery compliance and surgical outcomes after colorectal resections.			In Progress
*	SECCA (Radiofrequency Ablation for Faecal Incontinence)	Yes	2	In Progress
<b>Adult Surgical Specialties - Orthopaedics (T&amp;O)</b>				
2568	ACU001 - National Joint Registry (NJR)	Yes	1	Ongoing
2592	Surgical Site Infection Surveillance (SSIS)			Ongoing
3223	Head Injury Management			Completed
3397	Day case Hand Surgery at South Bristol Community Hospital: Cancellations and patient experience			Abandoned
3508	Total hip replacement (THR) following trauma: are we compliant with NICE guidelines?			Completed
3754	Audit of fracture service Boast standards	Yes	3	In Progress
3920	Audit and re-audit of accuracy of named orthopaedic consultant for patients admitted to the BRI			Completed
3959	Time to initial fracture clinic appointment at the Bristol Royal Infirmary			In Progress
3966	Appropriateness of Preoperative Bloods taken for Minor Orthopaedic Operations/Trauma Day Cases			Completed
3985	Review of Post-Operative Radiographs in Trauma & Orthopaedics			In Progress
3986	Consent in emergency trauma surgery			In Progress
<b>Adult Surgical Specialties - Thoracic Surgery</b>				
553	Thoracic Surgery Return	Yes	3	Ongoing
3280	Thoracic Surgery lobectomy patients – why are patients staying longer than 5 days in hospital.			Abandoned

3284	Effectiveness of routine lung cancer follow-up			Completed
3455	Waiting times for referral to emergency thoracic surgery at UHB			Completed
3583	Thoracic surgery smoking cessation audit			Abandoned
3726	Patients undergoing VATS and open lobectomy or segmentectomy at UHB 2012-13			In Progress
3836	Emergency thoracic surgery			Completed
<b>Adult Surgical Specialties - Upper GI Surgery</b>				
2484	CAN005 - National Oesophago-Gastric Cancer Audit (NAOGC)	Yes	1	Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)			In Progress
3716	Clinical Variation in Practice of Laparoscopic Cholecystectomy and Surgical Outcomes			In Progress
3924	Re-admission rates following cholecystectomy			In Progress
4023	Management of acute pancreatitis			In Progress
	Oesophageal brachytherapy	Yes	2	Not Started
	Endoscopic vacuum therapy for perforation/ leakage in the oesophagus	Yes	2	Not Started
	Microwave ablation for the treatment of liver metastases	Yes	2	Not Started
	Insertion of wound catheters for post-operative pain control	Yes	2	Not Started
<b>Adult Surgical Specialties - Vascular Surgery</b>				
2485	HRT008 - National Vascular Registry (NVR)	Yes	1	Abandoned
3282	Clinical Audit of stent graft surveillance after EVAR at treatment centres within the Bristol, Bath and Weston AAA Screening Programme			Abandoned
3514	NICE TA167 Endovascular stent grafts			Abandoned
3532	Referral of diabetic vascular patients to podiatry services			Abandoned
3771	Management of incidental abdominal aortic aneurysms (AAA) according to the National AAA screening	Yes	3	Completed
3775	Audit of surgical site infections post vascular surgery NICE guidance CG 74	Yes	3	Completed

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

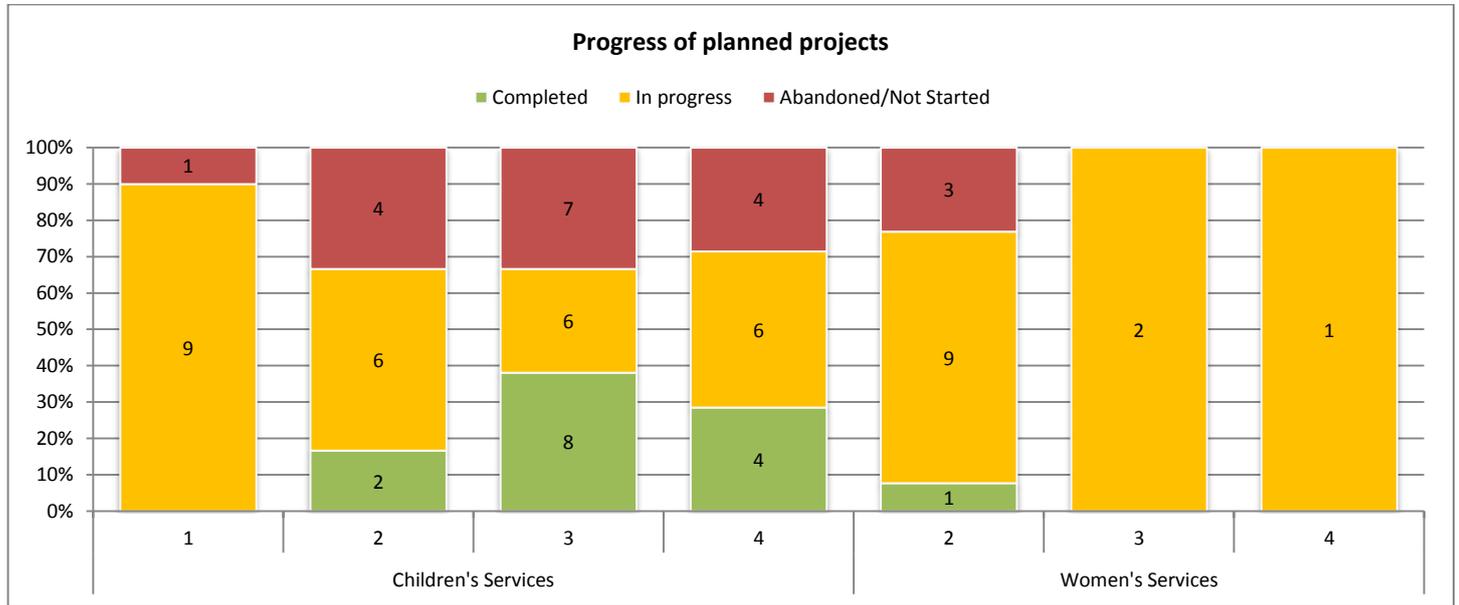
- 2826 This audit of the histopathological diagnosis of vesiculobullous diseases (VBD) identified areas of good practice in terms of diagnosis but a need for improvement was identified in relation to the provision of reports. Actions to help ensure that VBD patients see the same clinician on presentation and post biopsy have been discussed. A re-audit is in progress.
- 3082 Guidelines are in development as a result of this audit into the use of total prostheses.
- 3219 This audit led to the introduction of an improved physiotherapy rehabilitation programme to better identify patient needs and optimise the care of critically ill patients.
- 3223 A head injury proforma has been developed as a result of this audit into head injury management. Trust guidelines for the admission of patients presenting with head injuries are being clarified and discussed with the regional trauma network as to the most appropriate way to manage them.
- 3224 This audit of dental implant treatment demonstrated good practice in relation to local and national guidance.
- 3229 This audit of the surgical outcome of correction of exotropia in children demonstrated good practice.
- 3284 This audit demonstrated excellent adherence to standards relating to the routine follow up of patients with lung cancer.
- 3342 A dementia screening protocol is in the process of being developed as part of this audit.
- 3420 This audit of whether radiotherapy was being delayed by dental screening and extractions demonstrated good practice in relation to the timeliness of extractions (completed a minimum of 10 days before commencement of radiotherapy). This helps ensure that radiotherapy can begin within 31 days of the MDT decision to treat.
- 3446 This snapshot national audit of anaesthesia in hip fracture patients has led to the development of locally agreed guidelines for general and spinal anaesthesia. These guidelines aim to standardise departmental practice for this group of patients and increase adherence to the national best practice tariff.
- 3455 This audit of waiting times to referral for emergency thoracic surgery has led to ongoing data collection to facilitate daily bed management meetings focusing around trust wide bed availability and predicted admissions/discharges.

- 3456 This audit of cancelled operations and re-admission rates for patients undergoing oculoplastic surgery demonstrated that targets were being met.
- 3458 Local guidance has been agreed as a result of this audit into the management of tension glaucoma (against NICE guidance). It was agreed that clinical staff will check data within Medisoft® to help identify obsolete diagnosis codes and improve data quality.
- 3459 This audit of dental screening and DPT fluoride prescriptions in the management of head and neck oncology patients has led to the amendment of the current screening proforma within the service.
- 3493 The weekend working practice of the acute pain team has been reviewed as a result of this audit into lower limb amputation, with an aim to provide more equitable cover.
- 3508 This audit of surgical/trauma management of patients with a fractured hip (and needing a total hip replacement) demonstrated good compliance with NICE recommendations for the management of these patients.
- 3556 Training and education sessions were undertaken with schools regarding the testing/vision screening at reception level. Referral criteria were also reviewed and widely disseminated.
- 3579 This audit of pre-surgical blood investigations for abnormal coagulation due to possible alcohol induced liver impairment has led to a change in working practice regarding ordering of blood tests at the same presentation. This will speed up the investigation process.
- 3605 The 'Major Haemorrhage' panel on ICE has been updated to include the drug Fibrinogen as a result of this audit of the major haemorrhage protocol.
- 3642 Further training of staff within the Primary Care Dental Service in the Hall Technique has been arranged as a result of this audit.
- 3661 As a result of this audit of endodontic referrals received at the Bristol Dental Hospital, it was agreed that where no radiograph, or a diagnostically unacceptable radiograph, is provided with an endodontic referral letter, the referral will not be accepted for a consultation and be returned to the referrer. This will improve the quality of referrals
- 3669 It was agreed that routine data entry into Medisoft® will be monitored more frequently as a result of this audit of the frequency and severity of complications from ophthalmic anaesthesia for cataract surgery
- 3685 This re-audit of ENT 'Hot' (urgent) clinical referrals demonstrated that the changes to documentation made since a previous audit have led to a large reduction in administrative time spent searching for patient details for patients referred by telephone to the clinic.
- 3692 As a result of this audit of the surgical treatment of convergent esotropia (strabismus) in children, teaching sessions on Medisoft® have been provided to improve the quality of data. A new esotropia proforma for inclusion in the patient's medical record has also been introduced.
- 3703 Local guidance was reviewed and circulated to all staff as a result of this audit of microbial keratitis. A re-audit is planned for 2015/16.
- 3711 As a result of this audit, a new referral form for patients with temporomandibular joint dysfunction has been developed. This form will incorporate the Temporomandibular disorders checklist and help improve the quality of referrals.
- 3713 This audit into the quality of clinical coding in oral and maxillofacial surgery established that practice could be improved. As a result, clinical coding advice/principles were disseminated to all staff to increase the quality of co-morbidity recording.
- 3718 This re-audit of cataract outcomes demonstrated that post-operative visual acuity returns had improved and that the complication rate has decreased since the original audit.
- 3745 A trauma form was introduced in paediatric dentistry clinics as a result of this audit. This will help document key clinical information needed at the time of presentation.
- 3746 This audit led to new magnification lamps being purchased to help improve the quality of crown and bridge impressions. The current undergraduate teaching curriculum was updated to emphasise the common mistakes and faults with regards to impression-taking for fixed extra-coronal restorations.
- 3752 This audit of urethral catheterisation led to the implementation of a new insertion form and the agreement to use one insertion record rather than two. Monthly safety bulletin, laminated posters for wards and junior doctor induction were used to raise awareness of new practice.
- 3776 As a result of this audit of endophthalmitis practice, it was agreed that povidone iodine be applied to lids and eyes in the anaesthetic room for five minutes prior to surgery. A new biopsy kit was created and training on the safe introduction of ward biopsies has been implemented using the simulation suite. Patient information leaflets have also been revised.
- 3781 As a result of this audit of low fluence photodynamic therapy in central serous retinopathy, it was agreed that the central retinopathy guidelines should be included in the induction pack of trainees starting in the Bristol Eye Hospital.
- 3793 This re-audit of post-operative epidural analgesia monitoring demonstrated improvement in key areas such as the frequency of mandatory observations and the degree of motor and sensory block.

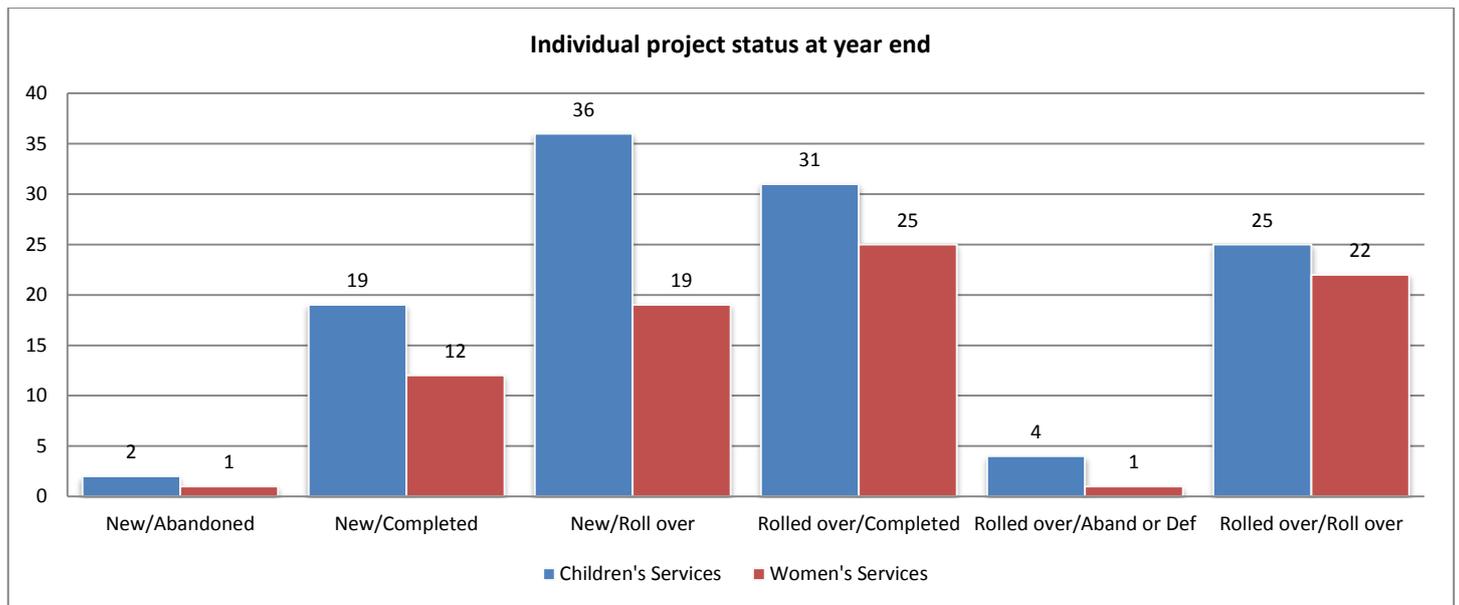
- 3800/ 3881 This audit of whether patients follow exercise advice pre-operation has helped support grants to fund a pre-habilitation programme to improve their fitness for surgery, thus helping to reduce post-operative length of stay and post-operative complication rates).
- 3813 This re-audit of waiting times in the Bristol Eye Hospital Emergency Department demonstrated improvements in waiting times with 99% of patients waiting less than 4 hours from arriving at reception to receiving a final outcome.
- 3829 This audit of visual and hearing impairment aids in ICU patients demonstrated improved practice against standards after changes were made to the Innovian® nursing assessment system after the initial audit.
- 3833 This audit of the surgical safety checklist supported wider education and development of safer working practice within theatres.
- 3836 This re-audit of emergency thoracic surgery waiting times demonstrated that the Introduction of bed management meetings after the original audit increased the number of patients operated on within four days of referral by 30%.
- 3920 This audit and re-audit of accuracy of named orthopaedic consultant for patients admitted to the Bristol Royal Infirmary demonstrated that the introduction of a newly designed Orthopaedic Consultant on-call rota increased the number of patients with an accurate named consultant.
- 3966 As a result of this audit into the appropriateness of preoperative bloods taken for minor orthopaedic operations/trauma day cases, teaching sessions have been undertaken to highlight the cost and safety issues of inappropriate and unnecessary blood tests. Existing Trust guidance has been widely circulated to remind staff of current procedures in place.

### 3.5 WOMEN'S AND CHILDREN'S

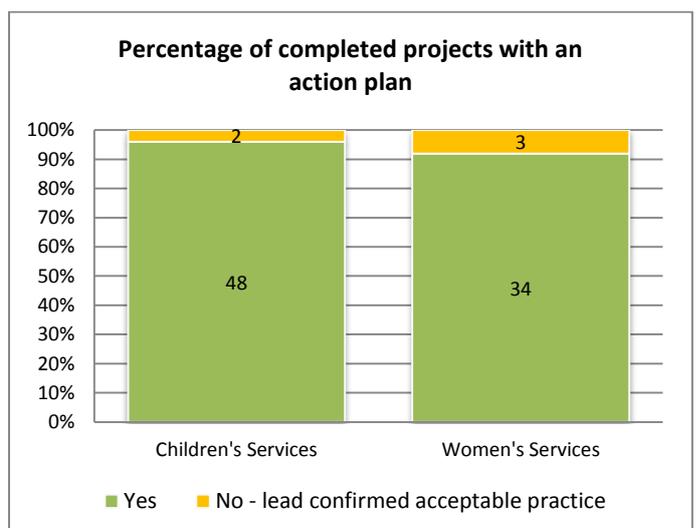
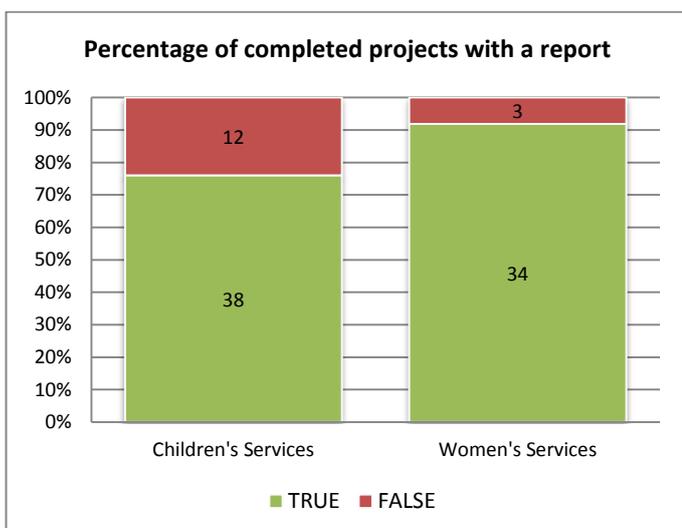
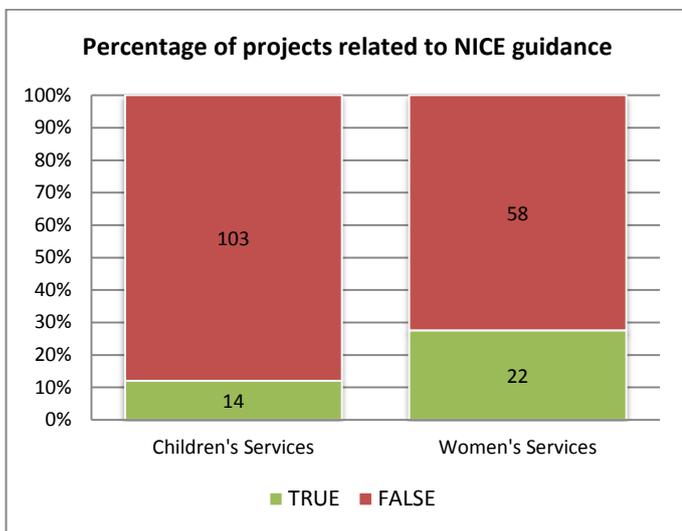
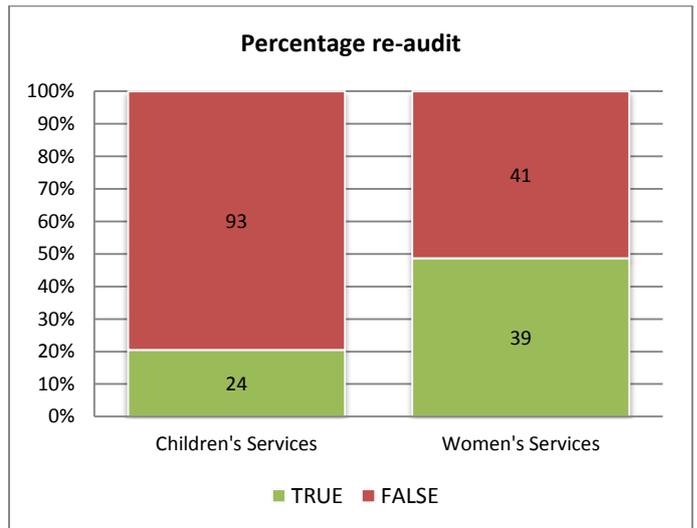
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15. Full details of the status of individual projects on this plan can be found within table 1 of this section.



The chart below shows the status at year end of all registered activity. Some projects will have started and finished within the financial year (New/Completed) and some will have been started but have yet to complete and are therefore rolled over (New/Roll over). The figures also include projects that commenced in previous years but have now been abandoned or deferred (Rolled over/Aband or Def), those that previously commenced but were completed in 2014/15 (Rolled over/Completed) and those previously commenced but not completed by the end of 2014/15 (Rolled over/Roll over).



The following graphs provide a Divisional/Specialty breakdown of the overall KPIs outlined in section 2.2.



The following table outlines the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2014/15 (Plan) and the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D. These projects are highlighted in either   or   depending on the status of the projects. The table also details the status of all other registered activity within the Division/Specialty.

In some case it is know that an audit is being undertaken but the clinical team have not completed an audit proposal form and therefore the project has not officially been registered. These projects have been marked with an \* within the Ref column of the table.

Ref	Title of Project	Plan	Priority	Status
<b>Children's Services - Anaesthesia</b>				
3410	Audit of Anaesthetic Record Keeping v local and national standards			Completed
3537	To assess outcomes following change in practice - use of clonidine as adjunct to bupivacaine			In Progress
3539	Referrals to the acute pain service in BCH versus local guidance			Completed
3561	Post-operative analgesia for orchidopexy v local guidance - 2013			Completed
3567	Tramadol in Tonsillectomy & Orthopaedic Patients following Discharge			Deferred
3616	Surgical site marking practice versus national standards - re-audit			Completed
3674	Anaesthetic Pre-admission Information at Bristol Children's Hospital v national standards			Completed
3682	Prescription and administration of Paracetamol in BCH theatres v local guidelines			In Progress
3955	Compliance of documentation within the NICU Surgical Care Plan with local standards			In Progress
3957	Re-audit of Anaesthetic Pre-admission Information v local and national standards	Yes	3	Completed
3958	Unplanned admissions following day case surgery v national standard			In Progress
3961	Cleft Lip & Analgesic Audit v national and local guidance			In Progress
4041	Assessment of documentation and preparation for removal of Epidural v national and local guidance			In Progress
	Re-audit of pain after cardiac surgery	Yes	4	Not Started
	Preoperative medical clerking	Yes	3	Not Started
	Re-Audit of Anaesthetic Record Keeping	Yes	3	Not Started
	Re-audit pre-op fasting	Yes	3	Not Started
<b>Children's Services - Audiology</b>				
3404	NICE technology appraisal TA166 Cochlear implants for severe to profound deafness in children			Completed
3743	Patient management post identification of bilateral permanent childhood hearing impairment v national screening programme standards.	Yes	3	Completed
3749	Re-Audit of Hearing aid Review Clinics v national and local standards	Yes	3	In Progress
3789	Adherence to the Newborn Hearing Screening Programme Guidelines on surveillance of babies admitted to NICU			Completed
3853	Transition from paediatric to adult audiology in Bristol v local standards			Completed
<b>Children's Services - Burns &amp; Plastics</b>				
3971	International Burn Injury Database (iBID)			Ongoing Project
<b>Children's Services - Cardiac Services</b>				
79	Post-Operative Morbidity Following Cardiac Catheterisation			Ongoing
81	Radiofrequency Ablation in Paediatric Arrhythmias			Ongoing
947	HRT003 - Congenital Heart Disease (CHD)	Yes	1	Ongoing
3454	Vocal cord palsy following cardiac arch surgery; prevalence , diagnosis and implications - local consensus standards			Completed
3504	Use of Sildenafil in BPD for pulmonary hypertension v local and European guidelines			Completed
3751	Re-Audit of the management of Pulmonary hypertension in children with Down syndrome			Completed
3815	Exercise testing in Catecholamine Polymorphic Ventricular Tachycardia (CPVT) - compliance with international guidance			Abandoned

3980	An audit of anticoagulation for children in Cardiac Service v local and national standards	Yes	2	In Progress
	Communication abnormal laboratory results to Ward	Yes	2	Not Started
*	Clinical data/information correlation audit	Yes	3	In Progress
<b>Children's Services - Dietetics</b>				
2966	Meeting nutritional needs, standards and quality of care Paediatrics Outcome 5 compliance			In Progress
3432	Dietetic Review across Region for Children with Chronic Kidney Disease Stage 3 and more severe, cystinosis and post-transplant v national standards			In Progress
<b>Children's Services - Emergency Department</b>				
3376	Management of non-blanching rash in the Children's Emergency Department v local standards			Completed
3393	Consultant sign off - College of Emergency Medicine 2013 re-audit v national standards			Completed
3427	The short-term physical and psychological management and secondary prevention of self-harm (NICE guidance )			Completed
3484	Paediatric head injury management against BRCH departmental guideline			Completed
3499	Metabolic Emergency Paediatric Admission Audit (MEPAA)			Completed
3538	Re-audit handover from the Children's Emergency Department to the wards v local and national standards			Completed
3552	Pyrexia of unknown origin and UTI in Paediatric ED v NICE Guidance			Completed
3562	Non-attendance at paediatric outpatient appointments			In Progress
3622	Management of community acquired pneumonia in the paediatric emergency department - re-audit v national and local guidelines			Completed
3702	Moderate and Severe Asthma in Children (College of Emergency Medicine)			In Progress
3704	Use of imaging in Paediatric Knee injuries versus national and local guidance			In Progress
3747	Intra-Osseous access in Paediatric Resuscitation v national and local standards	Yes	2	Completed
3748	Emergency Department Support Offered To Parents When A Child Has Died Unexpectedly v local standards	Yes	2	Abandoned
3750	Use of mental health risk assessment tool within the Children's Emergency Department v local and national standards			Completed
3760	Provision of written and verbal advice in the paediatric emergency department - local standards	Yes	2	In Progress
3802	Management of limp in Children's ED v local guidance			Completed
3908	Management of the Fitting Child (College of Emergency Medicine)	Yes	1	In Progress
4001	Dealing with patients who have left the Children's Emergency Department without being seen v local guidance	Yes	3	In Progress
4037	CT scanning in Major Trauma v national standards			In Progress
*	Child Protection	Yes	3	In Progress
	UTI sample collection and lab delivery - re-audit	Yes	2	Not Started
<b>Children's Services - Endocrinology</b>				
1451	LTC005 - Paediatric National Diabetes Audit (PNDA)	Yes	1	Ongoing
3620	Continuous subcutaneous insulin infusion for the treatment of diabetes mellitus in children v NICE Guidance TA 151			Completed
3715	Initial clinical referral of babies with congenital hypothyroidism (national standards)			In Progress
3870	Re-audit of paediatric diabetes retinal screening v national standards			Completed
	Re-audit growth hormone use	Yes		Not Started
<b>Children's Services - Gastroenterology</b>				
2490	LTC004 - National Paediatric Inflammatory Bowel Disease Audit			In Progress
3981	Audit of hydrocortisone use pre infliximab infusions v national (NICE) guidance			In Progress
	Re-audit Infliximab and Adalimumab use in children with Crohn's disease	Yes	3	Not Started
<b>Children's Services - General Paediatrics</b>				
3560	Management of orbital and per-orbital cellulitis v local guideline			Completed
3565	Kawasaki Disease management at Bristol Children's Hospital - re-audit	Yes	3	Completed

3759	Weekend Sticker Use - practice v local standards			In Progress
3788	Use of antibiotics for culture-positive infections in the Bristol Children's Hospital - compliance with local guidance			In Progress
3896	Management of babies born to HIV positive Mothers v local and national guidelines			In Progress
3922	Use of Heated Humidified High Flow Nasal Cannula therapy (Airvo 2 Optiflow) outside of the Paediatric Intensive Care Unit v local guidelines			In Progress
3984	Medical Care of Children with HIV infection in Bristol and the South West region v national guidance			In Progress
*	Paediatric Early Warning Scores	Yes	2	In Progress
*	Use and usefulness of bronchiolitis patient information leaflet	Yes	2	In Progress
	IV fluid prescription chart audit	Yes	3	Not Started
<b>Children's Services - Neonatology</b>				
1142	Vermont Oxford Network (NICQ Programme)	Yes	2	Ongoing
1902	WCH004 - National Neonatal Audit Programme (NNAP)	Yes	1	Ongoing
3269	Practice Aspects of Packed Red Blood Cell Transfusion to VLBW infants in the Neonatal Unit			Abandoned
3349	Blood cultures in NICU v national standards			Completed
3546	Safeguarding Issues: Documentation of Social Care reports			In Progress
3645	Assessment and treatment of babies at risk of hypoxic ischaemic encephalopathy			In Progress
3730	Central Line Insertion in NICU v national standards	Yes	3	Completed
3763	Provision of newborn life support equipment			Completed
3767	Car seat assessment in neonates	Yes	4	Completed
3779	Checking of newborn life support equipment - CNST 3.5.2	Yes	2	In Progress
3794	Newborn heel prick blood sampling	Yes	4	In Progress
3907	Therapeutic hypothermia rewarming documentation			In Progress
4007	Compliance with cranial ultrasound guidance			In Progress
<b>Children's Services - Nephrology</b>				
3385	Gentamicin prescribing in paediatrics v local guidance			Completed
3403	Renal replacement therapy (dialysis) in children at the BCH (2011/12)			In Progress
3664	Audit of Peritoneal Dialysis services and complications (April 2010-April 2013) - Re-audit versus national standards			Completed
3683	Compliance of local paediatric renal replacement therapy with national standards			Completed
3684	Vancomycin use in paediatrics			Completed
3728	Haemodialysis access and complications - April 2010 – April 2013 - versus national standards			Completed
3787	Blood pressure management in children with stage 3-4 Chronic Kidney Disease v local guidance			Completed
3905	Alteplase usage as a line-lock to maintain catheter patency in haemodialysis catheters v local guidance	Yes	2	Completed
*	Renal Registry (UKRR)	Yes	1	Ongoing
*	Renal biopsy	Yes	3	In Progress
<b>Children's Services - Neurology</b>				
3398	Epilepsy12 - UK Collaborative audit of healthcare for children and young people with suspected epileptic seizures	Yes	1	In Progress
<b>Children's Services - Neurosurgery</b>				
3953	Postoperative complications within 12 months following selective dorsal rhizotomy			In Progress
<b>Children's Services - Occupational Therapy</b>				
3910	Paediatric Occupational Therapy Provision	Yes	2	Completed
<b>Children's Services - Oncology</b>				
3877	Aseptic Non Touch Technique (ANTT) in IV practice 2014 - re-audit v local standards	Yes	4	In Progress
3899	Documentation of history, examination and investigation of leukaemia patients v local and national guidance			In Progress

3900	Toxicity monitoring in bone sarcomas v national guidance			In Progress
3945	Convection enhanced delivery of carboplatin			In Progress
*	Peripheral blood stem cell harvest on solid tumour patients in 2012/2013	Yes	4	Completed
*	Review of admissions of cancer patients to PICU	Yes	4	In progress
*	Review of antiemetic medication use for inpatient chemotherapy	Yes	4	In progress
	Re-audit of antiemetic policy following review	Yes	4	Not started
*	Fungal infection in leukaemia	Yes	4	In progress
*	Blood product use in cancer patients	Yes	4	In progress
	Re-immunisation post chemotherapy-	Yes	4	Not started
	Pneumococcal vaccination in Sickle cell patient	Yes	4	Not started
<b>Children's Services - Paediatric Intensive Care (PICU)</b>				
72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)			Ongoing
2548	PICU Discharge delay audit 2010			In Progress
2583	WCH001 - Paediatric Intensive Care Audit Network (PICANet)	Yes	1	Ongoing
2686	An audit of patients referred, but not accepted for paediatric intensive care			Deferred
3566	Re-audit of Drug Errors within the Paediatric Intensive Care Unit v local and national standards			In Progress
3392	Audit and re-audit of resuscitation documentation at BRHC v national standards			Completed
3895	Parental (patient) involvement in escalation of clinical care - audit v local standards			Completed
4016	Parental (patient) involvement in escalation of clinical care - re-audit v local standards			In progress
<b>Children's Services - Radiology</b>				
3663	Errors in radiology reports using voice recognition software	Yes	3	Abandoned
3667	Follow up at BRCH for Non-Accidental Injury Skeletal Surveys v national guidance			Completed
3982	Scaphoid Imaging at BCH v local and national guidance			In Progress
<b>Children's Services - Respiratory</b>				
3611	BPRS/BTS Asthma audit 2013 - national standards			Completed
3681	Outpatient review of patients with neuromuscular diseases			Completed
3814	Aminoglycosides used in children with Cystic Fibrosis: counselling and monitoring v national and local guidance			In Progress
3994	Pin prick audit v national standards			In Progress
	Paediatric Pneumonia (British Thoracic Society audit programme)	Yes	1	Not Started
<b>Children's Services - Rheumatology</b>				
3744	Medication information contained in Paediatric Rheumatology clinic letters and discharge summaries v RCPCH standards	Yes	3	In Progress
3768	Use of Etanercept in Juvenile Idiopathic Arthritis (JIA) against NICE guidelines - (TA35 - 2002)	Yes	3	In Progress
3770	Recording of core outcome variables for patients with juvenile idiopathic arthritis (JIA) versus national standards	Yes	3	In Progress
3882	Re-audit on GA Joint injection waiting times 2013 v national standards			In Progress
<b>Children's Services - Surgery</b>				
3318	Children who "did not attend" ( DNA) Paediatric General Surgery and Paediatric Urology outpatient clinic appointments			Completed
3668	Biofeedback in management of dysfunctional voiding v national standards	Yes	3	In Progress
3676	VTE Prophylaxis in Paediatric General Surgery and Orthopaedic Surgical Patients v local standards			Completed
3799	Parenteral nutrition monitoring in paediatric post-operative surgical patients v local standards			Completed
3854	Management of palpable undescended testis v national guidance			In Progress
3856	Frequency of major complications following open pyloromyotomy and laparoscopic pyloromyotomy - assessment of outcomes to inform patient consent			In Progress
3923	VTE prophylaxis in paediatric surgical patients re-audit v local and national standards			Completed

<b>Children's Services - Trauma &amp; Orthopaedics</b>				
3878	Antibiotic Prophylaxis in Paediatric patients with Septic Arthritis and Osteomyelitis v local standards			Completed
3898	Operative treatment of supracondylar elbow fractures in children			In Progress
<b>Women's Services - Clinical Genetics</b>				
3671	Key identifiers in dictation [re-audit of 3511]			Completed
3931	Diagnostic Testing for Russell Silver Syndrome			Completed
3964	Genetic Antenatal Care Pathway for Haemoglobinopathies [re-audit of 3164]			Completed
<b>Women's Services - Gynaecology</b>				
231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management			Ongoing
1945	National audit of invasive cervical cancers			Ongoing
2661	WCH003 - National audit of women with heavy menstrual bleeding (HMB)			Completed
3016	Continuous audit of laparoscopic hysterectomy			Completed
3272	Timing of misoprostol prior to transcervical surgical procedures in Gynaecology			Completed
3425	Histology Following Surgical Treatment for suspected Tubal Ectopic Pregnancy			Completed
3470	Fertility preservation in children and young girls with cancer			Completed
3636	Management and follow-up of patients with glandular changes on cervical cytology samples			Completed
3721	Clerking of non-elective gynaecology patients [re-audit]			Completed
3735	Utilisation of hysteroscopy services at St Michaels Hospital	Yes	4	Completed
3741	Management of Heavy menstrual bleeding (NICE Quality Standard 47)	Yes	3	Completed
3742	Patient Satisfaction in a Nurse Led Outpatient Hysteroscopy Clinic			Completed
3777	Medical management of miscarriage [re-audit of 3099]			In Progress
3784	Emergency gynaecology workload at BRI			Completed
3795	Patient experience of Adolescent Gynaecology Clinic			Completed
3919	Treatment of patients with CIN2			In Progress
3967	Management and follow-up of patients with glandular changes on cervical cytology samples [Re-audit of 3636]			In Progress
4010	Screening for Chlamydia in Early Pregnancy Assessment Clinic			In Progress
4017	Tension-free Vaginal Tape for urinary incontinence (BSUG Consultant Outcomes) (NICE QS77)			In Progress
<b>Women's Services - Obstetrics &amp; Midwifery</b>				
633	Audit of blood usage on Central Delivery Suite			Abandoned
1638	A series of audits of UNICEF UK Baby Friendly Initiative best practice standards	Yes	2	Ongoing
2276	Re-audit of the management of Shoulder Dystocia at St Michaels Hospital	Yes	2	Ongoing
2321	Antenatal Screening Programmes (National Screening Committee)			Ongoing
2391	Caesarean section monitoring			Ongoing
2449	Obstetric haemorrhage (CNST 3.3.7)	Yes	2	Ongoing
2729	Recovery after obstetric operative intervention (CNST 3.5.10)			Completed
2730	Re-audit of the implementation of Modified Obstetric Early Warning Score (MOEWS) charts at St Michaels Hospital Delivery Suite (CNST 3.2.8)			Ongoing
2795	Perineal tear audit – CNST 3.3.5 (a)	Yes	2	Ongoing
2796	Vaginal Birth After Caesarean Section (CNST 2.10)			Ongoing
2803	Bristol Stillbirth audit - continuous			Ongoing
2833	HIV testing in Pregnancy (Re-audit)			Ongoing
2844	Care of women in Labour (CNST 3.2.1, NICE CG55)	Yes	2	Ongoing
2845	Intermittent auscultation re-audit (CNST 3.2.2)	Yes	2	Ongoing

2846	Continuous electronic fetal monitoring re-audit (CNST 3.2.3)	Yes	2	Ongoing
2847	Fetal Blood Sampling (FBS) continuous re-audit (CNST 3.2.4)	Yes	2	Ongoing
2849	Re-audit of use of Oxytocin in the first and second stages of labour (CNST 3.2.5)	Yes	2	Ongoing
2853	Compliance with procedures for swab, needle and instrument counts			Completed
2930	Maternity records re-audit (CNST 3.1.7)			Ongoing
3015	Management of operative vaginal delivery: multiple instrument use and failed operative vaginal delivery (CNST 3.3.3)			Ongoing
3023	Re-Audit of Clinical Risk Assessment - Antenatal - CNST 3.4.3			Completed
3041	Re-audit of clinical risk assessment (Labour) CNST 3.4.7			Completed
3067	Re-audit of the follow up of women who do not attend both in the hospital and community care setting - CNST 3.4.2			Completed
3090	Enhanced recovery in gynaecological surgery			Ongoing
3232	Re-audit - Meeting mental health needs of women in maternity services - CNST 3.4.6			Completed
3233	Re-audit - monitoring documentation for management of perineal trauma (CNST 3.3.5b)			Completed
3239	Intrapartum care for women with cardiac disease			Completed
3260	Induction of Labour at St Michael's Hospital – CNST 3.2.7			Ongoing
3369	Handover of Care - CNST 3.4.8 (re-audit)	Yes	2	Completed
3476	National comparative audit of the use of Anti-D - NHS Blood and Transplant			Completed
3497	Continuity of antenatal care audit (BNSSG Maternity Services Liaison Committee) [NICE Guideline: Antenatal care (2008)]			Completed
3498	Rhesus D negative free fetal DNA pilot			Completed
3503	Transfer of Maternity Patients to Critical Care Facilities at the BRI (CNST 3.2.9 + 3.4.10)			Completed
3568	Management of pyrexia in labour			Completed
3594	Admissions to NICU following multiple pregnancy			Completed
3602	Referrals to Fetal Medicine			In Progress
3690	Management of post-natal bladder care in St Michaels hospital 2012-2013			Completed
3732	Use of Aspirin for pre-eclampsia prophylaxis in women high risk of developing hypertension in pregnancy.			In Progress
3733	Undiagnosed breeches at St Michael's Hospital between July and December 2013			In Progress
3734	Management of pathological CTG using intrauterine resuscitation in case of suspected acute hypoxia	Yes	4	Abandoned
3778	Diabetes in pregnancy - outcomes			In Progress
3797	Waterbirth: An Audit of Current Practice and Outcomes			Completed
3798	HbA1c monitoring in pregnancy			Completed
3849	Quality in Care Audit (includes Postnatal information and NOBs chart)	Yes	2	Ongoing
3866	Female Genital Mutilation	Yes	3	In Progress
3889	Timing of misoprostol prior to transcervical surgical procedures in Gynaecology [re-audit of 3272]			In Progress
3897	Magnesium Sulphate for Neuroprotection (PRECePT project baseline audit)	Yes	2	Completed
3917	Management of multiple pregnancies at St Michael's Hospital			In Progress
3929	Examination of the Newborn [re-audit of 3277]	Yes	2	Completed
3930	UK National Screening Committee National Hepatitis B in Pregnancy Audit 2014			In Progress
3932	Management of post-natal bladder care in St Michaels hospital 2014 [re-audit of 3690]			In Progress
3956	Thromboprophylaxis in pregnancy, labour and postnatally [re-audit of 3135]			In Progress
3974	Maternal transfers by ambulance [re-audit of 3252]			In Progress
3999	Severe Pre-Eclampsia (PET) [re-audit of 3151]			In Progress
4000	Maternal Transfers to Critical Care Facilities at the Bristol Royal Infirmary			In Progress
4046	Immediate Care of the Newborn (Joint project with Neonatology)	Yes	2	In Progress

	Support for Parents	Yes	2	Not Started
<b>Women's Services - Reproductive Medicine</b>				
3587	Screening for Chlamydia trachomatis in women undergoing Surgical Investigation for Infertility [Re-audit of 2971]			Completed
3731	Compliance with HFEA standards for intrauterine insemination (IUI) treatments [re-audit of non-compliant aspects of 3477]			Completed
	Human Fertilisation and Embryology Authority (HFEA) statutory compliance	Yes	3	Not Started

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

- 3560 Following this audit of management of orbital and per-orbital cellulitis, general paediatrics, Children's Emergency Department and ENT re-iterated to their teams the importance of consulting the antibiotic guidelines. The upcoming changes in antibiotic guidelines were disseminated to all relevant teams.
- 3565 Following this audit of Kawasaki Disease management, relevant guidance was clarified and paediatric and cardiology governance leads advised of the need to document apparent departures from guidance.
- 3349 This audit demonstrated very low rates of false positive blood cultures in neonates and showed significant improvement from a previous audit in 2012. Following the audit, measures were taken to improve documentation of all key information in patients' notes.
- 3730 As a result of this audit of central line insertion, it was agreed that 'Matching Michigan' stickers (a sticker developed on a quality improvement model in the United States and demonstrated to reduce central venous catheter infections) will be made available in the department.
- 3763 This audit resulted in a redesigned sign-off checklist for use in the regular checking of newborn life support equipment in Neonatal Intensive Care. Subsequent monthly audit has shown improvement in the frequency of checks being performed.
- 3767 As a result of this audit, improvements were made to the local guideline on car seat assessment for babies due for discharge from Neonatal Intensive Care. Education on the guideline was provided for staff and a re-audit is now in progress.
- 3410 Anaesthetic charts have been re-designed following this audit of anaesthetic record keeping.
- 3539 Following this audit of referrals to the acute pain service, Acute Pain Team referral criteria have been clarified and a simple referral form designed. A system has been implemented to identify children with complex pain needs early and ensure their care is supervised by the Acute Pain Team. Practitioner capacity to manage moderate to severe pain has been developed by expanding the pain team and organising protected time for Link Nurses on wards.
- 3561 This audit of post-operative analgesia for orchidopexy demonstrated good practice against agreed national standards
- 3616 Following this re-audit of surgical site marking practice there was agreement to improve availability of suitable pens on wards and to review the scope for an explanatory document to supplement the WHO timeout.
- 3674 Following this re-audit of anaesthetic pre-admission information, the pre-operative information leaflet was revised and website updated to make access to age-specific information easier.
- 3957 Following this re-audit of anaesthetic pre-admission information it has been agreed to amend admissions letters to encourage parents to consult the Trust website. The process of sending a paper copy of information about anaesthesia with the admission letter has been re-introduced.
- 3404 This audit of NICE technology appraisal TA166 (Cochlear implants for severe to profound deafness in children) demonstrated a high degree of compliance with guidance and the results were reported to local NICE Commissioning College.
- 3743 Following this audit of patient management post-identification of bilateral permanent childhood hearing impairment, procedures have been revised, with aim of increasing proportion of relevant patients having review every three months.
- 3789 As a result of this audit of adherence to the Newborn Hearing Screening Programme guidance, the importance of arranging follow up at correct age has been emphasised to clinical staff. Parents are now given more information at initial appointment about the need for follow up.
- 3853 Following this audit of transition from paediatric to adult audiology, documentation and procedures have been re-designed to increase the proportion of patients taking up initial appointment with the adult service within three months. Young people with special needs will be highlighted on the audiology database in future.
- 3454 It was agreed that a guideline should be produced as a result of this review of vocal cord palsy following cardiac arch surgery.
- 3504 This audit of the use of Sildenafil for pulmonary hypertension established that use of Sildenafil at Bristol Children's

Hospital should continue.

- 3751 Following this re-audit of the management of pulmonary hypertension in children with Down's syndrome, the current information leaflet was improved and the importance of recording immunisation details in notes was re-iterated to clinical teams.
- 3376 Trust guidance has been revised and a patient information leaflet developed as a result of this audit of the management of non-blanching rash in the Children's Emergency Department.
- 3393 Following this national re-audit of consultant sign off, awareness has raised by inclusion of best practice standards within the junior doctors/middle grade ED induction package. The possibility of including checks within Medway is being explored.
- 3427 Following this audit of short-term physical and psychological management and secondary prevention of self-harm against NICE guidance, it has been agreed that the Mental Health Operational Group take responsibility for reviewing discharge issues. The Children and Adolescent Mental Health Services (CAMHS) team have been given to access to UH Bristol electronic records and a copy of CAMHS information will now be stored in UH Bristol patient notes.
- 3484 As a result of this audit of paediatric head injury management in the Emergency Department, departmental guidelines have been revised in light of new NICE Guidance and current practice.
- 3499 Following this audit of metabolic emergency paediatric admission management, plans were revised to include documentation of agreed metabolic measures. Appropriate triage categories were agreed and a Medway "orange alert" introduced for patients at risk of metabolic decompensation.
- 3538 As a result of this re-audit of handover from the children's Emergency Department to the wards, the handover form was re-designed to reduce text and make it clearer who should sign the document and where.
- 3552 Following this audit of pyrexia and urinary tract infection in children arriving in the paediatric Emergency Department, education has been provided regarding the importance of culture and microscopy. A logging and proactive follow up system has been introduced for specimens sent to laboratory.
- 3622 As a result of this re-audit of management of community acquired pneumonia in the paediatric Emergency Department, local guidelines have been revised and education provided for Emergency Department doctors on the appropriate use of X-rays and antibiotics.
- 3747 Following this audit of intra-osseous (IO) access in paediatric resuscitation, it was agreed that a separate log for IO insertion should be developed for the resuscitation area and a training package developed for doctors.
- 3750 As a result of this audit of the use of the mental health risk assessment tool within the Children's Emergency Department, it was agreed that reception staff will put the risk assessment matrix in patients' notes at reception if attending with a mental health issue. Staff were reminded of the need to complete this document.
- 3802 Following this audit of management of limp in children, it was agreed that teaching should be introduced at induction to re-iterate the importance of including ESR/PV tests for these patients. It was agreed that current guidance should also be reviewed and updated as necessary.
- 3620 As a result of this audit of continuous subcutaneous insulin infusion for the treatment of diabetes mellitus in children, infusion pump documentation was updated and a database set up to provide an alert at 6/12 months regarding the continuation of infusion by pump.
- 3870 Following the introduction of a standard operating procedure for referral and communication of results, this re-audit of paediatric diabetes retinal screening demonstrated high compliance with relevant standards.
- 3392 Following this audit of resuscitation documentation at the Bristol Children's Hospital, a resuscitation proforma and parental fact sheet were developed. Improvement in recording has since been demonstrated through re-audit.
- 3895 This audit of parental (patient) involvement in escalation of clinical care demonstrated that there was variation in knowledge amongst staff of the processes for escalation of care and also parents'/patients' knowledge of how to raise any concerns they may have. General awareness of the project and processes in place was raised through the introduction of posters and presentations.
- 3385 Following this audit of gentamicin prescribing in paediatrics, it was agreed that an aminoglycoside chart should be produced and guidelines updated.
- 3664 As a result of this re-audit of peritoneal dialysis services and complications, Community Nurses have been prompted to conduct MRSA and MSSA checks every three months. The renal team has been reminded of the appropriate use of vancomycin and it was agreed that the peritoneal dialysis catheter insertion guideline be updated.
- 3683 As a result of this audit of paediatric renal replacement therapy, it was agreed that local anaemia guidance be updated and the growth guideline revised to include pubertal monitoring cut-off.
- 3684 As a result of this audit of vancomycin use in paediatrics, it was agreed that current guidance should be clarified and the possibility of introducing specific prescription charts explored.
- 3728 Following this re-audit of haemodialysis access and complications, the importance of MSSA swabbing of exit sites,

- alongside MRSA swabbing, has been highlighted to the community nursing team and Dialysis Nurses. The possibility of flagging positive results on the ICE computer record system is to be discussed with Microbiology.
- 3787 Following this audit of blood pressure management in children with stage 3-4 Chronic Kidney Disease, a training programme has been developed for nurses to include the manual measurement of blood pressure, and spot checks. PDSA cycles are to be introduced to check compliance with guidance regarding appropriate cuff size.
- 3905 As a result of this audit of alteplase as a line-lock to maintain catheter patency in haemodialysis catheters, prescribing stickers and new drug charts are being implemented. The line lock guideline is also being reviewed.
- 3910 Following this audit of paediatric occupational therapy provision, service referral guidance has been changed to reflect new specialities. An electronic referral form has been set up and staff are to attend ward handover to support appropriate and timely in-patient referrals.
- 3667 As a result of this audit of follow up at Bristol Children's Hospital for non-accidental injury skeletal x-ray review, a system has been implemented for tracing children who do not arrive at follow up clinics.
- 3611 As a result of participation in this national audit of asthma, it was agreed education should be provided in the Emergency Department and on ward regarding the documentation of inhaler technique, and to promote the importance of lack of smoke exposure and its documentation.
- 3681 Following this audit of outpatient review of patients with neuromuscular diseases, a proforma sheet for outpatient monitoring of neuromuscular patients is being introduced.
- 3318 Following this audit of children who "did not attend" paediatric general surgery and paediatric urology outpatient clinic appointments, roles of team members in assessing child protection concerns have been clarified. A partial booking system has been introduced (allowing patients to choose suitable appointments), as well as a "Text" reminder system.
- 3676/  
3923 Following this audit and re-audit of VTE prophylaxis in paediatric surgical patients, local guidance has been updated and information about VTE assessment and guidance included in paediatric surgery SHO induction.
- 3799 This audit of parenteral nutrition monitoring in paediatric post-operative surgical patients confirmed acceptable practice.
- 3878 Following this audit of antibiotic prophylaxis in paediatric patients with septic arthritis and osteomyelitis, the current guideline was revisited and re-audit carried out by pharmacists to check compliance with guidance.
- 3671 Over four cycles of audit, improvement was demonstrated in use of the agreed format for key patient identifiers when dictating letters in the Clinical Genetics Department.
- 3964 This re-audit demonstrated high compliance within community midwifery with sending the "At Risk Pregnancy Alert Form" to the Clinical Genetics Service where screening for haemoglobinopathies showed positive results; this was a significant improvement on the previous audit.
- 2661 Following participation in this national audit, a local protocol is being developed for management of women with heavy menstrual bleeding, as recommended in the national report. The audit demonstrated high satisfaction amongst patients attending St Michael's Hospital with care provided in the year following first outpatient appointment.
- 3016 This audit demonstrated good outcomes in comparison with national benchmarks for patients undergoing laparoscopic hysterectomy at St Michael's Hospital.
- 3272 As a result of this audit into the timing of misoprostol prior to transcervical surgical procedures in Gynaecology, the current protocol was updated based on current evidence.
- 3425 This audit demonstrated rates of negative histology following salpingectomy for suspected ectopic pregnancy that are within the target set from published research, indicating appropriate care is taken only to proceed to salpingectomy where there is a strong clinical suspicion of an ectopic pregnancy.
- 3470 This audit led to improvements being made to the paediatric oncology admission documentation to enable better recording of discussions about fertility following cancer therapy with young female patients.
- 3636 This audit demonstrated good compliance with standards relating to timeliness of appointments following referral of patients with glandular changes on cervical screening, management at first appointment and follow-up. Actions following the audit led to increased use of "see and treat" management, which removes the need for an additional appointment and is therefore more efficient for patients and more cost-effective for the Trust.
- 3721 This rapid-cycle audit demonstrated that the introduction of a new clerking proforma for non-elective gynaecology patients had improved record-keeping in accordance with guidance from the Academy of Medical Royal Colleges. Re-audit is planned to establish whether further improvement is now evident.
- 3735 This audit of hysteroscopy services has led to further development of the nurse-led service and raised awareness amongst staff of the availability and benefits of the outpatient service, encouraging greater utilisation and a better experience for patients.
- 3741 Good compliance with the NICE Quality Standard 47 on heavy menstrual bleeding was demonstrated through this audit.
- 3742 This audit demonstrated high patient satisfaction with the nurse-led outpatient hysteroscopy service at St Michael's Hospital, and a high level of compliance with the service standards for provision of information and explanation of risks

and findings of the procedure.

- 3784 This audit demonstrated 100% compliance with the majority of standards relating to management of patients presenting to the Emergency Department at the Bristol Royal Infirmary out of hours who were then operated on by the gynaecology team in Heygroves Theatres, rather than being transferred to St Michael's Hospital. The project also demonstrated that this out-of-hours workload has not significantly increased in the last few years, contrary to anecdotal impressions.
- 3795 This audit and patient survey of the adolescent gynaecology clinic has led to greater staff awareness of the needs of adolescents and measures to make the clinic a more welcoming environment for them.
- 2729 This re-audit demonstrated full compliance with recording of agreed items for women in recovery after obstetric operative intervention.
- 2853 This audit demonstrated high compliance with the majority of standards relating to procedures for swab, needle and instrument counts in obstetric delivery rooms for women requiring perineal repair post-delivery.
- 3023 This re-audit demonstrated high compliance with documentation of clinical risk assessment of women during the antenatal period and of referral where risks were identified.
- 3041 This re-audit demonstrated good compliance for women in labour on the Central Delivery Suite with documentation of timing of clinical risk assessments and of individual management plans when risks are identified during these assessments.
- 3067 This audit demonstrated a high standard of follow-up care by staff for women who miss an antenatal appointment, as well as highlighting the need to document all efforts to contact vulnerable women in such situations.
- 3232 This audit demonstrated high compliance with women being asked screening questions for prediction and detection of mental health problems at their maternity booking visit at St Michael's Hospital. The work has linked with the local Health Improvement Team project to improve perinatal mental health service provision. A re-audit is now in progress.
- 3233 This re-audit showed that documentation of management of perineal trauma at St Michael's Hospital met CNST minimum standards and showed a significant improvement in recording consent for perineal repair following spontaneous vaginal birth.
- 3239 This audit confirmed good practice in the intrapartum care of women with cardiac disease at St Michael's Hospital.
- 3369 This audit demonstrated high compliance with documentation requirements when handing over a woman's care from the labour ward to the postnatal ward at St Michael's Hospital.
- 3476 Participation in this national audit of anti-D for rhesus-D negative women in pregnancy showed good compliance with standards relating to provision of anti-D prophylaxis antenatally and postnatally where relevant, as well as following sensitising events during pregnancy.
- 3497 This regional audit organised by BNSSG Maternity Services Liaison Committee has led to work to improve women's experience of the provision of antenatal care across the area, in accordance with NICE guidance. A re-audit is now in progress.
- 3498 This audit demonstrated good management of women and good documentation during a pilot of a new service to detect the rhesus-D status of fetuses by testing free fetal DNA antenatally (thereby reducing the need for prophylactic administration of anti-D, a blood product).
- 3503 This audit demonstrated full compliance with standards relating to transfer of maternity patients at St Michael's Hospital to critical care facilities at the Bristol Royal Infirmary and has led to improvements in the documentation of maternity outliers.
- 3568 This audit demonstrated high compliance with the majority of standards relating to management of pyrexia in labour at St Michael's Hospital.
- 3594 This audit demonstrated full compliance with local guidelines for antenatal care (information given to mother, timing of fetal assessment, documentation of a plan for delivery) in cases of twins admitted to Neonatal Intensive Care following delivery.
- 3690 As a result of this audit of postnatal bladder care, updates were made to the local guideline and documentation to clarify management, to help identify high-risk women, and to improve awareness of symptoms associated with bladder dysfunction.
- 3797 As a result of this audit, improvements have been made to the waterbirth guideline to clarify aspects of care for midwifery staff.
- 3798 This audit resulted in improvements being made to recording of information in the maternal medical record for pregnant women with diabetes managed by the team at St Michael's Hospital.
- 3897 This baseline audit was linked to a regional project to promote provision of magnesium sulphate prior to delivery as a neuroprotector for preterm infants; local baseline results indicated that this is already provided at UH Bristol in over 50% of cases, but the project has led to training and resources to increase provision by midwives and doctors.
- 3929 Improvements were made to assessment of competency of midwives in performing newborn examinations as a result of

this audit.

3587 This audit led to a change of practice to provide antibiotic prophylaxis against chlamydia (a common cause of infertility, which may not always be detected on swab tests) for all patients undergoing surgical investigation for infertility at St Michael's Hospital, ensuring no opportunity for treatment is missed, either by clinical or administrative omission.

3731 This statutory audit demonstrated full compliance with the Human Fertilisation and Embryology Authority standards for intrauterine insemination treatments, relating to consent, documentation and provision of information, and showed improvement on specific aspects from a previous audit of the service.

### 3.6 NON-DIVISION SPECIFIC

The following activity was also in progress during the financial year (either rolled over from previous year or not identified through plan):

Ref	Title of Project	Plan	Priority	Status
1510	Saving Lives – a programme to reduce healthcare associated infections			Ongoing
3791	Medicines Storage 2013 (re-audit)			Completed
3850	Consent audit			Completed
3852	Dementia move re-audit			Completed
4039	Medical documentation audit	Yes	2	In Progress
*	Nursing documentation audit	Yes	2	Completed
	Blood Transfusion	Yes	2	Not Started
	Audit of suspected VTE management	Yes	2	Not Started
	Audit of patient transfer	Yes	1	Not Started
	Sepsis	Yes	1	Not Started

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

3791 This re-audit of medicines storage demonstrated improvements in 17 of the 18 standards audited against. To ensure that good practice continues, it was agreed that CQC style 'mock' inspections will continue to take place across relevant Trust areas. A Trustwide project is in progress to ensure that treatment room door locks are fit for purpose so that medicines can be securely locked away on wards.

3850 This audit of consent forms demonstrated that in the majority of cases, consent was being taken and documented appropriately. It was agreed that doctors' induction session slides for consent should be amended to include latest results and to emphasise the areas required for improvement. It was also agreed that the essential training for consent (delivered through e-learning should be updated to include the Trust requirements. A process for introducing procedure-specific consent forms has also been implemented. These forms will include pre-printed procedure-specific risks thus allowing clinicians to ensure that patients are better informed in this area.

3852 This audit demonstrated that patients with cognitive impairment were not being moved inappropriately (outside of the hours of 8.00pm – 8.00am) unless for specific medical reasons

## Appendix A - UH Bristol Clinical Audit Staff (as at April 2015)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Joya Pawade
	Medical Physics & Bioengineering		Mr Phil Quirk
	Pharmacy		Mr Kevin Gibbs
	Adult Therapies		<i>Usual contact is Head of Service</i>
	Radiology	Isabella To	Dr John Hughes
Medicine	Medical Specialties	Trudy Gale	Dr Rachel Bradley
	Emergency Services		Dr Anne Frampton
Specialised Services	Cardiac Services	Isabella To	Dr Richard Bateman
	Oncology & Haematology	Trudy Gale	Dr Charlie Comins
Surgery & Head & Neck	Anaesthesia	Chrissie Gardner	Dr Frances Forrest
	Critical Care		Dr Dan Freshwater-Turner
	General Surgery		Mr Doug West
	Trauma & Orthopaedics		Mr Steve Mitchell
	Dental Services & Maxillo-facial Surgery		Mr Tony Brooke
	Ophthalmology		Mr Derek Tole
	Adult ENT	Jonathan Penny	Ms Claire Langton-Hewer
Women & Children's	Obstetrics & Gynaecology		Ms Naomi Crouch
	Neonatology	Richard Hancock	Dr Wesley Hayes
	Children's Services		

Other staff	Stuart Metcalfe	Clinical Audit & Effectiveness Manager (1.0)
	James Osborne	NICE Manager (1.0)
	Jessica Painter	Clinical Audit Clerk (0.8)

### Membership of the Clinical Audit Group

Dr Karin Bradley (Chair)

Stuart Metcalfe (Clinical Audit and Effectiveness Manager)

Chris Swonnell (Head of Quality - Patient Experience and Clinical Effectiveness)

James Osborne (NICE Manager)

Clinical Audit Convenors - see above

## Appendix B - Clinical Effectiveness & Outcomes Strategy Action Plan

Objective	Action	Lead	Timescale	Measure of success	Status
1. To re-structure the Clinical Audit & Effectiveness Team (CAET)	1.1 Relocate Clinical Audit Facilitators to Trust Headquarters and commence new remits as outlined/agreed through consultation	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	May 2013	Positive feedback from CAET and Divisions (review due in December 2013)	Completed
	1.2 Appoint to vacant Clinical Audit Facilitator post (Medicine/Oncology)	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	May 2013	Appointment of new Clinical Audit Facilitator	Completed
2. To improve the efficiency of the registration/reporting process of clinical audit projects	2.1 Rationalise content of clinical audit database to eliminate unnecessary data fields and expedite speed of project registration	Jon Penny, Clinical Audit Facilitator	July 2013	Demonstrated reduction of database fields and time taken to register projects	Completed
	2.2 Re-design clinical audit project documentation	Richard Hancock, Clinical Audit Facilitator	August 2013	Re-issue of project documentation	Completed
	2.3 Update website (external/internal) with new documentation links	Jon Penny, Clinical Audit Facilitator	August 2013	Website updated/testing of links to documents	Completed
	2.4 Explore further options for database design with the Trust IM&T department	Jon Penny, Clinical Audit Facilitator	April 2014	Decision will be reached on whether to continue to use an MS access database or alternative	Completed
3. To ensure that the results from national clinical audits are reported and acted upon appropriately	3.1 Re-design/create an appropriate dashboard or register to provide a clear summary of participation in national clinical audit	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	September 2013 revised to February 2013)	Evidence of regular receipt of revised dashboard/register at Clinical Audit Group (CAG)	Completed
	<b><i>Comment: Project database re-designed and national audit register report created. Ongoing development will continue as necessary.</i></b>				
	3.2 Improve the process of cascading national clinical audit reports to clinical leads upon publication, requesting that summary outcomes and actions are developed	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	April 2014 (revised to June 2015)	Responses to national clinical reports will be received by CAG within six months of publication, with exceptions reported to Clinical Quality Group	In progress
<b><i>Comment: The paper based summary form has been re-designed. There has been an improvement in the number of national audit summaries received reviewed by CAG (six over the last two meetings). A KPI is in the process of being agreed as part of the recent Clinical Audit Benchmarking Exercise. This will be discussed at the June 2015 meeting of CAG</i></b>					

4. To review system for planning annual clinical audit programme	4.1 Consult as to how to improve process and relevance of annual forward programme	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	September 2013	Process reviewed and agreed by Clinical Audit Group, introduced to coincide with timetable for development of Divisional quality objectives and Operating Plans	Completed
	4.2 Introduce updated forward planning process	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	November 2013 (revised to January 2014)	Process reviewed and agreed by Clinical Audit Group, introduced to coincide with timetable for development of Divisional quality objectives and Operating Plans	Completed
5. To review, refresh and re-launch clinical audit training	5.1 Agree participation in the Foundation Doctor and core medical trainee training programmes and agree delivery with CAET	Stuart Metcalfe, Clinical Audit & Effectiveness Manager	September 2013	Participation in programme	Completed
	5.2 Review and update current training materials where required and re-launch clinical audit workshop	Jon Penny, Clinical Audit Facilitator	November 2013 (revised to September 2014)	Re-launch of workshop	Completed
	5.3 Explore alternative options for training delivery (including eLearning and condensed delivery)	Chrissie Gardner, Clinical Audit Facilitator	January 2014 (revised completion date December 2015)	Clarification of options and decision made as to alternative training options	In progress
	<b><i>Comment: The current workshop has been condensed and the team is exploring the options of delivering 'enhanced training'. The team are seeking views from those members of staff attending the workshops as to what an enhanced session could offer. E-learning has yet to be explored</i></b>				
6. To ensure divisional scrutiny of 'outcomes and actions' reports following completion of clinical audit projects	6.1 Clarify current lines of reporting and enhance arrangements if and where required	Stuart Metcalfe, Clinical Audit & Effectiveness Manager / Divisions	July 2013 (revised completion date August 2014)	Documented evidence of appropriate divisional scrutiny of outcomes and actions reports	In progress
	<b><i>Comment: Outcomes and action summaries reported to some Divisions but not all. With differing governance group/arrangements in place, not all Divisions are willing to receive and review outcome summaries. CA&amp;E Team to discuss current arrangements and how these can be improved (including the use of a standardised report)</i></b>				

## Appendix C - Progress against Clinical Audit Forward Programme 2014/15

42 out of 47 (89%) of Priority 1 projects have either commenced or been completed. The five Priority 1 projects not to commence as planned are listed below, along with further information regarding participation and further action:

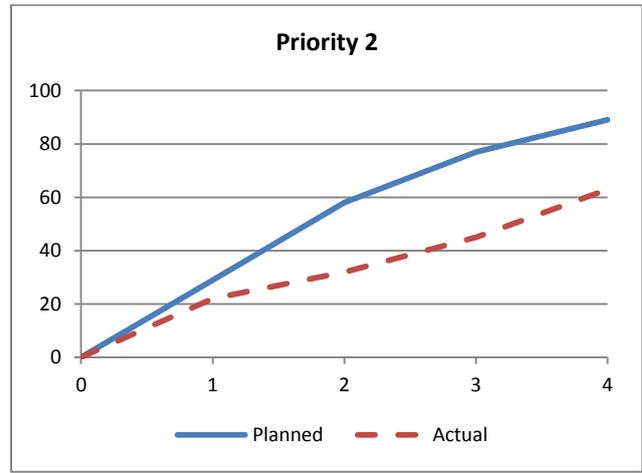
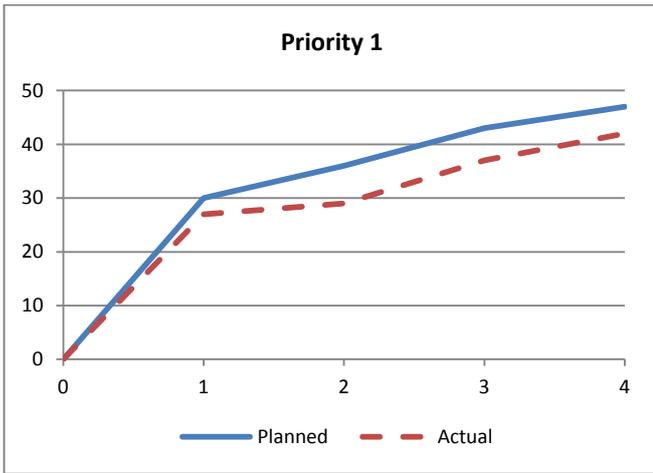
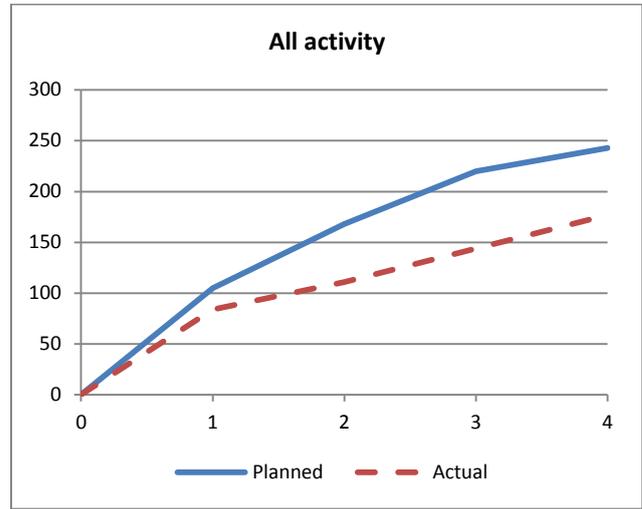
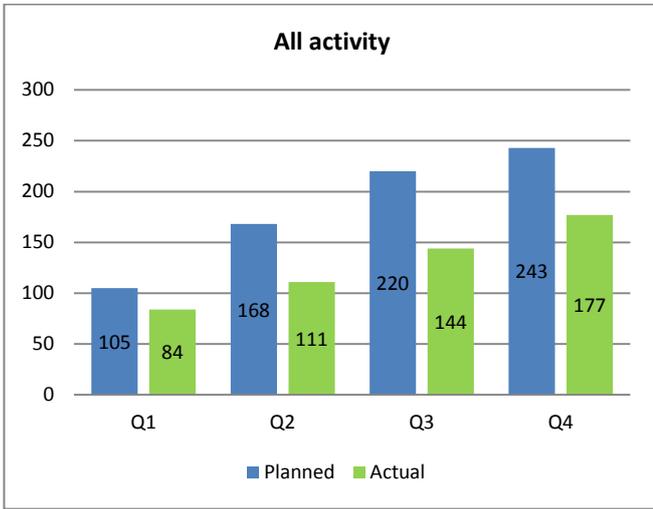
- National Audit of Dementia – This audit has been postponed at national level and will therefore be rolled over onto the 2015/16
- National Audit of Paediatric Pneumonia – This audit has been postponed at national level
- Audit of Sepsis – The Trust’s CQUIN lead has confirmed that there is no longer a specific requirement for an audit to be undertaken, this has been agreed with the CCG. It has been confirmed with the CQUIN lead that the audit project will be rolled over into the Clinical Audit Forward Plan for 2015/16 as this topic is part of the national CQUIN programme.
- Audit of patient transfer – This project was originally classified as P1 as it relates to an NHSLA Risk Standard and at the time of compiling the plan, the Trust was to undergo an assessment. Although the NHSLA assessment process is no longer running, this area is still of concern where improvements to safety/quality of care can be made. It was been rolled over as a P2 project rather than an external must do (P1)
- Audit of patient discharge – As above, this project was originally part of the NHSLA Risk Standards. It remains a priority for the Trust and will be rolled over as a P2 project.

In total, 243 projects on the plan were due to have commenced by the end of the end of the financial year. The Table below shows that overall, 177 (73%) of these projects commenced as planned.

Priority	Status (Q4)	Division						Total
		D&T	Med	SpS	SHN	W&C	NDS	
1	In progress	1	13	8	11	9		42
	Not started		1			1	3	5
<b>1 Total</b>		<b>1</b>	<b>14</b>	<b>8</b>	<b>11</b>	<b>10</b>	<b>3</b>	<b>47</b>
2	Completed	4	3		8	3		18
	In progress	10	5	9	4	15	2	45
	Not started	1			12	5	2	20
	Abandoned				4	2		6
<b>2 Total</b>		<b>15</b>	<b>8</b>	<b>9</b>	<b>28</b>	<b>25</b>	<b>4</b>	<b>89</b>
3	Completed	2	5	4	5	8		24
	In progress	4	8	10	5	8		35
	Not started	4	4	3	6	6		24
	Abandoned	1	2		1	1		5
<b>3 Total</b>		<b>11</b>	<b>19</b>	<b>17</b>	<b>17</b>	<b>23</b>		<b>87</b>
4	Completed				1	4		5
	In progress				1	7		8
	Not started	1			2	4		7
<b>4 Total</b>		<b>1</b>			<b>4</b>	<b>15</b>		<b>20</b>
<b>Grand Total</b>		<b>28</b>	<b>41</b>	<b>34</b>	<b>60</b>	<b>73</b>	<b>7</b>	<b>243</b>

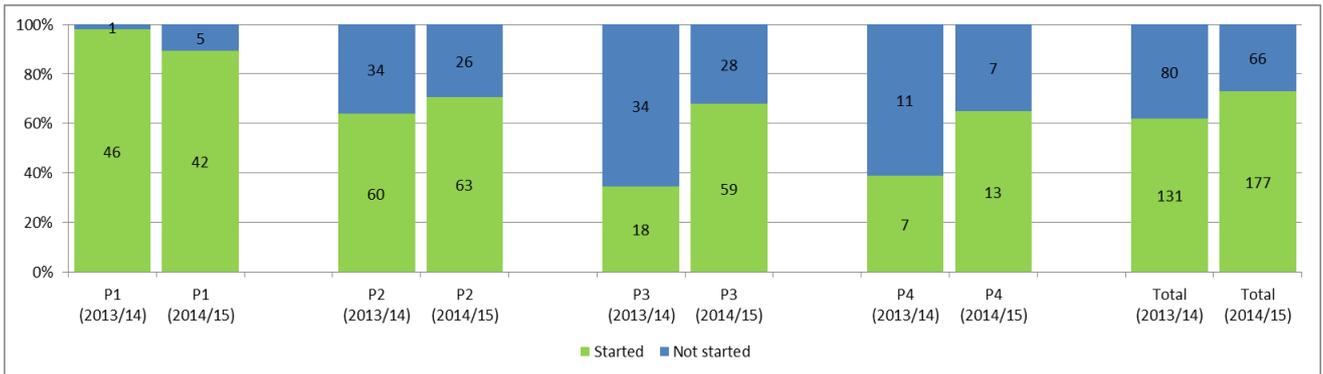
	P1	P2	P3	P4	All
% projects commenced to planned timescale (Q4)	89%	71%	67%	65%	73%

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 for those projects categorised as priority 1 and 2 are also plotted.



**Projects commenced to planned timescale – comparison to previous year**

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



Priority	% commenced to timescale
P1	↓ 9% (98% in 2013/14, 89% in 2014/15)
P2	↑ 7% (64% in 2013/14, 71% in 2014/15)
P3	↑ 32% (35% in 2013/14, 67% in 2014/15)
P4	↑ 29% (38% in 2013/14, 67% in 2014/15)
<b>Overall</b>	<b>↑ 11% (62% in 2013/14, 73% in 2014/15)</b>

## Appendix D - University Hospitals Bristol Clinical Audit Forward Programme 2015/16

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 2014/15; 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*'.

Priority 1	Priority 2
<p>Failure to deliver on these externally driven audits may carry a penalty for the Trust (either financial or in the form of a failed target or non-compliance with standards). Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <li>▪ New national targets and existing commitments (e.g., participation in heart disease audits, stroke, Myocardial Ischaemia).</li> <li>▪ Participation in the National Clinical Audit &amp; Patient Outcome Programme (NCAPOP) or Quality Accounts</li> <li>▪ DoH statutory requirements, e.g. infection control monitoring.</li> <li>▪ CQUINS or other commissioner priorities.</li> <li>▪ Board assurance requirements</li> </ul>	<p>Many of these audit projects emanate from Trust governance issues or high profile local initiatives although no penalties exist for non-participation. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <li>▪ External accreditation schemes, e.g. NHS Litigation Authority, cancer peer review.</li> <li>▪ Clinical Effectiveness activity (e.g. following the introduction of new procedures).</li> <li>▪ Patient Safety issues (including NPSA/safety alerts).</li> <li>▪ National Confidential Enquiries (NCEs).</li> <li>▪ Clinical Risk issues e.g. serious untoward incidents/adverse incidents.</li> </ul>
Priority 3	Priority 4
<p>These projects have been identified within Divisions/specialties/services as important pieces of work. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <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. Royal College)</li> <li>▪ Audits of NICE guidance.</li> <li>▪ Local guidelines/policies</li> <li>▪ Identified through consultation with Trust members</li> </ul>	<p>It is important that to maintain a degree of locally initiated projects by clinical staff; these projects can lead to real improvements in patient care as well as providing valuable education for junior staff but do not necessarily fall into any of the other categories.</p> <ul style="list-style-type: none"> <li>▪ Other/Clinician Interest (based on criteria such as high cost, high risk, potential for change, patient involvement etc).</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).

## Division of Diagnostics & Therapies

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
<b>Specialty/Service: Diagnostic Services</b>					
Audiology	The completion of Glasgow Hearing Aid Benefit Profile in 2015	Kate Ellor	P3	Q1	Quality Assurance
Clinical Biochemistry	Monitoring of nutritional status of home parenteral nutritional patients	Andrew Day	P3	Q2	National/local guidance
Histopathology	Re-auditing quality of clinical information on histopathology request forms for ENT specimens	Alex Ashman	P3	Q4	National/local guidance. Re-audit
Infection Control	Facilities cleaners cupboards	Joanna Davies	P2	Q1	Department of Health guidelines
	Re-auditing documentation of peripheral venous catheter insertion	Jodie Coram	P2	Q3	National/local guidance - Royal College of Nursing. Re-audit
Laboratory Haematology	Audit of Patient Blood Management in scheduled surgery	Tom Latham	P1	Q2	National Audit (Quality Report)
	Audit of the use of blood in haematology	Tom Latham	P1	Q4	National Audit (Quality Report)
	Audit of the use of blood in lower GI bleeding	Tom Latham	P1	Q2	National Audit (Quality Report)
Medical Physics & Bioengineering	CT radiation dose audit of L3 scanner	Ian Negus	P2	Q3	Quality Assurance
Microbiology	Prophylaxis in orthopaedic surgery	Martin Williams	P3	Q2	National/local guidance
	Treatment and investigation of pneumonia	Richard Brindle	P4	Q4	Pneumonia Treatment guideline
Radiology	Checking of anticoagulant medication prior to interventional radiology	Angela Trigg	P2	Q2	Identified through Patient Safety/risk/incident reporting.
	Documentation of consent	Elena Lambert	P2	Q1	National/local guidance
	Re-auditing CXR quality	John Hughes	P2	Q2	Identified through Patient Safety/risk/incident reporting. Re-audit
<b>Specialty/Service: Therapy Services</b>					
Nutrition & Dietetics	Adherence to enteral tube feeding clinical guideline in critical care	Rebecca Pooley	P3	Q2	National/local guidance. Rolled over from 2014/15
	Meeting nutritional needs - key observational prompts of the Nutritional Care Policy	Claudia Jemmott	P3	Q1	Linked to regulatory requirements - CQC Outcome 5
Occupational Therapy	'Patient pending' process – waiting list initiative	Julie Packman	P3	Q3	NHS Constitution - Improving waiting times for outpatient services
Pharmacy	New Oral Anticoagulant (NOACs)	Kevin Gibbs	P2	Q3	Identified through Patient Safety/risk/incident reporting.
Physiotherapy	Measuring the quality of stroke rehabilitation at South Bristol Community Hospital	Rob Jones	P3	Q3	National/local guidance - NICE
Speech and Language Therapy	Standards for and outcomes of video fluoroscopy referral	Vicki Weekes	P3	Q3	National/local guidance - Royal College SLT. Rolled over from 2014/15

## Division of Medicine

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
<b>Specialty/Service: Emergency Department</b>					
Emergency Department	Blood cultures	Sian Veysey	P3	Q2	National/local guidance. Re-audit
	Femoral nerve block	Phil Cowburn	P3	Q2	National/local guidance. Re-audit
	Head injury	Rob Stafford	P2	Q2	National/local guidance - NICE
	Observation ward	Rebecca Thorpe	P3	Q2	National/local guidance. Re-audit
	Paracetamol poisoning	Paul Reavley	P3	Q2	National/local guidance. Re-audit
	Procedural sedation in adults	Jonathan Bengier	P1	Q3	National Audit (Quality Report)
	Repeat medication errors	Harvey Pynn	P2	Q2	Identified through Patient Safety/risk/incident reporting.
	SHINE safety project	Emma Redfern	P3	Q2	Health foundation funded project extension of data review
	Trauma management	Lisa Munro Davies	P2	Q2	Regional audit/review - Part of Peer Review
	VTE risk in lower limb immobilisation	Rebecca Maxwell	P1	Q3	National Audit (Quality Report)
<b>Specialty/Service: Medical Specialties</b>					
Care of the Elderly	Fracture Liaison Service Database	Cathy Churchman	P1	Q3	National Audit (NCAPOP)
	Inpatient falls	Rachel Bradley/Scott Allan	P1	Q2	National Audit (NCAPOP)
	National Hip Fracture Database	Rachel Bradley	P1	Q1	National Audit (NCAPOP)
	Re-audit of post falls protocol	Rachel Bradley	P2	Q3	Identified through Patient Safety/risk/incident reporting. New protocol linking to risk and previous incident (coroner)
	UK Parkinson's Audit	Gerry Tobin	P1	Q1	National Audit (Quality Report)
Contraception and Sexual Health	Emergency contraception	Cindy Farmer	P3	Q4	National/local guidance. Rolled over from 2014/15
	Emergency IUD	Cindy Farmer	P3	Q2	National/local guidance
	Management of early syphilis	Andrew Leung	P3	Q3	National/local guidance. Rolled over from 2014/15
	Management of genital herpes	Andrew Leung	P3	Q2	National/local guidance
	Management of gonorrhoea	Andrew Leung	P3	Q1	National/local guidance
Dermatology	Audit of excision rate of skin cancer	Adam Bray	P2	Q2	Outcomes monitoring

	Audit of NICE guideline on the management of paediatric eczema	Lindsay Shaw	P3	Q3	National Audit (Other)
	Completion of WHO checklist	David de Berker	P2	Q2	Identified through Patient Safety/risk/incident reporting.
Diabetes & Endocrinology	National Diabetes Adults	Natasha Thorogood	P1	Q1	National Audit (NCAPOP)
	National Diabetes Footcare Audit	Natasha Thorogood	P1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Bushra Ahmed	P1	Q2	National Audit (NCAPOP)
	National Pregnancy in Diabetes Audit	Karin Bradley	P1	Q2	National Audit (NCAPOP)
Gastroenterology	Hemospray - a new endoscopic haemostatic intervention	Jim Portal	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
Liaison Psychiatry	Re-audit of frequent attenders with self-harm to the Emergency Department	Debbie Otley	P3	Q3	Re-audit
	Re-audit of the use of the Mental Health Act in a general hospital setting	Zabelle Aslanyan	P3	Q1	Re-audit
Respiratory	Audit of bronchoscopy safety and adverse events	Abbey Leahy	P2	Q4	Identified through Patient Safety/risk/incident reporting
	Emergency use of oxygen	Abbey Leahy	P1	Q2	National Audit (Quality Report)
	National adult bronchiectasis audit	Nabil Jarad	P1	Q3	National Audit (Quality Report)
	Re-audit of isolation in patients with possible pulmonary tuberculosis	Abbey Leahy	P2	Q2	Identified through Patient Safety/risk/incident reporting. Re-audit
	UK Cystic Fibrosis Registry	Nick Bell/Kathryn Bateman	P1	Q1	National Audit (Quality Report)
Rheumatology	Rheumatoid and Early Inflammatory Arthritis	Matt Roy	P1	Q1	National Audit (NCAPOP)
Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Clare Holmes	P1	Q1	National Audit (NCAPOP)

## Division of Specialised Services

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
<b>Specialty/Service: Cardiac Services</b>					
Cardiac Anaesthesia	Re-audit of prescribing practice	Richard Bateman	P3	Q3	Identified through Patient Safety/risk/incident reporting. Re-audit
Cardiac Surgery	Adult Cardiac Surgery (ACS)	Alan Bryan	P1	Q1	National Audit (NCAPOP)
	Anticoagulants and antiplatelet post cardiac surgery	Serban Stoica	P3	Q1	National/local guidance - Good Surgical Practice 2014
	Outcomes following re-do cardiac surgery	Mustafa Zakhar	P4	Q1	Outcomes monitoring

Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Julian Strange	P1	Q1	National Audit (NCAPOP)
	Assessment of diastolic function in echocardiography reports	Yasmin Ismail	P3	Q1	National/local guidance - BSC
	Cardiac Rhythm Management (CRM)	Tim Cripps	P1	Q1	National Audit (NCAPOP)
	Coronary Angioplasty/National Audit of PCI	Tom Johnson	P1	Q4	National Audit (NCAPOP)
	Functional imaging before angiography for patients with heart failure	Angus Nightingale	P3	Q2	National/local guidance - NICE
	Heart Failure	Angus Nightingale	P1	Q1	National Audit (NCAPOP)
	Management of patients post non-STEMI including assessing LV function as per NICE guidance	Angus Nightingale	P3	Q2	National/local guidance - NICE
	Management of severe aortic stenosis especially old and frail patients	Angus Nightingale	P3	Q2	National/local guidance - ESC
<b>Specialty/Service: Oncology &amp; Haematology</b>					
Clinical Haematology	Re-audit of arrival time for patients presenting to hospital in sickle cell crisis	Priyanka Mehta	P3	Q1	Re-audit
Oncology	Audit of aprepitant for control of chemotherapy induced nausea and vomiting	Helen Brookes	P3	Q1	National/local guidance. Rolled over from 2014/15
	Audit of completion of pregnancy status and fertility status on the radiotherapy form	Mandy Webster	P3	Q2	Departmental priority
	Consent for radiotherapy	Mandy Webster	P2	Q3	Identified through Patient Safety/risk/incident reporting
	Drug chart audit	Charlie Comins	P3	Q2	National/local guidance. Rolled over from 2014/15
	Gamma Knife	Alison Cameron	P2	Q4	Introduction of new medical equipment
	Hyponatraemia in small cell lung cancer	Alfredo Addeo	P3	Q1	Departmental priority
	Lung cancer (NLCA)	Abi Jeyabalan	P1	Q1	National Audit (NCAPOP)
	Re-audit of post radio-iodine ablation follow-up for differentiated thyroid cancer	Mathew Beasley	P3	Q4	National/local guidance. Re-audit
	Stereotactic Ablative Body Radiotherapy (SABR) for peripheral lung cancer	Charles Comins	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Trust wide neutropenic sepsis audit	Anna Kuchel	P2	Q1	Identified through Patient Safety/risk/incident reporting
UK audit of toxicity & outcomes of radical chemoradiotherapy in anal cancer	Stephen Falk	P3	Q1	National Audit (Other)	
Palliative Medicine	DNACPR audit	Rachel McCoubrie	P2	Q1	Introduction of new guideline/proforma
	End of life care	Rachel McCoubrie	P1	Q2	National Audit (Quality Report)
	Treatment Escalation Plans	Rachel McCoubrie	P2	Q1	Introduction of new guideline/proforma

## Division of Surgery, Head & Neck

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
<b>Specialty/Service: Anaesthetic Services</b>					
Acute Pain	Analgesia for patients with renal impairment	Nilesh Chauhan	P3	Q1	National/local guidance
Anaesthesia	Alcohol intake for patients with head and neck cancer	Frances Forrest /David Quin	P3	Q3	National/local guidance - NICE/NCEPOD
	Analgesia for patients undergoing surgery at HGT	Tony Pickering/Laura Powell	P4	Q3	Local concern
	Emergency surgery for patients over 80 years old	Ruth Murphy	P3	Q2	National/local guidance - NHS Scotland Palliative Care Guidelines
	General anaesthesia for hip fractures	Katie Welham	P3	Q4	National/local guidance - audit following National SPRINT audit
	Intra-operative and post-operative analgesia for hip fractures	Frances Forrest	P3	Q4	National/local guidance - audit following National SPRINT audit
	Mobilisation of post-surgical patients		P4	Q1	Local concern
	National Emergency Laparotomy Audit (NELA)	Rachel Craven	P1	Q1	National Audit (NCAPOP)
	Orthopaedic day cases	Frances Forrest/Sanchit Mehendale	P4	Q3	Local concern
	Perioperative fluids for patients with fractured neck of femur	Sarah Thomas	P3	Q1	National/local guidance - NICE
	Primary PCI activity and emergency anaesthesia services	Matt Molyneux	P4	Q4	Re-audit
	Start times in emergency theatres	Hannah Blanchard	P4	Q3	Local concern
	Theatre waiting times for emergency surgery	Phoebe Symes/Jane Blazeby	P3	Q4	National/local guidance - audit following NELA audit
Pre-op assessment	Functional assessment/exercise audit of patients undergoing surgery	Frances Forrest	P3	Q3	National/local guidance. Re-audit
<b>Specialty/Service: Critical Care Services</b>					
ITU/HDU	Alcohol related ITU admissions	Sanjoy Shah/Dan Freshwater-Turner	P3	Q3	National/local guidance - NICE
	Arterial line flushing	Sanjoy Shah/Dan Freshwater-Turner	P3	Q2	National/local guidance
	Case Mix Programme (CMP)	Tim Gould	P1	Q1	National Audit (Quality Report)
	Delirium	Sanjoy Shah/Dan Freshwater-Turner	P3	Q3	National/local guidance
	Glycaemic control - blood sugar monitoring	Sanjoy Shah/Dan Freshwater-Turner	P3	Q3	National/local guidance

	High risk elective surgical patients requiring ITU/HDU	Sanjoy Shah/Dan Freshwater-Turner	P3	Q2	National/local guidance
	Major Trauma: The Trauma Audit & Research Network (TARN)	Matt Thomas	P1	Q1	National Audit (Quality Report)
	National Emergency Laparotomy Audit (NELA)	Sanjoy Shah/Dan Freshwater-Turner	P1	Q1	National Audit (NCAPOP)
	Parenteral Nutrition	Jeremy Bewley	P3	Q4	National/local guidance - NICE
	Re-intubation rates	Sanjoy Shah/Dan Freshwater-Turner	P3	Q2	National/local guidance
	Restraint and use of sedation medication in intubated patients	Kathryn Pollock	P4	Q3	Local concern
Resuscitation Services	National Cardiac Arrest Audit (NCAA)	Matt Thomas	P1	Q1	National Audit (Quality Report)
<b>Specialty/Service: Dental Services</b>					
Oral and Maxillofacial Surgery	National Head & Neck Cancer (DAHNO)	Ceri Hughes	P1	Q3	National Audit (NCAPOP)
Oral Medicine	Safe site marking BDH (WHO Checklist)	Tony Brookes/Chris Bell	P2	Q3	Identified through Patient Safety/risk/incident reporting
Orthodontics	Compliance with did not attend (DNA) policy	Nikki Atack	P3	Q1	Linked to regulatory requirements. CQC area of improvement.
	Periodontal screening in adult orthodontic patients	Kate House	P3	Q1	National/local guidance
Restorative Dentistry	Smoking cessation	Natalie Edwards	P4	Q3	Re-audit. Rolled over from 2014/15.
	Tooth survival and restorative status of undergraduate root treated teeth	Dominic O'Sullivan	P3	Q3	Introduction of new guideline/proforma. Rolled over from 2014/15
<b>Specialty/Service: Ophthalmology</b>					
Cornea & Cataracts	Cataract Outcomes	Derek Tole	P2	Q3	Outcomes monitoring
	Collagen cross linking for keratoconus	Phil Jaycock	P3	Q3	National/local guidance - NICE
	Corneal implants for keratoconus	Phil Jaycock	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Descemet's Stripping Automated Endothelial Keratoplasty (DSAEK): Visual Acuity outcomes and Complications	Derek Tole	P3	Q3	Outcomes monitoring
	Femtosecond laser arcuate keratotomies for astigmatism following corneal graft surgery	Phil Jaycock	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Femtosecond laser assisted cataract/refractive lens	Phil Jaycock	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	National Ophthalmology Audit	John Sparrow	P1	Q3	National Audit (NCAPOP)
Glaucoma & Shared Care	Glaucoma drainage surgery with an Ahmed or Baerveldt aqueous shunt device.	Rani Sebastian	P2	Q4	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Glaucoma follow ups	Paul Spry	P3	Q3	National/local guidance - NICE. Re-audit

	Non-penetrating glaucoma surgery	John Sparrow	P3	Q3	National/local guidance - NICE
	Selective laser trabectomies	Rani Sebastian	P2	Q4	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Trabectomy outcomes	Rani Sebastian/John Sparrow	P4	Q4	Outcomes monitoring
Medical & Surgical Retina	Endophthalmitis	Richard Haynes	P4	Q4	Re-audit
	Lucentis for age related macular degeneration	Adam Ross	P3	Q2	National/local guidance - NICE. Re-audit
	Lucentis and Iluvian treatment for diabetic macular oedema	Clare Bailey	P3	Q2	National/local guidance - NICE
	Retinal detachment	Richard Haynes	P4	Q4	Re-audit
	Surgical outcomes of macular holes	Richard Haynes	P4	Q4	Re-audit
Orthoptics and Optometry	Assessment of orbital trauma patients	Ann Starbuck	P4	Q3	(blank)
Paediatrics, Oculoplastics & Squint	Safe site marking (WHO check list) in BEH	Abosedo Cole / Michelle Gingell	P2	Q4	Identified through Patient Safety/risk/incident reporting.
<b>Specialty/Service: Surgical Specialties</b>					
Colorectal Surgery	Bowel cancer (NBOCAP)	Rob Longman	P1	Q1	National Audit (NCAPOP)
ENT	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	P2	Q4	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Functional Endoscopic Sinus Surgery (FESS)	Claire Langton-Hewer	P4	Q2	Re-audit
Thoracic Surgery	Cardiac denervation for VT	Tim Batchelor	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group. Roll over from 2014/15
	Lung cancer (NLCA)	Tim Batchelor	P1	Q3	National Audit (NCAPOP)
	Lung volume reduction surgery through a bronchoscope	Doug West/Nabil Jarad	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group. Roll over from 2014/15
	Outcomes after internal fixation of flail segment chest Injuries	Doug West	P3	Q1	National/local guidance - NICE (IP361)
	Society for Cardiothoracic Surgery thoracic returns	Tim Batchelor	P2	Q3	Outcomes monitoring
Trauma & Orthopaedics	National Joint Registry (NJR)	Sanchit Mehendale	P1	Q1	National Audit (NCAPOP)
Upper GI Surgery	Microwave ablation for the treatment of liver metastases	Meg Finch-Jones	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	National Emergency Laparotomy Audit (NELA)	Jane Blazeby / Paul Wilkerson	P1	Q1	National Audit (NCAPOP)
	Oesophago-gastric cancer (NAOGC)	Paul Barham	P1	Q1	National Audit (NCAPOP)
	Pancreatitis pathway	Meg Finch-Jones	P2	Q2	Regional audit/review - Cancer Network Audit

## Division of Women's & Children's

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
<b>Specialty/Service: Children's Services</b>					
Anaesthesia	Re-audit of anaesthetic record keeping	Bev Guard	P3	Q3	Introduction of new guideline/proforma. Re-audit
	Re-audit of pain after cardiac surgery	Guy Bayley	P4	Q3	Re-audit
	Re-audit pre-op fasting	Bev Guard	P3	Q4	Re-audit
Audiology - Children's Hearing Centre	Re-audit of hearing aid review clinics v national and local standards	Dawn O'Dwyer	P3	Q1	National/local guidance. Rolled over from 2014/15. Re-audit
Burns & Plastics	International Burn Injury Database (iBID)	Tim Burge	P1	Q1	External accreditation
Cardiac Services	Communication abnormal laboratory results to ward	Andrew Parry	P2	Q3	Identified through Patient Safety/risk/incident reporting. Re-audit
	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Serban Stoica	P1	Q1	National Audit (NCAPOP)
	Re-audit of anti-coagulation	Mark Walsh	P2	Q4	Identified through Patient Safety/risk/incident reporting. Re-audit
Dermatology	National eczema audit	Lindsay Shaw	P3	Q2	National Audit (Other)
Diabetes & Endocrinology	Diabetes (Paediatric) (NPDA)	John Barton	P1	Q1	National Audit (NCAPOP)
	Re-audit of GH Rx against NICE guidance	John Barton	P3	Q4	National/local guidance - NICE. Re-audit
	South West Paediatric Diabetes Network DKA pathway	John Barton	P3	Q3	National/local guidance - NICE
Emergency Department	Bereavement counselling	TBC	P2	Q4	Identified through Patient Safety/risk/incident reporting
	Did not wait audit	Lisa Goldsworthy	P2	Q1	Identified through Patient Safety/risk/incident reporting
	Injury to non-mobile baby	Giles Haythornthwaite	P2	Q1	Regional audit/review - Multi-agency Service review led by Maria Bredow from North Bristol
	Major Trauma: The Trauma Audit & Research Network (TARN)	Giles Haythornthwaite	P1	Q1	National Audit (Quality Report)
	Pain scoring audit	TBC	P3	Q3	Identified through Patient Safety/risk/incident reporting
	Sepsis audit	Will Christian	P2	Q1	Identified through Patient Safety/risk/incident reporting
	Use of Children's Services clinical handover sheet	TBC	P2	Q3	Identified through Patient Safety/risk/incident reporting
	Vital signs in children	TBC	P1	Q3	National Audit (Quality Report)
Gastroenterology	Inflammatory Bowel Disease (IBD) programme	Christine Spray	P1	Q1	National Audit (NCAPOP)

	Video wireless capsule endoscopy	Christine Spray/Dharam Basude	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
General Paediatrics	IV fluid prescription chart audit	TBC	P3	Q3	Introduction of new guideline/proforma
	Treatment of GORD in children	Jane-Claire Sconce	P3	Q1	National/local guidance - NICE
	Use and usefulness of bronchiolitis patient information leaflet	Reg Bragonier	P2	Q1	(blank)
Haematology/Oncology	Aseptic non-touch technique for central venous lines	Wendy Saegenschnitter	P4	Q4	(blank)
	Audit of toxicity monitoring in patients with bone sarcoma	Maddie Adams	P4	Q1	(blank)
	Convection Enhanced Delivery of Chemotherapy for CNS tumours	Stephen Lewis	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
Neonatal Intensive Care	Central line insertion on NICU	Jonathan Davis	P3	Q2	Identified through Patient Safety/risk/incident reporting. Re-audit
	Neonatal Intensive and Special Care (NNAP)	Pam Cairns	P1	Q1	National Audit (NCAPOP)
	Vermont-Oxford Benchmarking Project	David Harding	P3	Q1	Outcomes monitoring
Neonatal Transport Team (NEST)	Rapid sequence induction of anaesthesia and intubation in neonates	James Tooley	P3	Q1	Introduction of new guideline/proforma
Nephrology	Acute kidney injury	Wesley Hayes	P2	Q4	Identified through Patient Safety/risk/incident reporting. Re-audit
	Renal biopsy	Wesley Hayes	P3	Q1	(blank)
	Renal replacement therapy (Renal Registry)	Carol Inward	P1	Q1	National Audit (Quality Report)
	Renal transplantation	Jan Dudley	P3	Q3	(blank)
Neurosurgery	Postoperative complications within 12 months following selective dorsal rhizotomy v local and national standards	Richard Edwards	P3	Q1	National/local guidance
Paediatric Intensive Care	Audit of anti-coagulation	James Fraser	P2	Q1	Identified through Patient Safety/risk/incident reporting. Re-audit
	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	P1	Q1	National Audit (NCAPOP)
Radiology	Ultrasound labelling	Savvas Andronicu	P3	Q2	(blank)
Respiratory	Paediatric asthma	TBC	P1	Q2	National Audit (Quality Report)
Rheumatology	Re-audit on GA Joint injection waiting times v national standards	Jane Ellis/Alison Kelly	P2	Q2	National/local guidance. Re-audit
	Screening for uveitis in juvenile idiopathic arthritis	Athimalaipet Ramanan	P3	Q1	National/local guidance. Re-audit
Surgery	Biofeedback in management of dysfunctional voiding v national standards	Mark Woodward	P3	Q1	National/local guidance
<b>Specialty/Service: Women's Services</b>					
Gynaecology	Endometriosis	Caroline Overton	P1	Q4	External accreditation

	Enhanced recovery in gynaecological surgery	Jo Bailey	P4	Q2	Re-audit
	ITU admissions for gynaecological cancer	Jo Bailey	P4	Q2	(blank)
	PlasmaJet® Argon Beam system for ablation and removal of cancer	Jo Bailey	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Sentinel Lymph node biopsy in vulval cancer	Jo Bailey	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Tension-free vaginal tape for urinary incontinence	Caroline Overton	P1	Q2	National Audit (Other) - British Society of Urogynaecology audit feeding into Consultant Outcomes Publication
	Treatment of high grade disease in colposcopy	Yvonne Higgins	P3	Q3	Outcomes monitoring
Obstetrics & Midwifery	Antenatal Screening Programme	Anne Duffner	P3	Q1	Outcomes monitoring
	Caesarean section – decision to delivery times (NICE CG132)	Emma Treloar/Stephen Kinsella	P3	Q1	National/local guidance - NICE
	Care of women in labour	Emma Treloar	P3	Q3	National/local guidance - NICE
	Obstetric haemorrhage	Rachna Bahl	P3	Q1	Ongoing, former CNST audit
	Perinatal outcomes for women with diabetes in pregnancy	Louise Ashelby	P3	Q1	Outcomes monitoring
	Perineal tear	Sneha Basude	P3	Q1	Ongoing, former CNST audit
	Shoulder dystocia	Rachna Bahl	P3	Q1	Ongoing, former CNST audit
	UNICEF UK Baby Friendly Initiative/Newborn Feeding	Joan Beales	P3	Q2	External accreditation
Reproductive Medicine	Human Fertilisation and Embryology Authority (HFEA) statutory compliance	David Cahill	P1	Q2	External accreditation

## Non-Division Specific

Area	Project title	Lead	Priority	Q Start	Rationale
CQUIN	Acute kidney injury	Jim Portal	P1	Q1	Audit requirement within CQUIN
	Sepsis audit	Jeremy Bewley	P1	Q1	Audit requirement within CQUIN
Dementia	Dementia care	Rachel Bush/Julie Dovey	P2	Q3	Linked to regulatory requirements - CQC 'should do' action plan
	Ward moves for people with dementia	Rachel Bush/Helen Morgan	P2	Q2	Linked to regulatory requirements - CQC 'should do' action plan
Discharge	Audit of patient discharge	Julia Wynn	P2	Q3	Identified through Patient Safety/risk/incident reporting

Documentation	Consent	Jane Luker	P2	Q3	Linked to regulatory requirements
	Medical documentation	Jane Luker	P2	Q4	Linked to regulatory requirements
	Nursing documentation	Jo Witherstone	P2	Q3	Introduction of new guideline/proforma
Handover	Audit of patient transfer/handover	Anne Reader/Gilly Furness-Brown	P2	Q2	Identified through Patient Safety/risk/incident reporting
Medication	Medicines storage/security	Steve Brown	P1	Q2	Linked to regulatory requirements - CQC 'must do' action plan
Nutrition	Management of patients - nil by mouth	Helen Morgan	P1	Q3	Linked to regulatory requirements - CQC 'must do' action plan
Resuscitation Services	Resuscitation trolleys	Jo Bruce-Jones	P1	Q2	Linked to regulatory requirements - CQC 'must do' action plan
CQUIN	Acute kidney injury	Jim Portal	P1	Q1	Audit requirement within CQUIN
	Sepsis audit	Jeremy Bewley	P1	Q1	Audit requirement within CQUIN

## Appendix E - National audit participation (extract from Quality Report 2014/15)

### Participation in clinical audits and national confidential enquiries

For the purposes of the Quality Report (Quality Account), the Department of Health publishes an annual list of national audits and confidential enquiries, participation in which is seen as a measure of the quality of a provider 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<sup>1</sup>. The detail which follows, relates to this list.

During 2014/15, 37 national clinical audits and two national confidential enquiries covered relevant health services that University Hospitals Bristol NHS Foundation Trust provides.

During 2014/15, University Hospitals Bristol NHS Foundation Trust participated in 100% (37/37) of national clinical audits and 100% (2/2) of national confidential enquiries it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust has been eligible to participate in during 2014/15 are as follows:

Name of audit / Clinical Outcome Review Programme	Participated
<b>Acute</b>	
Case Mix Programme (CMP)	Yes
Adult Community Acquired Pneumonia	Yes
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes
National confidential enquiry into patient outcome and death (NCEPOD)	Yes
National emergency laparotomy audit (NELA)	Yes
National Joint Registry (NJR)	Yes
Non-Invasive Ventilation	Yes
Pleural Procedures	Yes
Mental health (care in emergency departments)	Yes
Older people (care in emergency departments)	Yes
Fitting child (care in emergency departments)	Yes
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	Yes
<b>Cancer</b>	
Bowel cancer (NBOCAP)	Yes
Head and neck oncology (DAHNO)	Yes
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	Yes
Cardiac Rhythm Management (CRM)	Yes
Congenital heart disease (Paediatric cardiac surgery) (CHD)	Yes
Coronary Angioplasty/National Audit of PCI	Yes
National Adult Cardiac Surgery Audit	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Heart Failure Audit	Yes
National Vascular Registry	Yes

<sup>1</sup> i.e. how many cases we submit compared to how many we are told we should submit, according to the requirements of the audit

<b>Long term conditions</b>	
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	Yes
Diabetes (Paediatric) (NPDA)	Yes
Inflammatory bowel disease (IBD)	Yes
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	Yes
Renal replacement therapy (Renal Registry)	Yes
Rheumatoid and early inflammatory arthritis	Yes
<b>Older People</b>	
Falls and Fragility Fractures Audit Programme (FFFAP)	Yes
Sentinel Stroke National Audit Programme (SSNAP)	Yes
<b>Other</b>	
Elective surgery (National PROMs Programme)	Yes
<b>Women's &amp; Children's Health</b>	
Epilepsy 12 audit (Childhood Epilepsy)	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric intensive care (PICANet)	Yes

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust participated in, and for which data collection was completed during 2014/15 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (where known).

<b>Name of audit / Clinical Outcome Review Programme</b>	<b>% Cases Submitted</b>
<b>Acute</b>	
Case Mix Programme (CMP)	1202*
Major Trauma: The Trauma Audit & Research Network (TARN)	69% (323/471)
National confidential enquiry into patient outcome and death (NCEPOD)	80% (35/44)
National emergency laparotomy audit (NELA)	97% (160/165)
National Joint Registry (NJR)	100% (48/48)
Non-Invasive Ventilation	25*
Pleural Procedures	4*
Mental health (care in emergency departments)	94% (47/50)
Older people (care in emergency departments)	65% (65/100)
Fitting child (care in emergency departments)	100% (54/54)
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	38*
<b>Cancer</b>	
Bowel cancer (NBOCAP)	190*
Head and neck oncology (DAHNO)	166*
Lung cancer (NLCA)	87% (157/180)
Oesophago-gastric cancer (NOGCA)	142*
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	889*
Cardiac Rhythm Management (CRM)	211*
Congenital heart disease (Paediatric cardiac surgery) (CHD)	100% (777/777)

Coronary Angioplasty/National Audit of PCI	100% (1473/1473)
National Adult Cardiac Surgery Audit	100% (1488/1488)
National Cardiac Arrest Audit (NCAA)	121*
National Heart Failure Audit	358*
National Vascular Registry	279*
<b>Long term conditions</b>	
Diabetes (Adult) ND(A), includes National Diabetes Inpatient Audit (NADIA)	479*
Diabetes (Paediatric) (NPDA)	484*
Inflammatory bowel disease (IBD)	86% (43/50)
National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme	84% (36/43)
Renal replacement therapy (Renal Registry)	54*
Rheumatoid and early inflammatory arthritis	7*
<b>Older People</b>	
Falls and Fragility Fractures Audit Programme (FFFAP)	100% (370/370)
Sentinel Stroke National Audit Programme (SSNAP)	>90% (495)
<b>Other</b>	
Elective surgery (National PROMs Programme)	65% (98/150)
<b>Women's &amp; Children's Health</b>	
Epilepsy 12 audit (Childhood Epilepsy)	33*
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100% (6/6)
Neonatal intensive and special care (NNAP)	100% (2494/2494)
Paediatric intensive care (PICANet)	100% (662/662)

\*No case requirement outlined by national audit provider

The reports of 10 national clinical audits were reviewed by the provider in 2014/15. University Hospitals Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

#### **British Thoracic Society (BTS) Emergency Oxygen Audit**

- Education sessions on oxygen prescription have been established for Foundation Year doctors.
- Oxygen prescription cards have been implemented in the Medical Admissions Unit and guidelines for the administration of oxygen have been updated.
- A quality improvement project focusing on oxygen prescription is underway.

#### **College of Emergency Medicine audits**

- Education and training around the management of patients with renal colic has been delivered to doctors and nurses within the Emergency Department at the Bristol Royal Infirmary. This audit stressed the importance of pain control and the use of the urology referral form to capture required information. The department 'message of the week' was used to highlight learning from the audit.
- Fluid balance forms have been made available in the resuscitation area of the Emergency Department in the Bristol Royal Infirmary to improve the management of patients with severe sepsis/septic shock.

#### **National Cancer Audits**

- Data completeness has improved significantly (most key fields above national average) and full clinical checks for all audits in 2014.
- The Oesophago-gastric cancer audit was included in the centrally managed programme successfully for first time in 2014.
- There has been an increase in proactive data collection; the majority of this work is now delegated to MDT coordinators and teams, supported by full guidance and data completeness trackers.

- The Trust's Cancer Services Manager continues to take lead role in advising the Cancer Register on configuration to support successful data collection, and is closely involved in national discussions regarding the future direction of the DAHNO audit.

#### **National Cardiac Arrest Audit (NCAA)**

- Further emphasis is being placed on DNACPR (Do Not Attempt Resuscitation) and TEPP (Treatment Escalation Personalised Plans) during resuscitation teaching sessions, with continued education about recognising deteriorating patients.
- The Trust is now submitting data on paediatric cardiac arrests as well as adult.

#### **National Diabetes Audit – Pregnancy in Diabetes**

- A database/spreadsheet is to be created which will allow capture of specific baseline data (e.g. folic acid prescribing) at the first clinic visit and facilitate analysis of UH Bristol specific data.
- Liaison with primary care and education regarding pre-conception counselling regarding glycaemic control, folic acid use etc is underway; discussions include a focus on the increasing proportion of women with Type 2 diabetes becoming pregnant including high risk ethnic minority groups and obese women. The endocrine antenatal team will continue to run training days for community midwives.
- The endocrine team is fully engaged with the established south west diabetes and pregnancy regional network to support regional service development, sharing of data and ideas and agreeing consensus best practice.
- The capacity of the antenatal endocrine service is currently being reviewed with a view to increasing the frequency of contact with patients to support improved glycaemic control.

#### **National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme**

- The Trust's admission proforma is being redesigned to help capture/record the required patient data relating to their COPD exacerbation. This will include the ability to record the patient's DECAF (Dyspnoea, Eosinopenia, Consolidation, Acidaemia and Fibrillation) score.
- Smoking cessation and referral to pulmonary rehabilitation referral is now a matter of course after introducing the formal discharge bundle of care.
- The Trust is in the process of purchasing portable spirometers for its three respiratory wards and for the Medical Assessment Unit.

#### **Falls and Fragility Fractures Audit Programme**

- A new theatre improvement project is underway, specifically focussed on orthopaedic theatre utilisation and efficiency.
- Job plan changes have been agreed which will improve the spread of trauma time across the week and enable an additional hip fracture case to be undertaken at the start of planned limb reconstruction theatre lists.
- New guidelines are being introduced for anaesthetising patients undergoing hip fracture repair.

The reports of 244 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2014/15; summary outcomes and actions reports are reviewed on a bi-monthly basis by the Clinical Audit Group. University Hospitals Bristol NHS Foundation Trust has taken appropriate action to improve the quality of healthcare provided – full details will be published in the Trust's Clinical Audit Annual Report for 2014/15<sup>2</sup>.

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<sup>2</sup> Available via the Trust's internet site from August 2015