



University Hospitals Bristol
NHS Foundation Trust



Clinical Audit Annual Report 2018/19

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Foreword

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 and 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 2018.

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 with significant progress being made through better communication with the Divisional safety/governance teams and through changes to the Datix risk system to generate some automatic alerts. The team will continue to look for opportunities to improve further in this area.

Karin Bradley
Chair, Clinical Audit Group

1. Report from the Clinical Audit & Effectiveness Manager

1.1 Clinical Audit & Effectiveness Team

During the financial year 2018/19, clinical audit at University Hospitals Bristol NHS Foundation Trust was supported by a team of 3.8 whole time equivalent (WTE) Clinical Audit Facilitators (CAFs) and one 0.8 WTE Clinical Audit Clerk, employed by the Trust Services Division. Additional support is provided by a number of other staff employed by the clinical divisions with a specific remit for clinical audit; primarily data management for individual national clinical audit projects. The Clinical Audit & Effectiveness Team (CAET) also includes a designated NICE Manager with a remit for coordinating assurance information relating to the implementation of NICE guidance in all its forms.

There's been one change to the team this year. In October 2018, Eleni Lamprianidou joined the team as Clinical Audit Facilitator (covering the Divisions of Medicine and Specialised Services); replacing Dominic McLernon. Full details of the team and the Divisions/specialties they support can be found at [Appendix A](#) of this report.

At the beginning of each year, the team produces an annual workplan. The plan for 2018/19 focused on further improving the processes for managing and reviewing national clinical audit outcomes, the re-design of clinical audit documentation and work towards ensuring that all clinical services 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. In November 2019, the project registration form and supporting documents were updated to make completion easier (electronically). Progress has been made in all the areas identified and will continue in 2019/20.

1.2 Clinical Audit Group

The Clinical Audit Group (CAG) is the Trust's lead group in relation to all matters relating to the practice of clinical audit. The Group met six times during the financial year 2018/19 to enable discussion of core business, i.e. annual forward plans, quarterly key performance indicators and project progress reports on registered activity. The Group is made up of clinical leads for audit (Clinical Audit Convenors) within Divisions/specialties, Clinical Audit Facilitators and other representatives from the corporate Quality Team.

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

During the financial year, Lidia Riera-Sanchez, Tomas Burke, Amar Challapalli and Laura Percy joined the group as convenors for projects in medical specialties, ophthalmology, oncology and haematology respectively. Thanks goes to outgoing convenors Rami Fikri, Derek Tole and Charlie Commins for their contribution to the work of the Group and support for the Clinical Audit Facilitators.

Our thanks must also go to Karin Bradley, for her leadership and support for clinical audit, who stepped down at the end of the financial year after four years in the role. The group welcomes Rachel Bradley who succeeds Karin as Chair.

1.3 Clinical Audit Training

Through the year, the team runs two main training workshops. The 'Beginner's Guide to Clinical Audit' workshop is aimed at staff with little or no previous experience of carrying out a clinical audit who would like a good grounding in the basic principles. During 2018/19 the team ran four sessions (in May, October, December, February), training 42 members of staff. The second workshop, 'Essential Excel for Clinical Audit', aims to train people with limited experience of using Excel to analyse data for audit or service evaluation. During the year, the team ran four of these sessions (in April, September, December, and March) training 17 members of staff.

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

1.4 Forward Planning

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

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

Progress against projects on the forward plan is closely monitored by the CAET and CAG (as is all registered activity) and reported to the Clinical Quality Group and the Trust Audit Committee. Overall progress against the 2018/19 plan as at the end of the financial year is reported separately at [Appendix B](#).

1.5 Annual Quality Account

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Account for 2018/19. 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

1.6 National and Regional Involvement

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



Stuart Metcalfe, Clinical Audit & Effectiveness Manager
August 2019

2. Activity data & key statistics

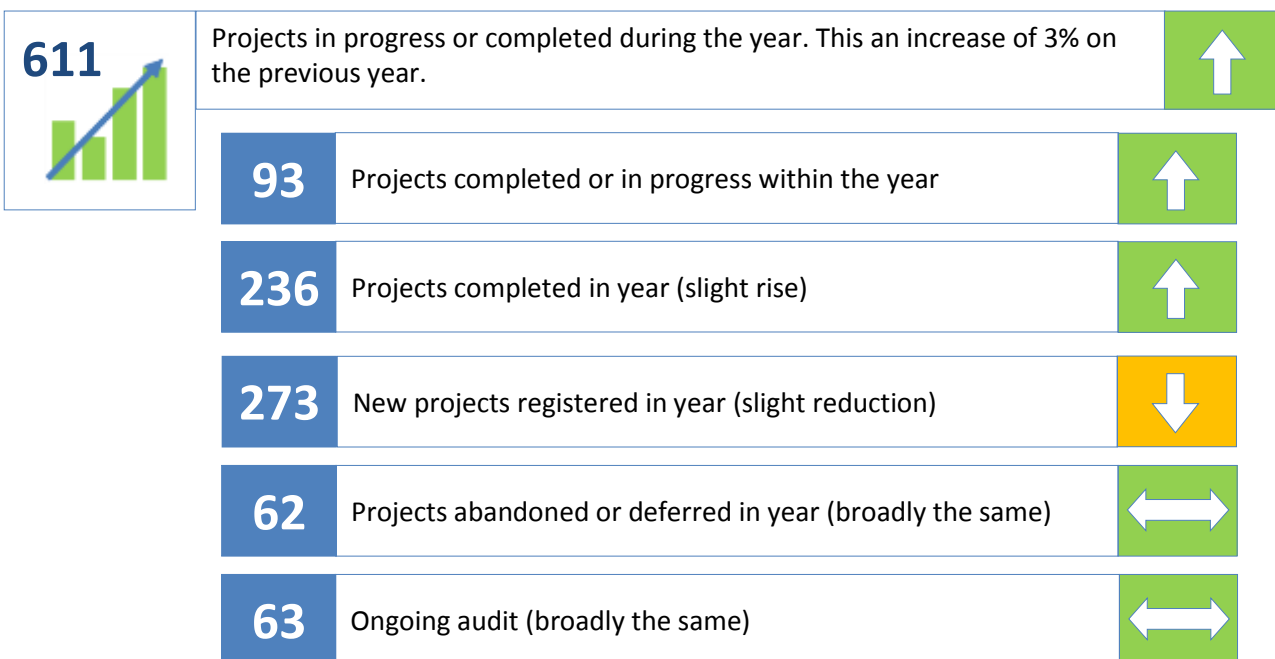
2.1 Introduction and explanation of figures and statistics

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

The figures presented are based on registered activity on the database during the financial year 2018/19. This includes projects started in previous years and not yet complete as well as projects newly registered in within the financial year. There is little, if any, published programme data from other Trusts so it is difficult to interpret what 'good' looks like. As such, these figures are indented as comparative measures rather than performance measures.

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

Overall activity



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

There has been a general rise in the overall activity over the past four financial years. This year has seen a rise in the number of audits completed. These projects will be a mix of initial audits (1st cycle) to help identify where care needs to be improved and re-audits (2nd cycle) to establish whether the improvements actions implemented have led to improvement. Conversely, there has been a slight decrease in the number of new projects registered in the year.

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

There will be occasions where despite the best efforts, it has not been possible to obtain a final outcome of an audit. This is usually when a project lead leaves the Trust or rotates to a different specialty. The team will continue to monitor but there comes a time when the pragmatic decision has to be made to abandon or defer the project. This does not necessarily mean that the clinical team have not undertaken the work and agreed improvement actions; just that corporately the clinical audit team are unable to get the evidence of completion. There was an increase in the number of projects abandoned this year although the overall figure (abandoned or deferred) has remained fairly constant over the years. The rise is due to the larger proportion of deferred projects last year, going on to be abandoned.

Project approval and governance

83%



Projects with a proposal form completed and approved with the clinical audit team before they started. This is a slight increase from last year (80%)



80%

New projects started in year and registered with the team. This is a minor increase from 79% in previous year

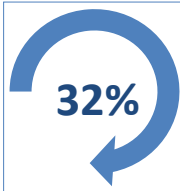


Ideally, all clinical audit projects would be reviewed and approved by the relevant clinical audit facilitator and lead (convenor) before they start but this is not always the case; staff are busy and don't always think about this part of the process or they may not be aware of the need to register the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

The team will retrospectively register projects if they are made aware of them so that the outcomes (issues identified or improvements made) and actions from the work get reported corporately along with other registered activity.

Re-audit

32%



Projects that were re-audits; measuring the improvement made by the actions/changes put in place as a result of the initial audit. This is a slight increase on last year.



29%

New projects started in year that were re-audits



A third of the programme is made up of re-audit projects; measuring the improvement in care made by the actions implemented as a result of the initial audit.

Not all projects will require re-audit and new audits will start in year. In some cases the initial audit and re-audit may be completed in the same year but in the majority of cases, the re-audit will take place in the next financial year as it can take time for agreed actions to be implemented. For these reason you would not expect to see a particularly high re-audit rate. The overall proportion of projects that are re-audit has increased slightly on last year but remains fairly constant; historically a figure over 25% was felt to be a healthy proportion.

National recommendations and standards

26%



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



A quarter of projects in the programme are measuring against specific standard or recommendations outlined in national guidance; working to improve care so that it meets best practice where required. The figure has remained constant of the years. 18% of projects are measuring specifically against standards from NICE. This figure may not take into account those projects measuring against local guidance which may be based national practice. Outside of clinical audit, the Trust has other processes in place to determine whether care is in line with NICE and other national guidance.

Incidents and risk management

8%



Projects linked to incident or risk management processes.



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

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

Completed projects

236



Projects completed during the year.



90%

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

99%

Completed audits where an action plan was agreed or where no action plan was felt necessary*

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

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

Action plan data 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). In general, the clinical audit team will not complete a project until an action plan has been received. This is demonstrated by a consistently high figure in this measure. Very occasionally a project will have been completed but CAG feel that the action plan does not fully address the issues identified and the team has been unable to get any clarification or assurance from the project team on the further work needed or consensus on what needs to be done.

2.2 Summary of key figures and statistics

	DAT	MED	SPS	SUR	WAC	NDS	18/19	17/18	16/17	15/16
Total number of projects *	93	105	74	159	176	4	611	595	555	568
In progress at year end	59	54	46	94	59	0	312	334	268	282
Completed projects	25	43	19	53	92	4	236	209	231	231
On-going monitoring	9	8	9	12	25	0	63	52	56	55
Abandoned in year	3	15	9	19	11	1	57	41	40	32
Deferred in year	1	0	0	2	1	0	4	21	9	13
New in year	37	46	25	73	90	2	273	304	269	284

Registered before start	88%	87%	78%	97%	69%	75%	83%	83%	81%	79%
Re-audits	30%	31%	23%	28%	41%	75%	32%	30%	32%	27%
National guidance	25%	47%	36%	13%	20%	50%	26%	26%	24%	24%
Incident/Risk	9%	9%	7%	3%	12%	100%	8%	9%	6%	7%

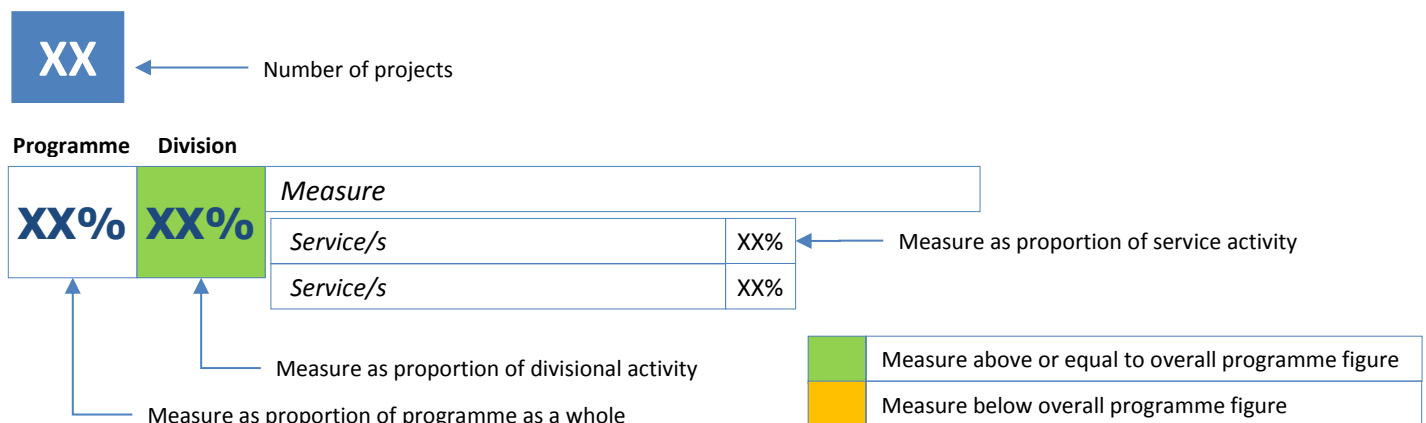
Report produced	100%	81%	84%	85%	96%	100%	90%	92%	88%	90%
Action Plan produced	84%	98%	95%	87%	98%	100%	94%	91%	93%	93%
Confirmed good practice #	16%	0%	5%	11%	1%	0%	5%	9%	6%	5%

* 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

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



3.1 Diagnostics and Therapies

Activity and project approval

93

Projects completed or in progress within the year

Diagnostic Services	68
Therapy Services	25

Programme Division

83%

88%

Projects registered and approved before start

Diagnostic Services	85%
Therapy Services	96%

37

New projects registered in year

Diagnostic Services	25
Therapy Services	12

Programme Division

80%

89%

New projects registered and approved before start

Diagnostic Services	85%
Therapy Services	96%

Project drivers

93

Re-audit projects

Diagnostic Services	24
Therapy Services	4

Programme Division

32%

30%

Proportion of projects that are re-audits

Diagnostic Services	35%
Therapy Services	16%

23

Projects measuring practice against national standards/guidance

Diagnostic Services	12
Therapy Services	11

Programme Division

26%

25%

Measuring against national standards/guidance

Diagnostic Services	18%
Therapy Services	44%

8

Projects identified through incident or risk management processes

Diagnostic Services	5
Therapy Services	3

Programme Division

8%

9%

Identified through incident or risk management

Diagnostic Services	7%
Therapy Services	12%

Abandoned and deferred projects

4

Projects abandoned or deferred in year

Diagnostic Services	3
Therapy Services	1

Programme Division

9%

4%

Proportion of activity abandoned

Diagnostic Services	4%
Therapy Services	0%

1%

4%

Proportion of activity deferred

Diagnostic Services	0%
Therapy Services	4%

Completed projects

25

Number of project completed in year

Diagnostic Services	20
Therapy Services	5

Programme Division

90%

100%

Projects with a written report produced

Diagnostic Services	85%
Therapy Services	96%

98%

100%

Projects with an action plan agreed

Diagnostic Services	100%
Therapy Services	100%

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

Diagnostic Services - Audiology (Adult)

4502	Following this audit, there have been changes made to the patient history questionnaire, assessment and follow up protocols in order to improve the completion of the Glasgow Hearing Aid Benefit Profile.
4661	As a result of this audit of diagnosis of benign paroxysmal positional vertigo, staff have received additional training on the correct procedures for positioning and caloric tests.
4895	This re-audit demonstrated further improvement, with the BSA protocol for hearing aid fittings now followed in all cases where real ear measurements were carried out for patients.

Diagnostic Services - Laboratory Medicine (Infection Control)

4978	The documentation of peripheral venous cannula care on drug charts improved as a result of this re-audit. Further work to reinforce the standards of care expected when placing, maintaining and removing cannula is being undertaken, alongside the introduction of the Trust e-observation system.
5050	This audit demonstrated that screening for MRSA within surgical pre-assessment was being conducted in line with policy.
5088	Improvements in the management of short-term urethral catheter were demonstrated by this audit. Staff have received feedback on the importance of accurate documentation for the insertion and continuing care of urethral catheters.

Diagnostic Services - Laboratory Medicine (Laboratory Haematology)

3839	The national audit of transfusion in children and adults with sickle cell disease demonstrated the required organisational resources and network arrangements are in place at UH Bristol and that laboratory transfusion practice is in line with national standards.
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Diagnostic Services - Laboratory Medicine (Microbiology)

4687	This audit showed that the time taken to communicate critical blood culture results were below the recommended standard. Modifications have been added to the laboratory information system (WinPath) together with alterations to the blood culture SOP, to ensure critical results are more speedily communicated.
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Diagnostic Services - Medical Physics & Bioengineering

4659	Although this audit showed the patient radiation dose of new CT scanner did not exceed national diagnostic reference levels, extensive protocol review was carried out to ensure that radiation doses remain as low as possible.
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Diagnostic Services – Radiology

4673	This audit of lens of eye exclusion on outpatient CT and MRI head scans identified the need for further staff education on optimising use of tilting gantry to avoid lens inclusion. Staff responsible for vetting these requests have been reminded of department protocol. A re-audit is underway.
4730	All standard larynx scans assessed in this audit showed compliance to the CT larynx protocol. A re-audit has been scheduled for three years' time.
4755	This audit demonstrated that the gynaecological ultrasound examinations performed and reported by advanced practitioner sonographers adhered to the ultrasound protocol, producing appropriately optimised images and a concise report.
4826	This audit demonstrated that the absolute mean dose levels in coronary CT studies are at or below the recommended national level although the diagnostic image quality of the scanners was not equitable. The department is in the process of purchasing a new CT scanner and will re-audit when this is in place.
4988	This re-audit demonstrated improvement in chest x-ray image quality. Staff have been reminded of the correct technique to achieve high quality films, and that any reasons for not acquiring the ideal image should be documented in system.
4999	A pathway was produced indicating the role of Q scans in diagnosing pulmonary emboli in patient's ages 40 years as a result of this re-audit.
5001	This audit showed 90% of the plain CT chest scans on inspiration included the lung bases as per guidance. Results have been shared with all key people to help educate staff. A re-audit to be carried out.
5007	Staff were supported and educated in continuous professional development (CPD) session, including both theory and/or practical, to improve practice as a result of this audit of knee x-ray quality. A re-audit is planned.
5035	A slight decrease in compliance with the standard for the exclusion of the lens of the eye on routine CT head examinations was seen in this re-audit. Further education into the use of tilting gantry and head position has taken place and practice will again be audited.
5198	This audit demonstrated that the use of a test bolus in gated cardiac and thoracic CTs was appropriate. The isolated case that did not follow protocol was reviewed.

Therapy Services

Therapy Services - Nutrition & Dietetics

4713	This deep dive re-audit into nutrition care across UH Bristol demonstrated that practice had been improved in many areas of practice reviewed. Nevertheless, an eLearning package and additional nursing assistant training is to be introduced to further support nutrition care plans, use of cutlery signs and the completion of food record charts.
4725	Enteral tube feeding guidelines in critical care were revised as a result of this audit. To improve practice, a clearer algorithm for the management of tolerance issues was added and nursing staff educated. A re-audit is planned.

Therapy Services – Pharmacy

4928	As a result of the audit of medication optimisation in patients identified with acute kidney injury (AKI) in the intensive care unit, the use of AKI order set 1 was reviewed. Staff were reminded of the importance of clearly documenting causes and a therapeutic plan for patients with AKI.
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Therapy Services – Physiotherapy

4703	Following this national audit of falls and fragility fractures, the physiotherapy service for day 1 post-op fractured neck of femur patients has been extended to Sundays to ensure better compliance with standards.
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3.2 Medicine

Activity and project approval

105

Projects completed or in progress within the year

Emergency Department	12
Medical specialties	93

Programme Division

83%

87%

Projects registered and approved before start

Emergency Department	92%
Medical specialties	86%

44

New projects registered in year

Emergency Department	7
Medical specialties	37

Programme Division

80%

82%

New projects registered and approved before start

Emergency Department	86%
Medical specialties	81%

Project drivers

33

Re-audit projects

Emergency Department	6
Medical specialties	27

Programme Division

32%

31%

Proportion of projects that are re-audits

Emergency Department	50%
Medical specialties	29%

49

Projects measuring practice against national standards/guidance

Emergency Department	6
Medical specialties	43

Programme Division

26%

47%

Measuring practice against national standards/guidance

Emergency Department	50%
Medical specialties	46%

9

Audits identified through incident or risk management

Emergency Department	3
Medical specialties	6

Programme Division

8%

9%

Identified through incident or risk management

Emergency Department	25%
Medical specialties	6%

Abandoned and deferred projects

15	Projects abandoned or deferred in year	Emergency Department	5
		Medical specialties	10

Programme Division

9%	13%	Projects abandoned	
		Emergency Department	29%
		Medical specialties	10%

1%	0%	Projects deferred	
		Diagnostic Services	0%
		Therapy Services	0%

Completed projects

43	Number of project completed in year	Emergency Department	4
		Therapy Services	39

Programme Division

90%	81%	Projects with a written report produced	
		Emergency Department	75%
		Medical specialties	82%

98%	98%	Projects with an action plan agreed	
		Emergency Department	75%
		Medical specialties	100%

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

Emergency Department

4878	This national re-audit confirmed improvements in the Trusts adherence to the screening process for severe sepsis and septic shock; results were general better than the national figures but there remains scope for improvement. Changes to the processes for taking bloods have been made to make things easier for staff. A senior rapid assessment in Triage (RAT) standard operating procedure has been introduced to help ensure that process is followed when the department is busy.
4894	This national audit of procedural sedation identified some areas for improvement. Advice and training to improve completion of sedation proforma has been undertaken and this is now included in consultant and middle grade induction. Additionally, the procedural sedation proforma has been updated to include a reference to the procedural sedation LocSSIP.
5073	As a result of this audit of safe handover in the emergency department, a single checklist sticker has been developed and piloted during an ED shift to assess practicalities of use and then incorporated into wider improvement work being undertaken in the department.

Medical Specialties

Medical Specialties - Acute Medicine

4387	This audit of Medway (the Trust's Patient Administration System) has shown that the current consultant field is not always up-to-date for some patients. This has led to further improvement work in this area as directed by the medical director.
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Medical Specialties - Care of the Elderly

5133	As a result of this audit into the acute management of haemorrhagic stroke, the stroke admission proforma has been updated
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	with clear links to guidance on blood pressure management. It has been agreed that all haemorrhagic strokes will be discussed with a senior clinician and point of care blood testing kits purchased to improve management.
4359	This national re-audit of patients with dementia showed broad improvements in care at UH Bristol. However, there remained some areas for improvement, with a corresponding action plan drawn up. Actions included the creation of a cognitive impairment care plan, the use of enhanced care observations, inclusion of the Abbey Pain Scale into the Trusts e-observation system and the development of a dementia friendly garden in the Bristol Heart Institute.
4945	Health Education England's 'mouth care matters' toolkit is being introduced as a result of this audit. This will help to improve screening, assessment and recording of mouth care issues. A re-audit is planned to establish how well this toolkit is being used.
5048	This national re-audit of patients falls management demonstrated improvements in care at UH Bristol. Areas for improvement were identified and actions were agreed in relation to cognitive assessment and delirium care planning. An agreed list of high-risk medicine has been established to help ensure that staff are aware of medications that can affect patients at risk of falling. The falls e-learning package and intranet information has been updated and issues/improvements highlighted as part of falls awareness week. The Trust is participating in the new national inpatient falls audit.

Medical Specialties - Contraceptive & Sexual Health Services (CASH)

4788	This audit demonstrated that the majority of patients in the pregnancy advisory service were being assessed for the risk of VTE appropriately. Good practice was highlighted and further education for all abortion service staff regarding the need to risk assessment was put into place.
4816	As a result of this audit into partner notification of chlamydia and gonorrhoea positive patients, additional education and training has been put in place. A qualitative survey to better understand additional barriers to notification is also underway.
4817	This audit analysed data from eight different sexual health centres and confirmed that the practice of sexual history taking within centres was variable. Community clinical notes proformas have been reviewed, and additional feedback to staff about essential documentation implemented.
4820	This audit demonstrated that assessments for possible child sexual exploitation are appropriately undertaken. However, there needed to be standardisation of related community documentation, which has now taken place. A re-audit is in progress.
4821	This audit showed that there was improvement needed in documenting concerns about possible domestic abuse. Domestic violence prompt questions have been added to the community service proforma and a training update delivered to community services. A re-audit is in progress.
4913	Following this audit of HIV post exposure prophylaxis against national standards, the electronic patient record system has been updated to ensure standardised information is captured. Information on the service website has been updated and ease of access improved to ensure patients are aware of best practice.
4936	This audit confirmed good performance against standards for Nexplanon implant insertion in most areas. The electronic patient record system has been updated to ensure relevant information is captured and standardised documentation developed.
4989	Following this audit of gonorrhoea management, the electronic patient record system has been amended to help ensure that a text message had been sent to the patient with a link to further information.
5058	This audit demonstrated good care for patients undergoing early medical abortion (either on the same day or over two visits). Teaching session to highlight good practice were arranged.
5074	Actions from this audit of quick starting contraception focused on the review of documentation to aid completion of relevant information improve adherence to standards.
5075	This audit of new HIV diagnoses highlighted the need for patients with risk factors for HIV to see a nursing assistant. A prompt has been added to the electronic patient records system to improve this.
5076	Actions from this audit of contraception provision included changes to the electronic patient record, the creation of a video for patients outlining the symptoms of the menopause and related sexual health issues and the creation of an STI assessment.
5077	This audit of uptake and provision of HIV testing demonstrated that the majority of patients are offered an HIV test (either through point of care testing or venous sampling) where necessary. Improvements in documentation were identified and education/training put in place to raise awareness of the issues.
5142	This re-audit of information on the electronic patient record at the sexual health centre demonstrated some improvement from the initial audit. Further work on individual templates within the system is to be undertaken to try and improve documentation further.
5206	This re-audit of the management of suspected urinary tract infections demonstrated improvement in some areas but not all. There have been changes introduced to ensure inappropriate urine dipstick testing is reduced. Nurse patient group directions will be reviewed in light of new guidance published.

Medical Specialties - Dermatology

4418	This re-audit of the assessment of patients prior to commencement of biologics therapy for psoriasis demonstrated improvement. Further work to highlight areas where there is still room for improvement is to be addressed through education and raising awareness of issues.
4823	This re-audit on the two week wait pathway in dermatology demonstrated improvement in the timeliness of patients

	receiving an offer of an appointment. Processes have been changed further to ensure that patients not offered an appointment are notified to the booking team immediately.
4961	Posters have been produced for use in waiting rooms to re-inforce the information necessary when requesting clinical photography for dermatology patients. The use of an electronic referral system is being explored.
4979	The department will introduce national clinic proformas (being produced by the British Association of Dermatologists) as a result of participating in this national audit of bullous pemphigoid patients. Baseline and monitoring checklists for patients on systemic immunosuppressant's (based on national guidance) will also be introduced.
5134	This audit of the safe introduction and monitoring of Isotretinoin in acne demonstrated high compliance against standards. To improve the collection outcome data on the patients' mood, the existing quality of life questionnaire tool would be include the PHQ-2 questions (a mental health focused outcome tool).

Medical Specialties - Diabetes & Endocrinology

4937	As a result of this audit of paediatric diabetic patients transferring to adult care, a joint diabetes transition clinic has been established providing a more joint approach to this group of patients. Additionally, an MDT between paediatric and adult teams will ensure that complex patients are thoroughly discussed prior to handover.
4938	Following this audit of paediatric endocrine patients transferring to adult care, dedicated endocrine nurse led clinics for transition have been established to enable named nurse for transition to be identified and a transition document with written information regarding transition for patient and family is being developed. Regular meetings between paediatric and adult endocrine teams to better identify patients for transition and plan timings have been established.

Medical Specialties - Gastroenterology & Hepatology

4616	This results of this re-audit of the prescription of antibiotics for cirrhotic patients with upper gastrointestinal bleeds were slightly worse than in the original audit. Further educational work to raise the profile/usage of the upper gastrointestinal bleeds proforma and cirrhosis bundle care pathway is planned. Current guidance is also being reviewed.
4667	This audit of patients with severe inflammatory bowel disease on steroids led to the introduction of a steroid booklet available to patients for monitoring their steroid use.

Medical Specialties - Respiratory

4684	This national audit on adult bronchoscopy demonstrated that Trust performance were broadly in line or better than national results. There have been changes to the procedural safety checklist (LOCSIP) to better ensure that bronchoscopies are consistently undertaken safely.
4786	A programme of education about the prescription of oxygen has been introduced as a result of this audit. This included an emphasis on prescribing, recording and monitoring practice as part of foundation doctor training days and induction sessions.
4912	As a result of this national clinical audit of adult bronchiectasis, a community IV antibiotic service is being developed and patient pathways, policies and procedures reviewed and created.
4997	Following this audit into the provision of smoking cessation, smoking cessation and nicotine replacement therapy wall chart reference guides are to be displayed on wards A524 and A525 (respiratory wards). Smoking cessation stickers are to be trialled on wards to help capture relevant information and improve referral to smoking cessation services.
5062	This re-audit demonstrated improvements in practice with regards to HIV testing in patients newly diagnosed with tuberculosis. The clinic letter template has been amended to include a prompt to check that patients are aware of their HIV status to improve things further.

Medical Specialties - Rheumatology

4810	As a result of this audit of the management of patients with axial spondyloarthritis, clinic letters will now include advice to GPs on risk factors/adverse effects of NSAIDs, other NSAID options and the need for further review. Patient information leaflets, which include information on NSAIDs and other co-morbidities, will be made available in each of the outpatient clinic rooms.
4973	This audit of viral screening prior to DMARD commencement in early arthritis demonstrated that the majority of patients were screened for Hepatitis B, Hepatitis C and HIV appropriately. Further education to raise awareness of local guidance was implemented.
5086	As a result of this audit of monitoring of hydroxychloroquine (HCQ) associated retinopathy, education was provided to raise awareness of the need to documents care correctly. An up-to-date HCQ retinopathy patient leaflet created by the Macular Society or Arthritis Research UK will be adopted.
5100	As a result of this audit of the management of patients with rheumatoid arthritis, it was agreed that increases in staffing and the introduction of specialised early inflammatory arthritis clinics were required. The care pathway for newly diagnosed rheumatoid arthritis is to be updated to include reference to monthly follow up visits.

3.3 Specialised Services

Activity and project approval

74

Projects completed or in progress within the year

Cardiac Services	33
Haematology, Oncology & Palliative Medicine	41

Programme Division

83%

78%

Projects registered and approved before start

Cardiac Services	79%
Haematology, Oncology & Palliative Medicine	78%

24

New projects registered in year

Cardiac Services	9
Haematology, Oncology & Palliative Medicine	15

Programme Division

80%

67%

New projects registered and approved before start

Cardiac Services	56%
Haematology, Oncology & Palliative Medicine	73%

Project drivers

17

Re-audit projects

Cardiac Services	7
Haematology, Oncology & Palliative Medicine	10

Programme Division

32%

23%

Proportion of projects that are re-audits

Cardiac Services	21%
Haematology, Oncology & Palliative Medicine	24%

27

Projects measuring practice against national standards/guidance

Cardiac Services	14
Haematology, Oncology & Palliative Medicine	13

Programme Division

26%

36%

Measuring practice against national standards/guidance

Cardiac Services	42%
Haematology, Oncology & Palliative Medicine	32%

5

Audits identified through incident or risk management processes

Diagnostic Services	4
Therapy Services	1

Programme Division

8%

7%

Identified through incident or risk management

Cardiac Services	12%
Haematology, Oncology & Palliative Medicine	2%

Abandoned and deferred projects

9

Projects abandoned or deferred in year

Cardiac Services	3
Haematology, Oncology & Palliative Medicine	6

Programme Division

9%

11%

Projects abandoned

Cardiac Services	8%
Haematology, Oncology & Palliative Medicine	13%

1%

0%

Projects deferred

Cardiac Services	0
Haematology, Oncology & Palliative Medicine	0

Completed projects

19

Number of project completed in year

Cardiac Services	7
Haematology, Oncology & Palliative Medicine	12

Programme Division

90%

84%

Projects with a written report produced

Cardiac Services	71%
Haematology, Oncology & Palliative Medicine	92%

98%

98%

Projects with an action plan agreed

Cardiac Services	100%
Haematology, Oncology & Palliative Medicine	100%

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

Cardiac Services

Cardiac Services - Cardiac Surgery

4335	This audit of long term survival after coronary bypass graft surgery, showed excellent compliance with measures outlined in published literature
4947	This audit of the quality of discharge summaries for adult cardiac surgery patients demonstrated the need for improvements with regard to medication practice. As a results the cardiac pharmacy team have provided teaching and refresher session for nurse practitioners. Further improvements and changes will be made to the Trust electronic prescribing system when fully functional.

Cardiac Services - Cardiology

4414	This audit for length of stay following primary percutaneous coronary intervention for acute ST elevation demonstrated that all patients received an echo appropriately. The audit provided a benchmark length of stay for these patients.
4619	As a result of this audit of the TAVI service a business case was developed to increase clinical specialist nursing capacity. Clinic provision was increased and standard operating procedures developed to improve care. Real-time dashboards were developed to improve visibility of key information to the multi-disciplinary team.
4729	This audit of the quality echo reporting highlighted a number of areas for improvement. Action included extending the time allocated per scan (from 30 minutes to 40 minutes) to help ensure high quality consistent reporting and bring the department in line with other centres.

4771	As a result of this audit of the provision of information in young onset hypertension and pre-pregnancy counselling, an information sheet for patients which covers a list of antihypertensive medications that are contra-indicated in pregnancy, the potential perinatal risks associated and advice on what to do when planning to conceive was developed.
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5003	This audit of the protocol for pacemaker and defibrillator lead extraction highlighted that there was some subjectivity as to the definition of a high-risk patient. Following discussion at a departmental meeting, a standardised description has been agreed, with supporting processes in place to better record high risk cases.
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Oncology & Clinical Haematology

Oncology & Clinical Haematology – Bone Marrow Transplant

5164	This JACIE audit (required for regulation/accreditation) of prescribing compliance of bone marrow transplant conditioning chemotherapy against conditioning protocols demonstrated good compliance.
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Oncology & Clinical Haematology - Clinical Haematology

4626	This re-audit of use of irradiated blood products in lymphoma patients showed a small improvement in comparison with the initial audit results. Further improvement actions included ensuring that an irradiated blood product information sheet in new patient packs and database systems changed to include a prompt to consider whether patient has irradiated blood requirements.
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4914	Following this audit of thromboprophylaxis in myeloma patients receiving immunomodulatory imide drugs, a thromboprophylaxis risk assessment has been created, with a thromboprophylaxis protocol added to the Trust cancer medication administration system.
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5039	This audit of infusion related reactions and length of infusion rate, showed excellent compliance with standards.
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5054	This audit of two-week wait referrals in Haematology showed very good performance against standards set by NICE. The team will review the logistics of telephone follow-ups as a means to reduce face-to-face appointments and variation in practice across clinicians.
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5063	As a result of this audit of isolation facilities in high risk of neutropenia, the use of a customised smart board to enable clinicians identify patients at risk of prolonged periods of neutropenia in real time is being investigated. Detail of the patients neutropenia status and single-room occupancy are being incorporated into handover.
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Oncology & Clinical Haematology - Oncology

4296	This audit of neutropenic sepsis rate in germ cell patients receiving bleomycin, etoposide and cisplatin chemotherapy (BEP 500) demonstrated excellent compliance with standards.
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4517	This audit of monitoring and management of steroid induced hyperglycaemia in central nervous system oncology patients undergoing radiotherapy led to the development of flow sheet algorithms to guide management. The toxicity sheet was amended to include record of blood glucose monitoring and with more detailed steroid information.
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4573	This re-audit of prescribing standards demonstrated improvement in the majority of standards measured. Prescription not meeting standards will be highlighted to the consultant in charge of the patient.
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4690	As a result of this audit of scan and management in oncology patients with lower limb deep vein thrombosis, staff were reminded that additional Saturday and Sunday slots for the thrombosis nurse service are available so referrals do not just have to be on a weekday. This should help enable patients to be scanned within 24 hours as per best practice guidance.
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4780	This audit of palliative radiotherapy in muscle invasive bladder cancer demonstrated good outcomes against published standards. An evaluation of the volume of bowel in radiotherapy and assessment of bowel dose volume constraints will be undertaken to address incidental findings relating to bowel toxicity).
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Oncology & Clinical Haematology - Palliative Medicine

5000	This re-audit of do not attempt cardio-pulmonary resuscitation (DNACPR) decisions demonstrated improvements in care in all standards. Further work to raise awareness amongst clinical staff is being undertaken and DNACPR sections added to admission clerking documents to help ensure that end of life considerations are made.
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3.4 Surgery

Activity and project approval

159	Projects completed or in progress within the year	Anaesthesia & Critical Care	28	Ophthalmology	31
		Dental & Maxillofacial Surgery	49	Surgical specialties	51

Programme Division

83%	97%	Projects registered and approved before start			
		Anaesthesia & Critical Care	96%	Ophthalmology	97%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	96%

73	New projects registered in year	Anaesthesia & Critical Care	15	Ophthalmology	11
		Dental & Maxillofacial Surgery	23	Surgical specialties	24

Programme Division

80%	97%	New projects registered and approved before start			
		Anaesthesia & Critical Care	93%	Ophthalmology	100%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	96%

Project drivers

44	Re-audit projects	Anaesthesia & Critical Care	6	Ophthalmology	7
		Dental & Maxillofacial Surgery	19	Surgical specialties	12

Programme Division

32%	28%	Proportion of projects that are re-audits			
		Anaesthesia & Critical Care	21%	Ophthalmology	23%
		Dental & Maxillofacial Surgery	39%	Surgical specialties	24%

20	Projects measuring practice against national standards/guidance	Anaesthesia & Critical Care	5	Ophthalmology	2
		Dental & Maxillofacial Surgery	2	Surgical specialties	11

Programme Division

26%	13%	Measuring practice against national standards/guidance			
		Anaesthesia & Critical Care	18%	Ophthalmology	6%
		Dental & Maxillofacial Surgery	4%	Surgical specialties	22%

4	Audits identified through incident or risk management	Anaesthesia & Critical Care	2	Ophthalmology	0
		Dental & Maxillofacial Surgery	1	Surgical specialties	1

Programme Division

8%	3%	Identified through incident or risk management			
		Anaesthesia & Critical Care	7%	Ophthalmology	0%
		Dental & Maxillofacial Surgery	2%	Surgical specialties	2%

Abandoned and deferred projects

21	Projects abandoned or deferred in year	Anaesthesia & Critical Care	7	Ophthalmology	3
		Dental & Maxillofacial Surgery	4	Surgical specialties	7

Programme Division

9%	12%	Projects abandoned			
		Anaesthesia & Critical Care	20%	Ophthalmology	3%
		Dental & Maxillofacial Surgery	8%	Surgical specialties	12%

1%	1%	Projects deferred			
		Anaesthesia & Critical Care	0%	Ophthalmology	6%
		Dental & Maxillofacial Surgery	0%	Surgical specialties	0%

Completed projects

53	Number of project completed in year	Anaesthesia & Critical Care	9	Ophthalmology	6
		Dental & Maxillofacial Surgery	22	Surgical specialties	16

Programme Division

90%	85%	Projects with a written report produced			
		Anaesthesia & Critical Care	89%	Ophthalmology	100%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	56%

98%	98%	Projects with an action plan agreed			
		Anaesthesia & Critical Care	100%	Ophthalmology	100%
		Dental & Maxillofacial Surgery	100%	Surgical specialties	88%

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

Anaesthesia & Critical Care Services

Anaesthesia & Critical Care – Anaesthesia

5141	The pre op pregnancy checklist was amended to help ensure the correct information is recorded as a result of this audit of pregnancy testing in emergency surgery
5143	Results of this re-audit of the audit of the WHO safety checklist demonstrated improvement in all standards. The 'time out' has been changed to allow scrub nurses to being this process.
5309	As a result of this audit of out of hospital cardiac arrests, an integrated care pathway to help manage these patients is currently being developed. It is also planned to implement a pre-hospital handover tool to improve management further.

Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia

4614	As a result of this audit of coagulation management in major obstetric haemorrhage patients, the possibility of amending the current ICE blood screening system to include the automatic ordering of fibrinogen where necessary.
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Anaesthesia & Critical Care & Theatres - Preoperative Assessment

4750	This audit raised staff awareness about the need to review hip fracture patients within 24hrs of admission to hospital. It was agreed that the senior anaesthetist on call would check for relevant patients on a daily basis.
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Anaesthesia & Critical Care & Theatres – Critical Care/Resuscitation

5042	It was agreed to develop separate nutritional guidelines for prone ventilated patients as a result of this audit into their nutritional support.
5059	Amendments to the prescribing computer system have been made as a result of this audit into vanomycin prescribing in the intensive care unit.
Dental Services	
5175	This re-audit of priority patient follow-ups in oral medicine demonstrated a slight improvement but further work is needed. The priority referrals database has been redesigned to make it easier to use and the issue has been added as a standing agenda item at the department meeting.
Dental Services - Oral & Maxillofacial Surgery	
4745	This re-audit of cone beam CT prior to surgical removal of molars demonstrated good improvements in care. Further re-audit will be undertaken to see if this improvement is sustained.
4940	This re-audit of incidence of alveolar osteitis confirmed that practice had improved.
Dental Services - Orthodontics	
4991	This re-audit of the use of throat packs in oral surgery confirmed that the improvements made had been effective and that throat packs were being used appropriately.
4643	As a result of this audit of consent for the use of mandibular advancement appliances, a new assessment and consent proforma has been developed.
Dental Services - Paediatric Dentistry	
4960	Changes were made to the orthodontic assessment sheet to include a section on dental trauma as a result of this regional audit of dental trauma in new orthodontic patients.
5033	This re-audit of record keeping in paediatric dentistry demonstrated improvements. The patient proforma has been adjusted to help improve documentation further.
5130	This re-audit demonstrated improvement and excellent adherence with regards to the compliance rate of radiograph reporting. An induction booklet developed following the audit to help standardise guidance for all staff involved.
4980	As a result of this audit of dental screening pre-cardiac surgery, a consent process for antibiotic prophylaxis for patients at high risk of endocarditis has been formalised.
4981	The dental screening proforma for patients undergoing bone marrow transplant is being reviewed as a result of this audit.
5065	This audit of the success of the Hall technique in pre-formed metal crowns demonstrated that the technique was safe and effective.
Dental Services - Restorative Dentistry	
4773	This re-audit of tooth restoration demonstrated improvement in practice. Awareness of good practice was raised through departmental presentations and email reminders to undergraduates.
4825	Following this audit of dental hygienist sessions for head and neck patients, designated oncology slots have been re-allocated pending the start of a new hygienist. Training of staff who allocate clinic slots has also been provided.
4831	This re-audit of dental screening and preventative management demonstrated excellent improvement in care. The oncology dental screening form has been incorporated into the Medway PAS to improve things further.
4924	This re-audit of crown and bridge impressions demonstrated improvement over three audit cycles. Satisfactory impressions rose from 36% - 72%. A re-audit for further improvement is planned.
4949	Appropriate dental assessment improved as a result of this re-audit of pre-and post-treatment advice for head and neck radiotherapy patients. Dental screens are now booked at the time of entry onto the cancer register.
4954	This audit demonstrated that referrals for dental implant treatment were being done in line with national and local guidance.
4955	Improvements were made in asking (and documenting) patients about their smoking status as a result of this re-audit of referral to stop smoking services. A new generic log in will allow easier access to the stop smoking referral system.
4963	New methods of communication are to introduced when patients cancel or DNA on student clinics so that the outcome can be recorded appropriately.
4965	Posters were developed to highlight need to record key periodontal processes as a result of this audit of periodontal care given by undergraduate dental students
4992	This audit of the WHO safety checklist confirmed good practice with regards to process followed. Future prospective observational audit work will be done for further assurance.
5185	This audit over three cycles has seen an improvement in outcome forms being returned. Training in the completion of outcome forms has been extended to include hygienists.
Ophthalmology	
Ophthalmology - Glaucoma & Shared Care	
4775	This audit has shown that standards relating to glaucoma high-risk patients and unstable glaucoma patients were being followed. Further training is being undertaken to try to improve the AHP clinical support data.

Ophthalmology - Medical & Surgical Retina	
4737	This audit of optometry referral to the wet AMD triage clinic showed some improvement in the quality of the referrals being received. Additional appointments alongside the triage clinic appointments have been made available.
4778	The clinical fellows induction pack has been updated as a result of this audit of the outcomes after usage of heavy silicone oil in ophthalmic surgery.
4956	As a result of this audit of the incidence, prevention and management of post-operative endophthalmitis, work has been undertaken to amend documentation and raise awareness of the need to report incidents where endophthalmitis has been identified (including outside of the Trust).
Ophthalmology - Paediatrics, Oculoplastics & Squint	
4762	This re-audit of functional and anatomical outcomes of treatment for retinopathy of prematurity (ROP) demonstrated improvements in some areas of care. ROP outcomes are to be included on the Trust NICU electronic patient system and portable devices purchased to improve care further.
4880	This audit of epiphora management confirmed best practice compared to national outcome measures.
Surgical Specialties	
Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)	
4375	This audit of day case surgery for cochlear implant patients indicated that those patients suitable for discharge on the same day were done so appropriately.
4564	Consensus recommendations for management of epistaxis have been developed through this national audit.
4761	This audit demonstrated good accuracy in the clinical coding of otological procedures on adult patients, and has also enabled the ENT surgeons and clinical coders to jointly resolve an issue with coding of cochlear implants.
4827	This audit demonstrated that imaging requests made by the ENT Advanced Nurse Practitioner followed the criteria set out in the clinic imaging protocols. It will lead to the addition of further protocols to support running fast-track clinics.
4881	This audit showed good compliance with the monitoring renal function in patients treated with antibiotics for necrotising otitis externa in the ENT department.
4990	This audit showed improvement since a previous audit cycle in arranging speech audiometry for patients with benign lateral skull base lesions prior to being seen in the joint skull base clinic at North Bristol NHS Trust.
5018	This audit demonstrated outcomes for middle ear titanium prosthesis in the ENT department that are comparable to published data.
5031	This re-audit of driving advice provided to patients referred for vestibular rehabilitation demonstrated improvement in practice. The potential for adding prompts to the electronic discharge summary to remind staff to provide advice is being explored.
5056	Following this audit of cerebrospinal fluid (CSF) leak rates following translabyrinthine excision of vestibular schwannoma, the provision of data support for a skull based clinic is being explored with North Bristol NHS Trust.
Adult Surgical Specialties - Colorectal Surgery	
4183	As a result of this national audit of the use of blood in lower GI bleeding, a standard operating procedure was developed for patients with rectal bleeding presenting to the on take team.
4607	It was agreed that the current nutrition assessment is to be included in the enhanced recovery pathway as a result of this national audit of small bowel obstruction.
5017	This prospective audit reviewed observed consultant review within 14 hrs of admission for emergency patients. Results were better than those of the stated NHS England average, and in line with Trust wide results.
Adult Surgical Specialties - Thoracic Surgery	
5029	Several changes have been made following this audit of the management of newly diagnosed cancer patients suitable for early surgical intervention. Chest physicians now request PET /CT at the 2 week wait clinic for appropriate patients and patients are prioritised to have full spirometry including gas transfer.
5132	This audit demonstrated that endobronchial ultrasound guided transbronchial needle aspiration (EBUS) was implemented successfully and that sensitivity rates were in line with national outcomes.
5163	A care pathway for conservatively treated patients has been developed as a result of this audit of rib fracture management.
Adult Surgical Specialties - Upper GI Surgery/Hepatobiliary	
5233	As a result of this audit of the quality of general surgery operation notes, the implementation of an e-Op note via Medway has been agreed.

3.5 Women's and Children's

Activity and project approval

176	Projects completed or in progress within the year	Children's Services	128
		Women's Services	48

Programme Division

83%	64%	Projects registered and approved before start	
		Children's Services	63%
		Women's Services	70%

90	New projects registered in year	Children's Services	67
		Women's Services	23

Programme Division

80%	69%	New projects registered and approved before start	
		Children's Services	72%
		Women's Services	60%

Project drivers

72	Re-audit projects	Children's Services	47
		Women's Services	25

Programme Division

32%	41%	Proportion of projects that are re-audits	
		Children's Services	37%
		Women's Services	52%

35	Projects measuring practice against national standards/guidance	Children's Services	72%
		Women's Services	60%

Programme Division

26%	20%	Measuring practice against national standards/guidance	
		Children's Services	16%
		Women's Services	31%

21	Audits identified through incident or risk management	Children's Services	9
		Women's Services	12

Programme Division

8%	12%	Identified through incident or risk management	
		Children's Services	7%
		Women's Services	25%

Abandoned and deferred projects

12	Projects abandoned or deferred in year	Children's Services	10
		Women's Services	2

Programme Division

9%	6%	Projects abandoned	
		Children's Services	7%
		Women's Services	4%

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

Completed projects

92	Number of project completed in year	Children's Services	75
		Women's Services	17

Programme Division

90%	96%	Projects with a written report produced	
		Children's Services	99%
		Women's Services	82%

98%	100%	Projects with an action plan agreed	
		Children's Services	99%
		Women's Services	100%

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

Children's Service

Children's Services - Anaesthesia

4400	This re-audit of analgesia following tonsillectomy demonstrated that further improvement was required. It was agreed use of pre-admission clinic by telephone, and information provided to parents, should be re-assessed.
4536	As a result of this audit of analgesia following elective and emergency craniotomy use of oral opioids following craniotomy, surgery has been reviewed, and patients will continue to be referred to Acute Pain Service for review.
4873	Following this audit of opiate induced myoclonus in infants, myoclonus has been included in the daily side-effect assessment carried out by the Acute Pain Service, with education for nursing staff now including the recognition and management of myoclonus.
5057	A multidisciplinary group to plan future lines provision has been established as a result of this audit of line provision by anaesthetists in Children's Hospital.

Children's Services - Audiology

5052	Following this audit of management of children with otitis media with effusion, staff have been reminded of the importance of recording discussion with parents/written information provided. A history sheet is being designed to better support record keeping.
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Children's Services - Burns & Plastics

5085 As a result of this audit fluids management in burns patients, enteral feeding guidelines are being reviewed to consider starting feeds earlier.

Children's Services - Cardiac Services

4064 Following this re-audit of the NHS Fetal Anomaly Screening in the South West, increased training has been provided, in line with national guidance, and results have been shared with national groups and other Trusts in the region.

4438 Following this audit of cardiac interventional catheter lab outcomes, results are to be benchmarked against other major paediatric congenital cardiac centres across UK.

4964 As a result of this audit of anticoagulation / antiplatelet therapy following paediatric cardiac operations, further ways to support appropriate handover have been explored at cardiac governance meetings.

5009 Following this audit of local hypoplastic left heart syndrome, it was agreed that the local guideline required updating.

5025 Following this audit of pre-operative echocardiography and intra-operative findings during cardiac surgery, procedures for labelling and reviewing these echocardiograms have been standardised.

5040 Following this re-audit on performance of pre-operative echocardiograms of congenital heart disease, it has been agreed that cardiac sonographers, as well as pre-admission clinic consultants, will finalise pre-cardiac catheterisation echocardiogram reports

5061 This re-audit of performance of pre-operative echocardiograms of congenital heart disease demonstrated improvement in care. Consultants will continue to prompt staff to maintain high standards.

5112 Following this re-audit of the Fetal Cardiology Service, extra time is to be allocated in cardiac specialist nurse job plans to enable more contact with patients with a new diagnosis of CHD within 24hrs. In addition the possibility of opening a second scanning room is being explored.

5126 Following this audit of the elective surgical pathway it was agreed that the current SOP – "Consent pathway for paediatric cardiac surgery" needed to be reviewed in order to support further action and raise awareness of the required process.

5147 This re-audit of documentation of echocardiography results pre-admission clinic for cardiac catheterisation patients, demonstrated 100% compliance with standards, following system changes introduced after previous audit.

5193 Feedback was provided to staff that documentation generally good following this audit to check follow up is in line with intended treatment plan in Cardiac Services. Cardiologists are encouraged to use the pink forms for trans-oesophageal echo reports.

Children's Services - Dietetics

4621 Following this audit of referrals and waiting time for ketogenic diet therapy and anti-epileptic drug use, a formalised protocol for review of anti-epileptic drugs three months post diet initiation has been developed, which includes an electronic-flag up system for consultants.

5005 Following this re-audit of phenylketonuria (PKU) patient management, a monitoring system for patient's phenylalanine levels has been introduced and a leaflet developed for parents and carers of children with PKU to outline management expectations.

5013 As a result of this audit of compliance with service recommendations for monitoring the ketogenic diet, guidelines have been agreed for monitoring children on ketogenic dietary therapy.

5045 As a result of this audit of management of paediatric patients with suspected coeliac disease, dietitians have completed ICE training to request bloods. This eases the workload for senior medical staff and helps ensure blood tests aren't missed.

Children's Services - Emergency Department

4900 Following this audit of Emergency Department procedural sedation, a checklist for sedation/procedures in Children's ED has been introduced.

5006 This re-audit of the use of recording sticker by mental health professionals in Children's ED demonstrated improvements in timeliness and completeness of communication. The need to use the sticker has been highlighted to new starters in the team.

5034 Following this audit of fundoscopy for children presenting with headache/possible raised intracranial pressure, senior staff have continued to emphasise the importance of neuro assessment and fundoscopy/availability at induction.

5152 Local guidance has been edited as a result of this audit of intended treatment plan in cardiac services, to encourage its use as proforma for management.

5154 As a result of this audit of paracetamol overdose in Children's ED, a local guideline for the management of patients has been developed.

5159 Following this re-audit of management of petechiae in children, results have been discussed at Children's Emergency Department seniors' meeting, a poster has been prepared for ED to raise awareness and a criteria-led discharge form developed.

Children's Services - Endocrinology

5091 Following this audit of endocrine monitoring and outcomes of proton therapy for childhood brain tumours, further information is to be included in clinic letters, supported by a more comprehensive problem list.

5092 Local guidelines are being revised as a result of this audit of management of paediatric neurosurgical and traumatic brain

	injury patients at risk of fluid balance abnormalities. A standard operating procedure is also being developed and relevant education provided.
5093	Following this audit of management of infants with congenital hypothyroidism, clinicians have been prompted to recording reasons for departures from guidance. The use of a checklist to prompt recording of guideline compliance is being explored.
5094	A patient information leaflet to educate young women in transition and a proforma for transition clinic are being developed as a result of this audit of transition pathway to adult services for girls/young women with turners syndrome.
Children's Services - Gastroenterology	
4921	Following this audit of small bowel MRI in the diagnosis of paediatric inflammatory bowel disease, referral for magnetic resonance enterography at the same time as patients are referred for endoscopy is being considered.
5047	Following this audit of waiting times for new inflammatory bowel disease patients date stamping of all incoming referrals has been introduced.
Children's Services - General Paediatrics	
4727	As a result of this audit of prescription of orthoses for ambulant boys with Duchenne muscular dystrophy it was suggested that the information provided be shared with the professional body to help inform national guidance.
4977	Following this re-audit of the use of heated humidified high flow nasal cannula therapy outside of PICU a sticker checklist has been developed to prompt appropriate weaning from the therapy, and education and simulation training are continuing.
5014	As a result of this audit of continuous positive airways pressure (CPAP) for infants with bronchiolitis on the High Dependency Unit, current guideline has been reviewed, and a sticker developed to prompt appropriate management.
5110	Following this audit of pre-operative nutritional status and assessment of complex medical paediatric patients undergoing scoliosis surgery, a standardised pre-operative clinic assessment to include dietetic assessment is being introduced.
5209	Following this audit of identification of responsible consultant, the use of daily 'On service' consultant list is to be increased and a 'Welcome to the Ward' leaflet is being revised to include space for 'Your Consultant/Team isF"
Children's Services - Immunology & Infectious Disease	
4806	This audit of clinical notes of immunology and infectious diseases team demonstrated good practice across many areas. A designated TB folder has been set up in to enable all Mantoux tests carried out to be documented.
Children's Services - Intensive Care (PICU)	
4986	As a result of this audit of rapid review of unplanned admissions to PICU, which demonstrated improvements in speed of review, further training and reminders to junior doctors has been provided.
Children's Services - Neonatology	
4165	This audit demonstrated that appropriate tests were being ordered when starting antibiotic treatment for newborn babies where risk factors had been identified.
4811	Following this audit of routine head circumference measurement of neonates, a dietetic associate practitioner has been allocated one shift per week to support growth monitoring on the neonatal unit.
4974	The assessment tool for babies receiving nasal CPAP on NICU has been expanded to monitor additional areas of the baby's face at-risk of pressure sores as a result of this audit. A concise teaching package for neonatal nurses has been developed.
5070	Following this audit of nurses' practice in preparing human milk fortifier for babies on the Neonatal Intensive Care Unit, the method of preparing and adding fortifier has been changed to make it simpler for staff to make accurate measurements.
Children's Services - Nephrology	
4166	An acute kidney injury recognition algorithm has been implemented as a result of this multicentre audit of management of paediatric acute kidney injury.
5108	This re-audit of paediatric patients receiving renal replacement therapy demonstrated improvement in many areas. The audit processes and acceptable haemoglobin ranges at other UK centres are to be investigated further.
Children's Services - Oncology & Haematology	
4648	Following this audit of on-treatment review for oncology patient, actions implemented have included Improved process for chemotherapy planning and communication, the introduction of an online planned chemotherapy calendar managed by pharmacists and the initiation of ward based 'huddles' where plans can be reviewed.
4768	Following this audit of portacath needle insertion documentation, the use of a sticker will continue to be promoted. The team are to ensure the stickers are easily accessible to ward staff.
4797	Junior medical staff rotating through transplant, oncology and haematology have been educated regarding national guidance via induction materials following this audit of platelet and red cell use.
5037	Following this audit of planning and delivering total body irradiation for BMT patients, colleagues in radiotherapy were prompted regarding the need for a letter to be sent to patient's record after finishing radiation.
5060	As a result of this audit of fluid balance documentation, staff have been reminded of the minimum standards for fluid balance documentation and education is being provided to increase compliance with hourly drip readings.
5079	Processes were changed to book patients in for Busulfan level checking post first and fifth dose as result of this audit of Busulfan level monitoring.

5111	Following this audit of Central Venous Catheter (CVC) Assessment nursing staff have been allocated time during each shift to review and document each patients central line care plans.
5119	As a result of this audit of nutrition support for patients with medulloblastoma, PEG placements in oncology, weight changes and complications are to be prospectively recorded to assess efficacy. The need for a multi-centre audit is to be discussed at the national dietetic interest group.
5131	Following this audit of use of rasburicase for tumour lysis syndrome prevention and treatment, local guidance has been updated.
5145	As a result of this re-audit of long term effects of radiotherapy in childhood survivors of cancer it has been agreed that electronic radiotherapy plans, which will automatically be recorded in the patient notes, should be developed.

Children's Services - Palliative Care

4381	This re-audit of end of life care planning for children with life-limiting condition demonstrated improvement in care.
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Children's Services - Pharmacy

4903	This re-audit of the use of alteplase demonstrated improvement in a number of areas. A new guideline for haemodialysis line locking in the Paediatric Renal Unit is being developed to improve things further.
4984	Following this audit of use of granulocyte colony stimulating factor (G-CSF) a guideline has been developed and additional information added to labels.
5015	Following this audit of parenteral nutrition, a proforma is being developed, with education provided for ward staff.

Children's Services - Radiology

5106	This re-audit of quality of standard left hand and wrist x-rays for bone age assessment showed improvement in compliance against the standards. Further discussion with radiographers regarding the implementation of changes, and to help ensure that all members of staff are familiar with the current protocol, has taken place.
5121	As a result of this audit of the recording contrast medium use in Children's Hospital CT, copies of the relevant agreed procedures have been e-mailed to those responsible for recording to raise awareness of correct procedure. The use of the scanner contrast page on the scanner is being reviewed.

Children's Services - Respiratory

4726	This national audit of paediatric pneumonia showed that care was in line or better than national practice. Local community acquired pneumonia guideline are to be re-disseminated. Discussions with the emergency department are to take place regarding limiting initial investigations for severe or complicated patients (in line with guidance). The thresholds for chest x-ray are being discussed with respiratory and general paediatric staff.
4776	Following this audit of prescribing of ivacaftor in paediatric patients with cystic fibrosis, which showed full compliance with standards in all areas, it was agreed that the audit should be repeated in a year's time.
4822	The results of this pilot national project, run by the Royal College of Physicians, showed that improvement could be made in the discharge management of respiratory patients. The Trust results were used to help inform and set standards/measures for the new national audit of paediatric asthma which the department are participating in.
4902	Following this audit of parental satisfaction in the paediatric allergy clinic, processes have been changed so that blood test results are now attached to clinic letter and copied to specialist nurse who sends an allergy action plan to the patient.

Children's Services - Rheumatology

4770	This re-audit on general anaesthetic joint injection waiting times showed a small increase in the number of patients receiving an injection within six weeks. As a result, the pathway for listing patients for joint injections has been improved to facilitate clear recording of reasons for delay if this occurs. Discussions are underway with the management team to increase the number of joint injection lists.
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Children's Services - Surgery

4287	As a result of this audit of post-operative complications in bilateral orchidopexy for bilateral undescended testis, it has been agreed that operations should be carried out synchronously on all bilateral orchidopexy cases.
4875	This audit of long term outcomes demonstrated that nephrectomy was a safe and effective treatment for patients with secondary hypertension. It was recommended that these findings be used in pre operative counselling.
4983	This audit of screening of VACTERL Neonates demonstrated good levels of care. Feedback of audit findings has been given to the surgical team, reinforcing good practice and with recommendations. The team are also exploring the possibility of making changes to the current IT system to improve the recording of information.
5010	Following this audit of care of neonates with bilious vomiting referred from other centres for surgical review, discussions are underway with commissioners regarding gaps in provision and funding for transfer of patients back to their referring hospital.
5195	As a result of this audit of pre-operative recording of height and weight in children admitted to Meadow Ward, a hand-held measuring tape is now used to enable staff to get a better measurement of crying infant's height. Further work has been done to review the admission proforma and streamline current paperwork.
5284	This re-audit of pre-operative recording of height and weight demonstrated improvement in the recording of patient height. Results have been fed back to staff and included regular staff education.

Children's Services - Trauma & Orthopaedics

5144	This audit of specialty admission clerking demonstrated that improvement in documentation of key information was required. A joint specialty admission booklet for all medical, surgical and orthopaedic patients in the Children's Hospital has been piloted and introduced to improve practice.
5215	Following this audit of accuracy of coding in Children's trauma and orthopaedics a 'coding poster' has been created and displayed in areas where operation notes are written to remind staff of the key information required when writing an operation note.

Women's Services

Women's Services - Gynaecology

4972	This project has led to work to devise a care pathway across the South West region for women with the rare malignancy of vulval malignant melanoma. The pathway addresses baseline and follow-up imaging, surgical interventions, and a clear follow-up strategy.
5011	This audit demonstrated good compliance with NICE guidelines concerning the diagnosis and treatment of endometriosis. A pre- and post-op checklist is being devised to improve documentation of decision-making.
5023	Following this audit, a new proforma has been developed to record all essential fluid management information and provide guidance in cases of significant fluid deficit in women having transcervical resection of fibroids at St Michael's Hospital.
5027	This audit, carried out in response to an outlier alert from CHKS, found good management of patients experiencing infection following hysterectomy with no avoidable causes of infection in these patients.
5080	This audit has led to development of a standardised care pathway for women undergoing uterine artery embolisation for the treatment of uterine fibroids at St Michael's Hospital and for their subsequent follow-up.
5146	This audit showed an improvement over the audit period in numbers of excisional biopsies being performed at first visit to colposcopy for high grade "invasive" referrals, in preference to punch biopsies.

Women's Services - Obstetrics & Midwifery

2730	This audit demonstrated good compliance with completion of maternal observation charts and calculating early warning scores in St Michael's Hospital.
4647	Following this audit of breastfed babies who are receiving a 'top up' feed of formula milk, new guidance and training is being provided on unsettled babies with an aim to reduce supplementation, on reluctant / frequent feeders, use of a laid-back feeding
4716	As a result of this audit of support for parents following an unexpected poor outcome at birth, improvements have been implemented to the system for identifying women who need review by a senior clinician.
4795	This audit showed that women identified as being high-risk for maternal sepsis were managed appropriately during their stay on the maternity wards at St Michael's Hospital.
5044	Following this audit, the Trust will be participating in the National Pregnancy in Diabetes Quality Improvement Collaborative, implementing a range of measures to improve pre-pregnancy counselling for women with diabetes.
5114	This regular safeguarding audit showed good compliance with documentation by community midwives of details of a woman's partner or father of the baby. Further work is planned on the practicalities of discussing the prevalence of domestic abuse in pregnancy.
5157	This audit of symphysis fundal height (SFH) measurements in pregnancy has led to a number of measures to improve practice, including re-designing the antenatal notes to feature more prominent SFH plotting chart.
4862	This audit showed good outcomes in men treated with gonadotrophins at the Reproductive Medicine unit at St Michael's Hospital.
5019	Following this audit, amendments have been made to the nursing proforma to assist improvement in documentation for couples having intrauterine insemination at the Reproductive Medicine Department of St Michael's Hospital (see also audit 5247 below).
5247	This regular audit showed good compliance with national documentation standards for couples having intrauterine insemination at the Reproductive Medicine Department of St Michael's Hospital and demonstrated improvement since the previous audit cycle.

Appendix A - UH Bristol Clinical Audit Staff (as at April 2019)

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	Eleni Lamprianidou	Dr Lidia Riera-Sanchez
	Emergency Services		Dr Jenny Jones
Specialised Services	Cardiac Services		Dr Ihab Diab
	Oncology		Dr Amar Challapalli
	Haematology		Dr Laura Percy
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 Tomas Burke
	Adult ENT		Mr Phil Clamp
Women & Children's	Obstetrics & Gynaecology	Jonathan Penny	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 2018/19

41/41 (100%) of category 1 projects ('external must do's) commenced by the end of the financial year.

In total, 236 projects on the plan were due to have commenced by the end of the financial year. The table below shows that 136 (58%) of projects commenced.

Category	Status (Q4)	Division						Total
		D&T	Med	SpS	SHN	W&C	NDS*	
Cat 1	Completed	-	-	-	-	-	1	1
	In progress	1	14	9	8	8	-	40
Cat 1 Total		1	14	9	8	8	1	41
Cat 2	Completed	1	-	2	2	2	-	7
	In progress	5	2	1	4	5	4	21
	Not started	3	1	17	9	15	7	52
	Abandoned	-	-	-	1	-	-	1
Cat 2 Total		9	3	20	16	22	11	81
Cat 3	Completed	-	1	-	12	4	-	17
	In progress	8	6	-	8	16	-	38
	Not started	5	7	3	8	9	-	32
	Abandoned	5	-	-	2	-	-	7
Cat 3 Total		18	14	3	30	29		94
Cat 4	Completed	-	-	-	5	2	-	7
	In progress	1	-	-	3	1	-	5
	Not started	1	-	-	3	3	-	7
	Abandoned	-	-	-	1	-	-	1
Cat 4 Total		2			12	6		20
Grand		30	31	32	66	65	12	236

	P1	P2	P3	P4	All
% projects commenced as planned (Q4)	100%	35%	59%	60%	58%

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

Division	Completed	In progress	Not started	Abandoned	Totals	% Commenced
Diagnostics & Therapies	1	15	9	5	30	53%
Medicine	1	22	8	-	31	74%
Specialised Services	2	10	20	-	32	38%
Surgery	19	23	20	4	66	64%
Women's & Children's	8	30	27	-	65	58%
Non-Division Specific	1	4	7	-	12	42%
Total	32	104	91	9	236	58%

Category 2 projects

There has been a significant decrease in the number of category 2 projects commenced. The reasons for this are varied and outlined below:

National audits not part of the NCAPOP

There are a number of national audits listed as part of the Quality Account which the Trust aims to participate in as best practice, although there are no specific risk to not doing so (unlike projects on the NCAPOP which are mandatory according to contract); These are listed below:

- UK IBD Registry (adult and paediatric gastroenterology) – funding and new endoscopy reporting software required to participate. Paediatrics are currently in the procurement phase for a system to meet requirements (with help from Above and Beyond and families).
- Endocrine and Thyroid National Audit – Considerable resource implications to collect data for participation. The registry is run by the British Association of Endocrine & Thyroid Surgeons. Individual surgeon membership of BAETS is required to participate; our surgeons are not members.
- National Audit of Cardiac Rehabilitation – Participating as of June 2019.

Audits of new interventional procedures

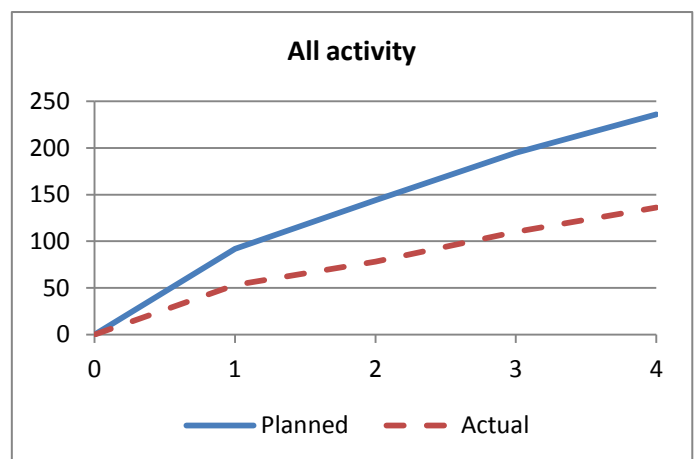
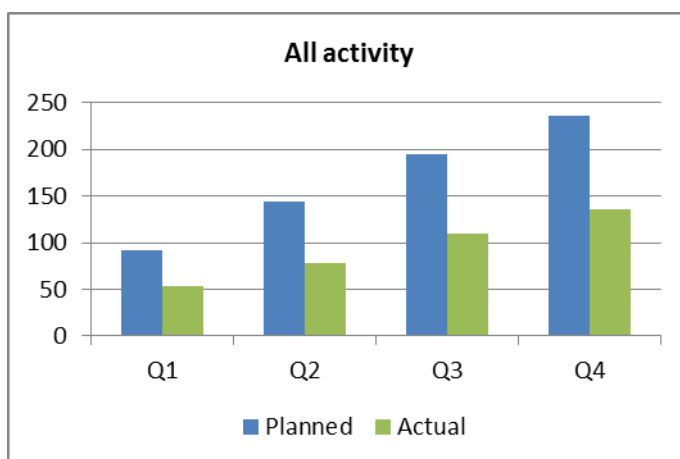
There have been a number of instances where, although approval has been granted by the Clinical Effectiveness Group, the procedure has yet to be commissioned or there are insufficient numbers of cases and it is therefore not suitable to audit within the original timeframe agreed.

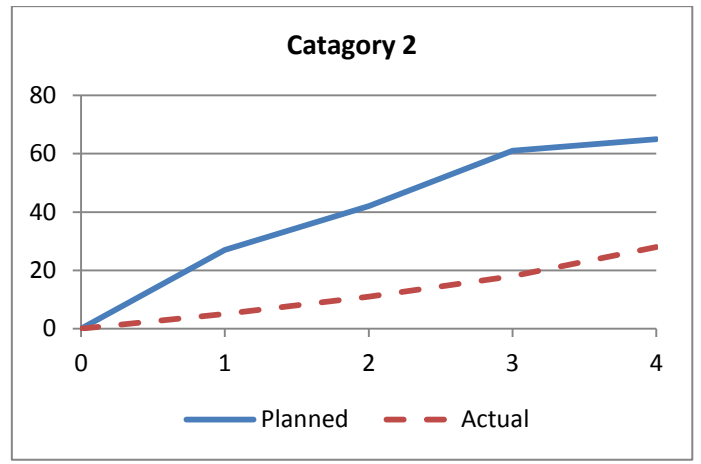
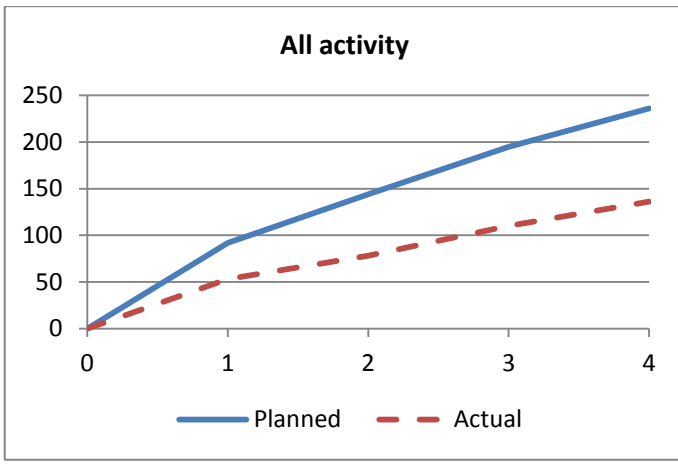
Non-division specific audits

These audits tend to be those that are Trust-wide and identified by corporate groups (such as the dementia strategy implementation group, falls steering group etc.) for inclusion on the plan. These are listed below:

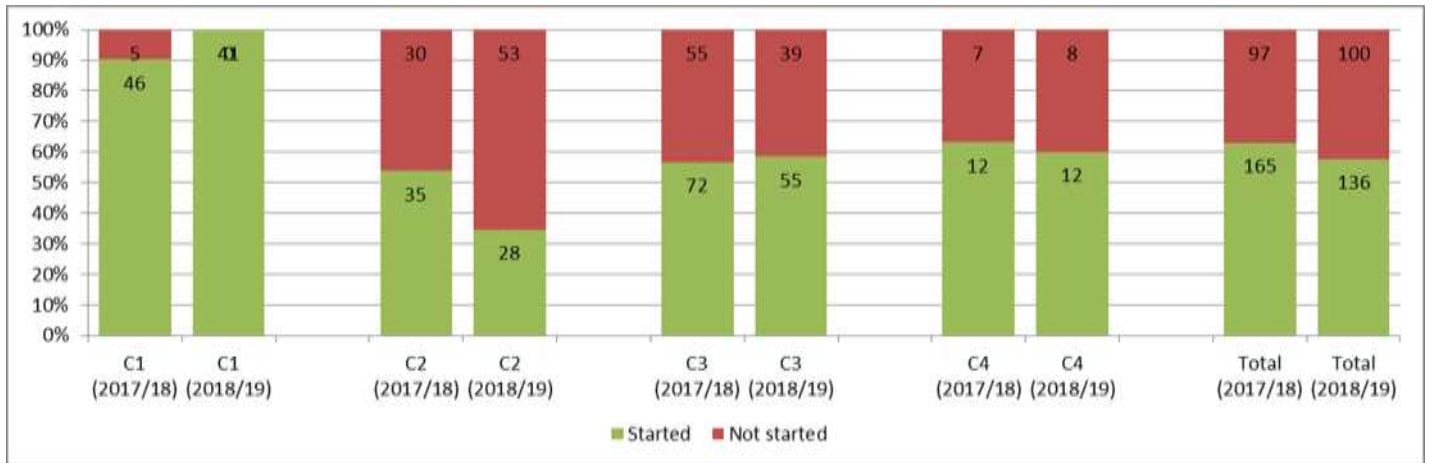
- Consent audit and medical documentation audit – agreed to move to bi-annual audit. Methodology and scope under review. On plan for 2019/20.
- Audit of post falls medical documentation and audit of post falls protocol – delayed due to changes in and delays in introducing new documentation. On plan for 2019/20.

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 category 1 and 2 are also plotted.





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



Overall, there has been a decrease in the percentage of planned projects started or completed compared to the previous financial year; 136/236 (58%) compared to 165/262 (63%) in 2017/18.

Appendix C - Clinical Audit Forward Plan 2019/20

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 2019/20; other projects may be facilitated by the Clinical Audit & Effectiveness Team over the year according to on-going priorities and available resources.

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

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

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

Diagnosics & Therapies

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Diagnostic Services					
Audiology	Real ear measurement	Regina Smith	Cat 2	Q1	External accreditation
Clinical Biochemistry	Use of lipoprotein (a) testing	Graham Bayly	Cat 4	Q2	National guidance
Infection Control	ANTT Audit	Jody Saunders	Cat 2	Q4	Annual audit
	Catheterisation policy implementation and compliance	Jo Coles	Cat 3	Q2	Introduction of new guidance/policy
	Clinical environmental standards	Michelle Lindsay	Cat 3	Q1	Continuation from previous year
	E. Coli source	Jo Coles	Cat 3	Q4	Introduction of new guidance/policy
	Mandatory Surveillance of bloodstream infections and clostridium difficile infection	Jo Coles	Cat 2	Q1	National Audit (Quality Report)
	Peripheral venous cannula care and maintenance	Jody Saunders	Cat 2	Q1	To assess the compliance to electronic recording
	Surgical Site Infection Surveillance Service	Jo Coles	Cat 2	Q2	National Audit (Quality Report)
	Trust wide hand hygiene compliance	Jo Coles	Cat 2	Q1	Continuation from previous year
	Trust wide MRSA screening compliance	Michelle Lindsay	Cat 2	Q1	Continuation from previous year
Laboratory Haematology	Re-audit of the medical use of blood	Tom Latham	Cat 2	Q3	National Audit (Quality Report)
	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Tom Latham	Cat 2	Q1	National Audit (Quality Report)
Medical Physics & Bioengineering	Ankle brachial pressure index (ABPI) referral from GP practice	Kate Houghton	Cat 4	Q1	To identify education need.
	Patient radiation dose audit of CT scanner in Children's Hospital	Anne Hill	Cat 3	Q3	National guidance
Microbiology	Management of invasive candidaemia	Irasha Hettiarachchi	Cat 3	Q1	Re-audit 3648

Radiology	Detection of pulmonary embolism using Q scan	John Hughes	Cat 3	Q2	Re-audit 4999
	Image guided lung biopsies	John Hughes	Cat 3	Q2	Re-audit 4676 (Rolled over from 2018-19)
	Inclusion of the lung bases on plain CT chest examinations	Tom Forster	Cat 3	Q2	Re-audit 5001
	Measuring liver stiffness with ultrasound quantitative elastography	Tina Stoyles	Cat 3	Q4	National guidance (NICE)
	MRI whole spine	Kay Haghani	Cat 3	Q3	Rolled over from 2018-19
	Radiologically Inserted Gastrostomy (RIG)	Huw Roach	Cat 2	Q4	Introduction of new interventional procedure
Specialty/Service: Therapy Services					
Nutrition & Dietetics	Deep Dive into nutritional care across UH Bristol	Claudia Jemmott	Cat 2	Q1	Support of CQC regulation 14
Occupational Therapy	Re-audit of Early Supported Discharge (ESD) team Pathway	Claire Robinson	Cat 2	Q2	Re-audit 4550
Pharmacy	Antimicrobial guideline in ED	Sue Wade	Cat 3	Q3	Re-audit 4577 (Rolled over from 2018-19)
	Antimicrobial prescribing in paediatric ED	Sue Wade	Cat 3	Q4	Rolled over from 2018-19
	Audit of consultant name on out-patient prescriptions	Kevin Gibbs	Cat 4	Q1	Re-audit 3615 (Rolled over from 2016-17)
	Medicines reconciliation at discharge	Kevin Gibbs	Cat 3	Q1	Re-audit 3706 (Rolled over from 2016-17)
	NICE technology appraisal programme	Jules Cuthbert	Cat 1	Q1	Commissioning requirement (CQUIN)
Physiotherapy	Audit against national adult cystic fibrosis standards	Ema Swingwood	Cat 3	Q1	Audit required due to centralisation of Adult CF Services.
	Guidelines on the management of bronchiectasis	Dominica Horton	Cat 3	Q1	National guidance (British Thoracic Society)
Speech and Language Therapy	ENT/voice pathway	Sophie Holland	Cat 3	Q3	Improving outcomes for ENT/Voice patients
	Head and neck cancer pathway (oncological pathway)	Caroline McGill	Cat 3	Q3	National guidance (NICE)
	Head and neck cancer pathway (surgical pathway)	Jenna Cordey	Cat 3	Q1	National guidance (Royal College)

Medicine

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Emergency Department					
Emergency Department	Assessing Cognitive Impairment in Older People (RCEM National Audit)	Jenny Jones	Cat 1	Q3	National Audit (Quality Report) and CQC expectation
	Mental Health Care in Emergency Departments (RCEM National Audit)	Jenny Jones	Cat 1	Q3	National Audit (Quality Report) and CQC expectation
	National Audit of Seizure Management in Hospitals (NASH3)	Jenny Jones	Cat 2	Q2	National Audit (Quality Report)
Specialty/Service: Medical Specialties					
Acute Medicine	Audit of Pulmonary Embolism Discharges	Morgan Williams	Cat 2	Q1	Local priority / concern
	Society for Acute Medicine's Benchmarking Audit (SAMBA)	Mark Edwards	Cat 2	Q3	National Audit (Quality Report)
Care of the Elderly	Administration of IV Zoledronic Acid at South Bristol Community Hospital	William Harris Leda	Cat 3	Q2	Local priority / concern
	Fracture Liaison Service Database	Cathy Churchman	Cat 1	Q1	National Audit (NCAPOP)
	Inpatient falls	Laura Clow	Cat 1	Q1	National Audit (NCAPOP)
	National Hip Fracture Database	Rachel Bradley	Cat 1	Q1	National Audit (NCAPOP)
	The Assessment & Recognition of Delirium amongst Hospitalised Older Adults in UK Hospitals	Teresa Allain	Cat 3	Q1	National Audit (Other)
	UK Parkinson's Audit	Teresa Allain	Cat 2	Q1	National Audit (Quality Report)
Contraceptive & Sexual Health Services	Audit of management of antenatal syphilis	Lindsey Harryman	Cat 3	Q3	National guidance (BASSH)
	Audit of management of genital warts	Sharon Moses	Cat 3	Q2	National guidance (BASSH)
	FSRH Emergency Contraception UK National Benchmarking Audit 2019	Manika Singh	Cat 3	Q3	National Audit (Other)
	Partner-wide clinical audit	Sharon Moses	Cat 3	Q4	Topics to be decided with partners in year
	Pregnancy Advisory Service	Ali Hines	Cat 2	Q1	National guidance (DOH standards)
	Unity partner-wide safeguarding audit	Judy Berry	Cat 3	Q3	Topics to be decided with partners in year

Dermatology	Retinal screening for patients on hydroxychloroquine	Katherine Nightingale	Cat 3	Q2	Local priority / concern
Diabetes & Endocrinology	National Diabetes Core Audit	Natasha Thorogood	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Footcare Audit	Rami Fikri	Cat 1	Q1	National Audit (NCAPOP)
	National Diabetes Inpatient Audit	Bushra Ahmed	Cat 1	Q1	National Audit (NCAPOP)
	National Pregnancy in Diabetes Audit	Karin Bradley	Cat 1	Q1	National Audit (NCAPOP)
Gastroenterology & Hepatology	An audit to assess whether DEXA scans are being ordered appropriately in patients with severe inflammatory bowel disease on corticosteroids	Jennifer Gervaise-Brazier	Cat 3	Q4	Local priority / concern
	UK IBD Registry	Jim Portal	Cat 2	Q1	National Audit (Quality Report)
Respiratory	National Asthma Audit	Liz Gamble	Cat 1	Q1	National Audit (NCAPOP)
	National COPD Audit	Katrina Curtis	Cat 1	Q1	National Audit (NCAPOP)
	National Smoking Cessation Audit	Ros Badman	Cat 2	Q2	National Audit (Quality Report)
	Oxygen Prescription	Roland Jenkins	Cat 3	Q2	Local priority / concern
	UK Cystic Fibrosis Registry	Nick Bell	Cat 2	Q1	National Audit (Quality Report)
Rheumatology	Audit in the use of temporal US in Giant Cell Arteritis	Jo Robson	Cat 3	Q2	Local priority / concern
	Audit on fracture reporting in spinal x-rays	Mathew Roy/Shane Clarke	Cat 3	Q2	Local priority / concern
	Axial Spondyloarthritis Audit	Lidia Sanchez-Riera	Cat 3	Q1	Local priority / concern
	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	ICNARC Case Mix Programme	Ben Gibbison	Cat 1	Q1	National Audit (Quality Report) and CQC expectation
Cardiac Surgery	Adult Cardiac Surgery	Hunaid Vohra	Cat 1	Q1	National Audit (NCAPOP)
	Frozen Elephant trunk procedure using Thoraflex® hybrid device	Cha Rajakaruna	Cat 2	Q2	Introduction of new interventional procedure
Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)		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)
	Cardiac Rhythm Management (CRM)	Ed Duncan	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Cardiac Rehabilitation (NACR)		Cat 2	Q1	National Audit (Quality Report)
	Impella haemodynamic support	Tom Johnson	Cat 2	Q3	Introduction of new interventional procedure
	Audit of Takotsubo Syndrome diagnosis and management	Angus Nugthingale	Cat 4	Q3	Local priority / concern
	Non-compaction cardiomyopathy review	Angus Nugthingale	Cat 4	Q3	Local priority / concern
	Audit of admissions with hypertensive emergencies and management	Angus Nugthingale	Cat 4	Q3	Local priority / concern
Specialty/Service: Haematology & Oncology					
Oncology	National Prostate Cancer Audit	Amit Bahl	Cat 1	Q1	National Audit (NCAPOP)
	National Audit of Breast Cancer in Older People (NABCOP)	Jeremy Braybrooke	Cat 1	Q1	National Audit (NCAPOP)
	MRI guided adaptive intracavitary and interstitial brachytherapy	Hoda Booz	Cat 2	Q2	Introduction of new interventional procedure
	HDR brachytherapy for skin cancers	Amar Callapali	Cat 2	Q3	Introduction of new interventional procedure
Palliative Medicine	National Audit of Care at the End of Life (NACEL)				National Audit (NCAPOP)
Clinical Genetics	Genetic Antenatal Care Pathway for Haemoglobinopathies	Sally Monks	Cat 3	Q3	Re-audit 5124
	Molecular testing for Lynch Syndrome in people with colorectal cancer	Lucy Bownass	Cat 4	Q4	Re-audit 4688

Surgery

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Anaesthetic Services					
Anaesthesia	National Emergency Laparotomy Audit (NELA)	Phoebe Syme	Cat 1	Q1	National Audit (NCAPOP)
	Perioperative Quality Improvement Programme (PQIP)	Clare Dowse	Cat 2	Q1	National Audit (Quality Report)
	Intraoperative nerve blocks for fracture neck of femur patients and the impact on commencing postoperative physiotherapy	Rebecca Jones	Cat 3	Q1	National guidance (NICE)
	Treating deficiencies in iron, B12 and folic acid in patients with fractured neck of femur.	Rebecca Jones	Cat 4	Q1	Local priority / concern
	Fasting intervals in patients having trauma surgery	Rebecca Jones	Cat 4	Q2	Local priority / concern
Pre-Operative Assessment	Prescribing Clexane for prevention of VTE in day case surgery patients	Daniella Smith	Cat 3	Q1	Identified through patient safety / risk management processes
	Compliance of the pre-operative department day of surgery group and save transfusion samples with Trust guidelines	Hannah Wilson	Cat 3	Q3	Rolled over from 2018-19
	Anaesthetic pre-op assessment of hip fracture patients	Rebecca Jones	Cat 3	Q4	Re-audit 4750
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
Resuscitation Services	National Cardiac Arrest Audit (NCAA)		Cat 2	Q1	National Audit (Quality Report)
Specialty/Service: Dental & Maxillofacial Services					
Cleft Services	Cleft Registry	Scott Deacon	Cat 2	Q1	National Audit (Other)
	Delayed detection of cleft	Scott Deacon	Cat 3	Q3	National Audit (Other)
Maxillofacial Surgery	Head and Neck Audit (HANA)	Ceri Hughes	Cat 2	Q2	National Audit (Quality Report)
Oral Medicine	Audit of documentation	Tony Brooke	Cat 3	Q3	National guidance
	Priority patient follow up audit	Helen Rogers	Cat 4	Q1	Re-audit 5175
Orthodontics	Referral and management of unerupted maxillary incisors	Nikki Atack	Cat 3	Q1	National Audit (Other)

Paediatric Dentistry	General anaesthesia provided by the paediatric dental team	Rosie Power	Cat 4	Q1	Local priority / concern
	Information prior to inhalation sedation	Rosie Power	Cat 4	Q1	Local priority / concern
Primary Care Dental Services (PCDS)	Documentation of medical history in medical emergencies	Katherine Walls	Cat 4	Q2	Local priority / concern
	Equipment and drugs required for cardiopulmonary resuscitation	Katherine Walls	Cat 4	Q2	Local priority / concern
	Managing medical emergencies	Katherine Walls	Cat 4	Q2	Local priority / concern
Restorative Dentistry	Consenting for surgical procedures	Claire Forbes Hayley	Cat 3	Q1	Local priority / concern
	Follow up dental appointments for head and neck cancer patients	Lisa McNally	Cat 4	Q1	Local priority / concern
	Quality of radiographs provided on referral forms	Claire Forbes Hayley	Cat 4	Q1	Local priority / concern
Specialty/Service: Ophthalmology					
Cornea & Cataracts	National Ophthalmology Audit (NOD)	John Sparrow	Cat 1	Q1	National Audit (NCAPOP)
	Descemets Membrane Endothelial Keratoplasty [DMEK]	Derek Tole	Cat 2	Q3	Introduction of new interventional procedure
	Collagen cross linking	Phil Jaycock	Cat 2	Q1	Introduction of new interventional procedure
Glaucoma & Shared Care	Xen Glaucoma Gel Implant	Demetri Manasses	Cat 2	Q3	Introduction of new interventional procedure
Medical & Surgical Retina	Macular holes	Johan Keller	Cat 3	Q2	Local priority / concern
	Retinal re-detachment audit	Johan Keller	Cat 3	Q3	Local priority / concern
	Endophthalmitis	Tomas Burke	Cat 3	Q3	Re-audit
	Age-related macular degeneration (AMD) management at Bristol Eye Hospital	Julie Cloak	Cat 3	Q1	National guidance (NICE)
	Retinal vein occlusion (RVO) management at BEH	Tomas Burke	Cat 3	Q1	National guidance (NICE)
	Medications use within medical retina and vitreo retinal services (Avastin, Kenalog, Triscence)	Tomas Burke	Cat 3	Q2	National guidance (GMC)
	Medical retina laser and intravitreal service : rates of delay and follow up	Tomas Burke	Cat 4	Q3	Local priority / concern
Paediatrics, Oculoplastics & Squint	Conjunctivodacryocystorhinostomy (CDCR) Audit	Rebecca Ford	Cat 4	Q1	Local priority / concern

Specialty/Service: Surgical Specialties					
Colorectal Surgery	Bowel cancer (NBOCAP)	Mike Thomas	Cat 1	Q1	National Audit (NCAPOP)
	Transanal Total Mesorectal Excision (TaTME)	David Messenger	Cat 2	Q3	Introduction of new interventional procedure
	Use of flexible sigmoidoscopy v rigid sigmoidoscopy	Jamshed Shabbir	Cat 4	Q3	Local priority / concern
	Management of acute severe colitis (MASC Study)	Jamshed Shabbir	Cat 3	Q2	European Society of Coloproctology
	Audit of the use of blood in lower GI bleeding	Jamshed Shabbir	Cat 3	Q4	Re-audit 4183
ENT	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	Cat 2	Q1	Introduction of new interventional procedure
Hepatobiliary Surgery	Review of MDT referral for possible gallbladder cancer	Meg Finch Jones	Cat 3	Q1	Local priority / concern
Thoracic Surgery	Lung cancer (NLCA)	Gianluca Casali	Cat 1	Q1	National Audit (NCAPOP)
Trauma & Orthopaedics	National Joint Registry (NJR)	Sanchit Mehendale	Cat 1	Q1	National Audit (NCAPOP)
Upper GI Surgery	Oesophago-gastric cancer (NAOGC)	Dan Titcombe	Cat 1	Q1	National Audit (NCAPOP)
	Endoscopic Submucosal Dissection (ESD)	Stratis Alexandridis	Cat 2	Q4	Introduction of new interventional procedure
	Surgical Site Infection for Upper GI Surgery	Paul Wilkerson	Cat 3	Q1	National guidance
	Barrett's oesophagus surveillance and diagnosis of early neoplasia	Stratis Alexandridis	Cat 3	Q3	National guidance (NICE)

Women's & Children's

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Anaesthesia	Pre-op fasting	Amelia Pickard	Cat 3	Q1	Continuous quality improvement
Audiology	Re-Audit of patient management post identification of permanent childhood hearing impairment (PCHI)	Joannie O'Connell	Cat 3	Q1	Re-audit
Burns & Plastics	International Burn Injury Database (iBID)	Sankhya Sen	Cat 1	Q1	Mandatory requirement of service
Cardiac Services	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	Cat 1	Q1	National Audit (NCAPOP)
	Personalised external aortic root support (PEARS)	Serban Stoica	Cat 2	Q3	Introduction of new interventional procedure
Diabetes & Endocrinology	National Paediatric Diabetes Audit (NPDA)	John Barton	Cat 1	Q1	National Audit (NCAPOP)
	Paediatric diabetic ketoacidosis management (Regional project led from Bristol)	John Barton	Cat 3	Q1	Compliance with regional protocol/management of complications.
	Re-audit of growth hormone prescribing compliance with NICE guidance	John Barton	Cat 3	Q2	National guidance (NICE)
	Management of suspected thyrotoxicosis - compliance with local guidelines	John Barton	Cat 3	Q2	Local guidance
Dietetics	Re-audit of compliance with service recommendations for monitoring the ketogenic diet at Bristol Royal Hospital for Children	Emma Cameron	Cat 3	Q1	To check compliance against monitoring recommendations
Emergency Department	Major Trauma (TARN)	Giles Haythornthwaite	Cat 1	Q1	National Audit (Quality Report) and mandatory requirement of service
	Care of Children in Emergency Departments (RCEM National Audit)	David Hanna	Cat 1	Q3	National Audit (Quality Report) and CQC expectation
	Blood-labelling in Children's ED	David Hanna	Cat 3	Q1	Identified through patient safety / risk management processes
	Safe-guarding checklist and non-mobile baby	Giles Haythornthwaite	Cat 3	Q1	Identified through patient safety / risk management processes
	Petechial rash	Mark Lyttle	Cat 3	Q1	Identified through patient safety / risk management processes
Gastroenterology	UK IBD Registry	Tony Wiskin	Cat 2	Q1	National Audit (Quality Report)

General Paediatrics	Functioning of new scoliosis pathway, including weekend medical Consultant review.		Cat 2	tbc	Identified through patient safety / risk management processes
	Criteria led discharge for children with bronchiolitis	Frances Hutchings	Cat 3	Q1	Re-audit
	Use of sticker to improve adherence to local Optiflow weaning guidelines	Frances Hutchings	Cat 3	Q1	Re-audit
Intensive Care (neonatal)	Neonatal Intensive and Special Care (NNAP)	Libuse Pazderova	Cat 1	Q1	National Audit (NCAPOP)
	Vermont Oxford Network (VON) benchmarking	Libuse Pazderova	Cat 3	Q1	National Audit (Other)
	Neonatal Thermal Care	Asha Persaud	Cat 3	Q1	Local audit prompted by national audit results
Intensive Care (paediatric)	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	Cat 1	Q1	National Audit (NCAPOP)
Nephrology	Renal biopsy re-audit	Martin Mraz	Cat 3	Q1	Re-audit
	Management of Bristol Children's Hospital paediatric dialysis patients against recommended national standards	Jan Dudley	Cat 3	Q1	Re-audit
Neurology	National Audit of Seizures and Epilepsies in Children and Young People	Andrew Lux	Cat 1	Q1	National Audit (NCAPOP)
Neurosurgery	Neurosurgical National Audit Programme	Richard Edwards	Cat 2	Q1	National Audit (Quality Report)
	Telemetric ICP device insertion (NEUROVENT-P-tel)	Richard Edwards	Cat 2	Q3	Introduction of new interventional procedure
Occupational Therapy	OT provision v oncology standards	Lisa Mills	Cat 2	Q4	Identified through patient safety / risk management processes
Oncology, Haematology & BMT	Annual audit of donor screening & testing in allogeneic siblings & unrelated donor PBSCT	Christina Morris / Jessica Fuidge	Cat 2	Q1	External accreditation (JACIE)
	Audit of the accuracy of clinical data and data contained in the transplant essential data forms of the CIBMTR or the minimum essential Data A forms of the EBMT	Christina Morris / Jessica Fuidge	Cat 2	Q1	External accreditation (JACIE)
	Annual audit of management of PBSC/BM cellular products with positive microbial culture results	Naeem Butt	Cat 2	Q1	External accreditation (JACIE)
	Audit of RT letter/report (TBI) in paediatric BMT patients	Adam Gasses / Jessica Fuidge	Cat 2	Q1	External accreditation (JACIE)
	Annual audit of verification of chemotherapy drug administered against the written order	Vanessa McLelland	Cat 2	Q1	External accreditation (JACIE)
	Periodic audit of the prescription ordering system against the protocol	Vanessa McLelland	Cat 2	Q1	External accreditation (JACIE)
	Audit of viral serology screening in all paediatric & TYA cancer patients at diagnostic/pre-treatment work-up	Antony Ng	Cat 3	Q1	Local priority / concern
	Audit on use of blood products in the Children's Hospital	Emma Philips	Cat 3	Q2	Re-audit

	Fluid balance documentation in paediatric haematology and oncology patients	Katie Stone	Cat 3	Q1	Re-audit
	Audit of GP letters on new cancer patients	Vasiliki Ganosi	Cat 3	Q2	Local priority / concern
	Immunisation for siblings audit		Cat 3	Q2	Local priority / concern
	Febrile neutropenia in Children's Emergency Department		Cat 3	Q2	Re-audit
	Delay in chemotherapy audit	Wendy Saegenschnitter	Cat 3	Q1	Follow up to previous audit
	Audit of TPN use	H Weerdenburg	Cat 4	Q2	Re-audit
Physiotherapy	Early Mobilisation on PICU	John Stiven	Cat 3	Q1	To improve level of early mobility
Radiology	Re-audit of non-operative reduction of intussusception	Izidora HoljarErlic	Cat 3	Q1	Re-audit 4377
Respiratory	Children and young people asthma audit	Simon Langton-Hewer	Cat 1	Q2	National Audit (NCAPOP)
Rheumatology	Paediatric Rheumatology referrals	Alison Kelly	Cat 3	Q1	Identified through patient safety / risk management processes
Speech & Language Therapy	Compliance with British Cochlear Implant Group's Quality Measures for Paediatric Rehabilitation	Carol Wells	Cat 3	Q3	Re-audit 4717
Surgery	Management and Outcomes of Congenital Anomalies	Rebecca Roberts	Cat 3	Q1	National guidance
Trauma & Orthopaedics	Re-audit of specialty patient clerking	James Barnes	Cat 3	Q1	Re-audit to assess functioning of new system
Specialty/Service: Women's Services					
Gynaecology	Manual Vacuum Aspiration	Suvarna Mahavarkar	Cat 2	Q2	Introduction of new interventional procedure
	Hysteroscopic morcellation tissue removal system	Suvarna Mahavarkar	Cat 2	Q4	Introduction of new interventional procedure
	WORD catheter management of Bartholins Abscess	Abigail Oliver	Cat 2	Q3	Introduction of new interventional procedure
	Bulkamid injectable therapy for stress incontinence in females	Elisabeth Adams	Cat 2	Q4	Introduction of new interventional procedure
	Medical and surgical management of ectopic pregnancy	Naomi Crouch	Cat 2	Q2	National guidance
	British Society of Urogynaecology (BSUG) audit database - Vaginal Prolapse and Female Stress Urinary Incontinence	Elisabeth Adams	Cat 3	Q1	National Audit (Other)
	Fluid Management in Transcervical Resection of Fibroids	Naomi Crouch	Cat 4	Q4	Re-audit 5023

Obstetrics & Midwifery	National Maternity and Perinatal Audit	Rachna Bahl	Cat 1	Q1	National Audit (NCAPOP)
	Antenatal Screening Programme	Anne Duffner	Cat 1	Q3	Mandatory requirement of service
	UNICEF UK Baby Friendly Initiative/Newborn Feeding	Kate Hewitt / Cathy Bowker	Cat 2	Q2	External accreditation
	Examination of the Newborn by midwives	Janet Miller	Cat 3	Q4	Re-audit 5267
	Care of women in labour (NICE CG190)	Rachna Bahl	Cat 3	Q3	Re-audit 2844
	Caesarean section decision to delivery times (NICE CG132)	Emma Treloar / Stephen Kinsella	Cat 3	Q1	National guidance (NICE)
	Shoulder dystocia	Freya Mathewson	Cat 3	Q3	Annual audit 2276 (former CNST requirement)
	Perineal tear	Sneha Basude	Cat 3	Q1	Annual audit 2795 (former CNST requirement)
	Obstetric haemorrhage	Sneha Basude	Cat 3	Q1	Annual audit 2449 (former CNST requirement)
	Documentation of Partner Details and Living Situation by Community Midwives	Fiona Robinson	Cat 3	Q4	Re-audit 5114
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	Amanda Jefferys	Cat 1	Q3	Mandatory requirement of service

Non-Division Specific

Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Specialty/Service: Children's Services					
Clinical care	Seven Day Service	William Oldfield / Stuart Metcalfe	Cat 1	Q1	Mandatory requirement from NHSE / I
Dementia care	Dementia Care Audit	Rachel Price	Cat 2	Q1	
Documentation	Nursing documentation audit	Jo Witherstone	Cat 2	Q2	Introduction of new documentation
	Medical documentation audit	Jane Luker	Cat 2	Q2	Annual audit for assurance
	Consent audit	Jane Luker	Cat 2	Q2	Support of CQC regulation 11
Falls	Audit of post falls protocol	Rachel Price	Cat 2	Q2	Re-audit
	Audit of post falls medical documentation	Rachel Price	Cat 2	Q3	Introduction of new guidance/policy
Ward care	Quality in Care Tool	Jo Witherstone	Cat 2	Q1	Ongoing assurance/ improvement
	Nil by mouth audit	Jo Witherstone	Cat 2	Q2	
	Tissue viability care plan audit	Jo Witherstone	Cat 2	Q3	

Appendix D - National audit participation (extract from Quality Report 2018/19)

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

During 2018/19, 51 national clinical audits and six 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 98 per cent (50/51) national clinical audits and 100 per cent (6/6) 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 2018/19, and whether it did participate, are as follows:

Table 1

Name of audit / programme	Participated
<i>Acute, urgent and critical care</i>	
Sentinel Stroke National Audit programme (SSNAP)	Yes
Adult Community Acquired Pneumonia	Yes
Case Mix Programme (CMP)	Yes
Feverish Children (care in emergency departments)	Yes
Major Trauma Audit (TARN)	Yes
National Cardiac Arrest Audit (NCAA)	Yes
National Emergency Laparotomy Audit (NELA)	Yes
Seven Day Hospital Services	Yes
Vital Signs in Adults (care in emergency departments)	Yes
VTE risk in lower limb immobilisation (care in emergency departments)	Yes
<i>Blood and infection</i>	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	Yes
Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	Yes
Management of massive haemorrhage	Yes
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	Yes
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
Surgical Site Infection Surveillance Service	Yes
<i>Cancer</i>	
National Audit of Breast Cancer in Older People (NABCOP)	Yes
National Bowel Cancer Audit (NBOCA)	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-gastric Cancer (NAOGC)	Yes
National Prostate Cancer Audit (NPCA)	Yes
<i>Elderly care</i>	
Fracture Liaison Service Database (FLS)	Yes
National Audit of Inpatient Falls (NAIF)	Yes
National Hip Fracture Database (NHFD)	Yes
National Audit of Dementia (NAD)	Yes
National Joint Registry (NJR)	Yes

End of life care	
National Audit of Care at the End of Life (NACEL)	Yes
Heart	
Adult Cardiac Surgery (ACS)	Yes
Cardiac Rhythm Management (CRM)	Yes
Myocardial Ischaemia National Audit Project (MINAP)	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Audit of Percutaneous Coronary Interventions (PCI)	Yes
National Congenital Heart Disease (CHD)	Yes
National Heart Failure Audit (NHF)	Yes
Long term conditions	
National Asthma Audit	Yes
National COPD Audit	Yes
National Clinical Audit for Rheumatoid and Early Inflammatory Arthritis (NCAREIA)	Yes
National Diabetes Core Audit (NDA)	Yes
National Diabetes Foot Care Audit (NDFA)	Yes
National Diabetes Inpatient Audit (NaDIA)	Yes
National Pregnancy in Diabetes Audit (NDIP)	Yes
National Ophthalmology Audit (NOD)	Yes
UK Cystic Fibrosis Registry	Yes
Non-Invasive Ventilation	Yes
Inflammatory Bowel Disease programme / IBD Registry	No
Women's & Children's Health	
National Audit of Seizures and Epilepsies in Children and Young People	Yes
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme (NNAP)	Yes
Paediatric Intensive Care (PICANet)	Yes
Confidential enquiries/outcome review programmes	
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
Mental Health Clinical Outcome Review Programme	Yes
National Mortality Case Record 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 2018/19, 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 / programme	
Acute, urgent and critical care	
Sentinel Stroke National Audit programme (SSNAP)	>90% (473)
Case Mix Programme (CMP)	100% (2314)

Feverish Children (care in emergency departments)	100% (121)
Major Trauma Audit (TARN)	100% (589)
National Cardiac Arrest Audit (NCAA)	84*
National Emergency Laparotomy Audit (NELA)	>85% (131)
Seven Day Hospital Services	100% (215)
Vital Signs in Adults (care in emergency departments)	100% (173)
VTE risk in lower limb immobilisation (care in emergency departments)	100% (127)
Blood and infection	
Mandatory Surveillance of Bloodstream Infections and Clostridium Difficile Infection	100%
Use of Fresh Frozen Plasma and Cryoprecipitate in neonates and children	35*
Management of massive haemorrhage	8*
Reducing the impact of serious infections (Antimicrobial Resistance and Sepsis)	673*
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	100% (19)
Surgical Site Infection Surveillance Service	1413*
Cancer	
National Audit of Breast Cancer in Older People (NABCOP)	158*
National Bowel Cancer Audit (NBOCA)	>100% (235)
National Lung Cancer Audit (NLCA)	196*
National Oesophago-gastric Cancer (NOGCA)	61-70% (142)
Elderly care	
Fracture Liaison Service Database (FLS)	99% (1573)
National Hip Fracture Database (NHFD)	100% (278)
National Audit of Dementia (NAD)	100% (50/50)
National Joint Registry (NJR)	60% (33)
End of life care	
National Audit of Care at the End of Life (NACEL)	39*
Heart	
Adult Cardiac Surgery (ACS)	100% (1259)
Cardiac Rhythm Management (CRM)	100% (1419)
Myocardial Ischaemia National Audit Project (MINAP)	805*
National Audit of Percutaneous Coronary Interventions (PCI)	100% (2183)
National Congenital Heart Disease (CHD)	100% (1130)
National Heart Failure Audit (NHF)	300*
Long term conditions	
National COPD Audit	575*
National Diabetes Core Audit (NDA)	393*
National Diabetes Foot Care Audit (NDFA)	64*
National Pregnancy in Diabetes Audit (NDIP)	32*
National Ophthalmology Audit (NOD)	100% (3960)
UK Cystic Fibrosis Registry	Awaiting data
Women's & Children's Health	
National Neonatal Audit Programme (NNAP)	100% (1022)
National Paediatric Diabetes Audit (NPDA)	100% (485)
Neurosurgical National Audit Programme (NNAP)	Data unavailable
Paediatric Intensive Care (PICANet)	100% (787)
Confidential enquiries/outcome review programmes	

Child Health Clinical Outcome Review Programme	2*
Learning Disability Mortality Review Programme (LeDeR)	47% (7/15)
Maternal, Newborn and Infant Clinical Outcome Review Programme	100% (66)
Medical and Surgical Clinical Outcome Review Programme	3*
Mental Health Clinical Outcome Review Programme	Data unavailable

*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 eight national clinical audits were reviewed by the provider in 2018/19. University Hospital Bristol NHS Foundation Trust has taken or intends to take the following actions to improve the quality of healthcare provided:

BTS Paediatric Pneumonia audit

Local pneumonia guidelines have been reviewed and disseminated. The team are liaising with the paediatric emergency department to establish processes to limit initial investigations to patients with severe or complicated disease, and with general paediatrics to agree thresholds for chest x-rays at follow-up.

National Neonatal Audit Programme

Changes have been made to the Badger and Phillips (electronic patient record) systems to ensure that the details of parental discussion are recorded appropriately, along with education to junior doctors to highlight the importance of these discussions.

Falls and Fragility Fracture Audit Programme: Physiotherapy Hip Fracture Sprint Audit

A Sunday physiotherapy service will be established to increase the number of patients seen on the weekend and on day one post operation.

National Audit of Inpatient Falls (NAIF)

A high risk falls medication list and cognitive assessment/ delirium care plan is in development and the Trust's fall e-learning has been updated. Falls awareness week was used to highlight current issues to staff. The Trust falls steering group has agreed further work as part of the group work plan.

British Association of Dermatologists (BAD) National Clinical Audit on Bullous Pemphigoid

Baseline and monitoring checklists are to be updated to reflect the BAD guidance and clinic proformas will be developed to capture information on new and follow up patients.

National small bowel obstruction audit

A nutrition assessment is to be built into the enhanced recovery pathway for emergency laparotomy patients.

National Chronic obstructive pulmonary disease (COPD) Audit

Dedicated resource has been agreed to improve data capture and entry into the audit and the Medway clinical note has been redesigned to capture the new dataset. A new respiratory inpatient referral has been implemented on Medway to improve the referral process to respiratory nurses.

National Audit of Dementia

A new cognitive impairment care plan is being developed. This will reflect a more holistic approach to cognitive impairment and is in line with the Frailty project work is being developed. The Abby Pain Score has been relaunched and is part of the new electronic observation system and awareness of its use raised through additional trainings / board rounds / communications. The Trust dementia steering group has agreed further work as part of the group work plan.

National Clinical Audit Benchmarking (NCAB)

The Healthcare Improvement Partnership (HQIP) produce benchmarking information based on the data that Trusts submit to national audits. Along with the national reports produced, this allows Trusts to see how they compare to national results and those of other organisations. In 2018/19, the Trust reviewed the following benchmarking summaries:

- National Emergency Laparotomy Audit
- Intensive Care Audit
- National Bowel Cancer Audit
- National Hip Fracture Database
- National Lung Cancer Audit
- National Oesophago-Gastric Cancer Audit
- National Prostate Cancer Audit
- Paediatric Intensive Care Audit
- National Maternity and Perinatal Audit
- National Audit of Dementia

The outcome and action summaries of 241 local clinical audits were reviewed by University Hospital Bristol NHS Foundation Trust in 2018/19; 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 2018/19¹.

¹ Available via the Trust's internet site from July 2018

Appendix E - Divisional activity tables (all activity)

Diagnosics & Therapies

Project lists

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

Ref	Provisional Title of Project	New	<<	Status
Diagnostic Services - Audiology (Adult)				
4502	The completion of Glasgow Hearing Aid Benefit Profile in 2016	No		Completed
4661	Diagnosis of benign paroxysmal positional vertigo	No		Completed
4895	Re-auditing real ear measurements 2017	No		Completed
5153	Magnetic Resonance Imaging (MRI) audiology direct referral protocol.	Yes		In Progress
Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)				
4589	A regional audit of biochemical testing for male hypogonadism	No	<<	In Progress
4969	Adequacy of biochemical monitoring in home parenteral nutrition patients in UH Bristol. Re-audit 4218.	No	<<	In Progress
5178	Diagnoses in the Specialist Enzyme Section of the Clinical Biochemistry Department from 2014 to 2018. Re-audit 3647.	Yes		In Progress
5208	Faecal calprotectin in the differential diagnosis of inflammatory bowel disease or irritable bowel syndrome	Yes		In Progress
Diagnostic Services - Laboratory Medicine (Infection Control)				
2592	Surgical Site Infection Surveillance (SSIS)	No		Ongoing
3013	Infection Control Environment and Equipment Audit 2011-2012	No		Abandoned
3606	Hand Hygiene Environment: a Trust-wide audit of clinical and non-clinical areas	No		Ongoing
3633	Trust-wide Spot Check Sluice/Commode/Toilet Audit	No		Abandoned
4556	A repeat retrospective audit to establish adherence to the UH Bristol MRSA screening document within the Trust	No		Abandoned
4978	Documentation of peripheral venous cannula care on drug charts in adult wards	No		Completed
5036	Infection prevention practice across the surgical pathway	Yes		In Progress
5050	MRSA screening for surgical pre assessment	Yes		Completed
5051	MRSA screening for inpatient areas	Yes		In Progress
5088	Short term urethral catheter management 2018. Re-audit 4371.	Yes		Completed
5173	Central venous catheter insertion and maintenance audit 2018 (CICU&ITU).	Yes		In Progress
5177	Infection Control Environment and Equipment Audit	Yes		Ongoing
5289	Aseptic Non-Touch Technique (ANTT) Audit 2019	Yes		In Progress
Diagnostic Services - Laboratory Medicine (Laboratory Haematology)				
3839	2014 National audit of transfusion in children and adults with Sickle Cell Disease	No		Completed
4503	National re-audit of patient blood management in adults undergoing scheduled surgery 2016	No		Completed
4696	2017 Transfusion Associated Circulatory Overload Audit	No	<<	In Progress
4757	National audit of red cell and platelet transfusion in adult haematology patients. Re-audit 4291.	No	<<	In progress
4766	Retrospective re-audit of Group and Save sample labelling	No		Ongoing
4909	Audit of NICE guidelines for cyclic citrullinated peptide (CCP) antibody testing. NICE CG79.	No	<<	In Progress

5049	2018 National audit on use of FFP and/or cryoprecipitate	Yes		In Progress
5151	2018 National Major Haemorrhage Audit	Yes		In Progress
Diagnostic Services - Laboratory Medicine (Microbiology)				
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	No		Completed
4957	Laboratory turnaround times for joint fluid samples	No	<<	In Progress
5174	National Audit of Meningitis Management (NAMM)	Yes		In Progress
Diagnostic Services - Medical Physics & Bioengineering				
4659	Patient radiation dose of new CT scanner on level 2 BRI – 2016/17	No		Completed
5203	Computed Tomography Patient Radiation Dose Audit of Level 3 scanner in BRI - 2018	Yes		In Progress
Diagnostic Services - Radiology				
4463	Musculoskeletal (MSK) ultrasound examinations performed and reported by a MSK Advanced Practitioner Sonographer	No		Ongoing
4673	Lens of eye exclusion on outpatient CT head and MRI head for patients under 40	No		Completed
4675	Scan length for CT kidneys, ureters and bladder	No	<<	In Progress
4694	Abdominal Ultrasound performed and reported by Advanced Practitioner Sonographers with or without discussion with a Consultant Radiologist 2017	No		Ongoing
4730	Compliance with CT larynx protocol	No		Completed
4755	Gynaecological ultrasound examinations performed and reported by Advanced Practitioner Sonographers	No		Completed
4756	Groin or ventral hernia ultrasound examinations by Advanced Practitioner Sonographers	No	<<	In Progress
4764	Completing of WHO safety checklist within Radiology. Re-audit 4540.	No	<<	In Progress
4802	Image quality in plain radiographic examinations of the facial bones	No	<<	In Progress
4803	Re-auditing non-anaesthetist conscious sedation during interventional radiology procedures	No	<<	In Progress
4808	Quality assurance audit of First Trimester Screening Scan	No		Ongoing
4809	Quality assurance audit of 18 to 20+6 week anomaly scan	No		Ongoing
4826	Comparison of radiation dose and study quality in coronary CT studies between two CT scanners	No		Completed
4856	Neuroimaging in lung cancer. Re-audit ID 4558.	No	<<	In Progress
4879	Maintaining lumbar spine diagnostic plain imaging standards	No	<<	In Progress
4893	Quality of MRI knee examinations at University Hospitals Bristol (re-audit ID 4523)	No	<<	In Progress
4907	MRI for suspected Sarcomas – are the appropriate technical requirements for MRI being met?	No	<<	In Progress
4917	Audit of Testes Ultrasound Reporting by Advanced Practitioners	No	<<	In Progress
4918	Assessment of image quality MRI Shoulder	No	<<	In Progress
4970	Image quality for pelvis x-rays performed in Room 05	No	<<	In Progress
4988	Re-audit chest x-ray image quality	No		Completed
4994	Quality of dynamic liver MRI examinations at UH Bristol	No	<<	In Progress
4999	Imaging in the detection of pulmonary emboli: Are we minimising radiation dose? Re-audit 4270	No		Completed
5001	Inclusion of the bases of lungs on plain CT chest examinations	No		Completed
5007	Image quality in A&E referral knee x-rays	No		Completed
5008	Adherence to departmental cervical cancer MRI pelvis protocol on outpatient scans	No	<<	In Progress
5032	Re-auditing accuracy of CT staging of mesothelioma. Re-audit CAID 3321.	Yes		In Progress
5035	Exclusion of the lens of the eye on routine CT head examinations. Re-audit 4673.	Yes		Completed
5055	The process for urgent and unexpected findings	Yes		In Progress
5107	Follow-up chest x-rays for high risk adults according to British Thoracic Society Guidelines	Yes		In Progress
5109	Dose and diagnostic quality of low dose CT thorax	Yes		In Progress

5161	Follow-up of focal liver lesions identified on hepatocellular carcinoma surveillance abdominal ultrasound examinations	Yes		In Progress
5198	Test Bolus kV in gated cardiac CT and gated CT thorax	Yes		Completed
5199	Lateral and AP Topography in Computed Tomography Pulmonary Angiography (CTPA)	Yes		In Progress
5217	Quality of chest radiograph audit 2018, re-audit 4988	Yes		In Progress
5264	Adequacy of Centring of MRI Lumbar Spine Examinations at UH Bristol	Yes		In Progress
5283	Quality of horizontal beam hip projections within A&E Radiology	Yes		In Progress
Therapy Services - Nutrition & Dietetics				
4713	Deep dive into nutrition care across UH Bristol	No		Completed
4725	Enteral Tube Feeding Clinical Guideline in General Critical Care	No		Completed
5046	Deep dive into nutrition care across UH Bristol 2018	Yes		Ongoing
Therapy Services - Occupational Therapy				
4343	Pathway standards in Acute Older Persons Rehabilitation	No	<<	In Progress
4887	Deep dive audit of the acute stroke pathway	No	<<	In Progress
5137	Deep dive audit of the Stroke Rehab Pathway	Yes		In Progress
Therapy Services - Pharmacy				
4370	The use and prescribing of Pabrinex (high dose vitamin B and C intravenous injection) within the Division of Medicine. Nice CG100.	No	<<	In Progress
4896	Azithromycin use in the prophylaxis of infective exacerbations of COPD and bronchiectasis	No		Deferred
4908	Antibiotic treatment of lower urinary tract infections in adults	No	<<	In Progress
4927	A prospective audit evaluating whether the gentamicin prescribing guidelines are being followed	No	<<	In Progress
4928	Medication optimisation in patients identified with acute kidney injury in UH Bristol Intensive Care Unit.	No		Completed
4959	Oral methotrexate treatment on adult patients (except oncology) in UH Bristol	No	<<	In Progress
5105	Venous thromboembolism (VTE) risk assessment completion audit	Yes		In Progress
5118	Evaluation of inpatient warfarin prescribing at UH Bristol	Yes		In Progress
5167	Audit into the clinical and cost implications of the infliximab dosing protocol in inflammatory bowel disease.	Yes		In Progress
5176	Quality of the information UH Bristol receive from GPs regarding insulin prescribing	Yes		In Progress
5207	Blood ketone monitoring for in-patients within the Division of Medicine	Yes		In Progress
5218	Venous thromboembolism risk assessment compliance audit on Acute Medical Unit. NICE NG89.	Yes		In Progress
5255	Use of Adult Vancomycin Charts (Intermittent Dosing Only) at University Hospitals Bristol NHS Foundation Trust	Yes		In Progress
Therapy Services - Physiotherapy				
4301	Audit of therapy standards of assessment and treatment within critical care	No	<<	In Progress
4703	Falls and Fragility Fracture Audit Programme: Physiotherapy Hip Fracture Sprint Audit (May 2017)	No		Completed
4882	Record keeping audit by Early Supported Discharge team 2017	No		Completed
5103	Motor Neurone Disease Association Audit: Non-invasive ventilation (NIV) service and cough augmentation.	Yes		In Progress
5194	Obstetric Anal Sphincter Injury Physiotherapy Services	Yes		In Progress
Therapy Services – Speech and Language Therapy				
4958	Fibreoptic endoscopic evaluation of swallowing (FEES) service	No	<<	In Progress
5166	Standards of Care for patients who are feeding at risk	Yes		In Progress

Medicine

Ref	Provisional Title of Project	New	FP	Status
Emergency Department (Adult)				
4207	Re-Audit of Paracetamol Overdose in the Emergency Department (3544)	No		Abandoned
4251	SHINE Checklist in the Emergency Department	No		Abandoned
4546	National Early Warning Score (NEWS) in the Emergency Department (ED)	No		Abandoned
4570	Royal College of Emergency Medicine (RCEM) - Consultant Sign-Off 2016	No		Completed
4571	Re-Audit of Paracetamol Overdose in the Emergency Department (4207)	No	<<	In Progress
4592	Radiology Reporting in the ED – Documentation of Real Time and Delayed Radiology Reports	No		Abandoned
4624	Adherence to WHO Checklist During Invasive Procedures in the Emergency Department	No		Abandoned
4878	Severe Sepsis and Septic Shock Local Re-Audit (4499)	No		Completed
4894	Royal College of Emergency Medicine (RCEM) Procedural Sedation Audit	No		Completed
4929	Management of Moderate and Acute Severe Asthma in the BRI Emergency Department	No	<<	In Progress
5073	Improving Safety at Handover Between Emergency Department and the Acute Medical Unit	Yes		Completed
5179	RCEM vital signs in ED (National 2018-2019)	Yes		In Progress
5180	VTE Risk in Lower Limb Immobilisation (2018-19)	Yes		In Progress
5239	Procedural sedation in adults 2018-2019	Yes		In Progress
5244	Learning Disabilities: Improving care in the Emergency Department	Yes		In Progress
5268	Re-audit of 16-17 year olds presenting in unscheduled care setting	Yes		In Progress
5296	National Audit of Seizure Management (NASH)	Yes		In Progress
Medical Specialties - Acute Medicine				
4387	Real Time Medway Audit	No		Completed
4930	Four Hour Admission to Acute Stroke Unit (ASU)	No	<<	In Progress
5078	Society for Acute Medicine Benchmarking Audit 2018	Yes		In Progress
5133	To audit the acute management of haemorrhagic strokes	Yes		Completed
5201	Audit of CT scans within 1 hour for suspected stroke patients	Yes		In Progress
Medical Specialties - Care of the Elderly				
2486	National Hip Fracture Database (NHFD)	No		Ongoing
4242	Fracture Liaison Service Database (National Audit - RCP)	No		Ongoing
4359	National Audit of Dementia 2017 (2394 & 3526)	No		Completed
4682	Discharge Summary Standards Re-Audit (4297)	No		Abandoned
4945	Mouth Care Matters – Is Mouth Care Being Recorded in Inpatient Notes?	No		Completed
4993	National Delirium Day Spotlight Audit	No	<<	In Progress
4998	National Audit of Dementia 2018 (4359, 3526 & 2394)	No	<<	In Progress
5048	National Audit of Inpatient Falls (NAIF) 2017	No		Completed
5067	Communication of Advance Planning Decisions Made in Hospital to Community Services	Yes		Abandoned
Medical Specialties - Contraceptive & Sexual Health Services (CASH)				
4788	Implementing a Venous Thromboembolism (VTE) Risk Assessment in the Pregnancy Advisory Service (PAS)	No		Completed
4816	Partner Notification for Positive Chlamydia and Gonorrhoea in Community Clinics	No		Completed
4817	Sexual History Taking and Documentation in Unity Sexual Health and Partners	No		Completed
4820	Child Sexual Exploitation (CSE) Assessment Completion in Unity Sexual Health	No		Completed
4821	Documentation of Domestic Violence in Unity Sexual Health Service	No		Completed

4866	Management of Non-Gonococcal Urethritis (NGU) in Unity Community Sexual Health Clinic.	No		Abandoned
4913	British Association for Sexual Health and HIV (BASHH) Guidelines on HIV Post-Exposure Prophylaxis Following Sexual Exposure (PEPSE)	No		Completed
4936	Nexplanon Implant Insertion in Unity Sexual Health	No		Completed
4989	Management of Gonorrhoea in Patients at Unity Sexual Health	No		Completed
5043	Planned Follow-Up Appointments for Victims of Sexual Assault	Yes		In Progress
5058	Split (Two Days) and Simultaneous (Same Visit) Early Medical Abortion (EMA)	Yes		Completed
5074	Quick Starting Contraception	Yes		Completed
5075	New HIV Diagnoses Made at Unity Sexual Health	Yes		Completed
5076	Contraceptive Provision in Women Aged Over 40	Yes		Completed
5077	Uptake and Provision of HIV Testing	Yes		Completed
5142	Electronic Patient Record – notes review audit 2018	Yes		Completed
5149	An audit of Pregnancy Advisory Service clinical record sheet documentation	Yes		In Progress
5206	Re-audit of management of suspected Urinary Tract Infections (UTIs) in sexual health services	Yes		Completed
5261	Re-Audit: Documentation of Young People receiving a Child Sexual Exploitation (CSE) assessment in Unity Sexual Health	Yes		In Progress
5262	Re-Audit: Documentation of Domestic Violence for patients attending Unity Sexual Health services (4821)	Yes		In Progress
Medical Specialties - Dermatology				
3569	Skin Cancer Complete Excision Rates Audit	No		Ongoing
4340	National audit of non-melanoma skin cancer (NMSC) excision and completeness of histopathological reporting.	No		In Progress
4418	Re-Audit of the Assessment of Patients Prior to Commencement of Biologics Therapy for Psoriasis (3204)	No		Completed
4685	National Re-Audit on the Assessment and Management of Psoriasis	No	<<	In Progress
4815	Monitoring PIIINP Levels in Dermatology Patients on Methotrexate	No		Abandoned
4823	Teledermatology and Two Week Wait Pathway	No		Completed
4961	Audit of Consent and Referral Process for Clinical Photography in Dermatology Department	No		Completed
4962	Omalizumab in Chronic Spontaneous Urticaria	No	<<	In Progress
4979	British Association of Dermatologists (BAD) National Clinical Audit on Bullous Pemphigoid	No		Completed
5134	Audit of the safe introduction and monitoring of Isotretinoin in acne, particularly the monitoring of mood changes	Yes		Completed
5135	Assessing the TL01 pathway for the psoriasis patients	Yes		In Progress
5169	Proportion of necessary clinical information available at weekly skin cancer MDT.	Yes		In Progress
5171	Loco Regional and Distant Recurrent Primary Cutaneous Squamous Cell Carcinoma (SCC)	Yes		In Progress
5231	Audit of newly established Photodynamic Therapy service in the treatment of Bowen's disease and BCC	Yes		In Progress
5246	An Audit of the photography standards in teledermatology referrals of lesions from primary care	Yes		In Progress
5273	Audit of NICE guideline on the management of paediatric eczema (British Association of Dermatologists) (re-audit of 4253 (2016))	Yes		In Progress
5285	An audit of vitamin D levels in patients with melanoma	Yes		In Progress
Medical Specialties - Diabetes & Endocrinology				
3937	National Pregnancy in Diabetes Audit	No		Ongoing
3942	National Diabetes Foot Care Audit (NDFA)	No		Ongoing
4063	National Diabetes Audit (NDA)	No		Ongoing
4479	National Inpatient Diabetes Re-Audit 2016 (Initial audits: ID3336/4182)	No	<<	In Progress
4789	Diabetes Inpatient Foot Examination	No	<<	In Progress
4790	Care Delivered and Patient Perception of Diabetes Care	No	<<	In Progress
4791	The post-surgical morbidity following trans-sphenoidal surgery for pituitary macroadenomas	No	<<	In Progress

4792	Inpatient Self-Management of Diabetes	No	<<	In Progress
4794	Immunology of thyroid eye disease and the use of steroids as a treatment option with an audit of current practice.	No	<<	In Progress
4818	National Diabetes Inpatient Audit (NADIA 2017)	No	<<	In Progress
4937	Transition from Paediatric to Adult Diabetes Services	No		Completed
4938	Transition from Paediatric to Adult Endocrine Services	No		Completed
5117	Insulin Pump Audit	Yes		In Progress
5254	Multiple Endocrine Neoplasia 1 (MEN1)	Yes		In Progress
Medical Specialties - Gastroenterology & Hepatology				
4545	Compliance with Antibiotic Prescribing	No		Abandoned
4616	Re-Audit Prophylactic Antibiotics for Cirrhotic Patients with Upper Gastrointestinal Bleeds	No		Completed
4655	Intravascular Catheter Infections in Patients with Tunnelled Lines for Home Administration	No		Abandoned
4667	An audit to assess whether DEXA scans are being ordered appropriately in patients with severe inflammatory bowel disease on corticosteroids.	No		Completed
4859	Inflammatory Bowel Disease (IBD) Outpatient Follow-ups	No	<<	In Progress
4867	Review of Patients with Crohn's Disease who have Undergone Resection	No	<<	In Progress
4877	Ustekinumab Patient Care Pathway & Review Process Audit	No	<<	In Progress
4891	Vedolizumab Patient Care Pathway & Review Process Re-Audit	No	<<	In Progress
4934	Ascitic Tap in Patients with Cirrhosis and Ascites	No	<<	In Progress
4545	Compliance with Antibiotic Prescribing	No		Abandoned
4616	Re-Audit Prophylactic Antibiotics for Cirrhotic Patients with Upper Gastrointestinal Bleeds	No		Completed
4655	Intravascular Catheter Infections in Patients with Tunnelled Lines for Home Administration	No		Abandoned
4667	An audit to assess whether DEXA scans are being ordered appropriately in patients with severe inflammatory bowel disease on corticosteroids.	No		Completed
4859	Inflammatory Bowel Disease (IBD) Outpatient Follow-ups	No	<<	In Progress
Medical Specialties – Liaison Psychiatry				
5028	Re-Audit of Adult Psychiatry Liaison Response Time to Emergency Department Patients (4420 & 4147)	Yes		In Progress
5230	Recognition of depression in adults in general hospital settings	Yes		In Progress
5270	Anticholinergic burden amongst hospitalised dementia patients	Yes		In Progress
5280	Re-audit of the Management of Self-Harm for Patients Who Attend the BRI	Yes		In Progress
5291	Assessing outcomes in liaison patients who discharge before being seen in the emergency department	Yes		In Progress
Medical Specialties - Respiratory				
4569	Non-Invasive Ventilation (NIV) in Motor-Neuron Disease (MND)	No		Completed
4617	Documentation of Discussions Regarding Future Non-Invasive Ventilation	No	<<	In Progress
4625	National Chronic Obstructive Pulmonary Disease (COPD) Audit 2017/18	No		Ongoing
4684	Adult Bronchoscopy National Audit 2017	No		Completed
4786	Emergency Oxygen Use at the Bristol Royal Infirmary and Bristol Heart Institute	No		Completed
4912	National Adult Bronchiectasis Audit 2017	No		Completed
4935	Screening for Latent Tuberculosis Infection Prior to Commencing Biological Therapy	No	<<	In Progress
4946	Non-Invasive Ventilation (NIV) Provision Against NCEPOD and BTS Recommendations	No	<<	In Progress
4997	Smoking Cessation Re-Audit at the Bristol Royal Infirmary (4299)	No		Completed
5062	Human Immunodeficiency Virus (HIV) Testing Among Patients Newly Diagnosed with Tuberculosis (TB) Re-Audit (4588)	Yes		Completed
5095	Emergency Oxygen Use in Adult Medicine (4786)	Yes		Abandoned
5235	Non-Invasive Ventilation National Audit BTS	Yes		In Progress

5240	Adult Non-Invasive Ventilation NA 2019	Yes		In Progress
5276	Adult Community Acquired Pneumonia 2018-19	Yes		In Progress
Medical Specialties - Rheumatology				
4481	An audit of patient compliance with the taking of calcium supplements and bisphosphonates	No		Abandoned
4810	Management of Axial Spondyloarthritis	No		Completed
4813	Management of Peripheral Vascular Complications of Systemic Sclerosis (SSc)	No		Abandoned
4973	Viral Screening Prior to DMARD Commencement in Early Arthritis Patients	No		Completed
5024	National Early Inflammatory Arthritis Audit (3740)	Yes		In Progress
5086	Monitoring of Hydroxychloroquine (HCQ) Associated Retinopathy	Yes		Completed
Medical Specialties – Stroke Medicine				
2601	OLP008 - Sentinel Stroke National Audit Programme (SSNAP)	No		Ongoing
4412	Comparative utility of MoCA, OCS and RBANS for cognitive screening after acute stroke	No		Abandoned

Specialised Services

Ref	Provisional Title of Project	New	FP	Status
Cardiac Services - Cardiac Anaesthesia				
4012	Time of Admission of Surgical Patients	No	<<	In Progress
4409	Compliance with NICE CG103 (Delirium – Prevention, Diagnosis & Management) in CICU	No	<<	In Progress
4860	ACTACC National Prospective Audit of Resternotomy	No	<<	In Progress
4996	ACTACC National Audit of Major Complications of Transoesophageal Echocardiography	No	<<	In Progress
Cardiac Services - Cardiac Surgery				
549	National Adult Cardiac Surgery Audit (ACS)	No		Ongoing
3304	Early and Long-Term Outcome of Mitral Valve Surgical Procedures in Adult Patients	No	<<	In Progress
4169	Blood Loss and Wound Complications after Endoscopic Vein Harvesting	No		Abandoned
4335	Long Term Survival after Coronary Bypass Graft (CABG) Surgery	No		Completed
4355	Early and Long-Term Health Outcome After Coronary Surgery in Adult Patients	No	<<	In Progress
4632	Success of Atrial Fibrillation (AF) Ablation Surgery Revisited	No	<<	In Progress
4947	The Quality of Discharge Summaries for Adult Cardiac Surgery Patients	No		Completed
5071	Transoesophageal Echocardiogram (TOE) Data	Yes		In Progress
5242	Evaluating the current Cardiac Surgery referral system	Yes		In Progress
5245	The Frozen Elephant Trunk – a service evaluation of practice at BRI 2017-2019	Yes		In Progress
5253	Safe Discharge of Patients Post Temporary Epicardial Pacing Wire Removal	Yes		In Progress
5272	Outcomes of Homograft vs Stented Valve for PVR	Yes		In Progress
Cardiac Services - Cardiology				
223	Myocardial Infarction National Audit Project (MINAP)	No		Ongoing
366	National Heart Failure Audit (HF)	No		Ongoing
809	National Coronary Angioplasty Audit	No		Ongoing
1578	National Cardiac Arrhythmia Audit (HRM)	No		Ongoing
3374	Audit of Implantable Devices Used in Cardiac Rhythm Management at University Hospitals Bristol	No		Abandoned
4414	Length of Stay Following Primary Percutaneous Coronary Intervention (PCI) for Acute ST Elevation Myocardial Infarction	No		Completed
4619	Transcatheter Aortic Valve Implantation (TAVI) Local Pathway	No		Completed

4706	Re-Audit of Ivabradine for Treating Chronic Heart Failure (3761)	No	<<	In Progress
4729	Prospective Audit on Echo Reporting	No		Completed
4771	Young Onset Hypertension and Pre-pregnancy Counselling	No		Completed
4772	Use of Sacubitril Valsartan in Heart Failure	No	<<	In Progress
4852	Treating Low Ferritin Levels in Patients with Chronic Heart Failure (Ejection Fraction <40%)	No	<<	In Progress
4870	Improving the Documentation of Cardiology Multidisciplinary Team (MDT) Meetings	No	<<	In Progress
4885	Nil By Mouth (NBM) in Catheter Laboratory Procedures	No		Abandoned
4967	Transition Between Paediatric and Adult Congenital Cardiology Services	No	<<	In Progress
5003	Adherence to Protocol for Pacemaker and Defibrillator Lead Extraction	No		Completed
5084	WHO Surgical Checklist in the Cardiac Catheter Laboratories	Yes		In Progress
5090	Women of Child Bearing Age with Young Onset Hypertension (4771)	Yes		In Progress
5222	To assess the effectiveness of Hybrid Procedure for lone atrial fibrillation in symptomatic patients at Bristol Heart Institute.	Yes		In Progress
5243	Audit of aspirin prescribing and advice following transcatheter pulmonary valve implantation (percutaneous or hybrid) between 2008 and 2018	Yes		In Progress
Oncology & Clinical Haematology – Bone Marrow Transplant				
4839	Annual audit PBSC/BM cellular products with positive microbacterial culture results (Jacie)	No		Abandoned
4850	One-Year Survival Outcome Within or Above the Expected Range When Compared to National or International Outcome Data - Quarterly (JACIE B4.7.5)	No		Ongoing
5164	A retrospective audit of prescribing compliance of Bone Marrow Transplant conditioning chemotherapy against the conditioning protocols for 2017	Yes		Completed
Oncology & Clinical Haematology - Clinical Genetics				
4864	Rapid Access Cancer Clinic	No	<<	In Progress
5124	Genetic Antenatal Care Pathway for Haemoglobinopathies [re-audit of 4830]	Yes		In Progress
Oncology & Clinical Haematology - Clinical Haematology				
4531	Idelalisib Safety Compliance	No		Abandoned
4593	Rasburicase in Tumour Lysis Syndrome	No	<<	In Progress
4626	Use of Irradiated Blood Products in Lymphoma patients	No		Completed
4838	Verification of chemotherapy drugs and doses	No	<<	In Progress
4890	Bendamustine Use In Chronic Lymphocytic Leukaemia and Low Grade Non-Hodgkin's Lymphoma	No	<<	In Progress
4898	Use of Positron Emission Tomography-Computed Tomography (PET-CT) in Staging of Non-Hodgkin Lymphomas (NHL)	No	<<	In Progress
4914	Thromboprophylaxis in Myeloma Patients Receiving Immunomodulatory Imide Drugs (IMiDs)	No		Completed
5039	Infusion Related Reactions (IRR) and Infusion Length of Rixathon Compared to Mabthera	Yes		Completed
5054	Two Week Wait Referrals in Haematology	Yes		Completed
5063	Isolation Facilities in High Risk of Neutropenia	Yes		Completed
5072	Hepatitis B and C Screening Before the Commencement of Rituximab Containing Regimen	Yes		In Progress
5148	HaemSTAR FLASH-MOB national audit on use of IVIG in ITP patients	Yes		In Progress
5188	Prophylaxis and management of thromboembolism in patients with acute lymphoblastic leukaemia / lymphoma (pre-audit)	Yes		In Progress
5192	NICE QS150 – TYA unit Bristol Haematology Oncology Centre	Yes		In Progress
5213	An audit of compliance with the BCSH guideline on the first line management of classical Hodgkin lymphoma	Yes		In Progress
Oncology & Clinical Haematology - Oncology				
554	National Lung Cancer Audit (NLCA)	No		Ongoing
3926	Trust-wide Neutropenic Sepsis in Oncology Patients	No		Ongoing
4035	Hyponatraemia in small cell lung cancer	No	<<	In Progress

4296	Neutropenic Sepsis Rate in Germ Cell Patients Receiving Bleomycin, Etoposide and Cisplatin Chemotherapy (BEP 500)	No		Completed
4366	Outcomes of Stereotactic Ablative Body Radiation (SABR) Therapy for Primary Lung Cancer	No	<<	In Progress
4367	National Prostate Audit	No		Ongoing
4467	Major Complications of Stereotactic Radiosurgery in Patients with Acoustic Neuroma	No	<<	In Progress
4517	Monitoring and Management of Steroid Induced Hyperglycaemia in Central Nervous System Oncology Patients Undergoing Radiotherapy	No		Completed
4533	Re-Audit of the Completeness of Chemotherapy Charts (3351 & 3988)	No		Abandoned
4573	Adherence to NHS Litigation Authority and Trust Prescribing Standards Re-Audit (2997)	No		Completed
4656	Outpatient Documentation Audit for Completeness and Quality of Recordkeeping	No		Abandoned
4657	Re-Audit of Radiotherapy On-Treatment Reviews (2996)	No	<<	In Progress
4686	Audit of neutropenic sepsis in patients receiving docetaxel for hormone naïve metastatic prostate cancer	No	<<	In Progress
4690	Referral to Scan and Management in Oncology Patients with Lower Limb Deep Vein Thrombosis	No		Completed
4780	Outcomes of Palliative Radiotherapy in Muscle Invasive Bladder Cancer (eSSC)	No		Completed
4783	Time to Radiotherapy for Post-Operative Head and Neck Patients	No	<<	In Progress
4931	Radioiodine for Thyroid Cancer	No	<<	In Progress
4948	Cardiac Monitoring in Patients Treated with Herceptin Re-Audit (4212)	No		Abandoned
4968	Clinical Trials Unit Research Nurses and Radiographers Requesting Imaging	No	<<	In Progress
5022	Re-Audit of Steroid Induced Hyperglycaemia in Central Nervous System Oncology Patients Undergoing Radiotherapy (3553)	Yes		In Progress
5066	Service Provision in the Acute Oncology Assessment Unit (AOAU)	Yes		Abandoned
5068	Management of Capecitabine Related Diarrhoea	Yes		In Progress
5083	The Efficacy of Radium-223 in Metastatic Prostate Cancer	Yes		In Progress
Oncology & Clinical Haematology - Palliative Medicine				
4785	Timeliness of Acknowledging and Responding to End of Life Care Complaints	No	<<	In Progress
5000	Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) Decisions (re-audit 3100)	No		Completed
5053	National Audit of Care at the End of Life (NACEL) 2018	Yes		In Progress
5258	How is the term "harm" being interpreted and documented on DNACPR forms following the Tracey judgement?	Yes		In Progress

Surgery

Ref	Provisional Title of Project	New	<<	Status
Anaesthesia & Critical Care – Acute Pain Service				
5020	Regional anaesthesia audit	Yes		In Progress
Anaesthesia & Critical Care – Anaesthesia				
3512	National Emergency Laparotomy Audit (NELA)	No		Ongoing
4539	Antacid prophylaxis prior to general anaesthesia	No		Abandoned
4597	Cemented hemi-arthroplasties - compliance with AAGBI safety guideline 2015	No		Abandoned
4944	Alcohol recording and advice for patients undergoing major surgery	No	<<	In Progress
5099	Pre-op pregnancy testing (re-audit of 4389)	Yes		Completed
5141	Pregnancy testing for emergency surgery	Yes		Completed
5143	WHO Checklist 2018	Yes		Completed
5181	Audit of pain control following pleurectomy and pleurodesis surgery.	Yes		In Progress
5197	Anaesthetic machine checks	Yes		In Progress

5277	Length of stay for Transcatheter Aortic Valve Implantation patients	Yes		Completed
5309	Out of hospital cardiac arrests team	Yes		Completed
Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia				
1704	Dural Puncture	No		Ongoing
4614	Coagulation management in major obstetric haemorrhage	No		Completed
4652	Transfusion targets post-delivery in obstetrics	No	<<	In Progress
4851	Management of morbidly obese obstetric women	No	<<	In Progress
4888	Timing of LMWH administration following regional anaesthesia and epidural catheter removal.	No	<<	In Progress
Anaesthesia & Critical Care & Theatres - Preoperative Assessment				
4356	Fasting Times and Medication Compliance Prior to Elective Surgery	No		Abandoned
4750	Fractured neck of femur - anaesthetic pre op assessment	No		Completed
5286	Correct venous thromboembolism and prescribing of enoxaparin post operatively	Yes		In Progress
Anaesthesia & Critical Care & Theatres – Critical Care/Resuscitation				
160	Adult Critical Care Case Mix Programme (ICNARC-CMP)	No		Ongoing
3634	Trauma Audit Research Network (TARN)	No		Ongoing
3139	National Cardiac Arrest Audit (NCAA)	No		Ongoing
4133	Audit of prehospital intubated patients transferred to Critical Care from Great Western Air Ambulance service.	No		Deferred
4447	'Just say sepsis?' – audit of NCEPOD recommendations 2015	No		Abandoned
4511	Delirium audit on ICU 2016	No		Abandoned
4513	Medicines management on critical care	No		In Progress
4884	Identifying and facilitating good quality sleep in intensive care unit patients	No	<<	In Progress
4932	Adherence to unit protocol for use of neuron-specific enolase (NSE) sampling on General ICU	No	<<	In Progress
5041	Inter hospital transfers within the South West Critical Care Network	Yes		Abandoned
5042	Nutritional support for prone patients on ICU	Yes		In Progress
5059	Vancomycin audit on ITU	Yes		Completed
5087	Clinical audit of neurological prognostication following cardiac arrest	Yes		Completed
5098	Appropriate checking of IV drugs on the intensive care unit	Yes		Abandoned
5101	Tracheostomy care on the intensive care unit	Yes		In Progress
Dental Services - Oral Medicine				
5128	Biopsy referrals to the oral surgery department	Yes		In Progress
5175	Oral medicine priority patient follow up appointments, re-audit	Yes		Completed
Dental Services - Oral & Maxillofacial Surgery				
2414	National Head and Neck Cancer Audit (DAHNO)	No		Ongoing
4446	Management of hypocalcaemia following total thyroidectomy (Oral & Maxillofacial team only)	No		Abandoned
4509	VTE prophylaxis – completion of the mandatory risk assessment compliance	No		Abandoned
4724	Clinical Follow-Up in Head and Neck Cancer Patients	No		Abandoned
4745	Re-audit of the use of Cone Beam CT prior to surgical removal of lower third molars	No		Completed
4760	Accurate Cancer Staging in the Oral and Maxillofacial Department	No		Abandoned
4920	Antibiotic prescribing in Oral Surgery	No	<<	In Progress
4940	Incidence of alveolar osteitis within oral surgery re-audit	No		Completed
4991	Throat pack audit - re-audit	No		Completed
5104	Conscious sedation re-audit 2018	Yes		In Progress

5120	Paediatric Maxillofacial Emergency Admissions	Yes		In Progress
5212	Pre op localisation of impacted canines	Yes		In Progress
5227	Orthognathic radiographs in oral and maxillofacial surgery	Yes		In Progress
5228	Quality of discharge summaries in maxillofacial surgery inpatients	Yes		In Progress
5236	Bimaxillary Osteotomy Post-Operative Radiographs	Yes		In Progress
5265	Completion of the signing out aspect of the surgical safety checklist on OMFS treatment sessions.	Yes		In Progress
Dental Services - Orthodontics				
4643	Sleep apnoea: how do we consent the use of mandibular advancement appliances (MAA's)?	No		Completed
4701	National audit of the application of orthognathic acceptance criteria (BOS)	No	<<	In Progress
4950	Consent for fixed orthodontic appliances at BDH	No	<<	In Progress
4960	A regional audit of recording of dental trauma at new orthodontic patient clinics	No		Completed
5002	An Audit of non-completion of Joint Orthodontic and Orthognathic treatment	No	<<	In Progress
5127	Oral hygiene status of orthodontic patients referred to Bristol Dental Hospital	Yes		In Progress
5223	Reporting of radiographs in orthodontics - re-audit	Yes		In Progress
Dental Services - Paediatric Dentistry				
4641	Appropriateness of general anaesthesia for patients referred by general dental practitioners for exodontia	No	<<	In Progress
4828	Dental awareness in parents of children with inherited bleeding disorders	No	<<	In Progress
4923	Dental registration and fluoride varnish application in children with cleft lip and/or palate	No	<<	In Progress
5033	Re-audit of record keeping within paediatric dentistry	Yes		Completed
5130	Compliance rate of radiograph reporting by non-radiology clinicians in the Paediatric Dentistry Department (Re-audit)	Yes		Completed
5210	Preventive care of children requiring General Anaesthetic for caries management	Yes		In Progress
5256	Record keeping (3rd cycle) in paediatrics	Yes		In Progress
5269	Trauma form in paediatrics - re-audit	Yes		In Progress
Dental Services - Primary Care Dental Services (PCDS)				
4853	Audit on patient representative form completion in primary care dental service (PCDS)	No	<<	In Progress
4980	Dental screening for adult patients pre cardiac surgery	No		Completed
4981	Dental screening of adult patients pre bone marrow transplant	No		Completed
5065	Success of Hall technique pre-formed metal crowns – re-audit	Yes		Completed
5129	Labelling of community patients dentures	Yes		In Progress
5257	Are we prescribing fluoride appropriately?	Yes		In Progress
Dental Services - Restorative Dentistry				
4773	Re-audit: Restoration of Endodontically Treated Adult Posterior Teeth	No		Completed
4825	An Audit on Staff Hygienist Sessions For Head and Neck Priority Groups	No		Completed
4831	Re-audit of dental screening and preventative management of head and neck oncology patients (DPT, fluoride prescriptions)	No		Completed
4924	Quality of undergraduate Crown & Bridge Impressions -re-audit of 4317	No		Completed
4949	Dentate head and neck radiotherapy patients who received dental treatment or advice pre and post operatively (re-audit 4699)	No		Completed
4954	Are patients referred for NHS-funded dental implant treatment being selected in accordance with national and local guidelines?	No		Completed
4955	Re audit Referrals to NHS Stop Smoking Services for patients attending for treatment at the Restorative Dentistry Department	No		Completed
4963	An audit of patient attendance, cancelled appointments and follow up procedures to non-attendance on ADH	No		Completed
4965	Periodontal care given by undergraduate dental students in Bristol Dental Hospital	No		Completed

4992	WHO safety check list in Bristol Dental Hospital	No		Completed
5182	Consent for surgical procedures	Yes		In Progress
5185	Outcome forms re-audit 2018 (Re-audit of 4951)	Yes		Completed
5224	Quality of radiographs on referral forms	Yes		In Progress
5238	Delivering better oral health	Yes		In Progress
Ophthalmology - Cornea & Cataracts				
4454	Cataract outcomes annual audit 2014 (re-audit of CAID 4101)	No	<<	In Progress
4746	Management of suspected microbial keratitis (MK) in the BEH emergency department	No	<<	In Progress
4753	Collagen cross linking for young people with keratoconus	No	<<	In Progress
5026	Audit of conjunctival biopsies for suspected mucous membrane pemphigoid (MMP)	Yes		In Progress
5096	Cataract surgery outcomes	Yes		In Progress
Ophthalmology - Glaucoma & Shared Care				
4775	Virtual clinic glaucoma follow ups	No		Completed
4796	Ocular hypotension treatment (OHT) according to NICE guidance (CG:85)	No		Deferred
4952	Re-audit of acute glaucoma pathway in Bristol Eye Hospital A+E	No	<<	In Progress
5030	Glaucoma tube surgery audit 2018	Yes		In Progress
5081	Giant cell atheritis re-audit	Yes		In Progress
Ophthalmology - Medical & Surgical Retina				
4306	Cataract Surgery undertaken by trainee surgeons	No		Ongoing
4471	Ocular screening of patients with candidaemia	No	<<	In Progress
4485	Retinal detachment re-audit 2016	No	<<	In Progress
4697	Outcome and complications of pars plana vitrectomy for epiretinal membrane	No	<<	In Progress
4737	Age related macular degeneration (AMD) Triage Clinic: Quality of optometry referrals to the wet AMD triage clinic. Re-audit	No		Completed
4778	Outcomes after heavy silicone oil tamponade in ophthalmic surgery	No		Completed
4922	Management of aphakia in absence of lens capsule support with Artisan lenses	No	<<	In Progress
4956	Incidence, Prevention and Management of Post-operative Endophthalmitis in Bristol Eye Hospital (Re-audit of CAID 4434)	No		Completed
5168	Neovascular Age-related macular degeneration Compliance Audit	Yes		In Progress
5287	Adherence to departmental guidelines for patients with neovascular glaucoma (NVG)	Yes		In Progress
Ophthalmology - Orthoptics & Optometry				
5232	audit of autoantibody testing in acute optic neuritis and the management of neuromyelitis optica spectrum disorder at Bristol Eye Hospital	Yes		In Progress
5275	Audit of the hydroxychloroquine retinopathy screening service at Bristol Eye Hospital	Yes		In Progress
Ophthalmology - Paediatrics, Oculoplastics & Squint				
4214	Re-audit of visual outcomes and effectiveness of follow up in children treated with laser for retinopathy of prematurity	No		Deferred
4358	Levator muscle recession surgery for correcting upper eyelid retraction in thyroid eye disease	No		Abandoned
4522	Clinical audit for surgical outcome for correction of intermittent exotropia – unilateral vs bilateral surgery	No	<<	In Progress
4606	Lid surgery success in patients diagnosed and treated for ocular mucus membrane pemphigoid (OMMP)	No	<<	In Progress
4702	Orbital biopsy - indication, results, complication rate in Bristol Eye hospital	No	<<	In Progress
4762	Re-audit of Functional and Anatomical Outcomes of Treatment for Retinopathy of Prematurity (ROP) in Bristol	No		Completed
4774	Children presenting with swollen optic discs, to the paediatric primary care clinic (PPC)	No	<<	In Progress
4880	Epiphora audit	No		Completed
4915	Treatment Outcomes in patients treated with Mycophenolate Mofetil for Moderate-to Severe Graves'	No	<<	In Progress

	Orbitopathy (GO)			
5155	Ophthalmic complications following treatment for intracranial tumours	Yes		In Progress
5183	Squint surgery audit	Yes		In Progress
5221	Conjunctivodacryocystorhinostomy (CDCR) Audit	Yes		In Progress
Adult Surgical Specialties - Adult Ear, Nose and Throat (ENT)				
4375	Day case surgery for cochlear implants	No		Completed
4524	Thyroid function testing following bilateral neck radiotherapy for non-thyroid head and neck malignancy	No	<<	In Progress
4564	National Epistaxis Audit	No		Completed
4761	Coding Accuracy of Otological Procedures on Adult Patients	No		Completed
4827	Review of imaging requesting by ENT Advanced Nurse Practitioner	No		Completed
4881	Treatment of Necrotising otitis externa and its effect on renal function	No		Completed
4911	GP MRI IAM requests	No	<<	In Progress
4990	Audiological standards for patients discussed and treated through the North Bristol Skull Base MDT	No		Completed
4995	BAHNO Head and Neck Cancer Surveillance Audit 2018	No	<<	In Progress
5018	Audiological outcome of middle ear titanium prosthesis	Yes		Completed
5031	Dizziness and driving [re-audit of 4594]	Yes		Completed
5056	Cerebrospinal fluid (CSF) leak rates following translabyrinthine excision of vestibular schwannoma	Yes		Completed
5123	Process for informing patients with results of MRI scans performed for unilateral sensorineural hearing loss or tinnitus [re-audit of 4125]	Yes		In Progress
Adult Surgical Specialties - Colorectal Surgery				
2482	National Bowel Cancer Audit (NBOCAP)	No		Ongoing
4183	Audit of the use of blood in lower GI bleeding	No		Completed
4256	Twice daily consultant led ward/board rounds of all acute surgical admissions: Does it happen?	No		Abandoned
4295	Time to CT for Emergency Laparotomy Patients	No		Abandoned
4607	National small bowel obstruction audit 2017	No		Completed
4645	Left colon, sigmoid and rectal resections – European Society of Coloproctology Collaborative multi-centre audit	No		Abandoned
4743	Use of neoadjuvant therapy in rectal cancer	No	<<	In Progress
4897	Improving adequacy of bowel preparation in patients admitted for elective colonoscopy	No	<<	In Progress
4942	Investigation and management of patients with suspected pancreaticobiliary malignancy	No	<<	In Progress
4976	Diagnosis and management of hospital acquired pneumonia in post operative elective colorectal surgery	No		Abandoned
5170	An audit of outcomes after treatment for anal cancer at Bristol Royal Infirmary	Yes		In Progress
5189	Frailty assessment in enhanced recovery patients	Yes		In Progress
5249	Surgical site infection in colorectal surgery	Yes		In Progress
5259	Improving the prescription of extended venous thromboembolism prophylaxis on discharge in patients with colorectal cancer re-audit	Yes		In Progress
5260	Rates of early mobilisation in elective colorectal surgical patients as part of Enhanced Recovery After Surgery (ERAS)	Yes		In Progress
Adult Surgical Specialties - Orthopaedics (T&O)				
2568	National Joint Registry (NJR)	No		Ongoing
4473	Audit of the management of trochanteric hip fractures at UHB	No		Abandoned
4700	Improving the way we deliver care in Trauma: Rehabilitation and Communication	No	<<	In Progress
4705	Falls assessment and bone health assessment in patients over 75 presenting to T+O with non hip fractures	No	<<	In Progress
4858	Group and Save prior to surgery for fractured neck of femur	No	<<	In Progress
4919	Clear communication of post take ward round (PTWR) plan to ward staff	No	<<	In Progress

5016	Tip apex distance re-audit third cycle	Yes		In Progress
5158	Assessing the initial management of acute ankle fractures in the BRI - AUGMENT	Yes		In Progress
5165	Novel medial transverse incision for distal tibial plating of fractures	Yes		In Progress
Adult Surgical Specialties - Thoracic Surgery				
553	Thoracic Surgery Return (consultant outcomes)	No		Ongoing
4889	Effectiveness of post-operative laxative prescribing in Thoracic Surgery ERP patients	No		Abandoned
5017	Seven day service audit (general surgery)	Yes		Completed
5029	Management of newly diagnosed cancer patients suitable for early surgical intervention in accordance with national guidance	Yes		Completed
5089	Flutter bags for persistent postoperative air leak	Yes		In Progress
5132	Endobronchial Ultrasound Guided Transbronchial Needle Aspiration (EBUS)	Yes		Completed
5139	Chronic Obstructive Pulmonary Disease - Endobronchial Valves Audit	Yes		In Progress
5140	Early Discharge Pathway after minor Video-assisted thoracoscopic surgery (VATS)	Yes		In Progress
5162	Re-audit of outcomes after internal fixation of flail segment chest injuries in Severn Trauma network	Yes		In Progress
5163	Rib fracture management	Yes		Completed
5211	Respiratory Complications after abdominal Surgery 2019	Yes		In Progress
5251	Thoracic CNS telephone follow up one week post discharge.	Yes		In Progress
Adult Surgical Specialties - Upper GI Surgery/Hepatobiliary				
2484	CAN005 - National Oesophago-Gastric Cancer Audit (NAOGC)	No		Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)	No		Ongoing
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)	No	<<	In Progress
4411	HALO audit	No		Abandoned
4453	Peritoneal cytology audit	No	<<	In Progress
4599	Right Iliac Fossa Treatment - National Collaborative Audit	No	<<	In Progress
4819	Audit of compliance with pre-operative requirements for stopping medications and restricting oral intake prior to emergency interventions	No	<<	In Progress
5233	Quality of general surgery operation notes	Yes		Completed
5250	Oesophago Gastric Anastomosis Audit	Yes		In Progress
2484	CAN005 - National Oesophago-Gastric Cancer Audit (NAOGC)	No		Ongoing
3513	Bristol Endoscopic Ultrasound Service Targets (BEST)	No		Ongoing
3548	Sepsis in Emergency General Surgical Admissions (SPARCS)	No	<<	In Progress

Women's & Children's

Ref	Provisional Title of Project	New	<<	Status
Children's Services - Anaesthesia				
4344	Outcome measure monitoring in Anaesthetics v national and local standards	No		Ongoing
4400	Re-audit of analgesia following tonsillectomy v local standards	No		Completed
4459	Paediatric pre-operative fasting v local standards	No		Ongoing
4536	Post-Operative Analgesia following Elective and Emergency Craniotomy v national standards	No		Completed
4873	Opiate induced myoclonus in infants v local and national standards	No		Completed
5057	Line provision by anaesthetists in Children's Hospital v national standards	Yes		Completed
Children's Services - Audiology				
4314	Re-Audit of patient management post identification of permanent childhood hearing impairment (PCHI)	No	<<	In Progress

5052	Management of children with otitis media with effusion (OME) v NICE Guidance	Yes		Completed
5278	Re-audit of management of children with otitis media with effusion (OME) v local and national guidance	Yes		In Progress
Children's Services - Burns & Plastics				
3971	International Burn Injury Database (iBID)	No		Ongoing
5085	Fluid management in burns v local standards	Yes		Completed
5281	Paediatric Burns Referral Documentation v local standards	Yes		In Progress
Children's Services - Cardiac Services				
79	Post-Operative Morbidity Following Cardiac Catheterisation	No		Ongoing
81	Radiofrequency Ablation in Paediatric Arrhythmias	No		Ongoing
947	Congenital Heart Disease (CHD - NICOR))	No		Ongoing
4064	Re-audit of the NHS Fetal Anomaly Screening Programme – Congenital Heart Disease in the Southwest of England v national standards	No		Completed
4438	Cardiac interventional catheter lab outcomes v international standards	No		Completed
4964	Anticoagulation / antiplatelet therapy following Paediatric cardiac operations v national standards	No		Completed
5009	Compliance with Hypoplastic Left Heart Guideline - local standards	No		Completed
5025	Pre-operative Echocardiography and Intra-operative findings during Cardiac Surgery v national standards	Yes		Completed
5040	Documentation of echocardiography results pre-admission clinic for cardiac catheterisation patients v national standards	Yes		Completed
5061	Re-audit on performance of pre-operative echocardiograms of congenital heart disease v national standard	Yes		Completed
5112	Re-audit of the Fetal Cardiology Service v national standards	Yes		Completed
5126	Elective surgical pathway re-audit v local standards	Yes		Completed
5147	Re-audit of documentation of echocardiography results pre-admission clinic for cardiac catheterisation patients v national standards	Yes		Completed
5191	Audit of Cardiomyopathy Screening in Children v local standards	Yes		In Progress
5193	Follow up is in line with intended treatment plan - Cardiac services - local standards	Yes		Completed
Children's Services - Dietetics				
2966	Meeting nutritional needs, standards and quality of care Paediatrics Outcome 5 compliance	No		Abandoned
4621	Referrals and waiting time for ketogenic diet therapy and anti-epileptic drug use v local standards	No		Completed
5005	Re-audit of phenylketonuria (PKU) patient management v national standards	No		Completed
5013	Compliance with service recommendations for monitoring the ketogenic diet v local and national standards	Yes		Completed
5045	Management of paediatric patients with suspected coeliac disease via Dietetic led clinic v local standards	Yes		Completed
5252	Re-audit of compliance with service recommendations for monitoring the ketogenic diet at Bristol Royal Hospital for Children	Yes		In Progress
Children's Services - Emergency Department				
4051	Management of Cervical Lymphadenitis v national standards	No	<<	In Progress
4814	RCEM Pain in Children 2017 - 2018 audit v national standards	No	<<	In Progress
4900	Emergency Department Procedural Sedation Audit v local and NICE Guidance	No		Completed
5006	Mental health in Children's ED - communication and timely attendance v national standards	No		Completed
5034	Fundoscopy for children presenting with headache/possible raised intracranial pressure	Yes		Completed
5115	Re-audit of Consultant sign off in fever in children < 1 year old v national and local standards	Yes		In Progress
5152	Febrile neutropenia re-audit v local standards	Yes		Completed
5154	Management of Paracetamol Overdose in the Children's Emergency Department v local standards	Yes		Completed
5159	Re-audit of management of petechiae in children v local standards	Yes		Completed
5196	Re-audit of Procedural Sedation in the Children's Emergency Department v national standards	Yes		In Progress
5220	RCEM Feverish Child 2018-2019 - National standards	Yes		In Progress

5271	Blood-labelling in Children's ED v local standards	Yes		In Progress
Children's Services - Endocrinology				
1451	Paediatric National Diabetes Audit (PNDA)	No		Ongoing
5091	Endocrine monitoring and outcomes of proton therapy for childhood brain tumours v national standards	Yes		Completed
5092	Management of Paediatric Neurosurgical and Traumatic Brain Injury Patients at Risk of Fluid Balance Abnormalities v local guidance	Yes		Completed
5093	Management of Infants with Congenital Hypothyroidism identified by Newborn Screening v regional guidance	Yes		Completed
5094	Audit of Transition Pathway to Adult Services for girls/young women with Turners Syndrome v national guidance	Yes		Completed
5160	Paediatric diabetic ketoacidosis management v regional standards	Yes		In Progress
Children's Services - Gastroenterology				
4921	Small bowel MRI in the diagnosis of Paediatric Inflammatory Bowel Disease v national standards	No		Completed
5047	Audit of waiting times for new Inflammatory Bowel Disease patients	Yes		Completed
Children's Services - General Paediatrics				
4450	Improving documentation of venous blood gas analysis in the general paediatric department - v national standards	No		Ongoing
4727	Prescription of orthoses for ambulant boys with Duchenne muscular Dystrophy	No		Completed
4977	Re-audit of the use of Heated Humidified High Flow Nasal Cannula therapy (Airvo 2 Optiflow) outside of PICU - local standards	No		Completed
5014	Continuous Positive Airways Pressure (CPAP) for Infants With bronchiolitis on the High Dependency Unit	Yes		Completed
5110	Assessment of pre-operative nutritional status and assessment of complex medical paediatric patients undergoing scoliosis surgery v local standards	Yes		Completed
5156	Audit and re-audit of criteria led discharge for children with bronchiolitis v audit and re-audit v local and national standards	Yes		In Progress
5209	Identification of responsible consultant - local standards	Yes		Completed
5214	Use of sticker to improve adherence to local Optiflow weaning guidelines	Yes		In Progress
Children's Services - Immunology & Infectious Disease				
3788	Use of antibiotics for culture-positive infections in the Bristol Children's Hospital - compliance with local guidance	No	<<	In Progress
4806	Clinical notes of Immunology and Infectious Diseases team v local and national standards	No		Completed
Children's Services - Intensive Care (PICU)				
72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	No		Ongoing
2548	PICU Discharge delay audit 2010	No		Abandoned
2583	Paediatric Intensive Care Audit Network (PICANet)	No		Ongoing
2686	An audit of patients referred, but not accepted for paediatric intensive care	No		Deferred
4535	Audit of drug chart transcription on discharge from PICU to wards within Bristol Children's Hospital v local and national standards	No		Abandoned
4874	Adherence to anti-coagulation protocol in Paediatric Intensive Care v local and national standards	No	<<	In Progress
4986	Rapid Review of unplanned admissions to PICU v local standards	No		Completed
5234	Unplanned Extubation on PICU v national and local standards	Yes		In Progress
5279	Transport documentation for critical care patients transported by the WATCH team v local standards	Yes		In Progress
72	Regional Audit of Critical Care Outcomes (Audit of Critically Ill Children)	No		Ongoing
Children's Services - Neonatology				
1142	Vermont Oxford Network (NICQ Programme)	No		Ongoing
1902	National Neonatal Audit Programme (NNAP)	No		Ongoing
3779	Checking of newborn life support equipment - CNST 3.5.2	No	<<	In Progress
4056	Car seat assessments in neonates [re-audit of 3767]	No	<<	In Progress

4152	Central venous catheters inserted on NICU	No		Abandoned
4165	Newborn sepsis guidelines	No		Completed
4421	Blood cultures in NICU [Re-audit of 3349]	No		Abandoned
4610	Investigation and management of Neonatal Downs syndrome	No		Abandoned
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.	No		Abandoned
4811	Head Circumference Monitoring of Neonates [re-audit of 4216]	No		Completed
4974	Assessment tool for babies receiving nasal CPAP via mask or prongs and for babies receiving high flow	No		Completed
5070	Accuracy of measuring out human milk fortifier on the Neonatal Unit	Yes		Completed
5116	UNICEF UK Baby Friendly Initiative for Neonatal Units	Yes		In Progress
5184	Identification and Management of Neonatal Hypoglycaemia [Re-audit of 2983]	Yes		In Progress
5274	NICU discharge documentation on Philips clinical information system	Yes		In Progress
Children's Services - Nephrology				
4166	Multicentre audit of management of paediatric acute kidney injury v national standards	No		Completed
5108	Re-audit of paediatric patients receiving renal replacement therapy - 2017 - v national standards	Yes		Completed
5190	Re-audit of Paediatric Renal Transplantation v national and local standards	Yes		In Progress
Children's Services - Neurology				
4759	Epilepsy 12 National Audit - Round 3 (RCPCH)	No	<<	In Progress
Children's Services - Neurosurgery				
3953	Postoperative complications within 12 months following selective dorsal rhizotomy v local and national standards	No	<<	In Progress
5216	Re-audit Time Critical Transfer of patients to the paediatric neurosurgery centre v national standards	Yes		In Progress
Children's Services - Oncology & Haematology				
4648	Re-audit of on Treatment Review for Oncology Patients v local standards	No		Completed
4768	Portacath needle insertion documentation v local guidance	No		Completed
4797	Platelet and red cell use in paediatric Haem/Onc/BMT v national standards	No		Completed
4985	Annual audit of donor screening & testing in allogeneic siblings & unrelated donor Paediatric Blood Stem Cell Testing - 2014 -2017	No	<<	In Progress
5037	Planning and delivering Total Body Irradiation for BMT Patients v national standards	Yes		Completed
5060	Fluid Balance Documentation in Paediatric Haematology and Oncology Patients v local and national guidance	Yes		Completed
5079	Busulfan level monitoring	Yes		Completed
5111	Audit of Central Venous Catheter (CVC) Assessment v local guidance	Yes		Completed
5119	Nutrition support for patients with medulloblastoma v national standards	Yes		Completed
5131	Use of Rasburicase for tumour lysis syndrome prevention and treatment in paediatric haematology and oncology patients	Yes		Completed
5145	Re-audit of Long term effects of radiotherapy in childhood survivors of cancer	Yes		Completed
5295	Re-audit of Aseptic Non Touch Technique (ANTT) in clinical practice 2019 v local standards	Yes		In Progress
5297	Chemotherapy Delay Audit v local standards	Yes		In Progress
Children's Services - Palliative Care				
4381	End of life care planning for children with life limiting conditions v national standards	No		Completed
Children's Services - Pharmacy				
4903	Re-audit alteplase usage as a line-lock to maintain catheter patency in haemodialysis catheters at Bristol Children's Hospital v local guidance	No		Completed
4984	Use of Granulocyte Colony Stimulating Factor (G-CSF) in Paediatric Haematology and Oncology v national standards	No		Completed
5015	Parenteral nutrition in Paediatric Haematology and Oncology v local guidance	Yes		Completed

Children's Services - Physiotherapy

5282	Early Mobilisation on PICU v national standards	Yes		In Progress
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Children's Services - Radiology

5106	Re-audit of quality of standard left hand and wrist x-rays for bone age assessment	Yes		Completed
5121	Recording contrast medium use in Children's Hospital CT v local and national standards	Yes		Completed
5298	Re-audit of non-operative reduction of intussusceptio (2016-2019) v national standards	Yes		In Progress

Children's Services - Respiratory

4496	Audit of Paediatric Pleural infection management v local and national guidance	No	<<	In Progress
4555	Care in Spinal Muscular Atrophy Type 1 and Spinal Muscular atrophy with Respiratory Disease v national standards	No	<<	In Progress
4726	BTS Paediatric Pneumonia audit	No		Completed
4776	Prescribing of Ivacaftor in paediatric patients with cystic fibrosis v national standards	No		Completed
4822	Royal College of Physicians Asthma Audit Development Project (AADP) - Pilot national project	No		Completed
4902	Parental satisfaction in the paediatric allergy clinic v national standards	No		Completed
5219	Use of exhaled nitric oxide (FeNO) and nasal nitric oxide (nNO) v national standards	Yes		In Progress

Children's Services - Rheumatology

4770	Re-audit on General Anaesthetic Joint injection waiting times 2015 v local standards	No		Completed
4987	Highly elevated ferritin (HEF) levels and secondary haemophagocytic lymphohistiocytosis / macrophage activation syndrome v national standards	No	<<	In Progress
5299	Paediatric Rheumatology referrals 2017-2018 v local standards	Yes		In Progress

Children's Services - Surgery

3668	Biofeedback in management of dysfunctional voiding v national standards	No	<<	In Progress
4287	Post-operative complications in bilateral orchidopexy for bilateral undescended testis v published standards	No		Completed
4875	Long-term outcomes following nephrectomy in hypertensive patients	No		Completed
4983	Screening of VACTERL Neonates v national standards	No		Completed
5010	Care of neonates with bilious vomiting referred from other centres for review by tertiary paediatric surgical team v Regional guidance	No		Completed
5195	Pre-operative recording of height and weight v local standards	Yes		Completed
5284	Re-audit of measurement and documentation of height and weight in day case paediatric patients v local standards	Yes		Completed
5300	Management and Outcomes of Congenital Anomalies v national standards	Yes		In Progress

Children's Services - Trauma & Orthopaedics

4215	Follow up of children with thoracotomies and sternotomies for scoliosis v national standards	No		Abandoned
4456	Paediatric Orthopaedic Trauma Snapshot [POTS]	No		Abandoned
5144	Specialty patient clerking v national and local standards	Yes		Completed
5150	Patient access to fracture clinic v local and national standards	Yes		In Progress
5215	Children's Trauma and Orthopaedics Accurate Coding Audit v local and national standards	Yes		Completed
5301	Management of bone and joint infections v local standards	Yes		In Progress

Women's Services - Gynaecology

231	The collection of regional gynaecological cancer for the purposes of audit and improvement of management	No		Ongoing
1945	National audit of invasive cervical cancers	No		Ongoing
4587	Post-operative infection rate in gynaecology oncology department in STMH	No		Abandoned
4714	Management of pregnancy of unknown location	No	<<	In Progress
4763	Gynaecology emergency operating [re-audit of 4364]	No	<<	In Progress

4972	Vulval malignant melanoma	No		Completed
5011	Endometriosis management and patient outcomes	Yes		Completed
5012	Augmented Care Guideline	Yes		In Progress
5023	Fluid Management in Transcervical Resection of Fibroids	Yes		Completed
5027	Infection following hysterectomy (investigation of cases following CHKS outlier alert)	Yes		Completed
5080	Uterine Artery Embolisation for the Treatment of Uterine Fibroids	Yes		Completed
5082	BSUG Urogynaecology	Yes		Ongoing
5146	Outcome of High-Grade ?Invasive Cytology Referrals	Yes		Completed
5263	Diagnosis and management of patients with premature ovarian failure	Yes		In Progress
5288	Large Loop Excision of the Transformation Zone (LLETZ) biopsy: Outcome of Test of Cure	Yes		In Progress
Women's Services - Obstetrics & Midwifery				
1638	UNICEF UK Baby Friendly Initiative best practice standards for Maternity	No		Ongoing
2276	Management of Shoulder Dystocia	No		Ongoing
2321	Antenatal and Newborn Screening Programme (National Screening Committee)	No		Ongoing
2391	Caesarean section monitoring	No		Ongoing
2449	Obstetric haemorrhage	No		Ongoing
2730	Implementation of Modified Obstetric Early Warning Score (MOEWS) charts (severely ill women)	No		Completed
2795	Rate and management of perineal tear	No		Ongoing
2796	Vaginal Birth After Caesarean Section	No	<<	In Progress
2803	Bristol Stillbirth audit - continuous	No		Completed
2849	Re-audit of use of Oxytocin in the first and second stages of labour (CNST 3.2.5)	No	<<	In Progress
2930	Maternity records re-audit	No		Ongoing
3930	UK National Screening Committee National Hepatitis B in Pregnancy Audit 2014	No	<<	In Progress
4580	National Maternity and Perinatal Audit	No		Ongoing
4586	Antenatal SSRIs and the neonatal NAS scoring in the immediate postnatal period	No	<<	In Progress
4647	Supplementation of breastfeeding	No		Completed
4712	Timing and mode of delivery in women with Type 1 and 2 diabetes in pregnancy	No		Abandoned
4716	Support for parents following an unexpected poor outcome at birth [Re-audit of 3547]	No		Completed
4751	VTE Prophylaxis in Pregnancy	No	<<	In Progress
4795	Use of the Inpatient Maternal Sepsis Screening Tool in Maternity Services	No		Completed
4861	Quantitative fetal fibronectin testing and outcomes	No	<<	In Progress
5021	Referral and management of perinatal mental health patients [re-audit of 4134]	Yes		In Progress
5044	Pre-pregnancy Counselling for Women with Pre-existing Diabetes [re-audit of 3049]	Yes		Completed
5113	Fetal monitoring in labour [re-audit of 2845 and 2846]	Yes		Ongoing
5114	Documentation of Partner Details and Living Situation by Community Midwives [re-audit of 4910]	Yes		Completed
5125	TAMBA Multiple pregnancy maternity engagement project [Re-audit of 4752]	Yes		In Progress
5157	Symphysis Fundal Height (SFH) Measurements in Pregnancy [Re-audit of 4565]	Yes		Completed
5172	Management of Neonatal Jaundice	Yes		In Progress
5187	Immediate care of the newborn [re-audit of 4585]	Yes		In Progress
5200	Prescription drug errors on maternity wards	Yes		In Progress
5204	Use of Modified Obstetric Early Warning Score (MOEWS) chart in intrapartum care	Yes		Ongoing
5229	Identification of abnormalities during digital vaginal examinations	Yes		In Progress

5267	Examination of the newborn [re-audit of 4681]	Yes		In Progress
Women's Services - Reproductive Medicine				
4862	Male spermatogenesis induction	No		Completed
5019	Compliance of intrauterine insemination (IUI) treatment with HFEA standards [re-audit of 4543, 4238]	Yes		Completed
5247	Compliance of intrauterine insemination (IUI) treatment with HFEA standards [re-audit of 5019]	Yes		Completed

