



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



# Clinical Audit Annual Report 2022/23

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**Date:** September 2023

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## 1. Introduction

### 1.1 Clinical Audit & Effectiveness Team

During the financial year 2022/23, 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, employed by the Division of Trust Services and working closely with healthcare staff in clinical divisions to support clinical audit projects and activity. 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. 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.

In 2022/23, there were a number of changes to the CAET. In September 2022, Jonathan Penny left the Team after 20 years, the last two years of which had been served as Deputy Clinical Audit Manager. In October 2022, Damian Jones was appointed to this role having previously been a facilitator for St Michael's Hospital and in Cardiac Services. This left a gap in the team which was successfully recruited to when Sofia Bravo joined the team in May 2023. Along with changes to the CAET, Dr Rachel Bradley, Consultant Geriatrician and Chair of the Clinical Audit Group, stepped down from her chair role after three years. Thanks go to Rachel for her hard work and dedication to clinical audit and improvement and also to Dr Ruth Murphy, Consultant Anaesthetist and Clinical Lead for clinical audit for Anaesthesia, who took on the role of Chair from June 2023. Full details of the CAET and the Divisions/specialties they support can be found at [Appendix A](#) of this report.

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®). At the time of writing, over 1,000 projects have been registered on the system and more than 2,700 UHBW staff are registered as system users. In March 2023, it was agreed the AMaT system would replace Tendable® as the Trust's primary system for capturing nursing quality audits and ongoing monitoring, delivering a substantial cost saving to the Trust; this facility subsequently went live in August 2023.

In 2022/23, the CAET also established a register of the Trust's participation in national clinical audits and continued to work with host organisations to determine the impact of the Trust's merger and subsequent clinical integration on national audit participation at Weston General Hospital. Any gaps in national audit participation are noted and explained within the forward plan section of this report.

Priorities for the CAET for 2023/34 include improving participation national audit participation, increasing the availability of face-to-face clinical audit training, and continuing to develop clinical audit data available to Divisions/specialties for quality reporting purposes.

### 1.2 Oversight and reporting

The Clinical Audit Group (CAG) is the Trust's lead group in relation to matters relating to the practice of clinical audit. CAG met monthly during 2022/23 to review completed projects, and monitor forward plan progress including participation in national clinical audits. CAG's membership is made up of Clinical Audit Convenors within Divisions/specialties, Clinical Audit Facilitators and other representatives from the corporate Quality Team.

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.

During 2022/23, CAG introduced a 'star' certificate award for clinical audit. This is awarded to audit projects that have demonstrated significant or sustained improvement or where the project team have demonstrated robust working/methodology and action plans are particularly strong, including aspects of process/system change. A total of nine audits were given this award during 2022/23.

As part of streamlining reporting into Clinical Quality Group, it has been agreed that from October 2023 CAG will report into Clinical Effectiveness Group rather than directly to CQG.

### 1.3 Clinical Audit Training

Throughout the year, the CAET ran 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. 47 staff attended this on-line training in 2022/23.

A second training module, 'Essential Excel for Clinical Audit', will return for 2023/24.

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. Clinical Audit is also a component of the QI Academy Bronze teaching sessions.

### 1.4 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 (in future via the Clinical Effectiveness Group). Overall progress against the 2022/23 plan as at the end of the financial year is reported at [Appendix B](#).

### 1.5 Annual Quality Account

A mandated statement about participation in national clinical audits has been included in the Trust's Quality Account for 2022/23. 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.

### 1.6 National and Regional Involvement

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

In May 2022, the Head of Clinical Audit & Effectiveness chaired the first national clinical audit conference hosted by AMaT®. The event drew together over 90 staff working in clinical audit from across the county (not just AMaT® users) to

and share practice and discuss issues. The Trust had three submissions accepted for the May 2023 conference, one of which was commended. The project titles can be seen below:

- Assessing the success rate of requested tests for paediatric neurology outpatient attenders (accepted and presented)
- An audit on Rasburicase usage in the prevention and treatment of tumor lysis syndrome (accepted and presented)
- Reducing imaging radiation dose in the detection of pulmonary emboli (accepted and commended)

Moving forward, the team will continue to improve the processes to identify suitable projects and opportunities for wider presentation.

**Stuart Metcalfe, Head of Clinical Audit & Effectiveness**

September 2023

## 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 2022/23, 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 2022/23. Information from the previous financial year is also shown as a further comparison.

	Programme*	2022/23	
<b>Total number of projects</b>	979 100%	287 100%	Total projects registered and new projects registered during 2022/23.
<b>Total number of open projects</b>	554 57%	194 68%	
Number of open projects with no results	367 66%	141 73%	Projects in progress but still not passed date of agreeing results/ actions.
Number of open projects with results	187 34%	53 27%	
<b>Number of open overdue projects (no action plans)</b>	432 78%	143 74%	Projects where the planned date of agreeing an action plan has been exceeded or action plans are past completion date.
<b>Total number of open projects (with action plans)</b>	100 18%	39 20%	
Number of open overdue projects (with action plans)	47 8%	15 8%	All actions completed and the project cycle has been signed off.
<b>Number of closed projects</b>	425 43%	93 32%	
<b>Number of abandoned projects</b>	81 N/A	10 N/A	Unable to obtain a final outcome/ action plan of an audit.

\* All activity: Projects registered since 1<sup>st</sup> August 2020 to 31<sup>st</sup> March 2023


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

#### Total number of projects

	New projects registered during 2022/23	<b>2021/22</b>
		343


There has been a decrease in the number of new projects registered this financial year; 287 vs 343 in 2021/22. Figures from 2018/19 and 2019/20 show 305 and 273 new project registered respectively so the position is fairly stable. The additional numbers in 2021/22 most likely reflected the initial additional activity in Weston General Hospital.

#### Closed projects

	Total number of projects closed during 2022/23 where all identified actions have been fully completed.	<b>2021/22</b>
		111

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

	Total number of projects abandoned during 2022/23	<b>2021/22</b>
		9


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. To that end figures of 8.2% (overall programme) and 3.2% (2022/23) is encouraging.

### 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

	Percentage of activity that is re-audit	<b>2021/22</b>
		17%

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

	<b>Measure/Indicator</b>	<b>2021/22</b>
	Audits measuring practice against standards/ recommendations from national bodies such as Royal Colleges and the National Institute of Health and Care Excellence (NICE).	52%

There has been a continued increase 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

	<b>Measure/Indicator</b>	<b>2021/22</b>
	Projects linked to incident or risk management processes.	10%


This measure is based on projects undertaken to help improve care where issues have been identified through incident reporting (e.g. in relation to a specific clinical incident) or to address known clinical risks. There has been a slight decrease this year. 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 2022/23 remained broadly unchanged compared to the previous year.

In response to a query raised by the Chair of the Trust’s Quality and Outcomes Committee regarding benchmarking this indicator with other Trusts, the Head of Clinical Audit & Effectiveness held exploratory discussions with the AMaT development team and other organisations who use the system. In January 2023, Trusts agreed to share this data and AMaT agreed to develop a benchmarking report. A preliminary report was issued in September 2023. This shows that UHBW is ranked second of nine participating organisations in terms of proportion of projects related to ‘governance’ issues (eight other organisations were excluded from the analysis due to low numbers of projects) however this data needs validation as discrepancies have been identified. This comparison will be presented in future annual reports.

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.	<b>2021/22</b>
		193

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. 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)



### 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 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023. In the summary tables for each Division, the following definitions apply:

	2022/23		
<b>Total number of projects</b>	287	100%	Total projects registered in the Division during 2022/23.
<b>Total number of open projects</b>	194	68%	
Number of open projects with no results	141	73%	Projects still in progress at the end of 2022/23 but still not passed date of agreeing results/actions.
Number of open projects with results	53	27%	
<b>Number of open overdue projects (no action plans)</b>	143	74%	Where the original planned date of agreeing an action plan has been exceeded.
<b>Total number of open projects (with action plans)</b>	39	20%	
Number of open overdue projects (with action plans)	15	8%	Where all actions have been completed and the project cycle has been signed off.
<b>Number of closed projects</b>	93	32%	
<b>Number of abandoned projects</b>	10	N/A	Where the team are not able to obtain a final outcome/action plan of an audit

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	
<b>Total number of projects</b>	24	100%
<b>Total number of open projects</b>	15	63%
Number of open projects with no results	12	80%
Number of open projects with results	3	20%
<b>Number of open overdue projects (no action plans)</b>	10	67%
<b>Total number of open projects (with action plans)</b>	1	7%
Number of open overdue projects (with action plans)	0	0%
<b>Number of closed projects</b>	9	38%
<b>Number of abandoned projects</b>	0	N/A

A total of 26 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/2021-22/02	This re-audit confirmed the BSA protocol for hearing aid fittings was followed in all cases where real ear measurements were carried out for patients who had no contraindications.
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#### **Diagnostic Services - Laboratory Medicine (Clinical Biochemistry)**

CLIBIO/CA/2021-22/01	Following this audit of out of hours phoning of critically abnormal results, the procedure for documentation of results and actions has been amended to include check box to record when a result has not been phoned out.
CLIBIO/CA/2021-22/02	The audit led to education of GPs on the need for a full screening for myeloma and the usefulness or otherwise of serum electrophoresis for non-myeloma diagnosis reasons.
CLIBIO/CA/2022-23/02	This re-audit of laboratory thyroid function testing (based on NICE NG145) demonstrated that current processes are compliant with the Trust protocol.

#### **Diagnostic Services - Medical Physics & Bioengineering**

MEDPHYS/CA/2021-22/01	The results for the CT scanners in Suite A, E and C, will be used to update / set local DRLs for the BRI CT scanners, where clinically justified. These were taken to the Diagnostic Radiology User Group and IRMER subcommittee for ratification.
MEDPHYS/CA/2022-23/01	The re-auditing of carotid ultrasound scan shows significant assurance that local practice is adhering to the Trust reporting standards.
MEDPHYS/CA/2022-23/03	This audit confirmed that the new Siemens Artis Icono technology for lab 5 gives overall lower radiation doses to patients and therefore a beneficial upgrade.

#### **Diagnostic Services - Radiology**

RADIO/CA/2019-20/03	Following the re-audit of image guided lung biopsies, the reporting radiologists were advised to document the time at which they would like the chest X-ray performed in the report.
RADIO/CA/2020-21/05	This audit of quality of acute CT Head requests led to making a poster and disseminated to wards and departments across the hospital, main point of focus being the A&E.
RADIO/CA/2020-21/10	This audit of radiograph image quality on facial bones led to a discussion with the radiographers that if CT Head is being considered, facial bone plain imaging may not be useful if patient cooperation is limited.
RADIO/CA/2021-22/03	A best practice guide for outpatient CT head scans was developed following the audit of exclusion of lens of eye on routine outpatient CT head scans.
RADIO/CA/2021-22/06	Following the audit of VTE coding in radiology reports, posters were developed highlighting the VTE coding instructions.
RADIO/CA/2021-22/07	The results of MRI whole spine was discussed with the MSK team who were satisfied with the current practice.
RADIO/CA/2021-22/08	As a result of the radiology reporting on appendicular skeleton using clinical outcome (CO-score) audit, CO-score will be used for future Radiographer reporting audits and for Radiographer peer review.
RADIO/CA/2021-22/09	Following the lumbar spine radiograph audit, refresher sessions were offered to junior radiographers and education posters were displayed on staff noticeboard in x-ray rooms. Re-audit planned.
RADIO/CA/2022-23/01	Although the exposure related criteria are mostly fulfilled in this mobile chest x-ray image quality, staff were educated on the correct method of quality imaging. There are ongoing reviews to ensure effective learning.
RADIO/CA/2022-23/04	This audit of complications following Radiologically Inserted Gastrostomy (RIG) Placement demonstrated significant assurance. Future ongoing review to be part of Clinical Governance processes.
RADIO/CA/2022-23/07	This audit showed perfusion scan was the preferred choice of investigation of suspected pulmonary emboli in all groups of patients comparing with previous audits. Staff are encouraged to continue referring to the SOP.

### **Therapy Services**

#### **Therapy Services – Pharmacy**

PHARM/CA/2019-20/03	This audit showed the overall compliance of the paediatric emergency department to the trust antimicrobial guidelines is very good. A guideline for prophylaxis post skin laceration has been developed.
PHARM/CA/2020-21/04	The data and findings of this audit were fed back to the BNSSG to add to their own red drug for Zoledronic acid in osteoporosis data recording, and the Fracture Liaison Service.
PHARM/CA/2021-22/02	As a result of this audit, the baseline HbA1c and blood glucose are to be included in the pre-cycle blood tests for systemic anti-cancer treatments.
PHARM/CA/2021-22/03	This audit led to clarity in guidelines for stopping SGLT2-inhibitors (dapagliflozin and empagliflozin prescribing) with respect to cardiac surgery and updating in the surgical medicines management document.

PHARM/CA/20 21-22/05	This audit of medication allergy recording demonstrated the need to utilise electronic prescribing system for potentially better documentation of allergies than current EPR system. Allergy recording to be added to the Pharmacy guidance on drug history taking and medicines reconciliation.
<b>Therapy Services – Physiotherapy</b>	
PHYSIO/CA/20 19-20/03	This audit led to establishing routine review of National Hip Fracture Database (NHFD) standards in the Trust.
PHYSIO/CA/20 20-21/01	Following the audit, examples of the treatment plans and goals will be reviewed as part of the induction to the Acute Older Peoples Rehabilitation Team.
RADIO/CA/202 0-21/11	The audit showed that the Ultrasound Advanced Practitioners had adhered to the gynaecological ultrasound protocol. Updates to the protocol were agreed and implemented.

## 3.2 Medicine

	2022/23	
<b>Total number of projects</b>	34	100%
<b>Total number of open projects</b>	20	59%
Number of open projects with no results	17	85%
Number of open projects with results	3	15%
<b>Number of open overdue projects (no action plans)</b>	16	80%
<b>Total number of open projects (with action plans)</b>	3	15%
Number of open overdue projects (with action plans)	2	10%
<b>Number of closed projects</b>	14	41%
<b>Number of abandoned projects</b>	0	N/A

A total of 19 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 highlighted that the vast majority of patients had not been identified as suffering with sexual dysfunction. Similarly, bladder scanning had only been documented in the majority of cases. The action plan focused on improving staff awareness at triage through training, liaising with radiology to improve shared pathways and seeking advice from the legal team on how to improve current safety processes.
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### Medical Specialties

#### Medical Specialties – Care of the Elderly

COE/CA/2022-23/05	Communication of advanced care planning to GPs on Discharge achieved in 100 % of patients.
COE/CA/2021-22/05	A total of 56% of patients were found to have been managed appropriately, prior to TIA clinic review according to NICE guidelines. The action plan focused on improving education around the guidelines for commencing aspirin 300mg for suspected TIA. An extensive and robust action plan touched upon education, creating a new referral prompt and changes to the ICE system. A reaudit that showed considerable improvement has been completed.
COE/CA/2022-23/01	A significant proportion of patients on this care of the elderly ward did not have their RESPECT form signed by the consultant in charge of their care. Following these results, changes focused on adding a brightly coloured sticker on the front of the RESPECT form of new patients only if they had been signed by the consultant in charge of their care. A re-audit was agreed.
COE/CA/2022-23/04	A significant improvement was observed in this re-audit of immediate aspirin for TIA following a robust action plan in the initial audit. The reaudit showed 87% compliance with guidelines. These results were added to the risk register. The action plan focused on the dissemination of results and reminders on the appropriate management TIA patients, highlighting patients who were not managed appropriately and following up.

#### Medical Specialties - Contraceptive & Sexual Health Services (CASH)

CASH/CA/2020-21/11	Results show that all Unity partners adapted well to remote consulting, evidenced by overall achieving standards. A robust action plan, tailored to lower achieving partners, was fully completed.
CASH/CA/2021-22/05	This audit assessed how well staff adhere to offering HIV testing to service users. Results showed that the service is not meeting the national standards for HIV testing as a great deal of patients attending the service were not offered an HIV test or offered information on HIV testing. To improve performance, changes to EPR options were considered along with reminders and education of staff. A re-audit was agreed.

CASH/CA/2020-21/12	A mix of low results were observed across the six partner organisations on how well the service communicates information to under 18s using the service as well as how consistently documentation was forwarded to their GP. To address these issues, the team implemented changes to Millcare (electronic EPR).
CASH/CA/2021-22/01	This audit assessed whether patients received advice on methods of contraception following abortion. The results suggested good adherence to policy with 86% and 96% on relevant criteria. Changes to proformas and cross-provider documentation were fully implemented to further improve compliance. A re-audit will be undertaken.
CASH/CA/2021-22/04	This is an audit following new national guidance which coincided with clinical incidents relating to implant procedures. The majority of Unity partners achieved 100% for more than one criterion. There is however, one criterion where all but one partner scored low. Actions focused on improving existing proformas and reminding all implant fitters of key points for safe fitting and removal. A re-audit was agreed.
CASH/CA/2021-22/03	Results from all Unity partners confirmed that the guidance in the Unity Safeguarding framework is largely adhered to with two out of five criteria, reaching 100%. Furthermore, significant improvement was noted in comparison with the initial audit that took place in 2019. Further actions focused on dissemination of results and learning.
CASH/CA/2020-21/05	This audit was undertaken to assess the level of completion of the 'Spotting the Signs' proforma which prompts conversation with younger people on sexual health and HIV. Results were mixed and actions focused on improving documentation.
<b>Medical Specialties - Dermatology</b>	
DERM/CA/2022-23/03	This re-audit to assess the use of Alitretinoin for hand dermatitis failed to show noticeable improvements following initial audit and action plan. The action plan focused on creating posters to display in notice boards and common rooms, sending texts with links to more information to patients and using email to send electronic Dermatology Life Quality Index to patients.
DERM/CA/2020-21/02	Results of this audit to assess the use of Alitretinoin for hand dermatitis suggest there is room for improvement as they range between 68-70%. The action plan included the creation of a checklist to be used prior to prescribing alitretinoin and education on alitretinoin prescription. A re-audit was undertaken.
<b>Medical Specialties - Gastroenterology &amp; Hepatology</b>	
GASHEP/CA/2022-23/02	This audit of the cirrhosis discharge bundle demonstrated poor compliance with guidance. Actions included creation of posters and dissemination of cirrhosis bundles to wards.
<b>Medical Specialties - Respiratory</b>	
RESP/CA/2022-23/01	Following this audit of pneumococcal antibody testing, a standardised pathway for bronchiectasis patients and a nurse-led clinic, were introduced.
<b>Medical Specialties – Sexual Assault Referral Centre</b>	
SARC/CA/2022-23/02	The majority of criteria achieved 100% which confirmed the service's continuous improvement. However, two criteria scored low. A result the action plan focused on improving referrals communications. A re-audit was agreed.
SARC/CA/2021-22/02	This audit of clinical records for paediatric service showed excellent adherence to guidelines for all 19 criteria.
<b>Cross Division</b>	
XDIVMED/CA/2022-23/01	Four out of nine criteria critically failed to meet expected standards in this audit on whether boarding beds meet the criteria as set in the Trust SOP. Reminders were sent to nursing and medical staff to record discussions regarding boarding in the patient's record. All ward managers were reminded to ensure a datix is completed when length of stay exceeds 24 hours.

## 3.3 Specialised Services

	2022/23	
Total number of projects	33	100%
Total number of open projects	21	64%
Number of open projects with no results	13	62%
Number of open projects with results	8	38%
Number of open overdue projects (no action plans)	12	57%
Total number of open projects (with action plans)	7	33%
Number of open overdue projects (with action plans)	5	24%
Number of closed projects	12	36%
Number of abandoned projects	2	N/A

A total of 26 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 - Cardiac Surgery

CARDS/CA/2020-21/02	Following this audit, changes were made to the LocSSIP form to help improve compliance and accessibility.
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#### Cardiac Services - Cardiology

CARDO/CA/2020-21/05	This audit confirmed that CTCA is being underutilised in patients presenting with previous CABG; interventional cardiology meeting discussion highlighted improvements such as re-audit to ensure sufficient data is analysed.
CARDO/CA/2020-21/02	This audit demonstrated significant assurance in relation to the CMR protocol. Improvements include local standardisation of dose and timing of adenosine infusion.
CARDO/CA/2021-22/14	The standard was achieved demonstrating significant assurance. Doctors are regularly reminded about risk assessment completion and good practice.

### Oncology & Clinical Haematology

#### Oncology & Clinical Haematology - BMT

BMT/CA/2022-23/05	This external accreditation audit demonstrated 100% compliance for all 14 criteria.
BMT/CA/2021-22/04	This external accreditation audit demonstrated excellent adherence to guidance. Actions focused on training staff to deliver SACT and undertaking regular assessment of clinical practice and competence.
BMT/CA/2020-21/03	This JACIE audit of the prescription ordering system demonstrated 100% compliance for chemotherapy doses being prescribed in accordance with a BMT treatment protocol or approved reference. Actions were put in place to ensure any deviation/modification to protocols was recorded on approved BMT documentation.
BMT/CA/2021-22/03	This external accreditation audit demonstrated overall excellent adherence to guidance with a couple of criteria achieving 90% instead of 100%. The actions focused on uploading all donor-related papers to evolve ASAP after pre-assessment. A re-audit was agreed.
BMT/CA/2021-22/05	This external accreditation audit demonstrated that the majority of standards were fully adhered to. However, two standards were found to be very low. Actions focused on ensuring that a deviation form is completing when a full virology report is not available prior to cell donation.
BMT/CA/2022-23/03	Following this audit of related donor virology results prior to cryoinfusion, a new check prompt was added to related donor clearance sheet to prompt medical team to review virology blood results.

BMT/CA/2022-23/01	This external accreditation audit demonstrated 100% compliance for both criteria.
<b>Oncology &amp; Clinical Haematology - Clinical Haematology</b>	
CHAEM/CA/2019-20/01	This external accreditation audit demonstrated really good compliance with guidance with four out of six criteria achieving 100%. HCG blood test was added as a routine test for all eligible donors as a result.
CHAEM/CA/2020-21/04	The majority of criteria achieved 100% with four of them below 67%. Guidance was marked as achieved and actions focused on streamlining the primary CNS lymphoma workup pathway, updating the autograft SOP and improving accessibility to MDT outcomes. A re-audit was agreed.
CHAEM/CA/2022-23/01	Following this audit of management of glycaemic control in patients with myeloma and lymphoma with a mixed bag of results and room for improvement, the team focused on putting together a new SOP for the monitoring and management of hyperglycaemia in patients receiving SACT, developing a patient information leaflet and updating the pre-assessment clinic prompts with advice of new SOP. A re-audit was agreed.
CHAEM/CA/2019-20/02	This audit of first-line treatment of diffuse large B Cell Lymphoma, showed excellent adherence to guidelines. However, some criteria suggested that approximately 7% of patients did not receive optimal treatment with no reason documented as to why. Actions to address this include changes to how treatment plans are recorded and to reduce variation in guidance.
CHAEM/CA/2021-22/01	Following this audit of acute myeloid leukaemia clinical quality performance, the team focused on regularly maintaining the local database of patients with this diagnosis, educating registrars and fellows performing diagnostic bone marrow biopsies and producing an SOP for whole-genome sequencing sample collection.
CHAEM/CA/2020-21/07	This audit of pain management in sickle cell patients showed mix compliance against standards. Actions included training SHOs and nursing staff on pain management and reviewing of individualised care plans for complex patients. A re-audit was agreed.
<b>Oncology &amp; Clinical Haematology - Oncology</b>	
ONC/CA/2020-21/10	This audit into 30-day mortality following adult palliative radiotherapy demonstrated that the service fully complied with the guidance with a lower mortality rate than established by the Royal College of Radiologists. An additional audit was created as an action which would look at a different cohort of patients to get further assurance on standards of care.
ONC/CA/2020-21/02	This audit showed mixed results and gaps in the triage of early recognition of immune-related adverse events and was therefore added to the risk register. The senior nursing leadership team focused on facilitating nurses and health care professionals to complete further training. The team liaised extensively with UKONS to look at improving the triage tool.
ONC/CA/2022-23/01	This audit confirmed that dihydropyrimidine dehydrogenase (DPD) testing was being undertaken in accordance with national recommendations. Further improvement focusing on improving testing by moving to electronic requesting and results via ICE.
ONC/CA/2019-20/03	This audit of treatment verification of radical plans for electronic portal imaging and cone beam CT imaging demonstrated poor compliance with multiple standards. The main issues highlighted a clear need for further education and training regarding the details of documentation and annotation necessary for imaging. Changes to treatment sheets were fully implemented.
<b>Oncology &amp; Clinical Haematology - Radiotherapy</b>	
ONC/CA/2020-21/04	This audit of radiation exposure and rectal toxicity in patients who have had biodegradable rectal spacer insertion demonstrated that rates were acceptable and standards met. However, indication for rectal spacers was not always clearly documented in clinic letters. An action to develop a new SOP for the use of rectal spacers was fully completed.
ONC/CA/2019-20/02	This annual re-audit of the radiotherapy weekly checking process confirmed overall good results and adherence to guidelines. No actions were deemed necessary.
ONC/CA/2019-20/01	This audit confirmed overall good compliance against standards for electronic consent with one exception. Teaching on correct completion of the consent form was fully implemented.
RADIOT/CA/2022-23/03	This audit highlighted that bladder scanners are not being used to their full potential-mostly, this is because the bladder scanner was not used correctly. One of five criteria achieved full compliance. As a result of the audit, changes were made to the bladder scan data sheet and an amendment made to the bladder scan protocol.
<b>Cross Division</b>	
XDIVSPS/QI/2021-22/01	The audit of Intravenous immunoglobulin (IVIG) therapy showed that the majority of the standards were not met. A robust action plan focused on encouraging the utilisation of MDSAS e-referral form, sending quarterly reminder emails for patient requiring follow-up, new guidance to record IVIG in each patient's medication history and liaising with IT on adding a link to MDSAS on the Careflow treatment initiation form when IVIG is chosen as the treatment.



## 3.4 Surgery

	2022/23	
Total number of projects	61	100%
Total number of open projects	44	72%
Number of open projects with no results	35	80%
Number of open projects with results	9	20%
Number of open overdue projects (no action plans)	35	80%
Total number of open projects (with action plans)	6	14%
Number of open overdue projects (with action plans)	2	5%
Number of closed projects	17	28%
Number of abandoned projects	2	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.

### Anaesthesia & Critical Care Services

#### Anaesthesia & Critical Care – Anaesthesia/Acute pain

SURANAES/CA/2020-21/02	Following evidence review and multidisciplinary team discussions, a screening tool was developed and embedded in the preoperative assessment as a result of this audit into pre-operative assessment of pain.
SURANAES/CA/2021-22/03	This audit links to never events and the introduction of 'Stop Before You Block', a national initiative aimed at reducing the incidence of inadvertent wrong-sided nerve block during regional anaesthesia. The audit demonstrated that 80% of patients underwent this check before administration of blocks. Further work is underway to improve practice and highlight the importance of this step in procedure whilst further national guidance is awaited.
SURANAES/CA/2021-22/06	This audit will be used to contribute to an international audit of sharps waste in theatres (TRA2SH) to help with the wider impact of environmental sustainability across healthcare and evidenced the opportunity for improvement in this area of our theatres.
SURANAES/CA/2020-21/04	This audit evidenced excellent supervision of elective lists and established that emergency list cover was more difficult to establish remotely. Ongoing issues and further audit/monitoring planned.
SURANAES/CA/2022-23/03	This re-audit of BP control and depth of anaesthesia monitoring demonstrated improvements in all parameters and standards with exception of using age adjusted MAC <1 and maintaining a systolic BP within 20% of preoperative baseline.

#### Anaesthesia & Critical Care & Theatres – Obstetrics/Gynaecology Anaesthesia

ANAEO/CA/2022-23/01	Overall, this audit demonstrated excellent record keeping within the Obstetrics team. Actions included the development of an improved obstetric anaesthetic chart.
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### Dental Services

#### Dental Services – Cleft Services

CLEFT/CA/2022-23/01	Poor results were observed in this audit of dental health of children with cleft lip and palate prior to alveolar bone grafting which has led to the development of a care pathway for children requiring this treatment.
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#### Dental Services - Oral Medicine

ORMED/CA/2020-21/03	The new database introduced as a result of this audit of oral medicine priority patient follow up appointments has shown clear improvements in the third cycle; priority patient follow ups are booked in the month requested by the clinician.
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<b>Dental Services – Oral Surgery</b>	
ORSUR/CA/2021-22/03	The audit showed that application of the pathway agreed with the CGG for the management of temporomandibular joint dysfunction and trigeminal neuralgia and the use of botulinum toxin A was supported by good patient outcomes and follow up.
<b>Dental Services - Orthodontics</b>	
ORTHOD/CA/2022-23/01	This audit shows full compliance to guidance with regards to the quality of radiographs produced with only minor alterations needed to get a perfect score. A re-audit was agreed.
ORTHOD/CA/2021-22/04	This fourth cycle of audit showed that 94% of orthodontic radiographic exposures were reported whereas only 48% were graded. Actions include further work to standardise radiographic grading in clinical notes, with the two-point scale ('A', 'N').
<b>Dental Services - Paediatric Dentistry</b>	
PAEDD/CA/2022-23/02	This audit into access to dental services and oral health information for children with cleft lip and/or palate within 12 months demonstrated poor compliance with standards. This led to a robust action plan for improvement and a re-audit scheduled.
PAEDD/CA/2021-22/07	Poor compliance with standards relating to preventative care of children undergoing general anaesthetic for caries management has led to a nursing briefing to ensure preventative leaflet "Looking after your teeth" is always included in GA paperwork and all information is fully documented.
PAEDD/CA/2021-22/06	The audit showed the standards are not being met with regards to patients receiving appropriate information prior to inhalation sedation provision. A sedation pathway will be created and a re-audit scheduled.
PAEDD/CA/2021-22/09	Following this audit of identification of teeth prior to intra-and-extra coronal restorations it was observed that the SOP was not being adhered to. Action plan for improvement includes the amendment of the SOP; a re-audit has been scheduled.
PAEDD/CA/2022-23/01	Observed improvement over three audit cycles with this audit of dental screening before bone marrow transplant. Ongoing actions in place for further improvement.
<b>Dental Services - Restorative Dentistry</b>	
RESTD/CA/2021-22/08	This audit has highlighted the lack of clarity in treatment plans prescribed to our dental hygiene and therapy students to carry out effective non-surgical periodontal therapy. Actions include creating a sticker to be included in the notes when prescribing treatment in order to satisfy the BSP S3 treatment guidelines. A re-audit is scheduled.
RESTD/CA/2021-22/05	Review of extraction site two weeks post-operative to check for and ensure mucosal coverage quantifiably improved from 6 - 76%. Action plan in place for further improvement.
RESTD/CA/2020-21/01	Improvements were observed in all areas comparing the first and second audit cycles. However, there are currently still cases where patients are not being consented according to local guidance. Action plan includes E-Learning/webinar for students and staff members on how to best discuss consent (and use leaflets to supplement) and how to best document consent
RESTD/CA/2021-22/09	Following this audit, poor compliance with four of five criteria has led to a robust action plan in place for improvement. Although a mention of treatment to be carried out under local anaesthetic was included in the treatment plan, in all cases, this was the only criterion that achieved the target result.
RESTD/CA/2021-22/03	Good results from this audit, however there are a few essential criteria which staff and students need to be reminded of so that the standard of local anaesthetic record keeping can be improved. This is being addressed via the project action plan and a re-audit is scheduled.
RESTD/CA/2022-23/02	The aim of this audit was to ensure that all local anaesthetic prescriptions are recorded completely and contemporaneously in the patient's clinical notes: Following this re-audit improvements were observed for all eight of the criteria stated.
RESTD/CA/2021-22/10	Following the audit, an information leaflet on clinical record keeping and completing the green chart was circulated to University of Bristol Staff and Students to act as an aid memoir for documentation
RESTD/CA/2021-22/11	Improvement observed as follows: 36% increase in the number of students recording a formal caries diagnosis 34% increase in the number of students recording a caries risk assessment in the patients records 15% increase in the number of students recording an appropriate treatment plan based on their assigned risk.
<b>Dental Services – Special Care Dentistry</b>	
SPECD/CA/2022-23/03	Following this audit a Standard Operating Procedure (SOP) has been introduced to improve compliance with the failure to attend policy.
SPECD/CA/2022-23/01	The results of this audit show there is not consistent assessment of the five criteria stated within guidance for special care dental general anaesthetic assessments. A new pro-forma has been agreed to improve documentation.
SPECD/CA/2022-23/02	The results of this audit show that in the majority of cases sampled, the appropriate preventive advice was given with respect to fluoride treatment.
<b>Ophthalmology</b>	

<b>Adult Surgical Specialties – Cornea &amp; Cataracts</b>	
CORN/CA/2022-23/01	This audit demonstrated that the majority of eye surgery patients had a pre op mark recorded but there was room for improvement. Results fed back to the theatre improvement group.
<b>Adult Surgical Specialties – Eye A&amp;E and Primary Care</b>	
A&EP/CA/2020-21/01	Poor compliance with criteria with regards to chemical eye injury management but excellent multi-emergency department coordination, presentation, and multi-professional involvement in the audit leading to a robust action plan for improvement.
<b>Adult Surgical Specialties – Glaucoma &amp; Shared Care</b>	
GLOUC/CA/2020-21/02	This audit showed that NICE guidance on glaucoma follow-up appointments is not being met. Action plan in place with plans to re-audit
<b>Adult Surgical Specialties – Medical &amp; Surgical Retina</b>	
MEDRET/CA/2020-21/04	This audit sought to evidence that patients presenting with submacular haemorrhage are assessed and treated within an acceptable timeframe. Five out of nine criteria were met and an action plan in place for improvement
MEDRET/CA/2020-21/06	This audit showed that the intraocular pressure clinic protocol was well adhered to, however 35% of patients were booked for face to face follow rather than telephone clinics without obvious reason. This has led to further revision of the IOP clinic protocol and staff education and training
MEDRET/CA/2021-22/01	This audit into the management of choroidal naevi & referral pathway for suspicious lesions partially achieved all of the criteria. An action plan for improvement has been implemented and a re-audit is planned.
MEDRET/CA/2020-21/01	This audit into consent for intravitreal injections clinic showed consent was undertaken, legible and signed.
MEDRET/CA/2020-21/02	This audit showed good results, but more work needs to be done in order to effectively complete panretinal photocoagulation lasers in less sessions as possible and for the laser appointment to take place in a timely fashion through better risk stratification.
MEDRET/CA/2021-22/05	This audit, identified through patient safety mechanisms, showed varying compliance with the criteria for transition to adult services for patients with uveitis. As a result, the transition proforma is being added to Careflow and training and education for staff provided.
MEDRET/CA/2020-21/08	Good results observed in terms of compliance with the Eylea protocol as a result of this audit.
<b>Adult Surgical Specialties – Paediatric Ophthalmology, Oculoplastics &amp; Squint</b>	
POCCS/CA/2021-22/02	This extensive audit measuring >40 criteria showed mixed results. Areas of good compliance were noted in documentation of pre-operative VA and refraction (improved compared to previous audit). VA outcomes (and glaucoma rate) are comparable to published studies. Timely surgery was achieved for most patients.
POCCS/CA/2021-22/03	This audit of the management of patients on immunosuppressive therapy confirmed that patients were being managed appropriately
<b>Surgical Specialties</b>	
<b>Adult Surgical Specialties – Colorectal Surgery</b>	
LGI/CA/2021-22/05	Whilst there was poor compliance observed in this audit, the criteria adopted were aspirational. Further work will be closely monitored until consensus on criteria can be achieved or wait for further research instruction.
<b>Adult Surgical Specialties – ENT</b>	
ENTAD/CA/2020-21/04	A poor result for epistaxis management has enabled the ENT team to highlight key themes that require improvement such as the importance of good documentation and the incorporation of demonstrations at SHO induction sessions.
<b>Adult Surgical Specialties – General Surgery</b>	
GENSUR/CA/2021-22/02	Poor results for driving advice given to patients following surgery has led to a good action plan to add the advice to Careflow for ease of documentation. Further re-audit is planned.
<b>Adult Surgical Specialties – Hepatobiliary Surgery</b>	
HEPSUR/CA/2021-22/05	Following this audit, a poster was widely placed to remind the doctors to add diagnosis and patient condition to the workspace and a re-audit was undertaken.
HEPSUR/CA/2022-23/01	This reaudit has shown that the HPB team has significantly improved their use of Careflow Workspace with minor interventions.
<b>Adult Surgical Specialties – Thoracic Surgery</b>	
THOR/CA/2021-22/02	In this audit of VTE risk assessment compliance, three out of five criteria measured achieved 100% - with two criteria showing poor compliance. An action plan for improvement is in place and a re-audit scheduled. This links into wider work to improve VTE compliance.

THOR/CA/2022-23/01	All patients smoking status and history was recorded at pre-operative assessment but poor compliance with recording whether patients had been offered nicotine replacement therapy - re-audit scheduled.
THOR/CA/2022-23/03	This audit identified that overall wound complication rates within national average but observed higher complication rates in those patients with glued wounds - further research required with larger sample size to confirm.
<b>Adult Surgical Specialties – Trauma and Orthopaedic Surgery</b>	
TRORTH/CA/2021-22/06	This audit, into the availability of outpatient notes on Evolve showed poor compliance but a strong action plan has been put in place and a re-audit scheduled.
TRORTH/CA/2022-23/09	Poor results observed but excellent action plan implemented leading 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	Small improvement observed from this re-audit of post operative radiographs but action plan 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
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, 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	
Total number of projects	89	100%
Total number of open projects	58	65%
Number of open projects with no results	41	71%
Number of open projects with results	17	29%
Number of open overdue projects (no action plans)	44	76%
Total number of open projects (with action plans)	14	24%
Number of open overdue projects (with action plans)	4	7%
Number of closed projects	31	35%
Number of abandoned projects	3	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/2022-23/04	Following this audit of documentation of paediatric pain assessment results have been shared with matrons and managers and pain assessment included in morning safety briefing for all inpatient areas.
PANAES/CA/2021-22/03	This re-audit of unplanned admission after paediatric day case anaesthesia showed improvements following the changes implemented after initial audit. National standards being met and further audit planned.
PANAES/CA/2021-22/04	Following this audit of perioperative blood transfusion of adolescent idiopathic scoliosis patients there has been a review of results with spinal multi-disciplinary team, including discussions with haematology re pre-operative optimisation of haemoglobin in children.

#### Children's Services - Audiology

PAUDIO/CA/2021-22/03	This audit of fitting of hearing aids for temporary conductive hearing loss demonstrated good compliance with agreed local procedures.
PAUDIO/CA/2020-21/01	Following this audit into early hearing loss detection and intervention, systems were revised to ensure GPs and Health Visitors made aware when families have declined treatment. In addition, key diagnosis leaflets have been translated into the four most prevalent languages in Bristol, and there has been a strong focus on recruiting parents from as diverse a range of cultures/nationalities as possible into the peer-to-peer support scheme for parents of newly diagnosed babies/children.

#### Children's Services - Cardiac Services

PCARD/CA/2021-22/02	Following with audit of dental pathway for children referred for cardiac surgery, a new system for managing these referrals has been implemented.
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#### Children's Services - Emergency Department

PED/CA/2020-21/05	Following this audit of adherence to local guidance for care of Infants presenting to Children's Emergency Department with jaundice, triage education and training in use of BM105 bilirubin meter are to be provided.
PED/CA/2021-22/07	Following this audit of care of children presenting to Children's Emergency Department with suspected sepsis, paperwork is to be redesigned to address issues raised by the audit.

#### Children's Services - General Medicine

PGENMED/CA/2021-22/01	Following this audit of post-operative unnecessary blood tests for spinal and neurosurgery patients, a poster has been produced to prompt appropriate tests and guidance re use of fibrinogen tests clarified.
PGENMED/CA/2022-23/01	Following this audit of use of Metaraminol infusions on Daisy HDU it was concluded that the local guidance was appropriate for these patients.
<b>Children's Services - Immunology and Infectious Disease</b>	
PIMM/CA/2022-23/01	This re-audit of Immunoglobulin Replacement Therapy, which was carried out to meet external requirement, demonstrated appropriate compliance with local and national standards.
PIMM/CA/2022-23/02	This re-audit of investigations and management of children with hereditary angioedema (C1 Esterase Inhibitor Deficiency) HAE, carried out to meet an external assessment requirement, demonstrated compliance with relevant standards.
<b>Children's Services - Neonatology</b>	
NEO/CA/2021-22/01	Following this audit, changes included the development of a Phillips proforma to ensure all clinical staff can record cranial ultrasound (CruSS) findings.
Neonatology/CA/2020-21/03	This project provided significant assurance. Since the first audit cycle, the improvements implemented have enabled better use of referral processes and documentation.
<b>Children's Services - Nephrology</b>	
Nephrology (Paediatric)/CA/2021-22/03	Following this re-audit of use of renal biopsies, which demonstrated good compliance with agreed standards, a checklist sticker to document complications has been developed, to make reviews of care simpler.
Nephrology (Paediatric)/CA/2021-22/06	Following this annual audit of paediatric patients receiving renal replacement therapy it was agreed that post-haemodialysis, rather than pre-haemodialysis, blood pressures should be monitored, in line with relevant national guidance.
<b>Children's Services - Neurology</b>	
PNEU/CA/2022-23/04	This audit and re-audit of success rate for tests requested for patients attending Paediatric Neurology Outpatients, showed improvements following system changes introduced after initial audit. Project "Star rated" by Trust Clinical Audit Group and submitted for presentation at national conference.
PNEU/CA/2021-22/09	Following this audit of intake in Neuro-rehabilitation, recording whether patients appropriately recorded on the Paediatric neurorehabilitation database, education planned re use of Medway Service Order, and the new "Intake Form".
<b>Children's Services – Occupational Therapy</b>	
POCT/CA/2022-23/01	Following this re-audit of wait times for Paediatric Rheumatology joint Injections under general anaesthetic Medway recording systems revised and slots put in OT/PT diaries for when joint injection clinics held.
POCT/CA/2022-23/01	Following this audit of waiting times for Occupational Therapy/Physiotherapy after joint injections requiring general anaesthetic, diary slots created on Outlook and added to OT/PT diaries to support timely follow up of relevant patients.
<b>Children's Services – Oncology, Haematology &amp; BMT</b>	
POHBMT/CA/2021-22/08	Following this audit of Central Venous Catheter assessment a poster has been prepared highlighting the areas of improvement and the consequences of not doing so.
POHBMT/CA/2021-22/03	This review of cerebrospinal fluid analysis in patients presenting with a new diagnosis of Acute Lymphoblastic Leukaemia demonstrated new systems working effectively.
POHBMT/CA/2022-23/02	Following this audit of Central Venous Catheter assessment results were shared and importance of appropriate recording emphasised.
POHBMT/CA/2021-22/09	This audit of data quality of records re Bone marrow transplant (BMT), and Chimeric Antigen Receptor T-Cell (CAR-T Cell) Therapy, demonstrated all targets achieved. Further actions underway. Reaudit planned.
POHBMT/CA/2020-21/07	Following this Human Tissue Authority Record Keeping Audit a series of changes to the system for filing relevant information were implemented.
POHBMT/CA/2021-22/15	Following this audit of Bone Marrow Donor Screening Testing, actions included scanning all relevant BMT Co-Ordination documents to Evolve, allocating relevant donor paperwork to the medical co-ordinator reviewing the donor and allocating donor follow up task at point of agreed harvest date.
POHBMT/CA/2020-21/10	This re-audit of verification of chemotherapy drug administered against the written order, and audit of the prescription ordering system, which is a requirement for the Bone Marrow Transplant programme, showed good compliance with relevant standards.
POHBMT/CA/2020-21/05	Following this renal tumour biopsy audit it was agreed that Renal Tumour Clinical management guidelines on indications for biopsy should be circulated, as well as a list of recommended investigations for all children presenting with abdominal mass.

POHBMT/CA/2 021-22/18	Following this re-audit of Portacath needle insertion documentation ("Port access record stickers") use of stickers has been promoted through hand over and senior nursing staff, sticker storage location investigated, information sent to surgical teams to seek advice re improving recording of relevant information, and ideas on ways to improve solicited from ward staff.
POHBMT/CA/2 022-23/04	This audit of transplant data quality demonstrated high compliance with relevant standards.
POHBMT/CA/2 020-21/12	Following this re-audit of use of parenteral nutrition within paediatric haematology/oncology, an 'introduction to PN from a dietician's point of view' has been introduced for new rotational pharmacists.
POHBMT/CA/2 021-22/11	Following this re-audit of Vancomycin use in teenage Paediatric patients, which demonstrated Improvements in use of this antibiotic, education of new staff in appropriate use of this antibiotic has continued.

#### **Children's Services – Palliative Medicine**

PPALL/CA/202 1-22/01	Following this audit of continuous subcutaneous infusions management in children, which demonstrated competence of staff with new procedures, the palliative care Multi-Disciplinary Team have reviewed relevant evidence with a view to agreeing a new guideline/ subcutaneous observation chart.
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#### **Children's Services - Radiology**

PRAD/CA/2021 -22/02	Following this re-audit of Inpatient radiograph reporting times, a "reporting hierarchy" pyramid, showing which are the priorities for fastest reporting, has been printed out and disseminated in Paediatric Radiology.
PRAD/CA/2022 -23/03	Following this re-audit of non-operative intussusception reduction - 2019-2022, written guidance re effective use of equipment used for this procedure has been produced.
PRAD/CA/2022 -23/04	Following this re-audit of quality of standard left Hand and wrist X-ray for bone age assessment, results have been reviewed with Radiographers and a training programme initiated.

#### **Children's Services - Respiratory**

PRESP/CA/202 2-23/02	This re-audit of Paediatric Respiratory Sleep Studies showed improvement in reporting following changes implemented after previous audit. Projects "Star rated" by Trust Clinical Audit Group.
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#### **Children's Services - Rheumatology**

PRHEUM/CA/2 022-23/01	Following this re-audit of wait times for Paediatric Rheumatology joint Injections under general anaesthetic the recording spreadsheet has been redesigned, so that reasons for delay can be inputted into the spreadsheet contemporaneously. The Department will continue to work collaboratively with theatres to try to ensure list allocation is confirmed at least 6 weeks in advance in order to plan appropriately.
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#### **Children's Services - Surgery**

PSURG/CA/202 0-21/01	Following this audit of chest drain complications in paediatrics, and the use of x-ray imaging in theatre, results were reviewed at Departmental meeting, and the importance pointed out of re-locating chest drains while still in theatre, if re-location required.
PSURG/CA/202 1-22/05	This re-audit of operative notes documentation showed increased compliance with GMC good medical practice standards. This followed introduction of electronic record proforma after previous audit.

#### **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.
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#### **Women's Services**

##### **Women's Services - Gynaecology**

GYNAE/CA/202 2-23/09	This audit demonstrated good compliance with the NHS screening programme guidelines for colposcopy. Meetings have been arranged to ensure findings are fed back to our colposcopists.
GYNAE/CA/202 1-22/05	This audit demonstrated 100% compliance with all the listed standards for managing people with high grade pre cancer of the cervix, providing full assurance of good practice.
GYNAE/CA/202 0-21/10	As a result of this audit into the diagnosis and follow-up of Vulval Intraepithelial Neoplasia, changes have been implemented to improve documentation and the use of proformas as well as ensuring patients are seen more frequently (if required).

##### **Women's Services - Obstetrics & Midwifery**

OBS/CA/2020- 21/08	Following this audit, an additional project was conducted to provide full assurance with the Saving Babies' Lives Care Bundle Version 2. Changes include increased training interventions for staff which resulted in 100% compliance with our local targets.
OBS/CA/2020- 21/09	Since conducting this audit, a new guideline has been developed to ensure postnatal contraception is being provided to all patient populations, as well as encouraging the use of long-acting reversible contraception methods.



OBS/CA/2022-23/07	This audit has helped to estimate the number of extra scans that may need to be performed by the ultrasound department in view of suspected LGA. Following this audit, themes such as engagement from clinical staff and the development of updated guidelines has been highlighted.
OBS/CA/2022-23/11	Following this audit, a standardised consent form was introduced, this was to ensure we maintain the high standards of documentation and consent processes at UHBW.
OBS/CA/2021-22/17	Overall, good compliance with standards was achieved. Following this audit changes included the use of couches in assessment bays as well as training interventions.
OBS/CA/2020-21/03	This re-audit was carried out to check progress in response to a serious incident. It confirmed good performance against the trust's Labour Care policy with significant assurance, highlighting the training implemented has had a positive impact of the patient care we provide at UHBW.
OBS/CA/2021-22/10	The majority of standards relating to this audit were well met and provided significant assurance that midwives are referring patients appropriately and safely. A new formal annual sign off has been launched; this formal process seeks to ensure competency is maintained.
O&G/CA/2020-21/01	Since the previous audit in 2018, assurance has increased. The improvements made have aided prescribing and have prevented medication errors on the ward.
OBS/CA/2021-22/12	This audit demonstrated good compliance with completion of antenatal and newborn screening in St Michael's Hospital.
OBS/CA/2021-22/14	This audit demonstrated full assurance that clinical staff are competent in the use of computerised CTG for reduced foetal movements at St Michael's.
OBS/CA/2021-22/16	Full assurance was achieved in relation to both RCOG and the Saving Babies Lives Care bundle guidelines. After 2 successful audit cycles this has now been moved to annual review to ensure competency is maintained at St Michaels.
OBS/CA/2022-23/08	This audit showed that patients with reduced foetal movements were managed appropriately during their stay on the maternity wards at St Michael's Hospital.

## 3.6 Weston

	2022/23	
Total number of projects	39	100%
Total number of open projects	30	77%
Number of open projects with no results	20	67%
Number of open projects with results	10	33%
Number of open overdue projects (no action plans)	22	73%
Total number of open projects (with action plans)	6	20%
Number of open overdue projects (with action plans)	2	7%
Number of closed projects	9	23%
Number of abandoned projects	3	N/A

A total of 26 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 – Emergency Department

EDWES/CA/20-21/04	This audit confirmed good performance against the standard that the non-mobile baby injury protocol should be followed. Due to the excellent compliance, no actions were deemed necessary.
EDWES/CA/20-22-23/05	This audit showed that 20% of TTO packs used within ED were accounted for with a TTO prescription. A new policy was written and implemented and a re-audit is planned for August 2023.

#### Emergency / Medical Specialties – Gastroenterology

GASWES/CA/20-21-22/03	92% of patients above 16yrs admitted with paracetamol overdose and requiring N-acetylcysteine received 2-bag (12 hour) regime. No actions were required as this was the second round of this audit and compliance was high.
GASWES/CA/20-21-22/04	This re-audit relating to the use of alcohol detox guidelines and the prescribing of Pabrinex were relatively well met but further education was set as an action.
GASWES/CA/20-21-22/06	79% of patients received an endoscopy within 48 hours of form being reviewed by endoscopist. Findings were presented at the Endoscopy meeting and the re-audit is in progress.
GASWES/CA/20-21-22/07	31% of patients had a fully completed liver bundle. Actions include posters in ED, hard copies for the admitting teams, teaching sessions (including in induction) and discussion with gastroenterology team.
GASWES/CA/20-22-23/01	This audit showed mixed results across a wide range of standards. Clinicians have been encouraged to use the ASUC proforma, have had a teaching session and results were presented at the gastroenterology governance meeting. A re-audit was scheduled for May 2023 but has not been registered.

#### Emergency / Medical Specialties – General Medicine

GMWES/CA/20-21-22/05	Results for this audit were mixed with some standards ranging from 14% to 95%. The main area for improvement was the recording of mental capacity assessments. The audit was part of a wider Trust audit and the action plan is Trust wide. Results were shared with Trust learning disability Steering group, the mortality surveillance group, End of Life Steering group, and BNSSG LD provider network, medical director and clinical chairs. A re-audit is on the Trust forward plan for 23/24.
GMWES/CA/20-21-22/08	Results were positive with the exception of the completion of the Rockall score after endoscopy. Results were shared at the endoscopy meeting.

#### Emergency / Medical Specialties – Radiology



RADWES/CA/2 021-22/02	100% of abnormal chest x-rays were coded correctly in this re-audit. No actions were required
RADWES/CA/2 022-23/01	No clinically significant findings were missed on radiology reports. Results were shared in the radiology meeting and a re-audit was set for January 2023 but has not been registered.
<b>Emergency / Medical Specialties – Respiratory</b>	
RESWES/CA/20 20-21/01	Overall results were positive across a range of standards. Actions included a teaching session and Implementation of the “BiPaP Booklet” A care plan inspired by BTS recommendations, which includes a flow chart for BiPaP initiation; inclusion and safety criteria, monitoring, prescription and weaning charts.
<b>Emergency / Medical Specialties – Rheumatology</b>	
RHEWES/CA/2 021-22/01	Some mixed results for this National Audit which relates to lack of funding for Weston Hospital for a full FLS service. Majority of standards are in line or better than National average. A business case has been put forward for funding for a full FLS service for Weston Hospital.
<b>Surgical Specialties</b>	
<b>Surgical – Anaesthesia</b>	
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.
ANAWES/CA/2 021-22/06	This audit demonstrated that, whilst results relating to use of regional blocks for hip fracture surgery were reassuring, improvements can be made to ensure all eligible patients receive a regional block. Results were shared at departmental governance, audit and safety meeting and a re-audit has been completed.
ANAWES/CA/2 022-23/01	This audit confirmed good performance against standards on the management of opioid prescriptions following arthroplasty. Improvement can be made in the supplying of Naloxone where relevant. An action plan was developed including, changing the MR prescription labels for oxycodone and creation of a Naloxone screensaver slide. A re-audit is planned for September 2023.
ANAWES/CA/2 022-23/02	Improvement from initial audit of 72% to 90% compliance. Results were presented at the Governance and Safety meeting for the anaesthetic department. A re-audit was planned for March 2023 but has not been registered.
ANAWES/CA/2 022-23/03	The audit showed similar results to the previous round of NELA. To address areas of improvement the out of hours CT reporting has been added to the risk register as has the lack of Geriatrician input. Discussion has taken place with GEMS to see what input they are able to provide. It has been requested that Healthy Weston2 must make this a key aim.
<b>Surgical – General Surgery</b>	
GSWES/CA/20 21-22/04	2 out of 5 standards were achieved, relating to oral/enteral feeding. Patients receiving USG within 24 hours has improved, as has use of the pancreatitis proforma. The action plan is to educate clinicians however this has been escalated as CAG felt further actions were required.
GSWES/CA/20 21-22/05	Following this audit, a new continuation sheet for surgical ward rounds on Steepholm surgical ward was implemented. New Doctors to this ward are trained on the use of this form.
GSWES/CA/20 21-22/08	This audit showed that readmission rates are higher than the national average, staff were informed and it was implemented that the Multimodal Pain relief with minimum level 2 on the WHO analgesic ladder and for a duration of at least 7 days should be prescribed for every patient post Elective Day Case Lap Choles.
GSWES/CA/20 21-22/09	Stay in/Unplanned Admission post Elective Day Case Lap Choles Rate (9.7%) does compare favourably with the average documented in literature. As such, an action plan was not required.
GSWES/CA/20 22-23/01	This audit showed that CT scans are often performed not in line with guidelines. As a result, an acute pancreatitis pathway was designed and implemented along with presentation of audit findings to the general surgery department, ED and radiology department. A re-audit is in progress.
<b>Surgical Specialties – Trauma and Orthopaedics</b>	
TOWES/CA/20 21-22/03	There was significant improvement shown with results increasing from 50% to at least 84% and to 100% for two standards. This follows the introduction of a new pro-forma and education after the first audit. No actions were required following this re-audit.
TOWES/CA/20 21-22/09	This audit demonstrated that, whilst results relating to recording of duration and pressure of tourniquet were reassuring, improvements to recording of tourniquet site, method of exsanguination, and method of isolation can be made. Results were presented at the M&M meeting and complete tourniquet details were incorporated on all operation note templates.
TOWES/CA/20 22-23/03	The reaudit showed significant improvement with compliance increasing from 0% to at least 74% for two standards and 10% to 92% for one standard. This is following the introduction of tourniquet details on operation note templates. Findings were shared and discussed in the trauma meeting and a re-audit is planned for 2023.

## Appendix A - Clinical Audit Staff (as at April 2023)

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		Chris Easton
	Radiology		Dr Mohamed K Hussien
Medicine	Medical Specialties	Eleni Lamprianidou	Position currently vacant
	Emergency Services		Dr Rosty Bezuhlyy
Specialised Services	BMT		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 Ruth Murphy
	Critical Care		Dr Chris Bourdeaux
	General Surgery		Mr Paul Wilkerson
	Trauma & Orthopaedics		Mr Henry Burnand
	Dental Services & Maxillo-facial Surgery		Position currently vacant
	Ophthalmology		Dr Lina Kobayter-Helayhel
	Adult ENT	Mr Philip Clamp	
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
	James Osborne	NICE Manager
	Damian Jones	Deputy Clinical Audit Manager
	Sandra Messan	Clinical Audit Clerk

## Appendix B - Progress against Clinical Audit Forward Plan 2022/23

In total, there were 268 projects on the Forward Plan. The table below shows that 165 projects (61%) had started or were complete. 78% of Category 1 projects (45/58) and 63% of Category 2 projects (35/56) have commenced or been completed. A full breakdown can be seen below

Priority	Status Q4	Division						Total
		DAT	MED	SPS	SUR	WAC	WES	
<b>Cat 1</b>	Completed				1	2		3
	In progress	1	10	8	7	7	9	41
	Not started		1	1		1	10	14
<b>Cat 1 Total</b>		<b>1</b>	<b>11</b>	<b>9</b>	<b>8</b>	<b>10</b>	<b>19</b>	<b>58</b>
<b>Cat 2</b>	Completed	2	1			3		6
	In progress	10	3	3	6	6	1	29
	Not started	1	4	5	3	3	1	17
	Abandoned				1	1	2	4
<b>Cat 2 Total</b>		<b>13</b>	<b>8</b>	<b>8</b>	<b>10</b>	<b>13</b>	<b>4</b>	<b>56</b>
<b>Cat 3</b>	Completed	3	2	4	3	16		28
	In progress	7	5	1	4	14	3	34
	Not started	10	13	15	2	10	3	53
	Abandoned				1		1	2
<b>Cat 3 Total</b>		<b>20</b>	<b>20</b>	<b>20</b>	<b>10</b>	<b>40</b>	<b>7</b>	<b>117</b>
<b>Cat 4</b>	Completed	1	1		12			14
	In progress	1	1		6			8
	Not started	2	4		8			14
	Abandoned		1					1
<b>Cat 4 Total</b>		<b>4</b>	<b>7</b>		<b>26</b>			<b>37</b>
<b>Total</b>		<b>38</b>	<b>46</b>	<b>37</b>	<b>54</b>	<b>63</b>	<b>30</b>	<b>268</b>

	P1	P2	P3	P4	All
<b>% projects commenced as planned (Q4)</b>	78%	63%	66%	100%	71%

The 13 Category 1 projects not commenced are listed below along with further details as to non-participation.

### Medicine

- National Audit of Dementia\*. Agreed not to participate in this round due to resource issues within the clinical team. Confirmed participation for 2023/24.

### Specialised Services

- National Audit of Care at the End of Life\*. Audit did not run nationally; on forward plan for 2023/24

### Women's and Children's

- Consultant sign off (RCEM National Audit). Difficulty registering Bristol and Weston sites as one trust and agreeing funding. Issues resolved and registered/entering data for the 2023/24 programme.

### Weston

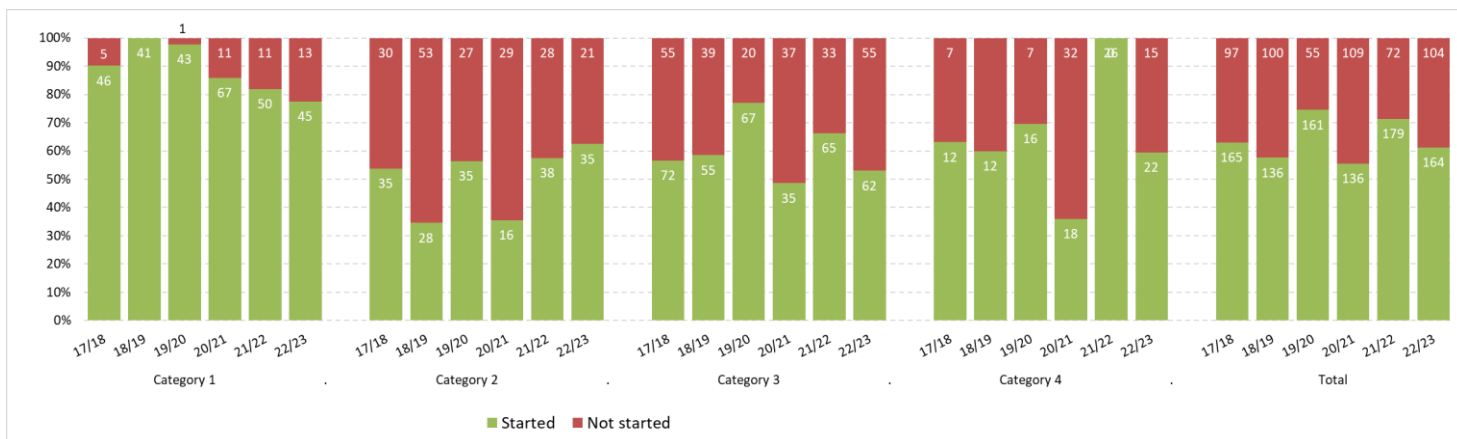
- Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP). Not applicable; Managed through services at BRI.
- National Heart Failure Audit. Not applicable; Managed through services at BRI.

- National Diabetes Footcare Audit. Not applicable; No footcare service in Weston (clinics run by Sirona).
- Pain in Children (RCEM National Audit). Difficulty registering Bristol and Weston sites as one trust and agreeing funding. Issues resolved and registered/entering data for the 2023/24 programme.
- National Adult Asthma Secondary Care Audit (part of NACAP) & National COPD Secondary Care Audit (part of NACAP). Issues with resource to collect/input data identified when respiratory services merged. Flagged to Divisional management but no solution yet in place.

\* 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.

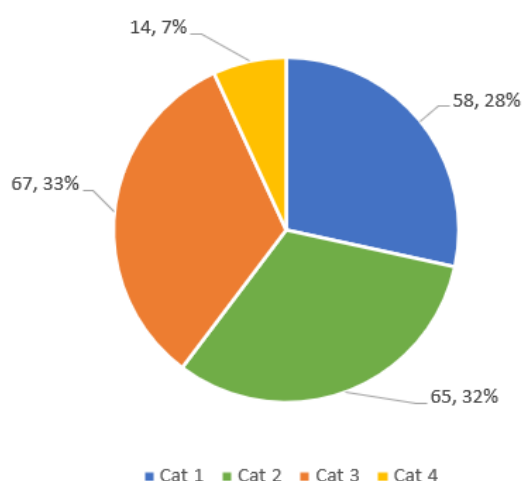


## Appendix C - Clinical Audit Forward Plan 2023/24

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 204 projects are included; this is a decrease from 274 in 2022/23. The graph and table below provide a priority and Divisional breakdown of these projects according to category. The full plan can be found in Appendix 1.



Division	Category				Total
	Cat1	Cat2	Cat3	Cat4	
Diagnostics & Therapies	1	10	18	3	32
Medicine	13	7	2		22
Specialised Services	9	21	3		33
Surgery	8	15	17	11	51
Women's & Children's	10	8	21		39
Weston	17	4	6		27
<b>Grand Total</b>	<b>58</b>	<b>65</b>	<b>67</b>	<b>14</b>	<b>204</b>

### 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	Pharmacy	14 projects in progress
Medicine	Medical specialties	Contraceptive & Sexual Health Services	6 projects in progress
	Medical specialties	Dermatology	10 projects in progress
	Medical Specialties	Liaison Psychiatry	No projects in progress
	Medical specialties	Sexual Assault Referral Centre	1 project in progress
Surgery	Anaesthetics/Critical Care	Obs & Gynae Anaesthesia	7 projects in progress
	Dental Services	Primary Care Dental Services (PCDS)	7 projects in progress
	Ophthalmology	Paediatrics, Oculoplastics & Squint	6 projects in progress
Women's & Children's	Children's Services	Oncology, Haematology & BMT	33 projects in progress
	Children's Services	Rheumatology	3 projects in progress

## Clinical Audit Forward Plan 2023/24

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 2023/24; other projects may be facilitated by the Clinical Audit & Effectiveness Team over the year according to on-going priorities and available resources.

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

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

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

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

## Diagnosics & Therapies

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Diagnosics	Audiology	Real ear measurements 2023	Andrew Wilkinson	Cat 2	Q3	Re-audit AUDIO/CA/2022-23/01
Diagnosics	Clinical Biochemistry	Potassium results in blood samples sent to the BRI from primary care	Oliver Clifford-Mobley	Cat 3	Q2	Re-audit CLIBIO/CA/2022-23/03
Diagnosics	Clinical Biochemistry	Audit of coeliac screening (NICE NG20) and total IgA results	Oliver Clifford-Mobley	Cat 3	Q2	NICE Guidance
Diagnosics	Infection Control	Surgical Site Infection Surveillance Service	Michelle Lindsay	Cat 2	Q1	National Audit (Other)
Diagnosics	Infection Control	Catheterisation policy implementation and compliance	Michelle Lindsay	Cat 3	Q3	Re-audit INFECT/CA/2022-23/01
Diagnosics	Infection Control	Aseptic Non-Touch Technique (ANTT) Audit	Michelle Lindsay	Cat 2	Q3	Re-audit INFECT/CA/2021-22/05
Diagnosics	Infection Control	Peripheral venous cannula care and maintenance	Michelle Lindsay	Cat 2	Q4	RCN standards.
Diagnosics	Infection Control	MRSA screening compliance audit	Michelle Lindsay	Cat 3	Q3	National MRSA screening policy
Diagnosics	Infection Control	Carbapenemase-producing Enterobacterales screening compliance against trust revised protocol	Michelle Lindsay	Cat 3	Q3	Revised protocol for UKFHA framework of action
Diagnosics	Infection Control	Mandatory Surveillance of HCAI (bloodstream infections and clostridium difficile infection)	Michelle Lindsay	Cat 2	Q1	National Audit (Other)
Diagnosics	Infection Control	NHS provider interventions with suspected/confirmed carbapenemase producing micro-organisms	Michelle Lindsay	Cat 2	Q1	National Audit (Other)
Diagnosics	Laboratory Haematology	2023 audit of NICE QS138 guidelines	Tom Latham	Cat 2	Q1	National Audit (Other)
Diagnosics	Laboratory Haematology	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Tom Latham	Cat 2	Q1	National Audit (Quality Account)
Diagnosics	Laboratory Haematology	Bedside transfusion practice	Tom Latham	Cat 2	Q4	National Audit (Other)

Diagnostics	Medical Physics & Bioengineering	Audit of patient radiation doses from Siemens Artis Icono system in the BHI lab 3	Ingrid Turner	Cat 3	Q3	National Diagnostic Reference Levels. PHE
Diagnostics	Medical Physics & Bioengineering	Audit of patient radiation doses from Siemens Artis Icono system in the BHI lab 4	Ingrid Turner	Cat 3	Q3	National Diagnostic Reference Levels. PHE
Diagnostics	Microbiology					
Diagnostics	Radiology	Imaging in the detection of pulmonary emboli – are we minimising radiation dose?	Randeep Kulshrestha	Cat 3	Q3	Re-audit RADIO/CA/2022-23/07
Diagnostics	Radiology	Musculoskeletal Ultrasound performed and reported by Principal and APS with or without discussion with a Consultant Radiologist	Claire Giles	Cat 4	Q3	Protocols for MSK Ultrasound by Sonographers
Diagnostics	Radiology	Lumbar Spine Radiograph Audit	Sally King	Cat 3	Q1	Re-audit RADIO/CA/2021-22/09
Diagnostics	Radiology	Exclusion of lens of eye on routine outpatient CT head scans	Sally King	Cat 3	Q1	Re-audit RADIO/CA/2021-22/03
Diagnostics	Radiology	Acute CT head imaging	Iara Sequeiros	Cat 3	Q1	Re-audit RADIO/CA/2020-21/05
Diagnostics	Radiology	GP MRI knee referrals in patients older than 50	Carol Phillips	Cat 4	Q1	BNSSG referral pathways ; Orthopaedics - Knee pain
Diagnostics	Radiology	A retrospective evaluation of the O-RADS MRI Risk Stratification and Management System in the assessment of adnexal pathology and malignancy risk at a tertiary referral centre for gynaecology	Naomi Fenton	Cat 4	Q1	O-RADS MRI risk stratification system
Diagnostics	Radiology	British Society of Gastrointestinal and Abdominal Radiology CT Colonography Audit	Huw Roach	Cat 3	Q4	Re-audit RADIO/CA/2021-22/02
Diagnostics	Radiology	Gynaecological Ultrasound exams performed/reported by Advanced Practitioners Sonographers with or without discussion with a Consultant Radiologist	Katy Phelps	Cat 3	Q1	Re-audit RADIO/CA/2020-21/11
Diagnostics	Radiology	Selective Internal Radioembolisation Therapy (SIRT)	Mark Callaway	Cat 2	Q1	Introduction of new interventional procedure

Therapies	Nutrition & Dietetics	Deep dive into nutrition care across UHBW	Claudia Jemmott	Cat 1	Q1	CQC Regulation 14
Therapies	Nutrition & Dietetics	Rehabilitation after critical illness in adults	Jane Huston	Cat 3	Q1	NICE Guidance
Therapies	Occupational Therapy	Rehabilitation after critical illness in adults	Fay Colvin	Cat 3	Q1	NICE Guidance
Therapies	Pharmacy					
Therapies	Physiotherapy	Rehabilitation after critical illness in adults (NICE CG83)	Susan Calvert	Cat 3	Q1	NICE Guidance



Therapies	Speech and Language Therapy	Rehabilitation after critical illness in adults (NICE CG83)	Vicki Weeks	Cat 3	Q1	NICE Guidance
Therapies	Speech and Language Therapy	SLT Head and neck cancer pathway – Oncological pathway	Caroline McGill	Cat 3	Q2	NICE Guidance

## Medicine

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Emergency Department	Emergency Department	Assessing cognitive impairment in older people (RCEM)	TBC	Cat 1	Q2	National Audit (Quality Account) and CQC expectation
Emergency Department	Emergency Department	Mental health self-harm (RCEM)	TBC	Cat 1	Q2	National Audit (Quality Account) and CQC expectation

Medical specialties	Acute Medicine	Society for Acute Medicine Benchmarking Audit (SAMBA)	TBC	Cat 2	Q2	National Audit (Quality Account)
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)	Clare Simpson	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)	Clare Simpson	Cat 1	Q3	National Audit (NCAPOP)
Medical specialties	Contraceptive & Sexual Health Services					
Medical specialties	Dermatology					
Medical specialties	Diabetes & Endocrinology	National Diabetes Core Audit	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	National Pregnancy in Diabetes Audit	Karin Bradley	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Gastroenterology & Hepatology	Inflammatory Bowel Disease Audit	TBC	Cat 2	Q1	National Audit (Quality Account)

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	Liaison Psychiatry					
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	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	Adult Respiratory Support Audit (BTS)	Katrina Curtis	Cat 2	Q2	National Audit (Quality Account)
Medical specialties	Respiratory	Smoking Cessation Audit (BTS)	TBC	Cat 2	Q2	National Audit (Quality Account)
Medical specialties	Respiratory	Audit of Pneumococcal antibody testing in Bronchiectasis patients seen in clinic.	Steven Cowman	Cat 3	Q3	Re-audit Resp/CA/2022-23/01
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)	Liz Perry	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Rheumatology	A Clinical Audit of Initiation and Monitoring of Biologic DMARDs for patients with Inflammatory Arthritis	Liz Perry	Cat 3	Q1	Re-audit RHEU/CA/2022-23/01
Medical specialties	Sexual Assault Referral Centre					
Medical specialties	Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Clare Holmes	Cat 1	Q1	National Audit (NCAPOP)

## Specialised Services

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
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	Umberto Benedetto	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiac Surgery	Thoracoscopic application of left atrial (LA) appendage occlusion with 'Atriclip', for concomitant and lone atrial fibrillation	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)	Mark Mariathas	Cat 1	Q1	National Audit (NCAPOP)
Cardiac services	Cardiology	National Heart Failure Audit	Yasmin Ismail	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 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

Clinical Genetics	Clinical Genetics					
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Oncology/Haematology	BMT	Autologous stem cell transplant (for relapsed refractory multiple sclerosis)	James Griffin	Cat 2	Q2	Introduction of new interventional procedure
Oncology/Haematology	BMT	Annual Audit of Verification of Chemotherapy Drug Administered Against the Written Order - JACIE standard B4.08.03.07 (in the 8th edition)	Taal Murray	Cat 2	Q2	Re-audit BMT/CA/2022-23/05
Oncology/Haematology	BMT	Annual Audit of Management of Cellular Therapy Products with Positive Microbial Culture Results	Rajesh Alajangi	Cat 2	Q4	
Oncology/Haematology	BMT	Annual Audit of Verification of Chemotherapy Drug Administered Against the Written Order	Rachel Carter	Cat 2	Q2	
Oncology/Haematology	BMT	Human Tissue Authority Notes Audit - tumour tissue procured as a starting material for ATIMP production - clinical trial patients audit	Helen Salandha	Cat 2	Q3	Recruitment to the relevant clinical trials.
Oncology/Haematology	BMT	Audit of Bone marrow procurement records	Kerry Viscuglia-Sardo	Cat 2	Q4	
Oncology/Haematology	BMT	Bone Marrow Transplant Data Quality	Andrea Blotkamp	Cat 2	Q2	
Oncology/Haematology	BMT	Annual Audit of Safety Endpoints and Immune Effector Cellular Therapy Toxicity Management	To be allocated by Kerry Viscuglia-Sardo	Cat 2	Q1	

Oncology/Haematology	BMT	Audit of haematopoietic stem cell transplant donor serology testing (autologous and allogeneic)	Abigail Pocock	Cat 2	Q1	Previously registered combined with the audit below, as: donor screening and testing audit
Oncology/Haematology	BMT	Audit of haematopoietic stem cell transplant donor screening (autologous and allogeneic)	Sheila Fox	Cat 2	Q1	Donor screening and testing audit
Oncology/Haematology	Clinical Haematology	Audit to assess if adult sickle cell patients attending UHBW with an acute episode of painful sickle crisis are reviewed in and cared for in an age - appropriate setting.	Sanne Lugthart	Cat 3	Q3	Re-audit CHAEM/CA/2022-23/03
Oncology/Haematology	Oncology	National Prostate Cancer Audit (NPCA)	Amit Bahl	Cat 1	Q1	National Audit (NCAPOP)
Oncology/Haematology	Oncology	National Audit of Breast Cancer in Older Patients (NABCOP)	MDT with NBT	Cat 1	Q1	National Audit (NCAPOP)
Oncology/Haematology	Oncology	MRI guided adaptive intracavitary and interstitial brachytherapy	Hoda Booz	Cat 2	Q2	Introduction of new interventional procedure
Oncology/Haematology	Oncology	Audit of Compliance to W.I. 8.1.16 (Treatment Verification of Radical Plans) for Electronic Portal Imaging and Cone Beam CT (CBCT) imaging	Harley Stephens/Jancis Kinsman	Cat 3	Q2	Re-audit ONC/CA/2019-20/03
Oncology/Haematology	Oncology	30-day mortality following adult palliative radiotherapy	Sarah Griffiths	Cat 2	Q2	Re-audit ONC/CA/2020-21/10
Oncology/Haematology	Oncology	MSCC Pathway from referral for RT to treatment	Sarah Griffiths	Cat 2	Q3	
Oncology/Haematology	Oncology	Butterfly volumetric modulated arc therapy (B-VMAT) for treatment of Mediastinal lymphoma	Lorna Hawley	Cat 2	Q3	
Oncology/Haematology	Oncology	HDR brachytherapy for skin cancers	Amar Callapali	Cat 2	Q3	Introduction of new interventional procedure
Oncology/Haematology	Oncology	Neutropenic Sepsis Audit / Door-to-Needle time.	Vibha Johnson Annie/Laura Percy	Cat 3	Q1	Re-audit XDIVSPS/CA/2022-23/02
Oncology/Haematology	Oncology	Volumetric modulated arc radiotherapy (VMAT)	Timothy Spencer	Cat 2	Q4	Introduction of new interventional procedure
Oncology/Haematology	Palliative Medicine	National Audit of Care at the End of Life (NACEL)	Julia Hardwick	Cat 1	Q1	National Audit (NCAPOP)

## Surgery

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
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	Major Trauma (TARN)	Matt Thomas	Cat 1	Q1	National Audit (Quality Account) / Mandatory requirement
Anaesthetics/Critical Care	Obs & Gynae Anaesthesia					
Anaesthetics/Critical Care	Pre-Operative Assessment	Low risk liver resections and outcomes	Ed Mew	Cat 4	Q2	Local audit
Anaesthetics/Critical Care	Pre-Operative Assessment	B Type Natriuretic Peptide in ambulatory heart failure	Adam Duffen	Cat 4	Q3	Local audit
Anaesthetics/Critical Care	Pre-Operative Assessment	Obstructive sleep apnoea	Helen Howes / Liz Hood	Cat 4	Q3	Local audit
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)	Scott Deacon	Cat 2	Q1	National Audit (Quality Account)
Dental Services	Cleft Services	Dental Health of Children with Cleft Lip and Palate prior to Alveolar Bone grafting Amy Hollis Cleft Services	Amy Hollis	Cat 3	Q3	Re-audit of CLEFT/CA/2022-23/01
Dental Services	Cleft Services	Access to dental services and oral health information for children with cleft lip and/or palate by 12 months	Amy Hollis	Cat 3	Q1	Re-audit PAEDD/CA/2022-23/02
Dental Services	Maxillofacial Surgery	Venous Thromboembolism (VTE) Risk Assessment Compliance for Maxillofacial Surgery Inpatients in the Bristol Royal Infirmary	Wendy Minks	Cat 4	Q1	Local audit
Dental Services	Oral Medicine	Oral Medicine biopsy prescription forms audit	Helen Rogers	Cat 3	Q2	Local re-audit
Dental Services	Oral Medicine	Oral Medicine biopsy prescription forms audit	Helen Rogers	Cat 4	Q2	Local audit
Dental Services	Oral Surgery	Clinical Coding audit	Tim Milton	Cat 3	Q2	Local re-audit
Dental Services	Oral Surgery	Audit of recovery following open exposure of palatal canines	Tim Milton	Cat 4	Q3	Local audit
Dental Services	Oral Surgery	Coding audit	Tim Milton	Cat 4	Q2	
Dental Services	Oral Surgery	Recovery following the open exposure of palatal canines	Tim Milton	Cat 4	Q2	Local audit

Dental Services	Orthodontics	New patient trauma audit	Tim Jones	Cat 3	Q3	Re-audit
Dental Services	Orthodontics	GDP attendance for patients awaiting orthognathic surgery	Megan Hines / Kate House	Cat 3	Q1	Re-audit ORTHOD/CA/2021-22/07
Dental Services	Orthodontics	Medical emergency awareness	Timothy Jones	Cat 4	Q1	Local audit
Dental Services	Orthodontics	New patient trauma audit	Timothy Jones	Cat 4	Q2	Local audit
Dental Services	Paediatric Dentistry	[Planned re-audit: 30/07/2021] Management of non-attendance for children who were not brought (WNB) to the Child Dental Health department (CDH) at the Bristol Dental Hospital	Daniella Bailey	Cat 3	Q1	Re-audit PAEDD/CA/2022-23/08
Dental Services	Paediatric Dentistry	Dental Screening for Paediatric patients prior to Bone Marrow Transplant in the Bristol Royal Hospital for Children- Re-Audit	Rosie Power	Cat 3	Q1	Re-audit PAEDD/CA/2022-23/01
Dental Services	Paediatric Dentistry	[Planned re-audit: 01/11/2021] Audit of paediatric trauma record keeping	Daniella Bailey	Cat 3	Q1	Re-audit PAEDD/CA/2022-23/13
Dental Services	Primary Care Dental Services (PCDS)					
Dental Services	Restorative Dentistry	Prescription of Local anaesthetic to BDS and Bsc Students	Ana Gamboa	Cat 3	Q1	Re-audit of RESTD/CA/2021-22/09
Dental Services	Special Care Dentistry	Do our GA assessments for Special Care Dentistry follow the British Society of Disability and Oral Health guidance	Victoria Swan	Cat 3	Q2	Re-audit SPECD/CA/2022-23/01
Dental Services	Special Care Dentistry	[Planned re-audit: 01/07/2022] Audit of Fluoride Advice to Special Care Dental patients.	Victoria Swan	Cat 3	Q1	Re-audit SPECD/CA/2022-23/02

Ophthalmology	Cornea & Cataracts	National Ophthalmology Audit Database (NOD): Adult Cataract Surgery	Rebecca Ford	Cat 2	Q1	National Audit (Quality Account)
Ophthalmology	Cornea & Cataracts	OmniLenz / Omnigen amniotic membrane	Kieren Darcy	Cat 2	Q3	Introduction of new interventional procedure
Ophthalmology	Cornea & Cataracts	Collagen cross linking	Omar Elhaddad	Cat 2	Q3	Introduction of new interventional procedure
Ophthalmology	Glaucoma & Shared Care	OMNI® Surgical System	Demetri Manasses	Cat 2	Q3	Introduction of new interventional procedure
Ophthalmology	Medical & Surgical Retina	National Ophthalmology Audit Database (NOD): Age-related Macular Degeneration (AMD)	Serena Salvatore	Cat 2	Q1	National Audit (Other)
Ophthalmology	Medical & Surgical Retina	Endophthalmitis	Lina Kobayter - Johan Keller	Cat 2	Q3	Local re-audit
Ophthalmology	Medical & Surgical Retina	Microbial Keratitis	Lina Kobayter - Chrissie Gardener (tbc)	Cat 3	Q3	Local re-audit

Ophthalmology	Orthoptics & Optometry	Audit of the adherence to departmental amblyopia standards	Gurdeep Matharu	Cat 3	Q1	Local re-audit
Ophthalmology	Paediatrics, Oculoplastics & Squint					

Surgical specialties	Colorectal Surgery	National Bowel Cancer Audit (NBCA)	Mike Thomas	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Colorectal Surgery	Transanal Total Mesorectal Excision (TaTME)	David Messenger	Cat 2	Q3	Introduction of new interventional procedure
Surgical specialties	Colorectal Surgery	Colonoscopy photodocumentation - can we do better?	Michael Jones	Cat 3	Q1	Re-audit LGI/CA/2022-23/01
Surgical specialties	ENT	Active Middle Ear Implant (Vibrant Soundbridge)	Stephen Broomfield	Cat 2	Q1	Introduction of new interventional procedure
Surgical specialties	Hepatobiliary Surgery	National Pancreatic Cancer Audit	Jamie Skipworth	Cat 2	Q1	NHS England Audit
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	Thoracic Surgery	National Lung Cancer Audit (NLCA)	Doug West	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Trauma & Orthopaedics	National Joint Registry (NJR)	Niall Sullivan	Cat 1	Q1	National Audit (Quality Account)
Surgical specialties	Trauma & Orthopaedics	VTE audit	Fang Fang Quek / James Smith	Cat 3	Q1	Local re-audit
Surgical specialties	Trauma & Orthopaedics	Postoperative radiograph review following hip hemiarthroplasties - Cycle 4	Niall Sullivan	Cat 3	Q2	Re-audit TRORTH/CA/2022-23/06
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	National Oesophago-gastric Cancer Audit (NOGCA)	Dan Titcombe	Cat 1	Q1	National Audit (NCAPOP)
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	Endoscopic Submucosal Dissection (ESD)	Stratis Alexandridis	Cat 2	Q4	Introduction of new interventional procedure
Surgical specialties	Upper GI Surgery	Barrett's Surveillance audit	Trudy Reed/ Paul Wilkerson	Cat 4	Q3	Local audit

## Women's and Children's

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Children's Services	Anaesthesia	Documentation of consent and procedure details for regional anaesthesia in theatres	Caroline Kane	Cat 3	Q1	National/European guidance
Children's Services	Audiology	Audit of auditory brainstem response (ABR) testing peer review and data reporting (Smart4Hearing)	TBC	Cat 3	Q2	
Children's Services	Audiology	Audit of response/treatment times to parent requests, repairs and earmoulds at the Children's Hearing Centre.	Joannie O'Connell	Cat 3	Q3	Re-audit PAUDIO/CA/2022-23/03
Children's Services	Audiology	Reviewing targeted follow-ups from the Newborn Hearing Screening Programme (NHSP)	Rachel Barsley	Cat 3	Q4	Re-audit PAUDIO/CA/2022-23/05
Children's Services	Audiology	A Re-Audit of Management of children with otitis media with effusion (OME) – do we conform to departmental policy and NICE guidelines?	Joannie O'Connell	Cat 3	Q1	NICE Guidance/Re-audit PAUDIO/CA/2022-23/04
Children's Services	Audiology	Audit of auditory brainstem response (ABR) testing peer review and data reporting (Smart4Hearing)	Rachel Barsley	Cat 3	Q1	Re-audit PAUDIO/CA/2022-23/06
Children's Services	Burns & Plastics	International Burn Injury Database (iBID)	Ian Mackie	Cat 1	Q1	National Audit (Other)
Children's Services	Cardiac Services	Congenital Heart Disease (Paediatric cardiac surgery) (CHD)	Andrew Parry	Cat 1	Q1	National Audit (NCAPOP)
Children's Services	Diabetes & Endocrinology	National Paediatric Diabetes Audit (NPDA)	Toby Candler	Cat 1	Q1	National Audit (NCAPOP)
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	To assess growth monitoring on PICU and compliance with national/locally agreed standards
Children's Services	Emergency Department	Major Trauma (TARN)	Giles Haythornthwaite	Cat 1	Q1	National Audit (Quality Account)
Children's Services	Emergency Department	Pain in children (RCEM)		Cat 1	Q2	National Audit (Quality Account)
Children's Services	Gastroenterology	Inflammatory Bowel Disease Audit	Tony Wiskin	Cat 2	Q1	National Audit (Quality Account)
Children's Services	General Paediatrics	Diagnosis and management of urinary tract infections in under 16s	J-C Sconce	Cat 3	Q1	NICE Guidance
Children's Services	Immunology and Infectious Disease	Immunoglobulin Replacement Therapy v local and national standards - re-audit of 5435	Jolanta Bernatoniene	Cat 3	Q1	Re-audit PIMM/CA/2022-23/01
Children's Services	Immunology and Infectious Disease	Re-audit of Investigations and Management of Children with Hereditary Angioedema (C1 Esterase Inhibitor Deficiency) HAE - 5328	Jolanta Bernatoniene	Cat 3	Q1	Re-audit PIMM/CA/2022-23/02



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	Nephrology	UK Renal Registry National Acute Kidney Injury programme	Jan Dudley	Cat 2	Q1	National Audit (Quality Account)
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	Neurosurgery	Neurosurgical National Audit Programme	Richard Edwards	Cat 2	Q1	National Audit (Quality Account)
Children's Services	Neurosurgery	UK National CSF Shunt Registry	Richard Edwards	Cat 2	Q1	National Audit (Other)
Children's Services	Neurosurgery	British Paediatric Neurosurgery Group – National audit of surgical activity	Greg Fellows	Cat 2	Q1	National Audit (Other)
Children's Services	Occupational Therapy	Audit on post joint injection (requiring general anaesthetic) waiting times for Occupational Therapy/Physiotherapy follow up for children	Poppy Greenman	Cat 3	Q1	Re-audit POCT/CA/2022-23/01
Children's Services	Oncology, Haematology & BMT					
Children's Services	Physiotherapy	Audit on post joint injection (requiring general anaesthetic) waiting times for Occupational Therapy/Physiotherapy follow up for children	Ginny Ward	Cat 3	Q1	Re-audit POCT/CA/2022-23/01
Children's Services	Radiology	Assessing the quality and timeliness of ultrasound spine requests and examinations	Mahwish Arshad	Cat 3	Q2	
Children's Services	Respiratory	National Paediatric Asthma Secondary Care Audit (NACAP)	Katy Pike	Cat 1	Q2	National Audit (NCAPOP)
Children's Services	Rheumatology					
Children's Services	Surgery	Improving Content of Paediatric Major Trauma Discharge Summaries	Catherine Bradshaw	Cat 3	Q2	Re-audit PSURG/CA/2022-23/02
Children's Services	Theatres	Audit of Surgical Skin Preparation	Holly Buckley	Cat 3	Q1	Local/national guidance
Children's Services	Trauma & Orthopaedics	Forearm manipulation in children's ED	Patricia Leach	Cat 3	Q1	To assess compliance with national standards - BOAST - GIRFT
Women's services	Gynaecology	WORD catheter management of Bartholins Abscess	Abigail Oliver	Cat 2	Q4	Introduction of new interventional procedure

Women's services	Gynaecology	Hysteroscopic morcellation tissue removal system	Suvarna Mahavarkar	Cat 2	Q4	Introduction of new interventional procedure
Women's services	Gynaecology	British Society of Urogynaecology (BSUG) audit database - Vaginal Prolapse and Female Stress Urinary Incontinence	Elisabeth Adams	Cat 3	Q3	National Audit (Other)
Women's services	Obstetrics & Midwifery	National Maternity and Perinatal Audit (NMPA)	Rachna Bahl	Cat 1	Q1	National Audit (NCAPOP)
Women's services	Obstetrics & Midwifery	Antenatal and newborn screening	Grace Teape	Cat 3	Q1	National Audit (Other)
Women's services	Obstetrics & Midwifery	[Planned re-audit: 31/07/2022] Computerised CTG for reduced fetal movements [Planned re-audit]	Emma O'Hagan	Cat 3	Q2	Re-audit OBS/CA/2022-23/08
Women's services	Obstetrics & Midwifery	An audit of the current consent process for amniocentesis	Jane Currie	Cat 3	Q4	Re-audit OBS/CA/2022-23/11

## Weston site specific

Specialty/Service	Sub-Specialty/Service	Project title	Lead	Priority	Q Start	Rationale
Anaesthetics/Critical Care	Intensive Care	ICNARC Case Mix Programme (CMP)	Deborah Manlow	Cat 1	Q1	National Audit (Quality Account) and CQC expectation
Emergency Department	Emergency Department	Adherence to RCEM/Local TTO handout guidelines within ED	Alysha Poole	Cat 3	Q2	Re-audit EDWES/CA/2022-23/05
Emergency Department	Emergency Department	Assessing cognitive impairment in older people (RCEM)	Abdul Sajjad Pathan	Cat 1	Q2	National Audit (Quality Account)
Emergency Department	Emergency Department	Mental health self-harm (RCEM)	Kimberly Veronica Ponsworno	Cat 1	Q2	National Audit (Quality Account)
Medical specialties	Acute Medicine	Compliance with completion of RESPECT forms within the stipulated time	Abdul Bhat	Cat 3	Q1	Re-audit WESCAMED/CA/2021-22/03
Medical specialties	Care of the Elderly	National audit of Inpatient falls (RCP)	Ali Mann	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Care of the Elderly	National Audit of Dementia (NAD) (Round 6)	Clare Simpson	Cat 1	Q3	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	National Diabetes Core Audit	Natasha Thorogood/Kurien John	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Diabetes & Endocrinology	National Diabetes Footcare Audit (NFDA)	Parag Singhal	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Gastroenterology	How can the management of ASUC at WGH be improved?	Waseem Said	Cat 3	Q1	Re-audit GASWES/CA/2022-23/01

Medical specialties	Respiratory	National Adult Asthma Secondary Care Audit (NACAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Respiratory	National COPD Secondary Care Audit (NACAP)	TBC	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Respiratory	Adult Respiratory Support Audit (BTS)	TBC	Cat 2	Q2	National Audit (Quality Account)
Medical specialties	Rheumatology	National Early Inflammatory Arthritis Audit (NEIAA)	James Ritchie	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Stroke Medicine	Sentinel Stroke National Audit Programme (SSNAP)	Abraham George/Mike Haley	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Trauma & Orthopaedics	Fracture Liaison Service Database (RCP)	Stuart Webber	Cat 1	Q1	National Audit (NCAPOP)
Medical specialties	Trauma & Orthopaedics	National Hip Fracture Database (RCP)	Jocelyn Hopkins	Cat 1	Q1	National Audit (NCAPOP)

Surgical specialties	Anaesthetics	Postoperative opioid use in elective arthroplasty	Krisztina Kenesey	Cat 3	Q2	Re-audit ANAWES/CA/2022-23/01
Surgical specialties	Anaesthetics	Evaluation of rate of regional blocks in theatre for neck of femur fracture patients [Planned re-audit]	Ayda Borjian Boroojeny	Cat 3	Q1	Re-audit ANAWES/CA/2022-23/02
Surgical specialties	Colorectal Surgery	National Bowel Cancer Audit (NBCA)	Nitya Chandratreya	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Pathology (Weston)	Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Lucia Gutierrez/Egle Gallo	Cat 2	Q1	National Audit (Quality Account)
Surgical specialties	Pathology (Weston)	2023 audit of NICE QS138 guidelines	Lucia Gutierrez/Egle Gallo	Cat 2	Q1	National Audit (Other)/Re-audit WESPATH/CA/2021-22/01
Surgical specialties	Pathology (Weston)	Bedside transfusion practice	Lucia Gutierrez/Egle Gallo	Cat 2	Q4	National Audit (Other)
Surgical specialties	Thoracic Surgery	National Lung Cancer Audit (NLCA)	Hannah Marder?	Cat 1	Q1	National Audit (NCAPOP)
Surgical specialties	Trauma & Orthopaedics	National Joint Registry (NJR)	Bryony Mills	Cat 1	Q1	National Audit (Quality Account)
Surgical specialties	Trauma & Orthopaedics	Documentation of the Safe use of Intraoperative Tourniquet in Operation Notes of Trauma & Orthopaedic patients at Weston General Hospital	Kimberly Veronica Ponsworno	Cat 3	Q1	Re-audit TOWES/CA/2022-23/03
Surgical specialties	Upper GI Surgery	National Emergency Laparotomy Audit (NELA) 2020 - 2021	Katrina Butcher	Cat 1	Q4	Re-audit ANAWES/CA/2022-23/03

## 2.2 Statements of assurance from the Board

### 2.2.1 Participation in clinical audits and national confidential enquiries

For the purpose of the Quality Account, the Department of Health and Social Care 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 2022/23, 50 national clinical audits and seven national confidential enquiries covered NHS services that University Hospitals Bristol and Weston NHS Foundation Trust provides. During that period, the Trust participated in 81% (42/52) of national clinical audits and 100% (7/7) of the national confidential enquiries in which it was eligible to participate. The majority of national audits were back to normal data collection schedules, after some having suspended mandatory data submissions during the first year of the COVID-19 pandemic.

Table 1 lists the national clinical audits and national confidential enquiries that University Hospitals Bristol and Weston NHS Foundation Trust was eligible to participate in during 2022/23 and whether it did participate:

Table 1

Name of audit / programme	Participated
<b>Acute, urgent and critical care</b>	
ICNARC Case Mix Programme (CMP)	Yes
Pain in children – part of RCEMQIP <sup>1</sup>	No <sup>†</sup>
Assessing for cognitive impairment in older people – part of RCEMQIP <sup>1</sup>	No <sup>†</sup>
Mental health self-harm – part of RCEMQIP <sup>1</sup>	No <sup>†</sup>
Major Trauma Audit (TARN)	Yes
ICNARC National Cardiac Arrest Audit (NCAA)	Yes
National Emergency Laparotomy Audit (NELA)	Yes
Perioperative Quality Improvement Programme (PQIP)	Yes
Sentinel Stroke National Audit programme (SSNAP)	Yes
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes
<b>Cancer</b>	
National Bowel Cancer Audit (NBoCA) – part of NGICP <sup>2</sup>	Yes
National Lung Cancer Audit (NLCA)	Yes
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP <sup>2</sup>	Yes
<b>Elderly care</b>	
Fracture Liaison Service Database (FLS) – part of FFFAP <sup>3</sup>	Yes
National Audit of Inpatient Falls (NAIF) – part of FFFAP <sup>3</sup>	Yes
National Hip Fracture Database (NHFD) – part of FFFAP <sup>3</sup>	Yes
National Audit of Dementia (NAD)	No <sup>R</sup>
UK Parkinson's Audit	Yes
National Joint Registry (NJR)	Yes
<b>Respiratory</b>	
Adult Asthma Secondary Care – part of NACAP <sup>4</sup>	Yes <sup>B</sup>
COPD Secondary Care – part of NACAP <sup>4</sup>	Yes <sup>B</sup>
BTS Adult Respiratory Support Audit	No

Name of audit / programme	Participated
UK Cystic Fibrosis Registry	Yes
<b>Heart</b>	
Adult Cardiac Surgery (ACS) – part of NCAP <sup>5</sup>	Yes
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP <sup>5</sup>	Yes
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP <sup>5</sup>	Yes
Cardiac Rhythm Management (CRM) – part of NCAP <sup>5</sup>	Yes
National Heart Failure Audit (NHF) – part of NCAP <sup>5</sup>	Yes
National Audit of Cardiac Rehabilitation (NACR)	Yes
National Congenital Heart Disease (CHD) – part of NCAP <sup>5</sup>	Yes
<b>Long term conditions</b>	
Cleft Registry and Audit Network (CRANE)	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes
National Diabetes Core Audit – part of NDA <sup>5</sup>	Yes <sup>O</sup>
National Diabetes Inpatient Safety Audit – part of NDA <sup>5</sup>	No <sup>R</sup>
National Pregnancy in Diabetes Audit (NPID) – part of NDA <sup>5</sup>	Yes
National Ophthalmology Database Audit	Yes
Inflammatory Bowel Disease programme / IBD Registry	Yes
UK Renal Registry Chronic Kidney Disease Audit	Yes
<b>Women's and Children's Health</b>	
Seizures and Epilepsies in Children and Young People (Epilepsy 12)	Yes
BTS National Smoking Cessation Audit (Maternity)	No
National Maternity and Perinatal Audit (NMPA)	Yes
National Neonatal Audit Programme (NNAP)	Yes
National Paediatric Diabetes Audit (NPDA)	Yes
Neurosurgical National Audit Programme	No
National Acute Kidney Injury Audit	No
Paediatric Asthma Secondary Care – part of NACAP <sup>3</sup>	Yes
Paediatric Intensive Care Audit Network (PICANet)	Yes
<b>Other</b>	
Elective Surgery: National PROMs Programme	Yes
National Audit of Care at the End of Life (NACEL)	No <sup>R</sup>
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance	Yes
<b>Confidential enquiries/outcome review programmes</b>	
Child Health Clinical Outcome Review Programme	Yes
Learning Disabilities Mortality Review Programme (LeDeR)	Yes <sup>O</sup>
National Perinatal Mortality Review Tool	Yes
Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes <sup>O</sup>
National Child Mortality Database	Yes
National Perinatal Mortality Review Tool	Yes

<sup>1</sup> RCEMQIP: Royal College of Emergency Medicine Quality Improvement Programme

<sup>2</sup> NGCIP: National Gastro-Intestinal Cancer Programme

<sup>3</sup> FFFAP: Falls and Fragility Fractures Audit Programme

<sup>4</sup> NACAP: National Asthma and COPD Audit Programme

<sup>5</sup> NCAP: National Cardiac Audit Programme

<sup>6</sup> National Diabetes Audit programme

† Difficulty registering Bristol and Weston sites as one trust and agreeing funding. Issues resolved and registered/entering data for the 2023/24 programme.

<sup>R</sup> Resources/staffing issues. Agreed to participate in 2023/24.

<sup>B</sup> Bristol site only

<sup>O</sup> Organisational/service level data submitted only.

Of the above national clinical audits and national confidential enquiries, those which published reports during 2023/23 and where the Trust submitted data, are listed in Table 2 alongside the number of cases submitted to each audit. Case ascertainment is shown in brackets where known.

Table 2

Name of audit / programme	Participated
<b>Acute, urgent and critical care</b>	
ICNARC National Cardiac Arrest Audit (NCAA)	26
National Emergency Laparotomy Audit (NELA)	115 (82%)
Sentinel Stroke National Audit programme (SSNAP)	656
Society for Acute Medicine Benchmarking Audit (SAMBA)	~50
<b>Cancer</b>	
National Bowel Cancer Audit (NBoCA) – part of NGICP <sup>1</sup>	240 (>80%)
National Lung Cancer Audit (NLCA)	337
National Oesophago-Gastric Cancer (NOGCA) – part of NGICP <sup>1</sup>	165
<b>Elderly care</b>	
Fracture Liaison Service Database (FLS) – part of FFFAP <sup>2</sup>	1682 (100%)
National Audit of Inpatient Falls (NAIF) – part of FFFAP <sup>2</sup>	12
National Hip Fracture Database (NHFD) – part of FFFAP <sup>2</sup>	591(100%)
UK Parkinson's Audit	50
National Joint Registry (NJR)	82 (100%)
<b>Respiratory</b>	
Adult Asthma Secondary Care – part of NACAP <sup>4</sup>	62
COPD Secondary Care – part of NACAP <sup>4</sup>	272
UK Cystic Fibrosis Registry	293
<b>Heart</b>	
Adult Cardiac Surgery (ACS) – part of NCAP <sup>3</sup>	3179 (100%)
National Audit of Percutaneous Coronary Interventions (PCI) – part of NCAP <sup>3</sup>	4825 (100%)
Myocardial Ischaemia National Audit Project (MINAP) – part of NCAP <sup>3</sup>	698 (66%)
Cardiac Rhythm Management (CRM) – part of NCAP <sup>3</sup>	658
National Heart Failure Audit (NHF) – part of NCAP <sup>3</sup>	400 (65%)
National Congenital Heart Disease (CHD) – part of NCAP <sup>3</sup>	2591(100%)
<b>Long term conditions</b>	
National Early Inflammatory Arthritis Audit (NEIAA)	96 (100%)
National Ophthalmology Database Audit	526 (100%)
UK Renal Registry Chronic Kidney Disease Audit	47 (100%)
<b>Women's and Children's Health</b>	
Seizures and Epilepsies in Children and Young People (Epilepsy 12)	277
National Maternity and Perinatal Audit (NMPA)	4111 (100%)
National Neonatal Audit Programme (NNAP)	586 (100%)
National Paediatric Diabetes Audit (NPDA)	521
Paediatric Asthma Secondary Care – part of NACAP <sup>4</sup>	71

Name of audit / programme	Participated
Paediatric Intensive Care Audit Network (PICANet)	711 (100%)
<i>Other</i>	
Elective Surgery: National PROMs Programme	74

The outcomes and proposed actions from completed projects are reviewed by the Trust Clinical Audit Group. Details of the changes and benefits of audit projects completed during 2022/23 will be published in the Trust's Clinical Audit Annual Report, available in September 2023.