



**University Hospitals
Bristol and Weston**
NHS Foundation Trust



Clinical Audit Annual Report 2023/24

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1. Introduction

1.1 Clinical Audit & Effectiveness Team

During the financial year 2023/24, clinical audit at University Hospitals Bristol and Weston NHS Foundation Trust was supported by a team of six Clinical Audit Facilitators and a Clinical Audit Clerk (5.4wte), employed by the Division of Trust Services and working closely with healthcare staff in clinical divisions to support clinical audit projects and activity. 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. Additional support continues to be 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.

Clinical Audit Facilitators are supported by agreed clinical or service leads for audit (Clinical Audit Convenors) within Divisions/specialties. Full details of the CAET and the Divisions/specialties they support can be found at [Appendix A](#) of this report.

During 2023/24, the team focused on a number of priorities: the development of a ward and area audit programme within AMaT (see section below), implementing recommendations from an internal audit, improving participation in national audits and understanding any gaps, re-establishing face-to-face clinical audit training, and continuing to develop clinical audit data availability to Divisions/specialties for quality reporting purposes. The team also provided information on clinical audit activity, projects and planning to support two CQC inspections/assessments over the year in relation to maternity services and urgent and emergency care.

Priorities/objectives for 2024/25 include further work on potential applications for the AMaT system, developments to clinical audit training provision, further work on providing relevant information to Divisions and improving assurance process for Divisional review of outcomes from national audits.

1.2 Development of AMaT

In August 2020, the Trust procured a new project management system to improve the processes of registration, monitoring and reporting clinical audit activity; Audit Management and Tracking (AMaT®). In March 2023, it was agreed the AMaT system would replace Tendable® as the Trust's primary system for capturing nursing quality audits, delivering a substantial cost saving to the Trust.

This facility subsequently went live in August 2023 with key audits and criteria designed measuring/monitoring practice against standards covering falls, dementia, nutrition/hydration, patient safety, infection prevention & control and medicines management. Audits include elements of general observation, documentation review and practice observation.

Starting with inpatient wards, the Head of Clinical Audit has worked closely with the Senior Nurse Quality & Professional Standards during 2023/24 to develop and adapt this programme of audits to include other areas; outpatients, day case, emergency departments and theatres/recovery. Work has also been done to improve reporting and the availability of data and results to Divisions and relevant specialist teams/groups to help improve review and identify actions/learning opportunities. Along with further development of the current programme, there an opportunity to use AMaT for other projects/purposes; this will be explored during 2024/25.

1.3 Oversight and reporting

The Clinical Audit Group (CAG) is the Trust's lead group overseeing the practice of clinical audit. CAG's membership is made up of Clinical Audit Convenors (audit leads) within Divisions/specialties, Clinical Audit Facilitators and other representatives from the corporate Quality Team. The Group is chaired by Dr Ruth Murphy, Consultant Anaesthetist.

CAG met eight times during 2023/24 to review completed projects and monitor forward plan progress including participation in national clinical audits. During the year, the Group also reviewed and agreed updates to the Clinical Audit Policy and CAG's Terms of Referenc, both of which were subsequently approved by Clinical Quality Group.

At each meeting, CAG reviews outcomes and actions from clinical audit projects to ensure that results are clear and that appropriate action plans have been put in place. Where this is not the case, 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 which case, the Group will recommend wider dissemination of the results as necessary for shared learning purposes.

1.4 Internal Audit

As part of 2023/2024 Audit and Assurance Plan, Internal Audit undertook a review of Clinical Audit within the Trust. The audit focused on the annual planning process, the delivery and completion of projects and monitoring and reporting arrangements. The final report was issued in November 2023 and the overall assurance opinion on the design and operation of controls was found to be Satisfactory. Recommendations included making minor changes to current policy/internal documentation, suggested changes to the AMaT system to improve assurance and standardisation of reporting.

1.5 Clinical Audit Training

Throughout the year, the CAET continued to run a 'Beginner's Guide to Clinical Audit' workshop 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. Six sessions were available in total; two face-to-face and four online. Uptake decreased this year with a total of 25 attendees (47 in 2022/23), however it is encouraging that 19 staff attended the face-to-face sessions which were restarted in the year having previously only been offered online since the Covid pandemic. Further sessions are planned for 2024/25 and the team will focus on promoting these. The potential to also add current training, in modular form, to Kallidus will also be explored.

In addition to scheduled workshops, bespoke training sessions were provided by the CAET for other staff groups within Divisions/specialties including at foundation doctors' training sessions.

1.6 Annual Forward Plans

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 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 2023/24 can be found at [Appendix C](#).

Progress against projects on the forward plan is monitored by the CAET and CAG and reported to the Clinical Quality Group via the Clinical Effectiveness Group. Overall progress against the 2023/24 plan as at the end of the financial year is reported at [Appendix B](#).

1.7 Annual Quality Account

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Account for 2023/24. The relevant extract has been reproduced in [Appendix D](#) of this report. As outlined within this statement, the Trust has a duty to provide information on the actions taken and improvement made as a result of clinical audit activity. This information can be found within the changes and benefits section of Divisional reports.

1.8 National and Regional Involvement

Members of the CAET attended the South West Audit Network (SWANs) regional and national forum held virtually bringing clinical audit professionals together to share best practice through presentations, discussion and networking. In addition, the team has attended learning events run by the Clinical Audit Support Centre, an independent organisation providing support to NHS clinical audit professionals.

Stuart Metcalfe, Head of Clinical Audit & Effectiveness
September 2024

2. Activity data & key statistics

2.1 Introduction and explanation of figures and statistics

The figures and statistics presented throughout the rest of this report are based on data from AMaT®. Some of the measures are based on projects newly registered on AMaT® within the financial year 2023/24, while others are based on projects closed during the same time period, regardless of when they started.

2.1.1 Overall activity indicators/measures


The table below provides an overview of some simple activity measures and definitions. Information is presented at programme level (i.e. figures based on all registered projects on the system) against new projects registered during 2023/24. Information from the previous financial year is also shown as a further comparison.

	Programme*	2023/24	
Total number of projects	979 100%	275 100%	Total projects registered and new projects registered during 2023/24.
Total number of open projects	554 57%	213 77%	
Number of open projects with no results	367 66%	130 61%	Projects in progress but still not passed date of agreeing results/ actions.
Number of open projects with results	187 34%	83 39%	
Number of open overdue projects (no action plans)	432 78%	126 59%	Projects where the planned date of agreeing an action plan has been exceeded or action plans are past completion date.
Total number of open projects (with action plans)	100 18%	64 30%	
Number of open overdue projects (with action plans)	47 8%	28 13%	
Number of closed projects	425 43%	62 23%	All actions completed and the project cycle has been signed off.
Number of abandoned projects	81 N/A	3 N/A	Unable to obtain a final outcome/ action plan of an audit.

* All activity: Projects registered since 1st August 2020 to 31st March 2024


Further comment on specific indicators/measures can be found below:

Total number of projects

	New projects registered during 2023/24	2022/23
		287


There has been a slight decrease in the number of new projects registered this financial year; 275 vs 287 in 2022/23. Figures from previous years shows on average 280 new projects registered per year so the position is fairly stable.

Closed projects

	Total number of projects closed during 2023/24 where all identified actions have been fully completed.	2022/23
		93

When action plans are agreed on AMaT, the system will send automatic notifications to action owners. This may be some time after any review by CAG and reflects the number of projects where the clinical team have completed the actions identified and the project may be ready for re-audit. This is a different measure to the number of projects that CAG have reviewed at the stage when actions plans are agreed (this figure is reported later in the report).

Abandoned projects

3 	Total number of projects abandoned during 2023/24	2022/23
		10


There will be occasions where, despite best efforts, the team are not able to obtain a final outcome/action plan of an audit from the clinical team. This is often when a project lead leaves the Trust or rotates to a different specialty. The clinical audit team will continue to monitor, but there comes a time when a pragmatic decision to abandon the project has to be made. This does not necessarily mean that the project team have not undertaken the work or agreed improvement actions.

Although there is no specific performance level associated with this measure, internally we'd expect this to be below 10% of activity.

2.1.1 Additional quality measures/indicators

Over the years, a number of other indicators and measures have been reported. Further information and comment can be found in the following section. Information from the previous financial year is also shown as a further comparison.


Re-audit rate

27% 	Percentage of activity that is re-audit	2022/23
		25%

Just over a quarter of projects registered during the year we re-audit projects; these aim to measure the improvement in care made by the actions implemented following earlier audit cycles. The overall proportion of projects that are re-audit has increased slightly on last year; historically a figure over 25% was felt to be a healthy proportion.


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 reasons, you would not expect to see a particularly high re-audit rate. As action plans continue to complete and therefore projects at are a stage to re-audit, we would expect this figure to rise moving forward.

National recommendations and standards

56% 	Measure/Indicator	2022/23
	Audits measuring practice against standards/ recommendations from national bodies such as Royal Colleges and the National Institute of Health and Care Excellence (NICE).	61%

There has been a slight decrease in audits measuring standards or recommendations from national guidelines. the figure had remained quite consistent over the years until the introduction of AMaT; (~25% from previous reports). In past reports, this measure was calculated from a total of all projects complete or in progress during the year, regardless of when they were registered; due to the differences in available data, it is now calculated only from projects registered during the year, however there is no reason to suppose that this would account for the increase. It may reflect better recording of relevant guidance by audit leads in the new AMaT system. Outside of clinical audit, the Trust also has other processes in place to determine whether care is in line with NICE and other national guidance.

Incidents and risk management


	Measure/Indicator	2022/23
	Projects linked to incident or risk management processes.	9%

This measure is based on projects undertaken to help improve care where issues have been identified through incident reporting or to address known clinical risks. Work has been undertaken over a number of years to encourage the routine consideration of clinical audit as part of the incident management process. The proportion of clinical audit projects linked to incidents and risks in 2023/24 remained broadly unchanged compared to the previous year (although as at the time of writing the figure for 2024/25 is 13%)

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. 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.

The introduction of the new Patient Safety Incident Response Framework (PSIRF) in October 2023 presents an opportunity to further review how clinical audit can help support incident management and themes identified.

Audits reviewed at Clinical Audit Group

	Total number of projects where action plans have been approved and were reviewed by CAG.	2023/24
		209

CAG reviews outcomes and actions from clinical audit projects to ensure that results are clear and that action plans have been produced and address gaps. Where CAG feel this is not the case, the group will seek further clarity from the project lead or from within the CAET before recommending 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, such as VTE management. In this case, the Group will recommend wider dissemination of the results as necessary for shared learning purposes. All projects reviewed had suitable action plans in place to address issues (where the audit did not confirm acceptable practice). There has been a drop in this figure, mainly due to the standing down of CAG for two meetings in February and March 2024 (26 relevant projects were subsequently reviewed at meetings post April 2024).

3. Divisional Summaries

The following section summarises activity by Division using tables derived from dashboards provided in AMaT®. The figures are based on projects registered between 1st April 2023 and 31st March 2024. In the summary tables for each Division, the following definitions apply:

	2023/24		
Total number of projects	287	100%	Total projects registered in the Division during 2023/24. Projects still in progress at the end of 2023/24 but still not passed date of agreeing results/actions. Where the original planned date of agreeing an action plan has been exceeded. Where all actions have been completed and the project cycle has been signed off. Where the team are not able to obtain a final outcome/action plan of an audit
Total number of open projects	194	68%	
Number of open projects with no results	141	73%	
Number of open projects with results	53	27%	
Number of open overdue projects (no action plans)	143	74%	
Total number of open projects (with action plans)	39	20%	
Number of open overdue projects (with action plans)	15	8%	
Number of closed projects	93	32%	
Number of abandoned projects	10	N/A	

The changes, benefits and improvements made as a result of completed projects (those projects where action plans have been agreed and CAG have reviewed) are also summarised. These may be from projects started in previous financial years

3.1 Diagnostics and Therapies

	2022/23		2023/24	
Total number of projects	24	100%	20	100%
Total number of open projects	15	63%	12	60%
Number of open projects with no results	12	80%	8	67%
Number of open projects with results	3	20%	4	33%
Number of open overdue projects (no action plans)	10	67%	8	67%
Total number of open projects (with action plans)	1	7%	2	17%
Number of open overdue projects (with action plans)	0	0%	0	0%
Number of closed projects	9	38%	8	40%
Number of abandoned projects	0	N/A	0	N/A

A total of 12 projects were reviewed by CAG during the year.

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

Diagnostic Services	
Diagnostic Services – Adult Audiology	
AUDIO/CA/202 2-23/01 & AUDIO/CA/202 3-24/01	These audits confirmed good performance against fitting averages for real ear measurements. Regular re-audit to be reduced to once a year.
Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)	
CLIBIO/CA/202 2-23/03	Following the audit of potassium results in blood samples sent to the BRI from primary care, GP practices which had the highest difference of 0.5 mmol/L were advised about the remedy pathway (bnssgccg.nhs.uk) and suggest use of GPE panel to improve the quality of samples.
CLIBIO/CA/202 3-24/01	The majority of standards relating serological testing for Coeliac disease in accordance with NICE clinical guideline NG20 (and local guidelines).
Diagnostic Services – Infection control	
INFECT/CA/202 2-23/01	The results of this audit of short term catheter management demonstrated good practice in some areas of care but areas for improvement. Results were discussed and shared widely with various groups and Divisions. Staff have been reminded on the importance of accurate documentation for the insertion and continuing care of short term urethral catheters. Wider actions are being agreed.
Diagnostic Services – Medical Physics & Bioengineering	
MEDPHYS/CA/ 2022-23/02	As a result of the evaluation of the diagnostic pathway for patients with suspected giant cell arteritis at UHBW, all patients presenting at WGH will be offered an earlier appointment at the BRI if they can't be seen within 48 hours.
Diagnostic Services – Microbiology	
MICRO/CA/202 1-22/01	A clinical pathway, in which vaccination to be actively offered to patients awaiting for an elective or acute splenectomy in UHBW, was created as a result of this audit.
Diagnostic Services - Radiology	
RADIO/CA/202 3-24/03	Following the audit of GP MRI knee referrals in patients older than 50, a single page summary of the findings were shared with primary care referrers via ICS (Integrated Care System) to raise awareness of process. Vetting processes introduced to improve process further.
RADIO/CA/201 9-20/04	This audit of patient resuscitation status determined that the status was not always know to Radiologists. training package to staff across the trust is needed to be aware of the trust guidelines which outline the need for the ReSPECT form to stay with patients at all times.
RADIO/CA/202 2-23/02	Results of this audit of facial bone image quality were reasonable. Further education to radiographers on positioning was carried out. Staff are were encouraged to use the comments function on CRIS during difficult examinations to provide further information.
Therapy Services	
Therapy Services – Pharmacy	
PHARM/CA/20 19-20/04	As a result of the audit of medicines optimisation (linked to a CQUIN), the review of BMT/haematology antifungal guidelines, in particular recommendations for antifungal prophylaxis for Severe Aplastic Anaemia was carried out and changes made .
PHARM/CA/20 22-23/05	The results of this audit into the management of anticoagulants and antiplatelet in accordance with perioperative medication guidelines were not concerning. The project informed a wider piece of work of understanding areas of risk in the clinical pharmacy service.
PHARM/CA/20 22-23/06	This re-audit of patch prescription administration and removal showed significant improvement in all standards. One issue identified was around the adequate supply and clear location of PARR forms on the ward which the team are addressing. Electronic patch prescription is also to be explored.

3.2 Medicine

	2022/23		2023/24	
Total number of projects	34	100%	36	100%
Total number of open projects	20	59%	30	83%
Number of open projects with no results	17	85%	19	63%
Number of open projects with results	3	15%	11	37%
Number of open overdue projects (no action plans)	16	80%	21	70%
Total number of open projects (with action plans)	3	15%	6	20%
Number of open overdue projects (with action plans)	2	10%	3	10%
Number of closed projects	14	41%	6	17%
Number of abandoned projects	0	N/A	0	N/A

A total of 10 projects were reviewed by CAG during the year.

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

Emergency Department

EDMED/CA/2022-23/06	This audit of assessment and diagnosis of cauda equina demonstrated variable compliance with Severn Spinal Guidelines and BRI CES SOP standards. A robust action plan focused on staff training, reassessment of MRI requirements for this cohort of patients, liaising with the litigation team around safety netting processes and learning from previous cases.
EDMED/CA/2020-21/03	This audit of right iliac fossa pain showed moderate compliance for both criteria measured (~75%). The criteria focused on triaging the relevant cohort correctly and ensuring a pregnancy test is done on presentation with pain in right iliac fossa. Actions focused on increasing awareness of importance of correct procedure through department circulars and 'message of the week'.
EDMED/CA/2021-22/04	This audit demonstrated that practice standards of DVT risk assessment for patients with lower limb immobilisation, were not being met. Patients were not being provided with written safety net information which would increase chances of developing DVT. As a result, changes were made to Medway EPR to ensure VTE assessment had taken place.

Medical Specialties

Medical Specialties – Care of the Elderly

COE/CA/2022-23/02	Ward A524 audited their use of Rockwood Frailty Scale Scoring for care of the elderly. Results suggested poor compliance with standards. Regular reminders and stickers to increase awareness were put in place to increase awareness. A reaudit is planned.
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Medical Specialties - Contraceptive & Sexual Health Services (CASH)

CASH/CA/2020-21/06	The majority of standards in this audit relating to the assessment of safety and referral for support for patients experiencing domestic violence, achieved 100% compliance.
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Medical Specialties - Gastroenterology & Hepatology

GASHEP/CA/2022-23/07	This audit which utilised 23 criteria, demonstrated inconsistent compliance with the use of the cirrhosis discharge bundle. To improve the usage of the bundle, a new electronic version was created.
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Medical Specialties - Respiratory

RESP/CA/2022-23/03	This audited whether adequate comments should be made if patients were unable to reach 90% of predicted max HR or if other maximal test criteria had been met. Only 41% of patients had comments in their notes. The team suggested that further audits could be used to investigate a larger sample size in order to identify more robust postoperative predictors.
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Medical Specialties - Rheumatology

RHEU/CA/202 2-23/01	Results of this audit of patients with inflammatory arthritis showed that all patients started on biologic were properly investigated prior to initiation of their medications according to BSR guidelines. Furthermore, they all had a specialist review within 6 months of starting their medications (however, 1 of the 2 patients placed on Tocilizumab did not have lipid check at 3 months). Adjustments were made to text messages for patients on Tocilizumab to include lipid profile when having blood tests at their GP surgery.
Medical Specialties – Sexual Assault Referral Centre	
SARC/CA/202 2-23/04	This audit confirmed excellent performance against the trust’s Chaperone policy with all four standards achieving full compliance. Actions focused on disseminating results and reminding of good practice.
SARC/CA/202 2-23/03	The data collected from ten sets of adult medical records shows that the SARC was meeting 14/15 criteria set for this audit of clinical documentation, apart from one: 'all deletions or alterations are countersigned, dated and timed', for which none of the records audited complied fully. It was noted that the majority of deletions and alterations were initialled. Action focused on encouraging clinicians to sign, date and time any alteration or deletions, fully.

3.3 Specialised Services

	2022/23		2023/24	
Total number of projects	33	100%	20	100%
Total number of open projects	21	64%	15	75%
Number of open projects with no results	13	62%	9	60%
Number of open projects with results	8	38%	6	40%
Number of open overdue projects (no action plans)	12	57%	9	60%
Total number of open projects (with action plans)	7	33%	5	33%
Number of open overdue projects (with action plans)	5	24%	1	7%
Number of closed projects	12	36%	5	25%
Number of abandoned projects	2	N/A	1	N/A

A total of 13 projects were reviewed by CAG during the year.

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

Cardiac Services

Cardiac Services - Cardiology

CARDO/CA/2023-24/05	General themes relating to this audit included a lack of documentation. As a result, the clinical team has amended the cardiac monitoring sheet to make it more accessible, in addition to registering a Ward and Area monthly audit to monitor ongoing completion/compliance.
CARDO/CA/2020-21/05	As a result of this audit, awareness has been raised about the potential use of non-invasive procedures (CT coronary angiography - CTCA) as an adjunct to diagnosis. There are further plans to investigate whether this is a more popular means of intervention in the future, however there is low risk associated with more invasive procedures currently used.

Cardiac Services – Clinical Genetics

CGEN/CA/2023-24/02	Following this audit, findings demonstrated maintained compliance with antenatal haemoglobinopathy guidelines at UHBW. As a result of the finding the team will continue to provide training to regional antenatal screening teams, implementing a new, updated guideline which will be audited later in the year.
CGEN/CA/2019-20/02	This audit of antenatal haemoglobinopathy management pathways demonstrated good compliance with all standards, consolidating the consistently high level of assurance recorded over the last 3 years. Active communication with clinical teams has proven to have contributed to these findings.

Oncology & Clinical Haematology

Oncology & Clinical Haematology - BMT

BMT/CA/2023-24/01	Both criteria audited against failed to demonstrate suitable compliance with regards to this audit of central line contamination by calcineurin inhibitors in adult patients post allogeneic transplant. Actions focused on continuing the ongoing educational program about appropriate handling of lines will be continued and a re-audit is planned.
CHAEM/CA/2022-23/02	Following this audit of Rasburicase usage in Tumour Lysis Syndrome, a single-page, easy-to-use, TLS risk assessment proforma was designed. This includes patient particulars, details that influence TLS risk, the level of risk for the particular patient, and the recommended prophylaxis. A TLS risk assessment prompt will be available for use in Careflow EPR.
BMT/CA/2022-23/06	The majority of standards in this audit of adult haematopoietic stem cell transplant donor serology testing were met. Additions and changes were made to the ICE system and BMT transport boxes have been introduced. Updates to local SOPs to reflect the change in process for donor virology bloods have also been made.
BMT/CA/2022-23/04	This audit indicated inconsistent adherence to the protocol for conditioning prescriptions in those patients requiring therapy prior to grafting. The action plan focused on reaffirming accurate protocol deviation documentations and the use of a 'protocol deviation form' as standard practice.

Oncology & Clinical Haematology - Clinical Haematology

CHAEM/CA/2022-23/04	This audit indicated low compliance with the guideline for the treatment of chronic lymphocytic leukaemia and a need to improve communication with GPs. As a result, a letter will now be generated at time of MDT registration to give advice to GP regarding vaccination required for patients with CLL.
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Oncology & Clinical Haematology - Oncology

XDIVSPS/CA/2022-23/02	This audit confirmed good performance against conducting a thorough clinical assessment, appropriate bloods taken, CXR performed and antibiotics given in neutropenic patients. However, only 85% of patients received antibiotics within 1 hour of presentation and 74% of patients had their MASCC calculated. Actions focused on education and performing an urgent clinical review upon arrival to the assessment unit.
ONC/CA/2021-22/03	This national audit primarily relates to clinical measures at NBT (as part of the wider cancer network), however the rate of rectal toxicity is relevant to the service and is observed to be lower than the national average.

Oncology & Clinical Haematology - Radiotherapy

RADIOT/CA/2022-23/02	In this audit of compliance to radiotherapy protocol for patients with Hepatocellular Carcinoma (HCC), thirteen out of sixteen criteria were fully compliant. Importantly, results show that all the patients audited had received a dose and fractionation that conforms to the protocol.
RADIOT/CA/2022-23/06	Three out of four standards relating to skin brachytherapy for non-melanoma skin cancer achieved full compliance. As a result radiology, physicists and oncologists agreed the most appropriate place for information around ultrasound prior to brachytherapy to be placed. A re-audit is planned.

3.4 Surgery

	2022/23		2023/24	
Total number of projects	61	100%	60	100%
Total number of open projects	44	72%	49	82%
Number of open projects with no results	35	80%	33	67%
Number of open projects with results	9	20%	16	33%
Number of open overdue projects (no action plans)	35	80%	30	61%
Total number of open projects (with action plans)	6	14%	13	27%
Number of open overdue projects (with action plans)	2	5%	6	12%
Number of closed projects	17	28%	11	18%
Number of abandoned projects	2	N/A	1	N/A

A total of 55 projects were reviewed by CAG during the year.

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/Acute pain

SURANAES/CA/2020-21/04	Staff survey audit across CDS, BEH, SMH, HGT and CEPOD lists. 96% of staff knew who their supervisor was and 75% knew how to contact them. The action plan focused on further audits of anaesthetic rooms and theatre boards and a Cappuccini audit
SURANAES/CA/2022-23/06	Compliance increased from 80% to 100% for all blocks being preceded by a Stop Before You Block. There was also an increase from 66% to 87% for all meds being 'passed' to the anaesthetist rather than 'lifted' by them. Results fed into wider/continual QI work taking place at Trust level and further improvement driven through this process.

Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia

ANAEO/CA/2020-21/01	This audit showed low compliance with standards related to the management of anaemia and iron supplementation in cardiac obstetric patients. As a result, a new pathway has been written to address the discrepancies in care and has been re-audited, with significant improvement observed.
ANAEO/CA/2023-24/01	Given the limited assurance recorded for this audit an updated pathway is being written to help with the management of antenatal iron levels for high and low risk women.

Anaesthesia & Critical Care & Theatres – Critical Care

GICU/CA/2023-24/02	This re-audit showed that 77% of chest x-rays (done to check nasogastric tube position) were documented in ITU notes by the relevant clinician. This was an increase from 38% and following the introduction of a new form. The action plan included a discussion with nutrition team on how best to update guidelines, conduct literature review for practices at other intensive care units across the UK. Also individual feedback was collated from ITU staff, and a discussion was had as to whether the new form could be added to ITU electronic notes and to ensure this was discussed during handovers. A re-audit is scheduled.
GICU/CA/2022-23/04	4 out of 6 standards were achieved in this audit of fluid management of patients undergoing Whipples procedures. The audit findings were shared at the ICU meeting, with theatre/recovery staff and with the surgical team. Further work planned to determine whether guidance would avoid organ dysfunction and therefore necessitates a change in practice.

Dental Services

Dental Services - Maxillofacial Surgery

MAXFAC/CA/2022-23/03	This audit demonstrated poor compliance with NICE clinical guideline 89 with regards to risk assessments for VTE. Improvements have been made to awareness and clarity of correct approach. This project also ties into wider work and improvement regarding VTE compliance being led at Trust level.
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Dental Services – Oral Surgery

ORSUR/CA/2020-21/04	This audit of all patients undergoing open exposure of their maxillary, palatally-located canine showed good compliance across most standards with improvement required for ensuring surgical pack is in situ at post-op appointment, and that patient is eating normally and pain free 7 days post-op. Audit findings were shared with relevant groups and staff were provided with relevant education. As a result, the existing 'Impacted Canine' patient leaflet was adapted to ensure patients know who to contact if pack lost early, and update instructions related to healing plates.
Dental Services - Orthodontics	
ORTHOD/CA/2023-24/03	This re-audit of Personal Protective Equipment (PPE) usage demonstrated significant improvement in all areas previously identified as underperforming while maintaining good performance in all aspects.
ORTHOD/CA/2021-22/05	This audit confirmed good compliance against several criteria and evidenced a need for improvement in other key aspects of PPE usage.
ORTHOD/CA/2021-22/07	This audit demonstrated that 50% of patients awaiting orthognathic surgery attended GDP for check-up within 12 months. As a result, a pathway of care was put in place for patients who are awaiting surgery undertaking fixed orthodontics, who cannot access a GDP.
Dental Services - Paediatric Dentistry	
PAEDD/CA/2022-23/13	Fifteen standards were assessed in this audit of paediatric trauma record keeping with a compliance between 67 -100 %. Actions included ensuring trauma forms are present in each room in the paediatric dental department, adapting the existing trauma form, and email reminders to paediatric dentistry staff. A re-audit is ongoing
PAEDD/CA/2022-23/08	Mixed compliance in this audit of non-attending children. A large action plan has been completed including, wide-ranging sharing of the audit across meetings, ensuring Trust policy is accessible, reminders to reception staff, nurse teaching. A WNB stickers has been created for use on notes to help documentation. A re-audit is planned.
PAEDD/CA/2022-23/14	This record keeping audit highlighted underperformance in all criteria when measured against a trust standard for Molar Incisor Hypomineralisation (MIH) record keeping. As a result of the audit a 'cheat sheet' was created to help outline key criteria to document.
Dental Services - Primary Care Dental Services	
PCDS/CA/2023-24/05	This record keeping re-audit demonstrated that the actions made after the first cycle have significantly increased compliance across all criteria however improvements can still be sought.
PCDS/CA/2022-23/04	This record keeping audit evidenced satisfactory performance against the standards however did not achieve a compliant result in any of the 4 criteria.
PCDS/CA/2023-24/02	This record keeping audit demonstrated that, whilst results relating to several key criteria were reassuring, improvements to specific aspects of record keeping can be made.
PCDS/CA/2022-23/02	This audit provided limited assurance that our recording of prescriptions is performing well in DAV and OOH with a digital solution implemented in order to ensure improvement.
Dental Services - Restorative Dentistry	
RESTD/CA/2023-24/01	This re-audit audit of documentation practice showed that 97% had a caries diagnosis, up from 87% in the previous audit. There was a slight decrease in the number of caries risk being recorded (63% down from 68%) and a decrease in the number of appropriate treatment plans (49% down from 61%). Actions included the implementation a patient Prevention Leaflet that outlines all aspects of the patients treatment plan. A re-audit was scheduled for January 2024
RESTD/CA/2022-23/07	The majority of standards relating to record keeping were well met and equipment provided to colleagues in order to seek improvement.
RESTD/CA/2022-23/01	This audit of radiograph reporting demonstrated that results had declined between cycles and will focus on the move to a digital record solution in order to improve.
Dental Services – Special Care Dentistry	
SPECD/CA/2023-24/01	Asa result of this record keeping audit improvements have been made to standardising documents, raising awareness and a greater focus within the new starter / induction paperwork.
Ophthalmology	
Ophthalmology – Cornea & Cataracts	
CORN/CA/2022-23/02	All nine standards were achieved for this audit and the action liaise with the Ophthalmic photographer team via email has been completed. No re-audit was required at this stage
Ophthalmology – Medical & Surgical Retina	
MEDRET/CA/2022-23/01	This audit of the hydroxychloroquine retinopathy screening service demonstrated good compliance with standards in most areas. The action plan focussed on discussions with relevant team members to ensure patients receive a patient information leaflet and how to avoid delays in getting a VF appointment. Relevant staff were emailed to remind them to copy in the prescribing physician in the discharge letter. A re-audit is ongoing
MEDRET/CA/2021-22/05	Compliance ranged from 0% to 100% in this audit of transition to adult services for patients with uveitis. Actions focused on training, communication and documentation. A transition proforma was added to Careflow EPR, revised guidelines were circulated and designated transition nurses were identified. A re-audit is scheduled.
Ophthalmology – Orthoptics & Optometry	

OROP/CA/2022-23/01	This audit reviewed process against internal operating procedures and national guidance for patients treated in the medical retina virtual clinic. Results show that compliance was generally good across seven standards with minor areas of improvement required. Actions focused on improving guidance and training.
Surgical Specialties	
Adult Surgical Specialties – Colorectal Surgery	
LGI/CA/2022-23/01	This audit of photodocumentation for patients undergoing colonoscopy showed reasonable compliance with 3/4 standards. The need for improving images displaying adequate mucosa. Actions focused on sharing the results with gastroenterology and to nurse endoscopists to raise awareness. A re-audit is nearing completion and has demonstrated improvement completed.
Adult Surgical Specialties – Ear, Nose & Throat (Adult)	
ENTAD/CA/2023-24/03	This re-audit confirmed improvement with the majority of patients meeting ENT UK guidelines for assessment and management timelines as a result of implementing a nasal fracture telephone triage system within the ENT emergency clinic. This has also resulted in fewer DNAs for face-to-face appointments therefore opening up more clinic time for patients who require it.
Adult Surgical Specialties – General Surgery	
GENSUR/CA/2022-23/01	The audit of aspects of the enhanced recovery after surgery (ERAS) protocol demonstrated good compliance with patients receiving appropriate post operative opioid therapy. The need for improvement in patients being prescribed post operative nutritional drinks immediately post op. Teaching was delivered to FY1s, the ERAS team was contacted, and pre-printed stickers were implemented in pre-op clerking to ensure all patients receive appropriate post op nutrition. A re-audit is scheduled.
Adult Surgical Specialties – Thoracic Surgery	
THOR/CA/2022-23/03	The audit focused on the rate of surgical site infection (SSI) rate of SSI in clean-contaminated wounds, as identified by the ACS-NSQIP. The target was under 7% and the audit showed rates were 9%. The audit was shared at the team meeting and the Thoracics morbidity and mortality meeting agreed to stop using skin glue to close VATS wounds. A re-audit was scheduled for November 2023 but has not been registered.
Adult Surgical Specialties – Trauma and Orthopaedic Surgery	
TRORTH/CA/2021-22/06	This audit into the availability of outpatient notes on Evolve showed poor compliance. Actions include improving processes within the system to ensure that previous operation notes are available and that all new admissions have a new yellow folder started. A re-audit is scheduled.
TRORTH/CA/2022-23/09	Poor results were observed in this audit of fracture related infections. The action plan implemented led to the development of a fracture-related infection patient information booklet and discharge letter template. A re-audit is planned.
TRORTH/CA/2021-22/12	Minor improvement observed from this re-audit of post operative radiographs but further actions implemented with an intention to re-audit for further improvement.
TRORTH/CA/2022-23/08	Following a fully implemented action plan, both risk related criteria achieved 100% in this re-audit into VTE risk assessments for trauma and orthopaedic patients.
TRORTH/CA/2020-21/01	Poor results observed in this audit into postoperative radiograph review following hip hemiarthroplasties, resulting in an action plan for improvement and a re-audit scheduled.
TRORTH/CA/2021-22/06	Poor compliance observed but an action plan involving IM&T and the T&O wards clerks to improve operation note information availability was agreed
TRORTH/CA/2021-22/01	Results (89%) were in line with national data (77%) with regard to all surgery in the frail patient performed to allow full weight-bearing for activities required for daily living within 36 hours of admission
TRORTH/CA/2022-23/03	Improvement observed over three cycles from 36% of patients receiving a post op radiograph review in the first cycle to 90% in this third cycle.
TRORTH/CA/2020-21/02	Insufficient sample to properly measure the results of this audit from a Trust perspective, however results of the national audit with 517 patients showed no association between low vitamin d levels and a higher 30-day mortality in the hip fracture population co-infected with COVID-19

3.5 Women's and Children's

	2022/23	2022/24
Total number of projects	89 100%	89 100%
Total number of open projects	58 65%	75 84%
Number of open projects with no results	41 71%	41 55%
Number of open projects with results	17 29%	34 45%
Number of open overdue projects (no action plans)	44 76%	38 51%
Total number of open projects (with action plans)	14 24%	31 41%
Number of open overdue projects (with action plans)	4 7%	15 20%
Number of closed projects	31 35%	14 16%
Number of abandoned projects	3 N/A	1 N/A

A total of 56 projects were reviewed by CAG during the year.

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

Children's Services

Children's Services - Anaesthesia

PANAES/CA/20 22-23/06	Following this audit of paediatric pain assessment, ward sisters, pain link Nurses, and senior nursing team contacted to highlight the results of the audit, and pain assessment competency and documentation awareness were added to the paediatric pain update study day.
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Children's Services - Audiology

PAUDIO/CA/20 23-24/07	This re-audit of fitting hearing aids in patients with temporary conductive hearing loss demonstrated improvements compared with previous audit. Recommendations for further improvements shared at departmental meeting and a re-audit planned.
PAUDIO/CA/20 23-24/02	This re-audit of auditory brainstem response showed improvement across all standards. Following the audit a reminder system has been established within MS Outlook so the team leader is prompted to search for new bilateral referrals each week, to make it easier to have an oversight of what reviews should be being sent and when.
PAUDIO/CA/20 22-23/02	Following this audit of management of cystic fibrosis patients undergoing aminoglycoside treatment, a spreadsheet used for documentation of patients who have received aminoglycoside IV antibiotics was amended, and medical records of children referred for hearing assessment monitored to ensure this has been carried out.
PAUDIO/CA/20 21-22/01	This audit measuring against Early Hearing Detection and Intervention (EHDI) guidelines demonstrated good compliance with regards elements of screening. The action plan focused on re-audit with additional criteria to take into account new national paediatric audiology standards.
PAUDIO/CA/20 22-23/06	As a result of this audit of auditory brainstem response (ABR) testing peer review and data reporting, systems for recording peer review have been amended to prompt clinical staff to save external peer review traces. A subsequent audit is in progress and has demonstrated improvement in initial results.
PAUDIO/CA/20 22-23/07	This audit of later identified permanent childhood hearing impairment (PCHI) identified the need for improvement in standards related to hearing aid fitting and patient review. Actions to improve included updating SOPs, creating specific prompts within history documentation sheets and the creation of a specific PCHI report within the current reporting/monitoring system.
PAUDIO/CA/20 23-24/06	Following this audit of discharge criteria, electronic recording systems modified to include drop down menu to allow Audiology staff to indicate whether a) parents had no concerns, b) parents had resolved concerns following discussion, c) parents continued to be concerned, and if so, what kind of review has been offered.
PAUDIO/CA/20 22-23/08	Following this audit of British Academy of Audiology (BAA) paediatric quality standards, which demonstrated good compliance with measures, the audit proforma is to be revised for the next round to provide more information about compliance with REM standards (measurements made within the ear canal).

PAUDIO/CA/2023-24/05	Following this audit, the Standard Operating Procedure (SOP) for fitting of Starkey contact mini devices has been revised and a re-audit is planned.
PAUDIO/CA/2022-23/05	This audit of targeted follow-ups from the Newborn Hearing Screening Programme demonstrated excellent compliance with regards to patients with the defined criteria offered a targeted follow up at 8-10 months corrected age. Further improvement will be made by a new routine quarterly check/review of all patients on the follow up group.
Children's Services – Burns & Plastics	
PBUP/CA/2021-22/01	Following this audit of trauma notes completion, results were reviewed at the departmental governance meeting, and re-audit carried out to assess improvement. The re-audit is not yet fully complete but provisional results demonstrate improvement.
Children's Services – Ear, Nose & Throat	
ENTP/CA/2022-23/03	This audit confirmed significant assurance that patients with bilateral hearing loss are reassessed after 3 months. Following this audit all paediatric patients are to have an automatic follow-up with audiometry booked to increase attendance and compliance with standards. A re-audit is scheduled to establish how COVID-19 affected follow-ups in clinic.
Children's Services - Emergency Department	
PED/CA/2023-24/01	Following this audit of clinician attendance at paediatric major trauma MDT, the attendance document to be revised to reflect specialty patients discussed and attendance of their leads to that MDT. Deviations by teams from Children's Major Trauma Quality Indicators to be discussed with specialty leads.
PED/CA/2022-23/06	Following this audit, results and recommendations disseminated to specialist teams, including via presentation to relevant Mortality and Morbidity meeting.
Children's Services - Endocrinology	
PENDO/CA/2022-23/01	Following this audit a teaching session has been organised for nurses and junior doctors, including various scenarios on Diabetic Ketoacidosis (DKA) management, and a patient safety message sent to increase awareness of the DKA pathway & charts to be used.
PENDO/CA/2021-22/02	Results of this national audit of diabetes management show that the Trust performed best in the region and above the national average in many of these key checks; measurements for blood glucose were undertaken in 99.5% of children (99% nationally), thyroid function in 90% (86% nationally), kidney function in 79% (77% nationally) and eye screening in 77% (68% nationally).
Children's Services - Gastroenterology	
PGAST/CA/2022-23/04	Following this audit of waiting times for newly suspected inflammatory bowel disease (IBD), the possibility of referral being directly to Bristol is being explored was discussed with regional colleagues.
PGAST/CA/2022-23/05	Following this audit of immunogenetic investigation in very early onset IBD, guidance is being revised (in co-operation with Immunology) to make it clear who is responsible for organising particular tests.
PGAST/CA/2022-23/02	Following this audit of consultant review of patients with IBD it was planned to further investigate anomaly data and reasons why patients not seen.
Children's Services - General Medicine	
PGENMED/CA/2023-24/01	Following this audit, reasons for low compliance with national standards re transition to adult services to be reviewed at Neurology Quality Improvement meeting, and also with Epilepsy Nurses.
PGENMED/CA/2022-23/03	Following this audit, liaison with Children's Emergency Department to be carried out to examine scope for providing parents with discharge summary in writing, and/or patient leaflet/electronic link to patient information leaflet.
PGENMED/CA/2022-23/08	Following this audit, relevant Matron contacted re Divisional plans for organising appropriate adult care for young people when they reach 16 years of age.
PGENMED/CA/2022-23/05	Following presentation of results at relevant Governance meeting a new version of handover sticker has been produced and its use promoted by Consultant leading the project.
PGENMED/CA/2022-23/01	Following this audit results were reviewed at HDU Governance. No plans to change the current guideline. The main action is ongoing monitoring.
Children's Services - Intensive Care	
PICU/CA/2022-23/04	Following this audit relevant guideline to be revised and updated and relevant training initiated for Nursing staff. Scope for appropriate tabs to on electronic ICCA system to be investigated. Link Nutrition Nurse to be invited to PIC Nutrition Rounds.
Children's Services - Nephrology	
PAEDNEPH/CA/2022-23/03	Following this audit, and discussion of results, there has been clarification of standards re bicarbonate range, blood pressure and parathyroid levels which are appropriate for these patients.
Children's Services – Neurology/Neurosurgery	
PSURG/CA/2022-23/05	Following this re-audit, which demonstrated improvements compared with previous audit, further changes to record keeping system to be investigated, and further audit planned.
Children's Services – Oncology, Haematology & BMT	

POHBMT/CA/2 023-24/03	This re-audit of CVC assessment demonstrated improvement and significant assurance. Re-audit is planned with some potential changes
POHBMT/CA/2 022-23/03	This re audit of fluid balance documentation demonstrated improvement in standards. It was agreed that ongoing education and training are to continue.
POHBMT/CA/2 022-23/14	Following this audit, training is to be provided for all staff caring for patients undergoing stem cell transplant on the Standard operating procedure regarding the management of cellular products with positive microbial results.
POHBMT/CA/2 022-23/02	Following this audit of CVC assessment, results e-mailed to relevant staff, reviewed during safety briefings at ward handover and nurses reminded of importance of daily checking and updating of care plans.
POHBMT/CA/2 022-23/13	Following this audit, the Multi-Disciplinary Team proforma modified, with tick boxes to show unambiguously what happened to samples e.g. 'sent to UHBW lab', 'sent to referring centre transfusion lab'.
POHBMT/CA/2 022-23/12	This audit of bone marrow procurement patient records demonstrated good documentation with some areas for improvement. Specialised Services circulated Patient Safety brief on this issue, and the operating theatre team made aware of results, which were added to the Operating Theatre safety brief.
POHBMT/CA/2 020-21/07	Following this audit of Human Tissue Authority standards for record keeping, a series of systematic changes were introduced, including clarifying where each document type related to stem cell harvest should be stored, and including this in the relevant existing checklists, and seeking advice from Human Tissue Authority on most appropriate place(s) for recording lot numbers and expiry dates of harvest needles.
POHBMT/CA/2 022-23/10	This re-audit of CVC assessment demonstrated improvement and significant assurance. Results e-mailed to relevant staff and reviewed at Nurse Practice Group and during Safety briefings at Ward Handover.
Children's Services – Physiotherapy	
PPHYSI/CA/202 3-24/01	This audit of compliance with Early Rehabilitation and Mobilisation, which has demonstrated improved compliance with standards over repeated cycles of audit and feedback, will continue.
PPHYSI/CA/201 9-20/01	As a result of this audit of nasopharyngeal and oropharyngeal Suction, results were fed back to HDU Sisters and educational needs addressed. Staff were reminded about the new guidance which had been introduced.
Children's Services - Radiology	
PRAD/CA/2023 -24/01	Following this audit of quality and timeliness of ultrasound spine requests and examinations, a rejection letter is to be prepared for requests for radiological examinations which do not meet relevant criteria.
PRAD/CA/2023 -24/03	Following this audit on image adequacy and structured reporting of postnatal ultrasound urinary system, it was agreed that an automated ultrasound report/template will be produced within the system to capture the fuller record needed.
Children's Services - Rheumatology	
PRHEUM/CA/2 022-23/01	Following this audit of joint injection under anaesthesia, the team will continue to work collaboratively with theatres re list allocation confirmation at least six weeks in advance, in order to plan appropriately. The recording spreadsheet will be modified so that reasons for delay can be inputted into the spreadsheet contemporaneously.
Children's Services – General Surgery	
PSURG/CA/202 3-24/04	This audit of acute scrotal pathology demonstrated some areas for improvement. Following this audit, results were reviewed at Children's Clinical Audit Showcase, and at meeting of relevant regional group, and actions will be taken forward through regional group.
Children's Services – Trauma & Orthopaedics	
PSURG/CA/202 2-23/02	Following this audit of discharge summaries, template documentation has been revised to prompt appropriate recording and education provided via General Surgery Induction, (including development of relevant guidelines). Issues also discussed at T&O Morbidity and Mortality meetings, and e-mails sent to Therapies team.
PTO/CA/2023- 24/02	Following this audit of the management of wrist buckle fractures, results were presented at Departmental meeting for consensus opinion of all consultants, and posters re appropriate care displayed in relevant departments, including Children's Emergency Department.
PTO/CA/2022- 23/05	Following this audit of the management of paediatric bone and joint infection, results were presented alongside education re recently published national standards, in the Paediatric Trauma and Orthopaedics department.
PTO/CA/2023- 24/01	Following this audit of neurovascular documentation in paediatric supracondylar fractures, it was agreed that pre-printed proforma, which had been shown to improve recording, would be stored in Theatre reception and Theatre, and their use flagged at surgical induction.
Children's Services – Nutrition & Dietetics	
PDIET/CA/2021 -22/03	Following this audit, a Ketogenic Dietitian is now able to request relevant monitoring tests, and use of standard spreadsheet to record test results, and "Expectations" document encouraging parents to contact Department when monitoring tests due, promoted.
XDIVWAC/CA/ 2021-22/04	Following this audit a new Standard Operating Procedure was produced and statutory education programme developed.
Children's Services – Cross services	

PTO/CA/2021-22/02	Following this re-audit of use of the paediatric clerking booklets, which demonstrated improvements in record keeping where booklets used, there has been liaison with ward clerks and housekeepers on each ward to ensure awareness of booklets and need for all three to be present on all wards.
Women's Services	
Women's Services - Gynaecology	
GYNAE/CA/2023-24/06	As a result of this audit, clinical staff have looked into faster diagnostic pathways for gynaecology cancer patients, including the use of surveys to expedite those who may need general anaesthetic (GA) during their hysteroscopy to improve tolerance and reduce re-admissions.
GYNAE/CA/2022-23/16	This audit demonstrated limited assurance, whilst results relating to the guidance provided to patients were reassuring, improvements to documentation have been made through the implementation of a new, updated proforma.
Women's Services - Obstetrics & Midwifery	
OBS/CA/2022-23/05	The majority of standards relating to the use of the Newborn early Warning Track and Trigger (NEWTT) tool were well met providing significant assurance. Issues regarding, "missed observations" have been raised with clinical staff.
OBS/CA/2023-24/08	This audit confirmed good performance against 50% standards. Clinical staff to consider the use of digital clocks, ideally radio frequency, to ensure correct times are accessible in all intrapartum, antenatal and theatre rooms.
OBS/CA/2022-23/17	This audit confirmed good performance against the BSOTS triage guideline, highlighting all women had been assessed within an appropriate timeframe. Actions included freeing up available space for patients to be assessed in, as well as ensuring all clinical staff remain up-to-date with BSOTS refresher training.
OBS/CA/2023-24/09	The majority of standards relating to intrapartum foetal monitoring were well met, providing significant assurance. As a result of this audit, the team have now registered a monthly cumulative audit to ensure compliance is maintained.

3.6 Weston

	2022/23	2023/24
Total number of projects	39 100%	44 100%
Total number of open projects	30 77%	28 64%
Number of open projects with no results	20 67%	17 61%
Number of open projects with results	10 33%	11 39%
Number of open overdue projects (no action plans)	22 73%	17 61%
Total number of open projects (with action plans)	6 20%	7 25%
Number of open overdue projects (with action plans)	2 7%	3 11%
Number of closed projects	9 23%	16 36%
Number of abandoned projects	3 N/A	0 N/A

A total of 21 projects were reviewed by CAG during the year.

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

Emergency / Medical Specialties	
Emergency / Medical Specialties – Acute Medicine	
WESACMED/C A/2022-23/02	This audit showed that improvement is required in the completion of VTE risk assessments on Careflow (55%) and on the e-flow system (71%). Results were shared with Steepholm, regular reminders were set, a request for a designated clinician (to monitor VTE assessments weekly) was made, and the IT team was contacted to see if the VTE assessments could be connected to the new e-drug charts. A re-audit was set for Nov 2023 but has not yet been registered.
WESACMED/C A/2023-24/03	Results were mixed across a range of criteria with improvements required in all areas, in particular, the production of care plans, completion of daily stool charts, recording of bowel movements, and notifying GPs on discharge.
WESACMED/C A/2022-23/05	30% of patients with decompensated liver disease had evidence that the liver bundle was fully completed. To aid improvement the following actions were set: posters were displayed in the ED and MAU, results were discussed with the gastro team, and a teaching session was provided to junior doctors
Emergency / Medical Specialties – Care of the Elderly	
GMWES/CA/20 23-24/03	This re-audit showed an increase in compliance from 9% to 36% of patients having a naloxone prescription when prescribed strong opioids. A plan was put in place to continue to increase awareness via junior Dr training, posters, emails, and reviews of drug charts in morning ward rounds. A re-audit has been completed (GSWES/CA/2023-24/09)
GMWES/2023-24/02	Good compliance was seen across both criteria with 100% of patients offered a nerve block pre-operatively and 80% of patients have a pain score recorded and managed pre-operatively. The importance of pain scores was highlighted in the ED clerking sheet
Emergency / Medical Specialties – Contraceptive & Sexual Health Services	
CASHWES/CA/ 2023-24/02	Following the actions implemented after the first audit, compliance increased to 85% of patients waiting 2 days or less for test interpretations. An action was set to seek support from stakeholders to continue the change in practice (health advisors interpreting results)
Emergency / Medical Specialties – Emergency Department	
EDWES/CA/20 22-23/07	The audit demonstrated that only 9% of patients that present to ED with a rib fracture have a pain score recorded. Actions included presentation of findings, teaching sessions and production of a new guideline.
EDWES/CA/20 22-23/09	This audit showed that 100% of patients that presented with a head injury had a CT scan within 8 hours of injury, 70% had a provisional report within 1 hour but only 9% had a CT scan within 1 hour of injury. Results were shared with ED staff and posters were displayed in triage along with stickers to promote the 1 hour timeframe, A re-audit was planned for August 2023 but has not been registered

Emergency / Medical Specialties – Gastroenterology	
GASWES/CA/2 021-22/07	Compliance was mixed with 0% readmission rates for complicated appendicectomy patients but only 57% of patients had a pus culture sent at the time of surgery. Results were shared at the surgical M&M meeting and an audit poster displayed in surgical areas. A re-audit has been completed (GSWES/CA/2024-25/04)
Emergency / Medical Specialties – Pharmacy	
PHAWES/CA/2 022-23/01	This audit of patient's own medicines storage and self-administration demonstrated the need for improvement in a number of areas. Pharmacy and nursing staff were reminded that this documentation is essential for those who are self-administering, and should be completed this if they see a patient who is self-administering according to the drug chart but has not been assessed for it.
General/Support services	
General/Support services – Pharmacy	
ANAWES/CA/2 021-22/01	Positive results with almost all standards in line with or better than the national average. Poor compliance with the standard "Assessment by elderly medicine specialist in patients 65 years and older and frail and patients aged 80 years or older" but this is due to lack of current resource. This issue has been escalated by the audit lead. See re-audit entry for update.
Surgical Specialties	
Surgical – Anaesthesia	
ANAWES/CA/2 022-23/01	Following discussion at the Trauma & Orthopaedics M&M meeting, the transfusion threshold was added to the theatre 4 WHO checklist. A re-audit was not set.
Surgical – General Surgery	
GSWES/CA/20 23-24/09	This audit showed several areas for improvement are required including, ensuring patients who self-administer have a completed assessment and reassessment and that level 2/3 should have this on the front of their drug chart. Other areas for improvement include medicines reconciliation, inpatient medication being correctly labelled and all medicines to be locked away in bedside lockers. A re-audit was set for April 2024 but has not been registered
GSWES/CA/20 23-24/02	This re-audit showed significant improvement in staff knowledge, increasing from 38% to 100% on Draycott ward. An action was set to liaise with the induction programme to determine if the teaching can be added to the induction programme.
GSWES/CA/20 23-24/07	Results showed that 38% of clinicians on Draycott ward were aware of the correct timeline when checking orthostatic hypotension. Teaching was provided and a re-audit completed (GMWES/CA/2023-24/03)
GSWES/CA/20 23-24/04	Results were shared at LD and Autism Steering Group, Mortality Surveillance Governance Group, LeDeR Governance Group, Learning Disability and Autism Provider Network. The audit tool was shared with NBT, and divisional leads were encouraged to take forward local audits focusing on key areas of improvement
GSWES/CA/20 23-24/03	Compliance was mixed across a range of criteria with all areas requiring at least some improvement. In Particular identifying the patient type on assessment and reassessment during inpatient stay. It was identified that despite the lack of assessments, prophylaxis was still being prescribed in accordance with Trust guidelines. A large action plan was created including identifying a Trust lead, ensuring Weston is in line with Bristol policy, adding VTE questions into monthly audits and revising the medication prescription chart.
Surgical Specialties – Trauma and Orthopaedics	
TOWES/CA/20 23-24/03	PLEASE NOTE: this audit was registered in 2021 and signed off in 2023 due to staff changes making it difficult to confirm whether actions were completed. The audit was shared with the Trust VTE steering group in 2024
TOWES/CA/20 23-24/02	The audit showed good compliance with 83% of patients having a HemoCue test in theatre recovery. However, only 9% of patients had the transfusion threshold documented in the operation notes.
TOWES/CA/20 23-24/07	This audit of radiographs following total knee replacements showed that only 11% of patients had adequate x-rays. Results were shared with clinicians and the radiology department. The re-audit is ongoing.

Appendix A - Clinical Audit Staff (as at April 2024)

Division	Specialty	Clinical Audit Facilitator	Clinical Audit Convenor
Diagnostics & Therapy	Laboratory Medicine	Isabella To	Dr Oliver Clifford-Mobley
	Medical Physics & Bioengineering		Nonie Guarin
	Pharmacy		Kevin Gibbs
	Adult Therapies		Kathleen James
	Radiology		Dr Mohamed K Hussien
Medicine	Medical Specialties	Eleni Lamprianidou	Position currently vacant
	Emergency Services		Dr Rosty Bezuhlyy
Specialised Services	BMT	Eleni Lamprianidou	Dr Rachel Protheroe
	Oncology		Dr Waheeda Owadally
	Haematology		Dr Laura Percy
	Cardiac Services	Damian Jones	Dr Emma Riley
Surgery & Head & Neck	Anaesthesia	Chrissie Gardner	Dr Stuart Younie
	Critical Care		Dr Chris Bourdeaux
	General Surgery		Mr Paul Wilkerson
	Trauma & Orthopaedics		Mr Henry Burnand
	Dental Services		<i>Specialty leads</i>
	Ophthalmology		Mr Sajeevika Amarakoon
	Adult ENT		Mr Oliver Dale
Women & Children's	Obstetrics & Gynaecology	Damian Jones	Ms Aarthi Mohan
	Neonatology		Dr Malini Ketty
	Children's Services	Richard Hancock	Position currently vacant
Weston	Medical specialties	Michelle Walters	Position currently vacant
	Surgical specialties		Position currently vacant

Other staff	Stuart Metcalfe	Head of Clinical Audit & Effectiveness
	Damian Jones	Deputy Clinical Audit Manager
	James Osborne	NICE Manager
	Kathy Taylor	Clinical Audit Clerk

Appendix B - Progress against Clinical Audit Forward Plan 2023/24

In total, there were 215 projects listed on the on the Forward Plan for 2023/24. The table below shows that 136 projects (64%) had started or were complete, a slight increase compared to the previous year (61%). 90% of Category 1 projects (54/60) and 59% of Category 2 projects (43/73) had commenced or been completed. A full breakdown can be seen below

Priority	Status Q4	DAT	MED	SPS	Division			Total
					SUR	WAC	WES	
Cat 1	Completed		1	1				2
	In Progress		12	8	8	8	16	52
	Not Started		2			1	2	5
	Abandoned					1		1
Cat 1 Total			15	9	8	10	18	60
Cat 2	Completed	1	2	1	2	3		9
	In Progress	8	5	6	7	6	2	34
	Not Started	2	4	14	5	2	2	29
	Abandoned				1			1
Cat 2 Total		11	11	21	15	11	4	73
Cat 3	Completed	1			7	8	1	17
	In Progress	5		1	3	6	1	16
	Not Started	8	4	2	7	7	4	32
	Abandoned	4				1		5
Cat 3 Total		18	4	3	17	22	6	70
Cat 4	Completed	1			4			5
	In Progress	1				1		2
	Not Started	1			4			5
Cat 4 Total		3			8	1		12
Total		32	30	33	48	44	28	215

	P1	P2	P3	P4	All
% projects commenced as planned (Q4)	90%	59%	47%	58%	64%

The six Category 1 projects not commenced are listed below along with further details as to non-participation.

Medicine

- National Adult Asthma Secondary Care Audit (NACAP) & National COPD Secondary Care Audit (NACAP)*

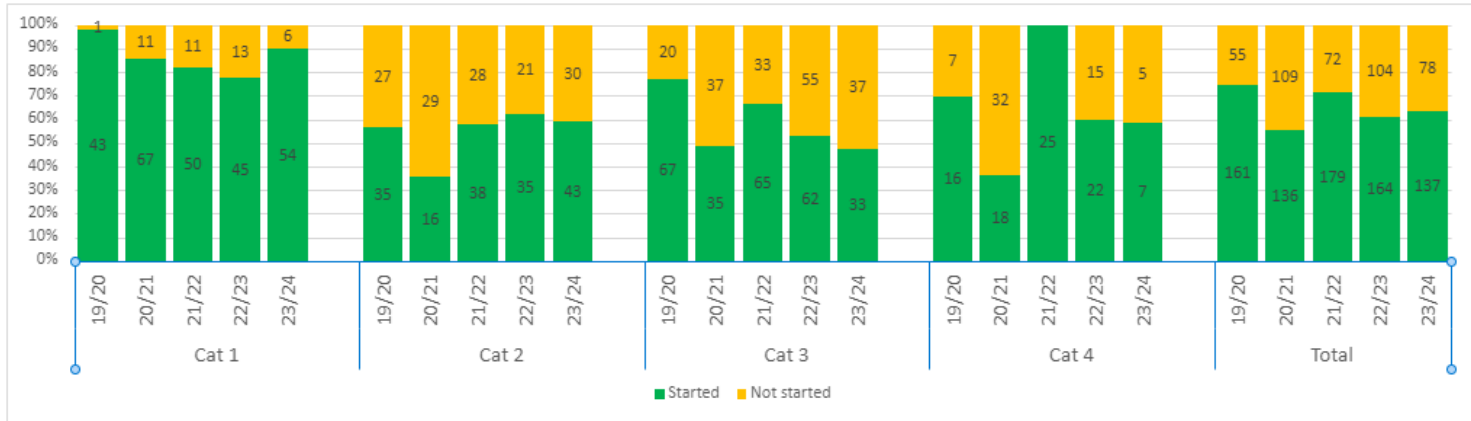
Women's and Children's

- Pain in Children (RCEM National Audit). Audit withdrawn at national level
- National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12). Issues with resource to collect/input data.

* Also listed separately under Weston Division

Projects commenced – comparison to previous years.

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

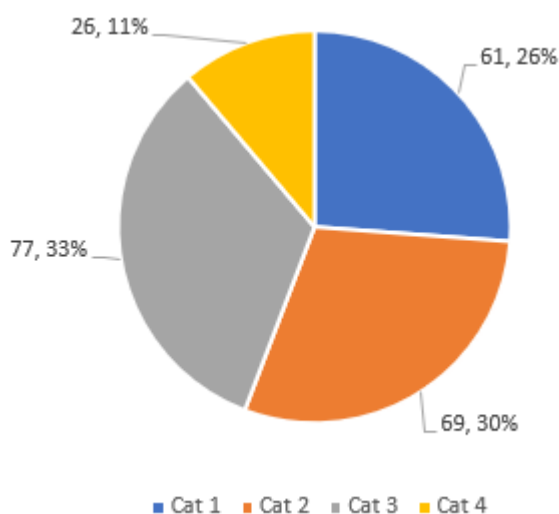


Appendix C - Clinical Audit Forward Plan 2024/25

The annual Clinical Audit Forward Plan has been produced centrally with other priorities added through consultation with staff across Divisions. The plan focuses on following:

- Projects listed on the Quality Report/Account for 2023/24 (which includes those that are part of the mandatory National Clinical Audit and Patient Outcome Programme; NCAPOP); these are also listed for the Division of Weston, whose participation will be recorded separately on the plan until services are amalgamated across sites.
- New interventional procedures that have been agreed by the Clinical Effectiveness Group.
- Re-audits listed on action plans from completed audits that have yet to start.
- Audits notified to the CA&E Team through consultation.

Projects have been categorised based on priority areas for clinical audit as outlined within the Healthcare Quality Improvement Partnership's (HQIP) 'Clinical Audit Programme Guidance'. In total 233 projects are included; this is a slight increase from 215 in 2023/24. The graph and table below provide a priority and Divisional breakdown of these projects according to category.



Division	Category				Total
	Cat1	Cat2	Cat3	Cat4	
Diagnostics & Therapies		9	20	16	45
Medicine	16	8	4		28
Non-Division specific	1	6	1		8
Specialised Services	11	16	14	1	42
Surgery	6	14	4	7	31
Women's & Children's	8	13	34		55
Weston	19	3		2	24
Grand Total	61	69	77	26	233

Coverage

Those areas which have no projects in the plan are listed below, including details of current activity:

Division	Service	Sub-specialty/service	Current activity
Diagnostics & Therapies	Diagnostics	Microbiology	1 project in progress
	Therapies	Occupational Therapy	No projects registered
Medicine	Medical Specialties	Liaison Psychiatry	2 projects in progress
Surgery	Anaesthetics/Critical Care	Obs & Gynae Anaesthesia	2 projects in progress
		Pre-Operative Assessment	No projects registered
	Dental Services	Maxillofacial Surgery	8 projects in progress
		Oral Medicine	2 projects in progress
		Oral Surgery	3 projects in progress
		Paediatric Dentistry	8 projects in progress
	Surgical specialties	Hepatobiliary Surgery	2 projects in progress
Women's & Children's	Children's Services	Occupational Therapy	No projects registered
		Rheumatology	No projects registered
		Theatres	No projects registered

Clinical Audit Forward Plan 2024/25

All the projects within the plan 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 2024/25; other projects may be facilitated by the Clinical Audit & Effectiveness Team over the year according to on-going priorities and available resources.

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

<p>Category 1 – External ‘must dos’</p> <p>Failure to deliver on these externally driven audits may carry a penalty for the Trust (either financial or in the form of a failed target or non-compliance with standards). Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> ▪ Participation in the National Clinical Audit & Patient Outcome Programme (NCAPOP) ▪ Statutory/regulatory requirements ▪ CQUINS or other commissioner priorities. ▪ Board assurance requirements 	<p>Category 2 – Internal ‘must dos’</p> <p>Many of these audit projects emanate from Trust governance issues or high profile local initiatives although no penalties exist for non-participation. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> ▪ 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.
<p>Category 3 - Division/specialty/service priority</p> <p>These projects have been identified within Divisions/specialties/services as important pieces of work. Audits within this section relate to or support the following priorities:</p> <ul style="list-style-type: none"> ▪ 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>Category 4 - other</p> <p>It is important that to maintain a degree of locally initiated projects by clinical staff; these projects can lead to real improvements in patient care as well as providing valuable education for junior staff but do not necessarily fall into any of the other categories.</p> <ul style="list-style-type: none"> ▪ 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).

	National Audit (NCAPOP/Quality Account) projects
	Planned re-audits identified by CA Team
	Audits of new interventional procedures
	Other new audit in year

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Diagnostics & Therapies						
Diagnostics	Audiology	Real ear measurements 2024	Andrew Wilkinson	Cat 2	Q3	External accreditation
Diagnostics	Clinical Biochemistry	Out of Hours phoning of critically abnormal results	Andrew Day	Cat 3	Q1	Re-audit
Diagnostics	Infection Control	Short Term Urethral Catheter Management 2024	Trevor Brooks	Cat 3	Q4	Rollover from 2023/24. Re-audit
Diagnostics	Infection Control	Mandatory Surveillance of HCAI (bloodstream infections and clostridium difficile infection)	Michelle Carpenter-Lindsay	Cat 2	Q1	National Audit (Other)
Diagnostics	Infection Control	Escherichia Coli source	Michelle Carpenter-Lindsay	Cat 2	Q1	National Audit (Other)
Diagnostics	Infection Control	NHS provider interventions with suspected/ confirmed carbapenemase-producing Enterobacterales	Michelle Carpenter-Lindsay	Cat 2	Q1	National Audit (Other)
Diagnostics	Infection Control	Surgical Site Infection Surveillance	Michelle Carpenter-Lindsay	Cat 2	Q1	National Audit (Other)
Diagnostics	Infection Control	Carbapenemase-producing Enterobacterales screening compliance against trust revised protocol	Michelle Lindsay	Cat 3	Q3	Rollover from 2023/24
Diagnostics	Laboratory Haematology	National Comparative Audit of NICE Quality Standard QS138	Tom Latham	Cat 2	Q3	National Audit (Quality Account)
Diagnostics	Laboratory Haematology	National Comparative Audit of Bedside Transfusion Practice	Tom Latham	Cat 2	Q1	National Audit (Quality Account)
Diagnostics	Laboratory Haematology	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Tom Latham	Cat 2	Q1	National Audit (Quality Account)
Diagnostics	Medical Physics & Bioengineering	Image quality for 12-16 year old AP and lateral projection knee X-Rays, exposed with default and adjusted X-Ray parameters	Anne Hill	Cat 4	Q1	A manual for all X-ray departments
Diagnostics	Medical Physics & Bioengineering	Patient radiation doses from Siemens Artis Icono system in the BHI lab 3	Ingrid Turner	Cat 3	Q1	Rollover from 2023/24
Diagnostics	Medical Physics & Bioengineering	Patient radiation doses from Siemens Artis Icono system in the BHI lab 4	Ingrid Turner	Cat 3	Q3	Rollover from 2023/24
Diagnostics	Medical Physics & Bioengineering	Computed Tomography Patient Radiation Dose Audit BRI Suite A scanner	Hedvig Karteszi	Cat 3	Q1	Re-audit

Diagnosics	Medical Physics & Bioengineering	Computed Tomography Patient Radiation Dose Audit BRI Suite E scanner	Hedvig Karteszi	Cat 3	Q2	Re-audit
Diagnosics	Medical Physics & Bioengineering	Computed Tomography Patient Radiation Dose Audit BRI Suite C scanner	Hedvig Karteszi	Cat 3	Q3	Re-audit
Diagnosics	Microbiology	None				
Diagnosics	Radiology	Selective Internal Radioembolisation Therapy (SIRT)	Mark Callaway	Cat 2	Q4	Introduction of new interventional procedure
Diagnosics	Radiology	Compliance with NICE CG176 for Traumatic Head Injury in regard to CT	Iara Sequeiros	Cat 3	Q4	Re-audit
Diagnosics	Radiology	Radiograph Image Quality Audit: Facial Bones	Sally King	Cat 4	Q2	Re-audit
Diagnosics	Radiology	GP MRI knee referrals in patients older than 50	Carol Phillips	Cat 4	Q1	Re-audit
Diagnosics	Radiology	Lumbar Spine Radiograph Audit	Sally King	Cat 4	Q4	Re-audit
Diagnosics	Radiology	Radiological Guidance for the Recognition and Reporting of Osteoporotic Vertebral Fragility Fractures (VFFs)	Carol Phillips	Cat 4	Q4	Re-audit
Diagnosics	Radiology	Adequacy of CT neck imaging cycles 1-3	Tamas Schiszler	Cat 4	Q2	RCR June 2014.
Diagnosics	Radiology	Optimising image quality in gynaecological MRI	Isabel Haines	Cat 4	Q3	Gynae protocols, MRI imaging
Diagnosics	Radiology	Inclusion of the bases of lungs on plain CT chest examinations	Tom Forster	Cat 4	Q3	Re-audit
Diagnosics	Radiology	Early pregnancy ultrasound scan	Georgina Isaacs	Cat 4	Q2	Early Pregnancy Ultrasound Scan protocols
Diagnosics	Radiology	Imaging in the detection of pulmonary emboli – are we minimising radiation dose?	Randeep Kulshrestha	Cat 3	Q2	Rollover from 2023/24. Re-audit
Diagnosics	Radiology	Appropriateness of referral for PET/CT in breast cancer. Are we following expected Guidance?	Randeep Kulshrestha	Cat 3	Q3	National guidance
Diagnosics	Radiology	CT Colon and CT enema GP straight to test (STT)	Huw Roach	Cat 3	Q1	NICE CKS: GI tract (lower) cancers
Diagnosics	Radiology	British Society of Gastrointestinal and Abdominal Radiology CT Colonography Audit	Huw Roach	Cat 3	Q4	Rollover from 23-24. Re-audit
Diagnosics	Radiology	Musculoskeletal Ultrasound performed and reported by Principal and APS with or without discussion with a Consultant Radiologist	Claire Giles	Cat 4	Q3	Rollover from 23-24.
Diagnosics	Radiology	MRI MSK imaging quality across sites	Leon Sergot	Cat 4	Q1	Diagnosics standards
Therapies	Nutrition & Dietetics	Deep dive audit into nutrition & hydration across adult wards at UHBW	Rachel Liston	Cat 3	Q1	Patient safety, CQC Regulation 14

Therapies	Nutrition & Dietetics	Audit of practice into challenging children still on amino acid feed after 12 months	Amanda Judd	Cat 4	Q2	local issue. Trust SOP.
Therapies	Nutrition & Dietetics	Record keeping practice in adult nutrition & dietetic teams	Sian Inson	Cat 4	Q2	local issue
Therapies	Nutrition & Dietetics	Use of parenteral nutrition proforma for adult patients	Sam Poore	Cat 3	Q3	NCEPOD report: Parenteral Nutrition: A Mixed Bag (2010)
Therapies	Occupational Therapy	None				
Therapies	Pharmacy	A review of the appropriateness of the usage of lidocaine 5% medicated plasters on surgical wards at Bristol Royal Infirmary	Jessica Herbst Farley	Cat 4	Q4	Re-audit
Therapies	Pharmacy	Patch Administration and Removal Record re-audit 2023	Jessica Damrel	Cat 4	Q3	Re-audit
Therapies	Physiotherapy	Surgical management of distal radius fractures using open reduction internal fixation	Naomi Chalk	Cat 4	Q4	British Society for Surgery of the Hand
Therapies	Physiotherapy	Bronchiectasis Bundle Completion Audit	Amy Smith	Cat 3	Q1	UHBW bronchiectasis bundle paperwork
Therapies	Speech and Language Therapy	Eating & drinking at risk – an audit of process	Catherine Killorary	Cat 3	Q1	Compliance to BNSSG SOP
Therapies	Speech and Language Therapy	Record keeping practice in adult speech & language teams	Emily Highfield	Cat 3	Q2	local issue
Therapies	Speech and Language Therapy	Speech & Language Therapist VF (video fluoroscopy) practice	Vicki Weekes	Cat 3	Q1	Video fluoroscopy Report writing standards
Therapies	Speech and Language Therapy	Speech & Language Therapist practice against dysphagia standards as outline in department SOPs	Vicki Weekes	Cat 3	Q3	Patient safety. UHBW Dysphagia In-patients standards

Medicine						
Emergency Department	Emergency Department	Adolescent Mental Health(RCEM)	Liz Martin/Adele Bishop	Cat 1	Q2	National Audit (Quality Account) and CQC expectation
Emergency Department	Emergency Department	Care of Older People (RCEM)	Rosty/Iain Doig	Cat 1	Q2	National Audit (Quality Account) and CQC expectation
Emergency Department	Emergency Department	Time Critical Medications (RCEM)	No mentor yet/Awad Alemmam	Cat 1	Q2	National Audit (Quality Account) and CQC expectation
Medical specialties	Acute Medicine	Society for Acute Medicine Benchmarking Audit (SAMBA)	Amit Sen	Cat 2	Q2	National Audit (Quality Account)
Medical specialties	Acute Medicine	Acute Kidney Injury	Qiaoling Zhou	Cat 2	Q2	Introduction of Trustwide clinical guideline/NICE guidance
Medical specialties	Care of the Elderly	Fracture Liaison Service Database (RCP)	Cathy Churchman	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Care of the Elderly	National Audit of Inpatient falls (RCP) - Joint BRI & WGH	Ali Mann	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Care of the Elderly	National Hip Fracture Database (RCP)	Rachel Bradley	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Care of the Elderly	National Audit of Dementia (NAD) - Joint BRI & WGH	Clare Simpson	Cat 1	Q3	National Audit (NCAPOP)
Medical Specialties	Contraceptive & Sexual Health Services	Audit of compliance of completing HSA4 documents on the new online system in the Pregnancy Advisory Service.	Manika Singh	Cat 2	Q1	Re-audit
Medical Specialties	Contraceptive & Sexual Health Services	Audit of Safeguarding Framework for Unity Sexual Health: Are partner organisations notifying Unity of referrals and monitoring outcomes?	Not Set	Cat 3	Q2	Re-audit
Medical specialties	Contraceptive & Sexual Health Services	Are safeguarding referrals reported correctly by partners? Will also look at referral outcomes.	Megan Crofts	Cat 3	Q2	Unclear if CA or SE
Medical specialties	Contraceptive & Sexual Health Services	What are the outcomes of children 17 and under who were flagged with a safeguarding concern in 23/24 primarily for mental health reasons?	Megan Crofts	Cat 3	Q2	Unclear if CA or SE
Medical Specialties	Dermatology	Omalizumab for chronic spontaneous urticaria - audit of compliance with NICE TA338.	Asma Nasir	Cat 3	Q2	Re-audit
Medical specialties	Diabetes & Endocrinology	National Diabetes Core Audit - Joint BRI & WGH	Natasha Thorogood	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	National Diabetes Inpatient Safety Audit	Bushra Ahmed	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	Transition (Adolescents and Young Adults) and Young Type 2 Audit	TBC	Cat 1	Q3	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	Gestational Diabetes Audit	TBC	Cat 1	Q3	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	National Pregnancy in Diabetes Audit	Karin Bradley	Cat 1	Q1	National Audit (NCAPOP)

Medical specialties	Gastroenterology & Hepatology	The Insides System to treat either an enteroatmospheric fistula or double enterostomy	Jonathan Tyrrell Price	Cat 2	Q3	Introduction of new interventional procedure
Medical specialties	Gastroenterology & Hepatology	Endoscopic ultrasonography-guided (EUS) biliary drainage for acute cholecystitis	Efstratios Alexandridis	Cat 2	Q1	Introduction of new interventional procedure
Medical specialties	Liaison Psychiatry	None				
Medical specialties	Respiratory	National Adult Asthma Secondary Care Audit (NACAP)	Liz Gamble	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Respiratory	National COPD Secondary Care Audit (NACAP)	Katrina Curtis Ana Hegarty completes	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Respiratory	UK Cystic Fibrosis Registry	Nick Bell	Cat 2	Q1	National Audit (Quality Account)
Medical specialties	Respiratory	Transbronchial cryobiopsy for the treatment of Interstitial lung disease	Karthi Srikanthan	Cat 2	Q3	Introduction of new interventional procedure
Medical specialties	Rheumatology	National Early Inflammatory Arthritis Audit (NEIAA) - Joint BRI & WGH	Liz Perry	Cat 1	Q1	National Audit (NCAPOP)
Medical Specialties	Sexual Assault Referral Centre	Safeguarding Compliance Audit.	Michelle Cutland	Cat 2	Q1	Re-audit
Medical specialties	Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)

Non-Division Specific

Non-Division specific	Trust wide	Preparation and conduct of meetings with parents/families to discuss concerns and/or adverse event feedback	Not Set	Cat 2	Q2	Re-audit
Non-Division specific	Trust wide	Ward Accreditation programme	Juliet Neilson	Cat 2	Q1	Local concern/priority
Non-Division specific	Trust wide	Ward & Area improvement programme	Heather Crowley	Cat 2	Q1	Monthly audits of key ward/area standards
Non-Division specific	Trust wide	Audit of ReSPECT forms	Karin Bradley	Cat 3	Q3	Local concern/priority
Non-Division specific	Trust wide	VTE Risk Assessment	Anne Frampton	Cat 2	Q1	Links to NHSE requirement
Non-Division specific	Trust wide	Correct consultant name in medical records	Karin Bradley	Cat 2	Q3	Local concern/priority
Non-Division specific	Trust wide	Air and oxygen safety	Juliet Neilson	Cat 2	Q1	Links to previous National Patient Safety Alert
Non-Division specific	Trust wide	Reducing risks for transfusion-associated circulatory overload (NatPSA/2024/004/MHRA)	TBC	Cat 1	Q2	National Patient Safety Alert

Specialised Services

Cardiac services	Cardiac Anaesthesia/ ITU	ICNARC Case Mix Programme (CMP)	Ben Gibbison	Cat 1	Q1	National Audit (Quality Account) and CQC expectation
Cardiac services	Cardiac Surgery	Adult Cardiac Surgery	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiac Surgery	Thoracoscopic application of left atrial (LA) appendage occlusion with 'Atriclip', for concomitant and lone AF	Cha Rajakaruna	Cat 2	Q4	Introduction of new interventional procedure
Cardiac services	Cardiology	Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	Mark Mariathas	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	Coronary Angioplasty (PCI)	Tom Johnson	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	National Heart Failure Audit	Yasmin Ismail/Angus Nightingale	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	Cardiac Rhythm Management (CRM)	Glyn Thomas	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	National Audit of Mitral Valve Leaflet Repairs (MVLRL)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	UK Transcatheter Aortic Valve Implantation (TAVI) Registry	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	Left Atrial Appendage Occlusion (LAAO) Registry	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	Patent Foramen Ovale Closure (PFOC) Registry	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	Transcatheter Mitral and Tricuspid Valve (TMTV) Registry	TBC	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	National Audit of Cardiac Rehabilitation (NACR)	TBC	Cat 2	Q1	National Audit (Quality Account)
Cardiac services	Cardiology	Impella haemodynamic support	Tom Johnson	Cat 2	Q3	Introduction of new interventional procedure
Cardiac services	Cardiology	Intra-vascular Lithoplasty, adjunctive to Percutaneous Coronary Intervention	Mark Mariathas	Cat 2	Q1	Introduction of new interventional procedure
Cardiac services	Cardiology	Percutaneous Catheter based Mechanical Thrombectomy	Palash Barham	Cat 2	Q3	Introduction of new interventional procedure
Cardiac services	Cardiology	Transcatheter edge-to-edge repair of the Tricuspid Valve (TEER)	Jess Webster	Cat 2	Q3	Introduction of new interventional procedure
Clinical Genetics	Clinical Genetics	[Planned re-audit: 2023] Genetic Antenatal Care Pathway for Haemoglobinopathies	Kate Barr	Cat 2	Q1	Re-audit

Oncology/Haematology	BMT	Autologous stem cell transplant (for relapsed refractory multiple sclerosis)	James Griffin	Cat 2	Q2	Introduction of new interventional procedure
Oncology/Haematology	Clinical Haematology	Hydroxycarbamide compliance regional and local (separate for paed and adults)	Sanne Lugthart	Cat 3	Q3	Local concern/priority
Oncology/Haematology	Clinical Haematology	Proportion of patients on regular Pen V or equivalent	Sanne Lugthart	Cat 3	Q3	Local concern/priority
Oncology/Haematology	Clinical Haematology	Transfusion patients - red cell exchange and top-up transfusion who have been genotyped and/or phenotype and developed new antibodies (separate paed and adults)	Sanne Lugthart	Cat 3	Q3	Local concern/priority
Oncology/Haematology	Clinical Haematology	Transfusion patients- iron related complications in the last 12 months	Sanne Lugthart	Cat 3	Q3	Local concern/priority
Oncology/Haematology	Clinical Haematology	HCC (South West) Sickle Cell ACUTE PAIN EPISODE Audit.	Sanne Lugthart	Cat 2	Q1	Re-audit
Oncology/Haematology	Clinical Haematology	An audit of compliance with the British Society for Haematology (BSH) good practice paper on the diagnosis and investigation of mantle cell lymphoma.	Laura Percy	Cat 2	Q1	Re-audit
Oncology/Haematology	Clinical Haematology	An audit of compliance with the British Society for Haematology (BSH) guideline on the management of mantle cell lymphoma.	Laura Percy	Cat 2	Q1	Re-audit
Oncology/Haematology	Clinical Haematology	Management of glycaemic control in patients with myeloma and lymphoma receiving systemic anti-cancer therapy (SACT).	Laura Percy	Cat 2	Q4	Re-audit
Oncology/Haematology	Clinical Haematology	Myelodysplastic syndrome investigation & management	Priyanka Mehta	Cat 3	Q4	BSCH guideline
Oncology/Haematology	Clinical Haematology	Neutropaenic sepsis, focusing on inpatient fever to abx time	Laura Percy	Cat 3	Q2	Local concern/priority
Oncology/Haematology	Clinical Haematology	Chronic myeloid leukaemia investigation, monitoring & management;	Laura Percy	Cat 3	Q3	BSCH guideline
Oncology/Haematology	Clinical Haematology	Smouldering myeloma	Laura Percy	Cat 3	Q2	BSCH guideline 2024
Oncology/Haematology	Clinical Haematology	Adult aplastic anaemia	Katharine Hodby/Zoe Carter Tai	Cat 3	Q1	BCSH guideline
Oncology/Haematology	Clinical Haematology	Management of cardiovascular complications of BTKIs, as per BCSH	Laura Percy	Cat 3	Q2	BCSH guideline
Oncology/Haematology	Clinical Haematology	Investigation & management of Waldenstroms	Laura Percy	Cat 3	Q1	BCSH guideline
Oncology/Haematology	Clinical Haematology	Diagnosis & prognostic evaluation in myelofibrosis	Laura Percy	Cat 3	Q2	BCSH guideline
Oncology/Haematology	Clinical Haematology	Diagnosis & management of TTP	Laura Percy	Cat 3	Q3	CSH guideline
Oncology/Haematology	Oncology	MRI guided adaptive intracavitary and interstitial brachytherapy	Hoda Booz	Cat 2	Q2	Introduction of new interventional procedure

Oncology/Haematology	Oncology	Butterfly volumetric modulated arc therapy (B-VMAT) for treatment of Mediastinal lymphoma	Lorna Hawley	Cat 2	Q3	Introduction of new interventional procedure
Oncology/Haematology	Oncology	Volumetric modulated arc radiotherapy (VMAT)	Timothy Spencer	Cat 2	Q4	Introduction of new interventional procedure
Oncology/Haematology	Oncology	Cervix Brachytherapy	Pauline Humphrey	Cat 3	Q2	Local concern/priority
Oncology/Haematology	Oncology	Advances in PSMA-targeted therapy for prostate cancer	James Korolewicz	Cat 4	Q2	Local concern/priority
Oncology/Haematology	Oncology	Cardiotoxicity - expanded to other Oncology conditions	Tom-Strawson Smith	Cat 2	Q2	Local concern/priority

Surgery						
Anaesthetics/Critical Care	Anaesthesia	National Emergency Laparotomy Audit (NELA)	Phoebe Syme / Paul Wilkerson	Cat 1	Q1	National Audit (NCAPOP)
Anaesthetics/Critical Care	Anaesthesia	Perioperative Quality Improvement Programme	Elizabeth Hood	Cat 2	Q1	National Audit (Quality Account)
Anaesthetics/Critical Care	Intensive Care	ICNARC Case Mix Programme (CMP)	Chris Bordeaux	Cat 1	Q1	National Audit (Quality Account) and CQC expectation
Anaesthetics/Critical Care	Intensive Care	National Major Trauma Registry	Matt Thomas	Cat 1	Q1	National Audit (Quality Account) / Mandatory requirement
Anaesthetics/Critical Care	Obs & Gynae Anaesthesia	None				
Anaesthetics/Critical Care	Pre-Operative Assessment	None				
Anaesthetics/Critical Care	Resuscitation Services	National Cardiac Arrest Audit (NCAA)	Joanna Bruce-Jones	Cat 2	Q1	National Audit (Quality Account)
Dental Services	Cleft Services	Cleft Registry and Audit Network (CRANE)	TBC	Cat 2	Q1	National Audit (Quality Account)
Dental Services	Maxillofacial Surgery	None				
Dental Services	Oral Medicine	None				
Dental Services	Oral Surgery	None				
Dental Services	Orthodontics	Sleep Apnoea: Are we consenting appropriately for the use of mandibular advancement appliances?	Kate House	Cat 3	Q1	Re-audit of ORTHOD/CA/2020-21/02
Dental Services	Paediatric Dentistry	None				
Dental Services	Primary Care Dental Services	Audit to assess the record keeping of patient details of patients attending the Primary Care Dental Service.	Khurram Rashid	Cat 2	Q1	Re-audit
Dental Services	Primary Care Dental Services	Primary Care Dental Service: Are we BSP and BSPD compliant?	Sonia Patel	Cat 2	Q1	Re-audit
Dental Services	Primary Care Dental Services	[Planned re-audit: 20/11/2023] Prescribing of antibiotics for 111 DAC (Dental Access Centre) and OOHs (Out of Hours) patients at Riverside Health Centre, Bath.	Sonia Patel	Cat 3	Q2	Re-audit
Dental Services	Special Care Dentistry	Planned re-audit: Compliance with a 'Failure to Attend' Policy within the Special Care Dentistry Department at Bristol Dental Hospital (BDH)	Jessica Mann	Cat 3	Q1	Re-audit
Ophthalmology	Cornea & Cataracts	National Ophthalmology Audit Database (NOD): Adult Cataract Surgery	Rebecca Ford	Cat 2	Q1	National Audit (Quality Account)

Ophthalmology	Cornea & Cataracts	Collagen cross linking	Omar Elhaddad	Cat 2	Q1	Introduction of new interventional procedure
Ophthalmology	Cornea & Cataracts	National Ophthalmology Audit Database (NOD): AMD audit	TBC	Cat 2	Q1	National Audit (Quality Account)
Ophthalmology	Cornea & Cataracts	Outcomes of intraocular lens insertion in cases with no zonular support	Johannes Keller	Cat 4	Q3	Re-audit
Ophthalmology	Glaucoma & Shared Care	OMNI® Surgical System	Demetri Manasses	Cat 2	Q4	Introduction of new interventional procedure
Ophthalmology	Medical & Surgical Retina	Refractive outcome of cataract surgery complicated by posterior capsular complications	Johannes Keller	Cat 4	Q2	Re-audit
Ophthalmology	Orthoptics & Optometry	Medical Retina Virtual Clinic Audit and Clinical evaluation	Clare Bailey	Cat 4	Q1	Re-audit
Ophthalmology	Paediatric Ophthalmology, Oculoplastics & Squint	Audit of treatment of Retinopathy of Prematurity 2022-2023	Arundhati DevBorman	Cat 4	Q1	Re-audit
Ophthalmology	Paediatric Ophthalmology, Oculoplastics & Squint	Audit of paediatric cataract surgery outcomes	Amanda Churchill	Cat 3	Q2	Re-audit
Ophthalmology	Paediatrics, Oculoplastics & Squint	Low Vision Audit	Cathy Williams	Cat 4	Q2	Local audit priority
Surgical specialties	Colorectal Surgery	National Bowel Cancer Audit (NBCA)	Jamshed Shabbir	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	ENT	Balloon Eustachian Tube Dilation (BETD)	Phil Clamp	Cat 2	Q3	Introduction of new interventional procedure
Surgical Specialties	General Surgery	Compliance with ERAS protocol, specifically reviewing post operative opioid use for analgesia and nutritional supplement prescribing, amongst colorectal surgery junior doctors at the Bristol Royal Infirmary	Rebecca Griggs	Cat 4	Q1	Re-audit
Surgical Specialties	General Surgery	Retrospective review of antibiotic use post- laparoscopic appendicectomy at Bristol Royal Infirmary	Sean Strong	Cat 4	Q1	Local audit assessing antibiotic usage against guidelines
Surgical specialties	Hepatobiliary Surgery	None				
Surgical specialties	Thoracic Surgery	Navigational Bronchoscopy (Illumisite, Medtronic) for diagnosis of central lung lesions	Doug West	Cat 2	Q1	Introduction of new interventional procedure
Surgical specialties	Trauma & Orthopaedics	National Joint Registry (NJR)	Niall Sullivan	Cat 1	Q1	National Audit (Quality Account)
Surgical specialties	Upper GI Surgery	National Emergency Laparotomy Audit (NELA)	Phoebe Syme / Paul Wilkerson	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Upper GI Surgery	Laparoscopic transabdominal inguinal hernia repair using cyanoacrylate adhesive device	Kat Butcher	Cat 2	Q1	Introduction of new interventional procedure
Surgical specialties	Upper GI Surgery	Endoscopic Submucosal Dissection (ESD)	Stratis Alexandridis	Cat 2	Q4	Introduction of new interventional procedure

Ophthalmology	Cornea & Cataracts	Ocular keratopigmentation	Omar Elhaddad	Cat 2	Q4	Introduction of new interventional procedure
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Women's & Children's						
Children's Services	Audiology	Reviewing targeted follow-ups from the Newborn Hearing Screening Programme (NHSP)	Joannie O'Connell	Cat 3	Q1	Re-audit
Children's Services	Audiology	Do we conform to British Academy of Audiology (BAA) paediatric quality standards in our paediatric hearing aid review service	Janine Matthews	Cat 3	Q1	Re-audit
Children's Services	Audiology	[Planned re-audit] Audit of auditory brainstem response (ABR) testing peer review and data reporting (Smart4Hearing)	Joannie O'Connell	Cat 3	Q1	Re-audit
Children's Services	Audiology	CHC discharge criteria audit	Rachel Barsley	Cat 3	Q2	Re-audit
Children's Services	Audiology	Fitting of Starkey Contact Mini devices	Janine Matthews	Cat 3	Q2	Re-audit
Children's Services	Audiology	[Planned re-audit] A Re-Audit of Management of children with otitis media with effusion (OME) – do we conform to departmental policy and NICE guidelines?	Rachel Barsley	Cat 3	Q2	Re-audit
Children's Services	Audiology	Audit of Cleft Palate Protocol in Paediatric Audiology	Rachel Barsley	Cat 3	Q3	Re-audit
Children's Services	Audiology	[Planned re-audit] Audit of fitting of hearing aids to temporary conductive hearing losses	Janine Matthews	Cat 3	Q3	Re-audit
Children's Services	Audiology	Audit of later identified permanent childhood hearing impairment (PCHI) - timing of fitting, referrals and completion of required administration	Joannie O'Connell	Cat 3	Q3	Re-audit
Children's Services	Burns & Plastics	Paediatric trauma notes completion - Planned re-audit	Rumi Kisyova	Cat 3	Q1	Re-audit
Children's Services	Burns & Plastics	Injuries in non-mobile babies presenting with burns	Christie Bren	Cat 3	Q1	Comparing practice with local guidance
Children's Services	Cardiac Services	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Cardiac Services	A clinical audit of warfarin management for paediatric cardiac patients in practice in comparison to updated guidelines.	Susie Gage	Cat 3	Q4	Assess compliance with updated guidelines
Children's Services	Cross Division/Departments	Audit of nurse set up and administration of Parenteral Nutrition (PN/TPN) to patients in Bristol Royal Hospital for Children.	Anthony Wiskin	Cat 3	Q1	Re-audit
Children's Services	Cross Division/Departments	The storage and maintenance of Entonox at Bristol Royal Hospital for Children.	Rebecca Clark	Cat 3	Q3	Re-audit
Children's Services	Diabetes & Endocrinology	National Paediatric Diabetes Audit (NPDA)	Toby Candler	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Diabetes & Endocrinology	Diabetic Ketoacidosis Management	Toby Candler	Cat 3	Q3	Re-audit

Children's Services	Dietetics	Deep Dive Nutritional Screening Audit	Lauren McVeigh	Cat 3	Q1	Continuous rolling audit
Children's Services	Dietetics	PICU growth monitoring audit	Monika Jakiel-Rusin	Cat 3	Q1	Re-audit - see PICU
Children's Services	Ear, Nose & Throat	The Effect of Covid on the Management of Paediatric Glue Ear	Linnea Cheung	Cat 2	Q1	Re-audit
Children's Services	Emergency Department	National Major Trauma Registry	TBC	Cat 1	Q1	National Audit (Quality Account)
Children's Services	Emergency Department	Attendance of clinicians to the weekly Paediatric Major Trauma MDT	Anna Clarke	Cat 3	Q1	Re-audit
Children's Services	Gastroenterology	Auditing the adherence of immunogenetic investigation in Very Early Onset IBD (VEOIBD).	Kwang Yang Lee	Cat 3	Q3	Re-audit
Children's Services	General Medicine	An audit of transition from paediatric to adult services in patients with epilepsy	Marie Monaghan	Cat 3	Q3	Re-audit
Children's Services	Immunology and Infectious Disease	Deteriorating patients audit: Response to high risk sepsis concern	Conor O'Donovan	Cat 3	Q1	High risk to patient
Children's Services	Intensive Care (paediatric)	PICU growth monitoring audit	Jason Beyers	Cat 3	Q2	Re-audit
Children's Services	Intensive Care (neonatal)	Neonatal Intensive and Special Care (NNAP)	Louise Anthony	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Intensive Care (neonatal)	Drainage, Irrigation and Fibrinolytic Therapy (DRIFT)	Adam Smith-Collins	Cat 2	Q4	Introduction of new interventional procedure
Children's Services	Intensive Care (paediatric)	Paediatric Intensive Care Audit Network (PICANet)	Peter Davis	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Intensive Care (paediatric)	Timeliness of antibiotic prescriptions	Chris Stutchfield	Cat 2	Q2	Recommendation from external review
Children's Services	Nephrology	UK Renal Registry National Acute Kidney Injury programme	Jan Dudley	Cat 2	Q1	National Audit (Quality Account)
Children's Services	Nephrology	An audit on current practice and outcome of renal biopsies	Lieke Hoogenboom	Cat 3	Q2	Re-audit
Children's Services	Nephrology	Audit of paediatric patients receiving kidney replacement therapy (dialysis)	Jan Dudley	Cat 3	Q2	Re-audit
Children's Services	Neurology	National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Andrew Lux	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Neurology	Neurorehabilitation Extended Discharge summaries	Peta Sharples	Cat 3	Q2	Re-audit
Children's Services	UK National CSF Shunt Registry	Richard Edwards	Richard Edwards	Cat 2	Q1	National Audit (Other)
Children's Services	National audit of surgical activity	Greg Fellows	Greg Fellows	Cat 2	Q1	British Paediatric Neurosurgery Group

Children's Services	Occupational Therapy	None				
Children's Services	Oncology, Haematology & BMT	Audit to assess implementation of actions assigned to the Paediatric allogeneic stem cell transplant ('Paediatric BMT') team	Not Set	Cat 2	Q1	Audit following the investigation of a Serious Incident, Datix number 171425
Children's Services	Oncology, Haematology & BMT	Annual audit of management of PBSC/BM cellular products with positive micro bacterial culture results	Oana Mirci-Danicar	Cat 3	Q1	Re-audit
Children's Services	Oncology, Haematology & BMT	Bone Marrow Procurement Notes Audit	Rajesh Alajangi	Cat 3	Q1	Re-audit
Children's Services	Oncology, Haematology & BMT	Bone marrow transplant (BMT) and Chimeric Antigen Receptor T-Cell (CAR-T Cell) Therapy Data Quality Audit	Not Set	Cat 3	Q1	Re-audit
Children's Services	Physiotherapy	Current levels of compliance with Early Rehabilitation and Mobilisation in Paediatric Intensive Care (EPIC) at Bristol Royal Hospital for Children	Christina Linton	Cat 3	Q1	Re-audit
Children's Services	Radiology	Audit on Image Adequacy and Structured Reporting of Postnatal Ultrasound Urinary System in Paediatric Population	Ewan Simpson	Cat 3	Q1	Re-audit
Children's Services	Radiology	Assessing the quality and timeliness of ultrasound spine requests and examinations.	Izidora Holjar-Erlc	Cat 3	Q2	Re-audit
Children's Services	Respiratory	National Paediatric Asthma Secondary Care Audit (NACAP)	Katy Pike	Cat 1	Q2	National Audit (NCAPOP)
Children's Services	Respiratory	Audit of clinical psychology annual reviews	Isobelle Biggin	Cat 3	Q1	Local concern/priority
Children's Services	Rheumatology	None				
Children's Services	Surgery	Evaluation of adherence to the BRHC clinical guideline on postoperative care and monitoring of infants at risk of apnoea	Ben Doughty	Cat 3	Q1	Assess compliance with local guidance
Children's Services	Theatres	None				
Children's Services	Trauma & Orthopaedics	Forearm manipulation in ED	James Turner	Cat 3	Q1	Local concern/priority
Women's services	Gynaecology	WORD catheter management of Bartholins Abscess	Abigail Oliver	Cat 2	Q4	Introduction of new interventional procedure
Women's services	Gynaecology	[Planned re-audit: 10/03/2024] Service review of Gynaecology Emergency Clinic	Sarah Channing	Cat 2	Q1	Re-audit
Women's services	Obstetrics & Midwifery	National Maternity and Perinatal Audit (NMPA)	Emma Treloar	Cat 1	Q1	National Audit (NCAPOP)
Women's services	Obstetrics & Midwifery	[Planned re-audit: 31/03/2024] Immediate Care of the Newborn: NEWTT chart and management of hypoglycaemia	Verity Johnson	Cat 2	Q1	Re-audit
Women's services	Obstetrics & Midwifery	[Planned re-audit: 30/09/2022] Examination of the Newborn(NIPE)	Sarah-Jane Sheldon	Cat 2	Q1	Re-audit
Women's services	Obstetrics & Midwifery	Planned re-audit of BSOTS symptom specific triage system	Kate Eccles	Cat 2	Q1	Re-audit

Women's Services	Obstetrics & Midwifery	Accurate time documentation in maternity - watch the clock!	Amit Patel	Cat 2	Q3	Re-audit
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Weston						
Anaesthetics/Critical Care	Intensive Care (Weston)	ICNARC Case Mix Programme (CMP)	Dan Freshwater-Turner/Vassoulla Antoniou	Cat 1	Q1	National Audit (Quality Account) and CQC expectation
Emergency Department	Emergency Department (Weston)	Adolescent Mental Health (RCEM)	Ziad Elarbi/Amir Sharif	Cat 1	Q2	National Audit (Quality Account)
Emergency Department	Emergency Department (Weston)	Care of Older People (RCEM)	Adil Toto Kano/Amir Sharif	Cat 1	Q2	National Audit (Quality Account)
Emergency Department	Emergency Department (Weston)	Time Critical Medications (RCEM)	Amy Fox (pharmacist)/Rachael Morris	Cat 1	Q3	National Audit (Quality Account)
Medical specialties	Care of the Elderly (Weston)	National audit of Inpatient falls (RCP) - Joint BRI & WGH	Ali Mann	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Care of the Elderly (Weston)	National Audit of Dementia (NAD) - Joint BRI & WGH	Clare Simpson	Cat 1	Q3	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology (Weston)	National Diabetes Core Audit - Joint BRI & WGH	Natasha Thorogood/Kurien John	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology (Weston)	National Diabetes Inpatient Safety Audit	Kathryn McCormack?	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Palliative Medicine (Weston)	National Audit of Care at the End of Life (NACEL)	Alison Rich	Cat 1	Q4	National Audit (NCAPOP)
Medical specialties	Respiratory (Weston)	National Adult Asthma Secondary Care Audit (NRAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Respiratory (Weston)	National COPD Secondary Care Audit (NRAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Rheumatology (Weston)	National Early Inflammatory Arthritis Audit (NEIAA) - Joint BRI & WGH	James Ritchie	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Stroke Medicine (Weston)	Sentinel Stroke National Audit Programme (SSNAP)	Abraham George/Mike Haley/Simily Saji	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Trauma & Orthopaedics (Weston)	Fracture Liaison Service Database (RCP)	Stuart Webber/Timothy Reynolds/James Ritchie	Cat 1	Q1	National Audit (NCAPOP)

Medical specialties	Trauma & Orthopaedics (Weston)	National Hip Fracture Database (RCP)	Jocelyn Hopkins	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Colorectal Surgery (Weston)	National Bowel Cancer Audit (NBOCA)	Nitya Chandratreya/ Reuben West	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Pathology (Weston)	National Comparative Audit of NICE Quality Standard QS138	Egle Gallo	Cat 2	Q1	National Audit (Other)
Surgical specialties	Pathology (Weston)	National Comparative Audit of Bedside Transfusion Practice	Egle Gallo	Cat 2	Q4	National Audit (Other)
Surgical specialties	Pathology (Weston)	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	Egle Gallo	Cat 2	Q1	National Audit (Quality Account)
Surgical specialties	Trauma & Orthopaedics (Weston)	National Joint Registry (NJR)	Bryony Mills/Rachel Smith	Cat 1	Q1	National Audit (Quality Account)
Surgical specialties	Upper GI Surgery (Weston)	National Emergency Laparotomy Audit (NELA)	Kat Butcher	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Thoracic Surgery (Weston)	National Lung Cancer Audit - Joint BRI & WGH	Doug West/Andrew Low	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	General surgery (Weston)	Evaluation of consent practice for appendicectomy	Bijily Babu/Kat Butcher	Cat 4	Q1	Re-audit
Surgical specialties	Trauma & Orthopaedics (Weston)	Measuring adherence to prescribing guidelines for patients with vitamin D deficiency	Hamda Abdi/Yasmin Esmail	Cat 4	Q2	Re-audit
Medical specialties	Acute Medicine (Weston)	2 level PE Wells Score and PERC for Patients who underwent CTPA	Iman Shaat/Mohamed Seklani	Cat 3	Q1	Re-audit

Statements of assurance

Participation in clinical audits and national confidential enquiries

The Trust is committed to participating in relevant national audits and national confidential enquiries to help assess the quality of healthcare nationally and to make improvements in safety and effectiveness.

National clinical audits aim to improve patient care by reviewing services against agreed national standards of care and making recommendations to healthcare providers. **Local clinical audits** involve making changes where necessary and re-auditing to confirm the impact of those changes. **National confidential enquiries** investigate an area of healthcare and recommend ways to improve it.

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

During 2023/24, 52 national clinical audits and six national confidential enquiries covered NHS services that UHBW provides. During that period, the Trust participated in 94% (49/52) of national clinical audits and 100% (6/6) of the national confidential enquiries in which it was eligible to participate.

The table below lists the national clinical audits and national confidential enquiries that UHBW was eligible to participate in during 2023/24 and whether it did participate. The number of cases submitted to those audits which published reports during 2023/24 is included; case ascertainment is shown in brackets where known.

Name of audit / programme	Participated	Cases submitted
Acute, urgent and critical care		
ICNARC Case Mix Programme (CMP)	Yes	1,850 (100%)
Care of Older People - RCEM QIP	Yes	41
Mental Health - RCEM QIP	Yes	183
Trauma Audit & Research Network (TARN)	Yes	<i>Not reported</i>
ICNARC National Cardiac Arrest Audit (NCAA)	Yes	67
National Emergency Laparotomy Audit (NELA)	Yes	115 (100%)
Sentinel Stroke National Audit programme (SSNAP)	Yes	333 (~80%)
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	50
UK Renal Registry National Acute Kidney Injury Audit	Yes	4,044
Cancer and Surgery		
Perioperative Quality Improvement Programme	Yes	<i>Not reported</i>
National Audit of Metastatic Breast Cancer	Yes	<i>Not reported</i>
National Audit of Primary Breast Cancer	Yes	<i>Not reported</i>
National Bowel Cancer Audit (NBOCA)	Yes	286 (~90%)
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	184
National Lung Cancer Audit (NLCA)	Yes	329
National Prostate Cancer Audit (NPCA)	Yes	NBT
National Joint Registry	Yes	575
Cleft Registry and Audit NETwork (CRANE) Database	Yes	42
Elective Surgery (National PROMs Programme)	Yes	<i>Not reported</i>
National Cataract Audit	Yes	2545

Name of audit / programme	Participated	Cases submitted
Cardiac		
National Audit of Cardiac Rehabilitation	Yes	<i>Not reported</i>
National Adult Cardiac Surgery Audit (NACSA)	Yes	1005 (100%)
National Congenital Heart Disease Audit (NCHDA)	Yes	949 (100%)
National Heart Failure Audit (NHFA)	Yes	<i>Not reported</i>
National Audit of Cardiac Rhythm Management (CRM)	Yes	970 (100%)
Myocardial Ischaemia National Audit Project (MINAP)	Yes	196
National Audit of Percutaneous Coronary Intervention (NAPCI)	Yes	1161 (100%)
National Audit of Mitral Valve Leaflet Repairs (MVLRL)	Yes	<i>Not reported</i>
UK Transcatheter Aortic Valve Implantation (TAVI) Registry	Yes	272 (100%)
Elderly care		
Fracture Liaison Service Database (FLS)	Yes	1,520
National Audit of Inpatient Falls (NAIF)	Yes	12 (100%)
National Hip Fracture Database (NHFD)	Yes	300
National Audit of Dementia (NAD)	Yes	<i>Not reported</i>
Long term conditions		
Improving Quality in Crohn's and Colitis (IQICC)	Yes	<i>Not reported</i>
National Diabetes Inpatient Safety Audit (NDISA)	Yes	3
National Pregnancy in Diabetes Audit (NPID)	Yes	95
National Diabetes Core Audit	Yes	104
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	327
UK Cystic Fibrosis Registry	Yes	482
COPD Secondary Care	No	N/A
Adult Asthma Secondary Care	No	N/A
UK Renal Registry Chronic Kidney Disease Audit	Yes	36
Women's and Children's Health		
National Paediatric Diabetes Audit (NPDA)	Yes	510
Children and Young People's Asthma Secondary Care	Yes	79
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	No	N/A
National Maternity and Perinatal Audit (NMPA)	Yes	<i>Not reported</i>
National Neonatal Audit Programme (NNAP)	Yes	513
Paediatric Intensive Care Audit Network (PICANet)	Yes	643
Other		
National Audit of Care at the End of Life (NACEL)	Yes	<i>Not reported</i>
2023 Audit of Blood Transfusion against NICE QS138	Yes	10
2023 Bedside Transfusion Audit	Yes	<i>Not reported</i>
Serious Hazards of Transfusion UK Haemovigilance Scheme	Yes	<i>Not reported</i>
Confidential enquiries/outcome review programmes		
Child Health Clinical Outcome Review Programme ^o	Yes ^o	N/A
Learning Disabilities Mortality Review Programme (LeDeR)	Yes	<i>Not reported</i>
Maternal, Newborn and Infant Outcome Review Programme	Yes	<i>Not reported</i>
Medical and Surgical Clinical Outcome Review Programme ^o	Yes ^o	N/A
National Child Mortality Database	Yes	<i>Not reported</i>
National Perinatal Mortality Review Tool	Yes	28

^o Organisational/service level data/copies of case notes submitted only.

Below are examples of findings from national audits and improvement actions put in place within the Trust:

The National Early Inflammatory Arthritis Audit (NEIAA)

The NEIAA aims to improve the quality of care for people living with inflammatory arthritis, collecting information on all newly diagnosed patients over the age of 16 referred into specialist rheumatology departments in England and Wales.

Results from this audit highlighted a number of areas of good practice where UHBW performed better than the national average; 49% of people with suspected persistent synovitis were assessed within three weeks of referral (39% nationally) and 83% of people with newly diagnosed newly rheumatoid arthritis were offered conventional disease modifying anti-rheumatic drug (cDMARD) monotherapy within three months of onset of persistent symptoms (56% nationally). 98% of patients were offered educational/self-management activities and 100% of patients experiencing a disease flare up or possible drug related side effects received advice within one working day.

The findings highlighted areas for improvement in relation to timeliness of referral to the service. Actions included additional administration staff to improve data quality (including Patient Report Outcome Measures).

National Paediatric Diabetes Audit (NPDA)

The NPDA gathers information about the care and diabetes outcomes of all children and young people receiving care from paediatric diabetes teams in England and Wales and reports an annual core dataset. The audit monitors whether children undergo annual checks for six key care processes; blood glucose levels and checks to measure healthy growth, thyroid function, blood pressure, kidney function, eye screening and foot examination.

Results show that the Trust performed best in the region and above the national average in many of these key checks; measurements for blood glucose were undertaken in 99.5% of children (99% nationally), thyroid function in 90% (86% nationally), kidney function in 79% (77% nationally) and eye screening in 77% (68% nationally). Improvement in blood glucose measurement was recognised, as this had been agreed previously as an area for UHBW to improve.

Further areas for improvement were noted in relation to the need for blood pressure measurement and foot examination. Actions have been agreed to better capture care process data as part of the annual review process.

Local clinical audit activity

During 2023/24, a total of 560 local clinical audit projects were in progress at UHBW, including 272 newly registered in the financial year. Examples of local audit include:

- A re-audit in general intensive care which demonstrated improvements in documenting nasogastric tube placement.
- An audit of targeted follow-ups from the Newborn Hearing Screening Programme by our paediatric audiology service which led to process improvements in how appointment dates are offered and recorded.
- An audit which confirmed high standards of documentation of domestic violence and abuse and multi-agency working within sexual health services

The outcomes and proposed actions from completed audits are reviewed by the Trust's Clinical Audit Group. Details of the changes and benefits of audit projects completed during 2023/24 will be published in the Trust's Clinical Audit Annual Report later in 2024.