

# Clinical Audit Annual Report

## 2017/18

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

**Date:** July 2018



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## Introduction from the Chair of Clinical Audit Group

Clinical audit as a quality improvement tool has had a proven track record within NHS organisations for over a quarter of a century; its utility in demonstrating quality and safety, benchmarking against national standards, prioritising specific local concerns and driving sustained improvements is widely recognised. In recent years the national quality agenda has broadened to incorporate other quality methodologies and these have also been embraced effectively by UH Bristol with the successful formation of the Trust Quality Improvement Academy in 2017. The Clinical Audit & Effectiveness Team has already forged strong links with the QI Academy but now looks forward to progressing even closer integration as the new QI tools become more clearly embedded in clinical practice.

At UH Bristol, clinical audit is a core component of Trust activity and the Clinical Audit & Effectiveness Team have created robust systems and processes that provide strong assurance around (both demonstrating and driving forwards) safe and high quality clinical practice across the Trust. The core business of the Clinical Audit Group is to scrutinise outcomes and action reports from all completed projects as well as to monitor and facilitate the implementation of actions and to cross-reference and support projects at Trust level. The Clinical Audit Facilitators and Convenors are to be particularly thanked for their enthusiasm and commitment within their individual Divisional areas; it is largely thanks to their personal engagement that the volume and quality of clinical audit activity has been maintained and that all of the major specialties at UH Bristol are represented in the programme. This is a great achievement against the sustained clinical and financial pressures that challenge the delivery of NHS quality improvement activities. I would also like to personally thank Stuart Metcalfe, Clinical Audit and Effectiveness Manager, for his sustained commitment to progressing the quality of the Trust's systems and processes.

Clinical audit activity is rising with no parallel increase in capacity within the team responsible for delivering it and so progressing efficiency by supporting development of appropriate IT infrastructure is a key priority for the team moving forwards. In house, the team have already developed an electronic register which supports robust capture and review of national level audit projects which has been a significant step forward in 2017. Impressively, UH Bristol engages with and delivers on a very high number of national audits; sustaining this activity now requires further development of the IT support processes and is a priority for the team.

You will see many examples in this annual report of positive outcomes of clinical audit projects and we will continue to build on this in the future. Linking audit projects to risk, incident reporting and the wider patient safety agenda continues to be a challenge to practically achieve. Significant progress has already been made through better communication with the Divisional safety/governance teams and through changes to the Datix risk system to generate some automatic alerts but the team will continue to look for opportunities to improve further in this area.

The Clinical Audit team welcomes and looks forward to working with the new medical director, Dr Bill Oldfield, as well as to engaging with the new chair of the Trust Audit Committee and to progressing any areas that are highlighted on the upcoming planned internal audit of the service. Previous internal audit and external benchmarking exercises have demonstrated that the Trust has robust processes and controls in place for clinical audit, often beyond those in place in other Trusts.

Karin Bradley  
Chair, Clinical Audit Group

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

### 1.1 Clinical Audit & Effectiveness Team

During the financial year 2017/18, 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.

There have been a number of changes within the team over the financial year. In August 2017, Dominic McLernon was appointed as Clinical Audit Facilitator (covering the Divisions of Medicine and Specialised Services); replacing Trudy Gale. In September 2017, Sandra Messan was appointed as the Teams Clinical Audit Clerk replacing Margaux Schlosmacher.

At the beginning of each year, the team produces an annual workplan. The plan for 2018/19 focuses on further improving the processes for managing and reviewing national clinical audit outcomes, work towards ensuring that all clinical services (at sub-specialty level) participate regularly in clinical audit (a commitment in the Trusts quality strategy), developing a clinical audit e-learning package and work on comparing our processes of governance/assurance of activity compared to other Trusts in the region and to best practice guidance. Progress against the plan will be review by the Clinical Audit Group.

### 1.2 Clinical Audit Group

The Clinical Audit Group (CAG) is the Trust's lead group in relation to all matters relating to the practice of clinical audit. The Group met five times during the financial year 2017/18 to enable discussion of core business, i.e. annual forward plans, quarterly key performance indicators and project progress reports on registered activity. The Group is made up of clinical leads for audit (Clinical Audit Convenors) within Divisions/specialties, Clinical Audit Facilitators and other representatives from the corporate Quality Team.

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

The following members joined the Group in 2017/18:

- Jaina Nyame (Pharmacy)
- Jenny Jones (Adult Emergency Department)
- Rami Fikri (Medical Specialties)
- Ihab Diab (Cardiac Services)

Thanks must go to outgoing Convenors; Rachel Bradley and Radwa Bedair for their contribution to the work of the Group and support for the Clinical Audit Facilitators

### **1.3 Clinical Audit Training**

Through the year, the team run two training workshops. The 'Beginner's Guide to Clinical Audit' workshop is aimed at staff with little or no previous experience of carrying out a clinical audit and would like a good grounding in the basic principles. During 2017/18 the team ran four sessions, training 53 members of staff. The team also runs an 'Essential Excel for Clinical Audit' workshop, aimed at people with limited experience of using Excel to analyse data for audit or evaluation. During the year, the team ran 3 of these sessions training 13 members of staff.

In addition to the scheduled workshops, bespoke training sessions have been run for other staff groups including dental and medical students, nurses and doctor in the Children's Hospital. Clinical Audit is a component of the QI Academy Bronze teaching sessions which run throughout the year.

### **1.4 Forward Planning**

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

Each year's plan reflects agreed priority projects, based on considerations such as anticipated Trust/Divisional quality objectives, national clinical audits, commissioning priorities, national guidance (NICE, Royal College) and local clinical priorities. Projects are categorised based on priority areas for clinical audit as outlined within the Healthcare Quality Improvement Partnerships (HQIP) '*Clinical Audit Programme Guidance*'. The forward plan for 2018/19 can be found at Appendix C.

Progress against projects on the forward plan is closely monitored by the CAET and CAG (as is all registered activity) and reported to the Clinical Quality Group and the Trust Audit Committee. Overall progress against the 2017/18 plan as at the end of the financial year can be found at Appendix D.

### **1.5 Annual Quality Account**

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Account for 2017/18. 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).

### **1.6 National and Regional Involvement**

After seven years in the role, the Clinical Audit & Effectiveness Manager stepped down as 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. The Trust will continue to be represented and involved in the forum.

**Stuart Metcalfe, Clinical Audit & Effectiveness Manager**  
July 2018

## 2. Activity data & 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 2016/17. This includes projects started in previous years and not yet complete as well as projects newly registered in 2016/17.

The definition of terms used as KPIs is outlined below:

<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>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>Project registered before start</b>	Proposal form completed and approved before commencing a project.
<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>Incident/Risk</b>	Audits identified through incident or risk management processes
<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 *	On-going (continuous) monitoring	National	New in year	Project registered before start	Re-audits	NICE guidance	Incident/Risk	Multi-specialty	Multi-professional	Projects with patient involvement	Completed projects	Report produced	Action Plan produced	Confirmed good/acceptable practice #	Abandoned	Deferred
Diagnostic and Therapy	91	3%	7%	52	92%	33%	14%	11%	14%	52%	0%	31	100%	90%	10%	4	2
Medicine	104	7%	13%	52	89%	31%	37%	7%	19%	43%	6%	30	100%	97%	3%	5	2
Non-division specific	5	0%	0%	1	80%	80%	20%	60%	80%	40%	0%	3	100%	100%	0%		
Specialised Services	80	14%	11%	40	78%	23%	26%	7%	21%	49%	0%	22	95%	91%	5%	4	2
Surgery, Head and Neck	144	8%	8%	81	88%	24%	8%	4%	15%	16%	1%	40	83%	80%	20%	21	4
Women and Children's	171	12%	8%	78	73%	35%	15%	12%	12%	40%	3%	83	90%	94%	6%	7	11
<b>TOTAL (2017/18)</b>	<b>595</b>	<b>9%</b>	<b>9%</b>	<b>304</b>	<b>83%</b>	<b>30%</b>	<b>19%</b>	<b>9%</b>	<b>16%</b>	<b>38%</b>	<b>2%</b>	<b>209</b>	<b>92%</b>	<b>91%</b>	<b>9%</b>	<b>41</b>	<b>21</b>
<b>TOTAL (2016/17)</b>	<b>555</b>	<b>10%</b>	<b>10%</b>	<b>269</b>	<b>81%</b>	<b>32%</b>	<b>18%</b>	<b>9%</b>	<b>21%</b>	<b>39%</b>	<b>1%</b>	<b>231</b>	<b>88%</b>	<b>93%</b>	<b>6%</b>	<b>40</b>	<b>9</b>
<b>TOTAL (2015/16)</b>	<b>568</b>	<b>10%</b>	<b>10%</b>	<b>284</b>	<b>79%</b>	<b>27%</b>	<b>18%</b>	<b>9%</b>	<b>22%</b>	<b>41%</b>	<b>2%</b>	<b>231</b>	<b>90%</b>	<b>93%</b>	<b>5%</b>	<b>32</b>	<b>13</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

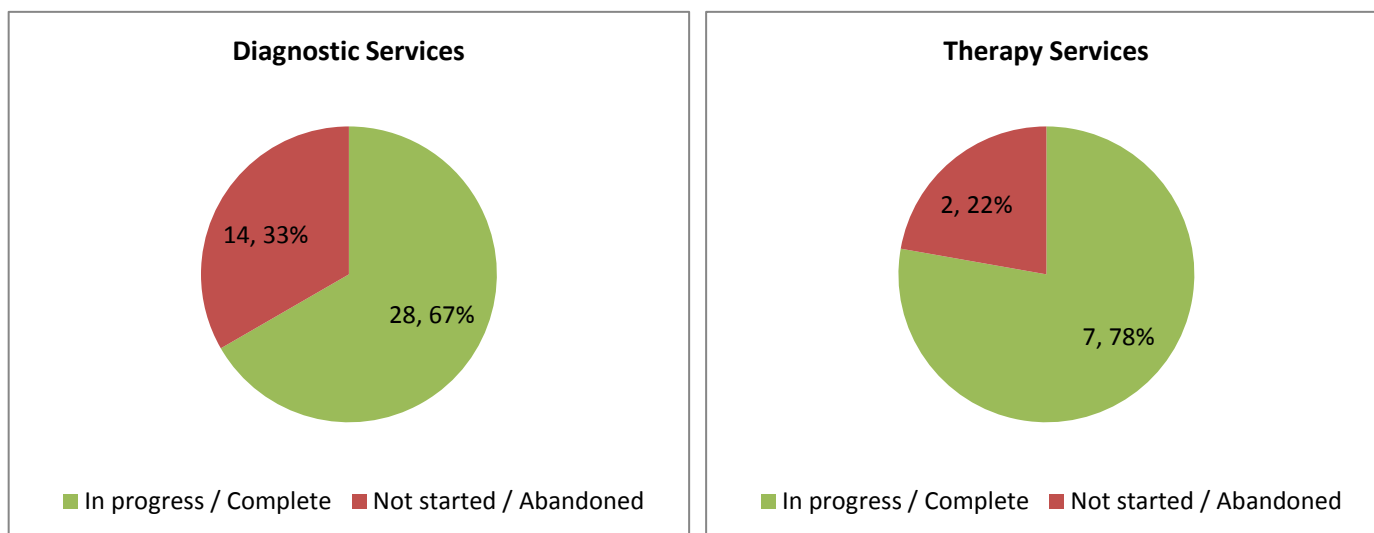
### 3. Divisional summaries and tables

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

#### 3.1 DIAGNOSTICS & THERAPIES

##### Divisional Forward Plan

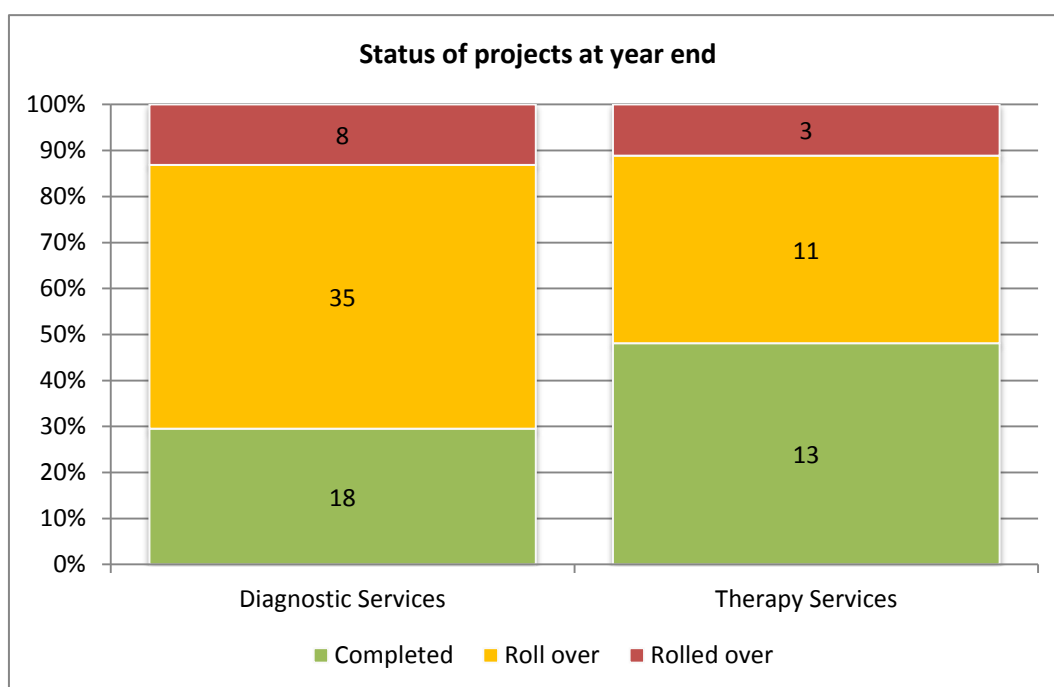
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2017/18.



##### All activity

The chart below shows the status at year end of all registered activity. Projects are categorised as follows:

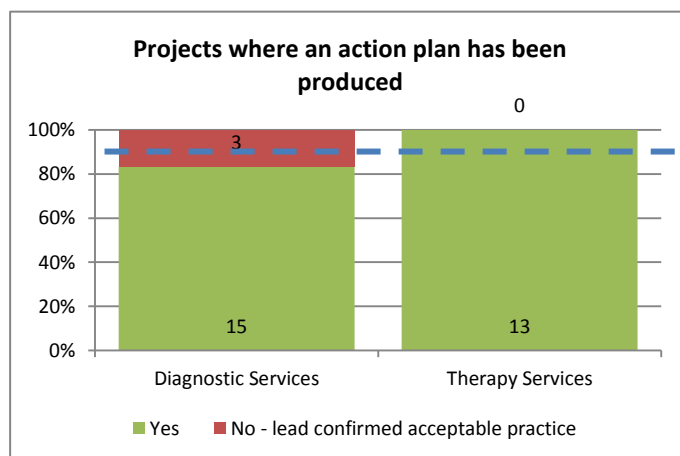
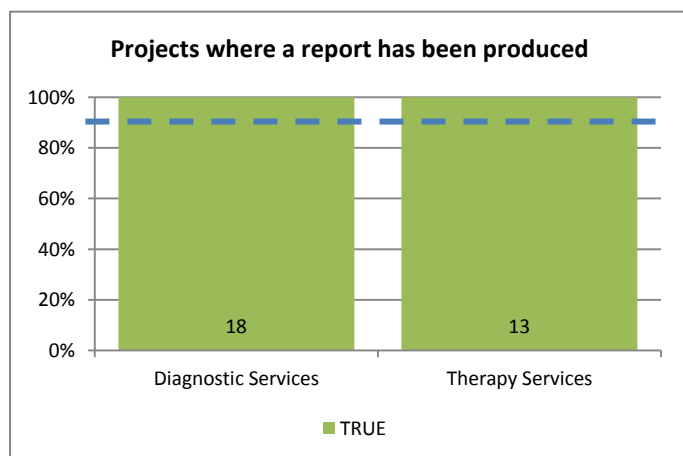
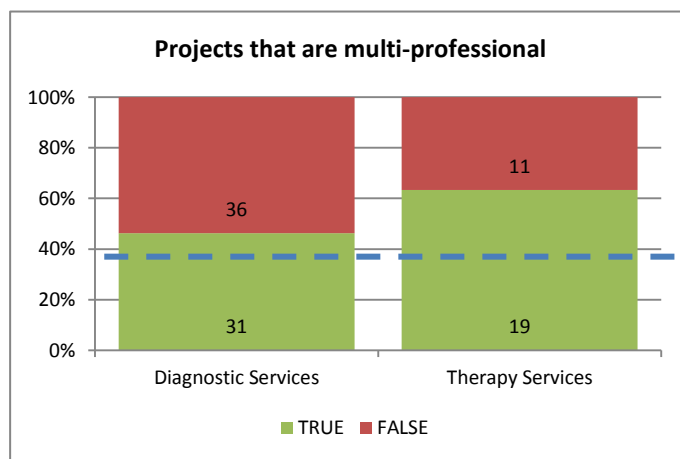
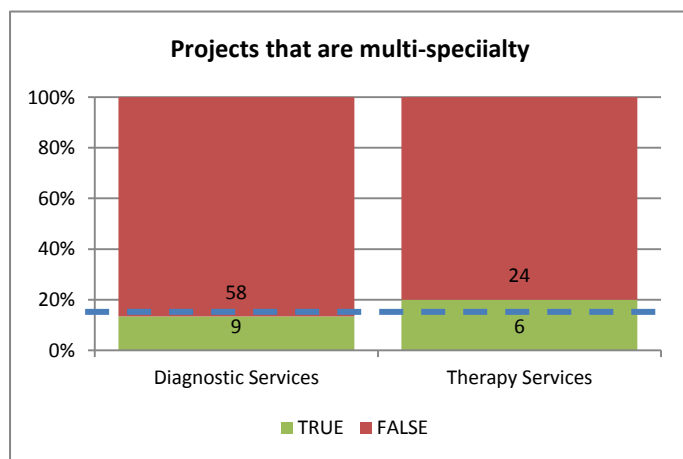
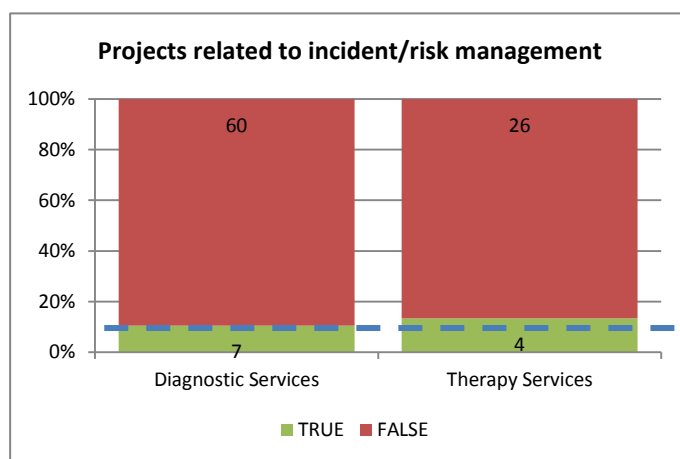
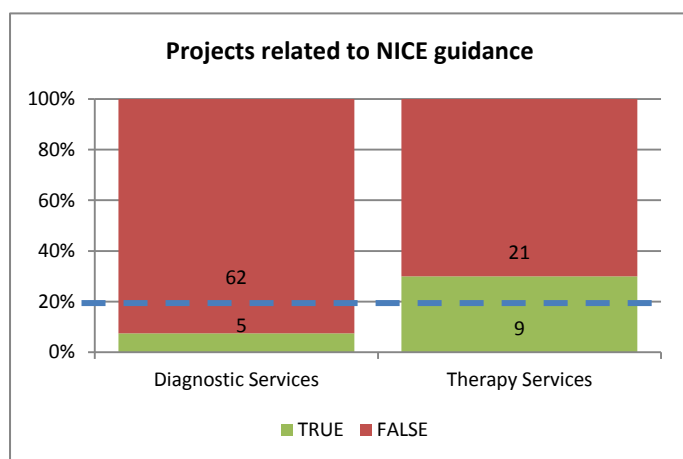
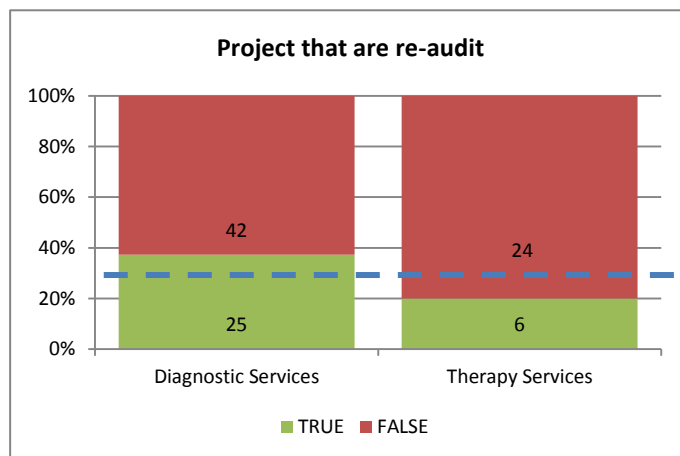
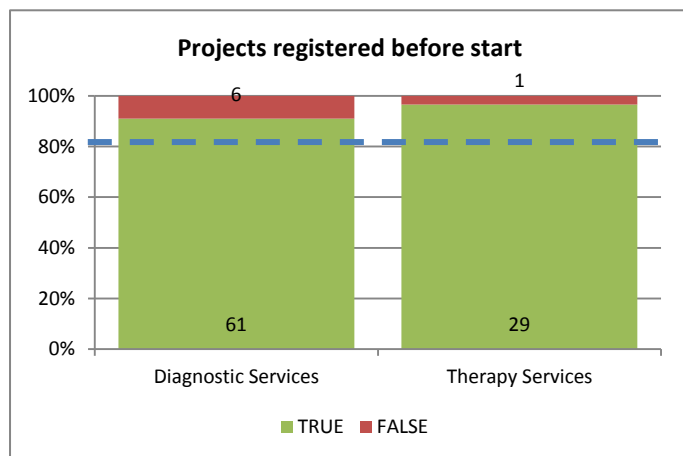
- Completed - Completed in year; this includes projects registered in year or in a previous year.
- Roll over - New projects started in year and have yet to be completed
- Rolled over - Projects registered in previous years but still not completed





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

--- denotes overall figure for each of the KPIs as a comparison to activity as a whole.



## Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2017/18 (FP) are indicated, as are those new projects that were started in year.

Ref	Provisional Title of Project	New	FP	Status
<b>Diagnostic Services - Audiology (Adult)</b>				
4403	Re-auditing Real Ear Measurements 2016			Completed
4502	The completion of Glasgow Hearing Aid Benefit Profile in 2016			In Progress
4661	Diagnosis of Benign Paroxysmal Positional Vertigo			In Progress
4895	Re-auditing Real Ear Measurements 2017	✓		In Progress
<b>Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)</b>				
4527	Recording of Familial Hypercholesterolaemia genotyping reports			Completed
4589	A regional audit of biochemical testing for male hypogonadism		✓	In Progress
4969	Adequacy of biochemical monitoring in home parenteral nutrition patients in UH Bristol (re-audit 4218)	✓		In Progress
<b>Diagnostic Services - Laboratory Medicine (Infection Control)</b>				
733	Infection Control Ward/Department audit			Abandoned
992	Are all Trust employees complying with the Infection Control Hand Hygiene Policy?			Abandoned
2592	Surgical Site Infection Surveillance (SSIS)			Ongoing
3013	Infection Control Environment and Equipment Audit			Deferred
3606	Hand Hygiene Environment: a trust-wide audit of clinical and non-clinical areas			Ongoing
3633	Trust-wide Spot Check Sluice/Commode/Toilet Audit			In Progress
4556	A repeat retrospective audit to establish adherence to the UH Bristol MRSA screening document within the Trust			In Progress
4611	Vascular access management in Cardiac Intensive Care			Completed
4978	Documentation of Peripheral Venous Cannula care on drug charts in adult wards	✓		In Progress
<b>Diagnostic Services - Laboratory Medicine (Laboratory Haematology)</b>				
3839	2014 National audit of transfusion in children and adults with Sickle Cell Disease		✓	In Progress
4503	National re-audit of Patient Blood Management in Adults undergoing Scheduled Surgery 2016		✓	In Progress
4291	2016 National comparative audit of red cell & platelet transfusion in adult haematology patients		✓	Completed
4696	2017 Transfusion Associated Circulatory Overload Audit	✓	✓	In Progress
4757	National audit of red cell and platelet transfusion in adult haematology patients (re-audit 4291)	✓	✓	In Progress
4766	Retrospective re-audit of Group and Save sample labelling	✓	✓	In Progress
4909	Audit of NICE guidelines for cyclic citrullinated peptide (CCP) antibody testing (NICE CG79)	✓		In Progress
<b>Diagnostic Services - Laboratory Medicine (Microbiology)</b>				
4590	Monitoring of Staphylococcus aureus bacteraemia investigations in Paediatrics			Completed
4276	Monitoring of Staphylococcus aureus bacteraemia investigations			Completed
4687	Communication of blood culture critical results pre and post move to the new IT software system Winpath and off site processing at North Bristol Trust	✓	✓	In Progress
4957	Laboratory turnaround times for joint fluid samples	✓		In Progress
<b>Diagnostic Services - Medical Physics &amp; Bioengineering</b>				
3871	Vascular One-stop service			Completed
4659	Patient radiation dose of new CT scanner on level 2 BRI 2016/17		✓	In Progress
4311	Computed Tomography patient radiation dose audit of level 3 scanner in BRI		✓	Completed
<b>Diagnostic Services - Radiology</b>				
3954	Radiological interpretation recorded in the notes by the referrer (re-audit 2985)		✓	Completed

4092	Documentation of Consent		✓	Completed
4425	Communication of incidental findings defined by new Standard Operating Policy			Completed
4463	Musculoskeletal (MSK) ultrasound examinations performed and reported by a MSK Advanced Practitioner Sonographer			Ongoing
4644	Follow-up of focal liver lesions identified on hepatocellular carcinoma surveillance abdominal ultrasound examinations			Completed
4523	Quality of Musculoskeletal MRI knee examinations at University Hospitals Bristol (re-audit 4130)			Completed
4540	Is the WHO safety checklist being completed correctly within Radiology?			Completed
4547	Abdominal Ultrasound performed and reported by Advanced Practitioner Sonographers			Completed
4675	Scan length for CT kidneys, ureters and bladder	✓	✓	In Progress
4676	Annual re-audit of image guided lung biopsies (re-audit 3977)	✓	✓	Completed
4673	Lens of eye exclusion on outpatient CT head and MRI head for patients under 40	✓	✓	In Progress
4694	Abdominal Ultrasound performed and reported by Advanced Practitioner Sonographers with or without discussion with a Consultant Radiologist 2017	✓	✓	In Progress
4708	Gynaecology referrals for complex cysts found on pelvic ultrasound in premenopausal women	✓		Completed
4709	Rectal MRI imaging quality and accuracy of predicting tumour involvement of the circumferential resection margin	✓		Completed
4730	Compliance with CT larynx protocol	✓	✓	In Progress
4755	Gynaecological Ultrasound examinations performed and reported by Advanced Practitioner Sonographers	✓	✓	In Progress
4756	Groin or ventral hernia ultrasound examinations by Advanced Practitioner Sonographers	✓		In Progress
4764	Completing of WHO safety checklist within Radiology (re-audit 4540)	✓	✓	In Progress
4802	Image quality in plain radiographic examinations of the facial bones	✓		In Progress
4803	Re-auditing non-anaesthetist conscious sedation during interventional radiology procedures	✓	✓	In Progress
4808	Quality Assurance Audit of First Trimester Screening Scan	✓	✓	In Progress
4809	Quality assurance audit of 18 to 20+6 week anomaly scan	✓	✓	In Progress
4826	Comparison of radiation dose and study quality in Coronary CT studies between two CT scanners	✓		In Progress
4856	Neuroimaging in lung cancer (re-audit 4558)	✓	✓	In Progress
4879	Maintaining lumbar spine diagnostic plain imaging standards	✓	✓	In Progress
4893	Quality of MRI knee examinations at University Hospitals Bristol (re-audit ID 4523)	✓	✓	In Progress
4907	MRI for suspected Sarcomas – are the appropriate technical requirements for MRI being met?	✓		In Progress
4917	Audit of Testes Ultrasound Reporting by Advanced Practitioners	✓		In Progress
4918	Assessment of image quality MRI Shoulder	✓	✓	In Progress
4970	Image quality for pelvis x-rays performed in Room 05	✓	✓	In Progress
4971	National audit of Fetal Anomaly Screening Programme (FASP) – Key Performance Indicator	✓	✓	In Progress
4988	Re-audit chest x-ray image quality	✓	✓	In Progress
4994	Quality of dynamic liver MRI examinations at UH Bristol	✓		In Progress
4999	Imaging in the Detection of Pulmonary Emboli: Are we minimising radiation dose (re-audit 4270)	✓	✓	In Progress
5001	Inclusion of the bases of lungs on plain CT chest examinations	✓	✓	In Progress
5007	Image quality in A&E referral knee x-rays	✓	✓	In Progress
5008	Adherence to departmental cervical cancer MRI pelvis protocol on outpatient scans	✓	✓	In Progress
<b>Therapy Services - Nutrition &amp; Dietetics</b>				
4390	Meeting nutritional needs CQC regulation 14		✓	Completed
4704	Enteral Tube Feeding Clinical Guideline in Cardiac Critical Care	✓		Completed
4713	Deep dive into nutrition care across UH Bristol	✓	✓	In Progress
4725	Enteral Tube Feeding Clinical Guideline in General Critical Care	✓		In Progress
<b>Therapy Services - Occupational Therapy</b>				

4343	Pathway standards in Acute Older Persons Rehabilitation			In Progress
4883	Record keeping audit within Acute Stroke Therapy Pathway team	✓		In Progress
4887	Deep dive audit of the acute stroke pathway	✓	✓	In Progress
<b>Therapy Services - Pharmacy</b>				
3615	Audit of consultant name on prescription charts		✓	Abandoned
3706	Audit of Medicines Reconciliation at Discharge		✓	Completed
3941	Prescription of Denosumab and teriparatide NICE guidance			Completed
4217	Discharge referrals received by the Postal Anticoagulant Monitoring Service (2015)			Completed
4312	Audit of ivacaftor prescriptions for cystic fibrosis patients			Completed
4370	The use and prescribing of Pabrinex (high dose vitamin B and C intravenous injection) within the Division of Medicine. NICE CG100.		✓	In Progress
4394	Audit of drug chart transcription on discharge from CICU (cardiac intensive care unit) to cardiac wards		✓	Completed
4405	An audit of missed doses on the acute medical unit and older persons assessment unit			Abandoned
4634	Regular post-operative intravenous and oral paracetamol use in adult surgical patients at UH Bristol			Completed
4577	Adherence of the adult Emergency Department to UH Bristol antimicrobial guidelines		✓	Completed
4731	Audit of the Pharmacy endorsing standards.	✓	✓	Completed
4896	Azithromycin use in the prophylaxis of infective exacerbations of COPD and bronchiectasis	✓		Deferred
4908	Antibiotic treatment of lower urinary tract infections in adults	✓		In Progress
4927	A prospective audit evaluating whether the gentamicin prescribing guidelines are being followed	✓	✓	In Progress
4928	Medication optimisation in patients identified with acute kidney injury in UH Bristol Intensive Care Unit.	✓		In Progress
4959	Oral methotrexate treatment on adult patients (except oncology) in UH Bristol	✓	✓	In Progress
<b>Therapy Services - Physiotherapy</b>				
4301	Audit of therapy standards of assessment and treatment within critical care			In Progress
4550	Audit against Early Supported Discharge (ESD) Team for Stroke Pathway Standards		✓	Completed
4604	Therapy led rehabilitation input into adult high care beds against NICE CG 83 and Core Standards for Intensive Care		✓	Completed
4683	Audit against Physiotherapy independent prescriber standards	✓		Completed
4703	Falls and Fragility Fracture Audit Programme: Physiotherapy Hip Fracture Sprint Audit (May 2017)	✓		In Progress
4882	Record keeping audit by Early Supported Discharge team 2017	✓		In Progress
<b>Therapy Services - Physiotherapy</b>				
4958	Fibreoptic endoscopic evaluation of swallowing (FEES) service	✓	✓	In Progress

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

### Diagnostic Services

- 3871** As a result of this audit, the vascular service will now provide a one-stop duplex assessment instruction slip for the vascular consultant to provide to patients to better inform them of the scanning process.
- 3954** This re-audit of radiological interpretation recorded in the notes by the referrer confirmed improvement. An online electronic IRMER training system is being developed to remind referrers of their responsibilities under IRMER, for both referral and recording interpretation in notes. Further audit will be undertaken in six months.
- 4092** This audit of documentation of consent identified the need to educate staff to complete a written consent using the Trust standard consent form (for all interventional procedures bigger than a green needle). Staff have been reminded to record on the consent form if patient information was offered and to provide the pink copy of the written consent to the patient.
- 4276** It was agreed that microbiologists will now attach an addendum investigations and treatment checklist to the medical microbiology notes as a result of this audit of monitoring of staphylococcus aureus bacteraemia investigations.
- 4291** This national comparative audit of red cell and platelet transfusion in adult haematology patients confirmed good

practice.

- 4311** This audit of computed tomography patient radiation doses confirmed that doses complied with national guidance. A re-audit will be conducted in three years' time.
- 4403** This re-audit of real ear measurements demonstrated excellent compliance with standards. Staff have been encouraged to document explanations why a real ear measurement was not saved whenever occurring.
- 4425** A comprehensive action plan was developed after this audit of communication of incidental findings. A divisional plan divisional plan was agreed to ensure that all plain films are reported. The standard operating procedure (SOP) for urgent and unexpected findings has been reviewed and will be re-circulated annually and incorporated into the induction pack for new staff.
- 4523** This re-audit of the quality of musculoskeletal MRI knee examinations confirmed improvements in practice. Radiographers were reminded of the correct alignment/coverage required for knees imaging.
- 4527** This audit of recording of familial hypercholesterolaemia information in patient's notes highlighted that a number of reports were missing. These reports were re-printed and filed in the medical record.
- 4540** This audit demonstrated that the WHO safety checklist was not always completed correctly within Radiology. A SOP for completing the checklist has been created and circulated to all staff. It was agreed that the person who completes the "sign out" should sign and date the checklist and scan it into CRIS. A re-audit will be conducted later in the year.
- 4547** This audit of the practice of abdominal ultrasound and reporting by Advanced Practitioner Sonographers confirmed that clinically justified and high diagnostic quality ultrasound examinations were being performed. Staff ideas for expanding reporting phrases were collated and will be implemented where appropriate. Protocols will also be updated and new reporting pathways added.
- 4590** As a result of this audit of monitoring of staphylococcus aureus bacteraemia investigations in paediatric patients, it was agreed that a checklist of advice regarding investigation and treatment will be appended to the medical notes.
- 4611** Improvements in vascular access management in cardiac intensive care were demonstrated as a result of this re-audit. Staff have been reminded that a risk assessment is to be completed in response to nil clve in-situ on emergency peripheral line.
- 4644** As a result of this audit of follow-up of focal liver lesions identified on hepatocellular carcinoma (HCC) surveillance abdominal ultrasound examinations, new reporting codes have been created to include further imaging required and 'email report to referrer'. In future, the ultrasound superintendent will send out a copy of the 'management of potential HCC found in cirrhotic livers' protocol to registrars and locum sonographers when they start in the department.
- 4676** The results of this annual re-audit of image guided lung biopsies demonstrated that standards had improve further in the majority of areas. Current practical biopsy technique and after care will be continued and further audit undertaken in 12 months.
- 4708** This audit of gynaecology referrals for complex cysts found on pelvic ultrasound in premenopausal women demonstrated the need for further education. A programme is in place and will continue to further help improvement with adherence to guidelines.
- 4709** A standardised MRI rectal cancer staging protocol was developed as a result of this audit of rectal MRI imaging. Patients with a new diagnosis of rectal cancer are to be booked on dedicated slots on Thursdays when radiologists with special interest in GI imaging are available to help with planning scans. It was agreed that Buscopan (unless contraindicated) will be used in all MRI rectum studies to reduce artefact from peristalsis.

### **Therapy Services**

- 3706** The results for the audit of medicines reconciliation at discharge were poor especially the documentation on discharge. Issues will be addressed with the introduction of the Trust electronic prescribing system currently being rolled out.
- 3941** This audit of prescription of denosumab and teriparatide against NICE guidance showed that prescribing was appropriate in the majority of standards. The audit identified the complexity of NICE guidance for osteoporosis which need to simplified.
- 4217** This re-audit demonstrated improvement in the quality of discharge referrals received by the Postal Anticoagulant Monitoring Service. A poster with details of warfarin monitoring services and how to refer to wards/ward pharmacists was circulated. An audit of completion of warfarin charts (to include both dosing and discharge sections) will be conducted once electronic prescribing is in place.
- 4312** This audit of ivacaftor prescriptions for cystic fibrosis patients identified a low rate of annual follow up for assessing adequate response to treatment. A Trust guideline which reflects the local clinical commissioning policy was developed and a database of patients on ivacaftor therapy set up to help ensure regular follow up of

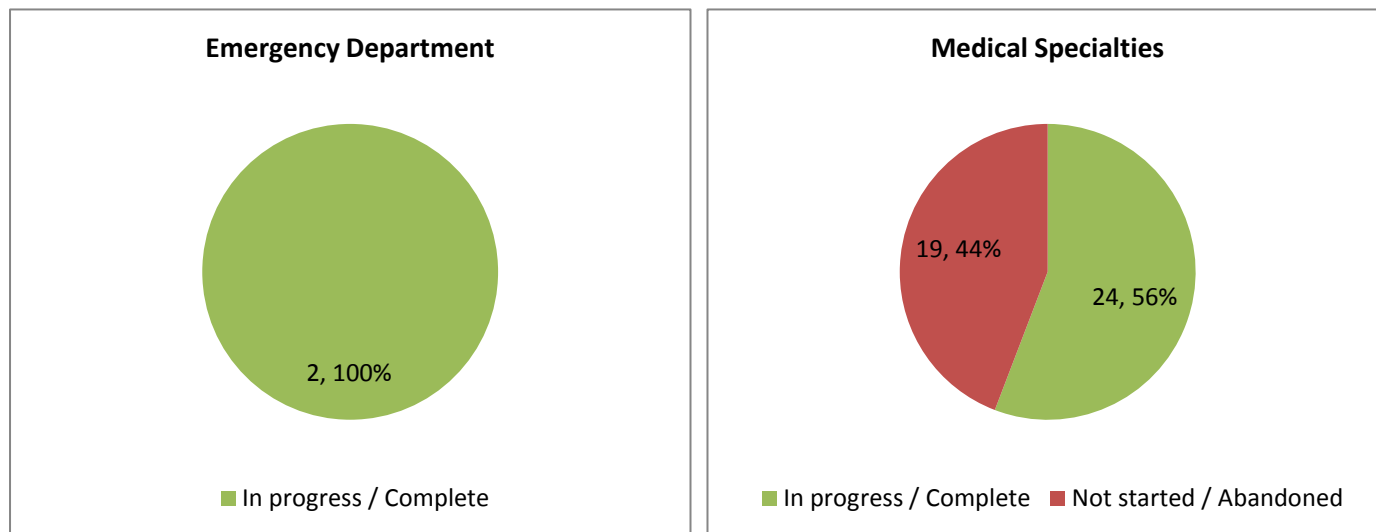
patients.

- 4390** Although this audit of nutritional needs (CQC Regulations) demonstrated good practice, there were areas identified for improvement. The audit highlighted the need for improvement for a few of the audit standards and comprehensive actions including further education and the development of a revised food chart are in the process of being implemented.
- 4394** An SOP was produced after this audit of drug chart transcription on discharge from CICU (cardiac intensive care unit) to cardiac wards. A bigger audit of prescribing for cardiac surgery patients will be carried out later in the year.
- 4550** As a result of this re-audit against stroke pathway standards, timescales were reviewed and the matrix and referral criteria transferred into SOP format. CISS/Medway systems will be adapted in line with the inpatient system to determine whether input from the early supportive discharge team achieved the level of input that should have been provided.
- 4577** As a result of this audit of adherence of local antimicrobial guidelines, a guideline for prophylaxis post skin laceration was developed, to be used in the adult Emergency Department. A nitrofurantoin pre-pack was introduced to the department stock list and pharmacy management are to review and re-issue the pre-pack policy.
- 4604** The results of this re-audit of therapy led rehabilitation input into adult high care beds against NICE and Core Standards for Intensive Care showed some improvement. The 'standards of high care document' is to be included in induction pack to help raise awareness further. Team and new staff have been educated as to the use of standardised smart goals and allocate time for completing CISS. Staffing issues in occupational therapy are to be reviewed by the senior management team.
- 4634** The Trust's basic acute pain management guideline was amended as a result of this audit of patients switched to oral paracetamol as soon as the patient can tolerate oral intake post-surgery. Staff have been encouraged to give oral paracetamol in all its forms (rather than IV) as soon as it can be tolerated. It was agreed that pharmacists will challenge prescribers when no review of IV paracetamol is documented in the patient's notes.
- 4683** As a result of this audit of physiotherapy independent prescriber standards it was agreed that for each prescription completed, a letter to the referrer and GP will be completed and a review date given; clinical reasoning regarding the need for prescription will be made apparent in the letter.
- 4704** The management of feed intolerance /flowchart section of the enteral feeding protocol was revised as a result of this audit of enteral tube feeding in cardiac critical care.
- 4731** The pharmacy endorsement standards are to be updated to reflect utilisation of electronic prescribing as a result of this audit.

## 3.2 MEDICINE

### Divisional Forward Plan

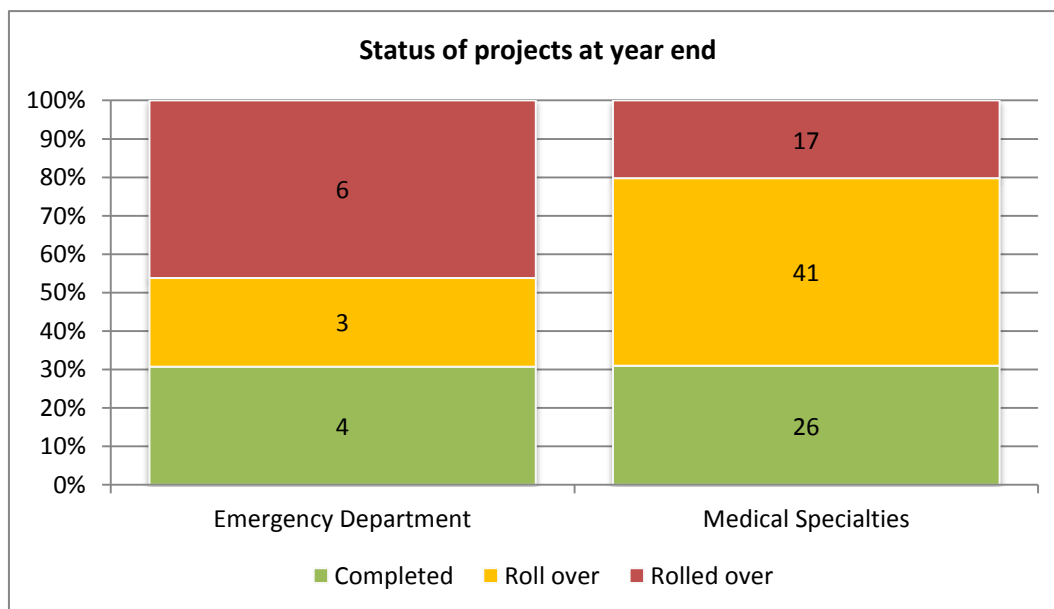
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2017/18.



### All activity

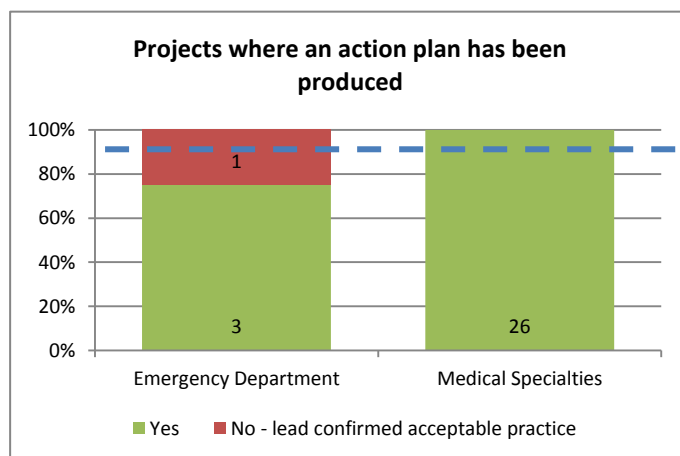
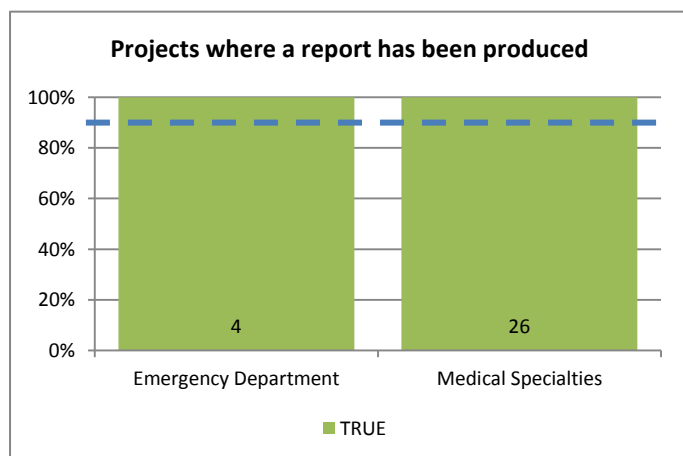
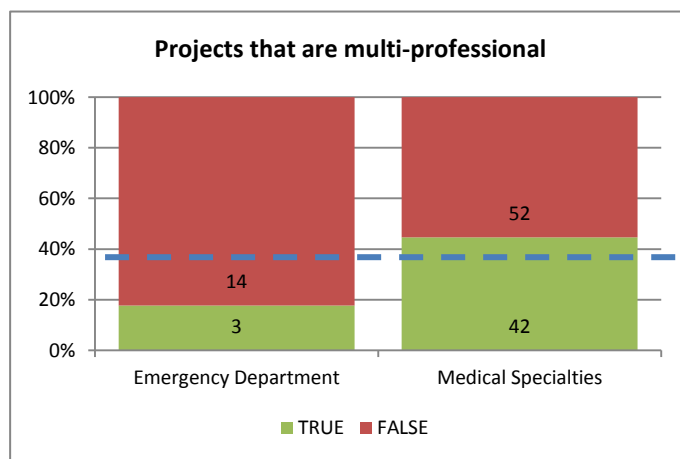
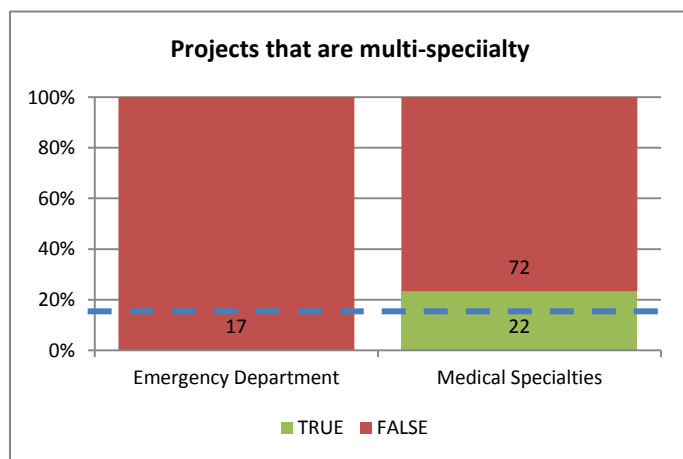
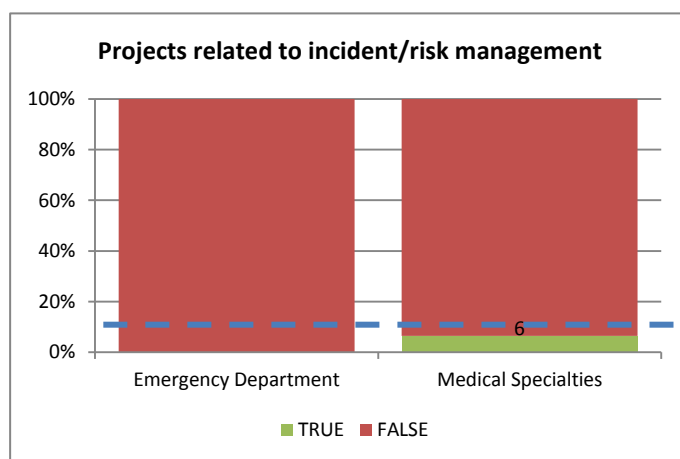
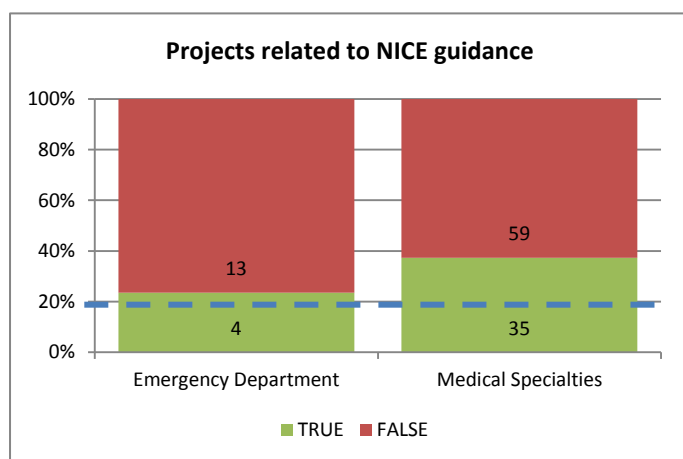
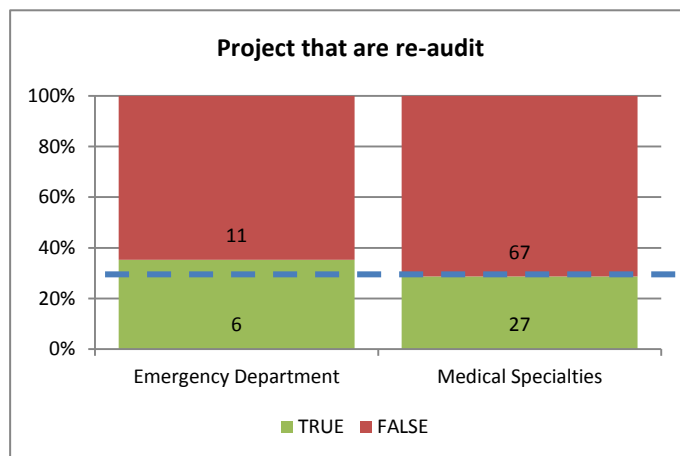
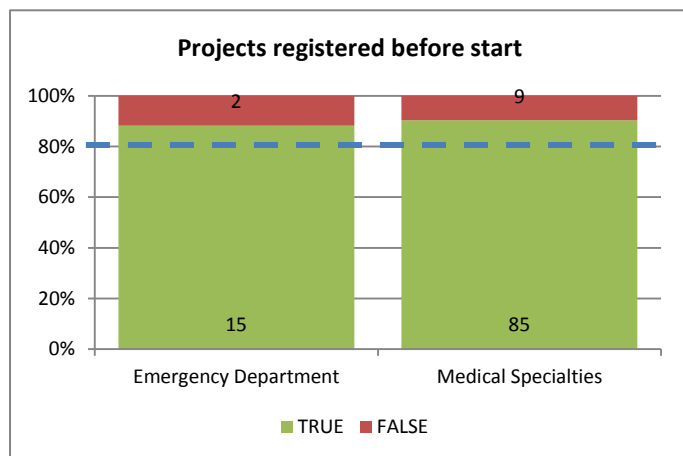
The chart below shows the status at year end of all registered activity. Projects are categorised as follows:

- Completed - Completed in year; this includes projects registered in year or in a previous year.
- Rolled over - New projects started in year that have yet to be completed; this includes 'Ongoing' projects.
- Abandoned/Deferred - Abandoned/Deferred in year
- Rolled over & roll over - Projects registered in previous years but still not completed



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

--- denotes overall figure for each of the KPIs as a comparison to activity as a whole.





## Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2017/18 (FP) are indicated, as are those new projects that were started in year.

Ref	Provisional Title of Project	New	FP	Status
<b>Emergency Department (Adult)</b>				
4055	Adult High Risk Returners to the Emergency Department			Abandoned
4207	Re-audit of Paracetamol Overdose in the Emergency Department (re-audit 3544)			In Progress
4250	Re-audit of Head Injury Management in the Emergency Department (re-audit 3593)		✓	Completed
4251	SHINE Checklist in the Emergency Department		✓	Ongoing
4269	Drug Charts, Medication and Electronic Discharge Summaries (EDIS) Completion on the Emergency Department (ED) Observation Unit		✓	Abandoned
4499	Severe Sepsis and Septic Shock in Adults - Royal College of Emergency Medicine (RCEM) Audit		✓	Completed
4500	Moderate and Acute Severe Asthma - Royal College of Emergency Medicine (RCEM) Audit		✓	Completed
4546	National Early Warning Score (NEWS) in the Emergency Department (ED)			In Progress
4570	Royal College of Emergency Medicine (RCEM) - Consultant Sign-Off 2016			In Progress
4571	Re-audit of Paracetamol Overdose in the Emergency Department			In Progress
4572	Audit of new guideline for management of suspected PE in pregnancy and the puerperium in ED, GPSU and ACU			Completed
4591	CTKUB (computed tomography, kidneys, ureters and bladder) audit			Deferred
4592	Radiology Reporting in the ED – Documentation of Real Time and Delayed Radiology Reports			In Progress
4624	Adherence to WHO Checklist During Invasive Procedures in the Emergency Department			In Progress
4878	Severe Sepsis and Septic Shock Local (re-audit 4499)	✓		In Progress
4894	Royal College of Emergency Medicine (RCEM) Procedural Sedation Audit	✓	✓	In Progress
4929	Management of Moderate and Acute Severe Asthma in the BRI Emergency Department	✓		In Progress
<b>Medical Specialties - Acute Medicine</b>				
4387	Do Inpatients Know Who Their Named Consultant and Nurse Are?			In Progress
4735	Audit of Incomplete Discharge Summaries within 24hour Target	✓		Abandoned
4930	Four Hour Admission to Acute Stroke Unit (ASU)	✓		In Progress
<b>Medical Specialties - Care of the Elderly</b>				
2486	OLP009 - Falls and Fragility Fractures Audit Programme - National Hip Fracture Database (NHFD)			Ongoing
4242	Fracture Liaison Service Database (National Audit - RCP)		✓	In Progress
4359	National Audit of Dementia 2017 (re-audit 2394 & 3526)		✓	In Progress
4382	Patients with falls (ED and inpatient) having a PELVIC/Hip Xray reported within 24hrs.			Abandoned
4385	Re-audit of Do not attempt resuscitation : documentation and discussion (re-audit 3818)			Abandoned
4623	Re-audit of Intermittent Pneumatic Compression (IPC) use in Stroke Patients			Completed
4669	Post Inpatient Falls Guidance			In Progress
3818	Do not attempt resuscitation : documentation and discussion			Completed
4518	Use of the Abbey Pain Scale in patients with dementia & delirium over the age of 65 years			Completed
4549	IV Zolendronate acid audit in patients over 50 years with an osteoporotic fragility fracture			Completed
4568	An Audit of Ward-Based Paper Medical Records Storage: A Target to Maintain Confidentiality and Patient Safety			Completed
4682	Discharge Summary Standards (re-audit 4297)	✓		In Progress
5048	National Audit of Inpatient Falls (NAIF) 2017	✓	✓	In Progress
4722	Use of Comprehensive Geriatric Assessment on Older Persons Assessment Unit	✓		Completed
4945	Mouth Care Matters – Is Mouth Care Being Recorded in Inpatient Notes?	✓		In Progress

4993	National Delirium Day Audit	✓		In Progress
4998	National Audit of Dementia 2018 (re-audit 4359, 3526 & 2394)	✓		In Progress
<b>Medical Specialties - Contraceptive &amp; Sexual Health Services (CASH)</b>				
4248	Re-audit of the management of first episode of genital herpes (re-audit 2644/2129)		✓	Completed
4668	Re-audit of Patient Records for Under 18s in Sexual Health Services in Bristol (re-audit 3650)			Completed
4671	Review of Empirical Antibiotics Usage in Suspected Urinary Tract Infection (UTI)			Completed
4498	The management of early syphilis		✓	Completed
4680	An audit of contraceptive diaphragm assessment and provision	✓		Completed
4788	Implementing a VTE Risk Assessment in the Pregnancy Advisory Service	✓		In Progress
4817	Sexual History Taking and Documentation in Unity Sexual Health and Partners	✓		In Progress
4816	Partner Notification for Positive Chlamydia and Gonorrhoea in Community Clinics	✓		In Progress
4820	Child Sexual Exploitation (CSE) Assessment Completion in Unity Sexual Health	✓	✓	In Progress
4821	Documentation of Domestic Violence in Unity Sexual Health Service	✓	✓	In Progress
4865	Emergency Intrauterine Device (IUD) Referral and Fitting from Primary Care	✓		Completed
4866	Management of Non-Gonococcal Urethritis (NGU) in Unity Community Sexual Health Clinic.	✓	✓	In Progress
4913	British Association for Sexual Health and HIV (BASHH) Guidelines on HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE)	✓	✓	In Progress
4936	Nexplanon Implant Insertion in Unity Sexual Health	✓		In Progress
4989	Management of Gonorrhoea in Patients at Unity Sexual Health	✓	✓	In Progress
<b>Medical Specialties - Dermatology</b>				
3569	Skin Cancer Complete Excision Rates Audit		✓	Ongoing
4340	National audit of non-melanoma skin cancer (NMSC) excision and completeness of histopathological reporting.			In Progress
4418	Re-audit of the Assessment of Patients Prior to Commencement of Biologics Therapy for Psoriasis (re-audit 3204)			In Progress
4660	Dermoscopy of Pigmented Lesions (re-audit 2299 & 3264)			Completed
4053	An audit of the Extracorporeal Photophoresis service of patients with CTCL			Completed
4258	Re-audit of the WHO Surgical Check List (re-audit 4156)			Completed
4442	Audit on consent in patients with cognitive impairment booked for skin surgery			Completed
4685	National re-audit on the assessment and management of psoriasis	✓	✓	In Progress
4749	Patch Testing in Patients with Contact Dermatitis Referred to Bristol Dermatology Centre	✓		Completed
4787	Audit of 5 year outcome for squamous cell carcinoma of the skin	✓		Deferred
4815	Monitoring PIIINP Levels in Dermatology Patients on Methotrexate	✓	✓	In Progress
4823	Teledermatology and 2 Week Wait Pathway	✓		In Progress
4916	Follow-Up Appointments for Patients on Medication for Systemic Monitoring	✓	✓	Completed
4943	Mohs Micrographic Surgery (MMS)	✓		Completed
4961	Audit of Consent and Referral Process for Clinical Photography in Dermatology Department	✓		In Progress
4962	Omalizumab in Chronic Spontaneous Urticaria	✓	✓	In Progress
4979	British Association of Dermatologists (BAD) National Clinical Audit on Bullous Pemphigoid	✓		In Progress
<b>Medical Specialties - Diabetes &amp; Endocrinology</b>				
3937	LTC002 - National Pregnancy in Diabetes Audit			Ongoing
3942	LTC002 - National Diabetes Foot Care Audit (NDFA)			Ongoing
4063	LTC002 - National Diabetes Audit (NDA)		✓	Ongoing
4455	Diabetes Medication Errors on MAU and A400			In Progress
4479	National Inpatient Diabetes Audit 2016 (re-audit 3336/4182)		✓	In Progress

4792	Inpatient Self-Management of Diabetes	✓		In Progress
4790	Care Delivered and Patient Perception of Diabetes Care	✓		In Progress
4789	Diabetes Inpatient Foot Examination	✓		In Progress
4793	Audit of hypoglycaemia	✓		Completed
4818	National Diabetes Inpatient Audit (NADIA) 2017	✓	✓	In Progress
4892	Cabergoline Audit in Bristol Royal Infirmary Endocrine Department	✓		Completed
4937	Transition from Paediatric to Adult Diabetes Services	✓		In Progress
<b>Medical Specialties - Gastroenterology &amp; Hepatology</b>				
4545	Compliance with Antibiotic Prescribing			In Progress
4616	Re-audit Prophylactic Antibiotics for Cirrhotic Patients with Upper GI Bleeds			In Progress
4630	Total Parenteral Nutrition (TPN) Prescribing Re-audit			Completed
4655	Intravascular Catheter Infections in Patients with Tunnelled Lines for Home Administration			In Progress
4667	An audit to assess the whether DEXA scans are being ordered appropriately in patients with severe inflammatory bowel disease on corticosteroids.			In Progress
4300	Biological Multidisciplinary Team (BMDT) meeting audit - before and after			Completed
4386	Vedolizumab Audit			Completed
4859	Inflammatory Bowel Disease (IBD) Outpatient Follow-ups	✓		In Progress
4867	Review of Patients with Crohn's Disease who have Undergone Resection	✓		In Progress
4877	Ustekinumab Patient Care Pathway & Review Process Audit	✓		In Progress
4891	Vedolizumab Patient Care Pathway & Review Process Re-audit	✓		In Progress
4934	Ascitic Tap in Patients with Cirrhosis and Ascites	✓		In Progress
4545	Compliance with Antibiotic Prescribing	✓		In Progress
4616	Re-audit Prophylactic Antibiotics for Cirrhotic Patients with Upper GI Bleeds	✓		In Progress
<b>Medical Specialties - Respiratory</b>				
4521	British Thoracic Society (BTS) National Adult Asthma Re-audit 2016		✓	Completed
4569	Non-Invasive Ventilation (NIV) in Motor-Neuron Disease (MND)			In Progress
4617	Documentation of Discussions Regarding Future Non-Invasive Ventilation			In Progress
4625	National Chronic Obstructive Pulmonary Disease (COPD) Audit 2017/18		✓	In Progress
4684	Adult Bronchoscopy National Audit 2017	✓	✓	In Progress
4786	Emergency Oxygen Use at the Bristol Royal Infirmary and Bristol Heart Institute	✓		In Progress
4912	National Adult Bronchiectasis Audit 2017	✓		In Progress
4935	Screening for Latent Tuberculosis Infection Prior to Commencing Biological Therapy	✓	✓	In Progress
4946	Non-Invasive Ventilation (NIV) Provision Against NCEPOD and BTS Recommendations	✓		In Progress
4997	Smoking Cessation Re-Audit at the Bristol Royal Infirmary (4299)	✓		In Progress
<b>Medical Specialties - Rheumatology</b>				
4481	An audit of patient compliance with the taking of calcium supplements and bisphosphonates		✓	In Progress
4476	Audit of Screening for Pulmonary Arterial Hypertension in Scleroderma and Associated Disorders			Completed
4810	Management of Axial Spondyloarthritis	✓	✓	In Progress
4813	Management of Peripheral Vascular Complications of SSC	✓		In Progress
4973	Viral Screening Prior to DMARD Commencement in Early Arthritis Patients	✓		In Progress
<b>Medical Specialties – Stroke Medicine</b>				
2601	OLP008 - Sentinel Stroke National Audit Programme (SSNAP)		✓	Ongoing
4412	Comparative utility of MoCA, OCS and RBANS for cognitive screening after acute stroke			In Progress
4623	Re-audit of Intermittent Pneumatic Compression (IPC) use in Stroke Patients			Completed

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

### ***Emergency Department***

- 4250** This re-audit demonstrated an improvement in the use of computerised tomography (CT) head scanning within one hour of patients arriving in the Emergency Department with sustained or suspected head injuries. A continuous education programme for doctors and emergency nurse practitioners is in place. Departmental clinical leads are working with the Radiology Department to reduce scanning and reporting times.
- 4499** This national sepsis audit demonstrated that the Trust's Emergency Department performed well at recognising patients who require oxygen therapy and at taking lactates and blood cultures within the first hour of arrival. It also identified that administration of antibiotics within one hour and four hours required improvement leading to further staff training.
- 4500** This national audit led to a review of the Trust's emergency department asthma clinical guidelines in view of updated guidance from the British Thoracic Society (BTS). The new guidelines will be rolled-out through a clinical teaching programme.
- 4572** This re-audit demonstrated improved adherence to all aspects of the Trust's suspected pulmonary embolism in pregnancy and the puerperium clinical guideline. Further training has been planned for medical staff on the use of the corresponding clinical proforma.

### ***Medical Specialties***

- 3818** This audit led to the redesign of a patient information leaflet on decisions not to attempt resuscitation and resulted in education for palliative care nurses. The project results were shared across several multidisciplinary groups across the Trust including the Safeguarding Team and Resuscitation Team.
- 4053** This audit resulted in education for clinicians on the use of extracorporeal photophoresis (ECP) and the need for clinical photography to demonstrate patients' clinical progress after treatment. Education was also provided to clinicians on the use an ECP proforma for baseline assessment and three monthly follow-up assessment.
- 4248** This re-audit demonstrated that management of first episode genital herpes was very good in the areas of sexual history taking, examination and diagnosis. However, it highlighted the need for improving the provision of information on the disease, offering recommended antiviral therapy and offering a follow-up appointment two weeks after diagnosis. Teaching on the management genital herpes was agreed as part of service induction for junior doctors.
- 4258** This re-audit on the use and completion of the World Health Organisation (WHO) surgical checklist within the dermatology department demonstrated an improvement. The project was presented at a meeting of the European Academy of Dermatology & Venereology and subsequently published in the Journal of Investigative Dermatology.
- 4300** This audit resulted in improvements to the advice given to patients with inflammatory bowel disease (IBD) regarding faecal calprotectin testing, recommended by NICE to help clinicians distinguish between different types of IBD.
- 4386** This audit resulted in education for all clinical staff on the necessity of completing the screening form for patients receiving biologic medication for IBD.
- 4442** Following this audit of consent and capacity assessments in patients with cognitive impairment who are planned to undergo skin surgery, changes to the electronic surgical booking form were made. The capacity algorithm is now displayed in each consulting room and skin surgery theatre, to support clinicians in the consenting process.
- 4476** This project has led to the potential introduction of a screening algorithm for pulmonary arterial hypertension in patients with systemic sclerosis.
- 4498** The Trust's clinical guideline on management of non-pregnant adults with positive syphilis serology was updated to include information on common side effects as a result of this project. Additionally, lengthier consultations are now in place for patients newly diagnosed with syphilis.
- 4518** This audit led to a Trust safety briefing being issued and posters displayed in staff areas regarding the importance of using the abbey pain scale in patients with dementia and delirium.
- 4521** This national audit improved the quality of discharge care bundles provided to asthma patients by including nurse-led support on inhaler technique, provided by the Respiratory Specialist Nursing Team.
- 4549** Local clinical guidelines regarding the use and monitoring of intravenous zoledronate acid were updated as a result of this audit. This is a medication used to reduce bone loss in patients with osteoporosis which can have renal side-effects.
- 4568** To improve the security of patient notes, reminders are routinely given by the nurse in charge at the morning board round to the multidisciplinary team regarding the importance of hardcopy patient records being kept

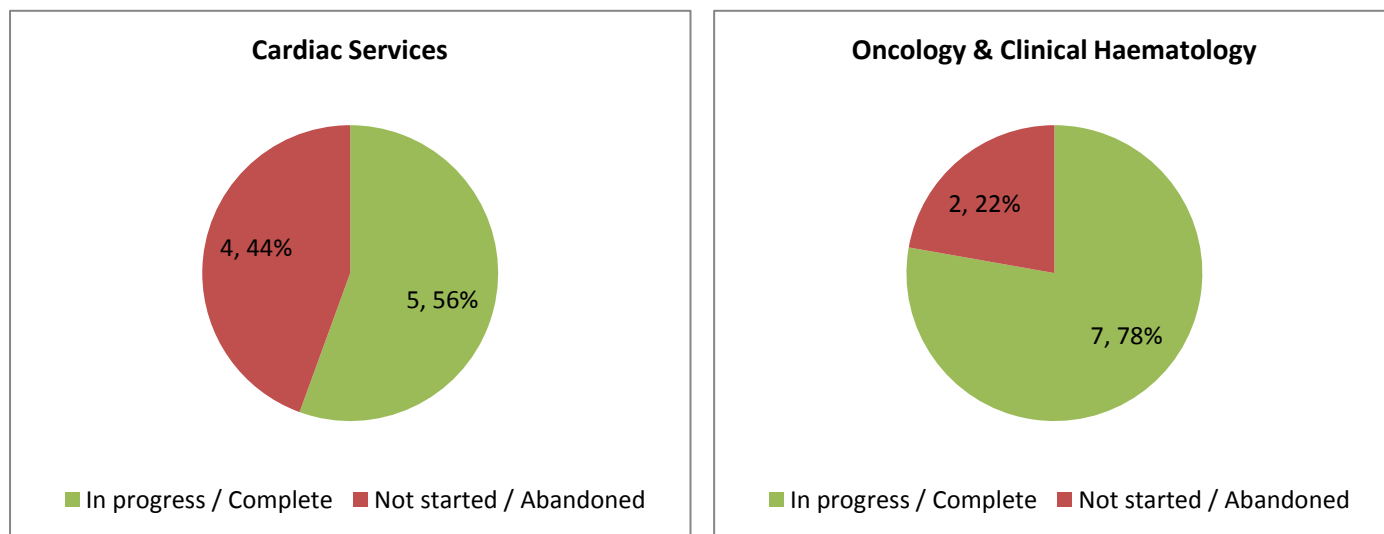
securely. A dedicated and clearly labelled box is now used for storing patient medical records that are waiting for clinical coding or re-filing after the patient has been discharged.

- 4623** This re-audit demonstrated that intermittent pneumatic compression (IPC) is prescribed and used appropriately in accordance Trust protocol, however there remains room for improvement. The SOP for stopping IPC in patients who have suffered a stroke was reviewed as a result of this project. Additionally, education on IPC prescribing is now included as part of the Stroke Unit induction for junior medical staff.
- 4630** After ascertaining that prescription charts for total parenteral nutrition (TPN) were not dual-signed by registered nurses in every case, this requirement is being emphasised during study days on peripherally inserted central catheter (PICC) lines and ward-based TPN teaching sessions.
- 4660** This re-audit demonstrated improved use of dermoscopy in pigmented lesions in comparison to 2010 and 2012, however further improvement is required. The need to document dermoscopy findings in the notes, and not just to use the dermatoscope, will be emphasised at annual teaching session. Another re-audit is planned for 2019 to determine whether there have been improvements in the use and documentation of dermoscopy for pigmented lesions.
- 4668** Changes were made to the data capture proforma used to assess patients under the age of 18 years who present to Unity Sexual Health. Overall, the service demonstrated very good practice in relation to documenting the key aspects of child protection assessment.
- 4671** This review of empirical antibiotics usage in suspected urinary tract infections led to a first line antibiotic treatment change from Trimethoprim to Nitrofurantoin. This was in view of local resistance patterns and the change is aligned to NICE guidance on antimicrobial stewardship.
- 4680** Following this audit, Unity Sexual Health reviewed its protocol for prescribing and issuing the contraceptive diaphragm.
- 4722** A patient assessment sheet, aligned to the comprehensive geriatric assessment, was developed following this audit. The assessment sheet integrates a number of screening tools used by the multidisciplinary team for assessing the emotional and psychological wellbeing of older adults amongst other aspects of care.
- 4749** Good compliance was demonstrated by the Dermatology Department against national guidelines on patch-testing in patients with contact dermatitis. Improvement work is being carried out to capture evidence of clinical consideration of second-line treatments. Clinicians have also been encouraged to use a quality of life questionnaire which encourages patients to raise their concerns and therefore aids further clinical management.
- 4793** This audit resulted in a nursing and medical education programme to improve the management of hypoglycaemia in insulin treated diabetic inpatients. The training had a specific focus on timely capillary blood glucose re-testing and follow-up with long-acting carbohydrates.
- 4865** This audit resulted in guidance for doctors when calculating clinical effective timeframes for the insertion of intrauterine devices (IUD) as emergency contraception. Following amendments to the referral form, primary care clinicians are now asked to signpost women to the Unity Sexual Health website for information on emergency contraception.
- 4892** Following this audit, a standard recommendation was added to the clinic letters of patients treated with cabergoline (a medication routinely used in the management of benign tumours of the pituitary gland). The recommendation informed primary care clinicians that treatment may, in rare cases, affect mood and behaviour causing impulse control problems.
- 4916** After reviewing the rate of follow-up appointments for patients on medications requiring systemic monitoring, a system has now been implemented to improve the process. The system involves clinicians highlighting on patients' consultation outcome forms that systemic medication is prescribed. This allows the Bookings Team to place a 'flag' on the electronic patient system which subsequently informs future appointment arrangements for those patients.
- 4943** This audit assessed mohs micrographic surgery (MMS) practice against draft NICE standards, enabling local feedback to be provided to NICE. Service development work is also being carried out locally following review of the results. The development work addresses safety deficiencies in the MMS laboratory, specialist nurse provision and improving histo-technicians' professional development opportunities.

### 3.3 SPECIALISED SERVICES

#### Divisional Forward Plan

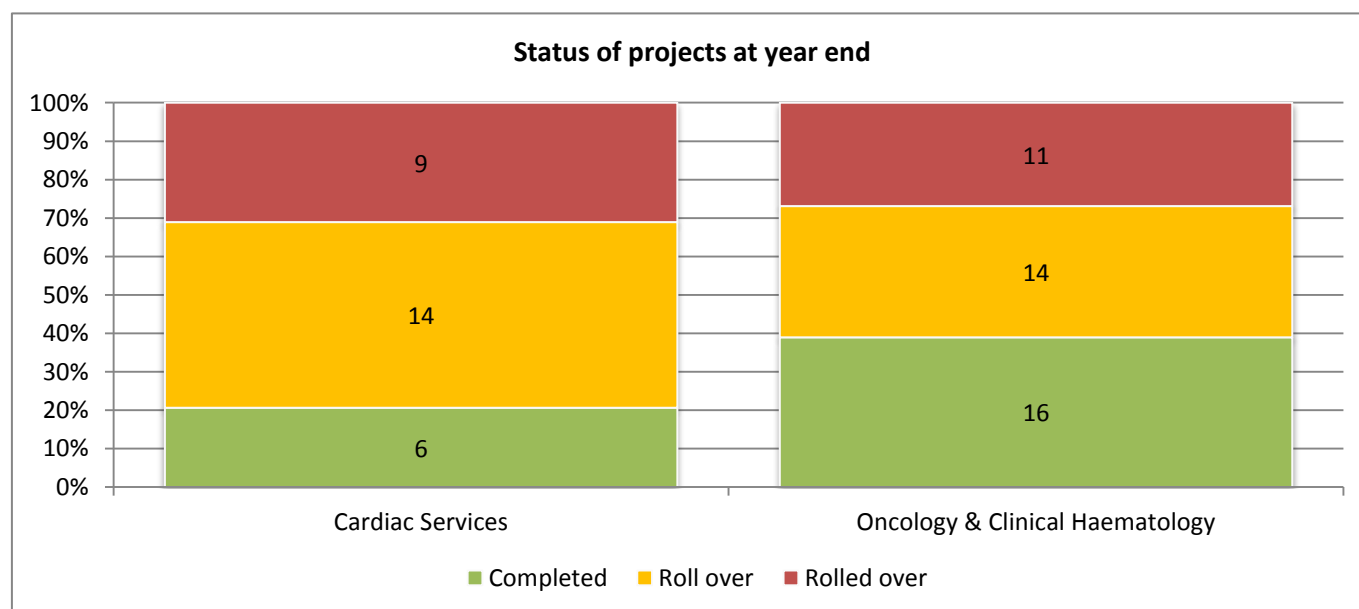
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#### All activity

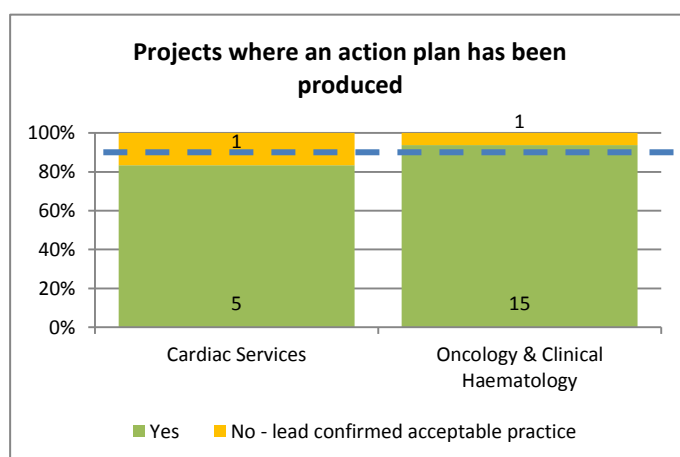
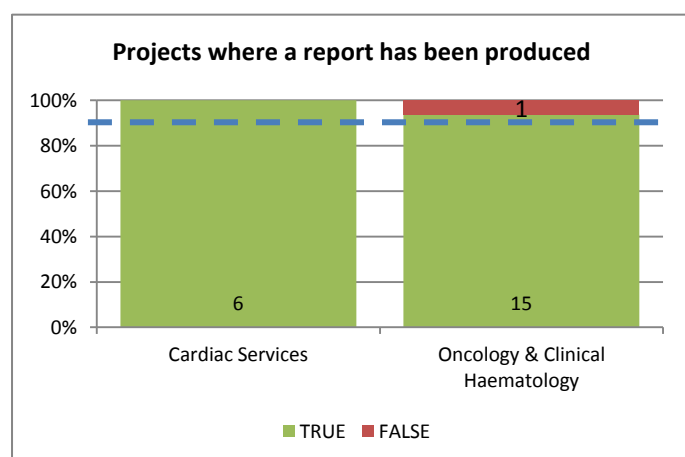
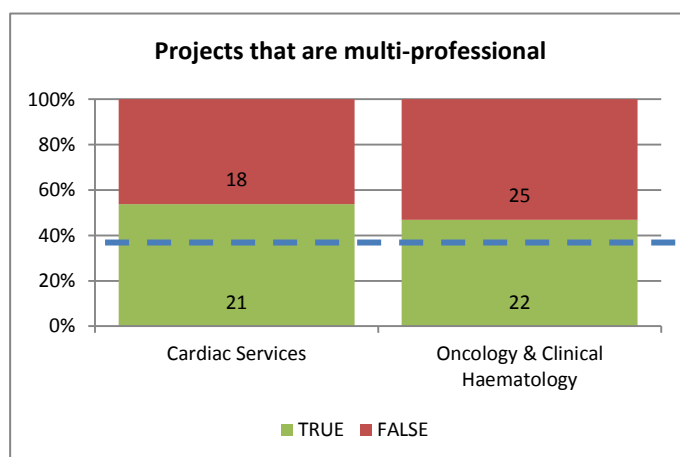
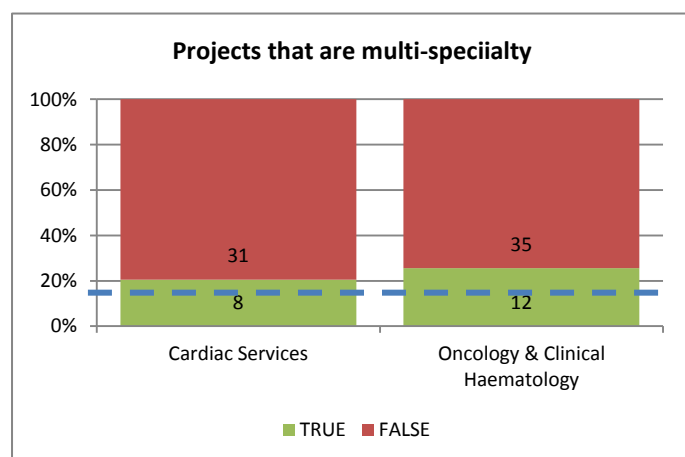
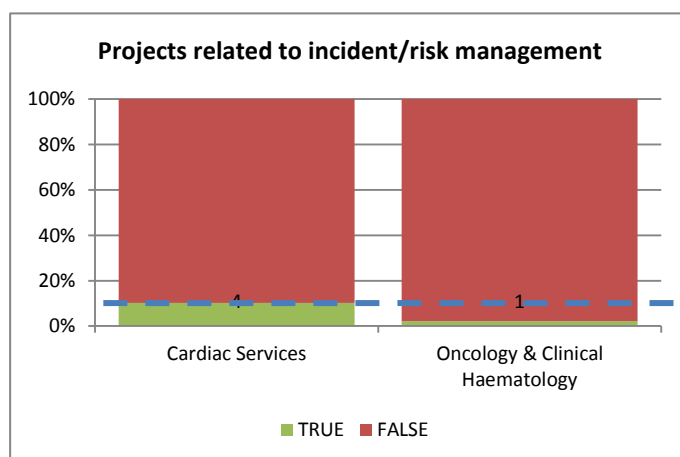
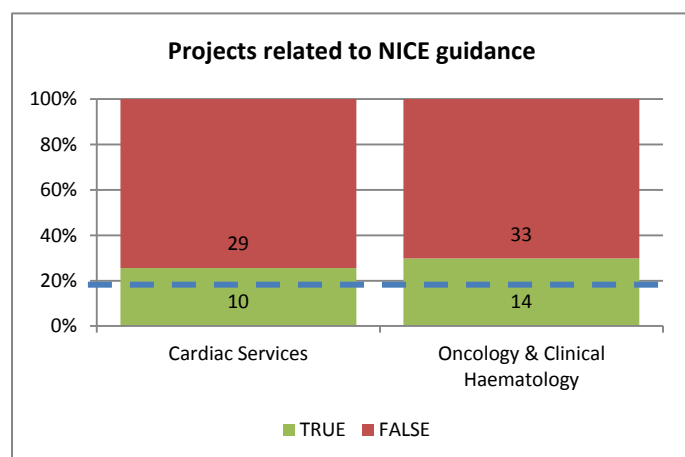
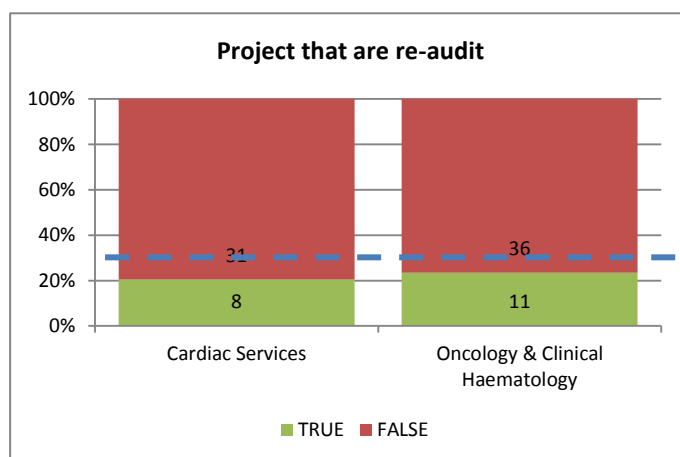
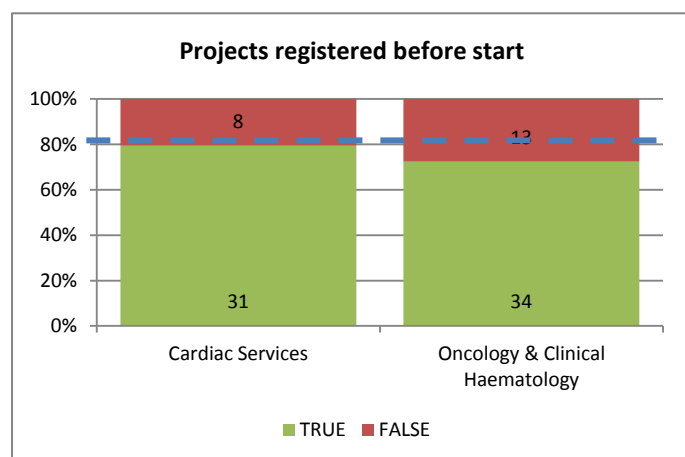
The chart below shows the status at year end of all registered activity. Projects are categorised as follows:

- Completed - Completed in year; this includes projects registered in year or in a previous year.
- Roll over - New projects started in year and have yet to be completed
- Rolled over - Projects registered in previous years but still not completed



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

--- denotes overall figure for each of the KPIs as a comparison to activity as a whole.



## Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2017/18 (FP) are indicated, as are those new projects that were started in year.

Ref	Provisional Title of Project	New	FP	Status
<b>Cardiac Services - Cardiac Anaesthesia</b>				
4012	Time of Admission of Surgical Patients			In Progress
4409	Compliance with NICE CG103 (Delirium – Prevention, Diagnosis & Management) in CICU		✓	In Progress
4040	Audit of Prescribing Practices Within the Bristol Heart Institute		✓	Completed
4860	ACTACC National Prospective Audit of Resternotomy	✓		In Progress
4996	ACTACC National Audit of Major Complications of Transoesophageal Echocardiography	✓	✓	In Progress
<b>Cardiac Services - Cardiac Surgery</b>				
549	HRT002 - National Adult Cardiac Surgery Audit (ACS)			Ongoing
3304	Early and Long-Term Outcome of Mitral Valve Surgical Procedures in Adult Patients			In Progress
4169	Blood Loss and Wound Complications after Endoscopic Vein Harvesting			In Progress
4278	Dual Antiplatelet Therapy (DAPT) after Coronary Artery Bypass Grafting (CABG)			Completed
4335	Long Term Survival after Coronary Bypass Graft (CABG) Surgery			In Progress
4355	Early and Long-Term Health Outcome After Coronary Surgery in Adult Patients		✓	In Progress
4632	Success of Atrial Fibrillation (AF) Ablation Surgery Revisited			In Progress
4689	Review of Antithrombotic Therapy for Mechanical Prosthesis	✓		In Progress
4947	The Quality of Discharge Summaries for Adult Cardiac Surgery Patients	✓		In Progress
<b>Cardiac Services - Cardiology</b>				
223	HRT001 - Myocardial Infarction National Audit Project (MINAP)		✓	Ongoing
366	HRT006 - National Heart Failure Audit (HF)		✓	Ongoing
809	HRT005 - National Coronary Angioplasty Audit		✓	Ongoing
1578	HRT004 - National Cardiac Arrhythmia Audit (HRM)		✓	Ongoing
3262	NICE technology appraisal TA95 Implantable cardioverter defibrillators (ICDs) for the treatment of arrhythmias			Abandoned
3374	Audit of Implantable Devices Used in Cardiac Rhythm Management at University Hospitals Bristol			Ongoing
3375	Outcomes Following Ventricular Tachycardia (VT) Ablation			Ongoing
3906	Bivalirudin for the treatment of ST-segment-elevation myocardial infarction - NICE TA230			Abandoned
4414	Length of Stay Following Primary Percutaneous Coronary Intervention (PCI) for Acute ST Elevation Myocardial Infarction			In Progress
4480	Safety Audit of Femoral Vascular Access During All Cardiac Procedures			Completed
4619	Transcatheter Aortic Valve Implantation (TAVI) Local Pathway			In Progress
4105	Re-auditing Non ST segment elevation myocardial infarction (NSTEMI) pathway referring process in BRI (re-audit 3700.			Completed
4336	Antimicrobial Prescribing in Adult Cardiology			Abandoned
4674	Regional Variation in Out-of-Hospital Cardiac Arrest Care and Survival in South-West England	✓	✓	In Progress
4706	Re-Audit of Ivabradine for Treating Chronic Heart Failure (3761)	✓		In Progress
4729	Prospective Audit on Echo Reporting	✓	✓	In Progress
4738	Inter observer variability in standard transthoracic echocardiograms performed in the Bristol Heart Institute	✓		Completed
4772	Use of Sacubitril Valsartan in Heart Failure	✓		In Progress
4771	Young Onset Hypertension and Pre-pregnancy Counselling	✓		In Progress
4784	Re-Audit of Follow Up Procedures for Fontan Patients (CAID 3812)	✓	✓	Completed



4852	Treating Low Ferritin Levels in Patients with Chronic Heart Failure (Ejection Fraction <40%)	✓		In Progress
4870	Improving the Documentation of Cardiology Multidisciplinary Team (MDT) Meetings	✓		In Progress
4885	Nil By Mouth (NBM) in Catheter Laboratory Procedures	✓		In Progress
4967	Transition Between Paediatric and Adult Congenital Cardiology Services	✓		In Progress
5003	Adherence to Protocol for Pacemaker and Defibrillator Lead Extraction	✓		In Progress
<b>Oncology &amp; Clinical Haematology - Clinical Haematology</b>				
4531	Idelalisib Safety Compliance			In Progress
4593	Rasburicase in Tumour Lysis Syndrome (4593)			Deferred
4626	Use of Irradiated Blood Products in Lymphoma patients			In Progress
4608	Retrospective audit of the compliance to the adult antifungal prophylaxis prescribing guideline in bone marrow transplant (BMT) patients			Completed
4824	The Use of Irradiated Blood Products in all Eligible Patients with a Diagnosis of Lymphoma (Retrospective Registration)	✓		Completed
4838	Verification of chemotherapy drugs and doses	✓		In Progress
4841	Retrospective audit of the compliance to the adult antifungal prophylaxis prescribing guideline in BMT	✓		Completed
4890	Bendamustine Use In Chronic Lymphocytic Leukaemia and Low Grade Non-Hodgkin's Lymphoma	✓		In Progress
4898	Use of Positron Emission Tomography-Computed Tomography (PET-CT) in Staging of Non-Hodgkin Lymphomas (NHL)	✓		In Progress
4914	Thromboprophylaxis in Myeloma Patients Receiving Immunomodulatory Imide Drugs	✓		In Progress
<b>Oncology &amp; Clinical Haematology - Oncology</b>				
554	CAN002 - National Lung Cancer Audit (NLCA)		✓	Ongoing
3926	Trustwide Neutropenic Sepsis in Oncology Patients			Ongoing
4035	Hyponatraemia in small cell lung cancer			Deferred
4245	UK Audit of Toxicity and Outcomes of Radical Chemoradiotherapy in Anal cancer, to assess safety of ongoing implementation of IMRT			Abandoned
4296	Neutropenic Sepsis Rate in Germ Cell Patients Receiving Bleomycin, Etoposide and Cisplatin Chemotherapy (BEP 500)			In Progress
4366	Outcomes of Stereotactic Ablative Body Radiation (SABR) Therapy for Primary Lung Cancer		✓	In Progress
4367	National Prostate Audit		✓	In Progress
4428	Monitoring blood glucose levels in patients on high-dose steroids			Completed
4435	Axitinib in Metastatic Renal Cell Carcinoma			Completed
4467	Major Complications of Stereotactic Radiosurgery in Patients with Acoustic Neuroma			In Progress
4517	Monitoring and Management of Steroid Induced Hyperglycaemia in Central Nervous System Oncology Patients Undergoing Radiotherapy			In Progress
4533	Re-Audit of the Completeness of Chemotherapy Charts (3351 & 3988)			In Progress
4548	Administration Related Incidents Following First and Second Doses of Subcutaneous Herceptin			Completed
4573	Adherence to NHS Litigation Authority and Trust Prescribing Standards Re-Audit (2997)		✓	In Progress
4656	Outpatient Documentation Audit for Completeness and Quality of Recordkeeping			In Progress
4657	Re-Audit of Radiotherapy On-Treatment Reviews (2996)			In Progress
4212	Cardiac Monitoring in Patients treated with Trastuzumab (Herceptin)			Completed
4298	Denosumab for the prevention of skeletal related events			Completed
4686	Neutropenic Sepsis in Patients Receiving Docetaxel for Hormone Naïve Metastatic Prostate Cancer	✓		In Progress
4690	Referral to Scan and Management in Oncology Patients with Lower Limb Deep Vein Thrombosis	✓		In Progress
4783	Time to Radiotherapy for Post-Operative Head and Neck Patients	✓		In Progress
4781	Toxicity Profile of High-Dose-Rate (HDR) Monotherapy for Localised Prostate Cancer	✓		Completed
4779	Outcomes of Salvage Prostate Bed Radiotherapy	✓		Completed
4782	Monitoring of Endocrine Toxicity with Pembrolizumab in Non-Small Cell Lung Cancer (NSCLC)	✓		Completed
4780	Outcomes of Palliative Radiotherapy in Muscle Invasive Bladder Cancer (eSSC)	✓		In Progress

4931	Radioiodine for Thyroid Cancer	✓	✓	In Progress
4948	Cardiac Monitoring in Patients Treated with Herceptin Re-Audit (4212)	✓	✓	In Progress
4968	Clinical Trials Unit Research Nurses and Radiographers Requesting Imaging	✓		In Progress
<b>Oncology &amp; Clinical Haematology - Bone Marrow Transplant</b>				
4839	Annual audit PBSC/BM cellular products with positive microbacterial culture results (Jacie)	✓		In Progress
4850	One-Year Survival Outcome Within or Above the Expected Range When Compared to National or International Outcome Data - Quarterly (JACIE B4.7.5)	✓		Ongoing
4847	Acute Graft-Versus-Host Disease (GVHD) Grade After Allogeneic Transplantation (JACIE Standard B4.7.3.4)	✓		Completed
4848	Chronic Graft-Versus-Host Disease (GVHD) Grade After Allogeneic Transplantation (JACIE Standard B4.7.3.5)	✓		Completed
4837	Autologous Donor Screening and Testing (JACIE B4.8.3.2)	✓		Completed
4982	Acute Myeloid Leukaemia (AML) Clinical Quality Performance	✓		Completed
<b>Oncology &amp; Clinical Haematology - Palliative Medicine</b>				
4562	Re-Audit of the Use of Treatment Escalation Personalised Plans (TEPP) Forms (4030)			Completed
4785	Timeliness of Acknowledging and Responding to End of Life Care Complaints	✓		In Progress
5000	Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Decisions (3100)	✓	✓	In Progress

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

#### **Cardiac Services**

- 4040** Further staff education on the Trust prescribing policy will be provided as a result of this audit looking at prescribing practices within the Bristol Heart Institute. Result will be shared with the electronic prescribing team to help inform e-prescribing moving forward.
- 4105** The results from this re-audit demonstrate that there have been improvements in the length of time it takes for patients with acute coronary syndrome to receive an angiogram. Further improvements were necessary and planned physician education has been put in place.
- 4278** This project reviewed dual antiplatelet therapy (DAPT) outcomes following coronary artery bypass grafting (CABG). DAPT has been shown to improve both graft and stent patency, however, there has been some concern about possible adverse bleeding side-effects following surgery. This audit demonstrated that DAPT has not adversely affected bleeding following CABG at the Bristol Heart Institute and therefore it is a safe option.
- 4480** This audit demonstrated that the current practice of femoral vascular access during cardiology interventions was safe. The rate of complications at the Bristol Heart Institute was determined to be within published results.
- 4738** As a result of inter-observer variability in standard transthoracic echocardiograms, ongoing monthly assessment of sonographers now takes place through offline analysis of images. The results are plotted anonymously and then reviewed by the team.
- 4784** This re-audit looked at the Fontan operation (a multi-stage surgical procedure for complex congenital heart disease). The results showed improvements against all the standards which were audited in the baseline audit. Improvement was required to ensure that patients receive an annual liver fibroscan. Guidelines are now available electronically both locally and regionally, and it is believed that this will help to improve practise in this area. A re-audit is scheduled for 2019.

#### **Oncology & Clinical Haematology**

- 4212** In order to improve adherence to regional and national protocols on cardiac monitoring during treatment with Herceptin, a local proforma has now been introduced to improve coordination of cardiac assessments during treatment as a result of this audit.
- 4298** The results of this audit highlighted how patients' calcium levels are not checked consistently following denosumab administration. Calcium level testing will now be incorporated into regional guidelines. Patients also need to be provided with treatment information and a reminder for nursing staff to provide this has now been integrated into denosumab prescriptions. Oncology clinicians are working with dental clinicians to improve oral examinations prior to treatment.
- 4428** This audit followed a root cause analysis of an incident relating to the monitoring of blood glucose levels in patients on high-dose steroids. Following discussion of the results it was determined that adjustments to the medical clerking proforma were required. Education for nurses, doctors and pharmacy teams was also put in

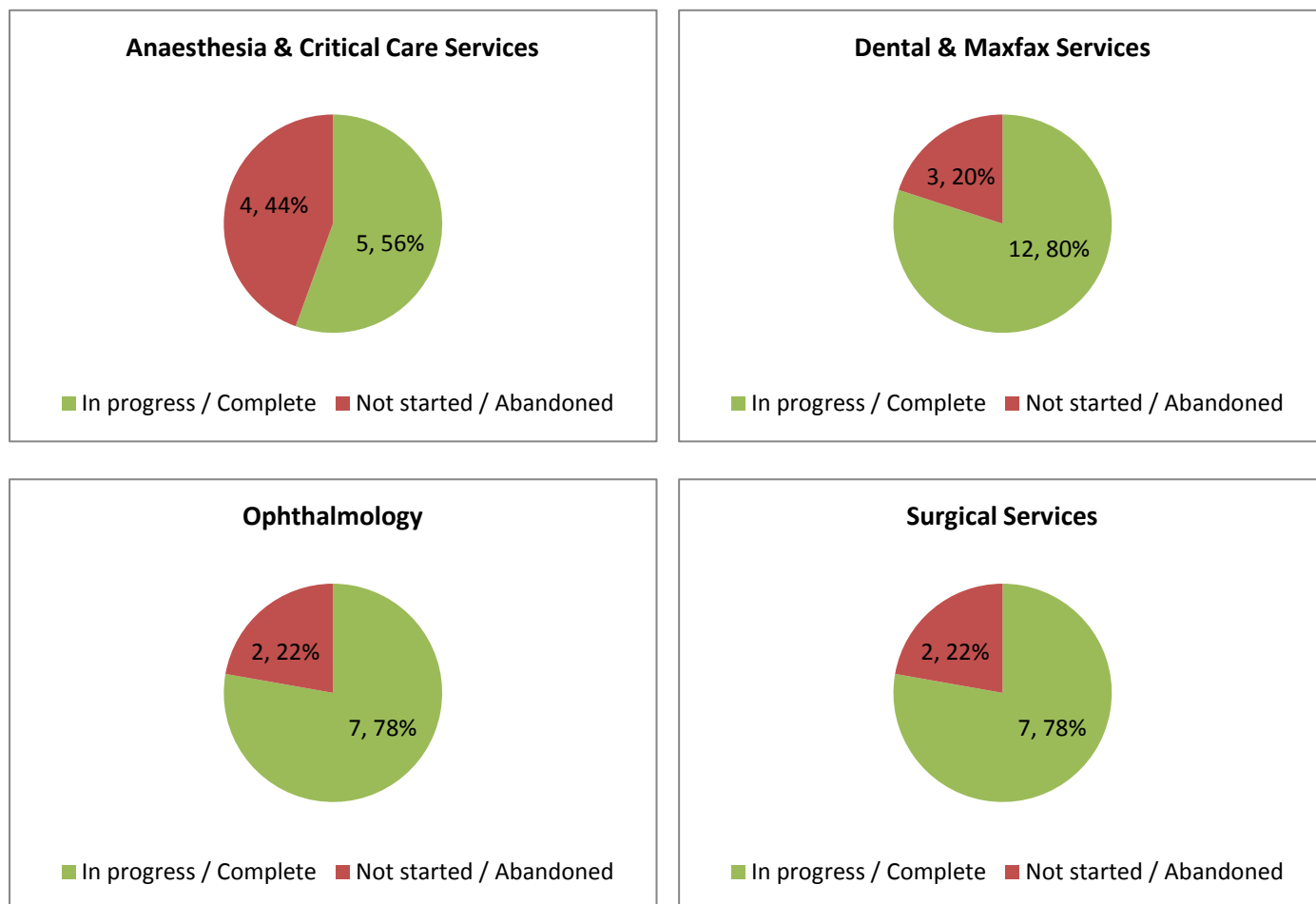
place to improve adherence to national guidelines.

- 4435** As a result of this audit, an adverse event proforma for treatment with tyrosine kinase inhibitors was created and approved through Chemotherapy Group in order to improve documentation of adverse events. Following implementation a re-audit will take place.
- 4548** As a result of this audit, outpatients are now able to go home sooner following uncomplicated administration of subcutaneous Herceptin (first administration: two hour observation instead of six hours; subsequent administrations: 30 minute observation instead of two hours). This safely reduces appointment duration and allows greater flexibility with appointment times.
- 4608** This audit demonstrated that adherence to the Trust's adult bone marrow transplant antifungal guidance was generally good, particularly regarding dosages, formulation and duration of the antifungal prophylaxis. It was established that deviation from the guidelines is not always documented and therefore refresher training for prescribers and pharmacists was put in place.
- 4779** This project confirmed that the outcomes of salvage prostate bed radiotherapy at the Bristol Haematology and Oncology Centre are comparable to published research. A re-audit will take place following the completion of the RADICALS phase III randomised controlled trial on prostate cancer treatment.
- 4781** This audit reviewed the toxicity profile of high-dose-rate (HDR) monotherapy for localised prostate cancer. It found that HDR monotherapy within the Trust is safe, with a favourable toxicity profile. A re-audit is planned with a longer median follow-up.
- 4782** This project highlighted variation in the monitoring of endocrine toxicity during treatment of non-small cell lung cancer with pembrolizumab. This knowledge will help to inform the review of regional guidelines.
- 4837** A plan to improve documentation regarding donor clearance and Hepatitis E screening was implemented following this audit. In addition, clinicians are being reminded of the need for pregnancy testing in female patients of child-bearing age.
- 4847** Mortality rates attributed to acute Graft-Versus-Host Disease (GVHD) at one year were low in the Bone Marrow /8 Transplant Unit. All patients received treatment for GVHD according to national guidelines.
- 4982** This project looked at several aspects of acute myeloid leukaemia (AML) management and treatment. The quality of care provided to AML patients at the Bristol Haematology and Oncology Centre was found to be within published targets. A plan to improve the rate of multidisciplinary (MDT) discussion of newly diagnosed patients is in now place with the introduction of a dedicated Leukaemia MDT.
- 4562** This re-audit of treatment escalation personalised plans (TEPP) forms revealed an overall improvement in completion however there was room for further improvement. Refreshers for medical staff have been put in place, reminding them of the circumstances in which to complete a TEPP form. This has been implemented through essential junior doctor training, junior doctor teaching slots and consultant away days.

### 3.4 SURGERY

#### Divisional Forward Plan

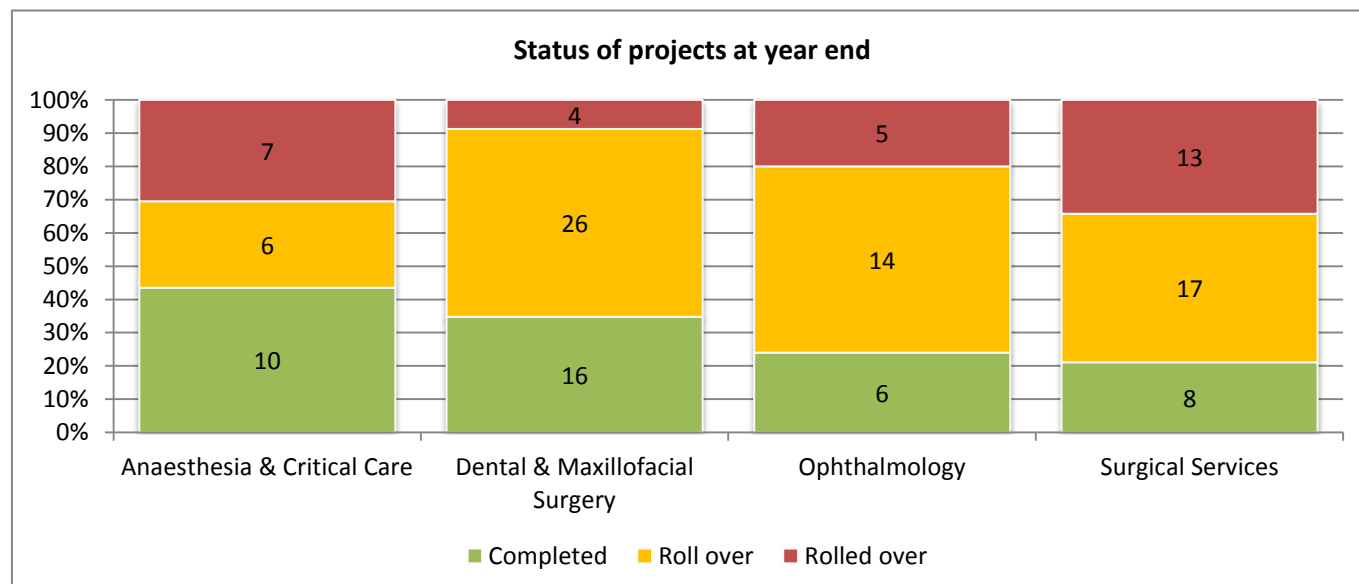
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2017/18.



#### All activity

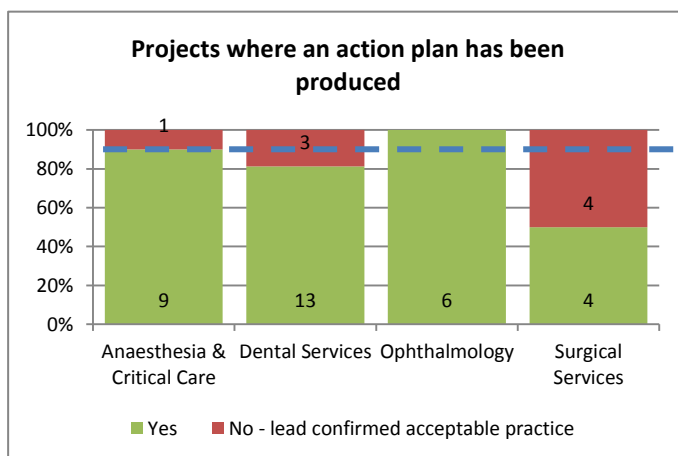
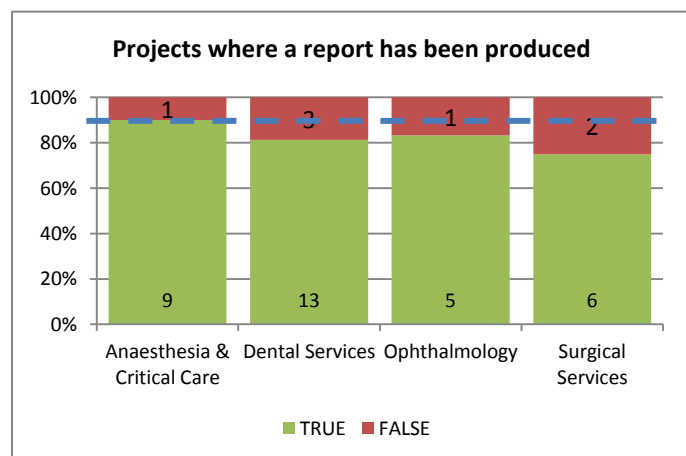
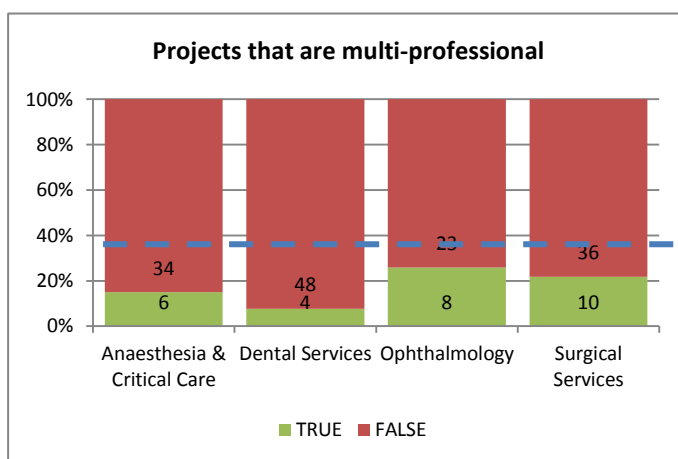
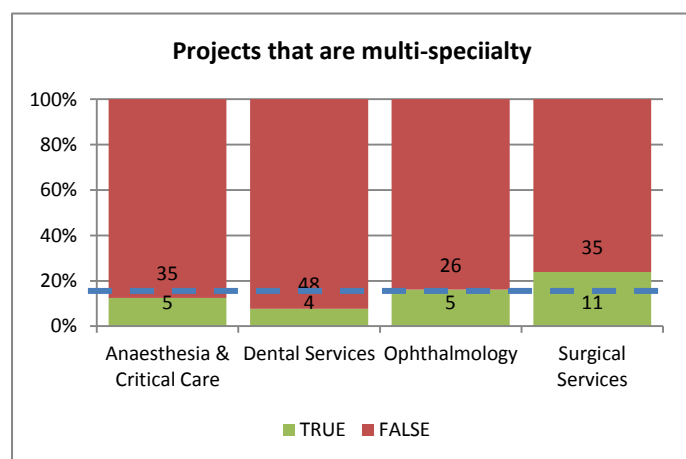
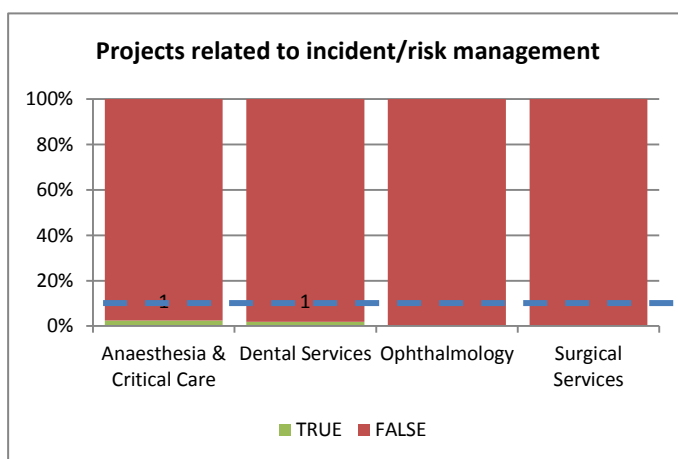
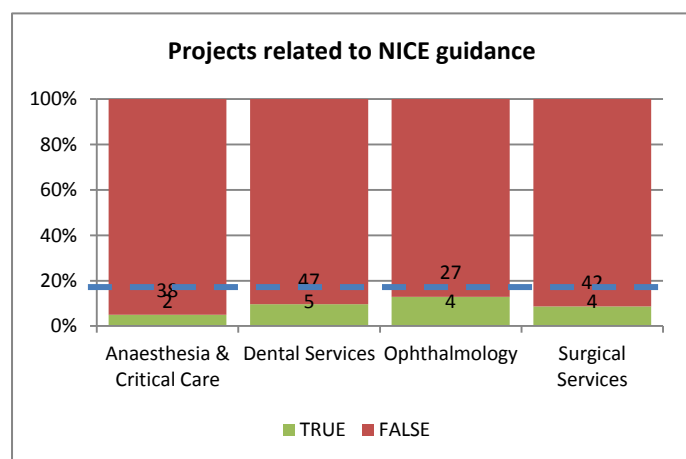
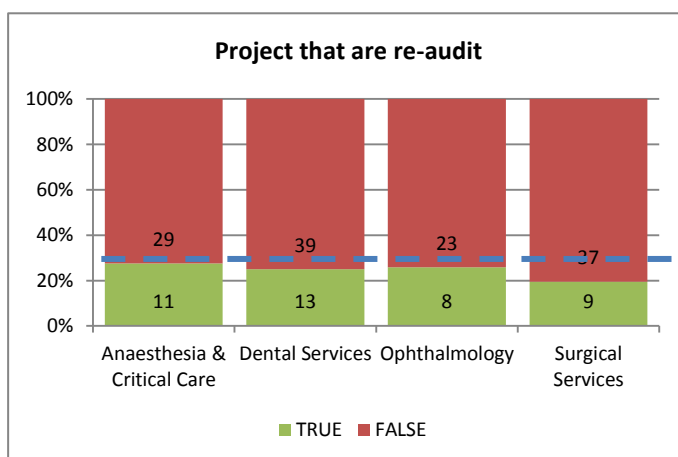
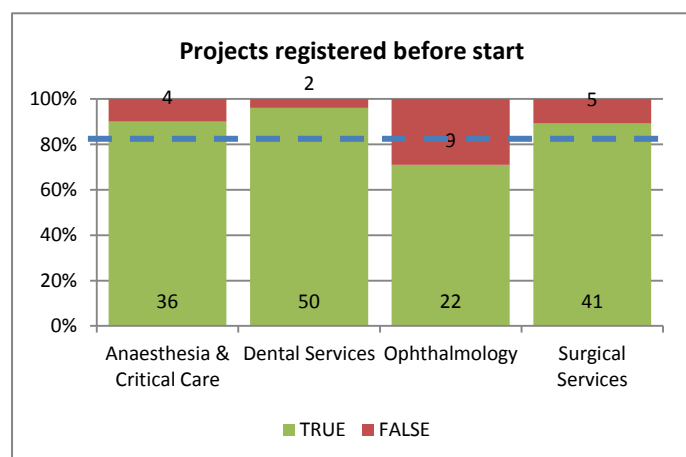
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The following graphs provide a Divisional/Specialty breakdown of the overall KPIs outlined in section 2.2.

--- denotes overall figure for each of the KPIs as a comparison to activity as a whole.



## Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2017/18 (FP) are indicated, as are those new projects that were started in year.

Ref	Provisional Title of Project	New	FP	Status
<b>Anaesthesia &amp; Critical Care &amp; Theatres – General Anaesthesia</b>				
3512	ACU003 - National Emergency Laparotomy Audit (NELA)		✓	Ongoing
4537	Compliance of the pre-operative department day of surgery group and save transfusion samples with Trust guidelines			Completed
4539	Antacid prophylaxis prior to general anaesthesia			Deferred
4597	Cemented hemi-arthroplasties - compliance with AAGBI safety guideline 2015			In Progress
4665	Re-audit of anaesthetic provision at the Bristol Heart Institute			Completed
4666	Recovery staffing in Bristol Eye Hospital theatres			Completed
4124	Emergency theatre start times – impact of using porters as an escort role on the abscess pathway			Abandoned
4176	Outcome of patients booked as day case or one night stay who have operations with longer recovery periods			Abandoned
4406	Audit of anaesthetic handover in recovery			Abandoned
4583	Intraoperative hypotension and ASA grading in patients undergoing surgery for a hip fracture			Completed
4732	Peripheral Nerve Stimulator Use. Are We Doing The Minimum? (re-audit)	✓		Completed
4744	WHO Quality Audit 2017	✓		Completed
<b>Anaesthesia &amp; Critical Care &amp; Theatres – Obstetrics/Gynaecology Anaesthesia</b>				
1704	Dural Puncture			Ongoing
4365	Anaesthetic chart documentation			Abandoned
4605	Post caesarean section analgesia after discharge (re-audit 4368)			Abandoned
4614	Coagulation management in major obstetric haemorrhage			In Progress
4652	Transfusion targets post-delivery in obstetrics			In Progress
4851	Management of morbidly obese obstetric women	✓		In Progress
4888	Timing of LMWH administration following regional anaesthesia and epidural catheter removal.	✓		In Progress
<b>Anaesthesia &amp; Critical Care &amp; Theatres - Preoperative Assessment</b>				
4356	Fasting Times and Medication Compliance Prior to Elective Surgery			In Progress
4750	Fractured neck of femur - anaesthetic pre op assessment	✓		In Progress
4805	Post-operative pulmonary complications reduction	✓		Completed
<b>Anaesthesia &amp; Critical Care &amp; Theatres – Critical Care/Resuscitation</b>				
160	Adult Critical Care Case Mix Programme (ICNARC-CMP)		✓	Ongoing
3634	Trauma Audit Research Network (TARN)			Ongoing
4133	Audit of prehospital intubated patients transferred to Critical Care from Great Western Air Ambulance service.			Deferred
4177	Management of integrated care pathway for out of hours cardiac arrests in UH Bristol		✓	Abandoned
4440	Management of out of hospital cardiac arrests by Great Western Ambulance Service			Abandoned
4447	'Just say sepsis?' An audit of NCEPOD recommendations 2015			In Progress
4511	Delirium audit on ICU 2016			In Progress
4512	Enhanced recovery for patients on critical care			Abandoned
4513	Medicines management on critical care			In Progress
4516	South West of England Trainees (SWEET) audit project: An audit of tracheostomy care			Completed
4514	Re-audit of investigations for patients with pneumonia on critical care			Completed
4677	Re-audit of neurophysiology to support prognostication post cardiac arrest	✓		Abandoned

4884	Identifying and facilitating good quality sleep in intensive care unit patients	✓		In Progress
3139	National Cardiac Arrest Audit (NCAA)		✓	Ongoing
4932	Adherence to unit protocol for use of neuron-specific enolase (NSE) sampling on General ICU	✓		In Progress
<b>Dental Services - Oral &amp; Maxillofacial Surgery</b>				
2414	CAN003 - National Head and Neck Cancer Audit (DAHNO)			Ongoing
4280	Consent audit - East Grinstead Collaboration			Abandoned
4288	An audit on blood transfusions in major head and neck surgical cases			Abandoned
4321	Review appointments for surgical canine exposures			Abandoned
4446	Management of hypocalcaemia following total thyroidectomy (Oral & Maxillofacial team only)			In Progress
4509	VTE prophylaxis – completion of the mandatory risk assessment compliance			In Progress
4642	Audit of the accuracy of maxillary ectopic canine diagnosis at Bristol Dental Hospital			Completed
4670	Tongue excision margins			Completed
4699	Dentate head and neck radiotherapy patients who received dental treatment or advice pre and post operatively over a 12 month period	✓		Completed
4710	Analgesia Prescribing Following Surgical Removal of Lower Wisdom Teeth	✓		Completed
4724	Clinical Follow-Up in Head and Neck Cancer Patients	✓		In Progress
4745	Re-audit of the use of Cone Beam CT prior to surgical removal of lower third molars	✓		In Progress
4760	Accurate Cancer Staging in the Oral and Maxillofacial Department	✓		In Progress
4807	Re-Audit of Clinical Effectiveness of the Head & Neck MDT at University Hospitals Bristol	✓		Completed
4920	Antibiotic prescribing in Oral Surgery	✓		In Progress
4940	Incidence of dry sockets within oral surgery (re-audit)	✓		In Progress
4991	Throat pack audit (re-audit)	✓		In Progress
<b>Dental Services - Oral Medicine</b>				
4672	Referrals to smoking cessation services (SmokeFree Bristol) for patients attending Bristol Dental Hospital			Completed
4723	Query forms generated by administration team following oral medicine patient contact by telephone	✓		Completed
4739	Oral medicine priority patient follow up appointments	✓		Completed
<b>Dental Services - Orthodontics</b>				
4636	Clinical audit of the reporting of radiographs in orthodontics			Completed
4643	Sleep apnoea: how do we consent the use of mandibular advancement appliances?			In Progress
4323	Occlusal outcomes for orthognathic surgery			Completed
4507	An audit of orthodontic instrument trays in Bristol Dental Hospital			Completed
4701	National audit of the application of orthognathic acceptance criteria (BOS)	✓		In Progress
4754	Re-audit of orthodontic trays fit for clinical use in Bristol Dental Hospital	✓		Completed
4950	Consent for fixed orthodontic appliances at Bristol Dental Hospital	✓		In Progress
4960	A regional audit of recording of dental trauma at new orthodontic patient clinics	✓		In Progress
5002	An Audit of non-completion of Joint Orthodontic and Orthognathic treatment	✓		In Progress
<b>Dental Services - Paediatric Dentistry</b>				
4309	Child emergency triage service provision in paediatric dentistry			Abandoned
4379	Knowledge, attitudes and continuing oral healthcare in children at risk of developing infective endocarditis			Abandoned
4602	Clinical Audit of Record Keeping – Documentation of New Patient Assessments in the Dental Paediatric Department.			Completed
4641	Appropriateness of general anaesthesia for patients referred by general dental practitioners for exodontia			In Progress
4828	Dental awareness in parents of children with inherited bleeding disorders	✓		In Progress
4923	Dental registration and fluoride varnish application in children with cleft lip and/or palate	✓		In Progress

<b>Dental Services - Primary Care Dental Services (PCDS)</b>				
4853	Audit on patient representative form completion in primary care dental service (PCDS)	✓		In Progress
4980	Dental screening for adult patients pre cardiac surgery	✓		In Progress
4981	Dental screening of adult patients pre bone marrow transplant	✓		In Progress
<b>Dental Services - Restorative Dentistry</b>				
4317	Re-audit of the quality of undergraduate crown and bridge impressions			Completed
4740	An audit of Restorative Assessment for Cleft Lip and Palate Patients	✓		Completed
4773	Re-audit: Restoration of Endodontically Treated Adult Posterior Teeth	✓		In Progress
4825	An Audit on Staff Hygienist Sessions For Head and Neck Priority Groups	✓		In Progress
4831	Dental screening and preventative management of head and neck oncology patients (DPT, fluoride prescriptions) RE-AUDIT	✓		In Progress
4924	Quality of undergraduate Crown & Bridge Impressions (re-audit 4317)	✓		In Progress
4933	To assess the percentage of dentate haed and neck radiotherapy patients who received dental treatement or advice over a 12 month period	✓		In Progress
4949	Dentate head and neck radiotherapy patients who received dental treatment or advice pre and post operatively (re-audit 4699)	✓		In Progress
4951	Clinical outcome forms in the restorative dentistry department - are they being completed adequately? (re-audit 4107)	✓	✓	Completed
4955	Re audit Referrals to NHS Stop Smoking Services for patients attending for treatment at the Restorative Dentistry Department, Bristol Dental Hospital	✓		In Progress
4954	Are patients referred for NHS-funded dental implant treatment being selected in accordance with national and local guidelines?	✓		In Progress
4963	An audit of patient attendance, cancelled appointments and follow up procedures to non-attendance on ADH.	✓		In Progress
4965	Periodontal care given by undergraduate dental students in Bristol Dental Hospital	✓		In Progress
4992	WHO safety check list in Bristol Dental Hospital	✓		In Progress
<b>Ophthalmology - A&amp;E and Primary Care</b>				
4445	Microbial keratitis (re-audit)			Completed
<b>Ophthalmology - Cornea &amp; Cataracts</b>				
4454	Cataract outcomes annual audit (re-audit 4101)			Deferred
4483	Descemets stripping automated endothelial keratoplasty (DSAEK ) re audit 2017		✓	Completed
4746	Management of suspected microbial keratitis (MK) in the Bristol Eye Hospital emergency department	✓		In Progress
4753	Collagen cross linking for young people with kerataconus	✓		In Progress
<b>Ophthalmology - Glaucoma &amp; Shared Care</b>				
4695	Are we managing newly diagnosed glaucoma patients in accordance with NICE guidance?	✓		Completed
4775	Virtual clinic glaucoma follow ups	✓		In Progress
4796	Ocular hyptoension treatment (OHT) according to NICE guidance	✓		In Progress
<b>Ophthalmology - Medical &amp; Surgical Retina</b>				
3995	Aflibercept for the treatment of wet age-related macular degeneration - NICE TA294		✓	Abandoned
4306	Cataract Surgery undertaken by trainee surgeons			Ongoing
4471	Ocular screening of patients with candidaemia			In Progress
4485	Retinal detachment (re-audit 2016)			In Progress
4697	Outcome and complications of pars plana vitrectomy for epiretinal membrane	✓		In Progress
4737	Age related macular degeneration (AMD) Triage Clinic: Quality of optometry referrals to the wet AMD triage clinic (re-audit)	✓		In Progress
4742	Referral times and diagnostic accuracy for patients with proliferative diabetic retinopathy (R3A)	✓		Completed
4778	Outcomes after heavy silicone oil tamponade in ophthalmic surgery	✓		In Progress
4801	Age related Macular Degeneration (AMD) medical retina discharge audit	✓		Completed
4922	Management of aphakia in absence of lens capsule support with Artisan lenses	✓		In Progress



4956	Endophthalmitis in the Bristol Eye Hospital (re-audit 4434)	✓	✓	In Progress
<b>Ophthalmology - Orthoptics &amp; Optometry</b>				
4305	Audit of management of amblyopia			Completed
<b>Ophthalmology - Paediatrics, Oculoplastics &amp; Squint</b>				
4123	Anti-coagulation / platelet therapy in Oculoplastics patients for elective surgery			Abandoned
4214	Re-audit of visual outcomes and effectiveness of follow up in children treated with laser for retinopathy of prematurity			Deferred
4522	Clinical audit for surgical outcome for correction of intermittent exotropia – unilateral vs bilateral surgery			In Progress
4702	Orbital biopsy - indication, results, complication rate in Bristol Eye Hospital	✓		In Progress
4774	Children presenting with swollen optic discs, to the paediatric primary care clinic (PPC)	✓		In Progress
4880	Epiphora audit	✓		In Progress
4915	Treatment Outcomes in patients treated with Mycophenolate Mofetil for Moderate-to Severe Graves' Orbitopathy (GO)	✓		In Progress
<b>Ophthalmology - Unspecified</b>				
4358	Levator muscle recession surgery for correcting upper eyelid retraction in thyroid eye disease			In Progress
4544	Source and outcome of referrals to the neuro-ophthalmology service			Abandoned
4606	Lid surgery success in patients diagnosed and treated for ocular mucus membrane pemphigoid (OMMP)			In Progress
4762	Re-audit of Functional and Anatomical Outcomes of Treatment for Retinopathy of Prematurity (ROP) in Bristol	✓		In Progress
<b>Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)</b>				
4375	Day case surgery for cochlear implants		✓	In Progress
4524	Thyroid function testing following bilateral neck radiotherapy for non-thyroid head and neck malignancy			In Progress
4525	Consent for manipulation of fractured nose under local anaesthetic (re-audit 4475)			Abandoned
4564	National Epistaxis Audit			In Progress
4594	Dizziness and driving			Completed
4761	Coding Accuracy of Otological Procedures on Adult Patients	✓		In Progress
4827	Review of imaging requesting by ENT Advanced Nurse Practitioner	✓		In Progress
4881	Treatment of Necrotising otitis externa and its effect on renal function	✓		In Progress
4911	GP MRI IAM requests	✓		In Progress
4990	Audiological standards for patients discussed and treated through the North Bristol Skull Base MDT	✓		In Progress
4995	BAHNO Head and Neck Cancer Surveillance Audit 2018	✓	✓	In Progress
<b>Adult Surgical Specialties - Colorectal Surgery</b>				
2482	CAN001 - National Bowel Cancer Audit (NBOCAP)			Ongoing
4183	Audit of the use of blood in lower GI bleeding			In Progress
4256	Twice daily consultant led ward/board rounds of all acute surgical admissions: Does it happen?			In Progress
4295	Time to CT for Emergency Laparotomy Patients			In Progress
4529	Referral of patients from General Practice to Colorectal clinic with suspected cancer (two week wait)			Completed
4743	Use of neoadjuvant therapy in rectal cancer	✓		In Progress
4897	Improving adequacy of bowel preparation in patients admitted for elective colonoscopy	✓		In Progress
4942	Investigation and management of patients with suspected pancreaticobiliary malignancy	✓		In Progress
4966	Appropriateness of Abdominal and Erect Chest X-rays for Acute Surgical Admissions	✓		In Progress
4976	Diagnosis and management of hospital acquired pneumonia in post operative elective colorectal surgery	✓		In Progress
<b>Adult Surgical Specialties - Orthopaedics (T&amp;O)</b>				
2568	ACU001 - National Joint Registry (NJR)			Ongoing
4473	Audit of the management of trochanteric hip fractures at UH Bristol			In Progress

4553	Trauma clinic re-audit (Boast standards)			Completed
4633	Implementation of a Junior doctor handover sheet to improve patient handover			Abandoned
4700	Improving the way we deliver care in Trauma: Rehabilitation and Communication	✓		In Progress
4705	Falls assessment and bone health assessment in patients over 75 presenting with non-hip fractures	✓		In Progress
4858	Group and Save prior to surgery for fractured neck of femur	✓		In Progress
4919	Clear communication of post take ward round (PTWR) plan to ward staff	✓		In Progress
<b>Adult Surgical Specialties - Thoracic Surgery</b>				
553	Thoracic Surgery Return (consultant outcomes)			Ongoing
4889	Effectiveness of post-operative laxative prescribing in Thoracic Surgery ERP patients	✓		In Progress
<b>Adult Surgical Specialties - Upper GI Surgery/Hepatobiliary</b>				
2484	CAN005 - National Oesophago-Gastric Cancer Audit (NAOGC)			Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)			Ongoing
4411	HALO audit			In Progress
4453	Peritoneal cytology audit			In Progress
4599	Right Illiac Fossa Treatment - National Collaborative Audit			In Progress
4819	Audit of compliance with pre-operative requirements for stopping medications and restricting oral intake prior to emergency interventions	✓		In Progress
4578	GP referrals to surgery trauma assessment unit			Abandoned
4584	Discharge audit for patients admitted to hepatobiliary surgery			Completed
4613	Endoscopic retrograde cholangiopancreatography (ERCP) performed as outpatients			Completed
4733	Community Palliative Care Management from Surgical Hospital Referral	✓		Completed
4741	Outcomes for patients undergoing resection of colorectal liver metastases	✓		Completed
4905	How effective is our communication with primary care? An audit of the HPB team's discharge summaries	✓		Completed
<b>Adult Surgical Specialties - Unspecified</b>				
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)			In Progress
4607	National small bowel obstruction audit 2017			In Progress
4645	Left colon, sigmoid and rectal resections – European Society of Coloproctology Collaborative multi-centre audit			In Progress

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

#### **Anaesthesia & Critical Care Services**

- 4514** This re-audit demonstrated improvement in the standards of investigations for patients with pneumonia on critical care. Changes have been made to the pneumonia profile on ICE to make it more accessible to staff and to help improve practice further.
- 4516** Bedside and discharge documentation have been standardised and training updated for staff as a result of this regional audit of tracheostomy care.
- 4537** As a result of this audit of 'group and save' transfusion practice, the SOP has been revised and nursing assistant training implemented.
- 4583** Hip fracture recipes (guidance) were updated to include a quantitative blood pressure target of keeping systolic BP within 20% of baseline as a result of this audit. Up to date guidance on ASA grading will also be added to the hip fracture booklet to help with decision making.
- 4665** This re-audit of anaesthetic provision in the Bristol Heart Institute demonstrated improvement in practice. Actions following the audit included simulation training for catheter lab staff and the development of a WHO checklist for the labs.
- 4666** This audit demonstrated that recovery staffing in the Bristol Eye Hospital theatres was in line with recommended levels.
- 4732** This re-audit of peripheral nerve stimulator use in patients administered muscle relaxants demonstrated improvements in care compared to standards; the rate of reversal had also greatly improved. An awareness

campaign will continue to maintain practice and a re-audit conducted in 2018.

- 4744** Following this audit of the quality of WHO checklist completion, the checklist has been revised to incorporate recommendations from sentinel safety events (specimen collection, labelling and transfer). Continuing education will be provided to staff via Friday morning team meetings.
- 4758** This audit of Local Safety Standards for Invasive Procedures (LocSSIP) led to the introduction of a safety standards video presentation to all new F1 trainees. A banner campaign has also been put in place to raise awareness.
- 4805** As a result of this audit of post-operative pulmonary complications, a funding request to provide high risk patients with incentive spirometers has been submitted to the Royal College of Anaesthetists. This funding will also cover providing patients with custom made diaries to record their activity levels, and logbooks to document respiratory exercises.

#### **Dental Services**

- 4317** This re-audit of the quality of undergraduate crown and bridge impressions showed some improvement. Further education and training were agreed as were changes to lab processes to ensure that staff and students can quality check impressions before being sent for processing.
- 4323** This audit of occlusal outcomes for orthognathic surgery confirmed that practice was in line with national standards.
- 4507** New dental equipment was purchased and further training arranged for staff following this audit of orthodontic instrument trays.
- 4602** Following this audit of documenting new patient assessments in the dental hospital, a new patient proforma was developed within the paediatric dental department.
- 4636** Local guidelines to clarify where and how a radiographic report should be files are in the process of being developed as a result of this audit of reporting radiographs in orthodontics.
- 4642** This audit the accuracy of maxillary ectopic canine diagnosis at Bristol Dental Hospital has confirmed good practice.
- 4670** Following this audit of tongue excise margins, results were widely disseminated to the multi-disciplinary team to outline the positive use of the national minimum dataset. Plans for re-audit in 2018 are in place.
- 4672** As a result of this audit, SmokeFree Bristol have been contacted regarding delivering lunchtime learning sessions on delivering smoking cessation advice.
- 4699** As a result of this audit, consensus was reached on the most appropriate place to review patients undergoing head and neck radiotherapy; patients will be reviewed at the head and neck oncology clinic.
- 4710** As a result of this audit of analgesia prescribing following surgical removal of lower wisdom teeth, existing guidance was adapted in collaboration with the anaesthetists.
- 4723** This audit of query forms following contact with oral medicine patients has led to a reduction in inappropriate queries for other departments and reduced unnecessary workload. Queries are now sent to correct team more promptly.
- 4739** The results of this audit of oral medicine patient follow up demonstrated good practice. Improvements have been made to the departmental database to help insure that the booking date month and the request for that date correlate.
- 4740** The cleft clinic proforma has been adapted as a result of this audit of restorative assessment for cleft lip and palate patients.
- 4754** This re-audit demonstrated improvement and confirmed that orthodontic tray were fit for clinical use with all the necessary equipment present at the time of intervention.
- 4807** This re-audit demonstrated improvement in correlation between the MDT recommendations and final treatment offered. The need to inform the GP of these recommendations within 24 hours will be stressed to the team via MDT meetings.
- 4951** Improvement in the use of clinical outcome forms was confirmed by this re-audit. Further improvement will be made through training and the introduction of information on outcome forms to staff induction.

#### **Ophthalmology**

- 4305** A revised treatment protocol compliance score has been developed within the eye hospital as a result of this audit of the management of amblyopia.
- 4445** A review of existing guidelines for the treatment of microbial keratitis was undertaken as a result of this audit. A proforma to help capture information on suspected bacterial corneal ulcers was developed for patient's notes.
- 4483** This audit of descemets stripping automated endothelial keratoplasty (DSAEK) confirmed that practice is in line with key criteria. All failed grafts reviewed now reviewed through local clinical governance mechanisms.
- 4695** This audit confirmed the majority of patients with newly diagnosed glaucoma are being treated in line with NICE guidance. Further work will be undertaken to better gauge the patients understanding of diagnosis and

management.

- 4742** This audit of the management of proliferative diabetic retinopathy confirmed patients are being referred and seen in a timely manner.
- 4801** Protocols specifying discharge criteria will be developed as a result of this audit of the discharge process for patients with age related macular degeneration.

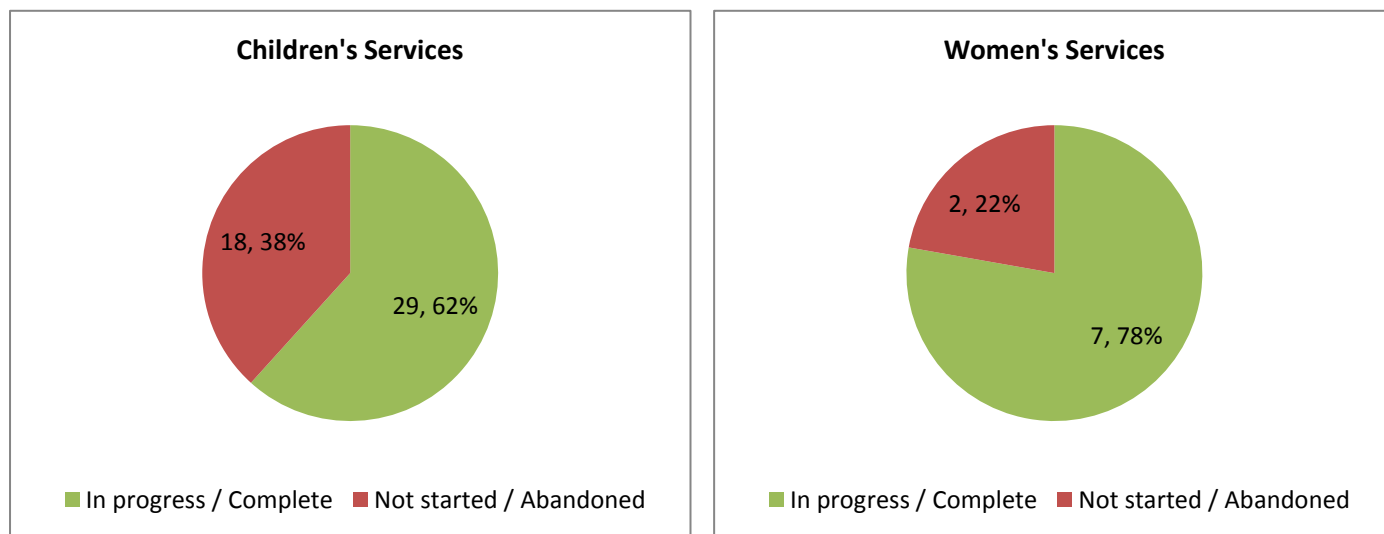
### ***Surgical Specialties***

- 4529** This audit of the referral of patients from general practice to colorectal clinic with suspected cancer within two weeks demonstrated good compliance with the referral criteria outlined by NICE guidance.
- 4553** A virtual clinic has been implemented as a result of this audit of clinic follow up for trauma patients. This will improve clinic assess for patients.
- 4584** As a result of this audit of patients admitted for hepatobiliary surgery, improvements have been made to the format of the discharge letter template to include key information. Staff information for induction has also been developed.
- 4594** This audit into advice provided to patients undergoing vestibular rehabilitation led to the creation of a department patient information leaflet giving clear advice on driving and dizziness, including the responsibility of the driver to inform the DVLA.
- 4613** This audit confirmed that the proportion of patients undergoing endoscopic retrograde cholangiopancreatography (ERCP) performed as outpatients was appropriate.
- 4733** This re-audit demonstrated improvement in the number of poor prognosis letters being completed by junior doctors helping to ensure that patients are referred to the community palliative care team appropriately.
- 4741** This audit confirmed that local surgical outcomes for resection of colorectal liver metastases were in line with national outcomes.
- 4905** An improvement in accuracy of discharge summaries was demonstrated by this re-audit; all required details are now being documented.

### 3.5 WOMEN'S & CHILDREN'S

#### Divisional Forward Plan

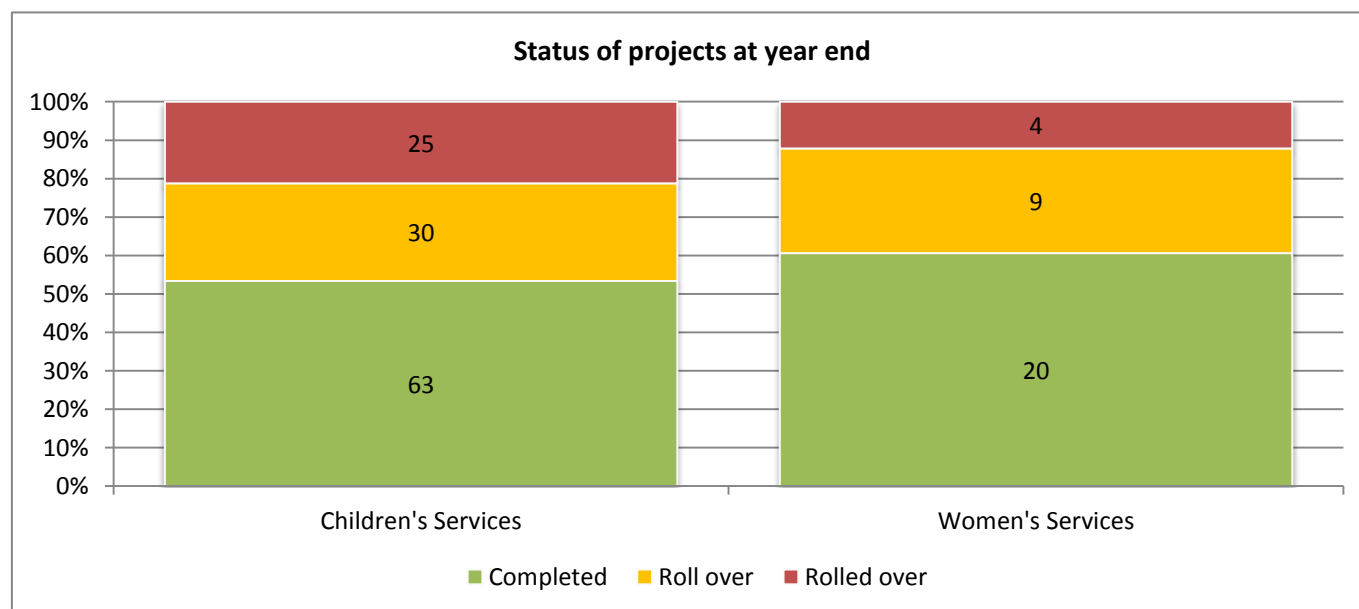
The following chart shows the status at year end of those projects identified as priorities for audit as part of the forward planning process in 2017/18.



#### All activity

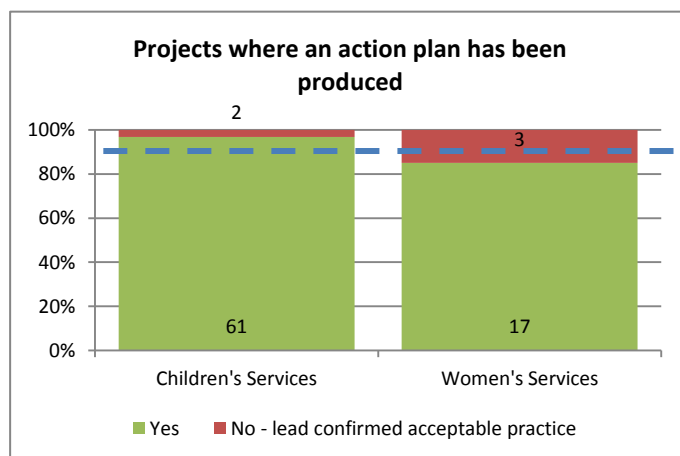
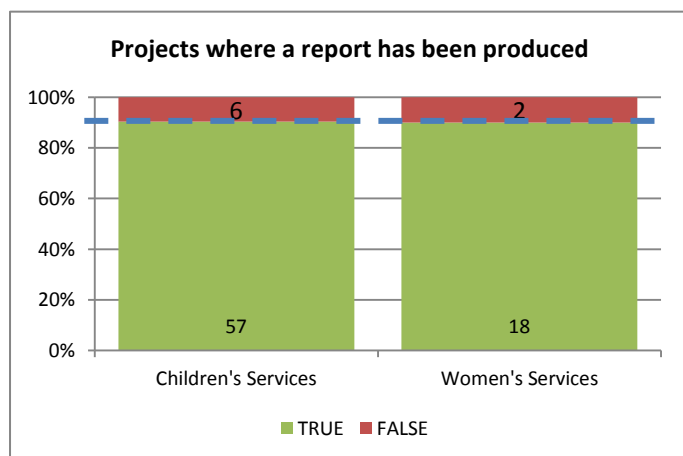
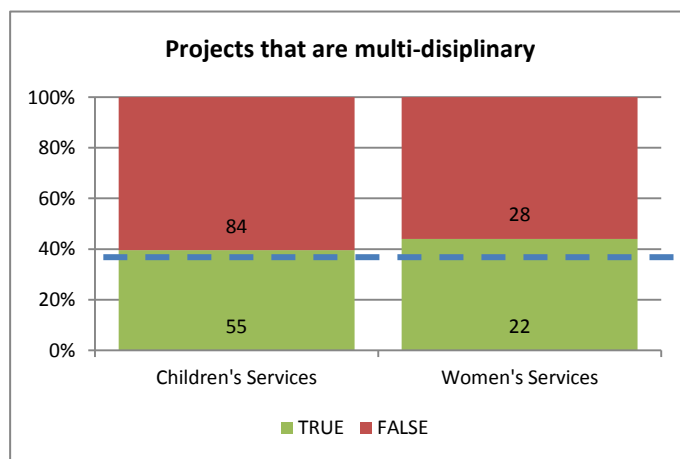
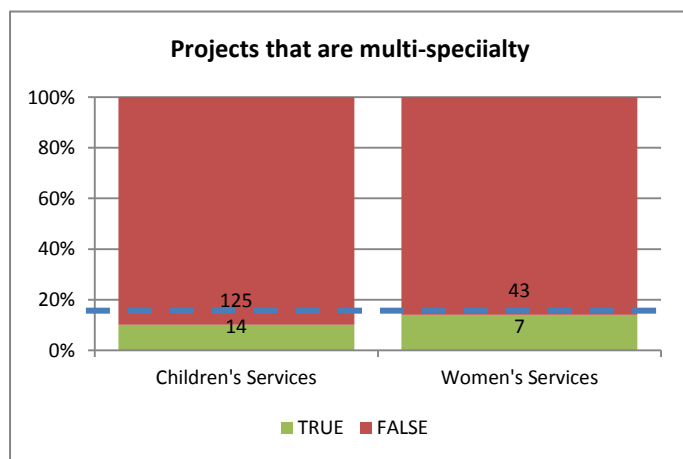
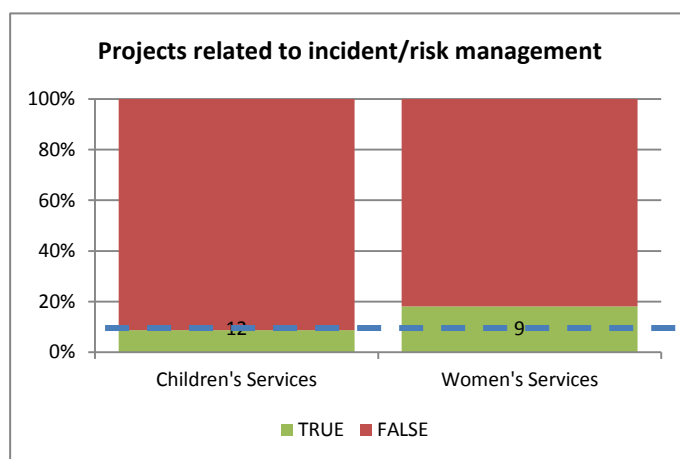
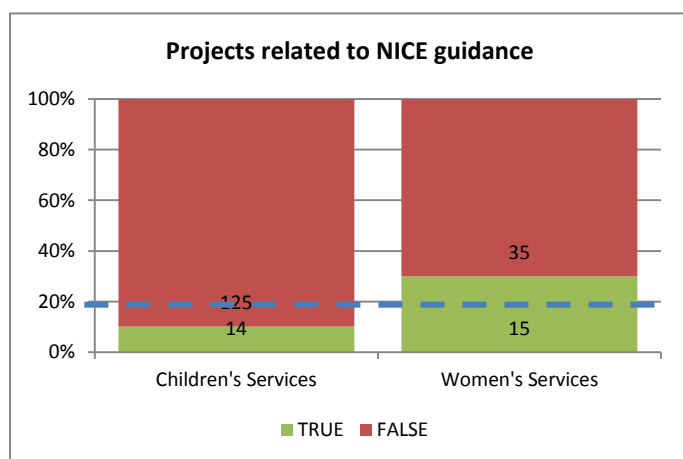
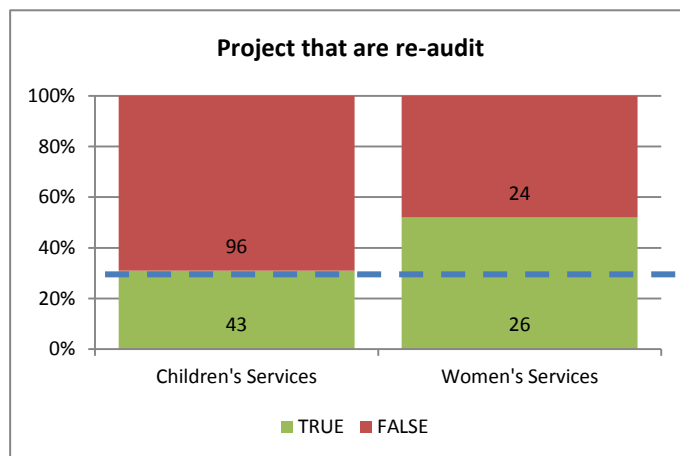
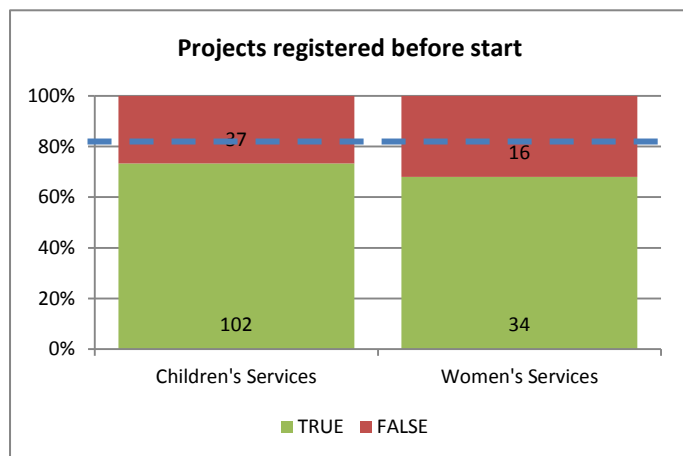
The chart below shows the status at year end of all registered activity. Projects are categorised as follows:

- Completed - Completed in year; this includes projects registered in year or in a previous year.
- Roll over - New projects started in year and have yet to be completed
- Rolled over - Projects registered in previous years but still not completed



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

--- denotes overall figure for each of the KPIs as a comparison to activity as a whole.



## Project lists

The following table outlines the status at year end of all registered activity within the Division/Specialties. Those projects identified as priorities for audit as part of the forward planning process in 2017/18 (FP) are indicated, as are those new projects that were started in year.

Ref	Provisional Title of Project	New	FP	Status
<b>Children's Services - Anaesthesia</b>				
4344	Outcome measure monitoring in Anaesthetics			In Progress
4400	Re-audit of analgesia following tonsillectomy			In Progress
4459	Paediatric pre-operative fasting		✓	Ongoing
4490	Audit of analgesic prescribing following surgery			Completed
4536	Post-Operative Analgesia following Elective and Emergency Craniotomy			In Progress
4873	Opiate induced myoclonus in infants	✓		In Progress
4872	Unplanned admission after paediatric day case anaesthesia in the UK	✓		Completed
<b>Children's Services - Audiology</b>				
4314	Re-Audit of patient management post identification of permanent childhood hearing impairment (PCHI)			In Progress
<b>Children's Services - Burns &amp; Plastics</b>				
3971	International Burn Injury Database (iBID)		✓	Ongoing
<b>Children's Services - Cardiac Services</b>				
79	Post-Operative Morbidity Following Cardiac Catheterisation			Ongoing
81	Radiofrequency Ablation in Paediatric Arrhythmias			Ongoing
947	HRT003 - Congenital Heart Disease (CHD)			Ongoing
4064	Re-audit of the NHS Fetal Anomaly Screening Programme – Congenital Heart Disease in the Southwest of England			In Progress
4438	Cardiac interventional catheter lab outcomes			In Progress
4620	Consent pathway for paediatric cardiac surgery			Completed
4307	Blood products use in paediatric cardiac operations			Completed
4576	Follow up in line with intended treatment plan - Cardiac services			Completed
4692	Echo form audit	✓		Completed
4728	Cross-sectional imaging (MRI/CT) for Blalock-Taussig shunt patients pre-stage 2 Fontan palliation	✓		Completed
4964	Anticoagulation / antiplatelet therapy following Paediatric cardiac operations	✓		In Progress
5009	Compliance with Hypoplastic Left Heart Guideline	✓		In Progress
<b>Children's Services - Dietetics</b>				
2966	Meeting nutritional needs, standards and quality of care Paediatrics Outcome 5 compliance			In Progress
4621	Referrals and waiting time for ketogenic diet therapy and anti-epileptic drug use			In Progress
4551	Re-audit of frequency of Dietetic Review across the South West Region for Children with Chronic Kidney Disease			Completed
4765	Fat soluble vitamin and trace element monitoring in paediatric dialysis population	✓		Completed
4869	Re-audit of Corstop stopper usage	✓	✓	Completed
5005	Re-audit of phenylketonuria (PKU) patient management	✓		In Progress
<b>Children's Services - Emergency Department</b>				
4051	Management of Cervical Lymphadenitis			In Progress
4132	Re-audit of significant head injuries in children			Abandoned
4497	Re-audit of use of Risk Assessment Matrix in Children's Emergency Department		✓	Completed
4552	Royal College of Emergency Medicine Consultant sign off			Completed
4618	Royal College of Emergency Medicine Moderate & Acute Severe Paediatric Asthma re-audit			Completed
4612	Management of febrile neutropenia within the Children's Emergency Department			Completed

4635	Consultant review for patients who re-attend to the Children's Emergency Department		✓	Completed
4718	Clinician handover on hospital admission from Children's Emergency Department	✓	✓	Completed
4719	Audit of MRSA admission swab practice v local and national guidance	✓		Completed
4800	Re-audit of prescription of medication by medical staff and administration of oral drugs by nurses within Children's Emergency Department	✓		Completed
4804	Criteria Led Discharge process for wheeze	✓		Completed
4814	Royal College of Emergency Medicine Pain in Children 2017 - 2018 audit	✓	✓	In Progress
4899	Bronchiolitis: Investigations and Management	✓		Completed
4900	Emergency Department Procedural Sedation Audit	✓		In Progress
5006	Mental Health in Children's Emergency Department - communication and timely attendance	✓		In Progress
<b>Children's Services - Endocrinology</b>				
1451	LTC005 - Paediatric National Diabetes Audit (PNDA)			Ongoing
4720	Continuous glucose monitoring use for children on insulin pumps	✓		Completed
4777	Audit of diabetic retinopathy screening in children	✓		Completed
4798	Instituting carbohydrate counting after new diagnosis of Type 1 diabetes	✓		Completed
<b>Children's Services - Gastroenterology</b>				
4748	Quantiferon testing prior to Infliximab infusion in paediatric gastroenterology patients	✓		Completed
4747	Audit of Wireless capsule endoscopy against NICE guidelines	✓		Completed
4921	Small bowel MRI in the diagnosis of Paediatric Inflammatory Bowel Disease	✓		In Progress
<b>Children's Services - General Paediatrics</b>				
3788	Use of antibiotics for culture-positive infections in the Bristol Children's Hospital - compliance with local guidance			In Progress
4283	Winter pressures - admission to assessment for General Paediatric patients			Completed
4450	Improving documentation of venous blood gas analysis in the general paediatric department			In Progress
4557	Responses to Early Warning Scores			Completed
4638	Re-audit of use of Heated Humidified High Flow Nasal Cannula therapy			Completed
4767	Intravenous fluid use in Bristol Royal Hospital for Children against NICE standards	✓		Completed
4977	Re-audit of the use of Heated Humidified High Flow Nasal Cannula therapy (Airvo 2 Optiflow) outside of PICU	✓	✓	In Progress
<b>Children's Services - Neonatology</b>				
1142	Vermont Oxford Network (NICQ Programme)			Ongoing
1902	WCH004 - National Neonatal Audit Programme (NNAP)			Ongoing
3779	Checking of newborn life support equipment - CNST 3.5.2		✓	Ongoing
4047	Safety checks in Plan for the Day in NICU			Completed
4056	Car seat assessments in neonates (re-audit 3767)			Deferred
4152	Central venous catheters inserted on NICU		✓	In Progress
4165	Newborn sepsis guidelines			In Progress
4421	Blood cultures in NICU (Re-audit 3349)			Deferred
4610	Investigation and management of Neonatal Downs syndrome			Deferred
4622	Investigation and management of Neonatal Jaundice in babies less than 24 hours of age or who had an exchange transfusion in the neonatal period.			Deferred
4417	Cerebro-spinal fluid (CSF) sampling in neonatal sepsis			Completed
4811	Head Circumference Monitoring of Neonates (re-audit 4216)	✓		In Progress
4974	Assessment tool for babies receiving nasal CPAP via mask or prongs and for babies receiving high flow	✓		In Progress
1142	Vermont Oxford Network (NICQ Programme)			Ongoing
<b>Children's Services - Nephrology</b>				



4166	Multicentre audit of management of paediatric acute kidney injury			In Progress
4423	Renal biopsy re-audit 2011-2015		✓	Completed
4460	Vancomycin use in paediatrics – audit of new guideline			Completed
4868	Paediatric renal replacement therapy - dialysis	✓	✓	Completed
4903	Re-audit alteplase usage as a line-lock to maintain catheter patency in haemodialysis catheters at Bristol Children's Hospital	✓		In Progress
<b>Children's Services - Neurology</b>				
4285	Management of new-onset seizures and of prolonged or repeated seizures			Completed
4759	Epilepsy 12 National Audit - Round 3 (RCPCH)	✓		In Progress
4902	Parental satisfaction in the paediatric allergy clinic	✓		In Progress
<b>Children's Services - Neurosurgery</b>				
3953	Postoperative complications within 12 months following selective dorsal rhizotomy			In Progress
4554	Time Critical Transfer of patients to the paediatric neurosurgery centre			Completed
<b>Children's Services - Oncology</b>				
3900	Toxicity monitoring in bone sarcomas			Abandoned
4648	On Treatment Review for Oncology Patients			In Progress
3945	Convection enhanced delivery of carboplatin			Abandoned
4768	Portacath needle insertion documentation	✓		In Progress
4797	Platelet and red cell use in paediatric Haem/Onc/BMT	✓		In Progress
4855	Viral Serology Screening in New Diagnosis of Leukaemia and Solid Tumours	✓		Completed
4854	Annual audit of management of PBSC/BM cellular products with positive microbacterial culture results	✓	✓	Completed
4886	Aprepitant use in haem-onc patients	✓	✓	Completed
4906	Human Tissue Authority Notes Audit 2016	✓		Completed
4904	Checking initial stages chemotherapy administration v FACT - JACIE international standards	✓	✓	Completed
4984	Use of Granulocyte Colony Stimulating Factor (G-CSF) in Paediatric Haematology and Oncology	✓		In Progress
4985	Annual audit of donor screening & testing in allogeneic siblings & unrelated donor Paediatric Blood Stem Cell Testing - 2014 -2017	✓		In Progress
<b>Children's Services - Palliative Care</b>				
4381	End of life care planning for children with life limiting conditions	✓		In Progress
<b>Children's Services - Paediatric Intensive Care (PICU)</b>				
72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)			Ongoing
2548	PICU Discharge delay audit 2010			In Progress
2583	WCH001 - Paediatric Intensive Care Audit Network (PICANet)			Ongoing
2686	An audit of patients referred, but not accepted for paediatric intensive care		✓	Deferred
4535	Audit of drug chart transcription on discharge from PICU to wards within Bristol Children's Hospital			In Progress
4691	Child Death Review audit - 2016	✓		Completed
4874	Adherence to anti-coagulation protocol in Paediatric Intensive Care	✓	✓	In Progress
4986	Rapid Review of unplanned admissions to PICU	✓		In Progress
<b>Children's Services - Radiology</b>				
4639	Paediatric Abdominal CT in the acute trauma setting			Completed
4649	Auditing appropriate storage of lead equipment in Paediatric Radiology Department			Completed
4650	Completion of acute primary assessment report for Paediatric CT with major trauma			Completed
4651	Assessment of the use post processing, with particular focus on use of side markers and image shuttering			Completed
4049	Paediatric Renal Tract Ultrasound for Urinary Tract Infections			Completed

4249	Oral contrast ingestion for paediatric MRI small bowel studies			Completed
4398	Use and accuracy of Gonad Shielding during pelvis examinations			Completed
4415	The role of chest X-ray in the treatment of child TB contacts			Completed
4664	Quality of standard left hand and wrist x-rays for bone age assessment		✓	Completed
4707	Imaging follow-up in suspected paediatric non-accidental head injury	✓		Completed
4711	Pre operative upper GI screening before routine gatro-tube placement	✓		Completed
4769	Re-audit of ultrasound examination for detection and assessment of Developmental dysplasia of the hip (DDH)	✓		Completed
4901	Recording of patient weight for CT Scans in Paediatric Radiology	✓		Completed
<b>Children's Services - Respiratory</b>				
4464	Implementation of Personal Asthma Action plans for children >2 years of age admitted with wheeze or asthma - CQUIN and national standards			Completed
4496	Audit of Paediatric Pleural infection management			In Progress
4555	Care in Spinal Muscular Atrophy Type 1 and Spinal Muscular atrophy with Respiratory Disease			In Progress
4640	Prescription and use of adrenaline autoinjectors in children			Completed
4693	Cystic Fibrosis Non-Medical Prescribing audit	✓	✓	Completed
4726	BTS Paediatric Pneumonia audit	✓	✓	In Progress
4776	Prescribing of Ivacaftor in paediatric patients with cystic fibrosis	✓		In Progress
4822	Royal College of Physicians Asthma Audit Development Project (AADP) - Pilot	✓		In Progress
<b>Children's Services - Rheumatology</b>				
4770	Re-audit on General Anaesthetic Joint injection waiting times 2015	✓	✓	In Progress
4987	Highly elevated ferritin (HEF) levels and secondary haemophagocytic lymphohistiocytosis / macrophage activation syndrome	✓		In Progress
<b>Children's Services - Surgery</b>				
3668	Biofeedback in management of dysfunctional voiding			In Progress
3854	Management of palpable undescended testis			Completed
4287	Post-operative complications in bilateral orchidopexy for bilateral undescended testis			In Progress
4600	Intravenous Fluid Therapy in Post-Operative Paediatric Patients			Abandoned
4662	Right iliac fossa pain - appendicectomy re-audit			Completed
4875	Long-term outcomes following nephrectomy in hypertensive patients	✓		In Progress
4983	Screening of VACERL Neonates	✓		In Progress
5010	Care of neonates with bilious vomiting referred from other centres for review by tertiary paediatric surgical team	✓		In Progress
<b>Children's Services - Trauma &amp; Orthopaedics</b>				
4215	Follow up of children with thoracotomies and sternotomies for scoliosis			In Progress
4268	Multicentre audit on operative fixation of supracondylar fractures in children			Abandoned
4274	Use of tranexamic acid in major paediatric orthopaedic surgery pre and post local guideline introduction			Completed
4456	Paediatric Orthopaedic Trauma Snapshot (POTS)			In Progress
4799	Re-audit: Supracondylar fracture management concordance with BOAST11 national guidance	✓		Completed
<b>Children's Services - Paediatric Speech &amp; Language Therapy (SLT)</b>				
4717	Compliance with British Cochlear Implant Group's Quality Measures for Paediatric Rehabilitation	✓		Completed
<b>Children's Services - Unspecified</b>				
4727	Prescription of orthoses for ambulant boys with Duchenne muscular Dystrophy	✓		In Progress
4806	Clinical notes of Immunology and Infectious Diseases team	✓		In Progress
<b>Women's Services - Clinical Genetics</b>				
4688	Molecular testing for Lynch Syndrome in people with colorectal cancer	✓		Completed

4830	Genetic Antenatal Care Pathway for Haemoglobinopathies (re-audit 4095)	✓	✓	Completed
4864	Rapid Access Cancer Clinic	✓		In Progress
<b>Women's Services - Gynaecology</b>				
231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management			Ongoing
1945	National audit of invasive cervical cancers			Ongoing
4437	Service Provision in Outpatient Hysteroscopy			Completed
4587	Post-operative infection rate in gynaecology oncology department in STMH			In Progress
4401	Management of locally advanced cervical cancer			Abandoned
4477	Consent for Surgical Management of Miscarriage (two audit cycles)			Completed
4575	Post-Operative Management of Laparoscopic Hysterectomy			Completed
4714	Management of pregnancy of unknown location	✓		In Progress
4734	Colposcopy Outcomes and Treatment Times (re-audit 4237, 3531 and 3967)	✓	✓	Completed
4763	Gynaecology emergency operating (re-audit of 4364)	✓	✓	Deferred
4972	Vulval malignant melanoma	✓		In Progress
<b>Women's Services - Obstetrics &amp; Midwifery</b>				
1638	UNICEF UK Baby Friendly Initiative best practice standards for maternity			Ongoing
2276	Management of Shoulder Dystocia			Ongoing
2321	Antenatal Screening Programmes (National Screening Committee)			Ongoing
2391	Caesarean section monitoring			Ongoing
2449	Obstetric haemorrhage			Ongoing
2730	Implementation of Modified Obstetric Early Warning Score (MOEWS) charts		✓	Deferred
2795	Rate and management of perineal tear		✓	Ongoing
2796	Vaginal Birth After Caesarean Section		✓	Deferred
2803	Bristol Stillbirth audit - continuous			Deferred
2849	Re-audit of use of Oxytocin in the first and second stages of labour (CNST 3.2.5)			Deferred
2930	Maternity records re-audit			Deferred
3930	UK National Screening Committee National Hepatitis B in Pregnancy Audit 2014			In Progress
3974	Maternal transfers by ambulance (re-audit of 3252)			Completed
4000	Maternal Transfers to Critical Care Facilities			Completed
4134	Referral and management of perinatal mental health patients (re-audit 3232)			Completed
4580	National Maternity and Perinatal Audit		✓	Ongoing
4585	Immediate care of the newborn (re-audit 4264)			Completed
4586	Antenatal SSRIs and the neonatal NAS scoring in the immediate postnatal period			In Progress
4647	Supplementation of breastfeeding			In Progress
4261	Postpartum Bladder Care (re-audit 3690)			Completed
4559	Pregnancy associated plasma protein A (PAPP-A) and the small for gestational age fetus			Completed
4565	Symphysis Fundal Height (SFH) Measurements in Pregnancy (re-audit 4234)			Completed
4603	Evaluation of the Antenatal and Postnatal Care of Obstetric Patients with Epilepsy			Completed
4681	Examination of the Newborn by midwives (re-audit 3929)	✓	✓	Completed
4678	Postnatal contraception NICE QS129	✓		Completed
4712	Timing and mode of delivery in women with Type 1 and 2 diabetes in pregnancy	✓		In Progress
4715	Maintenance of Instrumental trolley on labour ward	✓		Abandoned
4716	Support for parents following an unexpected poor outcome at birth (re-audit 3547)	✓		In Progress

4751	VTE Prophylaxis in Pregnancy	✓		In Progress
4752	TAMBA Multiple pregnancy maternity engagement project - NICE Quality Standard 46	✓		Completed
4795	Use of the Inpatient Maternal Sepsis Screening Tool in Maternity Services	✓	✓	In Progress
4812	'Fresh Eyes' review for continuous electronic fetal monitoring	✓	✓	Completed
4861	Quantitative fetal fibronectin testing and outcomes	✓	✓	In Progress
4863	Management of Patients with Severe Pre-Eclampsia (re-audit 3999)	✓		Completed
4910	Documentation of Partner Details and Living Situation by Community Midwives (re-audit 4654)	✓	✓	Completed
<b>Women's Services - Reproductive Medicine</b>				
4862	Male spermatogenesis induction	✓		In Progress

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

### **Children's Services**

- 3854** A National Institute of Health Research grant proposing a pilot study for a proposed major trial is being written as a result of this audit.
- 4047** This project has led to the re-design of the "Plan for the Day" sheets used on the Neonatal Intensive Care Unit which will help improve the use of safety prompt check lists at each handover of medical care.
- 4249** Following this audit of oral contrast ingestion for paediatric MRI small bowel studies, there has been agreement to add flavouring to contrast medium and assess whether practical to have a member of staff with the patient encouraging them to drink.
- 4274** This re-audit of the use of tranexamic acid in major paediatric orthopaedic surgery pre and post local guideline introduction demonstrated improvement in practice. Results have been shared locally and regionally to further raise awareness of the criteria.
- 4283** As a result of this audit of time from admission to assessment during winter pressures, it was agreed to increase the use of criteria led discharge and to increase consultant presence during mornings in order to speed up the ward round. There will also be an increased consultant presence in the evenings to enable timely consultant review of newly admitted patients.
- 4285** Following this audit of management of new-onset seizures and of prolonged or repeated seizures, action underway to agree pathways for the management of epilepsy that take account of NICE guidance recommendations on times to assessment and investigation. It has also been agreed that a cross-organisational pathway with Bristol City Council and the BNSSG Clinical Commissioning Groups will be introduced.
- 4307** Results of this audit of blood products use in paediatric cardiac operations demonstrated good practice. Results were shared and scope for more detailed audit agreed. The use of additional fibrinogen level measurements was also considered.
- 4398** Following this audit of use and accuracy of gonad shielding during pelvis examinations, the SOP was re-written, supplies of lead shielding increased, the induction handbook re-written and agency staff included in departmental induction training where required.
- 4415** Following this audit of role of chest X-ray in the treatment of child TB contacts it has been agreed that lymphadenopathy reported on chest x-ray in childhood contact and migrant screening should be categorised as active primary TB disease and not primary TB infection.
- 4417** This audit of anti-biotic prescription demonstrated that Trust guidelines are followed in prescribing the correct choice of IV antibiotics following cerebro-spinal fluid sampling in cases of suspected neonatal sepsis.
- 4423** Following this re-audit of renal biopsy management, electronic recording issues are to be taken up with the Evolve and Patient Safety teams.
- 4460** As a result of this audit of Vancomycin use in paediatrics, PICU prescribing support information and pharmacy paper prescribing stickers have been updated. The importance of the use of the guideline and pharmacist involvement is being promoted to medical and nursing staff.
- 4464** This re-audit of the implementation of personal asthma action plans for children admitted with wheeze or asthma reported high compliance with relevant standard following employment of a CQUIN nurse.
- 4490** Following this audit of analgesic prescribing following surgery, drug charts are being updated to ensure that the prescribing boxes are prefilled (including maximum dose) and to help to reduce errors. Mentoring/training is continuing and acute paediatric pain guidelines have been updated.
- 4497** As a result of this re-audit of use of the risk assessment matrix in the children's emergency department, training

in completing the matrix has been included in nurse study day and further training for provided for doctors via the induction programme.

- 4551** This re-audit of dietetic review of children with clinical kidney disease demonstrated improvement in the proportion of children reviewed appropriately. The use of telemedicine is being explored as the majority of patients are still being seen by UH Bristol rather than regional hospitals.
- 4552** Following this audit of consultant sign off, medical induction and message of the week have been used to ensure junior medical staff are aware of the need to discuss all re-attenders with consultant or ST4.
- 4554** As a result of this audit of time critical transfer of patients to the paediatric neurosurgery centre, the problem of sub-optimal transfer times to referrers have been highlighted through the trauma network.
- 4557** Following this audit of responses to early warning scores (indicating problems with health of patient), the escalation pathway has been clarified and teaching provided to help improve documentation.
- 4576** Following this audit to determine whether follow up was in line with intended treatment plan in cardiac services, the process to be followed when children are not brought for hospital admission has been clarified. In general results were good and positive feedback was provided to staff to inform them that clinical and discharge letters were comprehensive and easy to understand. A prompt was added to the echo newsletter to remind staff of the need for clear recording of venue for outpatient appointments.
- 4612** This audit of management of febrile neutropenia in the children's emergency department resulted in the management guidance for patients being revised and a "see and treat" Medway proforma developed.
- 4618** Following this national audit of moderate and acute severe paediatric asthma, changes to wheeze proforma are planned to improve documentation and use of criteria led discharge by nurses has been increased.
- 4620** As a result of this audit of the consent pathway for paediatric cardiac surgery, the pathway has been revised and simplified and monitoring standards included.
- 4635** Following this audit of consultant review for patients who re-attend the children's emergency department, results and guidance have been discussed at departmental meeting. It was agreed that awareness of guidance should be raised using "Message of the week" and triage stickers.
- 4638** This re-audit of use of heated humidified high flow nasal cannula therapy demonstrated improvement in all standards measured. Further education has been provided, particularly for ward staff as they are responsible for weaning. The guideline is being reviewed, including thresholds for delivery of therapy outside of PICU, and the team are working towards agreeing regional guidance.
- 4639** Following this audit of paediatric abdominal CT in the acute trauma setting, the findings were presented to the children's emergency department and the scope for reduced use of CT highlighted to staff.
- 4640** As a result of audit of prescription and use of adrenaline autoinjectors in children, parents will continue to be given appropriate autoinjector training when a device is prescribed. Patients have been reminded that it is recommended to carry their in-date autoinjectors at all times.
- 4649** Following this audit of appropriate storage of lead equipment in the paediatric radiology department, the purchase of skirt hooks is being considered and an educational poster detailing how to correctly store lead aprons is being produced.
- 4650** As a result of this audit of completion of acute primary assessment report for paediatric CT with major trauma, radiographers and radiology registrars have been made aware of the appropriated paperwork and attendance. Information has also been include in CT induction handbook and CT training programme.
- 4651** Following this audit of assessment of post processing, radiographers have been reminded of departmental practice with regards to shuttering and the use of side markers is being encouraged.
- 4662** This re-audit of right iliac fossa pain demonstrated limited improvement in practice. The rationale and feasibility of further usage of imaging to aid diagnosis of appendicitis have been reviewed and further in depth-analysis of reasons behind elevated perforation rate is being carried out.
- 4664** Following this audit of quality of standard left hand and wrist x-rays for bone age assessment, the local protocol has been updated and a poster prepared for the radiographers to raise awareness.
- 4691** This audit of the child death review process demonstrated good adherence to standards. Recommendations were made on regarding the timing of communications with parents, and organisation of follow up meetings to improve things further.
- 4692** Good practice was identified as a result following this audit of cardiac echo forms. The form has been amended slightly and results have been shared via cardiac services newsletter, cardiac clinical governance meeting and Children's Hospital audit showcase.
- 4693** Following this audit of cystic fibrosis non-medical prescribing, it was agreed that nurses /physios would be given dedicated time within the week to check results and action treatment. It was also agreed that the sending of printed positive microbiology results to Evolve should be instigated.

- 4707** Following this audit of imaging follow-up in suspected paediatric non-accidental head injury, a written reminder was sent to all paediatric neuro-radiologists to highlight the results of the audit and raise awareness of requirements.
- 4711** As a result of this audit of pre-operative upper GI screening before routine gastro-tube placement, it has been agreed to keep UGI screening as regular pre-gastrostomy practice. This was in view of detection of relatively high incidence of malrotation and positive detection of other UGI anatomic abnormalities.
- 4717** Following this audit of compliance with the British Cochlear Implant Group's Quality Measures for Paediatric Rehabilitation, actions include the production of a flow chart to show how and where each intervention should be documented and the development of clearer guidance/ criteria for speech and language therapy support.
- 4718** Following this audit of clinician handover for children admitted via children's emergency department, awareness of correct procedure has been raised via "Message of the week" and a poster campaign.
- 4719** As a result of this audit of MRSA admission swab practice, it was agreed that the screening tool should be updated and that education to help reinforce good practice was needed.
- 4720** Following this audit of continuous glucose monitoring for children on insulin pumps, capacity problems in clinic are being addressed to enable three monthly HbA1c measurement and appointments. A very clear, specific patient "contract" is to be implemented to improve use of monitoring devices.
- 4728** Following this audit of cross-sectional imaging for Blalock-Taussig shunts, it has been agreed selected patients can have cross sectional imaging for pre-stage 2 planning.
- 4747** This audit of a newly introduced procedure (wireless capsule endoscopy) demonstrated that the procedure was safe and performed in line with NICE guidance. A patient information leaflet for parents has been written to help facilitate clear visualisation of mucosa by the endoscopic camera.
- 4748** Following this audit of Quantiferon testing prior to Infliximab infusion, the local guideline on TB screening prior to Infliximab infusion is being reviewed by the immunology/laboratory team and updated as necessary.
- 4765** As a result of this audit of fat soluble vitamin and trace element monitoring in paediatric dialysis, further work has been undertaken to investigate the nutrients available from tube feeds for patients not meeting reference serum levels. Reminders are to be introduced for 4-6 monthly bloods tests.
- 4767** This re-audit of intravenous fluid use demonstrated improvement in practice. Relevant guidelines have been promoted at medical induction with the emphasis on glucose content of fluids and monitoring requirements.
- 4769** This re-audit of ultrasound examination for detection and assessment of developmental dysplasia of the hip confirmed acceptable practice.
- 4777** Following this audit of diabetic retinopathy screening in children, it was agreed that the use of the current SOP will continue to help maintain good practice. The clinic annual review prompt sheet has been revised to ensure that attendance at screening is discussed and to help reduce the number of children who are not attending screening annually (or at all).
- 4798** Following this audit of carbohydrate counting after new diagnosis of Type 1 diabetes, carbohydrate counting education is now started during first inpatient admission and changes to the patient education package are being introduced.
- 4799** This re-audit of supracondylar fracture management demonstrated that practice had improved slightly. It was agreed that the use of the standard proforma for recording assessment should be continued.
- 4800** Following this re-audit of prescription of medication by medical staff and administration by nurses, the design of the children's emergency department attendance card has been revised to include drug name and time to be administered.
- 4804** Following this audit of the criteria led discharge process for children with a wheeze, education into the benefits of the process and the positive impact on patients were highlighted. The process for correctly discharging a patient on hospital computer system has been explained further and the standard information added to GP letters reviewed.
- 4854** As a result of this audit of management of peripheral blood stem cells/bone marrow cellular products with positive microbacterial culture results, the bone marrow harvest SOP is being revised.
- 4855** Following this audit of viral serology screening in new diagnosis of leukaemia and solid tumours, it was agreed to develop a new patient blood test list (which will include viral serology) on a new patient proforma.
- 4868** Following this audit of paediatric renal replacement therapy, alkaline phosphatase levels are now being monitored in dialysis quality meetings. Targets for blood chemistry components are to be revised and local practice in relation to blood pressure monitoring reviewed.
- 4869** This audit demonstrated improvement in the management of patients requiring a Corstop device. Further devices and explanatory leaflets have been provided in the children's emergency department and agreement reached with nursing staff responsibilities in relation to discharge of these patients.

- 4872** This national audit of unplanned admission after paediatric day case anaesthesia demonstrated that UH Bristol rates were better than those nationally. It was agreed that the post-op nausea and vomiting risk scoring tool be included in the daycase booklet when next updated.
- 4886** Following this audit of Aprepitant use in haematology-oncology patients, anti-emetic guideline (including consideration of ondansetron dosing) has been updated. This included a review of most the most recent evidence on interactions of cyclophosphamide with other drugs, including aprepitant.
- 4899** As a result of this audit of the management of bronchiolitis, a proforma was introduced to help ensure that management is in line with NICE guidance and that timely discharge from the children's emergency department short stay ward is achieved.
- 4901** Following this audit or recording of patient weight for CT Scans in paediatric radiology, staff have reminded of the importance of recording weight for all exams. The purchase of scales which will remain in the scan room is being investigated.
- 4904** This audit of checking initial stages of chemotherapy administration demonstrated full compliance with the agreed standards. There is to be further review into the use of wrist label and alternative systems for those who refuse to wear them.
- 4906** This re-audit of Human Tissue Authority documentation requirements demonstrated an improvement in the quality of record keeping.

### **Women's Services**

- 3974** This audit of maternal transfers by ambulance demonstrated that discussions regarding intrapartum transfers were being documented appropriately in the medical record.
- 4000** This audit demonstrated good compliance with documentation standards relating to maternal transfers to critical care facilities, as well as notification of the on-call obstetric consultant when required.
- 4134** Since the time of this audit, a psychiatric liaison nurse has been appointed and a community specialist perinatal mental health team established at St Michael's Hospital. Changes have been made to improve documentation at clinic appointments, as highlighted by the audit results.
- 4261** This audit of postpartum bladder care led to the development of new tools to aid staff in documenting the management of these patients.
- 4437** This audit of service provision demonstrated good outcomes and compliance with process standards in patients having outpatient hysteroscopy at St Michael's Hospital.
- 4477** This re-audit cycle demonstrated that the introduction of a new pre-printed consent form for surgical management of miscarriage improved the provision of information on all relevant risks and potential additional procedures during the consent-taking process.
- 4559** This audit showed good compliance with standards relating to identification and monitoring of women with low pregnancy-associated plasma protein A (PAPP-A), although with room for improvement. This has led to further staff education for obstetricians and community midwives on the PAPP-A pathway and its value in predicting small for gestational age fetuses.
- 4565** This audit has led to a variety of interventions to improve measuring and plotting of symphysis fundal height in pregnancy.
- 4575** Following this audit, a day-case protocol was implemented to support management of laparoscopic hysterectomy at St Michael's Hospital.
- 4585** This audit demonstrated significant improvement (over three audit cycles) in midwives identifying risk factors in newborn babies and undertaking neonatal observations where required by the local guidelines.
- 4603** This audit identified a good standard of antenatal care at St Michael's Hospital for women with epilepsy. The provision of high dose folic acid, specialist antenatal clinic assessment and review of symptoms, fetal echocardiograms and serial growth scans were appropriate. The audit has also led to further work on a local epilepsy in pregnancy care plan, guideline and patient information leaflet.
- 4678** This audit has led to work in conjunction with the local Clinical Commissioning Groups to improve provision of contraception in the immediate postnatal period. Additionally, information on contraception is now being provided to women in a more accessible way via the St Michael's pregnancy mobile phone app.
- 4681** This audit demonstrated good compliance by midwives with the majority of standards relating to examinations of the newborn within the first 72 hours. Following the audit, an electronic system was implemented, providing a failsafe if babies are not examined within the 72 hour period. Changes have also been made that should improve the process of gaining experience of / competency in newborn examinations for midwives.
- 4688** This audit provided a baseline against which to measure future practice following the publication of new national guidelines on molecular testing for Lynch Syndrome in people with colorectal cancer. It demonstrated that the recommended pathway was largely being followed already within the department of Clinical Genetics, while the



majority of those that did not follow the pathway had clear clinical reasons identified.

- 4734** This audit demonstrated good compliance with national standards for access and treatment times in colposcopy for high-risk women following cervical screening. Outcomes for women following a large loop excision of transformation zone were also shown to be good.
- 4752** This audit demonstrated good compliance with NICE standards on determining chorionicity and amnionicity of multiple pregnancies within a specific timeframe. The audit also demonstrated that women are being seen by an obstetrician specialising in multiple pregnancies and being monitored for fetal complications according to the chorionicity and amnionicity of their pregnancy.
- 4812** This initial snapshot audit showed good compliance with the newly implemented "Fresh Eyes" approach to double-checking midwives' interpretation of continuous electronic fetal monitoring of women during labour. Safety Briefings and study days will continue the process of training and encouraging staff.
- 4830** Systems put in place following previous cycles of audit have led to very good compliance with standards relating to the genetic antenatal care pathway for women with positive results following screening for haemoglobinopathies. Further actions have been taken in conjunction with administrative teams to improve new standards on timing of contact between the Clinical Genetics department and patients.
- 4863** This audit demonstrated full compliance with the majority of standards relating to the management of patients with severe pre-eclampsia at St Michael's Hospital. Action is being taken to improve the quality of feedback to patients' GPs.
- 4910** This regular safeguarding audit showed good compliance with documentation of details of a woman's partner by community midwives. Further work has been done to highlight the need for midwives to document in the correct place their discussion with women of the prevalence of domestic abuse in pregnancy.

### 3.6 NON-DIVISION SPECIFIC/TRUSTWIDE

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 2016/17 (FP) are indicated, as are those new projects that were started in year.

4468	The Assessment and Management of Back Pain by the Avon Partnership Occupational Health Service (re-audit)			Completed
4566	NICE CG174 - IV Fluid Therapy			In Progress
4609	Medical documentation audit 2017	✓	✓	In Progress
4627	Audit of Trust DNA policy for patients aged 16 & 17			Completed
4871	Enhanced Care Observation (ECO) and Meaningful Activities in Adult Trust Services	✓		Completed

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

- 4468** As a result of this audit into back pain management, a clinic worksheet to prompt consideration of core issues is being developed.
- 4627** As a result of this audit, the Trust did not attend (DNA) policy was reviewed and revised. Requirements for patients not attended were widely circulated and the results from the audit helped inform a number of risks, which have been recorded on the Trust risk management system.
- 4871** This Trust-wide project looked at monitoring and support provided to vulnerable patients due to physical frailty and/or psychological distress. A pilot of meaningful activity charts within the Division of Medicine will take place as a result of the audit. The results will also inform the review of the enhanced care observation (ECO) and meaningful activities policy and other quality improvement work being undertaken by the ECO Policy Group.



## Appendix A - UH Bristol Clinical Audit Staff (as at April 2018)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Andrew Day
	Medical Physics & Bioengineering		Mr Phil Quirk
	Pharmacy		Mr Kevin Gibbs
	Adult Therapies		Mr Chris Easton
	Radiology		Dr John Hughes
Medicine	Medical Specialties	Dominic McLernon	Dr Rami Fikri
	Emergency Services		Dr Jenny Jones
Specialised Services	Cardiac Services		Dr Radwa Bedair
	Oncology & Haematology		Dr Charlie Comins
Surgery & Head & Neck	Anaesthesia	Chrissie Gardner	Dr Ruth Murphy
	Critical Care		Dr Chris Bordeaux
	General Surgery		Mr Paul Wilkerson
	Trauma & Orthopaedics		Mr Steve Mitchell
	Dental Services & Maxillo-facial Surgery		Mr Nikki Attak
	Ophthalmology		Mr Derek Tole
	Adult ENT	Jonathan Penny	Mr Phil Clamp
Women & Children's	Obstetrics & Gynaecology		Ms Naomi Crouch
	Neonatology	Richard Hancock	Dr Martin Mraz
	Children's Services		

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

## Appendix B - Progress against Clinical Audit Forward Programme 2017/18

In total, 262 projects on the plan were due to have commenced by the end of the financial year. The table below shows that 165 (63%) of projects commenced.

46/51 (90%) of category 1 projects commenced during the year. The five category 1 projects that did not start are listed below, along with further information regarding participation:

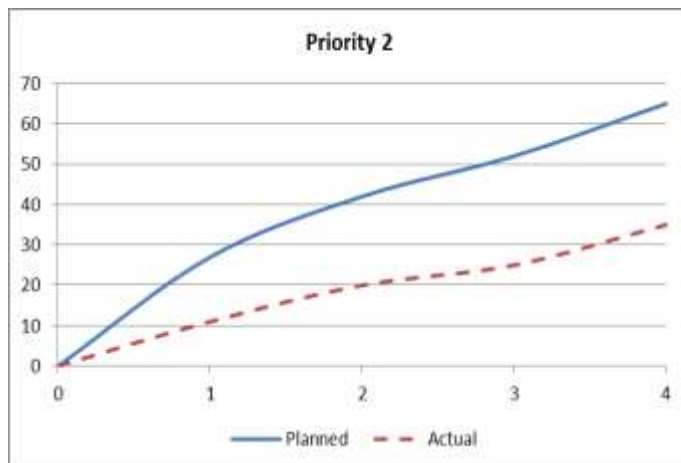
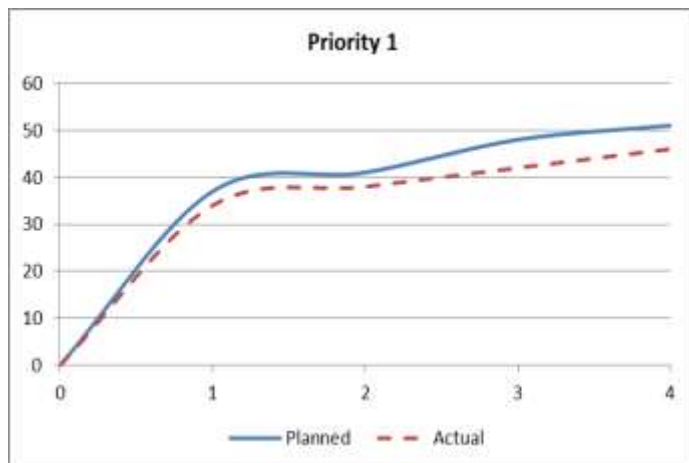
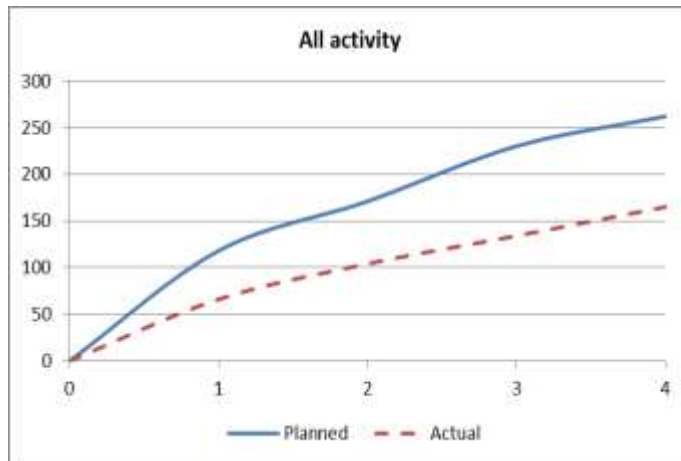
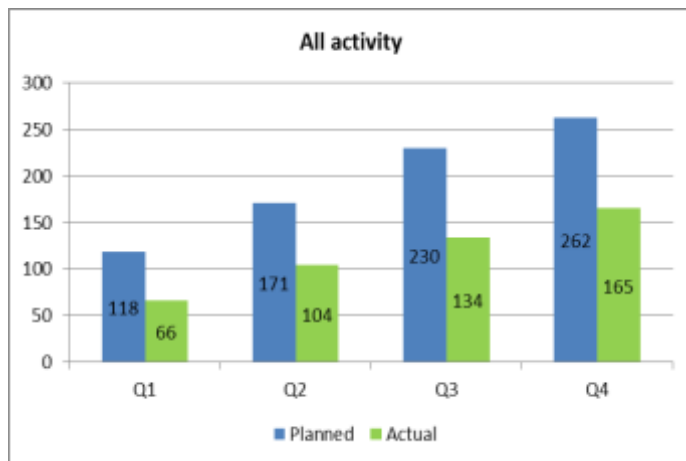
- UK IBD Registry (adult and paediatric) - A business case is currently in development to procure a new endoscopy database for both adult and paediatric units. The functionality to capture the data for the registry will be built into this system.
- Rheumatoid and Early Inflammatory Arthritis - Delayed at national level. Not due to start until next financial year.
- National End of Life Care Audit - Delayed at national level. Not due to start until next financial year.
- BSUG/BAUS Urogynaecology - Data collected for one consultant – administrative support required to enter the data onto the system.

Category	Status (Q4)	D&T	Division				NDS*	Total
			Med	SpS	SHN	W&C		
Cat 1	Completed					1		1
	In progress	2	13	12	7	10	1	45
	Not started		2		1	2		5
<b>Cat 1 Total</b>		<b>2</b>	<b>15</b>	<b>12</b>	<b>8</b>	<b>13</b>	<b>1</b>	<b>51</b>
Cat 2	Completed			1		2	1	4
	In progress	18	4	2	3		4	31
	Not started	8		6	7	5	4	30
<b>Cat 2 Total</b>		<b>26</b>	<b>4</b>	<b>9</b>	<b>10</b>	<b>7</b>	<b>9</b>	<b>65</b>
Cat 3	Completed	2	3	3		16		24
	In progress	11	6	11	3	17		48
	Not started	6	15	9	5	15		50
	Abandoned	1	2	1	1			5
<b>Cat 3 Total</b>		<b>20</b>	<b>26</b>	<b>24</b>	<b>9</b>	<b>48</b>		<b>127</b>
Cat 4	Completed			1	1	2		4
	In progress	2		4	1	1		8
	Not started	1		3		1		5
	Abandoned					2		2
<b>Cat 4 Total</b>		<b>3</b>		<b>8</b>	<b>2</b>	<b>6</b>		<b>19</b>
<b>Grand Total</b>		<b>51</b>	<b>45</b>	<b>53</b>	<b>29</b>	<b>74</b>	<b>10</b>	<b>262</b>

	P1	P2	P3	P4	All
<b>% projects commenced as planned (Q4)</b>	90%	54%	57%	63%	63%

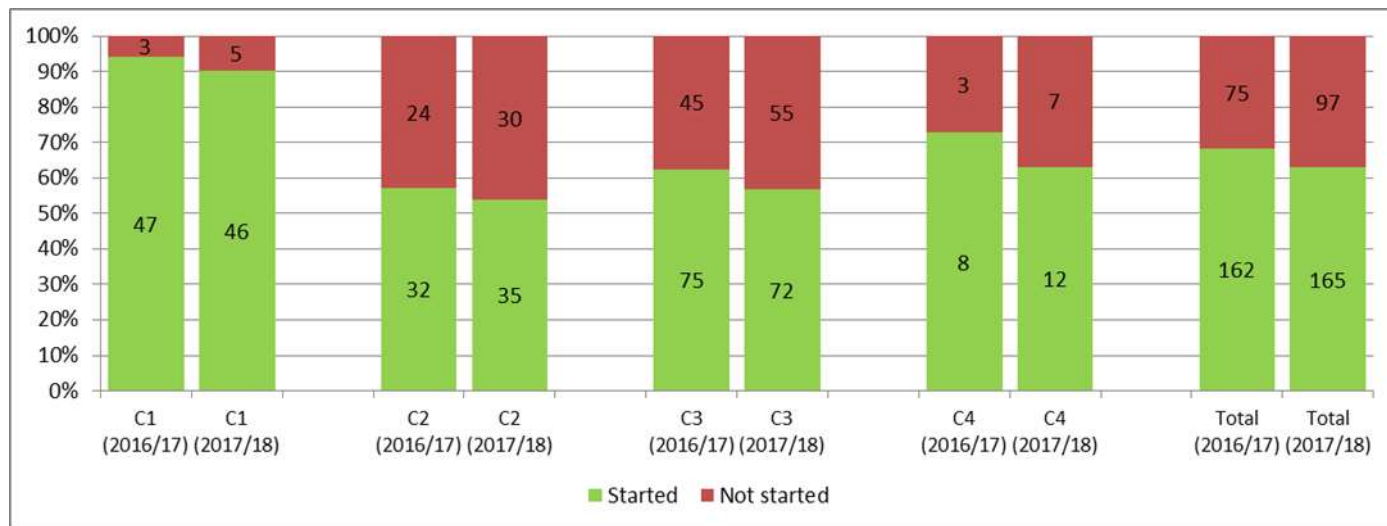
- \*Non Division specific (i.e. Trust wide)

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 – comparison to previous years

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



Overall, there has been a decrease in the percentage of planned projects started or completed compared to the previous financial year; 165/262 (63%) compared to 162/237 (68%) in 2016/17.

## Appendix C - University Hospitals Bristol Clinical Audit Forward Programme 2018/19

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 2018/19; other projects may be facilitated by the Clinical Audit & Effectiveness Team over the year according to on-going priorities and available resources.

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

Category 1 – External 'must dos'	Category 2 – Internal 'must dos'
<p>Failure to deliver on these externally driven audits may carry a penalty for the Trust (either financial or in the form of a failed target or non-compliance with standards). Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <li>▪ Participation in the National Clinical Audit &amp; Patient Outcome Programme (NCAPOP) or Quality Account</li> <li>▪ Statutory/regulatory requirements</li> <li>▪ CQUINS or other commissioner priorities.</li> <li>▪ Board assurance requirements</li> </ul>	<p>Many of these audit projects emanate from Trust governance issues or high profile local initiatives although no penalties exist for non-participation. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <li>▪ Participation in the national clinical audits included in the Quality Accounts</li> <li>▪ External accreditation schemes</li> <li>▪ Clinical Effectiveness activity (e.g. following the introduction of new procedures).</li> <li>▪ Patient Safety issues (including Safety Alerts).</li> <li>▪ Clinical Risk issues e.g. serious untoward incidents/adverse incidents.</li> </ul>
Category 3 - Division/specialty/service priority	Category 4 - other
<p>These projects have been identified within Divisions/specialties/services as important pieces of work. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> <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>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 or priority</li> </ul>

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

## Diagnostics & Therapies

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Diagnostic Services					
Clinical Biochemistry	Faecal calprotectin in the differential diagnosis of inflammatory bowel disease or irritable bowel syndrome	Frances Palmer	Cat 3	Q3	IBD diagnostic pathway based on NICE Diagnostics Guidance 11
	Lysosomal enzyme diagnostic service	Rebecca Hopkins	Cat 3	Q3	Re-audit 3647. To ensure adherence to laboratory protocol
Infection Control	MRSA Screening	Lisa Hinton	Cat 2	Q2	
	Aseptic Non Touch Technique in clinical practice	Jody Saunders	Cat 2	Q3	Rollover from 17/18. Re-audit 4581.
	Infection prevention practice across the surgical pathway	Kate Turkentine	Cat 3	Q2	One Together Assessment Toolkit
Laboratory Haematology	Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	Tom Latham	Cat 2	Q2	National Audit (Quality Report)
	Management of massive haemorrhage	Tom Latham	Cat 2	Q2	National Audit (Quality Report)
Medical Physics & Bioengineering	CT Patient Radiation Dose Audit of Level 3 scanner in BRI 2018	Gareth Thorne	Cat 2	Q4	Re-audit 4311. Public Health England 2014.
Microbiology	Culture positivity rates in Mycobacterial tuberculosis infection	Rajeka Lazarus	Cat 3	Q4	National target
Radiology	Radiologically Inserted Gastrostomy (RIG)	Huw Roach	Cat 2	Q4	Introduction of new interventional procedure
	Image guided lung biopsies	John Hughes	Cat 2	Q2	Re-audit 4676. Patient safety
	MRI lumbar spine	Kay Thornton	Cat 2	Q3	Rollover from 17/18. Re-audit 3708
	MRI whole spine	Kay Thornton	Cat 2	Q3	Rollover from 17/18. Imaging protocol
	Documentation of Consent	John Hughes	Cat 3	Q3	Re-audit 4092
	Focal liver lesions	Tina Stoyles	Cat 3	Q3	Re-audit 4644

	Re-audit facial bones X-ray quality	Scott Harrison	Cat 3	Q4	Re-audit 4802
	Interventional outcome measures	John Hughes	Cat 3	Q2	Patient safety and appropriate patient management
	Pre-examination checks	Sally King	Cat 3	Q2	Ionising Radiation (Medical Exposure) Regulations 2018
	Image quality audits	Sally King	Cat 3	Q2	Patient safety and appropriate patient management
	Vetting consistency	Robert Bolton	Cat 3	Q3	Rollover from 17/18. Reduce error.
<b>Specialty/Service: Therapy Services</b>					
Nutrition & Dietetics	Deep Dive into Nutritional Care across UH Bristol	Claudia Jemmott	Cat 1	Q1	Re-audit 4713. CQC regulation 14
	Hepatology nutritional pathway	Gabrielle Shorttle	Cat 3	Q4	New hepatology nutritional pathway
Occupational Therapy	Deep Dive Audit of the SBCH Stroke Rehabilitation Pathway	Kelly O'Leary	Cat 3	Q2	Part of a 3yr audit cycle.
Pharmacy	Medicines Reconciliation at Discharge	Kevin Gibbs	Cat 3	Q2	Re-audit 3706. Implementation of Electronic Prescribing and Medicines Administration (EPMA)
	Antimicrobial guideline in ED	Sue Wade	Cat 3	Q4	Re-audit 3615
	Completion of warfarin chart	Rebecca Thorne	Cat 3	Q4	Re-audit 4577
	Antimicrobial prescribing in paediatric ED	Sue Wade	Cat 3	Q2	Follow up audit of 4217
	Audit of consultant name on out-patient prescriptions	Kevin Gibbs	Cat 4	Q3	Rollover from 2016-17
	Review of in-patient warfarin dosing	Rebecca Thorne	Cat 4	Q4	Paediatric Medical Antibiotic Guidelines, and the local BNSSG recommendations for treatment of infections.
Physiotherapy	Deep Dive Audit of the non-invasive ventilation (NIV) Pathway	Ema Swingwood	Cat 3	Q1	Part of a 3yr audit cycle. New standards for motor neurone disease (MND) patients

## Medicine

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Emergency Department					
Emergency Department	Vital Signs in Adults	Jen Jones	Cat 1	Q3	National Audit (Quality Report)/CQC Expectation
	VTE risk in lower limb immobilisation	Jen Jones	Cat 1	Q3	National Audit (Quality Report)/CQC Expectation
Specialty/Service: Medical Specialties					
Care of the Elderly	Fracture Liaison Service Database	Cathy Churchman	Cat 1	Q1	National Audit (NCAPOP)
	Inpatient Falls	Laura Clow	Cat 1	Q2	National Audit (NCAPOP)
	National Audit of Dementia	Meera Sritharan	Cat 1	Q1	National Audit (NCAPOP)
	National Hip Fracture Database	Rachel Bradley	Cat 1	Q1	National Audit (NCAPOP)
	IV Zolendronate acid audit in patients over 50 years with an osteoporotic fragility fracture	Rachel Bradley	Cat 3	Q1	Re-audit 4549
	Use of Comprehensive Geriatric Assessment on Older Persons Assessment Unit	Rachel Bradley	Cat 3	Q4	Re-audit 4722
	Recording and Management of Constipation in Adult Inpatients on Elderly Care Wards	Rachel Bradley	Cat 3	Q1	Re-audit 3892
Contraceptive & Sexual Health Services	Audit on Post Exposure Prophylaxis for HIV	Kieren Sharkey	Cat 3	Q1	Audit of national guidance (BASHH)
	Audit of Nexplanon insertion site	Sharon Moses	Cat 3	Q1	Audit of national guidance (FSRH)
	Audit of management of antenatal syphilis	Lindsey Harryman	Cat 3	Q2	Audit of national guidance (BASHH)
	Audit of simultaneous early abortion at home (EMAH)	Alison Hines	Cat 3	Q1	Local guidelines
	2 x Unity partner wide safeguarding audits	Judy Berry	Cat 3	Q2	Patient safety (topics TBC)
	2 x Unity partner wide clinical audit	Sharon Moses	Cat 3	Q2	Specialty priority (topics TBC)
Dermatology	Dermoscopy of Pigmented Lesions	David DeBerker	Cat 3	Q4	Re-audit 4660

	Re-audit of the WHO Surgical Check List	David DeBerker	Cat 3	Q3	Re-audit 4258
	Assessing the TL01 Pathway for the Psoriasis Patients	Giles Dunhill	Cat 3	Q1	Re-audit 4143
	Local Re-Audit of Guideline on the Management of Paediatric Eczema	Lindsay Shaw	Cat 3	Q2	Re-audit 4253
Diabetes & Endocrinology	National Diabetes Core	Natasha Thorogood	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Footcare Audit	Rami Fikri	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Bushra Ahmed	Cat 1	Q3	National Audit (NCAPOP)
	National Pregnancy in Diabetes Audit	Karin Bradley	Cat 1	Q1	National Audit (NCAPOP)
Gastroenterology & Hepatology	UK IBD Registry	Tom Creed	Cat 2	Q1	National Audit (Quality Report)
Liaison Psychiatry	Re-audit of Psychiatry Liaison Response Time To A&E Patients	Salena Williams	Cat 3	Q1	Re-audit 4420
Respiratory	National Asthma and COPD Audit Programme (Asthma)	Liz Gamble	Cat 1	Q1	National Audit (NCAPOP)
	National Asthma and COPD Audit Programme (COPD)	Nabil Jarad	Cat 1	Q1	National Audit (NCAPOP)
	Adult Community Acquired Pneumonia	Liz Gamble	Cat 2	Q3	National Audit (Quality Report)
	Non-Invasive Ventilation	Adam Whittle	Cat 2	Q3	National Audit (Quality Report)
Rheumatology	National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Liz Perry	Cat 1	Q3	National Audit (NCAPOP)
Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Clare Holmes	Cat 1	Q1	National Audit (NCAPOP)



## Specialised Services

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Cardiac Services					
Cardiac Anaesthesia/ITU	Case Mix Programme (CMP)	Ben Gibbison	Cat 1	Q1	National Audit (NCAPOP)
Cardiac Surgery	Adult Cardiac Surgery (ACS)	Hunaid Vohra	Cat 1	Q1	National Audit (NCAPOP)
	Frozen Elephant trunk procedure using Thoraflex® hybrid device	Cha Rajakaruna	Cat 2	Q4	Introduction of new interventional procedure
	Personalised external aortic root support	Serban Stoica	Cat 2	Q4	Introduction of new interventional procedure
Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Rhian Siefers	Cat 1	Q1	National Audit (NCAPOP)
	Cardiac Rhythm Management (CRM)	Ihab Diab	Cat 1	Q1	National Audit (NCAPOP)
	Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions (PCI)	Tom Johnson	Cat 1	Q1	National Audit (NCAPOP)
	National Heart Failure Audit	Angus Nightingale	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Cardiac Rehabilitation	Rhian Siefers	Cat 2	Q1	National Audit (Quality Report)
	Mitraclip procedure	Mark Turner	Cat 2	Q1	Introduction of new interventional procedure
	Impella haemodynamic support	Tom Johnson	Cat 2	Q4	Introduction of new interventional procedure
	Re-audit of Follow Up Procedures for Fontan Patients	Stephanie Curtis	Cat 3	Q4	Re-audit 4784
	Re-auditing Non ST segment elevation myocardial infarction (NSTEMI) pathway referring process in BRI	Tom Johnson	Cat 3	Q1	Re-audit 4105
Specialty/Service: Haematology & Oncology					
BMT Adult	Audit of Donor Screening and Testing	Claire Stokes/Maria Mazza	Cat 2	Q3	External accreditation - JACIE B4.8.3.2
	Annual Audit of Verification of Chemotherapy Drug and Dose Against the Prescription Ordering System and the Protocol	Alisha Smith/Tracey Arthur	Cat 2	Q1	External accreditation - JACIE B4.8.3.3
	Central Venous Catheter Audit	Jody Coram	Cat 2	Q1	External accreditation - JACIE B4.7.3.5

	Periodic Audit of the Accuracy of Data Contained in the HSCT Minimum Essential Data-A Form of the EBMT	Pat Beslin	Cat 2	Q4	External accreditation - JACIE B4.8.3.1
	Annual Audit of Management of Cellular Therapy Products with Positive Microbial Culture Results	Addam Gassas	Cat 2	Q1	External accreditation - JACIE B4.8.3.4
	Audit of Aseptic Non-Touch Technique (ANTT)	Wendy Saegenschnitter	Cat 2	Q2	External accreditation
	Transfusion Practice on BMTU/ODB/AHU	Tom Latham	Cat 2	Q4	External accreditation
	Bone Marrow Harvest Notes Audit	Sandrine Jones	Cat 2	Q4	External accreditation
	Standard Operating Procedures (SOPs) Training - An Audit of Responses	Sandrine Jones	Cat 2	Q1	External accreditation
	Outcome Analysis – Adult Allogeneic	Rachel Protheroe	Cat 2	Q3	External accreditation
	Outcome Analysis – Adult Autografts	James Griffin	Cat 2	Q3	External accreditation
Clinical Haematology	Retrospective audit of the compliance to the adult antifungal prophylaxis prescribing guideline in bone marrow transplant (BMT) patients	Andrea Preston	Cat 3	Q2	Re-audit 4608
Oncology	National Prostate Cancer Audit	Amit Bahl	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Breast Cancer in Older People (NABCOP)		Cat 1	Q3	National Audit (NCAPOP)
	Re-audit of the management of Metastatic Spinal Cord Compression	Rachel Wain	Cat 2	Q1	Re-audit 4345
	MRI guided adaptive intracavitary and interstitial brachytherapy	Hoda Booz	Cat 2	Q2	Introduction of new interventional procedure
	HDR brachytherapy for skin cancers	Amar Challapali	Cat 2	Q3	Introduction of new interventional procedure
Palliative Medicine	National Audit of Care at the End of Life (NACEL)	Miranda Flory	Cat 1	Q4	National Audit (NCAPOP)
	Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Decisions	Rachel McCoubrie	Cat 2	Q1	Patient safety

## Surgery

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Anaesthetic Services					
Acute Pain	Patients experiencing pain following surgery	Charlotte Steeds	Cat 3	Q2	
Anaesthesia	National Emergency Laparotomy Audit (NELA)	Phoebe Syme	Cat 1	Q1	National Audit (NCAPOP)
	Out of hospital cardiac arrest bleep response	Matt Molyneux/Mat Govier	Cat 3	Q4	Local priority
	Desflurane use	Mat Molyneux/John Hickman	Cat 3	Q4	Local priority
	Surgery for older people (over 80 years of age)	Ruth Murphy	Cat 4	Q4	Rolled over from 17-18
	Pre-op pregnancy testing	Claire Dowse	Cat 4	Q2	Rolled over from 17-18
	Compliance of the pre-operative department day of surgery group and save transfusion samples with Trust guidelines	Claire Dowse	Cat 4	Q4	Re-audit 4537
	WHO checklist	Mat Molyneux	Cat 4	Q3	Re-audit 4744
	Re-audit of anaesthetic provision at the Bristol Heart Institute	Matt Molyneux	Cat 4	Q4	Re-audit 4665
Pre-Operative Assessment	Post-operative pulmonary complications reduction	Hannah Wilson	Cat 3	Q4	Re-audit 4805
Specialty/Service: Critical Care Services					
Intensive Care	Case Mix Programme (CMP)	Tim Gould	Cat 1	Q1	National Audit (NCAPOP)
	Major Trauma (TARN)	Matt Thomas	Cat 1	Q1	National Audit (Quality Report)/Mandatory requirement
	South West of England Trainees (SWEET) audit project: Audit of Tracheostomy care	Sanjoy Shah	Cat 2	Q3	Re-audit 4516
Resuscitation Services	National Cardiac Arrest Audit (NCAA)	Matt Thomas	Cat 2	Q1	National Audit (Quality Report)
Specialty/Service: Dental & Maxillofacial Services					
Oral & Maxillofacial Surgery	Throat pack re -audit	Anna Dargue	Cat 3	Q2	Re-audit 4346

	Audit to assess the incidence of dry sockets within Oral Surgery	Tamara Khyatt	Cat 3	Q4	Re-audit
	Appropriateness of antibiotic prescribing in Oral Surgery	Carla Fleming	Cat 3	Q3	
	Analgesia Prescribing Following Surgical Removal of Lower Wisdom Teeth	Chris Bell	Cat 3	Q1	Re-audit 4710
Oral Medicine	Oral medicine priority patient follow up appointments	Konrad Staines	Cat 3	Q3	Re-audit 4739
Orthodontics	Recording of dental trauma at new orthodontic clinics	Nikki Attack	Cat 3	Q2	Regional audit
	An audit of the consent process for fixed orthodontic appliances	Kate House	Cat 4	Q2	Local priority
Paediatric Dentistry	Clinical Audit of Record Keeping – Documentation of New Patient Assessments in the Dental Paediatric Department.	Amy Hollis	Cat 3	Q3	Re-audit 4602
	Written information prior to inhalation sedation provision	Amy Hollis	Cat 3	Q1	Re-audit
	Standard Operating Procedure for general anaesthesia in paediatrics	Amy Hollis	Cat 3	Q1	New local procedure
Primary Care Dental Services (PCDS)	Audit of Hall Technique pre- formed metal crowns	Katherine Walls	Cat 3	Q3	Re-audit 3642
Restorative Dentistry	WHO checklist and LoCSipps audit	Lisa McNally/Mojtaba Dori	Cat 2	Q2	Patient safety issue identified
	Dental screening and preventative management of head and neck oncology patients	Mojtaba Dori	Cat 3	Q2	Re-audit 4209
	Outcomes form re- audit	Lisa McNally	Cat 3	Q4	Re-audit 4951
	Audit of appointments on adult dental health	Julie Weeks	Cat 4	Q2	Local priority
	Smoking cessation audit	Lisa McNally	Cat 4	Q2	Re-audit 4582
Special Care Dentistry	Dental screening of adult patients pre bone marrow transplant	Shabnum Ali	Cat 3	Q2	Audit of national guidance
	Dental screening of adult patients pre cardiac surgery	Shabnum Ali	Cat 3	Q3	Audit of national guidance
<b>Specialty/Service: Ophthalmology</b>					
A&E and Primary Care	Microbial keratitis	Rafik Girgis	Cat 3	Q2	Re-audit 4445
Cornea & Cataracts	National Ophthalmology Audit	John Sparrow	Cat 1	Q1	National Audit (NCAPOP)

	Descemet's Membrane Endothelial Keratoplasty (DMEK)	Derek Tole	Cat 2	Q3	Introduction of new interventional procedure
	Descemet's stripping automated endothelial keratoplasty (DSAEK)	Derek Tole / Kieran Darcy	Cat 3	Q3	Re-audit
	Collagen cross linking	Phil Jaycock	Cat 3	Q3	Re-audit 4753
	National cataract audit 2016-18	Derek Tole	Cat 3	Q2	National audit (Other)
Glaucoma & Shared Care	Uveitis glaucoma case audit	Rani Sebastian	Cat 2	Q4	Introduction of new interventional procedure
	Are we managing newly diagnosed glaucoma patients in accordance with NICE guidance?	Fiona Grey	Cat 2	Q1	Re-audit 4695
Medical & Surgical Retina	Endophthalmitis audit	Abosedo Cole	Cat 2	Q4	Re-audit 4956
	Macular holes audit	Johannes Keller	Cat 2	Q3	Re-audit 4484
	Retinal detachment audit	Johannes Keller	Cat 2	Q3	Re-audit 4485
	Referral times and diagnostic accuracy for patients with proliferative diabetic retinopathy (R3A)	Abosedo Cole	Cat 3	Q2	Re-audit 4742
Orthoptics & Optometry	Audit of management of amblyopia	Amanda Churchill	Cat 3	Q2	Re-audit 4305
Paediatrics, Oculoplastics & Squint	Treatment Outcomes in patients treated with Mycophenolate Mofetil for Moderate-to Severe Graves' Orbitopathy (GO)	Rebecca Ford	Cat 4	Q2	Local audit priority
	Reaudit of Functional and Anatomical Outcomes of Treatment for Retinopathy of Prematurity (ROP) in Bristol	Cathy Williams	Cat 4	Q2	Local audit priority
<b>Specialty/Service: Surgical Specialties</b>					
Colorectal Surgery	Bowel cancer (NBOCAP)	Rob Longman	Cat 1	Q1	National Audit (NCAPOP)
	Transanal Total Mesorectal Excision (TaTME)	David Messenger	Cat 2	Q4	Introduction of new interventional procedure
	Ileo anal pouch audit	Jamshed Shabbir	Cat 2	Q2	National Pouch Registry
	Hospital acquired pneumonia	Jamshed Shabbir	Cat 3	Q1	Area of local concern/audit of national guidance
ENT	Endocrine and Thyroid National Audit		Cat 2	Q1	National Audit (Quality Report)
	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	Cat 2	Q4	Introduction of new interventional procedure

	Dizziness and driving	Stephen Broomfield	Cat 3	Q1	Re-audit 4594
	BAHNO Head and Neck Cancer Surveillance Audit 2018	Graham Porter	Cat 3	Q1	National Audit (Other)
Hepatobiliary Surgery	Endoscopic transgastric stent placement and associated transgastric endoscopic necrosectomy	Andrew Strickland	Cat 2	Q4	Introduction of new interventional procedure
	Investigation and management of patients with suspected pancreato-biliary malignancy	Jonathan Rees	Cat 3	Q1	Ricochet Study - a multi centre prospective audit
	Community Palliative Care Management from Surgical Hospital Referral	Collette Reid	Cat 3	Q1	Re-audit 4733
Thoracic Surgery	National Lung Cancer Audit (NLCA)	Gianluca Casali	Cat 1	Q1	National Audit (NCAPOP)
	Thoracic returns	Tim Batchelor	Cat 3	Q4	National Audit (Other)
	Lung cancer pathways	Elaine Tee/Doug West	Cat 4	Q2	NICE Cancer Pathways
Trauma & Orthopaedics	National Joint Registry (NJR)	Sanchit Mehendale	Cat 1	Q1	National Audit (NCAPOP)
	Tip Apex Distance (TAD)	Steve Mitchell	Cat 4	Q1	Re-audit (third cycle)
Upper GI Surgery	National Oesophago-gastric cancer (NAOGC)	Dan Titcombe	Cat 1	Q1	National Audit (NCAPOP)
	Endoscopic Submucosal Dissection (ESD)	Efstratios Alexandridis	Cat 2	Q3	Introduction of new interventional procedure
	Oesophago-Gastric Anastomosis Audit	Paul Wilkerson	Cat 3	Q1	West Midlands Research and audit collaborative

## Women's & Children's

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Anaesthesia	Re-audit pre-op fasting	Amelia Pickard	Cat 3	Q1	Continuous quality improvement
	Audit of analgesic prescribing following surgery v local standards	Pete Stoddart	Cat 3	Q3	Re-audit 4490
Burns & Plastics	International Burn Injury Database (iBID)	Tim Burge	Cat 1	Q1	Mandatory requirement
Cardiac Services	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	Cat 1	Q1	National Audit (NCAPOP)
	Consent pathway for paediatric cardiac surgery v local standards	Lisa Patten	Cat 2	Q1	Re-audit 4620
	Personalised external aortic root support (PEARS)	Serban Stoica/Andrew Parry	Cat 2	Q4	Introduction of new interventional procedure
Diabetes & Endocrinology	National Paediatric Diabetes Audit (NPDA)	John Barton	Cat 1	Q1	National Audit (NCAPOP)
	Management of Diabetic Ketoacidosis	John Barton	Cat 3	Q2	Audit of national guidance (NICE)
Dietetics	Audit of compliance with service recommendations for monitoring the ketogenic diet	Emma Cameron	Cat 3	Q1	Audit of service recommendations
Ear, Nose and Throat	Thyroglossal cyst surgery - recurrence rate	Michael Saunders	Cat 4	Q3	Review outcomes against reported rates
Emergency Department	Major Trauma (TARN)	Giles Haythornthwaite	Cat 1	Q1	National Audit (Quality Report)/Mandatory requirement
	Feverish Children	Sam Milsom/Kath Thomas	Cat 1	Q3	National Audit (Quality Report)/CQC Expectation
Gastroenterology	UK IBD Registry	Tony Wiskin	Cat 2	Q1	National Audit (Quality Report)
General Paediatrics	Functioning of new Neurosurgical pathway, including weekend medical Consultant review.	Beth Greenwood/Lucy Guile	Cat 2	Q2	Action arising from incident
	Re-audit of use of Heated Humidified High Flow Nasal Cannula therapy	Frances Hutchings	Cat 3	Q1	Re-audit 4638
Intensive Care (neonatal)	National Neonatal Audit Programme (NNAP)	Anoo Jain	Cat 1	Q1	National Audit (NCAPOP)
	Vermont Oxford Network (VON) benchmarking	Pam Cairns	Cat 3	Q3	International outcome benchmarking

	Assessment tool for babies receiving nasal CPAP via mask or prongs and for babies receiving high flow	Sue Lamburne	Cat 4	Q1	Updating of assessment tool
Intensive Care (paediatric)	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	Cat 1	Q1	National Audit (NCAPOP)
Nephrology	Renal biopsy re-audit 2011-2015 v national standards	Martin Mraz	Cat 3	Q4	Re-audit 4423
Neurology	National Audit of Seizures and Epilepsies in Children and Young People	Andrew Lux	Cat 2	Q1	National Audit (Quality Report)
Neurosurgery	National Neurosurgical Audit Programme	Richard Edwards	Cat 2	Q1	National Audit (Quality Report)
	Telemetric ICP device insertion (NEUROVENT-P-tel)	Ian Pople	Cat 2	Q1	Introduction of new interventional procedure
Occupational Therapy	National Standards of Physiotherapy and Occupational Therapy Practice in the Management of Burn Injured Adults and Children - national audit	Caitlin Ralphs/Beth Kershaw-Naylor	Cat 3	Q1	National Audit (Other)
Oncology	Bone Marrow Harvest Notes Audit	Sandrine Jones	Cat 2	Q4	Assess compliance with relevant local and national standards
	SOPs Training Update - Audit of responses for voting emails (paeds and adult)	Sandrine Jones	Cat 2	Q1	External accreditation - JACIE B05.05
	Annual audit of donor screening and testing	Claire Stokes/Chris Morris	Cat 2	Q3	External accreditation - JACIE B4.8.3.2
	Annual audit of verification of chemotherapy drug and dose against the prescription ordering system and the protocol	Alisha Smith/Helen Morris	Cat 2	Q1	External accreditation - JACIE B4.8.3.3
	Central Venous Catheter Audit	Jodie Coram	Cat 2	Q1	External accreditation - JACIE B4.7.3.5
	audit of the accuracy of data contained in the HSCT Minimum Essential Data-A Forms of the EBMT	Pat Beslin/BMT Consultants	Cat 2	Q4	External accreditation - JACIE B4.8.3.1
	Annual audit of management of cellular therapy products with positive microbial culture results	Adam Gassas	Cat 2	Q1	External accreditation - JACIE B4.8.3.4
	One-year survival outcome within or above the expected range when compared to national or international outcome data	Pat Beslin/BMT Consultants	Cat 2	Q1	External accreditation - JACIE B4.7.5
	Viral Serology Screening in New Diagnosis of Leukaemia and Solid Tumours	Antony Ng	Cat 3	Q1	Re-audit 4855
	Audit of Aseptic Non touch technique practice when accessing central venous access devices.	Wendy Saegenschnitter	Cat 3	Q4	Re-audit
	Transfusion Practice	Rachel Proteroe/Michelle Cummins	Cat 3	Q4	Assess compliance with local standards
Palliative Medicine	End of life care planning for children with life limiting condition	Alice Martin	Cat 3	Q1	Assess compliance with national standards



Radiology	Imaging follow-up in suspected paediatric non-accidental head injury	Neil Stoodley	Cat 3	Q3	Re-audit 4707
Respiratory	Parental satisfaction in the paediatric allergy clinic	Myriam Kanchanatheera	Cat 4	Q1	Re-audit 2434
Rheumatology	Highly elevated ferritin (HEF) levels and secondary haemophagocytic lymphohistiocytosis / macrophage activation syndrome	Ethan Sen	Cat 4	Q1	Carried forward
Speech & Language Therapy	Compliance with British Cochlear Implant Group's Quality Measures for Paediatric Rehabilitation	Carol Wells	Cat 3	Q3	Re-audit 4717
Surgery	Biofeedback in management of dysfunctional voiding	Mark Woodward	Cat 3	Q1	Audit of national guidance
Trauma & Orthopaedics	Re-audit: Supracondylar fracture management concordance with BOAST11 national guidance	Fergal Monsell	Cat 3	Q2	Re-audit 4799
<b>Specialty/Service: Women's Services</b>					
Clinical Genetics	Genetic Antenatal Care Pathway for Haemoglobinopathies	Sally Monks	Cat 3	Q2	Re-audit 4830
Gynaecology	Manual Vacuum Aspiration	Suvarna Mahavarkar	Cat 2	Q2	Introduction of new interventional procedure
	WORD catheter management of Bartholins Abscess	Abigail Oliver	Cat 2	Q4	Introduction of new interventional procedure
	Hysteroscopic morcellation tissue removal system	Naomi Crouch	Cat 2	Q4	Introduction of new interventional procedure
	Bulkamid injectable therapy for stress incontinence in females	Liz Adams	Cat 2	Q3	Introduction of new interventional procedure
	BSUG Urogynaecology database - Vaginal Prolapse and Female Stress Urinary Incontinence	Liz Adams	Cat 3	Q1	National Audit (Other)
	Endometriosis management and patient outcomes	Amanda Jeffreys	Cat 3	Q1	Audit of national guidance (NICE) and assessment of outcomes
Obstetrics & Midwifery	National Maternity and Perinatal Audit	Rachna Bahl	Cat 1	Q1	National Audit (NCAPOP)
	UNICEF UK Baby Friendly Initiative/Newborn Feeding	Kate Hewitt	Cat 1	Q2	External accreditation
	Antenatal Screening Programme	Anne Duffner	Cat 1	Q3	Annual audit 2321
	Care of women in labour (NICE CG190)	Rachna Bahl	Cat 3	Q3	Re-audit 2844. National/local guidance - NICE
	Caesarean section – decision to delivery times (NICE CG132)	Emma Treloar/Stephen Kinsella	Cat 3	Q1	National/local guidance - NICE. Annual audit 2391
	Shoulder dystocia	Rachna Bahl	Cat 3	Q3	Annual audit 2276, former CNST requirement

	Perineal tear	Sneha Basude	Cat 3	Q1	Annual audit 2795, former CNST requirement
	Obstetric haemorrhage	Rachna Bahl	Cat 3	Q1	Annual audit 2449, former CNST requirement
	Examination of the newborn by midwives	Sara-Jane Sheldon	Cat 3	Q2	Re-audit 4681
	Immediate care of the newborn	Anne Tomlinson	Cat 3	Q3	Re-audit 4585
	Postpartum Bladder Care	Sneha Basude	Cat 3	Q3	Re-audit 4261
	Referral and management of perinatal mental health patients	Rachel Liebling	Cat 3	Q2	Re-audit 4134
	Symphysis Fundal Height (SFH) Measurements in Pregnancy	Rebecca Morgan	Cat 3	Q1	Re-audit 4565
	Following up results on CDS - new discharge sheets	Rachna Bahl	Cat 4	Q3	Change in practice requiring evaluation
	Pregnancy associated plasma protein A (PAPP-A) and the small for gestational age fetus	Victoria Bills	Cat 4	Q4	Re-audit 4559
Reproductive Medicine	Human Fertilisation and Embryology Authority (HFEA) statutory compliance	David Cahill	Cat 1	Q3	External accreditation

## Non-Division Specific

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Dementia	Abbey Pain Scale audit	Rachel Price	Cat 2	Q2	Identified through Dementia & Delirium Group work plan
	Use of anti-psychotic medication in patients with a Dementia / Delirium	Rachel Price	Cat 2	Q2	Identified through Dementia & Delirium Group work plan
Documentation	Consent audit	Jane Luker	Cat 2	Q2	
	Medical documentation audit	Jane Luker	Cat 2	Q2	
Falls	Audit of post falls protocol	Rachel Price/Jennifer Anstey	Cat 2	Q2	Identified through Falls Steering Group work plan
	Audit of post falls medical documentation	Rachel Price/Jennifer Anstey	Cat 2	Q3	Identified through Falls Steering Group work plan
	Audit of bed rails and bumpers documentation	Rachel Price/Jennifer Anstey	Cat 2	Q2	Identified through Falls Steering Group work plan
	Audit of SWARM documnetation	Rachel Price/Jennifer Anstey	Cat 2	Q2	Identified through Falls Steering Group work plan
Safeguarding	Audit of restrictive interventions policy (appendix F)	TBC	Cat 2	Q3	Identified through Safeguarding Group work plan
	Audit of Trust DNA policy for patients aged 16 & 17	Nina Stock	Cat 2	Q1	Identified through Safeguarding Group work plan
	Audit of Young People with a CSE alert on Medway	Nina Gordon	Cat 2	Q3	Identified through Safeguarding Group work plan
	Seven Day Service	Mark Callaway	Cat 1	Q1	National Audit (Quality Report)/ Mandatory requirement

### 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's 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 2017/18, 41 national clinical audits and five 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 93 per cent (38/41) national clinical audits and 100 per cent (4/4) 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 2017/18, 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
Fractured Neck of Femur (care in emergency departments)	Yes
Major Trauma Audit	Yes
National Emergency Laparotomy Audit (NELA)	Yes
Pain in Children (care in emergency departments)	Yes
Procedural Sedation in Adults (care in emergency departments)	Yes
Sentinel Stroke National Audit programme (SSNAP)	Yes
<b>Blood and Transplant</b>	
Audit of red cell & platelet transfusion in adult haematology patients	Yes
Management of patients at risk of Transfusion Associated Circulatory Overload	Yes
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	Yes
<b>Cancer</b>	
Bowel cancer (NBOCAP)	Yes
Head & Neck Cancer (HANA)	Yes
Lung cancer (NLCA)	Yes
Oesophago-gastric cancer (NAOGC)	Yes
<b>Heart</b>	
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Yes
Adult Cardiac Surgery	Yes
Cardiac Rhythm Management (CRM)	Yes
Congenital Heart Disease (CHD)	Yes
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Heart Failure Audit	Yes
<b>Long term conditions</b>	
Endocrine and Thyroid National Audit	No
Inflammatory Bowel Disease (IBD) programme	No
National Audit of Dementia	Yes
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	Yes

National Diabetes Core Audit (Adult)	Yes
National Diabetes Foot Care Audit (NDFA)	Yes
National Diabetes Inpatient Audit	Yes
National Ophthalmology Audit	Yes
National Pregnancy in Diabetes Audit	Yes
<b>Older People</b>	
Fracture Liaison Service Database (FLS)	Yes
National Audit of Inpatient Falls (NAIF)	Yes
National Hip Fracture Database (NHFD)	Yes
National Joint Registry (NJR)	Yes
UK Parkinson's Audit	No
<b>PROMS</b>	
Elective Surgery (National PROMs Programme)	Yes
<b>Women's &amp; Children's Health</b>	
Diabetes (Paediatric) (NPDA)	Yes
National Maternity and Perinatal Audit	Yes
National Neonatal Audit Programme (NNAP)	Yes
Neurosurgical National Audit Programme	Yes
<b>Outcome Review Programmes</b>	
Child Health Clinical Outcome Review Programme	Yes
Learning Disability Mortality Review Programme (LeDeR)	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	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 2017/18, 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	Case Ascertainment
<b>Acute</b>	
Case Mix Programme (CMP)	100% (1231)
Fractured Neck of Femur (care in emergency departments)	100% (50)
Major Trauma Audit	>100% (408)**
National Emergency Laparotomy Audit (NELA)	139*
Pain in Children (care in emergency departments)	102*
Procedural Sedation in Adults (care in emergency departments)	67*
Sentinel Stroke National Audit programme (SSNAP)	>90% (492)
<b>Blood and Transplant</b>	
Audit of red cell & platelet transfusion in adult haematology patients	>100% (58)**
Management of patients at risk of Transfusion Associated Circulatory Overload	100% (40)
Serious Hazards of Transfusion (SHOT): UK National haemovigilance scheme	15*
<b>Cancer</b>	
Bowel cancer (NBOCAP)	>100% (218)**
Lung cancer (NLCA)	69% (214)
Oesophago-gastric cancer (NAOGC)	238*
<b>Heart</b>	

Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	845*
Adult Cardiac Surgery	100% (1309)
Cardiac Rhythm Management (CRM)	100% (1042)
Congenital Heart Disease (CHD)	100% (1189)
Coronary Angioplasty/National Audit of Percutaneous Coronary Interventions	100% (2175)
National Cardiac Arrest Audit (NCAA)	69*
National Heart Failure Audit	568*
<b>Long term conditions</b>	
National Audit of Dementia	23*
National Chronic Obstructive Pulmonary Disease Audit programme (COPD)	226*
National Diabetes Core Audit (Adult)	510*
National Diabetes Foot Care Audit (NDFA)	49*
National Diabetes Inpatient Audit	74*
National Ophthalmology Audit	100% (4503)
National Pregnancy in Diabetes Audit	30*
<b>Older People</b>	
Fracture Liaison Service Database (FLS)	1530
National Audit of Inpatient Falls (NAIF)	26*
National Hip Fracture Database (NHFD)	317*
National Joint Registry (NJR)	87% (37)
<b>PROMS</b>	
Elective Surgery (National PROMs Programme)	34*
<b>Women's &amp; Children's Health</b>	
Diabetes (Paediatric) (NPDA)	511*
National Maternity and Perinatal Audit	100% (5467)
National Neonatal Audit Programme (NNAP)	100% (2648)
Neurosurgical National Audit Programme	682*
Paediatric Intensive Care (PICANet)	100% (708)
<b>Outcome Review Programmes</b>	
Child Health Clinical Outcome Review Programme	3*
Learning Disability Mortality Review Programme (LeDeR)	Data not available
Maternal, Newborn and Infant Clinical Outcome Review Programme	60*
Medical and Surgical Clinical Outcome Review Programme	7*

\*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 11 national clinical audits were reviewed by the provider in 2017/18. University Hospital Bristol NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided:

#### College of Emergency Medicine Audits

- To appoint a 'sepsis champion' and further educate staff in the recognition and management of sepsis through the introduction of posters within the department.
- To continue to engage with the patient safety first workstream relating to the management of sepsis.
- To review and update the departmental asthma guidelines in view of new British Thoracic Society (BTS) guidance.
- A local in depth audit looking at the process of consultant sign off for different age groups will be conducted.

### **National Diabetes Foot Care Audit (NDFA)**

- To arrange for nurses to administer patient information and consent forms on arrival at clinic and Put up posters to remind clinic staff to complete forms.
- To clarify process for recording newly healed but re occurred ulcers with other Trusts including anything else to be learnt regarding process.
- To determine case ascertainment from current outpatient reporting to see how many patients may have been missed and to improve case ascertainment.
- To establish whether key measures from the audit can be reported from current outpatient data.
- To extract results for local Trusts from national data so team can compare practice.
- To move towards ongoing electronic data collection and review/streamline current clinic proforma on Medway in light of this.

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

- Completion of the national diabetes preconception pilot and ongoing liaison with CCG regarding local provision of services. The Team are registered with NIPD Quality Improvement Collaboration.
- The Endocrine antenatal team will deliver teaching/training for primary care via ongoing annual midwifery teaching courses
- To complete a local audit looking at preterm delivery rates for women with Type 1 and 2 diabetes to try and clarify why the UH Bristol data is higher than national figures
- Ensure capacity pressures on service are recognised appropriately on both Divisional risk registers and paper on service options prepared for Clinical Chairs.

### **National Audit of Inpatient Falls**

- To develop a ward based vision checklist for inpatients at risk of falls on admission.
- To organise and deliver a falls awareness week to increase awareness and training to all staff groups across the Trust.
- To devise a business case to support an activities coordinator to work across the Trust.
- To identify a patient or carer of someone who has fallen in UH Bristol to become a representative on the Falls Steering Group.
- To review and update falls e-learning and intranet information pages.
- To conduct a post falls audit locally to determine compliance with the current post falls guideline and implement any actions based on these findings.
- To roll out the post falls medical proforma across the Trust and audit to determine compliance.
- To conduct a re-audit of SWARM documentation across the Trust to determine compliance and implement any actions based on these findings.
- To conduct a bed rails and bumpers documentation audit of new risk assessments across the Trust to determine compliance.

### **National Heart Failure Audit**

- Introduced increased outreach services to medicine to try and increase the number of HF patients we include in the audit.
- To Introduce a process of local validation comparing HES (coded) data with data collected by heart failure nurses to increase data capture

### **National Maternity and Perinatal Audit**

- To introduce midwife-run workshops for couples who have had one previous caesarean section, to help them understand the risks and benefits of VBAC vs elective CS
- To audit waterbirths / perineal tears on the Midwifery Led Unit
- To survey of women's reasons for choice of mode of delivery

### **National Emergency Laparotomy Audit**

- To introduce pre and post theatre checklists to help guide decisions around pre and post-operative care and to improve the standardisation of care in theatres. These will be integrated into the current theatre system.
- To implement formalised care pathways for emergency laparotomy surgery.

- To implement a consistent mortality review approach following emergency laparotomy.

#### **Sentinel Stroke National Audit Project**

- To increase the role of specialist stroke nurses in facilitation of the pathway.
- To undertake further education of clinical staff regarding the importance of the stroke pathway.
- To introduce an information stamp which will be used in the notes to help to make it clear when patients have been discharged from occupational therapy.

The outcome and action summaries of 260 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2017/18; summary outcomes and actions reports are reviewed on a bi-monthly basis by the Trust's Clinical Audit Group. Details of the changes and benefits of these projects will be published in the Trust's Clinical Audit Annual Report for 2017/18<sup>1</sup>.

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<sup>1</sup> Available via the Trust's internet site from July 2018