

University Hospitals Bristol



NHS Foundation Trust



# Clinical Audit Annual Report

## 2015/16

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

**Date:** June 2016.

<b>Introduction from the Chair of Clinical Audit Group .....</b>	<b>3</b>
<b>1. Report from the Clinical Audit &amp; Effectiveness Manager .....</b>	<b>4</b>
1.1 Clinical Audit & Effectiveness Team.....	4
1.2 Clinical Audit Group .....	4
1.3 Forward Planning .....	4
1.4 Annual Quality Account .....	5
1.5 Clinical Audit & Effectiveness Workplan .....	5
1.6 National and Regional Involvement .....	5
<b>2. Programme Key Performance Indicators (KPIs) .....</b>	<b>6</b>
2.1 Introduction and explanation of statistics .....	6
2.2 Summary 'dashboard' of Key Performance Indicators .....	7
2.3 Comment on Key Performance Indicators .....	8
<b>3. Divisional summaries and tables .....</b>	<b>9</b>
3.1 DIAGNOSTICS & THERAPIES.....	9
3.2 MEDICINE.....	15
3.3 SPECIALISED SERVICES .....	24
3.4 SURGERY, HEAD & NECK.....	30
3.5 WOMEN'S & CHILDREN'S.....	39
3.6 NON DIVISION SPECIFIC .....	51
<b>Appendix A - UH Bristol Clinical Audit Staff (as at April 2016) .....</b>	<b>52</b>
<b>Appendix B - Clinical Effectiveness &amp; Outcomes Strategy Action Plan .....</b>	<b>53</b>
<b>Appendix C - Progress against Clinical Audit Forward Programme 2015/16 .....</b>	<b>55</b>
<b>Appendix D - University Hospitals Bristol Clinical Audit Forward Programme 2016/17.....</b>	<b>57</b>
<b>Appendix E - National audit participation (extract from Quality Report 2015/16) .....</b>	<b>71</b>

## Introduction from the Chair of Clinical Audit Group

Against a backdrop of rising clinical and financial pressures for the NHS, the UH Bristol Clinical Audit team has worked hard to successfully sustain and furthermore build upon existing processes already in place to deliver clinical audit within the Trust.

Both the volume and the quality of clinical audit activity has been maintained and you will see many examples of positive project outcomes within this report. The Clinical Audit Group has also continued to monitor project progression and to scrutinise outcomes and action reports from all completed audits. This adds value to the projects and facilitates the implementation of recommended actions. I would like to personally thank Stuart Metcalfe for his motivational leadership and to express my appreciation to the Clinical Audit Facilitators and Convenors for their engagement and commitment in leading the clinical audit programme within their Divisions and specialties; it is their significant contribution which permits the Clinical Audit Group to function effectively.

The 2015/16 year commenced with the successful completion of a benchmarking project requested by the Trust's Non-Executive Directors. This demonstrated that the management processes supporting clinical audit at UH Bristol are in line with those in place at other Trusts. Moreover, for many of the areas reviewed, the project findings suggested that UH Bristol may have more robust and reliable systems.

During the last financial year, the Clinical Audit Team has also delivered on other key priorities. Recording of the rationale driving clinical audit activity has improved as has linking audit projects to risk, incident reporting and the wider patient safety agenda. In addition, regular and reliable reporting of clinical audit activity - including the results and actions from completed projects into Divisional governance groups has been established.

Towards the close of 2015/16, the Clinical Audit and Effectiveness Team engaged with the Trust Audit Committee to complete a piece of work which reviewed the role which clinical audit should play in assuring appropriate and high quality clinical practice across the Trust. This report was well received as offering excellent insight and clarity into the purpose and process of clinical audit. It has also facilitated dialogue between clinical audit and other quality focused groups such as the Transformation team to help identify possible areas for joint working.

The Clinical Audit Forward Plan for 2016/17 once again demonstrates excellent breadth. It encompasses activity from all major clinical Specialties represented at UH Bristol and captures an appropriate spectrum of projects from those initiated nationally through to those developed in response to priorities identified by local clinical teams.

Moving forward, we are keen to identify opportunities to further optimise the two-way communication process between the Clinical Audit Group and the Divisions; recognising that there is a need to better embed clinical audit at the heart of both Divisional and overarching Trust governance processes and building on the work already achieved in this area.

Karin Bradley  
Chair, Clinical Audit Group

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

### 1.1 Clinical Audit & Effectiveness Team

During the financial year 2015/16, 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.

The past year of reporting to the Trust Audit Committee has again 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 requires. The team has worked hard over the last two years 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.

### 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 six times during the financial year 2015/16 to enable discussion of core business, i.e. annual forward plans, quarterly key performance indicators and project progress reports on registered activity. We are grateful to the following clinicians who have stepped down from their roles as leads for clinical audit this year; Dr Joya Pawade (Laboratory Medicine), Dr Richard Bateman (Cardiac Services) and Mr Doug West (Surgical Specialties) and we welcome their replacements to the Group.

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. 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.

The annual clinical audit forward plan for 2016/17 has been put together after 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.

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 2015/16 can be found at Appendix C.

#### **1.4 Annual Quality Report (Account)**

A mandated statement about participation in national clinical audits has been included in the Trust's annual Quality Report for 2015/16. 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 Clinical Audit & Effectiveness workplan**

As part of the Trust's Clinical Effectiveness & Outcomes Strategy, agreed in May 2013, a number of actions relating to the function of Clinical Audit & Effectiveness Team (and of the clinical audit function generally) were agreed. Progress against the actions outlined has been monitored by the Clinical Audit Group for the life of the strategy (which came to an end in March 2016) and reported to the Clinical Quality Group on a quarterly basis. The workplan can be found at Appendix B

At the time of writing, a workplan for 2016/17 is in the process of being developed.

#### **1.6 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**

June 2016

## 2. Programme Key Performance Indicators (KPIs)

### 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 2015/16. This includes projects started in previous years and not yet complete as well as projects newly registered in 2015/16.

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-specialty	Multi-professional	Completed projects	Report produced	Action Plan produced	Confirmed good/acceptable practice #
Diagnostic and Therapy	73	29	7%	95%	22%	2	1	18%	0%	3%	0%	36%	45%	27	96%	89%	11%
Medicine	104	57	6%	79%	30%	6	1	33%	2%	20%	0%	17%	41%	48	85%	94%	2%
Non-division specific	9	7	0%	44%	11%	1	0	0%	0%	0%	0%	78%	56%	5	80%	100%	0%
Specialised Services	74	31	12%	85%	23%	5	1	28%	4%	12%	0%	31%	59%	26	96%	92%	4%
Surgery, Head and Neck	134	78	9%	74%	20%	12	4	9%	2%	7%	0%	21%	25%	54	91%	93%	7%
Women and Children's	174	82	13%	76%	36%	6	6	14%	1%	7%	1%	13%	43%	71	90%	94%	4%
<b>TOTAL (2015/16)</b>	<b>568</b>	<b>284</b>	<b>10%</b>	<b>79%</b>	<b>27%</b>	<b>32</b>	<b>13</b>	<b>18%</b>	<b>2%</b>	<b>10%</b>	<b>0%</b>	<b>22%</b>	<b>41%</b>	<b>231</b>	<b>90%</b>	<b>93%</b>	<b>5%</b>
<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>84%</b>	<b>89%</b>	<b>10%</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**

Performance indicators remain similar to the previous year.

There are small decreases in the number of projects that are multi-professional; those that relate to NICE guidance and those projects which include patient involvement. With regards to the latter measure, it should be noted that the Trust has a very active programme of public and patient involvement work, underpinned by a comprehensive policy and strategy. Much survey work will be conducted through this method rather than through the function of clinical audit.

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. It is encouraging to see that the percentage of projects where a final report has been achieved has risen to this year. 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 2% of projects completed is a good achievement, even if a slight increase from the previous year (1%)

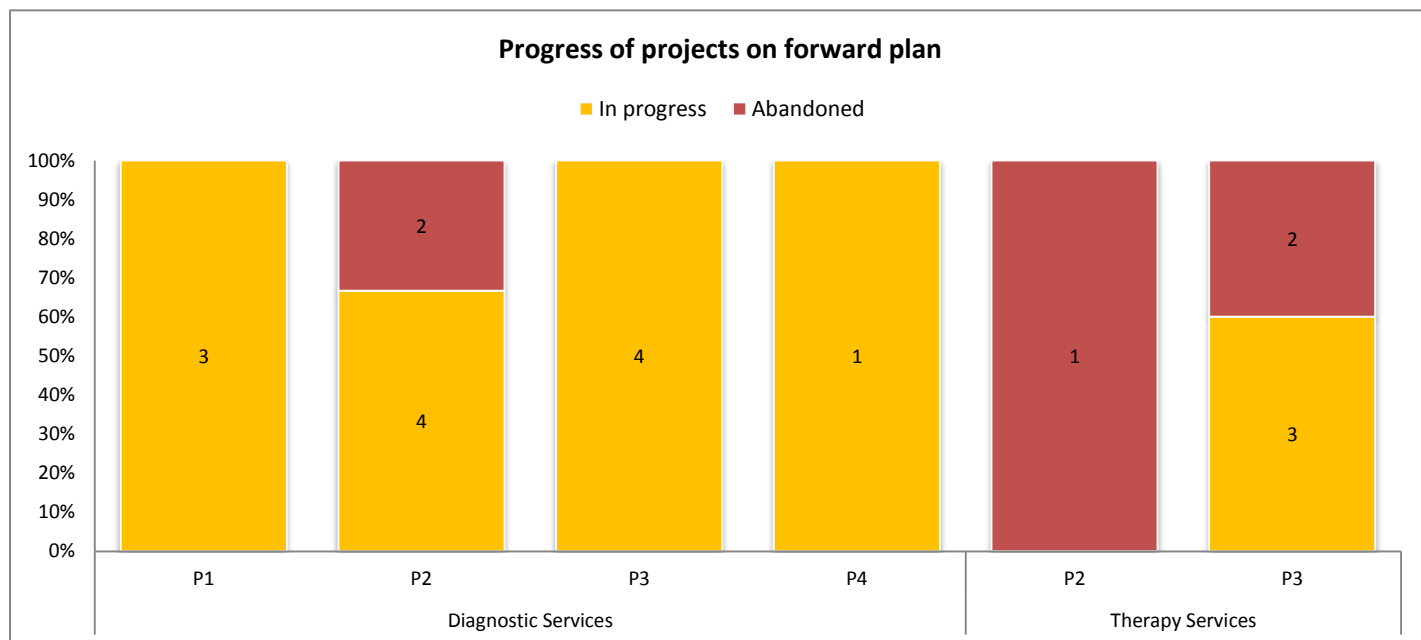


### 3. Divisional summaries and tables

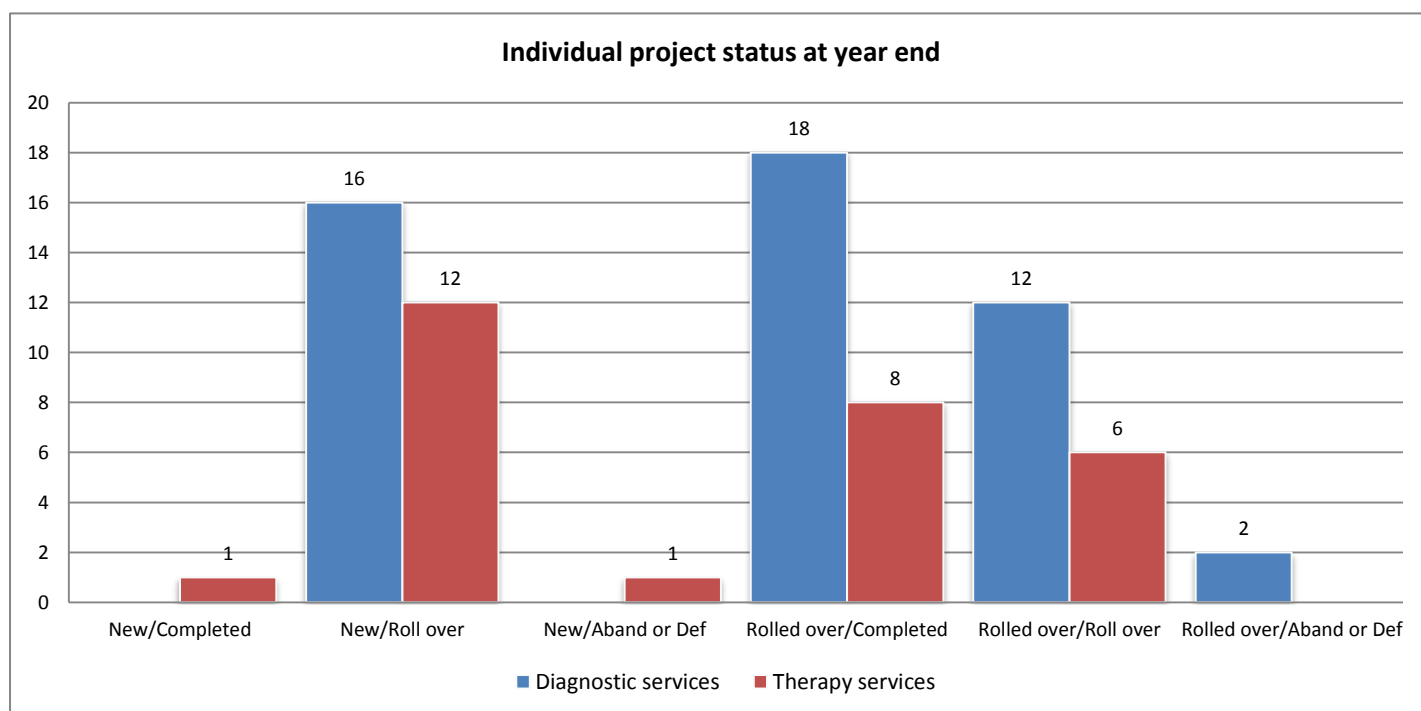
The following section aims to provide further details of Divisional/specialty clinical audit, including relevant key performance indicators.

#### 3.1 DIAGNOSTICS & THERAPIES

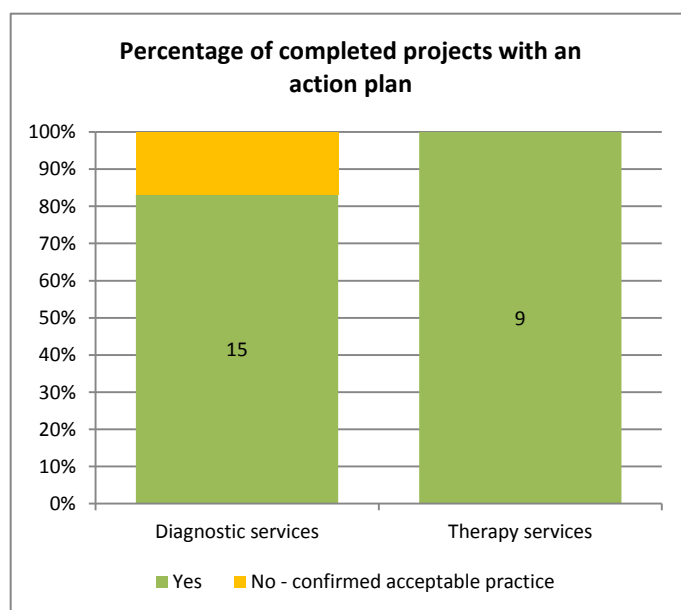
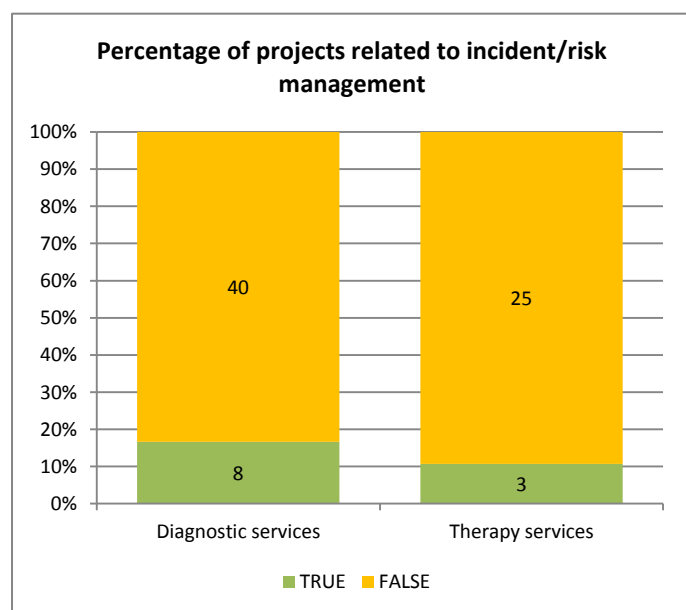
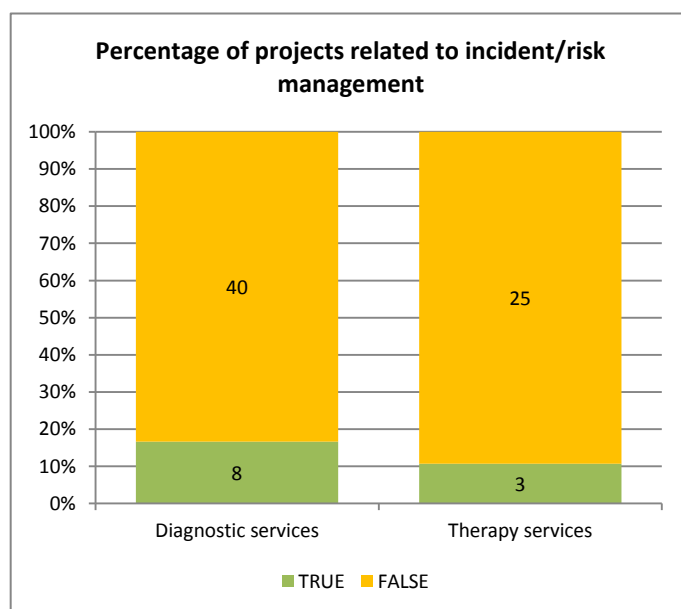
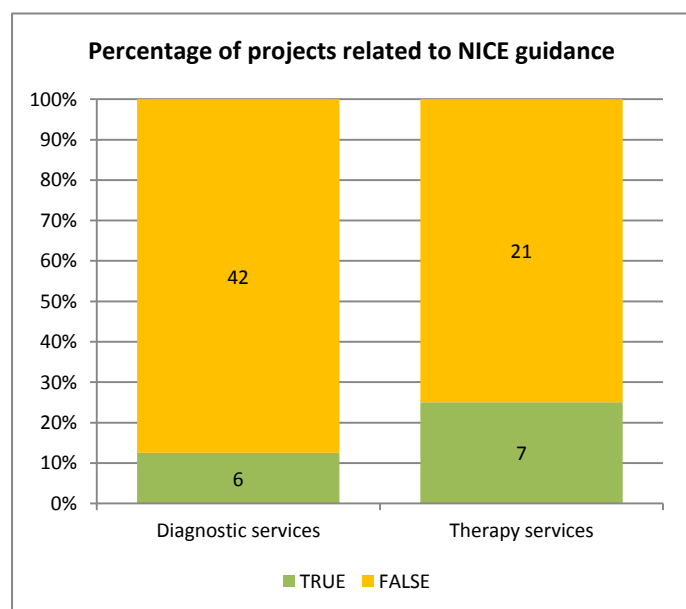
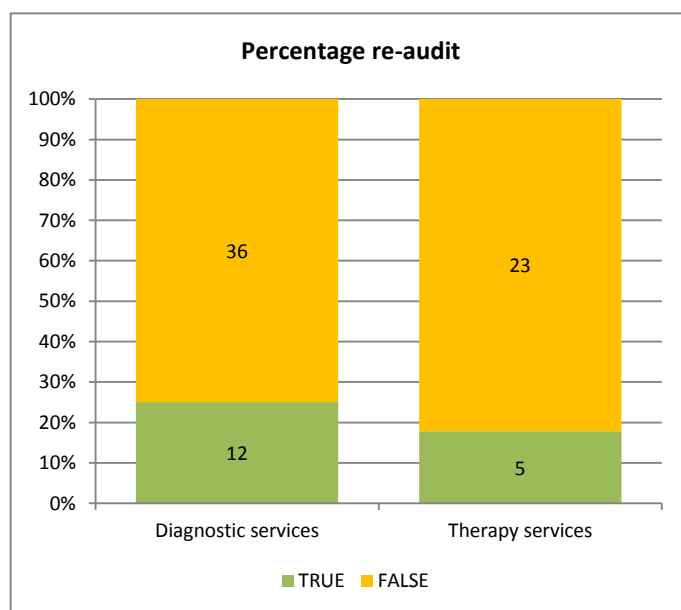
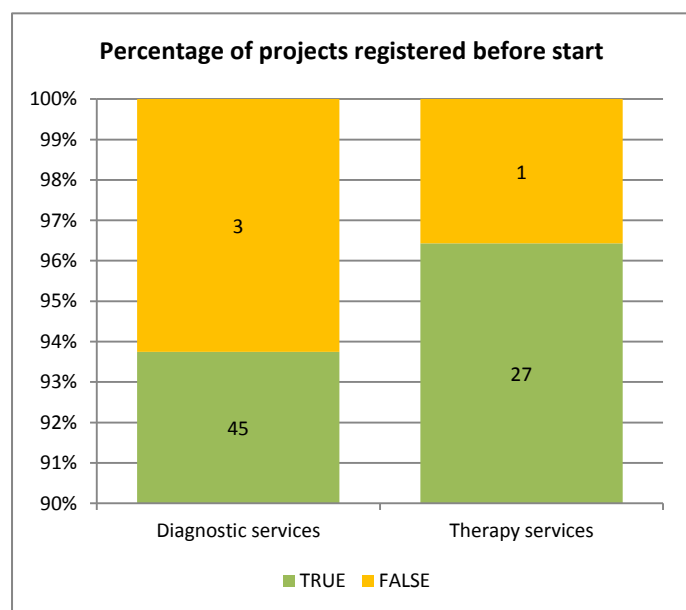
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2015/16. Full details of the status of individual projects on this plan can be found within table 1 of this section.



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 2015/16 (Rolled over/Completed) and those previously commenced but not completed by the end of 2015/16 (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 all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Table 1

Ref	Provisional Title of Project	FP	Priority	Status
<b>Diagnostic Services - Audiology (Adult)</b>				
3783	Re-audit of Real Ear Measurements	No		Completed
4091	The completion of Glasgow Hearing Aid Benefit Profile in 2015	Yes	P3	In Progress
<b>Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)</b>				
3879	Inpatient management of hyponatraemia	No		Completed
4218	Adequacy of biochemical monitoring in Home Parenteral Nutrition patients in UH Bristol	Yes	P3	In Progress
<b>Diagnostic Services - Laboratory Medicine (Histopathology)</b>				
3855	Supplementary reports to identify discrepancies in paediatric tumours	No		Abandoned
3903	Turnaround time for urgent biopsies	No		Completed
3904	Supplementary report for gynaecology pathology	No		Completed
4021	Basic clinical information for histopathology request forms set by the Royal College of Pathologists. Re-audit ID 3753.	No		Completed
4026	Re-auditing frozen section practice in thoracic pathology. Re-audit ID 3627.	No		Completed
4271	RAS testing of colorectal carcinoma	No		In Progress
4290	Re-auditing basic clinical information for histopathology request forms set by the Royal College of Pathologists (Re-audit ID 4021)	Yes	P3	In Progress
<b>Diagnostic Services - Laboratory Medicine (Infection Control)</b>				
733	Infection Control Ward/Department audit	No		Ongoing
992	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?	No		Ongoing
3013	Infection Control Environment and Equipment Audit 2011-2012	No		Ongoing
3606	Hand Hygiene Environment: a trust-wide audit of clinical and non-clinical areas	No		Ongoing
3633	Trust-wide Spot Check Sluice/Commode/Toilet Audit	No		Ongoing
3709	Re-auditing management of discharge information for patients with an infection/colonisation	No		Completed
3835	Suitability of Peripheral Venous Cannula in Adult Services	No		Completed
4093	Facilities Cleaners Cupboards. DoH Health Building Note 00-09.	Yes	P2	In Progress
4220	Vascular access management in Cardiac Intensive Care	No		In Progress
4232	Retrospective audit to establish adherence to the UH Bristol MRSA screening document within the Trust	No		In Progress
4233	Aseptic Non Touch Technique (ANTT) in clinical practice 2015	No		In Progress
<b>Diagnostic Services - Laboratory Medicine (Laboratory Haematology)</b>				
3839	2014 National audit of transfusion in children and adults with Sickle Cell Disease	No		In Progress
3976	2014 National audit of blood use in adult medical patients.	No		Completed
4067	National audit of Patient Blood Management in Adults undergoing Scheduled Surgery	Yes	P1	In Progress
4164	Audit of blood product transfusion ratios in Major Haemorrhage Protocols	No		In Progress
4291	2016 National comparative audit of red cell & platelet transfusion in adult haematology patients	Yes	P1	In Progress
<b>Diagnostic Services - Laboratory Medicine (Medical Physics &amp; Bioengineering)</b>				
3824	Long saphenous vein harvesting procedure during coronary artery bypass grafting surgery	No		Completed
3871	Vascular One-stop service	No		In Progress
4311	Computed Tomography Patient Radiation Dose Audit of Level 3 scanner in BRI	Yes	P2	In Progress
<b>Diagnostic Services - Laboratory Medicine (Microbiology)</b>				

3648	Laboratory diagnosis, sample processing and clinical management of invasive candidaemia	No		Completed
3762	Appropriate antibiotic prophylaxis in cardiac surgery	No		Completed
3946	Procalcitonin as an aid to decision making in acute medical admissions	No		Completed
4003	Gentamicin prophylaxis in cardiac surgery	No		Completed
4276	Monitoring of Staphylococcus aureus Bacteraemia Investigations	No		In Progress
<b>Diagnostic Services - Radiology</b>				
3708	Quality of MRI lumbar spine examinations at University Hospitals Bristol	No		Completed
3822	Response evaluation criteria in solid tumours in radiology reports - RECIST (version 1.1)	No		Completed
3834	Time to scan for acute CT abdomen or pelvis	No		In Progress
3845	Chest X-ray quality audit in quarter two 2014	No		Completed
3872	The impact of Voice Recognition software on report accuracy	No		Completed
3935	Completion of the modified WHO checklist for interventional radiological procedures	No		Completed
3954	Radiological interpretation recorded in the notes by the referrer. Re-audit ID 2985	No		In Progress
3977	Annual re-audit of Image Guided Lung Biopsies. Re-auditing ID3686.	No		In Progress
4092	Documentation of Consent	Yes	P2	Deferred
4130	Quality of Musculoskeletal MRI knee examinations at University Hospitals Bristol	No		In Progress
4247	Chest X-ray quality audit 2015	Yes	P2	In Progress
4257	Lens of eye exclusion on outpatient CT head	No		Completed
4270	Imaging in the detection of pulmonary emboli: Are we minimising radiation dose to young patients?	No		In Progress
<b>Therapy Services - Nutrition &amp; Dietetics</b>				
3637	Audit of Parenteral Nutrition within Critical Care	No		Completed
4069	Meeting nutritional needs CQC outcome 5	Yes	P2	In Progress
4342	Compliance with Enteral Tube Feeding Clinical Guideline in Critical Care	Yes	P3	In Progress
<b>Therapy Services - Occupational Therapy</b>				
4343	Pathway standards in Acute Older Persons Rehabilitation	No		In Progress
<b>Therapy Services - Pharmacy</b>				
3107	Intravenous to oral antibiotic switch – audit of practise within University Hospitals Bristol NHS Trust	No		Abandoned
3483	Audit of the Pharmacy prescription endorsing procedure	No		Completed
3615	Audit of consultant name on prescription charts	No		In Progress
3624	Audit of the prescribing and monitoring of intravenous unfractionated heparin infusions	No		In Progress
3625	Blood test screening prior to commencement of significant cardiovascular drugs	No		Completed
3706	Audit of Medicines Reconciliation at Discharge	No		In Progress
3840	Prescribing of antiplatelet medication following acute coronary syndrome with Percutaneous Coronary Intervention	No		Completed
3847	Re-audit of intravenous vancomycin prescribing and monitoring in adult patients at UH Bristol.	No		In Progress
3941	Prescription of Denosumab and teriparatide NICE guidance	No		In Progress
3998	Adult Gentamicin Prescribing Guidelines (Re-audit 3415)	No		In Progress
4034	Re-audit of insulin prescribing to agreed prescribing bundle	No		In Progress
4217	Discharge referrals received by the Postal Anticoagulant Monitoring Service (2015)	No		In Progress
4312	Audit of ivacaftor prescriptions for cystic fibrosis patients	No		In Progress
<b>Therapy Services - Physiotherapy</b>				
3289	Are anterior cruciate ligament reconstruction patients adhering to the UH Bristol rehabilitation protocol?	No		In Progress
3384	Acute Stroke Therapy Service against NICE Stroke Quality Standard 5	No		Completed

3656	Home intravenous antibiotic standards for the Cystic Fibrosis multidisciplinary team	No		Completed
3830	Therapy rehabilitation input into adult critical care beds within - NICE CG83	No		Completed
4246	Measuring the quality of Stroke Rehabilitation at South Bristol Community Hospital (SBCH) against NICE Quality Standard 7	Yes	P3	In Progress
4292	Inhaled antibiotics in cystic fibrosis against NHS England commissioning standards	No		In Progress
4301	Audit of therapy standards of assessment and treatment within critical care	No		In Progress
4302	Therapies assessment and treatment standards for fractured neck of femur patients	No		In Progress
4304	Therapy Cardiac Pathway for Non-complex Cardiac Surgery	No		In Progress
4324	BHOC Physiotherapy and Occupational Therapy Assessment and treatment Pathway	No		In Progress
4334	Rehabilitation input into Adult High Care beds against NICE CG 83 and Core Standards for Intensive Care	No		In Progress

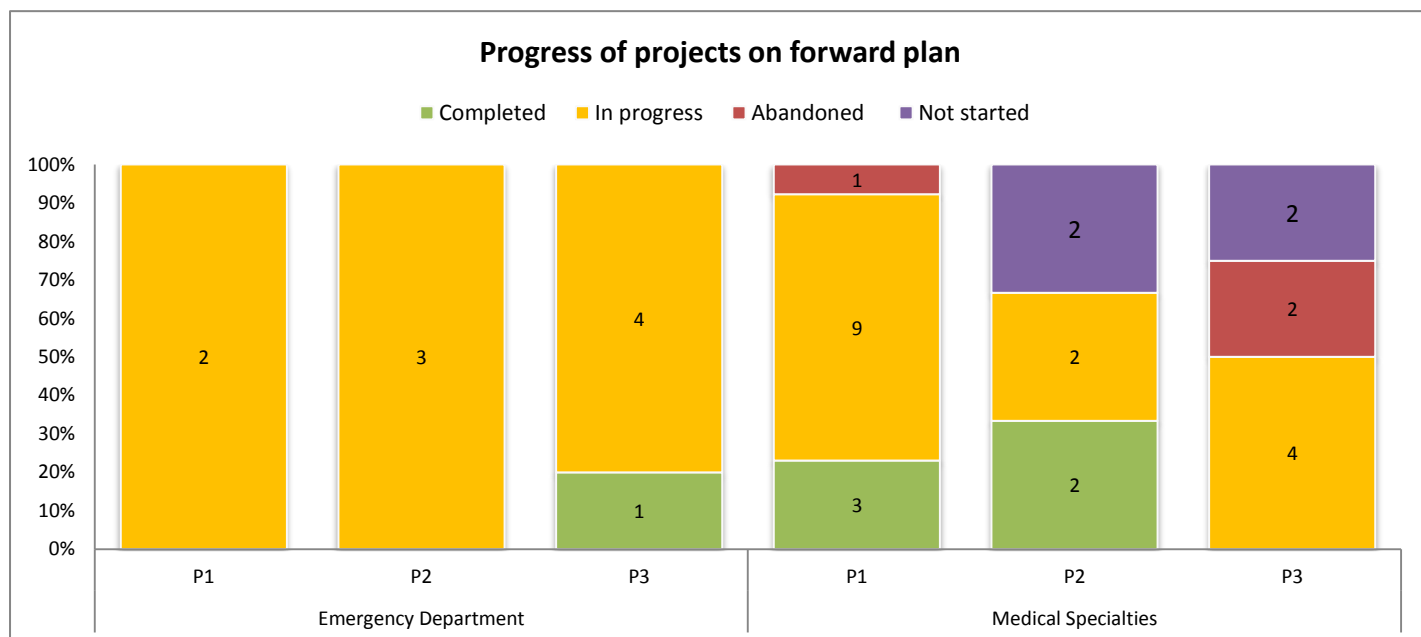
**The following section summarises the changes, benefits or actions introduced as a result of completed audits within the Division/specialties.**

- 3783 This re-audit demonstrated improvement in the treatment of real ear measurements; all patients were treated in accordance with the British Society of Audiology guidance.
- 3879 Changes to the laboratory system have been made to support clinicians in inpatient management of hyponatraemia. This includes clarification of in-hours/out-of-hours sodium levels used to trigger a telephone result.
- 3903 This audit demonstrated that all urgent biopsies in histopathology were reported within four working days as outlined in Royal College of Pathology guidance.
- 3904 This audit of gynaecology pathology reporting demonstrated adherence to standards. The practice of identifying discrepancies using Royal College of Pathology methodology and providing supplementary reports for additional and amended information will continue.
- 4021 The head and neck histology specimen form has been revised to include specific sections that will help to prompt the completion of all basic clinical information.
- 4026 This re-audit demonstrated improved turnaround times for frozen section reporting. The inclusion of frozen section reporting guidance in standard reporting protocols will be provided to locums at induction to improve practice further.
- 3709 This re-audit of discharge information for patients with an infection demonstrated improvements in practice. Staff will be reminded of the importance of specifying key information on the management of infection in discharge summaries during training sessions.
- 3835 As a result of this audit, the Central Venous Catheter Study Day will be expanded to include teaching in all CVC devices. A business case has been developed to increase hours of a placer of Peripherally Inserted Central Venous Catheters, to ensure demand is met.
- 3976 The results of this national audit demonstrated that the Trust performed better than the national average in standards relating to the use of blood use in adult medical patients.
- 3648 As a result of this audit, medical microbiologists have agreed to perform ward reviews of all patients with candida bloodstream infections. A consensus for the empiric therapy for non-albicans candida infection has also been reached.
- 3762 A section for prophylactic antibiotics has been included in the anaesthetic chart as a result of this audit.
- 3946 This audit has led to a change in the reporting process of negative procalcitonin which will help encourage discussion with microbiology if antibiotics are planned to be continued. The ICE system has also been amended to prompt for appropriate requesting of procalcitonin
- 4003 Local guidance for the prescription of gentamicin prophylaxis has been amended as a result of this audit. This includes a link to an online gentamicin calculator that can be used to ensure that the appropriate dose is prescribed by allowing adjustment for weight and renal function.
- 3824 As a result of this audit into cardiac bypass grafting surgery, the median wound length and expected amount of blood loss were revised for long saphenous vein harvesting procedures.
- 3637 As a result of this audit, a number of actions were introduced to improve the nutritional care of people in critical

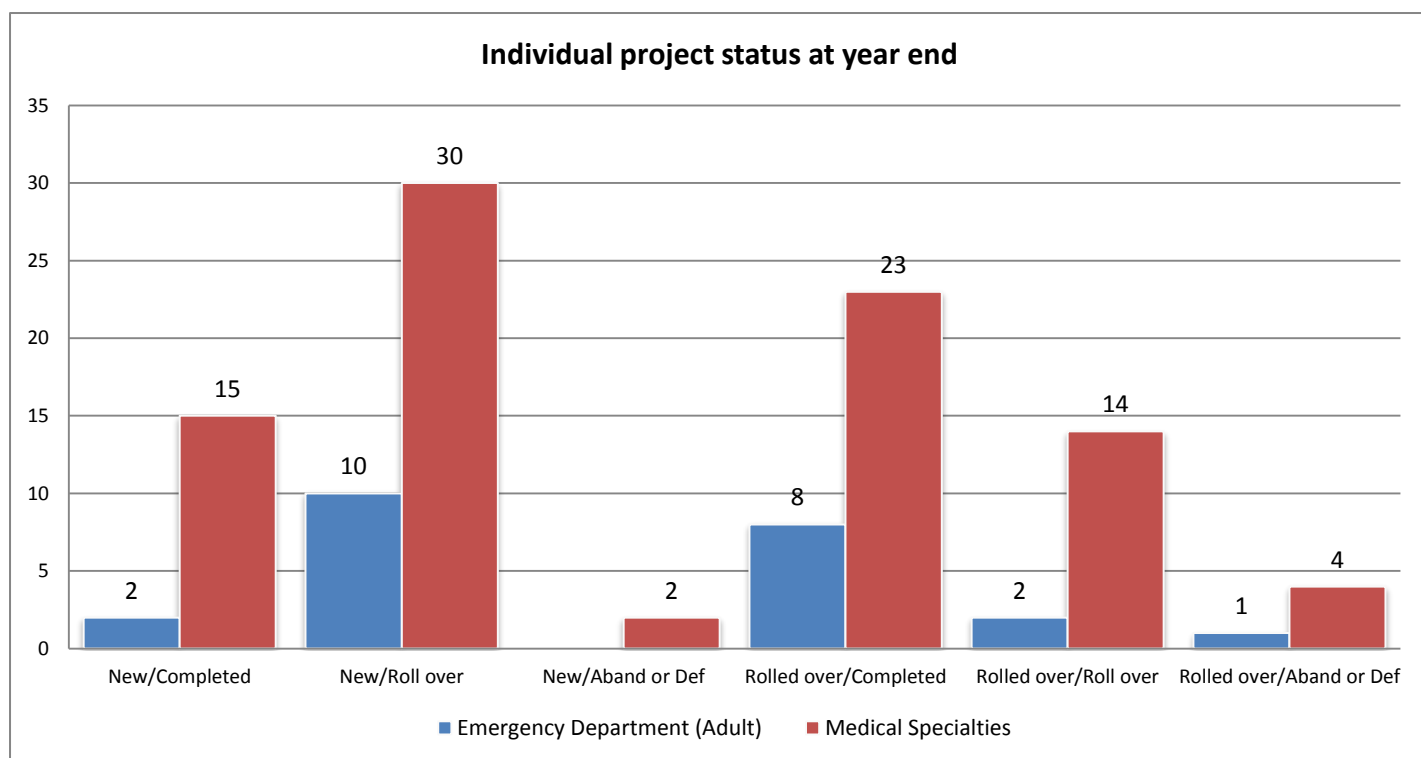
- care. These include the development of guidance and protocols, education and training and the identification of a stock starter bag with vitamins and minerals, which reduces risk of early overfeeding.
- 3483 The pharmacy prescription endorsing protocol has been updated as a result of this audit. Staff have received further education regarding the need to document allergy status and the need to re-screen after a prescription alteration.
- 3625 A follow up audit specifically looking at the prescription/monitoring of amiodarone and statins will be conducted to further improve the practice of blood test screening prior to commencing cardiovascular drugs.
- 3840 As a result of this audit, the acute coronary syndrome guidelines have been simplified. Guidance has also been amended to include specific advice on prescribing of antiplatelet medication prior to undergoing Percutaneous Coronary Intervention.
- 3384 The local therapy standard across the stroke pathway is being reviewed and updated to align with appropriate NICE Quality Standards for stroke as a result of this audit.
- 3656 This audit of the prescription of home intravenous antibiotic standards by the Cystic Fibrosis multidisciplinary team has led to a number of actions/improvements. The community service has been re-launched as more of a 'reactionary service', enabling physiotherapy to see patients who require input at short notice. Service capacity and demand rations for staff have also been re-mapped. In line with this, guidance and protocols have been updated to reflect national standards and the accessibility of local resources.
- 3830 A number of changes have been implemented as a result of this audit of therapy rehabilitation input into crucial care. Increased staffing levels have been agreed to move towards the delivery of a seven day service. The team have also developed online therapy preforms on the electronic critical care system which include prompts for goal setting.
- 3708 As a result of this audit, musculoskeletal MRI protocols and scanner setting have been reviewed and updated.
- 3822 The RECIST criteria have been revised as a result of this audit. The audit highlighted the need to increase the radiology infrastructure, electronic support and numbers of radiologists.
- 3845 This re-audit of chest x-ray quality demonstrated an improvement in adherence to standards. The audit will be repeated at regular intervals; radiographers have been reminded of the best technique of achieving a high quality CXR film.
- 3872 This re-audit into the impact of voice recognition software on report accuracy has led to the introduction of dedicated reporting time for SpRs, allowing them to work in a separate office when on reporting duty.
- 3935 The modified WHO checklist and process for interventional radiological procedures has been amended and improved was improved as a result of is audit.
- 4257 A new headrest for the current CT scanner has been purchased to better allow staff to exclude the lens of the eye when scanning. New methods to improve head positioning during scanning are being trailed.

### 3.2 MEDICINE

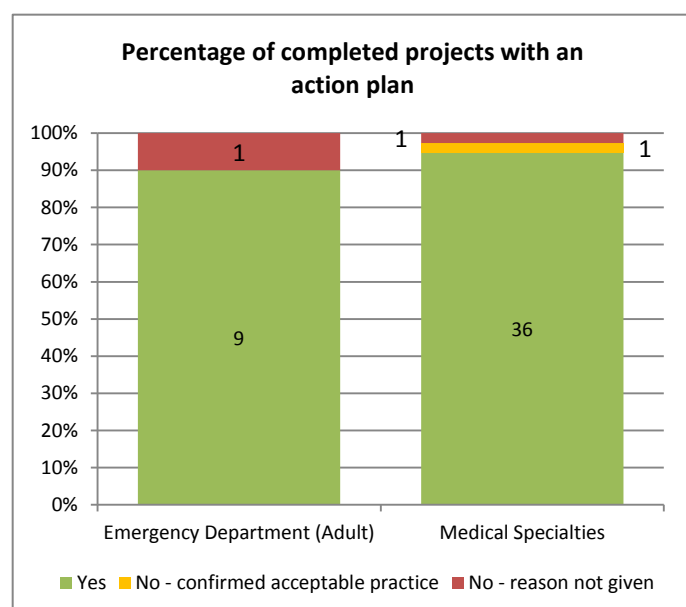
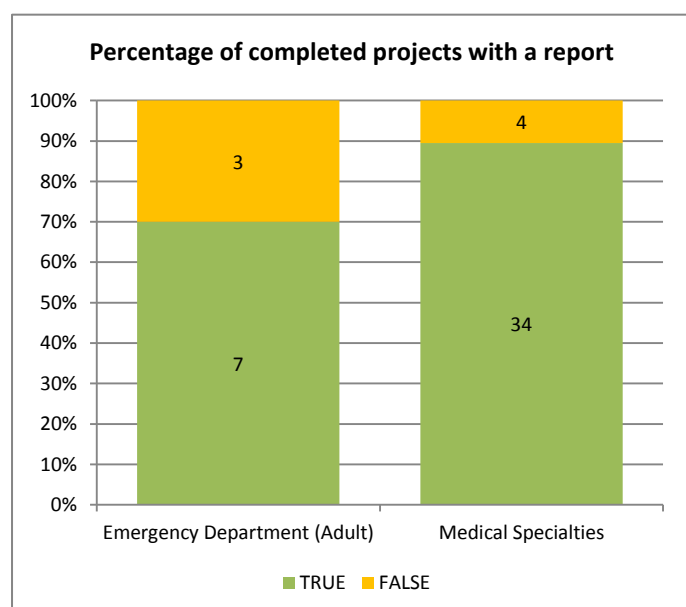
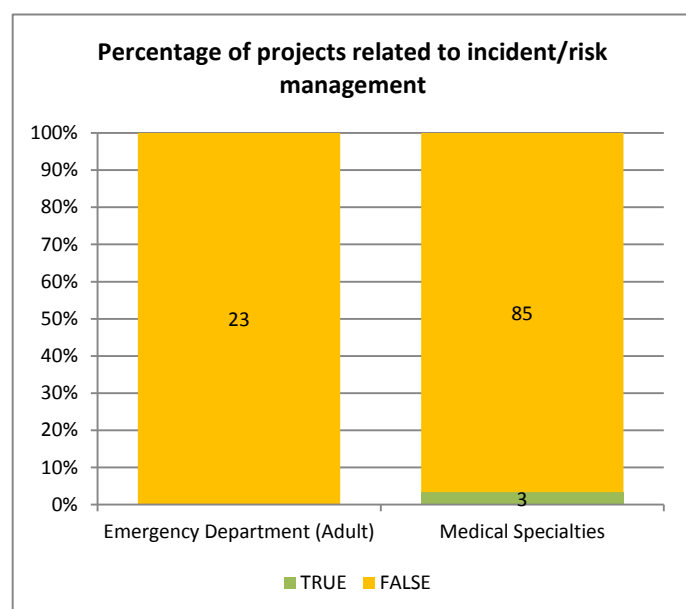
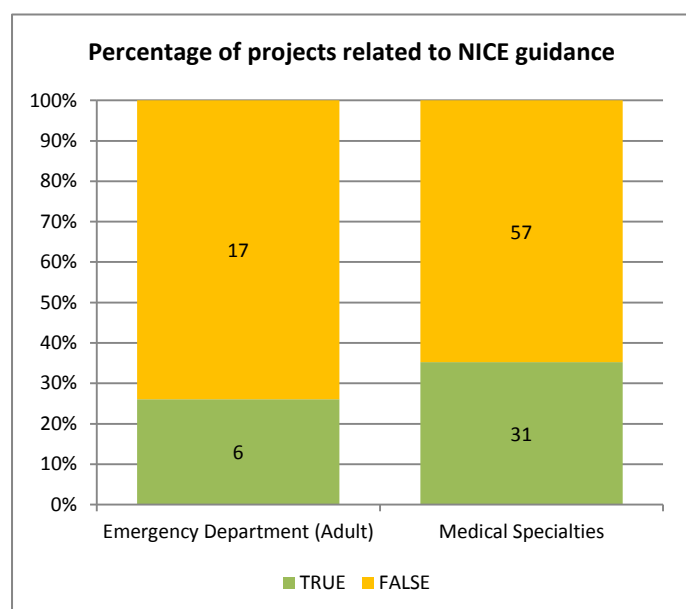
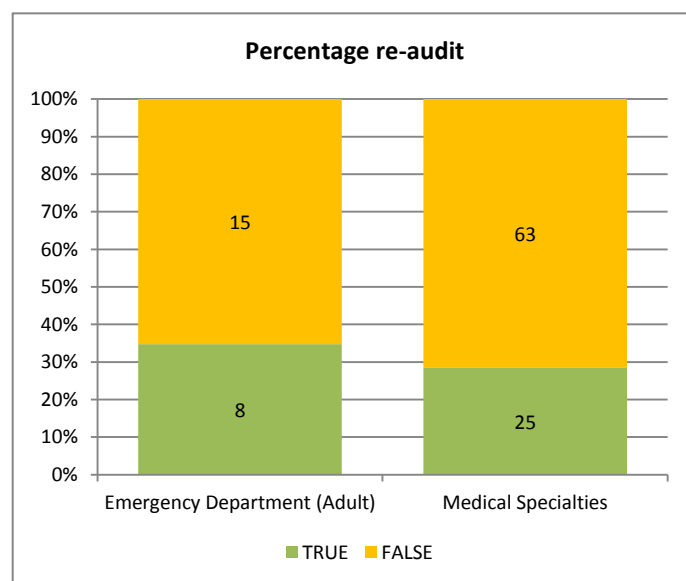
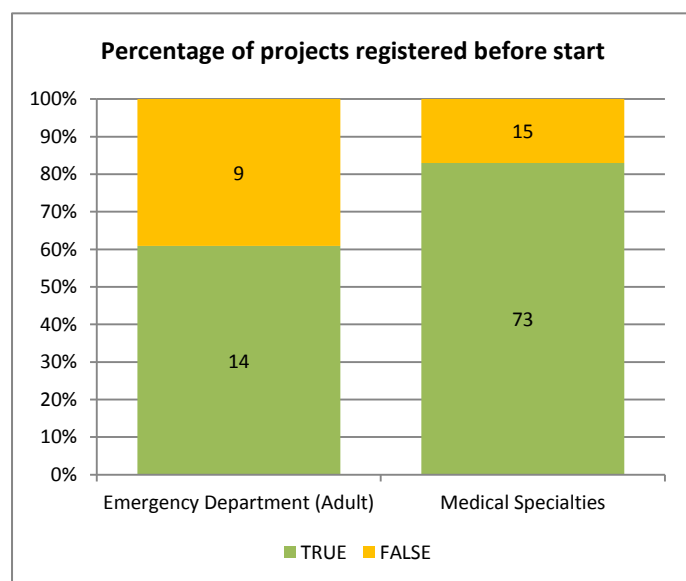
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2015/16. Full details of the status of individual projects on this plan can be found within table 2 of this section.



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 2015/16 (Rolled over/Completed) and those previously commenced but not completed by the end of 2015/16 (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 all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Table 2

Ref	Provisional Title of Project	FP	Priority	Status
<b>Emergency Department (Adult)</b>				
3363	Fractured Neck of Femur (College of Emergency Medicine)	No		Completed
3544	Paracetamol Overdose (College of Emergency Medicine)	No		Completed
3558	Audit of the Emergency Departments' Pancreatitis Management (audit and re-audit)	No		Completed
3593	Management of head injuries presented to the BRI Emergency Department	No		Completed
3858	The management of Frequent attenders in the Emergency Department	No		Abandoned
3885	Management of Subarachnoid Haemorrhage in the Emergency Department	No		In Progress
3890	Seizure audit	No		Completed
3911	Mental Health in the Emergency Department (College of Emergency Medicine)	No		Completed
3928	Older People (College of Emergency Medicine)	No		In Progress
3991	Electronic sign off of blood tests for patients who are discharged from the Emergency Department	No		Completed
3992	Thrombo-prophylaxis in lower limb immobilisation (audit and re-audit)	No		Completed
4055	Audit of adult high risk patients returning to the Accident and Emergency Department	No		In Progress
4195	Procedural Sedation in Adults (College of Emergency Medicine)	Yes	P1	In Progress
4198	IV fluid use in the BRI ED	No		Completed
4203	Re-audit of regional nerve block for patients with fractured neck of femur (Initial audit - 3940)	Yes	P3	Completed
4207	Re-audit of Management of Paracetamol Overdose in the Emergency Department (Initial Audit ID 3544)	Yes	P3	In Progress
4229	Re-audit of Thromboprophylaxis in lower limb immobilisation (initial audit ID 3992)	Yes	P1	In Progress
4240	Re-audit of Blood Cultures in the ED (Initial ID 3590)	Yes	P3	In Progress
4241	Repeat medication dosing in the ED in Bristol Royal Infirmary.	Yes	P2	In Progress
4243	Imaging of alert adults with suspected C-spine injury	No		In Progress
4250	Re-audit of Head Injury Management in the BRI Emergency Department (Initial Audit ID = 3593)	No		In Progress
4251	SHINE project in the Emergency Department	Yes	P3	Ongoing
4259	Audit of intracranial bleeds and neurosurgical advice	Yes	P2	In Progress
<b>Medical Specialties - Acute Medicine</b>				
3739	Acute Kidney Injury (AKI) assessment toolkit	No		Abandoned
3860	Audit of the appropriate use of D-dimers in patients with suspected pulmonary embolism (PE)	No		Completed
3914	Re-audit of sepsis management on MAU (Initial audit ID 3738)	No		Completed
4121	SAMBA National Audit 2015 (Society of Acute Medicine Benchmarking Audit)	No		In Progress
<b>Medical Specialties - Care of the Elderly</b>				
2486	OLP009 - Falls and Fragility Fractures Audit Programme - National Hip Fracture Database (NHFD)	Yes	P1	Ongoing
2601	OLP008 - Sentinel Stroke National Audit Programme (SSNAP)	Yes	P1	Ongoing
3677	Management of patients with a fracture neck of femur who take novel oral anticoagulation medication (NOAC)	No		Abandoned
3756	Audit of venous thromboembolism prophylaxis in stroke patients	No		In Progress
3874	Audit of Intermittent Pneumatic Compression (IPC) use in stroke patients	No		Completed
3876	Secondary prevention of osteoporosis in male patients with hip fracture	No		Completed
3892	Audit of recording and management of constipation in adult inpatients on elderly care wards	No		Completed

3969	The effectiveness of fragility fracture investigation and management audit	No		Completed
4005	Analgesia Prescribing in Renal Impairment: An Audit on OPAU	No		Completed
4008	Assessing the recognition and management of acute agitation and aggression of frail older people	No		Completed
4054	Re audit of the management of inpatient hyponatraemia (Initial audit:3177 )	No		Completed
4058	OLP009 - Falls and Fragility Fractures Audit Programme - National Audit of Inpatient Falls	Yes	P1	In Progress
4059	National Parkinsons Audit 2015	Yes	P1	In Progress
4070	Re-audit of Intermittent Pneumatic Compression (IPC) use in stroke patients (initial audit ID 3874)	No		Completed
4074	Unplanned Admissions – from home to hospital	No		Completed
4088	The quality of cannula care documentation in an acute care of the elderly setting	No		In Progress
4122	Ambulatory ECG for the identification of paroxysmal/chronic atrial fibrillation in TIA/Stroke	No		Deferred
4150	Oral bisphosphonates in frail elderly patients with a history of upper gastrointestinal disease	No		Completed
4163	Documentation in medical notes following Lumbar Puncture procedure	No		Completed
4184	Audit of anticoagulation for patients with atrial fibrillation	No		In Progress
4242	Fracture Liaison Service Database	Yes	P1	In Progress
4297	Care of the Elderly – discharge summary standards	No		In Progress
4337	VTE Risk reassessment on OPAU	No		In Progress
4339	Re-audit on the Enhanced Hip Fracture Pathway (Initial audit 3808)	No		In Progress
<b>Medical Specialties - Contraceptive &amp; Sexual Health Services (CASH)</b>				
3251	Audit of the Management of Epididymo-orchitis at Bristol Sexual Health Centre	No		Completed
4009	Audit of Integrated Sexual Health Care	No		In Progress
4029	Re-audit of HSA1 form for CQC standard compliance and early medical abortion protocol UK (original ID 3551)	No		In Progress
4210	Re-audit of HIV testing in Central Sexual Health Clinic	No		In Progress
4248	Re-audit of the management of first episode of genital herpes	Yes	P3	In Progress
4350	Audit of Emergency Contraception provision at Bristol Sexual Health Centre (Initial Audit ID: 2727)	Yes	P3	In Progress
<b>Medical Specialties - Dermatology</b>				
3569	Skin Cancer Complete Excision Rates Audit	No		Ongoing
3806	Re-audit of squamous cell carcinoma management	No		Abandoned
3807	Audit of biologic therapy in psoriasis: compliance with NICE guidelines and rationale for change of therapy	No		Completed
3859	The surgical management of dermatofibrosarcoma protuberans (DFSP)	No		In Progress
4053	An audit of the Extracorporeal Photophoresis service of patients with CTCL	No		In Progress
4143	Audit of the management of patients with primary cutaneous invasive squamous cell carcinoma	No		In Progress
4144	The Melanoma Pathway at Bristol Dermatology Centre	No		Completed
4145	Audit of Malignant Melanoma	No		Completed
4146	Audit on Azathioprine Prescribing	No		Completed
4147	A re-audit on informed consent in dermatological surgery (initial audit ID 3518)	No		Completed
4151	Squamous cell carcinoma excised from scalp, nose, dorsum of hand with narrow deep margin, and SCC with perineural or lymphovascular involvement	No		In Progress
4156	WHO surgical Checklist	Yes	P2	Completed
4196	Skin Surgery, Performance and complete excision rates at South Bristol and Queens Square	Yes	P2	In Progress
4253	Audit of NICE guideline on the management of paediatric eczema	Yes	P3	In Progress
4258	Re-audit of the WHO Surgical Check List (Original ID 4156)	No		In Progress
4260	Nurse-led initiation and monitoring of patients starting methotrexate	No		In Progress

4338	Assessing the TL01 pathway for the psoriasis patients	No		In Progress
4340	National audit of non-melanoma skin cancer (NMSC) excision and completeness of histopathological reporting.	No		In Progress
<b>Medical Specialties - Diabetes &amp; Endocrinology</b>				
3336	LTC002 - National Diabetes Inpatient Audit (NADIA)	Yes	P1	Completed
3698	Re-Audit of the management of hyperglycaemia in acute coronary syndromes (Initial audit ID 3478)	No		Completed
3927	Management of hypoglycaemia at the Bristol Royal Infirmary	No		Completed
3937	LTC002 - National Pregnancy in Diabetes Audit	Yes	P1	Ongoing
3942	LTC002 - National Diabetes Foot Care Audit (NDFA)	Yes	P1	In Progress
4063	LTC002 - National Diabetes Audit (NDA)	Yes	P1	Ongoing
4175	The Biopsychosocial Approach to Thyroid Eye Disease	No		In Progress
4182	National Inpatient Diabetes Audit (Re-audit) (Initial audit ID:3336)	No		In Progress
4208	Audit of the outpatient management of patients with primary hypothyroidism through the joint endocrine antenatal clinic	No		In Progress
4272	Audit of the delivery of the best practice tariff (BPT) in adult diabetes	No		Completed
<b>Medical Specialties - Gastroenterology &amp; Hepatology</b>				
2603	LTC004 - National Adult Inflammatory Bowel Disease Audit	No		Completed
3873	Review of all patients with crohns disease who have undergone resection	No		Completed
3875	Patient understanding of when to re-present after gastrointestinal bleed.	No		Completed
4300	Biological Multidisciplinary Team (MDT) meeting audit	No		In Progress
<b>Medical Specialties - General Medicine</b>				
3875	Patient understanding of when to re-present after gastrointestinal bleed.	No		Completed
3598	An Audit of patients admitted with Acute Alcohol Withdrawal	No		Abandoned
<b>Medical Specialties - Liaison Psychiatry</b>				
4120	Re-Audit of the use of the Mental Health Act in University Hospitals Bristol (ID 3805)	Yes	P3	Abandoned
4174	Psychiatry Liaison Response Time To A&E Patients	No		Completed
<b>Medical Specialties - Respiratory</b>				
3354	Bronchiectasis audit (British Thoracic Society)	No		In Progress
3520	Non-Invasive Ventilation (British Thoracic Society)	No		Completed
3818	Do not attempt resuscitation : documentation and discussion	No		In Progress
3884	Audit of bronchoscopy safety and adverse events	Yes	P2	Completed
3902	An audit of staff awareness of the Standard Operating Procedure for 'Escorting of in-patients to Radiology' from Ward 10	No		Completed
3947	Pleural Procedures (British Thoracic Society)	No		Completed
4006	BTS Adult Community Acquired Pneumonia Audit	No		Completed
4011	Audit to assess outcomes for lung cancer patients diagnosed as emergency presentations	No		In Progress
4142	BTS chronic Obstructive Pulmonary Disease (COPD) Discharge Care Bundle: 2015 Review	No		In Progress
4194	BTS Emergency Oxygen Audit (re-audit)	No		Completed
4197	Re-audit of isolation in patients with possible pulmonary tuberculosis (initial audits ID 3462/3886)	Yes	P2	In Progress
4228	Endobronchial Valve Audit	No		Completed
4299	UHB smoking cessation audit	No		In Progress
4313	Adult Asthma Audit	No		In Progress
<b>Medical Specialties - Rheumatology</b>				
3697	Does current blood test monitoring lead to treatment change in Ankylosing Spondylitis patients on TNFi	No		In Progress

3740	LTC008 - National clinical audit of rheumatoid and early inflammatory arthritis	Yes	P1	In Progress
4015	Etanercept, infliximab and adalimumab for the treatment of psoriatic arthritis - NICE TA199	No		Completed
4057	Re-audit of patients with Ankylosing Spondylitis started on TNFi between Jan 2012 and Dec 2014 in the BRI, Nice TAG 143 and 233 (initial ID 3019 )	No		Completed

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

- 3363 The results of this national project demonstrate that UH Bristol performs better than nationally reported results, but below the recommended national standard targets. Further training to staff has been provided and radiology pathways and protocols have been enhanced
- 3544 The results of this audit highlight the need to improve the timely management of patients presenting to the Emergency Department with paracetamol overdoses, especially with regard to starting treatment within one hour of arrival for those with a staggered overdose. Staff education has been implemented to improve current practice along with the implementation of a flowchart to aid management of this patient group. A re-audit is underway.
- 3558 This re-audit demonstrated 100% compliance with the documentation of observations for patients with pancreatitis. An increase in compliance of 30% to 70% for interventions and management to these patients. However a third of patients were not receiving analgesia within 60 minutes. The pancreatitis proforma has been updated with input from the surgeons and education of all staff has taken place.
- 3593 As a result of this audit, an Emergency Department neurosurgical advice form has been implemented in order to standardise the management advice received for this patient group. All new doctors have been informed at department induction.
- 3890 This audit highlighted very good management of patients presenting with a first seizure. Provision of information regarding driving needs to be improved and this has been highlighted in an education program for all staff.
- 3911 The results from this audit demonstrated that the Trust is performing better in most of the national standards set by the Royal College of Emergency Medicine. To improve practice further it was agreed that the Mental State Examination (MSE) will be incorporated into the matrix assessment form. Since the audit there has been an increase in the operating hours of the mental health liaison team to try and reduce the time patients wait to be reviewed.
- 3991 This audit has shown that 94% of blood tests had been viewed prior to the patient being discharged. 58% were formally signed off electronically on the ICE requesting system. Electronic sign off will be highlighted as part of ABCDE of handover to help improve care.
- 3992 This initial audit of thrombo-prophylaxis in lower limb immobilisation, highlighted areas of poor practice resulting in the implementation of formal teaching sessions and 'message of the week'. Proformas and patient advice sheets were also made available in minors. The re-audit demonstrated an improvement in practice against all standards, however there is still room for improvement. Education and training sessions will be continued. The Trust guidelines will be rewritten once novel oral anticoagulation is approved as an alternative to clexane.
- 4198 The results of this audit demonstrated that the indication for intravenous fluids is not always documented. Staff education was conducted to improve current practice and guidance will be updated when the new NICE guidelines have been released.
- 4203 The results of this re-audit demonstrated an improvement in the speed of administering nerve blocks and documentation of key data when nerve block packs were used.
- 3860 The results of this audit demonstrate a high percentage of D-Dimers being inappropriately requested and poor documentation of the Wells score. Education and training of medical staff was conducted on the clinical guidelines. Including the Wells score on the ICE requesting system for D-Dimer is being investigated.
- 3914 Following the implementation of the actions from the 2013 audit, this re-audit demonstrate an improvement in the current management of sepsis on MAU, however it is still below target. The sepsis proforma has now been integrated into the medical clerking proforma.
- 3874 This audit demonstrated that intermittent pneumatic compression stockings are being prescribed and used appropriately in accordance with the UH Bristol Standard Operating Procedure in the majority of cases, however there is still room for improvement. Education and training sessions for ward staff, the introduction of the IPC care plan in the end of the bed folders and circulation of a trust wide safety bulletin have been implemented as a

result.

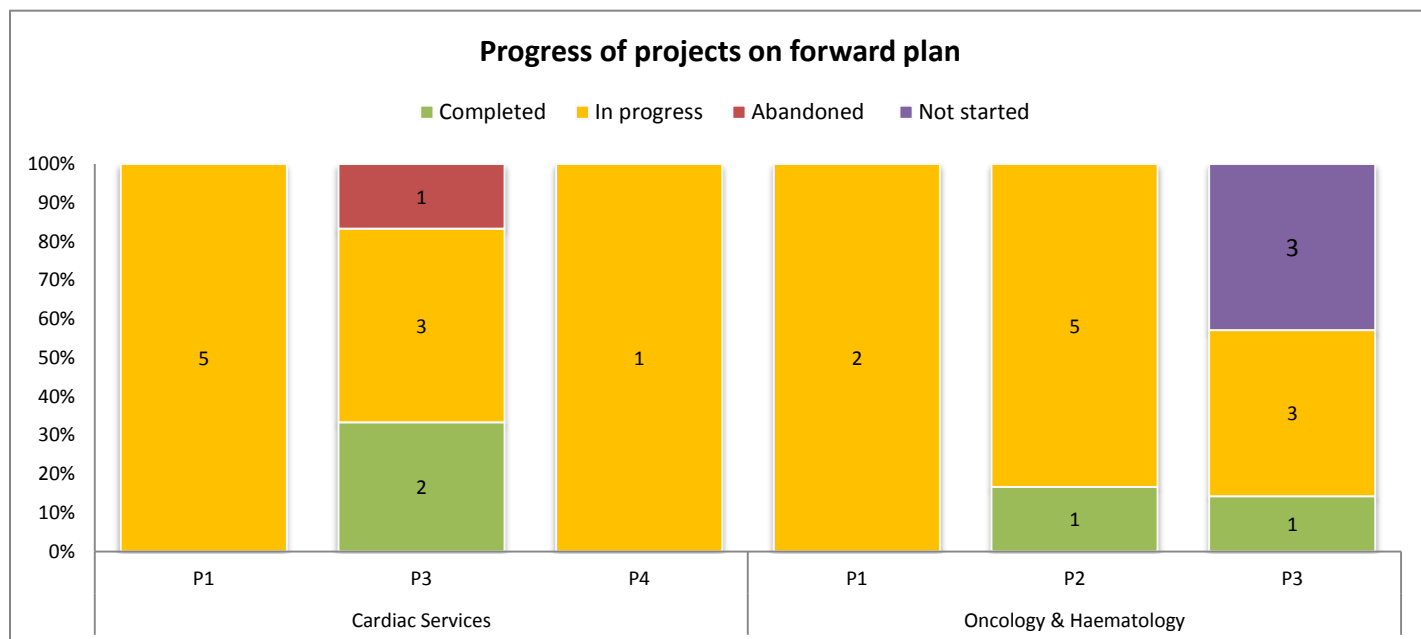
- 3876 As a result of this audit, the hip fracture proforma has been updated to include testosterone testing for all male patients under the age of 75 years.
- 3892 This audit identified that the completion of stool charts according to local guidelines requires further improvement along with the prescribing of laxatives for patients on opiates. Updated constipation guidelines have been developed and results presented at the divisional audit day. An education and training programme in progress and a future re-audit is planned.
- 3969 This audit demonstrated that only one third of fragility fracture patients over the age of 50 had osteoporosis bloods performed as an inpatient. Only 50% of over 75 years old were commenced on osteoporosis treatment as per national guidelines. As a result of these findings, an education and training programme has taken place, a further quality improvement project around osteoporosis bloods is underway and a new Medway referral to the fracture liaison service has been created in order to address these issues. A new clinical guideline is also being developed.
- 4005 This audit demonstrated the wide use of the analgesic ladder. However, a standard set of analgesia was often prescribed on admission that was not appropriate for the patient's renal failure, or adjusted accordingly in response to an acute kidney injury. Education of junior doctors was undertaken along with poster displays as reminders to prescribers of correct prescribing methods and clinical guidelines.
- 4008 The findings of this audit highlighted the need for improvement in how sedative medications are prescribed on care of the elderly wards at the Bristol Royal Infirmary. Additional education about the available guidelines has been delivered.
- 4054 The results of this re-audit demonstrated that despite the introduction of the Trust hyponatraemia guidelines and education sessions, the recognition of the importance of hyponatraemia still needs to be improved. The possibility of adding a hyponatraemia investigation profile on ICE in moderate and severe cases is being investigated.
- 4070 This re-audit of intermittent pneumatic compression use in stroke patients demonstrated an improvement in practice following the implementation of the actions from the initial audit. An update to the VTE section of the drug chart was recommended following the audit along with continued education of ward staff.
- 4074 This audit demonstrated that only one third of patients on the GP unplanned admissions register were aware of this and only a quarter of patients with a community DNAR brought it into hospital with them. These results were reported to the national body leading on improvements in care in this area subject and presented at the Divisional audit meeting to raise awareness internally.
- 4150 This audit demonstrated appropriate prescribing of oral bisphosphonates for patients with corrected calcium levels and renal function. The team is working with the Fracture Liaison Service in the formulation of local guidelines on the management of oral bisphosphonates prescribing in elderly patients to improve practice further.
- 4163 Following this audit of documentation following lumbar puncture procedures, a proforma is being introduced to help ensure key information is captured.
- 3251 This audit into the management of epididymo-orchitis at Bristol Sexual Health Centre demonstrated very good practice overall. One area for improvement is the recording of urine sample results; the introduction of a lab book to record results will overcome the issue.
- 3807 As a result of this audit of biologic therapy in psoriasis, the patient psoriasis leaflet has been updated.
- 4144 The results of this audit demonstrate that the melanoma pathway at the Bristol Dermatology Centre meets the target standards for the majority of stages between presentation and communication of a histological diagnosis of malignant melanoma. To improve care further, the MDT notification system will be used to alert the pathology of cancer and a results clinic will be introduced.
- 4145 The results of this audit highlight excellent compliance against the standards for the management of malignant melanoma.
- 4146 As a result of this audit on azathioprine prescribing, a prescribing proforma is being introduced to help ensure key information is captured.
- 4147 The results of this audit demonstrated that when a consent form is used they are completed well. The documentation of conversations with patients and the provision of patient information needs to be improved.

- To address this, a 'Skin surgery top 10 tips' leaflet is to be made available online and sent out with patient letters.
- 4156 This audit demonstrated a significant difference between pre-operative and post-operative checklist completion. Further work to be conducted to establish reasons for non-compliance along with education and training of all staff to improve patient safety and outcomes.
- 3336 The results of this audit demonstrated that the Trust is comparable to, and in some areas of practice, better than the national average reported results relating to diabetes management in patients. Substantive diabetes inpatient nurses are now in all divisions and a trust-wide multidisciplinary group has been established to address and improve safety and patient care.
- 3698 The results of this re-audit demonstrated an improvement in the management, monitoring and advice given to patients with hyperglycaemia in acute coronary syndromes. Education and teaching sessions were provided for all staff along with the implementation of a diabetes specialist nurse in the specialist areas to facilitate continued improvement in practice.
- 3927 A multi-professional education programme and a hypoglycaemia awareness sticker were implemented as a result of this audit into the management of hypoglycaemia.
- 4272 The results of this audit demonstrated that only 30% of diabetes patients had the Best Practice Tariff (BPT) documentation completed. As a result, a business case for additional Diabetes Specialist Nurse for the Division of Medicine has been made. If supported, this will facilitate weekend working sessions by Diabetes Specialist Nurses to capture greater denominator of Best Practice Tariff patients.
- 2603 This national audit into the care of patients with inflammatory bowel disease (IBD) has led to the appointment of an additional full time IBD specialist nurse. Guidance on the management of IBD has also been updated.
- 3873 This audit of Crohns disease highlighted a disparity between clinical practice and national guidelines. Discussion of the results locally resulted in the proposed introduction of a UH Bristol care pathway for patients in the first year post inflammatory bowel disease resection. The results of a clinical trial are awaited before the pathway can be introduced.
- 3875 This audit highlighted poor documentation regarding discussions with patients of when to re-present to their GP following a gastrointestinal bleed, or when to re-present following discharge. These results were discussed locally and the importance of providing information and documentation emphasised.
- 3970 This audit highlighted poor compliance with the completion of competency documents for manual observations on selected wards. The results were fed back to the ward managers highlighting the importance of ensuring all staff complete the competencies for conducting manual observations. The audit will be rolled out across the Trust.
- 4174 As a result of this audit of psychiatry liaison response times, the referral times in ICE were changed to reflect national guidance and the metal heal matrix incorporated into the ICE referral system.
- 3520 The results from this national audit into non-invasive ventilation demonstrated that the Trust's results are similar to the national norm.
- 3884 Although this audit demonstrated excellent documentation with regards to bronchoscopy safety, it was agreed that the current bronchoscopy safety checklist should be replaced by the adapted WHO surgical safety checklist and a copy filed in the notes. A planned re-audit will assess the use of this new checklist and adverse events.
- 3902 This audit was conducted following a clinical incident. The results demonstrated that all staff on the ward were unaware of the Standard Operating Procedure (SOP) when escorting patients to radiology. All staff were informed of where the SOP was stored and asked to read it to help prevent further incidents. The Radiology department will be conducting an audit of unescorted patients to address this area of risk.
- 3947 Participation in this national audit of plural procedures allowed us to reflect on local practice compared to the national picture. However the sample size was too small to draw many meaningful conclusions locally.
- 4006 The results of this national audit of community acquired pneumonia demonstrated that mortality at the BRI is similar to national figures. Although the time between admission and chest x-ray is similar to the national result, it was felt that this would be a good area to improve in. A quality improvement projects is underway to help determine how chest x-rays can be expedited.
- 4194 The results of this national audit demonstrated that oxygen prescribing by doctors has improved year on year in the Trust since 2008. However, signing for oxygen by nurses is a key area for improvement. An extensive education programme is being undertaken across all staff groups.

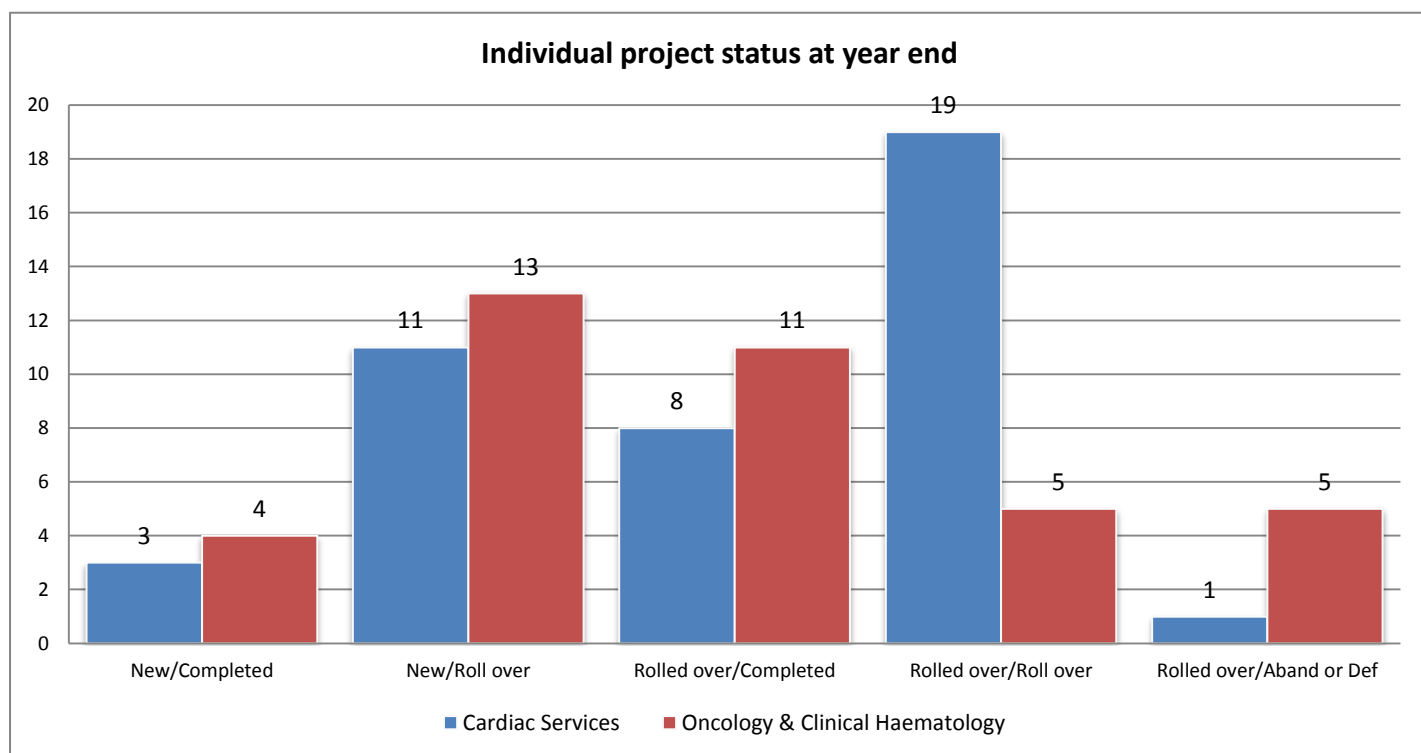
- 4228 This audit demonstrated that lung function tests were completed at the initial assessment but only 50% of patients were followed up within the recommended time frame of 4-6 weeks and there was a variation in compliance with the completion of follow-up lung function tests and functional measurements. As a result, amendments were made to the eProforma and a part-time MDT co-ordinator was recruited. A process for better liaison with secondary care centres to obtain lung function test results and a review of those appointments seen outside of the recommended timeframe was also introduced.
- 4015 The results of this audit highlighted that patients were appropriately selected for NICE treatment of psoriatic arthritis but not always reviewed at 12 weeks. It is now standard practice for this to occur through a follow up appointment with the specialist nurse.
- 4057 The result of this re-audit highlighted an overall improvement in current practice in regards to the treatment of ankylosing spondylitis compared to the 2011 audit. To ensure patients are assessed 12 weeks post initiation of treatment, a number of actions have been implemented to improve communication flows between the service and patients.

### 3.3 SPECIALISED SERVICES

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 2015/16. Full details of the status of individual projects on this plan can be found within table 3 of this section.

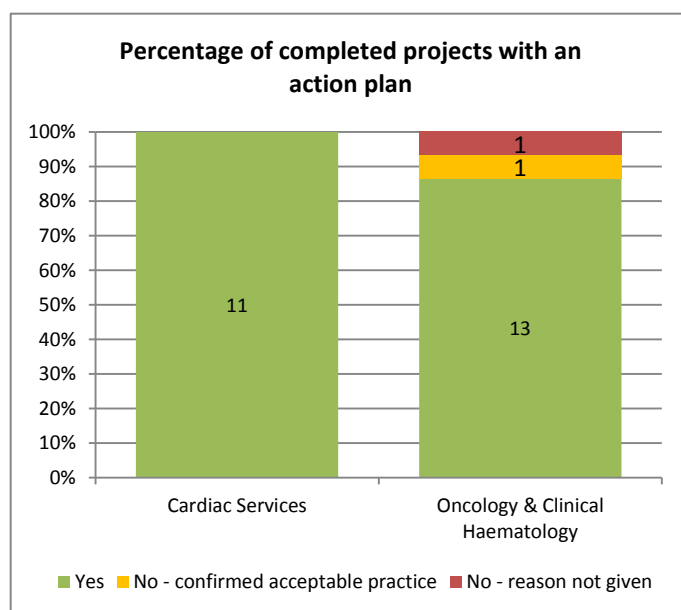
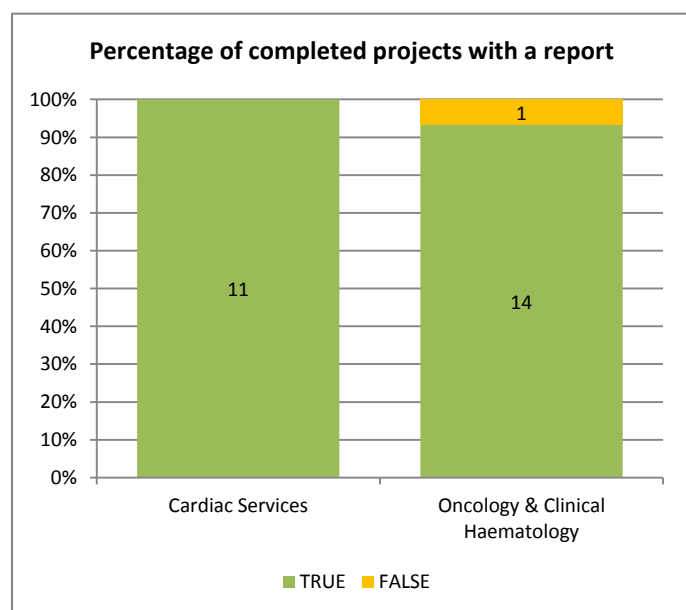
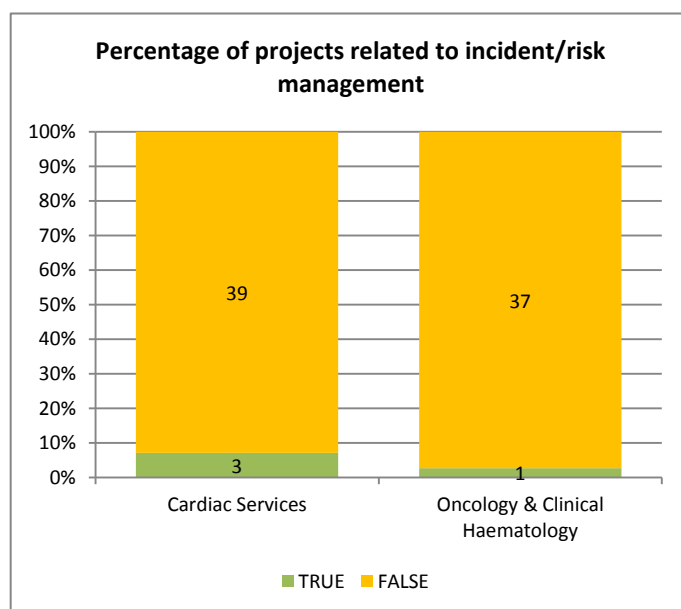
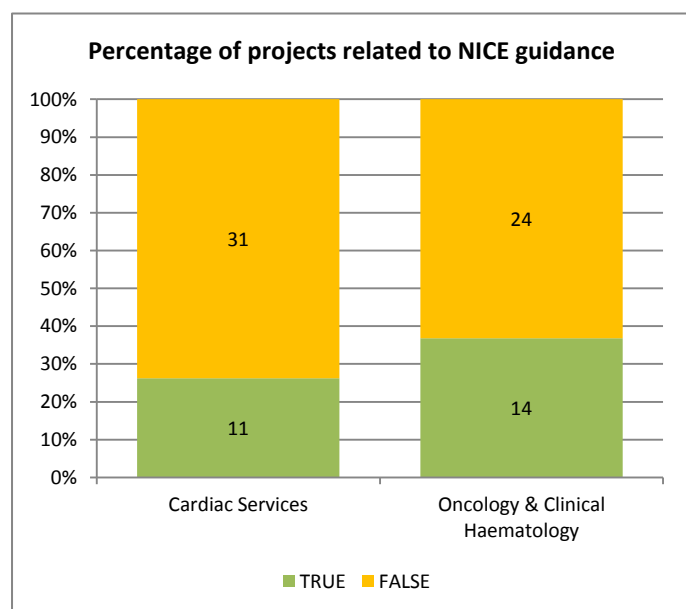
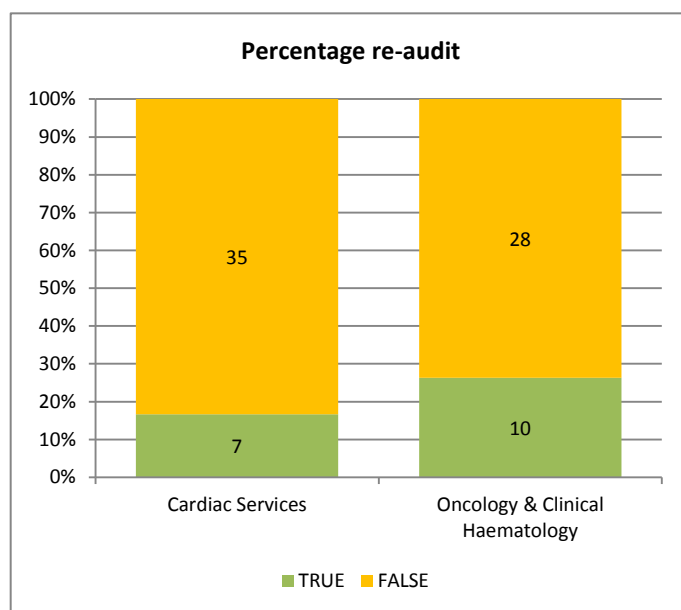
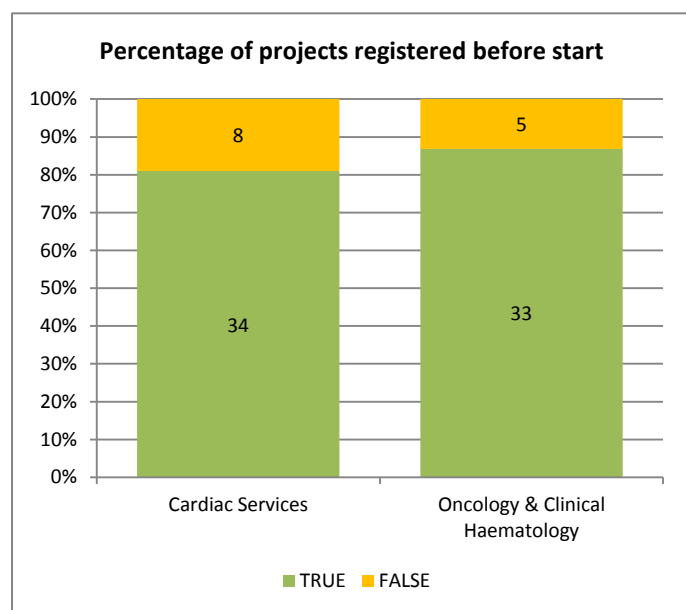


The chart below shows the status at year end of all registered activity. Some projects will have started and finished within the financial year (New/Completed) and some will have been started but have yet to complete and are therefore rolled over (New/Roll over). The figures also include projects that commenced in previous years but have now been abandoned or deferred (Rolled over/Aband or Def), those that previously commenced but were completed in 2015/16 (Rolled over/Completed) and those previously commenced but not completed by the end of 2015/16 (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 all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Table 3

Ref	Provisional Title of Project	FP	Priority	Status
<b>Cardiac Services - Cardiac Anaesthesia</b>				
3846	Impact of the anaesthetist on mortality – a comparative audit	No		In Progress
4012	Time of admission of surgical patients	No		In Progress
4040	Audit of Prescribing Practices Within the Bristol Heart Institute	Yes	P3	In Progress
<b>Cardiac Services - Cardiac Surgery</b>				
549	HRT002 - National Adult Cardiac Surgery Audit (ACS)	Yes	P1	Ongoing
3304	Early and long-term outcome of mitral valve surgical procedures in adult patients	No		In Progress
4090	Quality of postoperative documentation of anticoagulants and antiplatelet after cardiac surgery	Yes	P3	Completed
4169	Audit of blood loss and wound complications after endoscopic vein harvesting	No		In Progress
4221	Cardiac Surgical Site infection skin preparation and closure audit	No		In Progress
4278	Dual antiplatelet therapy after coronary artery bypass grafting (CABG)	No		In Progress
4335	Impact of advances in coronary bypass surgery and percutaneous coronary intervention in the treatment of patients with coronary artery disease	No		In Progress
4355	Early and long-term health outcome after coronary surgery in adult patients	Yes	P4	In Progress
<b>Cardiac Services - Cardiology</b>				
223	HRT001 - Myocardial Infarction National Audit Project (MINAP)	Yes	P1	Ongoing
366	HRT006 - National Heart Failure Audit (HF)	Yes	P1	Ongoing
809	HRT005 - National Coronary Angioplasty Audit	Yes	P1	Ongoing
1578	HRT004 - National Cardiac Arrhythmia Audit (HRM)	Yes	P1	Ongoing
3262	NICE technology appraisal TA95 Implantable cardioverter defibrillators (ICDs) for the treatment of arrhythmias	No		In Progress
3301	Nursing nutritional assessment and the incidence of pressure ulcer occurrence in Heart Failure patients	No		Completed
3374	Audit of implantable devices used in cardiac rhythm management at University Hospitals Bristol	No		Ongoing
3375	Outcomes following VT ablation	No		Ongoing
3465	Audit of Percutaneous Balloon Mitral Valvuloplasty	No		In Progress
3480	Effectiveness of paroxysmal and persistent atrial fibrillation ablation	No		Completed
3665	Documentation of TR Band removal and radial artery occlusion rate post coronary intervention via the radial route	No		In Progress
3700	Audit of Non ST segment elevation myocardial infarction (NSTEMI) pathway	No		Completed
3701	Conscious Sedation for Transoesophageal Echocardiography	No		Completed
3812	Follow up procedures for Fontan patients	No		In Progress
3825	Contraception use and advice given to women with heart disease of child-bearing age	No		Completed
3826	Retrospective evaluation of risk stratification for patients with Acute Coronary Syndrome	No		Completed
3828	Patient satisfaction in the management of myocardial infarctions	No		Completed
3842	Open Access Chest Pain Clinic next day service – NICE CG 95	No		In Progress
3843	Missed appointments in the Cardiac Outpatient Department of Bristol Heart Institute	No		In Progress
3844	Pre-operative imaging assessment in Trans Aortic Valve Implantation	No		Abandoned
3893	Management of atrial fibrillation in the Emergency Department	No		Completed
3894	Incidence rate and severity of pocket haematomas	No		In Progress
3906	Bivalirudin for the treatment of ST-segment-elevation myocardial infarction - NICE TA230	No		In Progress

4065	Assessment of Diastolic Function in echocardiography reports	Yes	P3	Completed
4073	Atrial septal defect or patent foramen ovale closure with atrial fibrillation	No		In Progress
4075	Serial monitoring of renal function after the commencement of eplerenone following myocardial infarction	No		Completed
4105	Re-auditing Non ST segment elevation myocardial infarction (NSTEMI) pathway referring process in BRL. Re-audit ID 3700.	No		In Progress
4137	Non-invasive imaging prior to coronary angiography in patients with heart failure	Yes	P3	In Progress
4138	The management of patients with non-ST elevation myocardial infarction at the BHI	Yes	P3	In Progress
4173	Care pathway for out of hospital cardiac arrest survivors presenting to the Bristol Royal Infirmary	No		In Progress
4336	Antimicrobial Prescribing in Adult Cardiology	No		In Progress
<b>Oncology &amp; Clinical Haematology - Clinical Haematology</b>				
3619	TAG 193 - Rituximab for the treatment of relapsed or refractory chronic lymphocytic leukaemia	No		Abandoned
3837	Re-audit of Hydroxycarbamide in adult sickle cell patients	No		Completed
3901	NICE technology appraisal guidance TA129 Bortezomib monotherapy for relapsed multiple myeloma	No		Abandoned
4082	Use of red blood cell transfusion in haematology patients – a re-audit.	No		In Progress
4083	Use of platelet transfusion in haematology patients – a baseline audit	No		In Progress
4085	Stem cell Transplant-consent process	No		In Progress
4223	Audit of the use of Rasburicase for the prophylaxis and treatment of Tumour Lysis Syndrome in patients with haematological malignancy	No		In Progress
<b>Oncology &amp; Clinical Haematology - Oncology</b>				
554	CAN002 - National Lung Cancer Audit (NLCA)	Yes	P1	Ongoing
3378	Management of Metastatic Spinal Cord Compression - re-audit- NICE CG75/92/29	No		Completed
3554	Referral of 15-24 year old patients with cancer to the TYA MDaT	No		Abandoned
3630	Audit of patient monitoring practice in patients receiving abiraterone acetate and prednisolone for metastatic castration resistant prostate cancer	No		Abandoned
3736	Audit of CHART Radiotherapy	No		Completed
3809	Pemetrexed in NSCLC	No		Completed
3811	Outcome of patients with oesophageal cancer following oesophagectomy	No		Completed
3867	"It's Your Turn" Patient information on pressure ulcer prevention	No		Completed
3868	Administration time, dose alterations and dose delays in germ cell cancer patients undergoing inpatient chemotherapy	No		Completed
3869	Audit of the use of prophylactic cranial irradiation in patients with small cell lung cancer	No		Completed
3926	Trustwide Neutropenic Sepsis Audit	Yes	P2	Ongoing
3989	Stereotactic Ablative Body Radiotherapy for Non-Small Cell Lung Cancer	No		Completed
3990	Re-Audit of Medical Documentation in Out-patients and on the BHOC wards	No		Completed
4035	Hyponatraemia in small cell lung cancer	Yes	P3	Deferred
4110	Re-audit of the use of Aprepitant for the control of chemotherapy induced nausea and vomiting (ID 2777)	Yes	P3	Completed
4154	An audit of radiology reporting in oncology outpatients	No		Completed
4155	Re-audit of the completion of the consent form for radiotherapy treatment (Initial audit 2021)	Yes	P2	In Progress
4157	Clinical audit of Gamma Knife Stereotactic Radiosurgery non-metastatic patients	Yes	P2	Completed
4158	Re-audit of the completion of pregnancy status forms (Initial audit 2963)	Yes	P3	In Progress
4162	Audit of Gamma Knife treatment to patients with cerebral metastases	Yes	P2	Completed
4212	Cardiac Monitoring in Patients treated with Trastuzumab (Herceptin)	No		In Progress
4245	UK Audit of Toxicity and Outcomes of Radical Chemoradiotherapy in Anal cancer, to assess safety of ongoing implementation of intensity-modulated radiotherapy (IMRT)	Yes	P3	In Progress
4296	Neutropenic sepsis rate in germ cell patients receiving BEP 500	No		In Progress

4298	Denosumab for the prevention of skeletal related events	No		In Progress
4331	Oesophageal brachytherapy	No		In Progress
4345	Re-audit of the management of Metastatic Spinal Cord Compression	No		In Progress
<b><i>Oncology &amp; Clinical Haematology - Palliative Medicine</i></b>				
3727	National Care of the Dying Audit - version 2014	No		Completed
3851	Audit of syringe pump use in	No		In Progress
4030	Audit of the use of Treatment Escalation Personalised Plans	Yes	P1	In Progress
4031	Audit of 'Do not attempt resuscitation' documentation	Yes	P2	In Progress
4160	National end of life care audit: dying in hospital (2015)	Yes	P2	In Progress

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

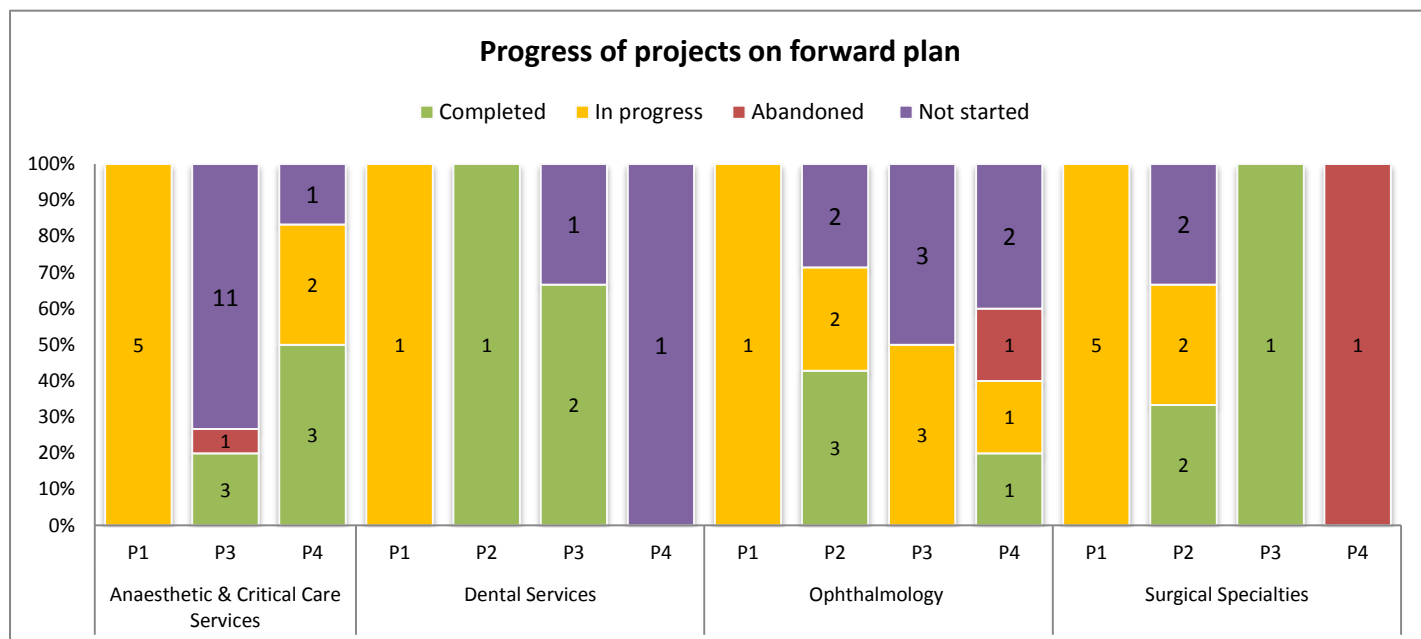
- 4090 As a result of this audit, an antiplatelet/anticoagulation plan sticker was designed and made available in the theatres for surgeons to apply on blank operative notes and complete at the end of cardiac surgery.
- 3301 This audit of nutritional and pressure ulcer assessment in heart failure patients raised awareness of how to assess patients with oedema using the MUST tool.
- 3480 Since the completion of this audit, mechanisms have put in place to improve efficacy of radiofrequency catheter ablation in persistent atrial fibrillation patients by introducing the use of upstream remodelling medications and reducing the time to ablation.
- 3700 An online angiogram referral system using ICE requesting system was introduced as a result of the audit of NSTEMI pathway. Junior doctors have received education regarding the requirements for echo requesting and eplerenone prescribing.
- 3701 As a result of this audit, a conscious sedation policy for transoesophageal echocardiography was developed.
- 3825 This audit led to further education of staff to help promote discussions on contraception use and advice given to women with heart disease of child-bearing age in outpatient clinics.
- 3826 The local acute coronary syndrome protocol was revised as a result of this audit. Educational sessions for staff around the management and risk stratification has also been carried out.
- 3828 This audit of patient satisfaction in the management of myocardial infarction led to the development of a standard clinical care letter to all patients discharged from the BHI.
- 3893 A trigger in the Emergency Department referral system to remind staff to consider the need for anticoagulation in patients with atrial fibrillation has been implemented as a result of this audit.
- 4065 This audit into the assessment of diastolic function in echocardiography reports has led to further education in the process to help improve management.
- 4075 Information regarding the serial monitoring of renal function on patients after the commencement of eplerenone following myocardial infarction has been added to the Cardiology Induction Handbook as a result of this audit.
- 3837 The results from this re-audit demonstrated improvement in the management of hydroxycarbamide prescribing in adult sickle cell patients.
- 3736 The results of this audit of CHART radiotherapy demonstrated areas of good practice. A number of documentation issues were identified. Electronic systems are now in place which make it easier to record and extract key information and new systems have been implemented for checking full blood count.
- 3809 This audit demonstrated that approximately 50% of patients are receiving pemetrexed first line in accordance with NICE guidelines. For those patients not receiving recommended treatment, valid reasons were documented. The outcomes of patients receiving pemetrexed first line are similar to those reported in clinical trials.
- 3811 The results of this audit demonstrated that the Trust meets current standards for R0 resection rates and survival following R1 resection. A multi-centre audit is underway to further investigate the role of CRT post-operatively in R1 resections.
- 3867 This audit demonstrated that >85% of patients are correctly assessed for pressure ulcers. All staff are aware of what information should be provided to patients on pressure ulcer prevention. Results highlighted evidence of failing to assess and inform two groups; teenagers and young adults and those with dementia, arguably the most

vulnerable group. A re-audit targeting this patient group is planned for 2016/17.

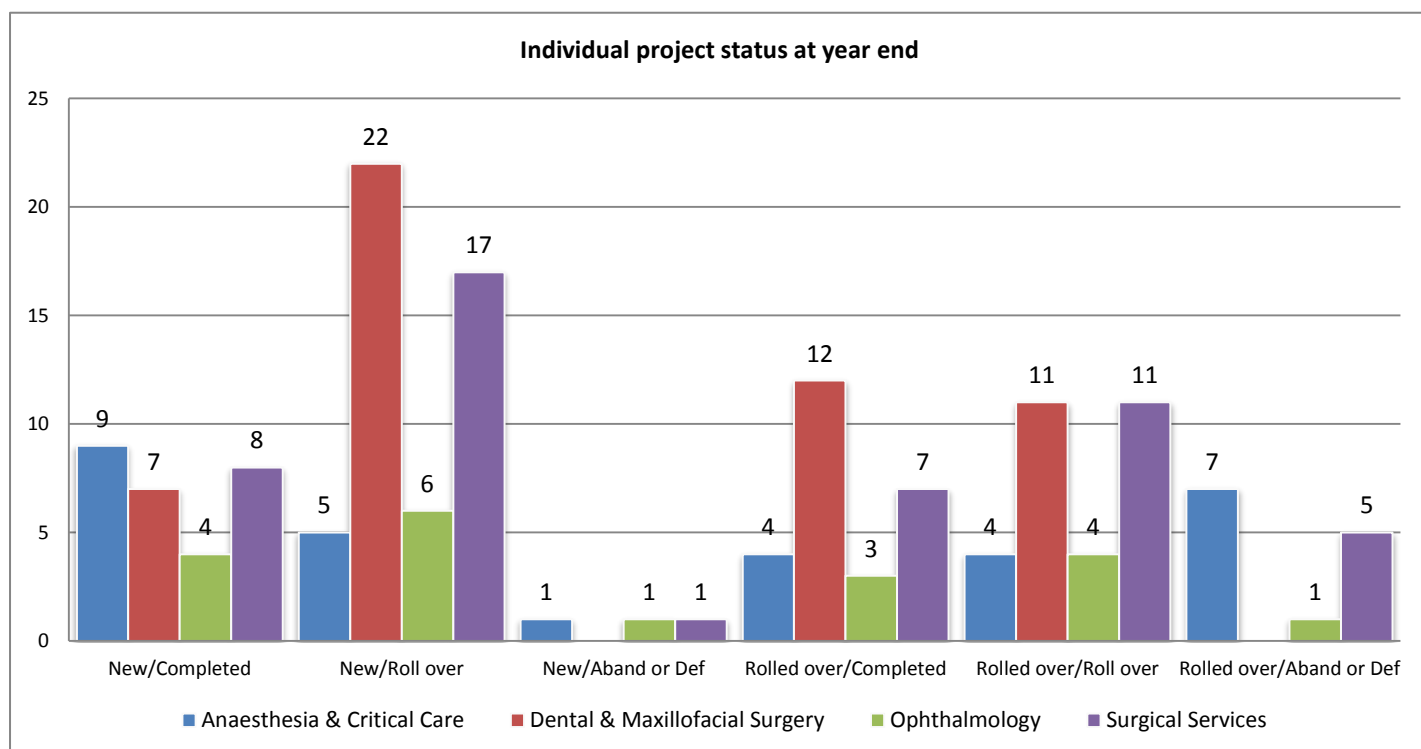
- 3868 This audit demonstrated that all changes in chemotherapy dose or agent are consultant led. Although the chemotherapy was usually started before 5pm it was infrequently being started within the first hour of the patient arriving. The results were discussed at the South West Regional Testicular Annual General Meeting. It was agreed patients should start treatment within one hour of arriving on the ward. A new chemotherapy regime is being investigated which could be administered on the day unit to help improve patient experience.
- 3869 The results of this audit confirmed appropriate patient selection for treatment. Current local guidelines are being reviewed.
- 3989 This audit confirmed appropriate patient selection for stereotactic ablative body radiotherapy for non-small cell lung cancer. Patients are receiving appropriate fractionation schedules according to consortium guidelines and no serious (grade 3/4) acute toxicities have been experienced to date.
- 3990 This audit highlighted both good and poor areas of record keeping. All staff have been reminded of the importance of good documentation and the need to collect, and use, their name stamps.
- 4110 This re-audit highlighted an improvement in practice in some areas but aprepitant prescribing as set out in the ASWCS anti-emetic protocol needs further improvement. Development of a local SWSCT (South West Strategic Clinical Network) up to date antiemetic guideline to offer clearer guidance on the prescribing of aprepitant is in progress.
- 4154 This audit highlighted that a proportion of patients do not have their scan results available when they attend clinic. Currently, there is no system to enable reporting radiologists to know the date the report is required for when prioritising scans in their reporting list. Discussions are underway with IM&T to establish whether the date the report is requested for can be used to filter pending reports.
- 4157 This audit demonstrated that the Gamma Knife service for non-metastatic patients operates within the NHS guidelines for stereotactic radiosurgery.
- 4162 The results of the audit confirmed excellent compliance against national guidelines. Where standards were not met this was due to poor documentation. Education of all staff on the importance of documenting the patient performance status and life expectancy was undertaken.
- 3727 The results of this audit into end of life care highlighted comparable results against other Trusts. Education into the recognition that a patient is dying is underway across the Trust.

### 3.4 SURGERY, HEAD & NECK

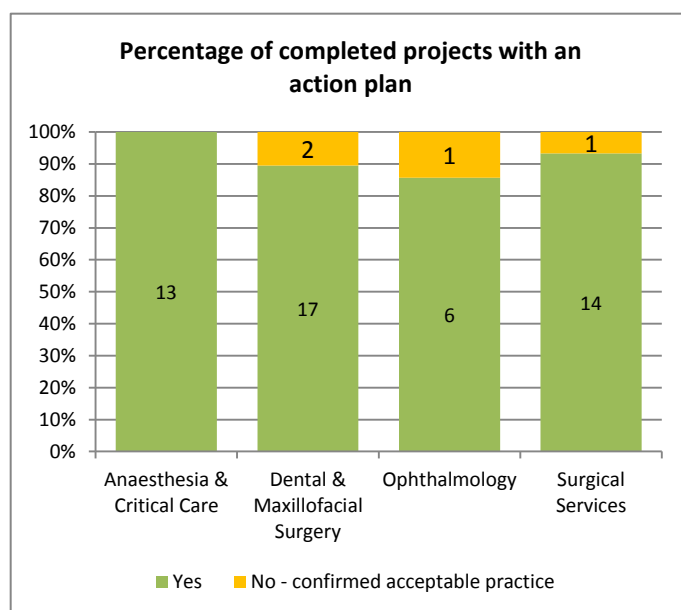
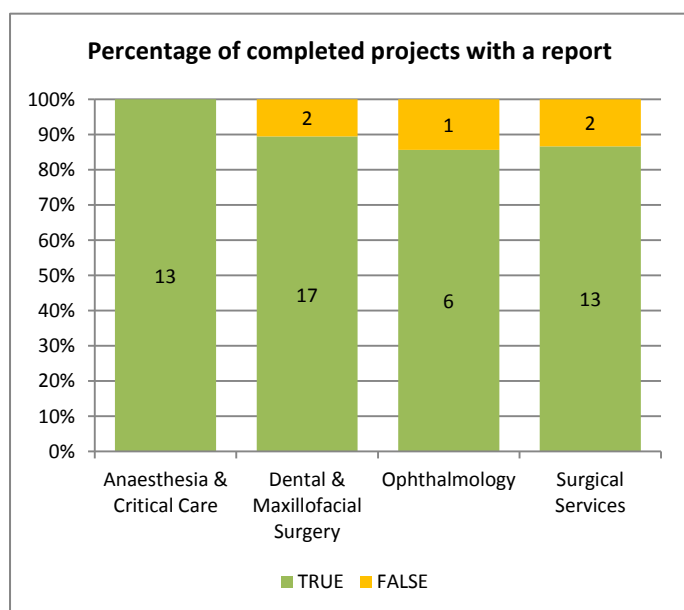
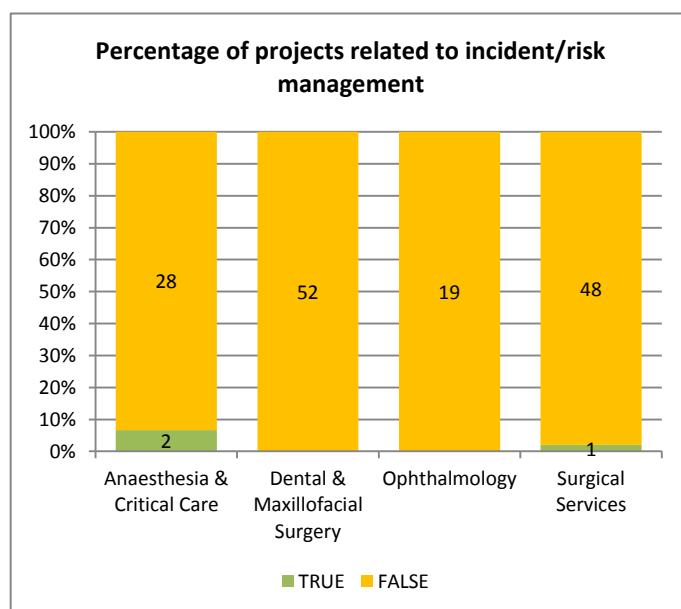
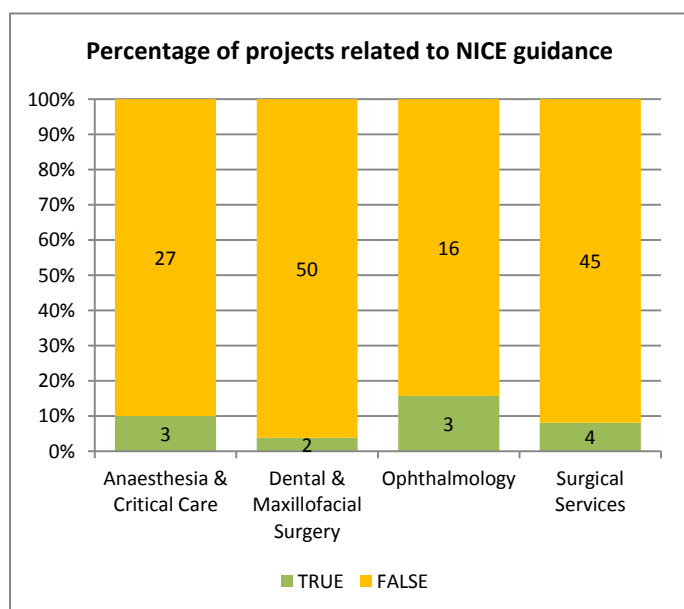
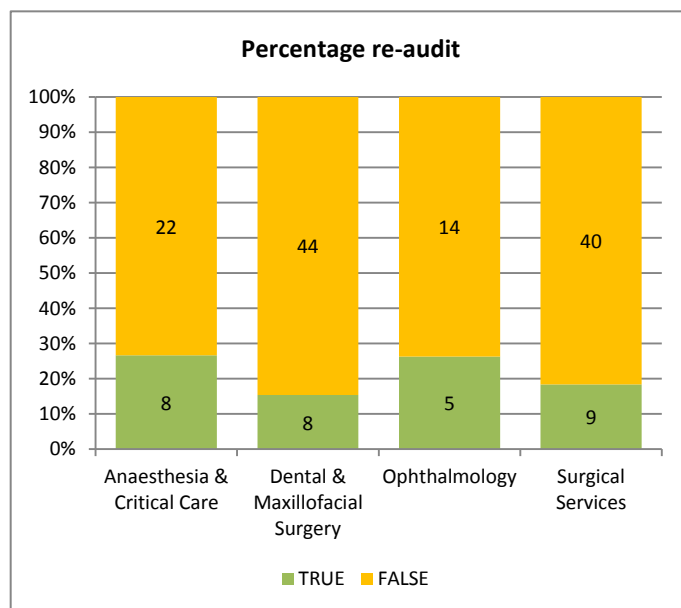
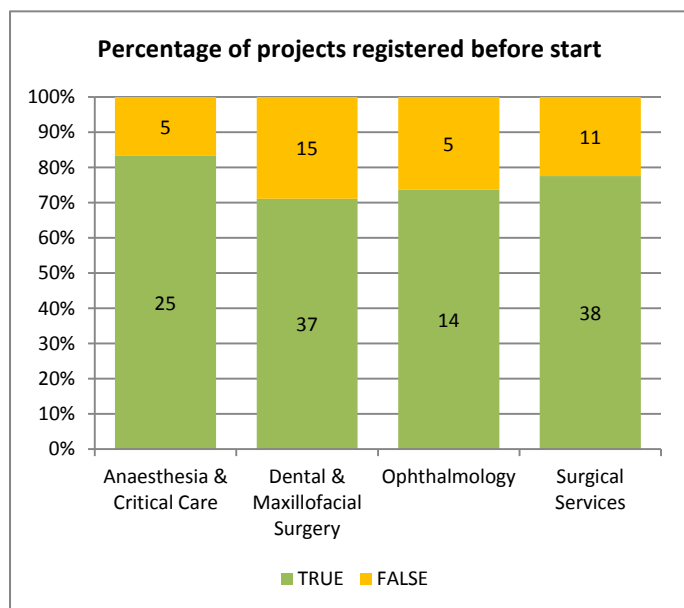
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2015/16. Full details of the status of individual projects on this plan can be found within table 4 of this section.



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 2015/16 (Rolled over/Completed) and those previously commenced but not completed by the end of 2015/16 (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 all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Table 4

Ref	Provisional Title of Project	FP	Priority	Status
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Anaesthesia</b>				
1704	Dural Puncture	No		Ongoing
3512	ACU003 - National Emergency Laparotomy Audit (NELA)	Yes	P1	Ongoing
3972	Perioperative fluid management in patients with fractured neck of femur	Yes	P3	Abandoned
4060	Re-audit of analgesia prescribing in acute medical and surgical admissions with renal impairment	Yes	P3	Completed
4068	Primary PCI activity and emergency anaesthesia services	Yes	P4	Completed
4124	Emergency theatre start times – impact of using porters as an escort role on the abscess pathway	Yes	P4	In Progress
4128	Audit of the sign-in and time-out processes of the WHO surgical safety checklist	Yes	P2	Completed
4129	Audit of regional analgesia and recovery outcomes for lower GI surgery	Yes	P4	Completed
4153	Re-audit of functional assessment and exercise advice given to patients in preoperative assessment clinic (POAC)	Yes	P3	Completed
4172	Perioperative management of hip fractures	Yes	P3	Completed
4176	Outcome of patients booked as day case or one night stay who have operations with longer recovery periods	No		In Progress
4211	Controlled drugs audit	No		Completed
4289	Patients who have cancelled operations owing to non-availability of HDU/ITU beds	No		In Progress
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Critical Care Services</b>				
160	Adult Critical Care Case Mix Programme (ICNARC-CMP)	Yes	P1	Ongoing
3139	National Cardiac Arrest Audit (NCAA)	Yes	P1	Ongoing
3634	Trauma Audit Research Network (TARN)	Yes	P1	Ongoing
3883	Compliance with protected catheter sputum screening for ventilator associated pneumonia(VAP)	No		Completed
3887	Intensive Care Referrals audit	No		In Progress
3921	Audit of tracheal tube length and tip position in ventilated patients	Yes	P3	In Progress
3934	Acute respiratory distress syndrome (ARDS) in Critical Care	No		In Progress
3948	Mechanical ventilation audit	No		In Progress
4028	End tidal Co2 values in pre hospital ventilated patients.	No		In Progress
4100	Audit of the use of wrist restraints in General Intensive Care	Yes	P4	Completed
4108	Stress ulcer prophylaxis on discharge from ITU, appropriate or inappropriate? Re-Audit	No		In Progress
4133	Audit of prehospital intubated patients transferred to Critical Care from Great Western Air Ambulance service.	No		In Progress
4136	Prognostication and neurophysiological testing following cardiac arrest	No		Completed
4167	Audit of height measurement and tidal volume prescription in elective surgical patients	No		In Progress
4177	Management of integrated care pathway for out of hours cardiac arrests in UHB	No		In Progress
4319	Assessing compliance with airway care in ICU patients	No		Completed
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Theatres</b>				
4140	Elective Caesarean Section start times	No		In Progress
<b>Dental Services - Oral &amp; Maxillofacial Surgery</b>				
2414	CAN003 - National Head and Neck Cancer Audit (DAHNO)	Yes	P1	Ongoing
3077	Maxillofacial trauma referrals	No		Abandoned
3675	An audit to assess the success rate of surgical endodontics (apicectomy) within the oral surgery	No		Completed



	department			
3717	Oral & Maxillofacial Trauma - audit of timescales for emergency treatment.	No		Abandoned
3786	Arthrocentesis efficacy in improving symptoms and function in patients with TMJDS	No		Deferred
3862	Audit of fast track head and neck cancer referrals at University Hospitals Bristol	No		Completed
3936	Oral Surgery Outpatient Conscious Sedation – Audit of Practice.	No		Completed
3952	Basal Cell Carcinoma excision margins	No		Completed
3963	Dry sockets audit 2014	No		Completed
3975	Audit on the use of cone beam CT imaging prior to surgical removal of wisdom teeth	No		Completed
3997	Outpatient Intra oral biopsies at BDH	No		Completed
4076	An audit into modifications of treatment plans for surgical orthodontic cases at Bristol Dental Hospital.	No		In Progress
4077	Appropriateness of antibiotic prescribing in the department of Oral Surgery at Bristol Dental Hospital	No		Completed
4079	Time from first assessment until operation for open reduction and internal fixation of mandibular fractures.	No		In Progress
4080	Diet and oral hygiene postoperative instructions following patients undergoing open reduction and internal fixation of mandibular fractures?	No		In Progress
4265	Audit of third molar guidelines	No		In Progress
4280	Consent audit - East Grinstead Collaboration	No		In Progress
4288	An audit on blood transfusions in major head and neck surgical cases	No		In Progress
4321	Review appointments for surgical canine exposures	No		In Progress
4322	Conscious sedation in oral surgery - re audit of CAID 3963	No		In Progress
4346	Audit of throat pack use in BDH children's GA	No		In Progress
<b>Dental Services - Oral Medicine</b>				
3863	Audit of follow up appointments for oral epithelial dysplasia	No		In Progress
3962	Photographic storage audit	No		In Progress
4109	Clinical examination of patients before radiography	No		Completed
4188	Consent in adult patients within special care dentistry receiving dental treatment under conscious sedation	No		In Progress
4219	Follow up of patients taking systemic immunosuppressant's	No		In Progress
4267	Quality of oral medicine referrals	No		Completed
<b>Dental Services - Orthodontics</b>				
3949	Orthodontic extraction letters	No		Completed
3979	Audit of joint orthodontic - restorative cases treated with fixed appliances at Bristol Dental Hospital.	No		Completed
4002	An Audit of Orthodontic Treatment Outcomes as defined by PAR Score reduction and Treatment Length in a Dental Hospital	No		In Progress
4038	An audit of clinician and administration staff compliance with DNA policy for children treated in the orthodontic department	Yes	P3	Completed
4045	Basic Periodontal Examination Scores (BPE) as part of the orthodontic examination	Yes	P3	Completed
4084	Are clinic notes fully prepared?	No		Completed
4323	Occlusal outcomes for orthognathic surgery	No		In Progress
<b>Dental Services - Paediatric Dentistry</b>				
3357	Fluoride: are we following the national guidelines? [re-audit of 2430]	No		Completed
3481	Patient satisfaction with paediatric general anaesthetic services for dental treatment	No		Deferred
3861	Clinical audit of documentation and recording use of local anaesthetic in the paediatric dental department	No		In Progress
4018	Inhaled sedation audit in the paediatric dentistry department	No		Completed
4161	Consultant led treatment plans, for paediatric patients seen in the dental hospital	No		In Progress

4227	Are patients receiving appropriate written information prior to inhalation sedation provision?	No		In Progress
4309	Child emergency triage service provision in paediatric dentistry	No		In Progress
4348	Audit of Dental Screening for Paediatric Patients Prior to Bone Marrow Transplant at Bristol Children's Hospital	No		In Progress
<b>Dental Services - Primary Care Dental Services (PCDS)</b>				
3891	An audit on the quality of radiographs in the Out of Hour Dental Service	No		Completed
4349	FGDP selection criteria for dental radiography 2013	No		In Progress
<b>Dental Services - Restorative Dentistry</b>				
3292	Are radiographs utilised on new patient periodontal clinics appropriate to aid periodontal diagnosis?	No		Abandoned
3529	Caries prevention regimes given to head and neck oncology patients following oncological therapy	No		Abandoned
3680	Denture care for inpatients	No		Completed
4027	Record Keeping by Undergraduate Dental Students at Bristol Dental School	No		Completed
4107	Clinical outcome forms in the Restorative Department – are they being adequately completed and recorded?	No		Completed
4209	Fluoride prescriptions (re-audit)	No		In Progress
4231	Quality of root treatment based on radiographic assessment criteria	No		In Progress
4317	Quality of undergraduate crown and bridge impressions	No		In Progress
<b>Ophthalmology - Unspecified</b>				
4235	Orbital fractures	No		In Progress
4236	Visual fields testing	No		In Progress
4266	BEH prescribing audit 2015	No		In Progress
<b>Ophthalmology - A&amp;E and Primary Care</b>				
4033	Renal function stability in acute angle closure glaucoma patients treated with IV acetazolamide	No		In Progress
<b>Ophthalmology - Cornea &amp; Cataracts</b>				
4101	Cataract outcomes annual audit 2014 (re-audit of CAID 3718)	Yes	P1	Completed
4139	Re-audit of refractive outcomes for patients receiving cataract surgery at the Bristol Eye Hospital	No		In Progress
<b>Ophthalmology - Glaucoma &amp; Shared Care</b>				
3848	Glaucoma follow ups at the Bristol Eye Hospital 2014 re-audit 2014 NICE CG 85 - Quality Standard 7	Yes	P3	In Progress
4111	Selective laser trabeculoplasty	Yes	P2	In Progress
<b>Ophthalmology - Medical &amp; Surgical Retina</b>				
3965	Outcomes following Pars Plana Vitrectomy for Epiretinal membrane	No		In Progress
3983	Outcomes of retinal detachment surgery	Yes	P3	Completed
3995	Aflibercept for the treatment of wet age-related macular degeneration - NICE TA294	No		In Progress
4013	Ranibizumab for treating diabetic macular oedema - NICE TA274	No		Completed
4159	Age-related macular degeneration medical retina triage audit	No		Completed
4306	Cataract Surgery undertaken by trainee surgeons	No		Ongoing
<b>Ophthalmology - Orthoptics &amp; Optometry</b>				
4305	Audit of management of amblyopia	No		In Progress
<b>Ophthalmology - Paediatrics, Oculoplastics &amp; Squint</b>				
3179	External dacryocystorhinostomy audit [re-audit of 2312]	No		Abandoned
3782	Management of paediatric cataracts in the Bristol Eye Hospital	No		Completed
4123	Anti-coagulation /platelet therapy in Oculoplastics patients for elective surgery	No		In Progress
4214	Re-audit of visual outcomes and effectiveness of follow up in children treated with laser for retinopathy of prematurity	No		Deferred

<b>Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)</b>				
4048	Postoperative care and complications in patients undergoing functional endoscopic sinus surgery (FESS) [re-audit of 3022]	Yes	P4	Abandoned
4086	Outpatient Management of Patients with Tonsillitis and Quinsy	No		Completed
4125	Process for informing patients with results of MRI scans performed for unilateral sensorineural hearing loss or tinnitus	No		In Progress
4193	Consenting Patients for Middle Ear Surgery	No		Completed
4293	A review of service, management plan and outcomes of nasal injuries in ENT hot clinics	No		In Progress
<b>Adult Surgical Specialties - Colorectal Surgery</b>				
4333	Gallstone disease - diagnosis, management and outcome	No		In Progress
2482	CAN001 - National Bowel Cancer Audit (NBOCAP)	Yes	P1	Ongoing
3383	Re-admission to hospital of patients waiting for hot gall bladder lap cholecystectomy waiting list	No		Deferred
3785	Adherence to NICE guidelines (CG174) on IV fluid prescription for elective colorectal patients	No		Completed
3864	Best outcome in emergency abdominal surgery	No		In Progress
3925	Emergency management of large bowel obstruction at UHB NHS Trust.	No		In Progress
4022	Audit and re-audit of sharps bins on surgical wards	No		Completed
4032	Enhanced recovery compliance and surgical outcomes after colorectal resections.	No		In Progress
4044	Screening for dementia	No		Completed
4103	Consent to examination and treatment for surgical patients in the Bristol Royal Infirmary	No		Abandoned
4181	Screening for dementia (re-audit of 4044)	No		Completed
4183	Audit of the use of blood in lower GI bleeding	No		In Progress
4239	Early mobilisation in colorectal surgery patients on the enhanced recovery programme	No		Completed
4255	Guidelines for management and follow up of patients with anal intraepithelial neoplasia	No		In Progress
4256	Twice daily consultant led ward/board rounds of all acute surgical admissions: Does it happen?	No		In Progress
4279	Early Mobilisation in Colorectal patients - Enhanced Recovery After Surgery Society guidelines	No		Completed
4282	Management and outcomes of patients with splenic flexure or distal transverse colon tumours treated by extended colectomy	No		In Progress
4295	Time to CT for Emergency Laparotomy Patients	No		In Progress
4330	Enhanced recovery for colorectal surgery - re-admission rate, length of stay and complications	No		In Progress
<b>Adult Surgical Specialties - Orthopaedics (T&amp;O)</b>				
2568	ACU001 - National Joint Registry (NJR)	Yes	P1	Ongoing
2592	Surgical Site Infection Surveillance (SSIS)	No		Ongoing
3672	Accuracy of operative procedure coding for limb reconstruction	No		Abandoned
3754	Audit of fracture service Boast standards	No		Completed
3959	Time to initial fracture clinic appointment at the Bristol Royal Infirmary	No		Completed
3985	Review of Post-Operative Radiographs in Trauma & Orthopaedics	No		In Progress
3986	Consent in emergency trauma surgery	No		Abandoned
4135	Trauma theatre efficiency at University Hospitals Bristol	No		Completed
4273	Clinical evaluation following ulna shortening osteotomy	No		In Progress
4281	Venous thromboembolism (VTE) prophylaxis in patients with lower limb immobilisation	No		In Progress
<b>Adult Surgical Specialties - Thoracic Surgery</b>				
553	Thoracic Surgery Return (consultant outcomes)	Yes	P1	Ongoing
3726	Patients undergoing VATS and open lobectomy or segmentectomy at UHB 2012-13	No		Abandoned
4102	Management and Outcomes After Internal Fixation of Flail Segment Chest Injuries in Severn Trauma Network	Yes	P3	Completed

<b>Adult Surgical Specialties - Upper GI Surgery</b>				
2484	CAN005 - National Oesophago-Gastric Cancer Audit (NAOGC)	Yes	P1	Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)	No		In Progress
3712	Acute Gallstone Pancreatitis – timing of definitive treatment	No		Abandoned
3716	Clinical Variation in Practice of Laparoscopic Cholecystectomy and Surgical Outcomes	No		Completed
4023	Management of acute pancreatitis	Yes	P2	Completed
4127	An audit of radiofrequency ablation (RFA) for hepatocellular carcinoma and colorectal cancer liver metastases at the Bristol Royal Infirmary	Yes	P2	Completed
4222	Recording acute kidney injury following major gastrointestinal surgery	No		In Progress
4320	Surgical on-call handover audit	No		In Progress
4328	An audit of correct urgency categorisation in patients who undergo an emergency laparotomy.	No		In Progress
4333	Gallstone disease - diagnosis, management and outcome	No		In Progress
<b>Adult Surgical Specialties - Unspecified</b>				
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)	No		In Progress
3792	Oxygen prescribing on surgical wards - an audit of compliance with Trust Policy	No		Completed
4072	Re-audit (CAID 3752) of documentation following urethral catheterisation of adult patients at the Bristol Royal Infirmary	No		Completed

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

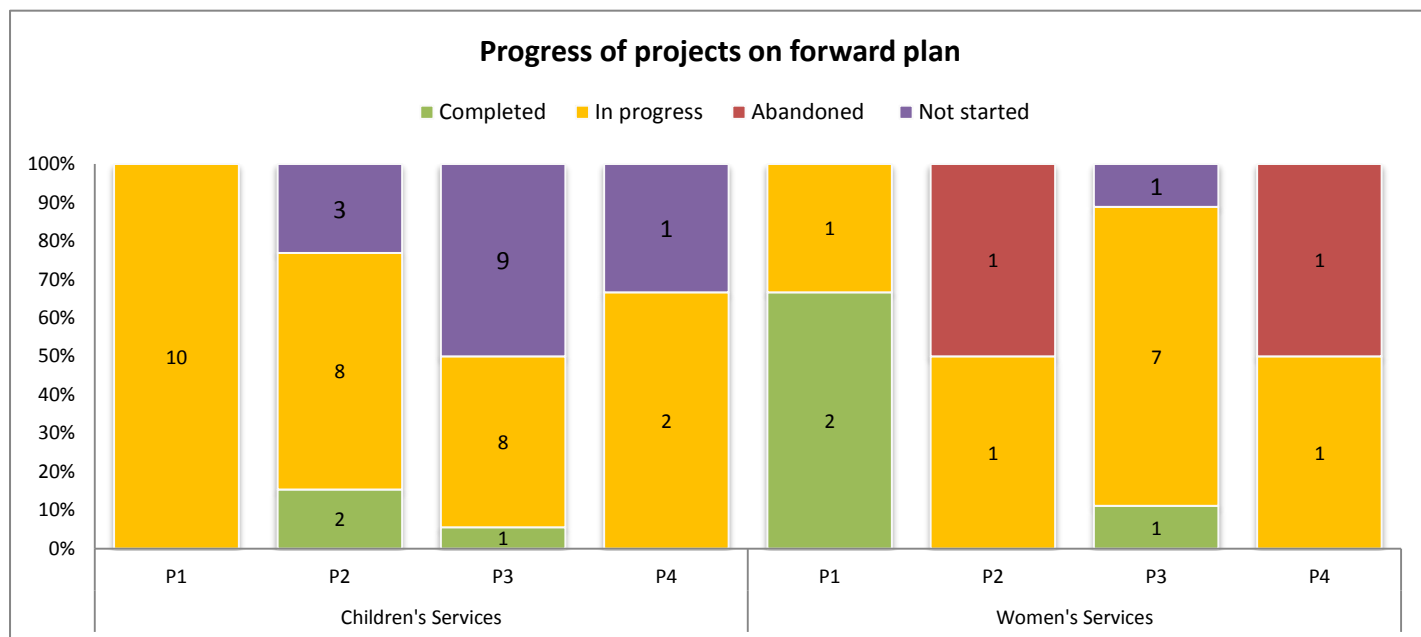
- 4086 Following this audit of outpatient management of tonsillitis and quinsy, drug chart stickers were introduced to aid prescribing of commonly used analgesia and steroids. Guidelines were also established for criteria-based discharge of low-risk patients, to reduce the numbers of patients staying overnight unnecessarily.
- 4193 Following this audit of consent, a new patient information leaflet for middle ear surgery was developed to aid staff with consenting patients for all significant risks associated with surgery in advance of the day of the procedure to allow more time to respond to any questions from the patient.
- 4128 This audit of the sign-in and time-out processes of the WHO surgical safety checklist included consecutive audit cycles within all theatres. Laminated posters within theatre environments have been introduced and summary posters outlining the process have been developed and widely circulated amongst theatre staff. This has resulted in the WHO checklist being fully embedded into theatre practice across UH Bristol.
- 4153 This audit into functional assessment and exercise advice demonstrated good practice for three out of four standards measured. To improve care, amendments to the preoperative assessment clinic orange review proforma have been made and widely circulated and an exercise fitness prescription piloted in the department.
- 4211 As a result of this audit into the documentation of controlled drugs, examples of correct documentation were produced and widely circulated to improve staff knowledge in this important area of medicines management.
- 4060 Improvements were observed in the re-audit of analgesia prescribing in acute medical and surgical admissions with renal impairment. The latest cycle has led to moving the naloxone prescription to the front page of the guidance and the introduction of pre-printed naloxone prescription on the patients drug chart.
- 4129 As a result of this audit, additional outcome data items added to theatre recovery database to improve data collection for future audit.
- 4172 This re-audit into the perioperative management of hip fractures demonstrated improvement. Further opioid data will be used to design a new prospective audit looking at the value of fascia-iliaca block and femora nerve blocks in reducing post-operative opioid use.
- 3675 This audit confirmed that practice was within target for national outcome data in regards to the success rate of surgical endodontics (apicectomy) within the oral surgery department.
- 3862 As a result of this audit, the head and neck cancer referral page on Trust website has been reviewed and updated. The audit results have been shared with GDPs and GPs to help improve the referral process.
- 3936 A new sedation form/checklist has been designed as a result of this audit into conscious sedation in oral surgery.
- 3952 This audit has led to the introduction of a new proforma to capture relevant operative data for patients

- undergoing surgery for basal cell carcinoma excision.
- 3963 This audit of dry sockets confirmed that Trust practice was in line with nationally benchmarked outcome data.
- 3997 This audit confirmed good practice in the treatment of patients undergoing intra-oral biopsies.
- 4077 New ways of working have been established as a result of this audit into antibiotic prescribing in oral surgery. Carbon copies of prescriptions are now retained in the patient notes to prevent the delay in returning them. Links to eFGDP Guidance on Prescription Writing (2014) were also emailed to staff to raise awareness of best practice.
- 4267 A new referral pro-forma was created as a result of this audit into oral medicine referrals. The form is more user friendly, with sub sections for all important and necessary information.
- 3949 As a result of this audit, a standard template for extraction letter was created to include a grid for Planer notation of the teeth.
- 3979 This audit into the treatment of fixed appliances led to the current lab form being amended to include a box for hypodontia patients. Investigation into whether a more suitable assessment tool can be developed for joint restorative - orthodontic cases is underway.
- 4002 As a result of this audit, Improvements to the orthodontic lab's database so that it can now be used to select completed cases for any operator. An orthodontic study model boxes logbook has been created to alert staff to their location when taken from the department.
- 4038 As a result of this audit, a local orthodontic DNA and cancellation policy has been developed. A re-audit is currently in progress.
- 4045 The current orthodontic assessment has been revised as a result of this audit. The form now includes space to comment on basic periodontal examination scores as a reminder to clinicians.
- 4084 This audit into the quality of clinic notes led to the creation of a checklist as a reference for nurses to aid clinic notes preparation.
- 4018 This audit led to the development of a new paediatric inhalation sedation pro forma. This form encompasses key prompts based on experience, efficiency and safety and will help improve practice with regards to inhaled sedation.
- 3891 This audit of the quality of radiographs in the out of hours dental service has identified the need for further training in the use of beam aiming devices.
- 3680 As a result of this audit of lost dentures on inpatient areas, awareness has been highlighted and denture care guidelines updated.
- 4027 This audit of record keeping led to the implementation of a student record keeping checklist to improve practice for this staff group.
- 4107 A simplified outcome form is in development as a result of this audit in restorative dentistry. A specific form for undergraduates is also being implemented.
- 4319 This audit of airway care in ICU patients has led to modifications to existing care computer systems to allow documentation of subglottic suction and cuff pressure. New unit guidance for the care of patients with a temporary tracheostomy in place are also being developed.
- 3883 An automated prompt for specific sampling days has been introduced as a result of this audit into catheter sputum screening. Standard operating procedures have also been reviewed and updated.
- 4100 As a result of this audit, the department's restraint protocol has been updated in consultation with the Trust Safeguarding Team and Legal Services.
- 4136 As a result of this audit, staff training has been undertaken to raise awareness of the useful predictive value of somatosensory evoked potentials following cardiac arrest.
- 4101 This audit of cataract outcomes demonstrated the need to improve theatre efficiency. As such, theatre list size will be planned according to complexity and pre-loaded intraocular lenses used in theatre.
- 3983 This audit of retinal detachment surgery outcomes established the need to improve theatre efficiency and capacity. Twilight surgical lists will be re-introduced and there are plans to admit patients on the day of surgery. Surgeons will continue to be supported in training by running two vitreo retinal fellowship programmes including use of the VR surgical simulator.
- 4013 This audit of ranibizumab usage for treating diabetic macular oedema confirmed that all patients are treated in line with NICE guidance.

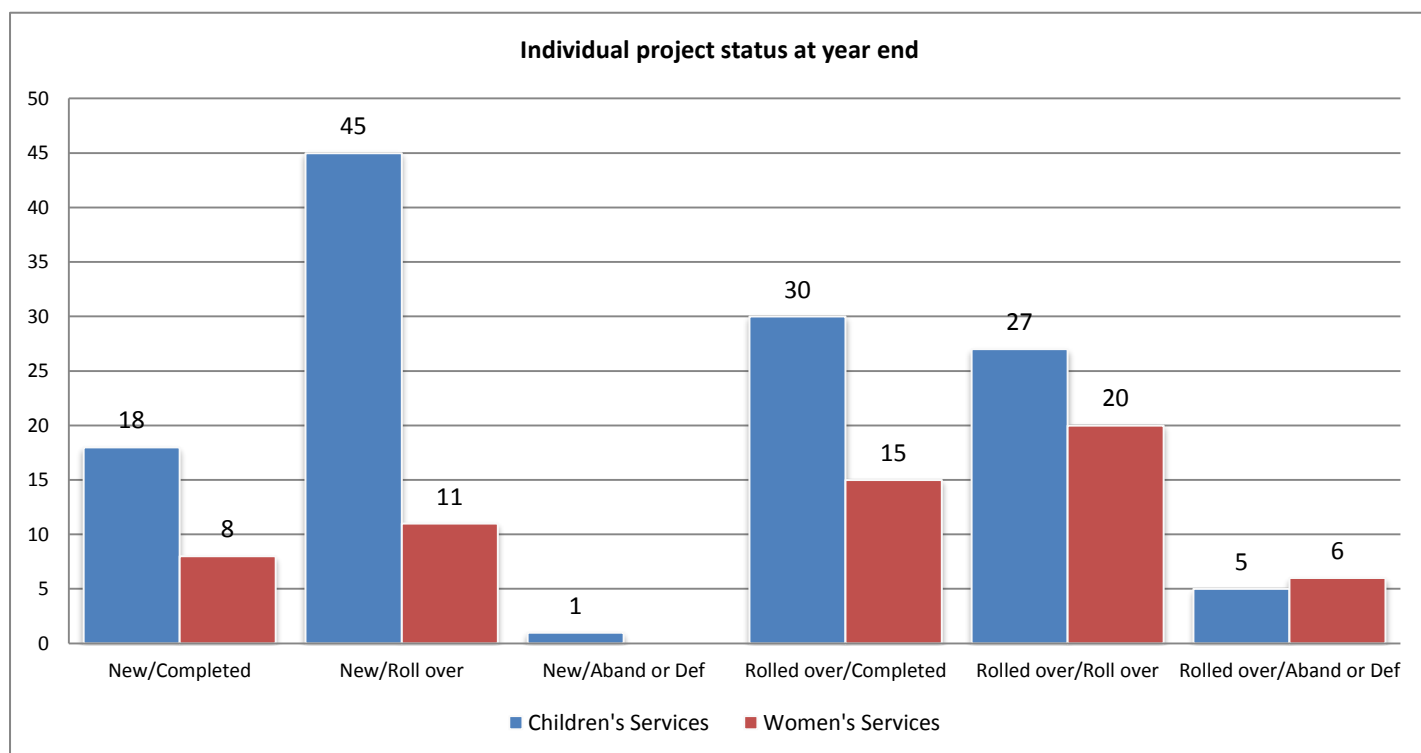
- 4159 The results of this audit have led to the introduction of a rapid access form for use by community optometrists. This will ensure that key signs and symptoms are addressed in referrals. The development of an electronic referral method is also being considered.
- 3782 A pre/post-operative proforma and a follow up protocol for patients undergoing paediatric cataract surgery have been introduced as a result of this audit.
- 3754 This audit of the fracture service confirmed that patients are being treated in line with national guidance.
- 3959 The results of this audit of fracture clinic appointments initiated a fracture clinic triaging process to determine those patients that need physical repeat examination and those patients who can be seen in a 'virtual clinic'.
- 3792 This audit led to education through clinical governance and audit meetings in an effort to highlight the importance of reviewing oxygen prescriptions.
- 4072 This re-audit of documentation relating to catheterisation demonstrated improvements following the development of a care bundle after the initial audit.
- 4127 As a result of this audit of radiofrequency ablation for hepatocellular carcinoma and colorectal cancer liver metastases, a care pathway will be introduced in order to reduce time between decision to treat and the patient undergoing treatment.
- 4022 This re-audit demonstrated improvement in the appropriate use of sharps bins on surgical wards.
- 4044 As a result of this audit into dementia screening in surgical patients, the FAIR assessment clerking proforma is being revised to bring it in line with the medical proforma. The admitting staff nurse will now attach copy of the FAIR proforma to the notes of any patient over 75 years old.
- 4181 This re-audit of dementia screening in surgical patients demonstrated improvements in some areas. The use of a sticker as an aid memoir will be trailed to further improve the use of the FAIR assessment.
- 4239 As a result of this audit of patients undergoing colorectal surgery, a patient diary was introduced to educate patients about the importance of early mobilisation and empower them to take their recovery forward.
- 4279 This re-audit of mobilisation in patients undergoing colorectal surgery demonstrated improvement in practice.
- 4102 This audit of the management of flail segment chest injuries led to the development of a network-wide protocol to prioritise the transfer surgery of patients with flail chests.
- 3716 The results of this audit demonstrated that re-admission rates for patients undergoing laparoscopic cholecystectomy were in line with published literature.
- 4023 This audit into the management of acute pancreatitis led to a review of the current protocol. Educational intervention for junior doctors and for surgical nursing staff on the important management points was also undertaken.

### 3.5 WOMEN'S & CHILDREN'S

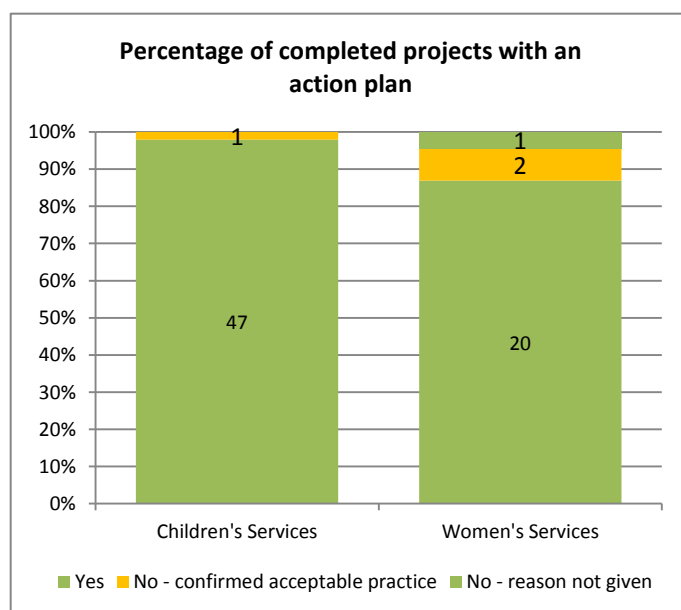
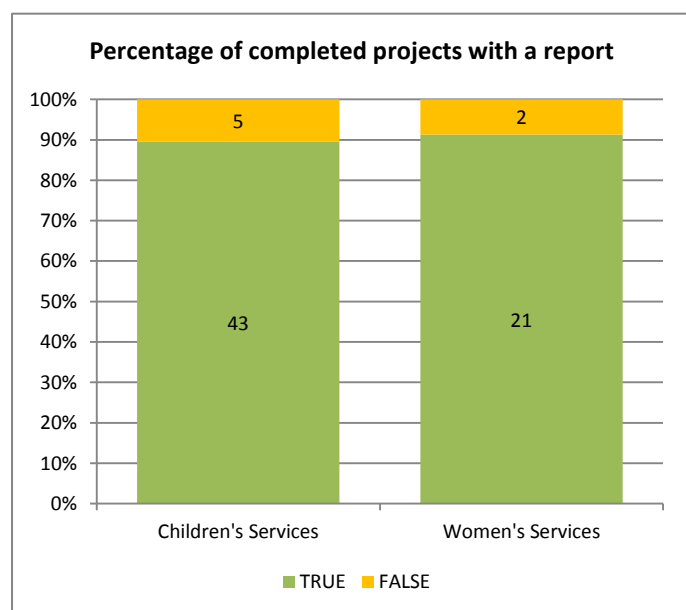
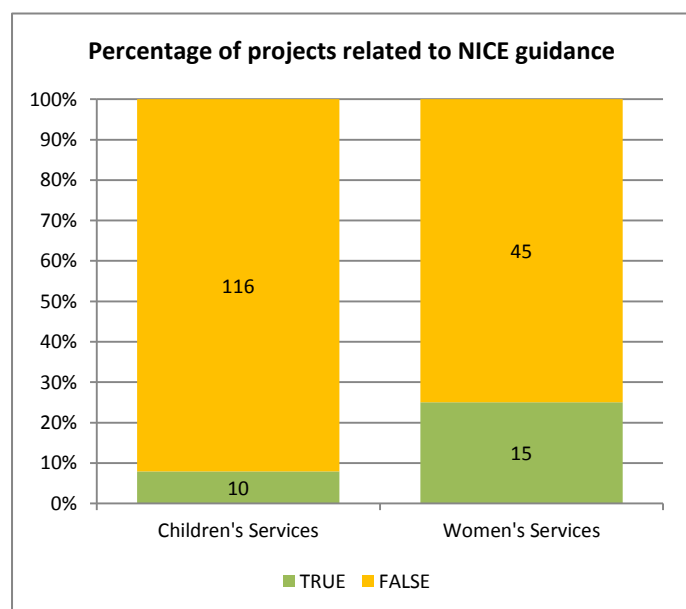
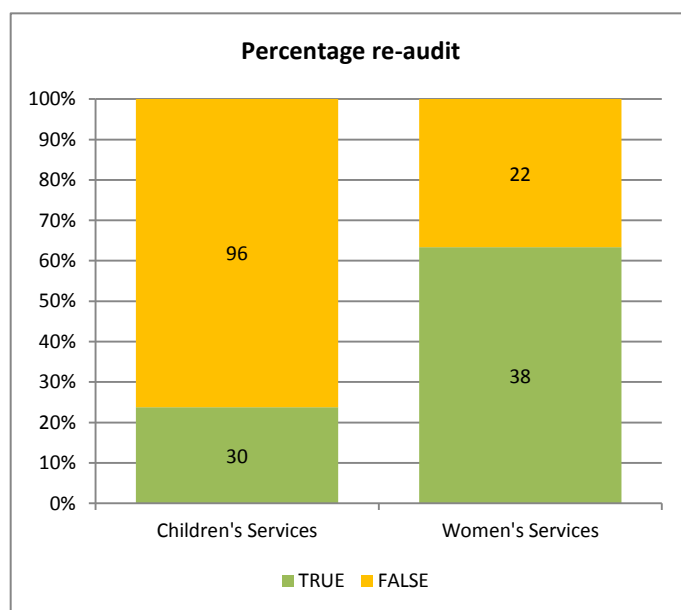
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2015/16. Full details of the status of individual projects on this plan can be found within table 5 of this section.



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 2015/16 (Rolled over/Completed) and those previously commenced but not completed by the end of 2015/16 (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 all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Table 5

Ref	Provisional Title of Project	FP	Priority	Status
<b>Children's Services - Anaesthesia</b>				
3537	To assess outcomes following change in practice - use of clonidine as adjunct to bupivacaine	No		Abandoned
3682	Prescription and administration of Paracetamol in BCH theatres v local guidelines	No		Completed
3955	Compliance of documentation within the NICU Surgical Care Plan with local standards	No		Completed
3958	Unplanned admissions following day case surgery v national standard	No		Completed
3961	Cleft Lip & Analgesic Audit v national and local guidance	No		In Progress
4041	Assessment of documentation and preparation for removal of Epidural v national and local guidance	No		Completed
4089	Audit and re-audit Paediatric theatres to recovery patient handover v national standards	No		Completed
4344	Outcome measure monitoring in Anaesthetics v national and local standards	No		In Progress
<b>Children's Services - Audiology</b>				
3749	Re-audit of Hearing aid Review Clinics v national and local standards	No		Completed
4308	Clinical record keeping for audiological assessment clinics within Paediatric Audiology v local standards	No		In Progress
4314	Re-audit of patient management post identification of permanent childhood hearing impairment (PCHI) v national standards	No		In Progress
<b>Children's Services - Burns &amp; Plastics</b>				
3971	International Burn Injury Database (iBID)	Yes	P1	Ongoing
4097	Review of burn patients during weekends v local standards	No		Completed
4284	Re-audit: Time taken by paediatric team to review burn patients during weekends v local standards	No		In Progress
<b>Children's Services - Cardiac Services</b>				
79	Post-Operative Morbidity Following Cardiac Catheterisation	No		Ongoing
81	Radiofrequency Ablation in Paediatric Arrhythmias	No		Ongoing
947	HRT003 - Congenital Heart Disease (CHD)	Yes	P1	Ongoing
3815	Exercise testing in Catecholamine Polymorphic Ventricular Tachycardia (CPVT) - compliance with international guidance	No		Completed
3980	An audit of anticoagulation for children in Cardiac Service v local and national standards	No		Completed
4064	Re-audit of the NHS Fetal Anomaly Screening Programme – Congenital Heart Disease in the Southwest of England v national standards	No		In Progress
4262	Assessing the attendance and effectiveness of pre-operative assessment in paediatric cardiology	No		In Progress
4307	Blood products use in paediatric cardiac operations v local standards	No		In Progress
4354	Cardiac sign off of path results on ICE v local guidance	No		In Progress
<b>Children's Services - Dietetics</b>				
2966	Meeting nutritional needs, standards and quality of care Paediatrics Outcome 5 compliance	No		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	No		Completed
4189	Parenteral Nutrition audit - Bristol Royal Hospital for Children	No		Completed
4286	Administration of paediatric TPN	No		In Progress
4316	Phenylketonuria (PKU) patient management v national standards	No		Completed
4327	Ace stopper usage v local standards	No		In Progress
<b>Children's Services - ENT</b>				
4192	Management of Acute Mastoiditis in Children at University Hospitals Bristol	No		In Progress
<b>Children's Services - Emergency Department</b>				

3562	Non-attendance at paediatric outpatient appointments	No		In Progress
3702	Moderate and Severe Asthma in Children (College of Emergency Medicine)	No		Completed
3704	Use of imaging in Paediatric Knee injuries versus national and local guidance	No		Completed
3760	Provision of written and verbal advice in the paediatric emergency department - local standards	No		Completed
3908	Management of the Fitting Child (College of Emergency Medicine)	No		Completed
4001	Dealing with patients who have left the Children's Emergency Department without being seen v local guidance	Yes	P2	Completed
4051	Management of Cervical Lymphadenitis v national standards	No		In Progress
4062	Management of sepsis in the Children's Emergency Department v local guidance	Yes	P2	In Progress
4118	Management of Paediatric Urinary Tract Infections (UTI) v national and local guidance	No		In Progress
4132	Re-audit of significant head injuries in children - v national standards	No		In Progress
4225	Use of Children's Services clinical handover sheet	Yes	P2	In Progress
4230	Single checking of medication within the Children's Emergency Department v local guidance	No		In Progress
4303	Re-audit of Triage & Observations in the Children's Emergency Department v local standards	No		In Progress
<b>Children's Services - Endocrinology</b>				
1451	LTC005 - Paediatric National Diabetes Audit (PNDA)	Yes	P1	Ongoing
3715	Initial clinical referral of babies with congenital hypothyroidism (national standards)	No		Abandoned
4115	Management of children and young people on steroid replacement for cortisol deficiency v national and local standards	No		Completed
4275	Measurement of Antibodies, C-peptide and HbA1c at diagnosis of Type 1 Diabetes Mellitus in children and young people v local guidance	No		In Progress
<b>Children's Services - Gastroenterology</b>				
2490	LTC004 - National Paediatric Inflammatory Bowel Disease Audit	No		In Progress
3981	Audit of hydrocortisone use pre infliximab infusions v national (NICE) guidance	No		Completed
4170	Exclusive enteral nutrition in Crohn's v local guidance	No		In Progress
<b>Children's Services - General Paediatrics</b>				
3759	Weekend Handover Sticker Use - practice v local standards	No		In Progress
3788	Use of antibiotics for culture-positive infections in the Bristol Children's Hospital - compliance with local guidance	No		In Progress
3896	Management of babies born to HIV positive Mothers v local and national guidelines	No		Completed
3922	Use of Heated Humidified High Flow Nasal Cannula therapy (Airvo 2 Optiflow) outside of the Paediatric Intensive Care Unit v local guidelines	No		Completed
3984	Medical Care of Children with HIV infection in Bristol and the South West region v national guidance	No		Completed
4066	Treatment of Gastro-Oesophageal Reflux Disease (GORD) in children - are we adhering to NICE Guidelines?	Yes	P3	Completed
4098	Compliance with HDU admission criteria v local and national standards	No		Completed
4104	Audit of long stay general paediatric patients v national standards	No		In Progress
4112	Safe handover of patients from Paediatric neurosurgical / burns HDU v local standards	No		Completed
4252	Completion of post-discharge tasks on General Paediatrics Z list - v local standards	No		Completed
4283	Winter pressures - admission to assessment for General Paediatric patients v national standards	No		In Progress
4315	Re-audit of the use of Heated Humidified High Flow Nasal Cannula therapy outside of the Paediatric Intensive Care Unit v local standards	No		In Progress
3759	Weekend Handover Sticker Use - practice v local standards	No		In Progress
<b>Children's Services - Neonatology</b>				
1142	Vermont Oxford Network (NICQ Programme)	Yes	P3	Ongoing
1902	WCH004 - National Neonatal Audit Programme (NNAP)	Yes	P1	Ongoing
3546	Safeguarding Issues: Documentation of Social Care reports	No		Completed

3645	Assessment and treatment of babies at risk of hypoxic ischaemic encephalopathy	No		In Progress
3779	Checking of newborn life support equipment - CNST 3.5.2	No		In Progress
3794	Newborn heel prick blood sampling	No		Completed
3907	Therapeutic hypothermia rewarming documentation	No		In Progress
4007	Compliance with cranial ultrasound guidance	No		In Progress
4047	Safety checks in Plan for the Day in NICU	No		In Progress
4056	Car seat assessments in neonates [re-audit of 3767]	No		In Progress
4071	Rapid sequence induction of anaesthesia and intubation in neonates	Yes	P3	In Progress
4152	Central venous catheters inserted on NICU	Yes	P3	In Progress
4165	Newborn sepsis guidelines	No		In Progress
4216	Growth monitoring practice for infants on the Neonatal Unit v WHO standards	No		In Progress
<b>Children's Services - Nephrology</b>				
3403	Renal replacement therapy (dialysis) in children at the BCH (2011/12)	No		In Progress
4078	Re-audit of vascular access in chronic haemodialysis v national guidance	No		Completed
4113	Prescribing practice for renal patients at Bristol Royal Hospital for Children v national and local standards	No		Completed
4166	Multicentre audit of management of paediatric acute kidney injury v national standards	No		In Progress
<b>Children's Services - Neurology</b>				
3398	WCH002 - Childhood Epilepsy Audit (Epilepsy 12)	No		Completed
4050	Completion of growth charts and occipito-frontal head circumference v national standards	No		In Progress
4190	Central-line-related complication in children receiving plasmapheresis for autoimmune encephalitis v published standard	No		In Progress
4199	End-of-Life Seizure Management for children v national standards	No		In Progress
4200	Clinical audit of emergency readmission – patients discharged from Paediatric Neurology v local standards	No		Completed
4285	Management of new-onset seizures and of prolonged or repeated seizures v national standards	No		In Progress
<b>Children's Services - Neurosurgery</b>				
3953	Postoperative complications within 12 months following selective dorsal rhizotomy	Yes	P3	In Progress
<b>Children's Services - Oncology</b>				
3877	Aseptic Non Touch Technique (ANTT) in IV practice 2014 - re-audit v local standards	No		Completed
3899	Documentation of history, examination and investigation of leukaemia patients v local and national guidance	No		Abandoned
3900	Toxicity monitoring in bone sarcomas v national guidance	Yes	P4	In Progress
3945	Convection enhanced delivery of carboplatin	Yes	P2	In Progress
4052	Surveillance of long-term effects of radiotherapy in survivors of childhood cancer v national standards	No		Completed
4096	Peripheral Stem Cell Harvest v local standard	No		Completed
4233	Aseptic Non Touch Technique (ANTT) in clinical practice 2015	Yes	P4	In Progress
<b>Children's Services - Paediatric Intensive Care (PICU)</b>				
72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	No		Ongoing
2548	PICU Discharge delay audit 2010	No		In Progress
2583	WCH001 - Paediatric Intensive Care Audit Network (PICANet)	Yes	P1	Ongoing
2686	An audit of patients referred, but not accepted for paediatric intensive care	No		Deferred
3566	Re-audit of Drug Errors within the Paediatric Intensive Care Unit v local and national standards	No		Completed
4016	Parental (patient) involvement in escalation of clinical care - re-audit v local standards	No		Completed
4168	Use of Total Parenteral Nutrition on PICU v local and national guidance	No		Completed

4186	Re-audit adherence to anti-coagulation protocol post paediatric cardiac surgery v national and local guidance	Yes	P2	In Progress
<b>Children's Services - Radiology</b>				
3982	Scaphoid Imaging at BCH v local and national guidance	No		Abandoned
4049	Paediatric Renal Tract Ultrasound for Urinary Tract Infections v national standards	Yes	P3	In Progress
4117	Performance of imaging tests in accordance with NICE Guidelines following urinary tract infections in children.	No		Completed
4249	Oral contrast ingestion for paediatric MRI small bowel studies v national standard	No		In Progress
4318	Re-audit of CRIS documentation of consultant checks on GP requested paediatric radiographs v local standards	No		In Progress
<b>Children's Services - Respiratory</b>				
3814	Aminoglycosides used in children with Cystic Fibrosis: counselling and monitoring v national and local guidance	No		Completed
3994	Pin prick audit v national standards	No		In Progress
<b>Children's Services - Rheumatology</b>				
3744	Medication information contained in Paediatric Rheumatology clinic letters and discharge summaries v RCPCH standards	No		Completed
3768	Use of Etanercept in Juvenile Idiopathic Arthritis (JIA) against NICE guidelines - (TA35 - 2002)	No		Completed
3770	Recording of core outcome variables for patients with juvenile idiopathic arthritis (JIA) versus national standards	No		Completed
3882	Re-audit on general anaesthetic joint injection waiting times 2013 v national standards	No		Completed
4043	Screening for Uveitis in Juvenile Idiopathic Arthritis: Re-audit v national guideline	Yes	P3	In Progress
4180	Re-audit on GA Joint injection waiting times v national standards - 2014	Yes	P2	In Progress
<b>Children's Services - Surgery</b>				
3668	Biofeedback in management of dysfunctional voiding v national standards	Yes	P3	In Progress
3854	Management of palpable undescended testis v national guidance	No		In Progress
3856	Frequency of major complications following open pyloromyotomy and laparoscopic pyloromyotomy - assessment of outcomes to inform patient consent	No		Completed
4061	Electrolyte monitoring in paediatric surgical patients on IV fluids v national guidance	No		Abandoned
4263	Outcomes of patients undergoing PATIO repair for urethrocuteaneous fistula following hypospadias repair	No		In Progress
4287	Post-operative complications in bilateral orchidopexy for bilateral undescended testis v published standards	No		In Progress
<b>Children's Services - Trauma &amp; Orthopaedics</b>				
3898	Operative treatment of supracondylar elbow fractures in children	No		Completed
4114	Management of children with a supracondylar fracture of the distal humerus v national guidance	No		Completed
4171	Supracondylar fracture management	No		Completed
4215	Follow up of children with thoracotomies and sternotomies for scoliosis v national standards	No		In Progress
4268	Multicentre audit on operative fixation of supracondylar fractures in children	No		In Progress
4274	Use of tranexamic acid in major paediatric orthopaedic surgery pre and post local guideline introduction	No		In Progress
<b>Women's Services - Clinical Genetics</b>				
4095	Genetic Antenatal Care Pathway for Haemoglobinopathies [re-audit of 3964]	No		Completed
<b>Women's Services - Gynaecology</b>				
231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management	No		Ongoing
1945	National audit of invasive cervical cancers	No		Ongoing
3777	Medical management of miscarriage [re-audit of 3099]	No		In Progress
3889	Timing of misoprostol prior to trans cervical surgical procedures in Gynaecology [re-audit of 3272]	No		Completed
3919	Treatment of patients with Grade II Cervical Intraepithelial Neoplasia (CIN2)	No		In Progress

3967	Management and follow-up of patients with glandular changes on cervical cytology samples [Re-audit of 3636]	No		Completed
4010	Screening for Chlamydia in Early Pregnancy Assessment Clinic	No		Completed
4017	Tension-free Vaginal Tape for urinary incontinence (NICE QS77)	Yes	P1	Completed
4094	Readmissions in Gynaecology Oncology	Yes	P4	In Progress
4204	Sensitive disposal of fetus/pregnancy remains up to 20 weeks gestation	No		Completed
4205	Appropriate use of the Gynaecology Emergency Room [re-audit of 3429]	No		In Progress
4206	Vulval Abscess: the patient journey	No		In Progress
4237	High Grade Cervical Intraepithelial Neoplasia Treatment Times [re-audit of 3531]	Yes	P3	Completed
4329	Management of Vulval Cancer	No		In Progress
4352	Sensitive disposal of fetus/pregnancy remains up to 20 weeks gestation [re-audit of 4204]	No		In Progress
<b>Women's Services - Obstetrics &amp; Midwifery</b>				
1638	A series of audits of UNICEF UK Baby Friendly Initiative best practice standards	Yes	P3	Ongoing
2276	Re-audit of the management of Shoulder Dystocia at St Michael's Hospital	Yes	P3	Ongoing
2321	Antenatal Screening Programmes (National Screening Committee)	Yes	P3	Ongoing
2391	Caesarean section monitoring	Yes	P3	Ongoing
2449	Obstetric haemorrhage (CNST 3.3.7)	Yes	P3	Ongoing
2730	Re-audit of the implementation of Modified Obstetric Early Warning Score (MOEWS) charts at St Michaels Hospital Delivery Suite (CNST 3.2.8)	No		Ongoing
2795	Perineal tear audit – CNST 3.3.5 (a)	Yes	P3	Ongoing
2796	Vaginal Birth After Caesarean Section (CNST 2.10)	No		Ongoing
2803	Bristol Stillbirth audit - continuous	No		Ongoing
2833	HIV testing in Pregnancy (Re-audit)	No		Ongoing
2844	Care of women in Labour (CNST 3.2.1, NICE CG55)	No		Deferred
2845	Intermittent auscultation re-audit (CNST 3.2.2)	No		Deferred
2846	Continuous electronic fetal monitoring re-audit (CNST 3.2.3)	No		Deferred
2847	Fetal Blood Sampling (FBS) continuous re-audit (CNST 3.2.4)	No		Deferred
2849	Re-audit of use of Oxytocin in the first and second stages of labour (CNST 3.2.5)	No		Deferred
2930	Maternity records re-audit (CNST 3.1.7)	No		Ongoing
3015	Management of operative vaginal delivery: multiple instrument use and failed operative vaginal delivery (CNST 3.3.3)	No		Completed
3090	Enhanced recovery in gynaecological surgery	No		Completed
3260	Induction of Labour at St Michael's Hospital (CNST 3.2.7)	No		Completed
3602	Referrals to Fetal Medicine	No		Completed
3732	Use of Aspirin for pre-eclampsia prophylaxis in women high risk of developing hypertension in pregnancy.	No		Completed
3733	Undiagnosed breeches at St Michael's Hospital between July and December 2013	No		Abandoned
3778	Diabetes in pregnancy - outcomes	No		Completed
3849	Quality in Care Audit (includes Postnatal information and NOBs chart)	No		Ongoing
3866	Management of Female Genital Mutilation	No		In Progress
3917	Management of multiple pregnancies at St Michael's Hospital [re-audit of 3137]	No		Completed
3930	UK National Screening Committee National Hepatitis B in Pregnancy Audit 2014	No		In Progress
3932	Management of bladder care in St Michael's hospital 2014 [partial re-audit of 3690]	No		Completed
3956	Thromboprophylaxis in pregnancy, labour and postnatally [re-audit of 3135]	No		Completed
3974	Maternal transfers by ambulance [re-audit of 3252]	No		In Progress

3999	Severe Pre-Eclampsia (PET) [re-audit of 3151]	No		Completed
4000	Maternal Transfers to Critical Care Facilities	No		In Progress
4020	Perinatal complications in women with diabetes in pregnancy	Yes	P3	Completed
4046	Immediate Care of the Newborn (Risk Factors and Observations)	No		Completed
4116	Cervical Cerclage	No		Completed
4126	External Cephalic Version (ECV): local practice and overall success rates	No		Completed
4131	Oral Glucose Tolerance Testing in pregnant women	No		In Progress
4134	Referral and management of perinatal mental health patients [Re-audit of 3232]	No		In Progress
4191	Postnatal Review (2 audit cycles)	No		Completed
4234	Symphysis Fundal Height (SFH) Measurements in Pregnancy [re-audit of 3635]	No		In Progress
4261	Postnatal Bladder Care [re-audit of 3690]	No		In Progress
4264	Immediate care of the newborn [re-audit of 4046]	No		In Progress
4347	External Cephalic Version (ECV): re-audit of local practice and overall success rates	No		In Progress
<b>Women's Services - Reproductive Medicine</b>				
4238	Statutory compliance with the HFEA (Human Fertilisation and Embryology Authority) [re-audit of 3731 & 3477]	Yes	P1	Completed

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

- 3896 Following this audit of management of babies born to HIV positive mothers, there was a check to ensure all midwives had access to anti-retroviral therapy. The scope for use of checklists and drug stickers is being reviewed.
- 3922 This audit of the use of heated humidified high flow nasal cannula therapy led to the revision and dissemination of the current relevant guideline. Teaching sessions have been provided for clinical teams, and an improved system introduced for retrieving and filing medical HDU observation charts.
- 3984 Following this audit of medical care of children with HIV infection in Bristol and the South West region, a paediatric HIV specialist dietician now visits regional clinics and a disclosure document regarding HIV status has been introduced.
- 4066 Following this audit of treatment of gastro-oesophageal reflux disease in children, findings and guideline have been publicised to relevant departments and scope for development of a short sticker checklist reviewed.
- 4098 As a result of this audit of compliance with admission criteria for the Paediatric High Dependency Unit (HDU), a new consultant service for regular HDU review has been implemented, as well as multi-disciplinary post ward round reviews with general paediatric
- 4112 This audit of safe handover of patients from paediatric neurosurgical / burns HDU led to the agreement that the HDU discharge protocol be included as part of on HDU model of care. Regular rapid re-audits have been carried out to check improvement.
- 4252 Following this audit of completion of post-discharge tasks on the general paediatrics Z-list, the roles/responsibilities for z-list are now outlined at induction and a bullet point list of criteria for Z-list tasks is provided on the handover sheet.
- 3546 As a result of this audit, changes to the Children and Young Persons' Services documentation were made to prompt filing of different coloured copies in the maternal and the neonatal medical record for patients on neonatal intensive care where safeguarding issues had been identified.
- 3794 Following this audit, further training was provided for staff on the national guidelines for taking heel prick blood samples from newborn babies on Neonatal Intensive Care.
- 3682 This audit of prescription and administration of paracetamol in Children's Hospital theatres has led to the anaesthetic chart being altered to include a prompt for documentation of paracetamol administration. Pain guidelines have also been amended to clarify dosing.
- 3955 Following this audit of documentation within the NICU surgical care plan, the current care plan is being revised and rationalised.

- 3958 As a result of this audit of unplanned admissions following day case surgery, it has been agreed that high risk procedures should be moved to the beginning of the operating list.
- 4041 Following this assessment of documentation and preparation for removal of epidural lines, removal guidance has been added to Paediatric Acute Pain Service Guidelines Book. Teaching on use of epidural sticker and removal process has been provided for both nurses and anaesthetic registrars.
- 4089 Following this audit and re-audit of handover from paediatric theatres to recovery, which demonstrated improved compliance with standards, information to new registrars starting rotations has been improved. Data collection is continuing to monitor progress.
- 3749 As a result of this re-audit of hearing aid review clinics, there has been agreement to change to higher gain hearing aids where appropriate.
- 4097 The arrangements for care of these patients have been revised following this review of care of burn patients during weekends. Further audit is planned.
- 3815 As a result of this audit of exercise testing in catecholamine polymorphic ventricular tachycardia (CPVT), it has been agreed that departmental teaching should be provided regarding diagnosis of CPVT and risk of life threatening arrhythmias in this condition.
- 3980 As a result of this audit of anticoagulation for children in Cardiac Services, education has been provided to healthcare staff regarding written procedures and clinical protocols. A proforma has been developed allow appropriate documentation of dose changes. A re-audit has been carried out to monitor progress.
- 3432 Following this regional review of children with chronic kidney disease and more severe post-transplant cystinosis, a training package to educate dietitians working in shared care units has been implemented.
- 4189 Following this audit of parenteral nutrition on the wards at Bristol Royal Hospital for Children, training is to be provided via the nutritional support team to help implement appropriate guidelines across the hospital and St Michael's Hospital.
- 4316 This audit of phenylketonuria (PKU) patient management has led to the implementation of a monitoring system for patients' phenylalanine levels. Action is in progress to develop a leaflet for parents and carers of children with PKU, outlining management expectations.
- 3702 Following this audit of moderate and severe asthma in children, the asthma guideline has been revised and a paper wheeze proforma developed. Nurses are now authorised and trained to prescribe and administer salbutamol.
- 3704 A local guideline is being produced as a result of this audit of the use of imaging in knee injuries in the Paediatric Emergency Department.
- 3760 Following this audit of provision of written and verbal advice in the paediatric emergency department, the importance of providing and documenting the provision of adequate verbal and written advice was flagged to all medical staff working in the Children's Emergency Department.
- 3908 This College of Emergency Medicine national audit of the management of the Fitting Child identified that improvements in care were needed. It has been agreed that follow up arrangements for afebrile patients should be clarified in a new local guideline; a proforma for triage is to be included as part of this guideline.
- 4001 An operating procedure for the management of a child who leaves the Emergency Department without being seen has been implemented as a result of this audit. A sticker/form that can be inserted in the notes with the key standards highlighted is being introduced
- 4115 Following this audit of management of children and young people on steroid replacement for cortisol deficiency, a series of changes to record keeping systems were agreed to prompt full annual review of patients and improve communication with the Paediatric Emergency Department.
- 3981 This audit of hydrocortisone use pre-infliximab infusions led to the revision of local guidelines.
- 3566 Following this re-audit of drug errors within the Paediatric Intensive Care Unit, electronic prescribing is being introduced as part of the implementation of the new critical care informatics system.
- 4016 As a result of this re-audit of parental (patient) involvement in escalation of clinical care, the system has been highlighted at Lead Doctors and Sisters forums, Operational Groups and the Nurse Practice Group. An overview of the project is being added to the hospital 'Welcome Booklet'.
- 4168 Following this audit on use of total parenteral nutrition (TPN) on the Paediatric Intensive Care Unit it was agreed use of TPN prescription stickers should be continued and criteria for starting TPN based on age and indication



would be developed.

- 4078 Following this re-audit of vascular access in chronic haemodialysis, the importance of three monthly skin swabbing for MSSA and MRSA is being highlighted, and dialysis nursing staff and community nurses are to set up a system to ensure these swabs are taken.
- 4113 Work is in progress to improve induction training and use of prescribing stickers following this audit of prescribing practice for renal patients at Bristol Royal Hospital for Children.
- 3398 Following this audit of childhood epilepsy, work is in progress to establish secondary care epilepsy clinics. A care pathway will be used to ensure that all children with epilepsy are seen by a consultant with expertise in epilepsy in a timely fashion.
- 4200 This audit of emergency re-admissions of patients previously discharged from Paediatric Neurology found no cases where the re-admission could have been avoided.
- 3877 As a result of this audit, an updated poster on "Aseptic Non Touch Technique in IV practice" was produced and "15 second scrub the hub" training provided.
- 4052 Following this audit of surveillance of long-term effects of radiotherapy in survivors of childhood cancer, there has been agreement to prepare a checklist of late effects of radiotherapy. This will be printed and inserted into patient notes.
- 4096 Following this audit of peripheral stem cell harvest by the Paediatric Oncology Team, the use of Plerixafor for bone marrow harvesting has been implemented. The standard operating procedure for peripheral blood stem cell collections is also being re-written.
- 4117 Following this re-audit of performance of imaging tests following urinary tract infections in children, results were presented to reiterate Trust and NICE guidelines and it was agreed that clinicians from the ordering specialty would be invited to review the appropriateness of future requests.
- 3814 A guideline is being produced following this audit of aminoglycosides used in children with Cystic Fibrosis.
- 3744 It has been agreed that, where possible, all relevant rheumatology medications will be listed on letters as a result of this audit of medication information contained in Paediatric Rheumatology clinic letters and discharge summaries.
- 3768 Following this audit of use of etanercept in juvenile idiopathic arthritis (JIA) against NICE guidelines, a list of list of patients on / to be started on Etanercept is now held by rheumatology nurses. It has been agreed that all patients should have ESR tests before starting treatment.
- 3770 This audit of recording of core outcome variables for patients with juvenile idiopathic arthritis has led to further training for the Paediatric Rheumatology Team. Education regarding the importance of the completion of electronic records and notification to the outpatient department of blood pressure measurement has been provided.
- 3882 Following this re-audit of vascular access in chronic haemodialysis, the scope for setting up systems to ensure swabs are taken for MSSA and MRSA infections is being investigated.
- 3856 Following this audit of frequency of major complications following open and laparoscopic pyloromyotomy, repeat evaluation is planned to examine the effect of learning curves on repeat myotomy rate.
- 3898 An instructional sheet to educate registrars and consultants on the proper placement of lateral k wires has been provided as a result of this audit.
- 4114 Following this audit of management of children with a supracondylar fracture of the distal humerus, the relevant national guidelines have been distributed and standardised procedures for supracondylar injury evaluation introduced.
- 4171 Following this audit of supracondylar fracture management, a sticker for Emergency Department notes is being introduced to prompt appropriate recording.
- 4095 This third cycle of audit demonstrated improvement on the previous two cycles in numbers of referrals to Clinical Genetics from midwives for patients with positive results on haemoglobinopathy screening. Further work was required and a change to the administrative system to prompt checking of referrals has been implemented.
- 3889 This audit led to a change to local guidance on the timing of administering misoprostol prior to trans cervical surgical procedures as well as allowing nurses to take consent for the procedure at an earlier stage.
- 3967 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 a previous audit have resulted in 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.

- 4010 Following this audit, it was agreed to offer screening for chlamydia to all women having surgical management of miscarriage, as recommended by the Royal College of Obstetrics and Gynaecology, to reduce the risk of future adverse pregnancy outcomes.
- 4017 As a result of this audit, changes to the local guideline were made to make antibiotic prophylaxis mandatory for all patients having tension-free vaginal tape (TVT) for urinary incontinence. A urogynaecology clinic has been set up to improve the patient pathway for women who may be having TVT.
- 4204 Following this audit of documentation and process regarding funeral options offered in cases of miscarriage or termination of pregnancy, further training in the new system was implemented for staff.
- 4237 This re-audit of high grade cervical intraepithelial neoplasia treatment times demonstrated improvements in practice.
- 3015 This re-audit showed increased compliance with the majority of standards relating to management of operative vaginal delivery, including competencies, informed consent, and decision-making regarding use of a second instrument.
- 3090 Following this audit of enhanced recovery in gynaecological surgery, local guidelines have been written. Pre-printed drug labels for advanced recovery drugs have been introduced.
- 3260 This audit demonstrated good compliance with the majority of standards relating to management and documentation of induction of labour at St Michael's Hospital, as well as good neonatal and maternal clinical outcomes. It has prompted further service evaluation work to investigate possible reasons for our induction of labour rate being higher than the national average.
- 3732 This audit demonstrated good compliance with completing risk assessments for pre-eclampsia for women at high risk of hypertension in pregnancy.
- 3778 The results of this audit demonstrated outcomes comparable to published benchmarks for women with diabetes in pregnancy who delivered at St Michael's Hospital.
- 3917 This audit demonstrated good compliance with the majority of standards relating to management of multiple pregnancies at St Michael's Hospital.
- 3932 This audit demonstrated improvements in documenting evidence of advice and intervention regarding pelvic floor exercises and referral to physio, where appropriate. Further work to implement a unified bladder care document and additional prompts regarding bladder care on documentation for vaginal examination is underway.
- 3956 This re-audit into thromboprophylaxis in pregnancy, labour and postnatally demonstrated improvements in compliance with regards to risk assessment
- 3999 This re-audit demonstrated good compliance with the majority of standards relating to management of severe pre-eclampsia in pregnancy. Following the audit, work is underway to allow community midwives to provide aspirin for pre-eclampsia prophylaxis.
- 4020 This audit demonstrated low perinatal complication rates compared to published benchmarks for women with diabetes in pregnancy who delivered at St Michael's Hospital. The audit will be repeated annually.
- 4046 Following the time period reviewed in this audit of the new guideline on immediate care of the newborn by midwives, a number of measures were put in place to improve knowledge of the guideline, to highlight babies requiring observations and to train midwives.
- 4116 This audit showed good compliance with the majority of standards relating to insertion of cervical sutures for the prevention of miscarriage or preterm birth. A checklist to aid decision-making and documentation will be provided as an appendix to the local guideline.
- 4126 This audit demonstrated high rates of compliance with appropriate offering of external cephalic version (ECV) for women with breech presentation babies, comparable to a previous audit in 2009, as well as improvements in providing information to women undergoing ECV. It has prompted a further audit of success rates of the procedure.
- 4191 Two cycles of this audit demonstrated improvement in documenting aspects of the postnatal review of women, following implementation of a proforma for junior doctors to use.

4238 This audit demonstrated full compliance with documentation of consent and assessment of welfare of the child in intrauterine insemination, in accordance with Human Fertilisation and Embryology Authority statutory requirements. Measures to improve documentation in other areas were implemented.

### 3.6 NON DIVISION SPECIFIC

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2015/16 (FP) are highlighted, along with the priority category (Priority) assigned. Definitions of these categories can be found at Appendix D.

Ref	Provisional Title of Project	FP	Priority	Status
1510	Saving Lives – a programme to reduce healthcare associated infections	No		Completed
3790	An audit of patient knowledge on VTE prevention	No		Abandoned
4039	Medical documentation audit	No		Completed
4185	Audit of Trust DNA policy for patients aged 16 & 17	No		Completed
4201	Seven day services – Establishment of baseline for four key standards	No		Completed
4202	Screening and antibiotic provision in sepsis (CQUIN)	Yes	P1	In Progress
4254	Ward moves for people with Dementia	Yes	P2	In Progress
4277	Nil by Mouth (NBM), cancelled operations/procedures and nutritional needs Standard Operating Procedure (SOP)	Yes	P1	In Progress
4351	Nursing documentation	Yes	P2	Completed
4353	Transfer of Care CQUIN	Yes	P2	In Progress

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

- 1510 This audit of infection control measures is now continuously reported; results are presented to the Trust Infection Control Group on a quarterly basis. Online dashboard show results at ward level.
- 4039 This annual audit of medical record keeping standards demonstrated improvement in practice compared to previous years but documentation can still be improved. The process for staff to obtain name stamps has been clarified and circulated and eLearning developed.
- 4185 Following this audit of the use of the DNA policy for patients aged 16 and 17, a staff training programme for outpatient areas was implemented to raise awareness of the DNA policy and arrangements these service users
- 4201 As a result of this benchmarking audit in relation to seven day working standards, Divisions have been asked to outline further resource requirements that would be needed to meet these standards. These additional resources will need to be agreed with commissioners.
- 4351 This audit of newly combined nursing documentation demonstrated that risk assessments and other key information were recorded in the majority of cases. The documentation will be revised and streamlined further. Discussions are also underway to change practice and enable nurses to document in the doctor/medical section of the notes rather than separately.

## Appendix A - UH Bristol Clinical Audit Staff (as at April 2016)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Andrew Day
	Medical Physics & Bioengineering		Mr Phil Quirk
	Pharmacy		Mr Kevin Gibbs
	Adult Therapies		<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 Radwa Bedair
	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 Paul Wilkerson
	Trauma & Orthopaedics		Mr Steve Mitchell
	Dental Services & Maxillo-facial Surgery		Mrs Nikki Attack
	Ophthalmology		Mr Derek Tole
	Adult ENT	Jonathan Penny	Mr Phil Clamp
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>Comment: Project database re-designed and national audit register report created. Ongoing development will continue as necessary.</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>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</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>Comment: The current workshop has been condensed and the team is exploring the options of delivering 'enhanced training'. The team is 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</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>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)</b>				

## Appendix C - Progress against Clinical Audit Forward Programme 2015/16

In total, 220 projects on the plan were due to have commenced by the end of the financial year. The table below shows that 158 (72%) of projects have commenced according to the planned timescale. 53/55 (96%) of Priority 1 projects were started or been completed. The two Priority 1 projects that did not start are listed below, along with further information regarding participation:

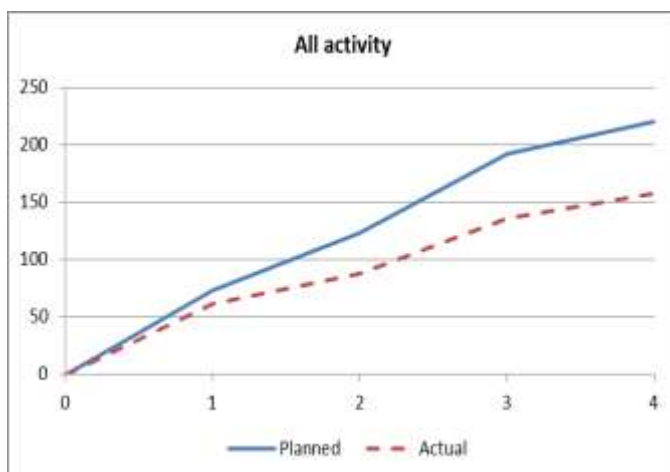
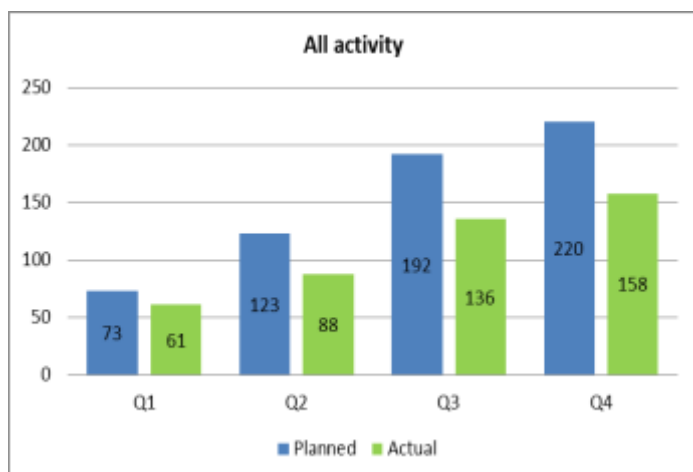
- National adult bronchiectasis audit – No longer running nationally
- Resuscitation trolleys – Internal audit underway rather than clinical audit

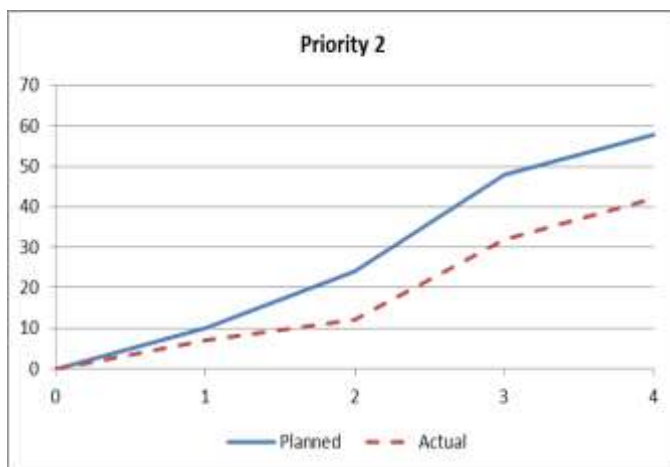
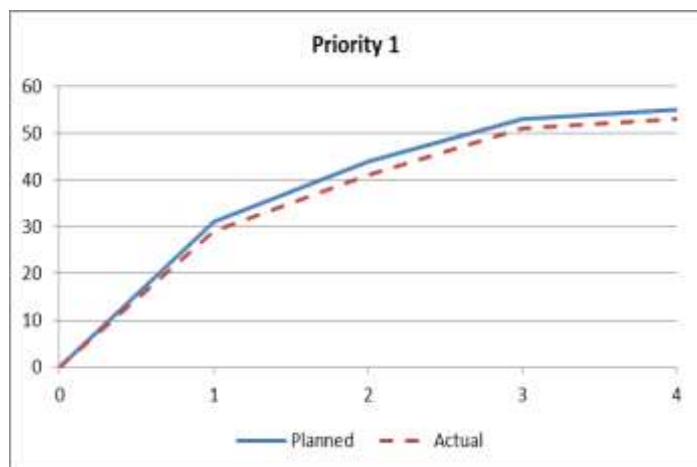
Priority	Status (Q4)	D&T	Med	Division				Total
				SpS	SHN	W&C	NDS*	
P1	Completed		3			2		5
	In progress	3	11	7	12	11	4	48
	Not started		1				1	2
<b>P1 Total</b>		<b>3</b>	<b>15</b>	<b>7</b>	<b>12</b>	<b>13</b>	<b>5</b>	<b>55</b>
P2	Completed		2	1	6	2	1	12
	In progress	4	5	5	4	9	3	30
	Abandoned	3				1		4
	Not started		2		4	3	3	12
<b>P2 Total</b>		<b>7</b>	<b>9</b>	<b>6</b>	<b>14</b>	<b>15</b>	<b>7</b>	<b>58</b>
P3	Completed		1	3	6	2		12
	In progress	7	8	6	3	15		39
	Abandoned	2	2	1	1			6
	Not started		2	3	15	10		30
<b>P3 Total</b>		<b>9</b>	<b>13</b>	<b>13</b>	<b>25</b>	<b>27</b>		<b>87</b>
P4	Completed				4			4
	In progress	1		1	3	3		8
	Abandoned				2	1		3
	Not started				4	1		5
<b>P4 Total</b>		<b>1</b>		<b>1</b>	<b>13</b>	<b>5</b>		<b>20</b>
<b>Grand Total</b>		<b>20</b>	<b>37</b>	<b>27</b>	<b>64</b>	<b>60</b>	<b>12</b>	<b>220</b>

	P1	P2	P3	P4	All
<b>% projects commenced as planned (Q4)</b>	96%	72%	58%	60%	72%

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

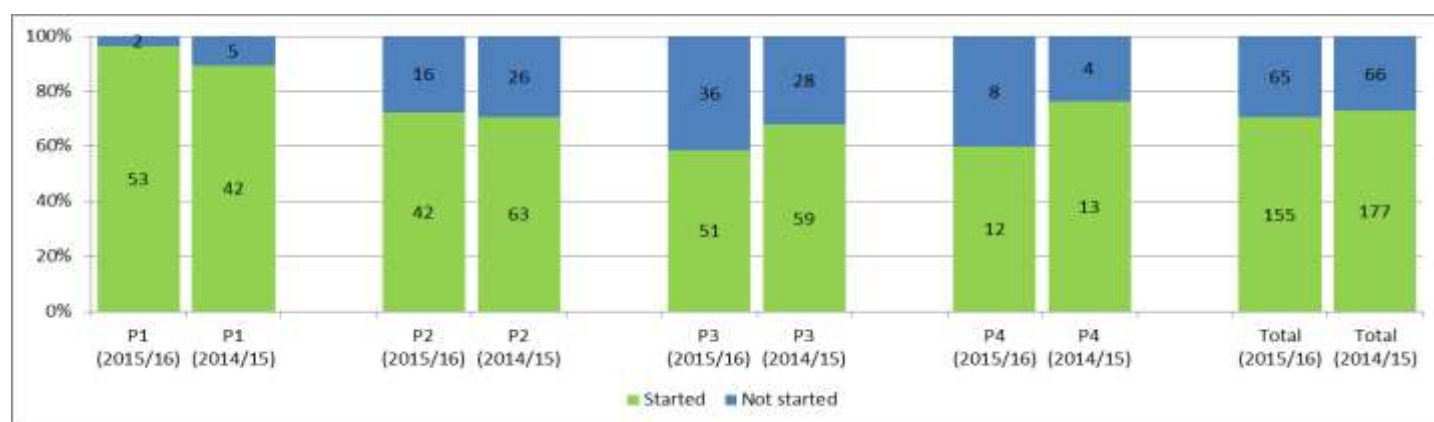
The graphs below show planned activity (i.e. the number of projects due to have started) against actual activity (the number of projects in progress or complete) per quarter over the full year. Planned and actual trajectories for all activity and for those projects categorised as priority 1 and 2 are 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% (89% in 2014/15, 96% in 2015/16)
P2	↑ 1% (71% in 2014/15, 72% in 2015/16)
P3	↓ 9% (67% in 2014/15, 58% in 2015/16)
P4	↓ 7% (67% in 2014/15, 60% in 2015/16)
Overall	↓ 1% (73% in 2014/15, 72% in 2015/16)



## Appendix D - University Hospitals Bristol Clinical Audit Forward Programme 2016/17

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*'.

<p><b>Priority 1</b></p> <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>▪ 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><b>Priority 2</b></p> <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</li> <li>▪ Clinical Effectiveness activity (e.g. following the introduction of new procedures).</li> <li>▪ Patient Safety issues (including Safety Alerts).</li> <li>▪ Clinical Risk issues e.g. serious untoward incidents/adverse incidents.</li> </ul>
<p><b>Priority 3</b></p> <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> </ul>	<p><b>Priority 4</b></p> <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
Specialty/Service: Diagnostic Services					
Audiology	Re-audit real hearing measurement for 2016	Regina Smith	P2	Q1	Outcomes monitoring/Quality assurance
Clinical Biochemistry	Audit of biochemical testing for male hypogonadism	Paul Downie	P3	Q2	Regional audit
Infection Control	Monitoring of the specialist ventilatic rooms	Joanna Davies	P2	Q4	National/local guidance
	Re-auditing documentation of peripheral venous catheter	Jodie Coram	P2	Q4	Re-audit CAID 3662
	Urethral catheter management	Karen Fletcher	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Use of Bristol Stool Chart	Joanna Davies	P2	Q4	National/local guidance
Laboratory Haematology	Audit of patient blood management in scheduled surgery	Tom Latham	P1	Q2	National Audit (Quality Account)
Medical Physics & Bioengineering	Patient radiation dose of new CT scanner on level 2 BRI	Ian Negus	P2	Q4	Mandatory requirement/external accreditation. Links to Divisional OPP
Microbiology	Re-auditing blood culture contamination rate in UH Bristol	Philip Williams	P3	Q2	Re-audit CAID 3433
Radiology	Radiation dose of 128-MDCT coronary CT angiography	Mark Hamilton	P2	Q3	Re-audit CAID 3776
Specialty/Service: Therapy Services					
Nutrition & Dietetics	Deep dive into nutritional care across UH Bristol	Rachel Liston	P2	Q1	Re-audit CAID 3533. Supports specific CQC regulation
Occupational Therapy & Physiotherapy	A re-audit of rehab input into adult high care beds against NICE CG 83 and Core Standards for Intensive Care	Becky Hall	P3	Q3	Re-audit CAID 4334
	Audit against early supported discharge team (for stroke) pathway standards	Claire Robinson	P2	Q2	Service priority/area of concern. Links to Divisional OPP
	Audit against the general surgery pathway standards	Sarah Brown	P2	Q2	Service priority/area of concern. Links to Divisional OPP
	Audit against the in-patient trauma pathway standards	Sarah Brown	P2	Q2	Service priority/area of concern. Links to Divisional OPP
	Audit against the older peoples rehabilitation out-patient pathway standards	Rachel Webber	P2	Q2	Service priority/area of concern. Links to Divisional OPP
Pharmacy	Antibiotic management of urinary tract infection	Emily Marshall	P3	Q4	Service priority/area of concern
	Antibiotic prescribing in adult Emergency Department	Emily Marshall	P3	Q3	Service priority/area of concern
	Audit of consultant name on out-patient prescriptions	Kevin Gibbs	P3	Q3	Re-audit CAID 3615
	Audit of the pharmacy prescription endorsing procedure	Kevin Gibbs	P3	Q3	Re-audit CAID 3483

	Blood test screening prior to commencement of significant cardiovascular drugs (Amiodarone and Statin)	Kevin Gibbs	P3	Q4	Re-audit CAID 3625
	Medication transcription errors on discharge from cardiac intensive care unit	Glen Cooper	P3	Q1	Identified through patient safety issues or risk/incident reporting
	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	Steve Brown	P2	Q3	Re-audit CAID 3765
	Prescribing and administration of insulin	Georgina Holmes	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Use and prescribing of Pabrinex (high dose vitamin B and C intravenous injection) within UH Bristol	Clare Hughes	P3	Q1	Service priority/area of concern
Physiotherapy	Audit against cardiac rehab pathway standards	Rob Martyn-Jones	P2	Q2	Service priority/area of concern. Links to Divisional OPP
	Audit against respiratory discharge team physiotherapy standards	Kate Ford	P2	Q2	Service priority/area of concern. Links to Divisional OPP

## Division of Medicine

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Emergency Department					
Emergency Department	Adult Asthma	TBC	P1	Q3	National Audit (Quality Account)
	Severe Sepsis and Septic Shock	TBC	P1	Q3	National Audit (Quality Account). Links to Divisional OPP
Specialty/Service: Medical Specialties					
Care of the Elderly	Analgesia prescribing in renal impairment: an audit on OPAU	Rachel Bradley	P3	Q2	Re-audit CAID 4005
	Audit of recording and management of constipation in adult inpatients on elderly care wards	Rachel Bradley	P3	Q1	Re-audit CAID 3892
	BRI inpatient hip fracture audit	Rachel Bradley	P2	Q3	Re-audit CAID 3758
	Documentation in medical notes following lumbar puncture procedure	Clare Holmes	P3	Q2	Re-audit CAID 4163
	Fracture Liaison Service Database	Cathy Churchman	P1	Q1	National Audit (NCAPOP)
	Inpatient falls	Rachel Bradley	P1	Q2	National Audit (NCAPOP)
	National Audit of Dementia	Julie Dovey	P1	Q1	National Audit (NCAPOP)
	National Hip Fracture Database	Rachel Bradley	P1	Q1	National Audit (NCAPOP). Links to Divisional OPP
	Re-audit of intermittent pneumatic compression (IPC) use in stroke patients	Claire Holmes/ Rehana Hawthorne	P3	Q3	Re-audit CAID 3874
	Secondary prevention of osteoporosis in male patients with hip fracture	Theresa Allain	P3	Q1	Re-audit CAID 3876
Contraception and Sexual Health	Management of early syphilis	Andrew Leung	P3	Q3	National/local guidance
	Management of gonorrhoea	Andrew Leung	P3	Q3	National/local guidance
Dermatology	Audit avoidance of wrong site surgery protocol requirements.	Louise Howarth	P2	Q2	Identified through patient safety issues or risk/incident reporting
	Audit of excision and pathology reporting in basal cell carcinoma and squamous cell carcinoma	David de Berker	P2	Q2	National Audit (Other)
	Legibility of patient dermatology notes	David DeBerker	P3	Q2	Re-audit CAID 3486
	NICE guidance on assessment of patients with psoriasis in Dermatology in Weston	Vicki Lewis	P3	Q3	National/local guidance - NICE
	WHO surgical checklist	David de Berker	P2	Q1	Identified through patient safety issues or risk/incident reporting
Diabetes &	National Diabetes Care	Natasha Thorogood	P1	Q1	National Audit (NCAPOP)

Endocrinology	National Diabetes Foot Care Audit	Georgina Russell	P1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Bushra Ahmed	P1	Q2	National Audit (NCAPOP). Links to Divisional OPP
	National Pregnancy in Diabetes Audit	Karin Bradley	P1	Q1	National Audit (NCAPOP)
Gastroenterology & Hepatology	Review of all patients with Crohns disease who have undergone resection	Tom Creed/Aileen Fraser	P3	Q1	Re-audit CAID 3873
	UK IBD Registry	Tom Creed	P1	Q1	National Audit (NCAPOP)
Liaison Psychiatry	Psychiatry Liaison response time to A&E patients	Salena Williams	P2	Q2	Re-audit CAID 4174
Respiratory	Adult Asthma	Liz Gamble	P1	Q2	National Audit (Quality Account)
	Adult Bronchiectasis	Nabil Jarad	P1	Q3	National Audit (Quality Account)
	Audit of bronchoscopy safety and adverse events	Abbey Leahy	P3	Q4	Re-audit CAID 3884
	National Chronic Obstructive Pulmonary Disease (COPD) - Secondary care	Nabil Jarad	P1	Q3	National Audit (NCAPOP)
	National Smoking Cessation Audit	Ros Badman	P1	Q1	National Audit (Quality Account)
	UK Cystic Fibrosis Registry	Nick Bell	P1	Q1	National Audit (Quality Account)
Rheumatology	Are patients taking calcium supplements correctly	Shane Clarke/Matt Roy	P3	Q1	Service priority/area of concern
Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Claire Holmes	P1	Q1	National Audit (NCAPOP). Links to Divisional OPP

## Division of Specialised Services

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Cardiac Services					
Cardiac Anaesthesia	Recognition of delirium in CICU	Richard Bateman	P3	Q1	National/local guidance - NICE.
Cardiac Surgery	Adult Cardiac Surgery (ACS)	Alan Bryan	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
	Quality of postoperative documentation of anticoagulants and antiplatelet after cardiac surgery	Cha Rajakaruna	P4	Q1	Re-audit CAID 4090
Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Andreas Baumbach	P1	Q1	National Audit (NCAPOP)
	Cardiac Rhythm Management (CRM)	Gyn Thomas	P1	Q1	National Audit (NCAPOP)
	Coronary Angioplasty/National Audit of PCI	Tom Johnson	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
	Heart Failure	Angus Nightingale	P1	Q1	National Audit (NCAPOP)
	Impella haemodynamic support	Tom Johnson	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	MICRA transcatheter Pacemaker implantation	Ed Duncan	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Serial monitoring of renal function after the commencement of eplerenone following myocardial infarction	Yasmin Ismail/Ian Harrowell	P3	Q1	Re-audit CAID 4075
Specialty/Service: Haematology & Oncology					
Clinical Haematology	Re-audit of arrival time for patients presenting to hospital in sickle cell crisis	Priyanka Mehta	P3	Q1	Re-audit CAID 3973
	Vaccination history of sickle cell and thalassaemia patients	Priyanka Mehta	P3	Q1	Re-audit CAID 4025. Links to Divisional OPP
Oncology	"It's Your Turn" Patient information on pressure ulcer prevention	Jane Bailey	P3	Q2	Re-audit CAID 3867
	Administration time, dose alterations and dose delays in germ cell cancer patients undergoing inpatient chemotherapy	Anna Kuchel	P3	Q3	Re-audit CAID 3868
	Drug chart audit	Charlie Comins	P3	Q2	National/local guidance
	Lung cancer (NLCA)	Adam Dangoor	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
	National Prostate Cancer Audit	Amit Bahl	P1	Q1	National Audit (NCAPOP)
	Re-audit of post radio-iodine ablation follow-up for differentiated thyroid cancer	Mathew Beasley	P3	Q3	Re-audit CAID 3621
	Re-audit of the use of Aprepitant for the control of chemotherapy induced nausea and vomiting	Charlie Comins	P3	Q2	Re-audit CAID 4110

## Division of Surgery, Head & Neck

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Anaesthetic Services					
Acute Pain	Analgesia prescribing in acute medical and surgical admissions patients with renal impairment	Nilesh Chauhan	P3	Q3	Re-audit CAID 4060
Anaesthesia	Anaesthetic chart audit	Nicola Harvey	P3	Q1	Re-audit CAID 3035
	Analgesia for fractured neck of femur	Frances Forrest	P3	Q1	Service priority/area of concern. Links to Divisional OPP
	Controlled drugs audit	Nick Wharton	P2	Q1	Re-audit CAID 4211
	Discharge planning	Mat Molyneux	P2	Q4	Identified through patient safety issues or risk/incident reporting. Links to Divisional OPP
	Emergency surgery for patients over 80 years old	Ruth Murphy	P3	Q3	Service priority/area of concern
	Fractured neck of femur - hypotension	Frances Forrest	P3	Q4	Service priority/area of concern
	Intra-operative hypotension in the elderly (iHypE)	Ruth Murphy	P3	Q4	Regional audit
	National Emergency Laparotomy Audit (NELA)	Rachel Craven	P1	Q1	National Audit (NCAPOP)
	Prehabilitation advice	Ruth Murphy	P3	Q4	Service priority/area of concern
	WHO surgical safety check list	Mat Molyneux	P2	Q3	Re-audit CAID 4128. Links to Divisional OPP
Obstetrics and gynaecology	Obstetric staffing audit	Mark Scrutton	P3	Q4	Service priority/area of concern
	Pre-operative assessment of gynaecology patients	Ruth Murphy	P3	Q2	Service priority/area of concern. CAID: 4332
Pre-Operative Assessment	Peri-operative management of hip fractures	Frances Forrest	P3	Q3	Re-audit CAID 4172. Links to Divisional OPP
Specialty/Service: Critical Care Services					
ITU/HDU	Case Mix Programme (CMP)	Tim Gould	P1	Q1	National Audit (Quality Account)
	Compliance with protected catheter sputum screening for ventilator associated pneumonia (VAP)	Matt Thomas	P3	Q2	Re-audit
	Major Trauma: The Trauma Audit & Research Network (TARN)	Matt Thomas	P1	Q1	National Audit (Quality Account)
Resuscitation Services	National Cardiac Arrest Audit (NCAA)	Matt Thomas	P1	Q1	National Audit (Quality Account)
	Prognostication and neurophysiological testing following cardiac arrest	Matt Thomas	P3	Q2	Re-audit
Specialty/Service: Dental & Maxillofacial Services					

Oral & Maxillofacial Surgery	Antibiotic prescribing in oral surgery	Ceri Hughes (TBC)	P2	Q2	Identified through patient safety issues or risk/incident reporting
	Audit of fast track head and neck cancer referrals at University Hospitals Bristol	Ceri Hughes/Carla Fleming	P3	Q4	Re-audit CAID 3862
	Consent	Chris Bell/ Mark Wilson	P3	Q1	National/local guidance. Supports specific CQC regulation
	Head and Neck Cancer Audit	Ceri Hughes	P1	Q3	National Audit (NCAPOP)/Consultant Outcomes Publication
	Outpatient conscious sedation	Nirmal Patel/Michael Hutching	P3	Q1	Re-audit CAID 3963
Oral Medicine	Clinical examination of patients before radiography	Rebecca Davies/	P4	Q4	Re-audit CAID 4109
Orthodontics	Occlusal outcomes for young people undergoing orthognathic surgery	Kate House	P3	Q1	National/local guidance
	Review appointments for canine exposures	Nikki Atack/Carla Fleming	P4	Q1	Service priority/area of concern
	Staff compliance with did not attend (DNA) policy for children	Nikki Atack	P3	Q1	National/local guidance
Paediatric Dentistry	Audit of dental screening for paediatric patients prior to bone marrow transplant	Sarah Dewhurst/ Rosemary Power	P3	Q1	National/local guidance - Royal College
	Audit of introducing a trauma form in paediatric dentistry	Sarah Dewhurst/ Rebecca John	P4	Q2	Re-audit CAID 3745
	Inhaled sedation audit in the paediatric dentistry department	Shan Gandhi/Sarah Dewhurst	P4	Q3	Re-audit CAID 4108
Restorative Dentistry	Clinical outcome forms in the Restorative Department – are they being adequately completed and recorded?	James Ban/ Tom Dudding	P3	Q4	Re-audit CAID 4107
	The quality of undergraduate crown and bridge impressions	James Purver	P3	Q1	Re-audit CAID 3746
Specialty/Service: Ophthalmology					
A&E Primary Care	Microbial keratitis in A+E	Rafik Gurgis	P3	Q1	Service priority/area of concern
	Post-operative attendances and sources of referrals	Rafik Gurgis	P3	Q1	Service priority/area of concern
Cornea & Cataracts	Cataract audit	Derek Tole	P2	Q2	Re-audit CAID 4101
	Coding of ophthalmic surgical procedures	Derek Tole/Richard Haynes	P4	Q4	Service priority/area of concern
	Collagen cross linking for keratoconus	Phil Jaycock	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Corneal implants for keratoconus	Phil Jaycock	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Descemet s Membrane Endothelial Keratoplasty [DMEK]	Derek Tole	P2	Q2	National/local guidance
	Descemets stripping automated endothelial keratoplasty (DSAEI)	Derek Tole	P2	Q4	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	National Ophthalmology Audit	John Sparrow	P1	Q1	National Audit (NCAPOP)



Glaucoma & Shared Care	Diabetic maculopathy	Kate Powell	P3	Q3	Rolled over from 15-16 forward plan
	Diabetic retinopathy	Kate Powell	P3	Q3	Rolled over from 15-16 forward plan
	Glaucoma Follow Ups	Paul Spry	P3	Q4	National/local guidance - NICE. Re-audit CAID 3848
	Non penetrating glaucoma surgery	Rani Sebastian	P2	Q4	Rolled over from 15-16 forward plan
	Selective laser trabulectomies	Rani Sebastian	P3	Q4	Re-audit CAID 4111
	Trabulectomy outcomes	Rani Sebastian /John Sparrow	P2	Q4	Rolled over from 15-16 forward plan
Medical & Surgical Retina	AMD medical retina triage audit	Abosedo Cole/Fiona Grey	P3	Q1	Re-audit CAID 4159
	Endophthalmitis Audit	Abosedo Cole	P3	Q1	Re-audit CAID 3776
	Lucentis and Iluvian treatment for diabetic macular odema	Clare Bailey	P3	Q3	Re-audit CAID
	Lucentis for age related macular degeneration	Adam Ross	P3	Q3	Re-audit CAID 3324
	Outcomes of retinal detachment surgery	Richard Haynes	P3	Q2	Re-audit CAID 3983
	Surgical outcomes of macular holes	Richard Haynes	P3	Q3	Rolled over from 15-16 forward plan
Orthoptics & Optometry	Amblyopia	Helen McCarthy	P3	Q1	Service priority/area of concern
Paediatrics, Oculoplastics & Squint	Management of paediatric cataracts in the Bristol Eye Hospital.	Richard Markham/ Amanda Churchill	P3	Q2	Re-audit CAID 3872
Specialty/Service: Surgical Services					
Colorectal Surgery	Bowel cancer (NBOCAP)	Rob Longman	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
ENT	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	P2	Q4	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Consenting Patients for middle ear surgery	Stephen Broomfield	P3	Q3	Re-audit CAID 4193. Supports specific CQC regulation
	Day case surgery for cochlear implants (including paediatric patients)	Daniel Hajioff/Philip Robinson	P4	Q1	Service priority/area of concern. CAID: 4375
	Endocrine and Thyroid National Audit	Paul Tierney	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
Hepatobiliary Surgery	An audit of radiofrequency ablation (RFA) for hepatocellular carcinoma and colorectal cancer liver metastases	Andrew Strickland	P3	Q4	Re-audit CAID 4127
Orthopaedics (T&O)	Antibiotic prescribing in older patients with hip fractures	Steve Mitchell	P2	Q2	Identified through patient safety issues or risk/incident reporting
	Appropriateness of Preoperative Bloods taken for Minor Orthopaedic Operations/Trauma Day Cases	James Livingstone	P3	Q4	National/local guidance - NICE. Re-audit CAID 3966
	Audit of fracture services	Steve Mitchell	P3	Q3	Re-audit CAID 3754

	Compliance with NICE guidelines and achieving best practice tariff in hip fracture patients	Sanchit Mehendale	P2	Q1	National/local guidance - NICE. Re-audit CAID 3450
	Head Injury Management	Steve Mitchell	P2	Q3	National/local guidance - NICE. Re-audit CAID 3223
	National Joint Registry (NJR)	Sanchit Mehendale	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
	Time to initial fracture clinic appointment at the Bristol Royal Infirmary	James Livingstone	P3	Q3	Re-audit CAID 3959
	Total hip replacement (THR) following trauma: are we compliant with NICE guidelines?	Sanchit Mehendale	P2	Q2	National/local guidance - NICE. Re-audit CAID 3508
	Trauma theatre efficiency	Steve Mitchell	P3	Q2	Re-audit CAID 4135
Thoracic Surgery	Endobronchial Ultrasound-Guided Trans bronchial Needle Aspiration (EBUS-TBNA or EBUS)	Doug West	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Re-audit of emergency thoracic surgery	Doug West	P3	Q2	Re-audit CAID 3836
	Thoracic returns	Tim Batchelor	P1	Q4	National Audit (Other)
Upper GI Surgery	Oesophago-gastric cancer (NAOGC)	Paul Barham	P1	Q1	National Audit (NCAPOP)/Consultant Outcomes Publication
	Screening for dementia	Dan Titcomb	P2	Q3	Re-audit CAID 4181

## Division of Women's & Children's

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Anaesthesia	Assessment of documentation and preparation for removal of Epidural v national and local guidance	Pete Stoddard	P3	Q1	Re-audit CAID 4041
	Re-audit of pain after cardiac surgery	Guy Bayley	P4	Q1	Re-audit CAID 2105
	Re-audit pre-op fasting	Bev Guard	P3	Q1	Re-audit CAID 3250
Audiology	Clinical record keeping for audiological assessment clinics within Paediatric Audiology v local standards	Joannie O'Connell	P3	Q1	National/local guidance
	Re-audit of hearing aid clinics	Dawn O'Dwyer	P3	Q3	Re-audit CAID 3749
	Re-Audit of patient management post identification of permanent childhood hearing impairment (PCHI) v national standards	Joannie O'Connell	P3	Q1	Re-audit CAID 3743
Burns & Plastics	International Burn Injury Database (iBID)	Tim Burge	P1	Q1	Mandatory requirement/external accreditation
	Review of burn patients during weekends v local standards	Catalina Estela	P3	Q1	Re-audit CAID 4097
Cardiac Services	Transventricular placement of pulmonary valve	Andrew Parry	P2	Q3	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	P1	Q1	National Audit (NCAPOP)
Diabetes & Endocrinology	Diabetes (Paediatric) (NPDA)	John Barton	P1	Q1	National Audit (NCAPOP)
Dietetics	Ace stopper audit	Lisa Cooke	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Discharge planning for children with cardiac disease on ward 32	Jason Beyers	P3	Q1	Identified through patient safety issues or risk/incident reporting
	Growth monitoring practice for infants on the Neonatal Unit v WHO standards	Heather Norris	P2	Q1	National/local guidance - WHO
Emergency Department	Bereavement	TBC	P3	Q1	Rolled over from 15-16 forward plan
	Clinical handover rapid cycle audit	TBC	P3	Q1	Rapid cycle audit
	Fundoscopy in patients with features suggesting raised intracranial pressure	Nick Sargant	P2	Q4	Identified through patient safety issues or risk/incident reporting
	Major Trauma: The Trauma Audit & Research Network (TARN)	Giles Haythornthwaite	P1	Q1	National Audit (Quality Account)
	Management of patients who re-attend with the same condition	Will Christian	P2	Q4	Identified through patient safety issues or risk/incident reporting
	Observation frequency rapid cycle audit	TBC	P3	Q1	Rapid cycle audit
	Paediatric Asthma - care in emergency departments	TBC	P1	Q3	National Audit (Quality Account)

	Pain scoring and management rapid cycle audit	TBC	P3	Q1	Rapid cycle audit
	Sepsis rapid cycle audit	TBC	P3	Q1	Rapid cycle audit
	Use of mental health risk assessment tool within the Children's Emergency Department v local and national standards	Will Christian	P3	tbc	Introduction of new policy/guideline
Gastroenterology	UK IBD Registry	Tony Wiskin	P1	Q1	National Audit (NCAPOP)
General Paediatrics	Completion of post-discharge tasks on General Paediatrics Z list - v local standards	Frances Hutchings	P3	Q2	Re-audit CAID 4252
	Medical Care of Children with HIV infection in Bristol and the South West region v national guidance	Marion Roderick	P3	Q4	Re-audit CAID 3984
	Use of Heated Humidified High Flow Nasal Cannula therapy (Airvo 2 Optiflow) outside of the Paediatric Intensive Care Unit	Frances Hutchings	P3	Q1	Re-audit CAID 3922
Haematology/ Oncology	Aseptic non-touch technique for central venous lines	Wendy Saegenschnitter/ Jodie Coram	P4	Q3	Re-audit CAID 3877
	Audit of toxicity monitoring in patients with bone sarcoma	Maddie Adams	P4	Q1	National/local guidance
	Convection Enhanced Delivery of Chemotherapy for CNS tumours	Stephen Lewis	P2	Q1	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
Intensive Care (PICU)	An audit of anticoagulation for children in Cardiac Service v local and national standards	Alvin Schadenberg/ Peter Davis	P2	Q1	Re-audit CAID 4186
	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	P1	Q1	National Audit (NCAPOP)
	Parenteral (patient) involvement in escalation of care - re-audit v local standards	Caroline Haines	P3	Q2	Re-audit CAID 4016
	Red cell blood transfusion practice	Peter Davis	P3	Q1	Introduction of new policy/guideline
	Sedation practice	Peter Davis	P3	Q1	Introduction of new policy/guideline
Neonatology	Neonatal Intensive and Special Care (NNAP)	Pam Cairns	P1	Q1	National Audit (NCAPOP)
	Newborn heel prick blood sampling	Anoo Jain	P3	Q3	Re-audit CAID 3794
	Vermont-Oxford Benchmarking Project	David Harding	P3	Q1	National Audit (Other)
Nephrology	Independent Checking of medicines	Jenny Gray (pharmacy)	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Renal biopsy	Martin Mraz	P3	Q1	Re-audit CAID 3050
	Renal prescribing audit – proton prescriptions	Jenny Gray (pharmacy)	P3	Q1	Identified through patient safety issues or risk/incident reporting
	Renal replacement therapy (Renal Registry)	Carol Inward	P1	Q1	National Audit (Quality Account)
	Renal transplantation	Tamara Mallett	P3	Q1	Re-audit CAID 3527
Neurosurgery	National Neurosurgical Audit Programme	Richard Edwards	P1	Q1	National Audit (Quality Account)/Consultant Outcomes Publication

Occupational Therapy	Occupational Therapy provision for patients with hypermobility / chronic pain.	Heike Ranson	P3	Q1	National/local guidance
Physiotherapy	Physiotherapy provision for in-patients with Cystic Fibrosis	Helen McGowan	P3	Q3	National/local guidance
Radiology	Gonad Shielding	Elin Jones	P3	Q3	Identified through patient safety issues or risk/incident reporting
	Repeat audit of intussusception	Dr I Holjar-Erlc	P3	Q3	Re-audit CA(D 3441
Respiratory	Paediatric Pneumonia	Huw Thomas	P1	Q3	National Audit (Quality Account)
Rheumatology	Re-audit on GA Joint injection waiting times 2015 v national standards	Alison Kelly	P3	Q2	Re-audit CAID 3822
	Use of Tocilizumab in Systemic Juvenile Idiopathic Arthritis (sJIA) versus NICE guidelines (TA238 - 2011)	AV Ramanan	P3	Q2	National/local guidance - NICE. Re-audit CAID 3769
Surgery	Biofeedback in management of dysfunctional voiding v national standards	Mark Woodward	P3	Q1	National/local guidance
Trauma & Orthopaedics (T&O)	Operative treatment of supracondylar elbow fractures in children	Guy Atherton	P3	Q3	Re-audit CAID 3818
<b>Specialty/Service: Women's Services</b>					
Clinical Genetics	Genetic Antenatal Care Pathway for Haemoglobinopathies	Sianan Keating	P3	Q2	Re-audit CAID 4095
Gynaecology	Emergency gynaecology operating	Naomi Crouch	P3	Q1	National/local guidance - CEPOD. CAID: 4364
	Endometriosis	Caroline Overton	P1	Q4	National Audit (Other)
	Ovarian Cancer (NICE CG122)	Jo Bailey	P3	Q3	National/local guidance – NICE. No recent audit
	Pinpoint sentinel lymph node detection system	Jo Bailey	P2	Q2	Introduction of new interventional procedure agreed by Clinical Effectiveness Group
	Sensitive disposal of fetal remains	Sue Coghlan/Amy Lee	P3	Q1	Re-audit CAID 4204. CAID: 4352
	Tension-free Vaginal Tape for urinary incontinence (NICE QS77)	Caroline Overton/Dr Adams	P3	Q4	National/local guidance - NICE. Re-audit CAID 4017
Obstetrics & Midwifery	Antenatal Screening Programme	Anne Duffner	P3	Q1	Outcomes monitoring/Quality assurance. CAID: 2321
	Caesarean section – decision to delivery times (NICE CG132)	Emma Treloar/Stephen Kinsella	P3	Q1	Outcomes monitoring/Quality assurance. CAID: 2391
	Care of women in labour	Emma Treloar	P3	Q4	National/local guidance - NICE. Introduction of new guideline
	Diabetes in pregnancy - outcomes	Louise Ashelby	P3	Q4	Re-audit CAID 4020. Links to Divisional OPP
	Examination of the Newborn	Sara-Jane Sheldon	P3	Q4	Re-audit CAID 3929
	External Cephalic Version (ECV): local practice and overall success rates	Rachna Bahl	P4	Q1	Re-audit CAID 4126. CAID: 4347
	Immediate Care of the Newborn (Risk Factors and Observations)	Anoo Jain/Anne Tomlinson	P3	Q1	Re-audit CAID 4046. CAID: 4264

	Obstetric haemorrhage	Rachna Bahl	P3	Q1	Outcomes monitoring/Quality assurance. CAID: 2449
	Perinatal Mental Health (NICE QS115)	Rachel Liebling	P2	Q2	National/local guidance. Links to Divisional OPP
	Perineal tear	Sneha Basude	P3	Q1	Outcomes monitoring/Quality assurance. CAID: 2795
	Shoulder dystocia	Rachna Bahl	P3	Q1	Outcomes monitoring/Quality assurance. CAID: 2276
	Thromboprophylaxis in pregnancy, labour and postnatally	Aarthi Mohan	P3	Q4	Re-audit CAID 3135
	UNICEF UK Baby Friendly Initiative/Newborn Feeding	Cathy Bowker	P3	Q2	Outcomes monitoring/Quality assurance. CAID: 1638
Reproductive Medicine	HFEA (Human Fertilisation and Embryology Authority)	David Cahill/Rachel Squires	P1	Q3	Mandatory requirement/external accreditation. Links to Divisional OPP

## Non-Division Specific

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service					
Nursing	Nil by mouth audit	Helen Morgan	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Ward move for people with Dementia	Rachel Price	P2	Q3	Re-audit CAID 3254
Record keeping	Consent	Jane Luker	P2	Q3	Identified through patient safety issues or risk/incident reporting. Supports specific CQC regulation
	Medical documentation	Jane Luker	P2	Q1	Identified through patient safety issues or risk/incident reporting. Supports specific CQC regulation
	Nursing documentation	Jo Witherstone	P2	Q2	Identified through patient safety issues or risk/incident reporting. Supports specific CQC regulation
Safeguarding	Audit of Trust DNA policy for patients aged 16 & 17	Nina Gordon	P2	Q3	Re-audit CAID 4185
Service provision	Seven day service audit	Sean O'Kelly	P1	Q3	Mandatory requirement/external accreditation. Links to Corporate OPP
Nursing	Nil by mouth audit	Helen Morgan	P2	Q1	Identified through patient safety issues or risk/incident reporting
	Ward move for people with Dementia	Rachel Price	P2	Q3	Re-audit CAID 3254

## Appendix E - National audit participation (extract from Quality Report 2015/16)

### Participation in clinical audits and national confidential enquiries

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

During 2015/16, 38 national clinical audits and three national confidential enquiries covered NHS services that University Hospitals Bristol NHS Foundation Trust provides. During that period, University Hospitals Bristol NHS Foundation Trust participated in 100% (38/38) national clinical audits and 100 per cent (3/3) of the national confidential enquiries of which it was eligible to participate in.

The national clinical audits and national confidential enquiries that University Hospitals Bristol NHS Foundation Trust was eligible to participate in during 2015/16, and whether it did participate, are as follows:

Table 1

Name of audit / Clinical Outcome Review Programme	Participated
<b>Acute</b>	
Case Mix Programme (CMP)	Yes
Major Trauma: The Trauma Audit & Research Network (TARN)	Yes
National emergency laparotomy audit (NELA)	Yes
National Joint Registry (NJR)	Yes
Procedural Sedation in Adults (care in emergency departments)	Yes
VTE risk in lower limb immobilisation (care in emergency departments)	Yes
National Complicated Diverticulitis Audit (CAD)	Yes
Emergency Use of Oxygen	Yes
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	Yes
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	Yes
<b>Cancer</b>	
Bowel cancer (NBOCAP)	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
<b>Long term conditions</b>	
National Diabetes Audit (Adult) ND(A)	Yes
National Diabetes Foot Care Audit (NDFA)	Yes
Diabetes Inpatient Audit	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
National Ophthalmology Audit	Yes
UK Cystic Fibrosis Registry	Yes
<b>Older People</b>	
National Hip Fracture Database (NHFD)	Yes
National Audit of Inpatient Falls (NAIF)	Yes
Sentinel Stroke National Audit Programme (SSNAP)	Yes
UK Parkinson's Audit	Yes
<b>Other</b>	
Elective surgery (National PROMs Programme)	Yes
<b>Women's &amp; Children's Health</b>	
Vital signs in children (care in emergency departments)	Yes
Neonatal intensive and special care (NNAP)	Yes
Paediatric Asthma	Yes
Paediatric intensive care (PICANet)	Yes
Child Health Clinical Outcome Review Programme	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	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 2015/16 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).

Table 2

Name of audit / Clinical Outcome Review Programme	% Submitted
<b>Acute</b>	
Case Mix Programme (CMP)	100% (1332/1332)
Major Trauma: The Trauma Audit & Research Network (TARN)	80% (327/408)
National emergency laparotomy audit (NELA)	64% (145/228)
National Joint Registry (NJR)	45*
Procedural Sedation in Adults (care in emergency departments)	100% (50/50)
VTE risk in lower limb immobilisation (care in emergency departments)	100% (50/50)
National Complicated Diverticulitis Audit (CAD)	30*
Emergency Use of Oxygen	22*
Medical and Surgical Clinical Outcome Review Programme (NCEPOD)	42% (8/19)
<b>Blood and Transplant</b>	
National Comparative Audit of Blood Transfusion programme	100% (88/88)
<b>Cancer</b>	
Bowel cancer (NBOCAP)	120 (188/157)**
Lung cancer (NLCA)	148*
Oesophago-gastric cancer (NAOGC)	>90% (211*)
<b>Heart</b>	
Acute coronary syndrome or Acute myocardial infarction (MINAP)	833
Cardiac Rhythm Management (CRM)	840*



Congenital heart disease (Paediatric cardiac surgery) (CHD)	100% (744/744)
Coronary Angioplasty/National Audit of PCI	100% (1690/1690)
National Adult Cardiac Surgery Audit	100% (1411/1411)
National Cardiac Arrest Audit (NCAA)	98*
National Heart Failure Audit	318*
<b>Long term conditions</b>	
National Diabetes Audit (Adult) ND(A)	613*
National Diabetes Foot Care Audit (NDFA)	23*
Diabetes Inpatient Audit	83*
Diabetes (Paediatric) (NPDA)	100% (1567/1567)
Renal replacement therapy (Renal Registry)	66*
Rheumatoid and early inflammatory arthritis	18*
UK Cystic Fibrosis Registry	371*
<b>Older People</b>	
National Hip Fracture Database (NHFD)	100% (315/315)
National Audit of Inpatient Falls (NAIF)	100% (30/30)
Sentinel Stroke National Audit Programme (SSNAP)	>90% (466*)
UK Parkinson's Audit	54*
<b>Other</b>	
Elective surgery (National PROMs Programme)	60% (103/173)
<b>Women's &amp; Children's Health</b>	
Vital signs in children (care in emergency departments)	100% (50/50)
Neonatal intensive and special care (NNAP)	100% (721/721)
Paediatric Asthma	100% (25/25)
Paediatric intensive care (PICANet)	100% (775/775)
Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK)	100% (59/59)

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

\*\* Case submission greater than national estimate from Hospital Episode Statistics (HES) data

The reports of 13 national clinical audits were reviewed by the provider in 2015/16. University Hospital Bristol NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

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

- introduce a Patient Group Direction to allow senior nurse practice nurses to prescribe oxygen; ward-based education in oxygen prescribing has also been introduced.

#### **National Emergency Laparotomy Audit (NELA)**

- 'Boarding' and 'landing' cards have been introduced to help prompt decisions around pre and post-operative care and to improve the standardisation of care in theatres.

#### **College of Emergency Medicine Audits**

- the operating hours of the mental health liaison team will be increased to reduce the time patients wait to be reviewed; the Mental State Examination (MSE) will also be incorporated into the matrix assessment form
- fluid balance forms are to be made available in the resuscitation area to improve the management of patients with severe sepsis/septic shock
- a flow chart/decision aid will be designed to aid management from the early stage of triage of patients presenting with a paracetamol overdose

- follow-up arrangements for fitting patients presenting to the Emergency Department will be clarified and improved through the introduction of a new guideline and care record proforma; a 'Fits, Faints and Funny Turns' leaflet is also being produced to raise parental awareness
- a wheeze care record proforma is being developed to better manage patients presenting with moderate and severe asthma; Trust guidance is also being revised in line with national recommendations.

#### **National Cancer Audits**

- there has been an increase in proactive data collection for this audit with much day-to-day work now delegated to multi-disciplinary team coordinators and teams, supported by full guidance and data completeness trackers; our data completeness is now better than the national average for most data fields.

#### **National Heart Failure Audit**

- an outreach heart failure service from cardiology to medicine has been established
- consultant and nursing capacity has been increased to manage additional referral activity
- electronic alert and referral systems have been set up within Medway (the Trust's patient administration system) to identify patients admitted with heart failure and improve their management
- an electronic data capture system has been designed in Medway to improve the capture of data required for the national audit.

#### **National Adult Inflammatory Bowel Disease (IBD) Audit**

- extra IBD specialist nurses are to be recruited and our clinical guidelines for the management of IBD are to be re-written.

#### **National Diabetes Inpatient Audit (NADIA)**

- further diabetes inpatient specialist nurse roles are to be recruited to and an inpatient diabetes steering group is being established to improve the care of diabetic patients.

#### **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 moving forwards
- liaison with primary care and education about 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 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 antenatal endocrine service provision and capacity will be reviewed in order to increase 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 and 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 & Fibrillation) score.
- smoking cessation and referral to pulmonary rehabilitation referral is now a matter of course after introducing the formal discharge bundle of care
- portable spirometers for the three respiratory wards within the Trust and for the Medical Assessment Unit are in the process of being purchased.

#### **Childhood Epilepsy Audit (Epilepsy 12)**

- care pathways, guidance and care proforma will be amended to help improve the management of children with epilepsy
- secondary care epilepsy clinics will be introduced and a transition service set up
- a questionnaire will be designed to capture the parental issues relating to behavioural, developmental and emotional issues of the children.

### **Neonatal intensive and special care (NNAP)**

- further targeted local audits have been identified to help improve practice.

The outcome and action summaries of 218 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2015/16; summary outcomes and actions reports are reviewed on a bi-monthly basis by the Clinical Audit Group. Details of the changes and benefits of these projects will be published in the Trust's Clinical Audit Annual Report for 2015/16<sup>1</sup>.

---

<sup>1</sup> Available via the Trust's internet site from July 2016