

# **PROVIDER SERVICES**

## **Clinical Audit & Effectiveness**

**ANNUAL REPORT 2008/09**

Sheffield Primary Care Trust

West Court

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## **EXECUTIVE SUMMARY**

The aim of this report is to illustrate the range and breadth of clinical audit activity undertaken across Sheffield Primary Care Trust during the period 2008/09, which formed the annual clinical audit programme.

The programme was developed in line with the national clinical audit programme led by the Healthcare Quality Improvement Partnership (HQIP) which has taken over its management during the last twelve months. In an attempt to provide support and consistency for clinical audit process in Trusts, HQIP have recently announced their intention to develop specific tools, such as an audit report template and a record keeping proforma.

The use of clinical audit as a quality improvement tool provides opportunities for service development and to improve patient care. It provides evidence of compliance to NICE guidance and for both internal and external assessment processes, such as the PCT's Business Plan and the Care Quality Commission's Standards for Better Health (2004).

Healthcare professionals working in the PCT's clinical areas have shown high levels of enthusiasm in relation to auditing practice. This level of engagement has been mirrored by the increasing number of staff accessing the Introduction to Clinical Audit workshops and attending bespoke training.

Projects listed in this report were approved, registered and prioritised in line with Sheffield Primary Care Trust's Clinical Audit Policy (2008).

Topics were submitted from all service areas and, overall, there has been a great degree of success in both the initiation and completion of projects. Those incomplete at the end of the year have been carried forward to the 2009/10 programme.

## 1. INTRODUCTION

- 1.1 The Primary Care Trusts (PCT) clinical audit policy states *'it is the responsibility of all health professionals to critically review their work to ensure care is given according to the best available evidence'* and that *'each clinical service is encouraged to identify a minimum of three audits that it will conduct each year'*. The detail within this report aims to identify the range of clinical audit activity undertaken during 2008/09 by Provider Services, thereby demonstrating compliance to the policy.
- 1.2 Clinical audit is a formally recognised quality improvement tool which can highlight opportunities to change practice and improve the quality of patient care. Specifically defined by the National Institute of Health and Clinical Excellence (NICE) and the Care Quality Commission (CQC) in Principles for Best Practice in Clinical Audit (2002) as:
- "A quality improvement process that seeks to improve the patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Aspects of the structures, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual team, or service level and further monitoring is used to confirm improvement in healthcare delivery."*
- 1.3 Clinical audit is an essential component of the clinical governance structure within provider organisations and is assessed for compliance annually by the CQC as part of the Standards for Better Health (SfBH) framework.
- 1.4 Evidence-based audit has been actively promoted within Provider Services to drive forward clinical effectiveness; this focused predominantly around NICE guidance and other robust national guidelines.
- 1.5 The reorganisation of Sheffield PCT in 2007 resulted in its functions being split into two entities, Commissioning and Provider Services. This in turn meant that the work stream of the Clinical Audit and Effectiveness Department needed to be realigned to reflect these changes.
- 1.6 In 2008, the Provider Services arm of the PCT was sub-divided into a Community and Older People's Services Directorate and a Specialist Services Directorate, both led by an Associate Director. To support this change, two staff members from the Clinical Audit and Effectiveness Department were allocated specific responsibilities to the individual directorates. The Band 6 was allocated to Specialist Services and the Band 4 to Community and Older People's Services. Significantly, the importance of clinical audit within Provider Services was recognised by supporting the inclusion of Clinical Audit and Effectiveness staff becoming part of the existing Risk Management and Governance Groups at operational level.

- 1.7 In order to streamline the process of clinical audit topic selection and project generation across all the Provider Services, a Clinical Audit Framework (CAF) was developed. This ensured that consideration (by key health care professionals within Provider Services) of all mandatory audits on the programme for 2009/10 could be undertaken with minimal effort and disruption by both clinicians and the Clinical Audit and Effectiveness Department. Simultaneously, it highlighted areas where there was a recurrent need to produce evidence for both internal and external assessment processes.
- 1.8 Clinical audit service leads were identified as a result of promoting the CAF; this improved communication and ensured a much smoother process for disseminating audit information.
- 1.9 Finally, to promote and further underpin existing processes and extend clinical audit knowledge and skills across Provider Services, bespoke training was offered to all service managers and has also been taken up by other staff over the last year.

## **2. PRIORITY CLINICAL AUDIT PROJECTS**

### **2.1. CA00137: Continence Care in Older People**

The National Audit of Continence Care in Older People run by the Royal College of Physicians was originally undertaken in 2004/05 by the four Sheffield Primary Care Trusts with a re-audit carried out in 2005/06, which showed vast improvement in most areas. Funding for this audit was discontinued for 2006/07; however work continued to improve the documentation used by community nursing teams in Sheffield.

In 2007/08, the Sheffield Continence Advisory Service developed a local audit to address issues of documentation either being incorrectly or only partially completed, or not being used at all. This audit was carried out across all district nursing teams across the city, with a Continence Nurse collecting the data.

Due to a lack of capacity, the data collection progressed slowly and was not fully collated until April 2009. Data has since been analysed and a draft report produced. This audit should be completed, with an action plan in place, by June 2009.

### **2.2 CA00285: National Audit of the Organisation of Services for Falls and Bone Health of Older People**

The Royal College of Physicians (RCP) ran this audit which was commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the second cycle of audits on services for the prevention of falls and fractures in older people. It follows the first organisational audit performed in 2005 and the clinical audit of 2007. All organisations involved were audited against specific standards from the National Service Framework for Older People (NSF) and guidance from the National Institute for Health and Clinical Excellence (NICE).

Since the first audit, indicators have been added or updated in line with new guidance including that on falls prevention of in-patients following the National Patient Safety Agency (NPSA) report on slips, trips and falls in hospital (2007). For the first time, the audit also looks specifically at falls and fracture prevention in mental healthcare and a sample of care homes.

The RCP have produced a report which highlights the project's key indicators at national and local levels. Generally, findings show that the PCT is in line with the national picture and in some cases indicates that our processes are better than average. Work is currently underway to produce a localised report and action plan in conjunction with Sheffield Teaching Hospitals Foundation Trust (STHFT).

### **2.3 CA00258: Suicide 2006**

An annual audit whose origins began with the Government White Paper, *Saving Lives: Our Healthier Nation (DH 1999)* who set out a target to reduce deaths by suicide and undetermined injury by 20% by the year 2010. The audit has identified a small number of cases over the time period where circumstances have suggested that the outcome may have been preventable. The data does not indicate any particular hot spots in terms of location, or any noticeable clusters.

Recommendations for change include:

- Continue to facilitate building in learning from significant event/serious incident reviews, so that learning is shared when appropriate.
- Using data to influence health promotion and suicide prevention plans and activity, such as the delivery of the Mental Health First Aid programme and the development of information leaflets.
- Continuing to press at regional and national level for data to be collated into more statistically relevant groups.

## **3. INTERNAL CLINICAL AUDIT PROJECTS**

### **3.1. COMMUNITY & OLDER PEOPLE'S SERVICES**

#### **3.1.1. Care Home Support Team**

Of the three projects scheduled to be undertaken this year, none were completed. The one relating to Chronic Obstructive Pulmonary Disease (COPD) Project Training was delayed due to other priorities and the record keeping one needed to be amended to suit care home records. Both of these projects will be carried forward to the 2009/10 programme.

### ***CA00282: Geriatric Depression Scale***

A pilot audit was undertaken within two care homes in Sheffield in relation to the GDS assessment being carried out and the correct process followed for GP referral and treatment. The main audit will be carried forward to the 2009/10 programme.

#### **3.1.2. Case Manager Service**

### ***CA00253: Mental Health Provision***

The purpose of this audit was to evaluate the provision of mental health support currently being provided to case managed patients within the south of the city of Sheffield.

Recommendations for change include:

- Extend the service into the north of the city
- Review the criteria for referral
- Develop the service for other long term conditions
- Ensure that minority ethnic groups are targeted for future service audit.

#### **3.1.3. Community Matron Service**

### ***CA00241: Malnutrition Universal Screening Tool***

Data for this audit was collected and analysed, however, due to capacity issues within the Community Matron Service, the project was cancelled following discussion with the Associate Director for Community & Older People's Services.

### ***CA00337: Patient Satisfaction***

This audit was carried out in line with the 'Case Management Competences Framework: The Care of People with Long Term Conditions' (NHS Modernisation Agency and Skills for Health, 2005) and 'Supporting People with Long Term Conditions' (Department of Health, 2005). This audit would measure compliance against the recommendations for Community Matrons.

Recommendations for change include:

- To assess Community Matrons' caseloads to ensure all case managed patients (level 2) are now managed by case managers.
- Patients on Community Matron caseloads know where to contact another service in the absence of community matron.
- We need to review why patients do not always have more control over their illness.
- A re-audit should be undertaken in August 2009.

### ***CA00343: Record Keeping 2008/09***

A draft report has been produced, which shows overall good compliance with all standards. Recommendations and an action plan are currently being developed and will be available in 2009/10.

#### **3.1.4. Contenance Advisory Service**

### ***CA00136: Record Keeping 2007/08***

This project was originally initiated in 2007/08, but due to lack of resources, it was carried forward into 2008/09. The results of the audit were good overall, however, some action needs to be taken in relation to the recording of equality data and dates and signatures.

Recommendations for change include:

- The results should be shared with the Contenance Assessment Team.
- Ensure that the assessment documentation provides clear and defined opportunity to document the patient's requirements regarding language.
- The urgent actions required will be addressed within the team. The assessment tool has been an ongoing process, but will now be looked at by the Contenance Nurse Lead to ensure that there are clear areas fulfilling documentation requirements.
- The assessment tool should be reviewed to ensure compliance with record keeping requirements.
- A re-audit should be undertaken in December 2008.

### ***CA00138: Faecal Incontinence (NICE)***

This audit has been postponed since 2007/08 due to lack of capacity. The audit will be undertaken jointly with STHFT, facilitated by the Interface Co-ordinator; however, this will now be carried forward to 2008/09 and now 2009/10.

### ***CA00140: Children's Products***

This audit looks at the service provided to families where there is a child who has a disability severe enough to warrant the provision of pad management products. The Contenance Advisory Service does not currently include a Paediatric Contenance Nurse Specialist.

There are two adult nurses, including the Contenance Nurse Lead, who have had some additional training in assessing, treating and managing children with a bladder and or bowel dysfunction. When children need assessment support the child and their parent can see either of these nurses.

Recommendations for change include:

- Improve awareness that parents are able to contact the Continence Service for support. This can be done by improving communication with Health Visitors by using a newsletter in the same style that the community nursing services receive.
- Improve communication with parents via Health Visitors and Specialist School Nurses as above with the aim of offering individual assessments to assess pad requirements. This should involve pad weighing/observation and checking pad changing routines. Pads should then be provided where possible to meet the child's individual needs.
- Health Visitor training may be accomplished by a Continence Nurse Specialist going out to Health Visitor meetings and discussing issues in small informal groups and explaining the revised paperwork with the aim of improving confidence and competence.
- Regarding equality and diversity the children should be treated equally and therefore there should be a children's qualified nurse available to supervise the adult qualified nurses.
- Parents of children who need pad products should be offered a delivery service, although this is not a legal requirement regarding equality. The pad service is currently under review by the PCT.

### **3.1.5. District Nursing Service**

#### ***CA00236: Record Keeping 2008/09***

As part of the Sheffield First Health and Wellbeing Partnership, Sheffield Primary Care Trust Provider Services are planning to introduce the use of a patient-held record within the next few months which will aim to standardise records used across the PCT and facilitate the sharing of information between professionals. This record will incorporate Single Assessment Process Documentation and will therefore facilitate the recording of information absent from the records audited above including; patient consent, ethnic origin, GP address.

Corresponding with this change is the introduction of standardised nursing records across Community Nursing which will include new Activity of Daily Living documentation, observation and medication charts. The standard format will also prompt nurses to record the patient's name and NHS number on every page of documentation.

A sub-group of the Citywide Records Group are also developing management plans for use across Community Nursing Services and are reviewing the evidence base of all the core care plans.

Recommendations for change include:

- This audit clearly identifies the need for and supports the introduction of reviewed and standardised records across community nursing.
- Citywide Care Planning group to review and develop management plans which are evidenced based and which care plans can be cross referenced to.
- Team Leaders to continue to monitor record keeping competency within their teams in particular highlighting the need to:
  - Record the patient's name, date of birth and NHS number on every page
  - Use the 24-hour clock in all entries
  - Record all patient allergies
  - Where used abbreviations are identified in full the first time
  - Include a record of signature sheet in the record.
- The use of the 'record of signatures sheet' should be promoted citywide as an integral part of the nursing records.
- Continue to monitor the use of abbreviations.
- All nurses to be advised to record a patient's current medication as an integral part of their initial assessment of need.
- Citywide Care Planning Group to review all core care plans and the evidence base to them.
- Results of this audit to be circulated to the Citywide Record Group and all District Nursing Teams.
- Agree future audit process and criteria for inclusion.

### ***CA00265: Communication with Practice Nurses***

Following the redesign of the community nursing services in July 2007, concerns were raised by some General Practitioners (GPs) regarding the level of communication between Practices and community nursing teams.

Recommendations for change include:

- Increase capacity within community nursing teams to enable teams to communicate with practices effectively.
- Improve computer access between practices and community teams through SystemOne.
- Community nurses to attend regular practice meetings.
- Results of the audit to be circulated to the LMC and all community nursing teams.
- Community nursing locality managers to monitor communication between teams and practices.
- Community nursing teams to make available to practices a list of patients on their caseload.

### ***CA00266: Dignity and Respect (Pilot)***

The community nursing service is committed to treating the people we care for with the same respect that we would want for ourselves. Respect means whether what you wished for in terms of your care, e.g. to be treated with dignity, for your care to be private; has been upheld. As part of Standards for Better Health (2004) standard C13a, the community nursing service decided to undertake a dignity and respect pilot audit.

Recommendations for change include:

- Review the dignity and respect questionnaire to ensure that responses have back up information.
- Develop the questionnaire in other languages/formats to ensure equity.
- Roll out the amended questionnaire to all seven community nursing localities to ensure coverage of the entire city.

### ***CA00308: Continence Assessment Team***

This audit was piloted in November 2008 and amended accordingly to collect more pertinent data. Data collection commenced in January 2009 and it was agreed that this would be ongoing until the end of June 2009. Therefore, this audit will be carried forward into 2009/10.

## **3.1.6. Evenings & Nights Service**

### ***CA00286: Fax Documentation***

The aim of the audit is to ensure good communication between services undertaking patient care. The audit will highlight that better information will reduce mistakes and ensure better continuity of care.

Recommendations for change include:

- The results of this audit should be shared with all staff working within the ENS.
- Staff working within the ENS should complete all details requested on the fax template, to improve communication.
- The fax template should be amended to include a space for the signature, printed name and designation of the person sending the fax. All relevant staff should be informed that the faxes have been amended.
- The audit tool should be amended to only include criteria which were relevant to the fax communication paperwork and not in line with the records management policy record keeping audit. Some of the criteria also need to be reworded slightly to reflect the fax template.
- A re-audit should be undertaken in May 2009.

### ***CA00287: Inappropriate Visits***

The aim of the audit is to gain an understanding of the current patient need and ensure that the service is seeing appropriate patients. The audit will inform service delivery and proposed development.

Recommendations for change include:

- The results of this audit should be shared with all staff working within the ENS.
- Staff working within the ENS should record any referrals which they feel are inappropriate and report it to their line manager.
- The audit tool should be amended to include further detail of visits, including whether it was a one-off (for Insulin) and whether or not the patient was capable of carrying out, for instance, cream application.
- A re-audit should be undertaken in May 2009.

### ***CA00288: 2-Hour Response***

The aim of the audit is to measure response times against the service specification and set up baseline for improvement. The audit will encourage quicker response times.

Recommendations for change include:

- The results of this audit should be shared with all staff working within the ENS.
- Due to the target of two hours not being fully met, it is suggested that the ENS be extended to cover the hour between 5.00pm and 6.00pm. This would ensure continuity of the service and would minimise the length of time for patients waiting for a visit.
- The audit tool should be amended to include a column for recording whether the visit was planned or unplanned.
- All staff completing the audit tool should ensure that all relevant columns are completed.
- A re-audit should be undertaken in June 2009.

### **3.1.7. Intensive Home Nursing Service**

#### ***CA00322: Record Keeping 2008/09***

A draft report has been produced, which shows overall good compliance with all standards. Recommendations and an action plan are currently being developed and will be available in 2009/10.

### **CA00336: End of Life Care Provision**

The Intensive Home Nursing Service (IHNS) provides individualised one-to-one supportive care for patients who are believed to be in the last few weeks of life, to enable them to die at home. This audit was carried out within the IHNS, as it was felt that capacity within the service did not allow for patients to receive the care they needed, particularly for 24-hour support.

Recommendations for change include:

- Consider service development with extra funding and recruitment to provide supplementary 24-hour care in the end of life.
- Increase night support for families and carers to avoid unnecessary hospital admissions. Without resources this could lead to carer exhaustion and reduced choice for place of death.
- Improvement for quality palliative and supportive care would be to extend the hours provided by IHNS for patients and families at home with consideration to extending the seven-night criteria to incorporate some day support hours earlier than the last week of life, offering patients' choice for preferred place of care.
- A re-audit should be undertaken in January 2010.

#### **3.1.8. Lymphoedema Service**

##### ***Record Keeping 2008/09***

A draft report has been produced, which shows overall good compliance with all standards. Recommendations and an action plan are currently being developed and will be available in 2009/10.

Recommendations for change include:

- Religion and ethnicity will be recorded.
- Abbreviations will not be used unless explained in full previously.
- Allergies will be recorded within the text of the consultation.
- The service Lead will have discussions with the IT Department and The Phoenix Partnership (TPP) re future recording needs.
- A re-audit should be undertaken in October 2009.

#### **3.1.9. Single Contact Access Number (SCAN)**

##### ***CA00315: Service Provision***

This audit was undertaken to identify what happens to patients if there is no capacity in the clinical team required for patients to remain out of hospital and a comparative to be drawn to look at the outcomes of these patients.

The second part of the audit looked at demonstrating if SCAN is playing an effective part in helping to avoid unnecessary admissions and to identify how many patients are admitted for the same reason they were referred to SCAN for and equally any other reasons they were admitted to secondary care.

The results of the audit showed overall good compliance to locally agreed standards, with the exception of patients being referred on to another service within 2 hours of referral, which was quite low.

Recommendations for change include:

- A small number of GP practices contacted SCAN during the 4 weeks of the audit. The surgeries who are not contacting SCAN need to be contacted to find out why.
- Emergency Care Practitioners (ECPs) seem to make referrals via the SCAN line and the ECPs that do not contact SCAN need to be contacted to find out why.
- Further investigation needs carrying out to understand why SCAN felt a CVA was appropriate for CART.
- Planning needs to take place to put a pathway in place for complex patients. There were two patients in this audit that were refused by all community services.
- CART's capacity needs to be addressed with a clear pathway as to what SCAN do when CART teams inform them they have reached capacity. Suggest record as incident.
- It would be beneficial for SCAN to have clear processes as to who to make a CART referral to (e.g. nurse/team leader/admin) and what to do if that person says no to prevent a delay in referrals being seen.
- The clinical information required by CART needs to be worked through applying an evidence base to ensure that SCAN understand what they require before making the referral as due to lack of clinical information passed to CART 11 patients were in SCAN more than 30 minutes.
- Patient referrals are delayed when the appropriate CART team decline it due to having reached capacity as SCAN then have to ring round the other CART teams to ask them to take this patient. This process needs reviewing.
- SCAN need to try and understand peaks and troughs in referrals to prevent calls stacking and referrers having to be phoned back.

### **3.1.10. Specialist Nursing Service**

#### ***CA00344: Record Keeping 2008/09***

This audit was carried out jointly across the three specialist areas: Heart Failure, Respiratory and CVD. Overall, the audit shows good compliance with most of the criteria set out in NHS Sheffield's Records Management Policy, although further work is needed to ensure that the standard of record keeping is improved, particularly Identification Data, Dates and Signatures, Decision-Making and Patient Involvement. Work has been agreed to standardise the record keeping across the specialist areas. Following on from the standardisation, work will be undertaken to agree disease specific specialist assessments.

Recommendations for change include:

- Paperwork for keeping records should be reviewed and updated according to NHS Sheffield's Record Management Policy.
- All teams should ensure that all fields on the existing and updated paperwork are completed to ensure a full record of the patient is kept.
- Ensure record keeping is included as part of any new starters induction programmes.
- A re-audit should be undertaken in December 2009.

### **3.1.11. Tissue Viability Service**

#### ***CA00221: Use of Silver Products***

The Sheffield Tissue Viability Service decided to carry out an audit on current silver use, which would support the VULCAN study and contribute towards the data analysis. It would also aid the wound formulary review and recommendations for using silver products.

Recommendations for change include:

- Develop criteria for using topical antimicrobials.
- Arrange education on the appropriate use of topical antimicrobials.
- Monitor prescribing of topical antimicrobials.
- A re-audit will be carried out in 2010 against the developed criteria.

#### ***CA00235: Education of Pressure Ulcers***

This audit report summarises the responses to a questionnaire, which was aimed at healthcare practitioners in the Sheffield Primary Care Trust to identify their involvement in the care of patients with or at risk of pressure ulcers and establish their knowledge base and awareness of the NICE guidelines.

As an initiative to raise awareness, provide education and ensure appropriate equipment provision for patients with and at risk of pressure ulcers, a business case was developed jointly between the manager of the Sheffield Care Trust's equipment store (SCELS) and the Clinical Nurse Specialist in Tissue Viability (CNS TV) for the PCT, to appoint a nurse advisor for pressure relieving / reducing equipment.

Recommendations for change include:

- Circulate the pressure ulcer guidelines both paper version and electronically to raise awareness (there was a delay in the approval of the Sheffield PCT Guidelines for Prevention and Management of Pressure Ulcers however, these now available on the intranet).
- Develop information/guidelines on recognition of risk and prevention of pressure ulcers for use in General Practice.
- Develop competencies in pressure ulcer prevention and management and use these to aid dissemination of the education.
- Develop competencies around the use of pressure relieving/reducing equipment.
- Include/signpost pressure ulcer prevention and management training and competencies at essential training session.
- Circulate laminated grading system.
- Encourage the recording and documentation of Waterlow risk assessment on all patients.
- Commence incidence reporting of all grades of pressure ulcers.
- Ensure Clinical Governance is informed of the data that would be necessary to collect for incident reporting.
- Encourage documentation of the wound using a wound assessment form.
- Develop appropriate core care plans for pressure ulcer prevention and management.
- Repeat the audit to Community Nursing teams and the Nursing Homes but keep as separate audits to enable better understanding of the data.

### ***Record Keeping 2008/09***

The Tissue Viability Service has been updating their documentation in response to the previous audit carried out in 2007/08 and therefore it was felt that a re-audit would not yet be appropriate. The re-audit has been agreed to take place during 2009/10.

## **3.2. SPECIALIST SERVICES**

### **3.2.1. Community Dietetics**

#### ***CA00114: Anti-Obesity Drugs***

This project was a re-audit of the one carried out in 2006/07 by Sheffield South West Primary Care Trust. For the re-audit, data collection was undertaken electronically within GP practices with support from Information Services. However, once data was retrieved from the GP systems, it was deemed unusable and therefore analysis was impossible. Therefore, this audit was cancelled and should be undertaken again in the future.

Recommendations for change include:

- Consider options for simpler data collection which will not have a huge impact on GP practices.

#### ***CA00115: Record Keeping 2007/08***

A re-audit based on the NHS Sheffield's Records Management Policy standards, results showed good compliance overall and improvements in most areas compared to the 2006/07 findings.

Recommendations for change include:

- Dietitians need to identify how to reference the evidence – based advice given and informed consent.
- Departmental record keeping guidelines should be developed in line with PCT and national guidance.
- Dietitians should summarise relevant clinical information in the boxes provided on the front of the card.
- A re-audit will take place in September 2008.

#### ***CA00278: Patient Satisfaction***

An audit was carried out to highlight patient satisfaction and effectiveness within the Community Dietetic Team, which aimed to reveal areas for improvement within the service which may lead to improved future patient care. Results showed excellent compliance to the two standards set, however recommendations are yet to be identified.

#### ***CA00279: DNA Appointments***

This was an audit to identify reasons why patients within the dietetics service did not attend their appointment and, where applicable, highlight changes to the service to reduce the number of DNAs. Results from sample showed full compliance.

Recommendations for change include:

- Investigate further the need to send directions to patients prior to their appointment.
- Investigate the system for initial generation of reminder letters and / or their timeliness.
- Review current patient information to ensure it states that they need to attend regularly

#### ***CA00301: Record Keeping 2008/09***

Due lack of overall capacity within the service as a result of maternity leave and unfulfilled vacancies, this audit will be carried forward into 2009/10.

### **3.2.2. Drug & Alcohol Action Team**

#### ***CA00142: Methadone and Buprenorphine***

The audit was initiated by The Sheffield Drug and Alcohol Action Team (DAAT) as a result of NICE bringing out the Technology Appraisal 114 guideline. In order to assess its implementation across the specialist prescribing services it commissions, from Sheffield Health and Social Care Foundation Trust (SHSCFT), the Primary Care Addiction Service (PCASS) and the GP Shared Care group. Results show good levels of compliance in three out of the four standards and full compliance to the last one.

Recommendations for change include work to be undertaken to ensure that

- Patients new to treatment are all supervised for the first three months or more while receiving oral formulations of methadone or buprenorphine.
- All patients prescribed oral formulations of methadone or buprenorphine undergo a urine test once every three months (four per year).
- All patients new to treatment undergo urinalysis prior to the initiation of prescribing treatment.
- A re-audit should be undertaken in the next financial year.

### **3.2.3. GP Collaborative / Walk In Centre**

#### ***CA00148: Urgent Visits***

Audit and re-audit in relation to compliance to DOH guidance on home visits to patients by the Sheffield GP Collaborative staff (Out of Hours and Unscheduled Care service). Results showed reasonable but fluctuating findings against the urgent home visit priority standard and increasing compliance to the response time within two hours standard.

Recommendations for change include:

- The GP's identified as over prioritising to receive feedback on the specific calls.
- The wider team of GP's working in the Collaborative to receive guidance on prioritisation, including the Staffordshire guidelines, to support their decision making going forward.
- A prioritisation algorithm for GP's to due to be piloted over the coming months; GP's identified in this audit will be part of the pilot.
- GP's will be offered triage training in order to support them in making safe decisions when triaging.

### **CA00228: Patient Satisfaction 2007**

A re-audit of the 2006 Sheffield Walk-In Centre (SWIC) patient satisfaction project whose aims were to provide evidence of compliance to the requirements of the citywide service level agreement, to continually improve customer care, and to address the rising number of patient complaints directed at the SWIC by actively engaging patients in identify areas of concern. 2007 data showed an improvement across all standards when compared with previous year's data.

Recommendations for change include:

- Review questionnaire to make more user friendly.
- Raise awareness of reception staff regarding requirement to furnish patients with waiting time information to see treatment nurse.
- Raise the profile of the complaints process within the SWIC.

### **CA00284: Emergency Triage (20-Minute) Calls**

Audit and re-audit in relation to the call handling prioritisation function provided by Local Care Direct (LCD) (sub contractor) to the GP Collaborative, out of hour's service. The appropriateness of correctly prioritised **emergency** triaged calls directly impacts on the service's capacity to meet DOH quality requirements. Results showed a significant number of inappropriately prioritised calls from LCD.

Recommendations for change include:

- LCD to review their call streaming guidelines for palliative care patients and "Crew on Scene" calls as a matter of urgency.
- Independent re-audit of LCD prioritisation of emergency calls.
- Refer inappropriate calls to NHSD for further investigation.

### **CA00300: Urgent Triage Calls**

Audit in relation to the call handling prioritisation function provided by Local Care Direct (LCD) (sub-contractor) to the GP Collaborative, out of hour's service. The appropriateness of correctly prioritised **urgent** triaged calls directly impacts on the service's capacity to meet DOH quality requirements. Results showed a significant number of inappropriately prioritised calls from LCD.

Recommendations for change include:

- Refer inappropriate calls to NHS Direct for further investigation- awaiting feedback.
- Refer inappropriate calls to other partners for further investigation.
- Re-audit of the urgent calls agreed with LCD.

### **CA00330: Patient Satisfaction 2008**

A re-audit of SWIC patient views, with a revised questionnaire to collect additional information which evidences compliance to Sheffield PCT's Dignity and Respect (2008) and Equality policies. This questionnaire has been rolled out across the GP collaborative service where information is being collected which reflect patient view in relation to face to face consultations, home visits and patients triaged over the telephone. Data analysis is currently underway.

### **CA00358: Hand Hygiene**

A re-audit to evidence compliance to the PCT's Hand Hygiene Policy (2008). Results from the project show full compliance has been maintained within the SWIC in 18 out of the 25 standards since the previous audit and improvements made in a further three areas.

Recommendations for change include:

- Educate staff with reference to the wearing of wrist watches, stone rings and other jewellery whilst in the workplace.
- Raise awareness of hand hygiene policy within the SWIC by taking the time to talk to patients about the importance of infection control.

## **3.2.4. Health Visiting**

### **CA00310: Record Keeping 2008/09**

A re-audit of the green folder audit that took place in 2006 which evaluated the quality of written record keeping by health visitor teams in conjunction with NHS record keeping standards. Results showed improvements in 13 standards.

Recommendations for change include:

- Regular record keeping training to address areas of partial and non-compliance and inclusion in essential clinical training / update programmes.
- Produce an accepted abbreviations list for inclusion in the health visitor records.
- Need to extend improvements across the current range of recording mechanisms and processes used by health visitors.
- Annual audit of health visitor green records as part of adherence to Nursing and Midwifery Council guidelines and PCT good practice and governance arrangements.

### **3.2.5. Long Term Conditions**

#### ***CA00245a: PDST Patient Satisfaction (Speech & Language Therapy)***

This audit was initiated by the Physical Disabilities Support Team (now the Neuro-Enablement Service) to find out whether the service was meeting the needs of its clients, and whether those clients wanted any changes to be made to the service. The criteria were developed within the professional standards of the Royal College of Speech and Language Therapists, the Chartered Society of Physiotherapy and the College of Occupational Therapists. Overall compliance to the standards set was varied.

Recommendations for change include:

- The Neuro-Enablement service should review its system for sending out information and appointment letters, and re-audit this.
- The Neuro-Enablement service should review its system for sending out information and appointment letters, and re-audit this.
- The Neuro-Enablement Service should build on the user-friendly, understandable written information which has been devised.
- Referral patterns should be audited, with a view to planning training needs.
- The new service should be marketed, particularly to hospital consultants.
- A re-audit should be undertaken in March 2010.

#### ***CA00245b: PDDT Patient Satisfaction***

This audit was initiated by the Physical Disabilities Therapy (now the Neuro-Enablement Service) to find out whether the service was meeting the needs of its clients, and whether those clients wanted any changes to be made to the service.

Criteria were developed in line with the National Service Framework for Long-term Conditions and the professional standards of the Royal College of Speech and Language Therapists, Chartered Society of Physiotherapy and College of Occupational Therapists. Results overall showed partial compliance to the four standards set.

Recommendations for change include:

- Monitor the effects of the citywide expansion of the service and changes in the referral criteria and the impact this has on the demand and type of support clients need
- Explore the emotional needs of existing clients and identify which of these would benefit from professional emotional support and what those needs would be.
- Review existing systems for client communication and future systems in the development of the new service
- Audit the Neuro Enablement Service using the standards achieved as the pre-determined standards for measuring levels of service

#### ***CA00266: Brain Injury: Dignity and Respect (Pilot)***

The Sheffield Community Brain Injury Rehabilitation Team is committed to treating the people they care for with the same respect that they would want for themselves therefore took part in this audit to evidence compliance to PCT policy. Results showed good adherence to standards.

Recommendations for change include:

- Review the dignity and respect questionnaire to ensure that questions are meaningful and accessible to those with cognitive impairment.
- Develop the questionnaire in other languages/formats to ensure equity.
- Roll out the amended questionnaire to other services in Long Term Neurological Conditions to ensure coverage of other forms of neurological disability within the community.

#### ***CA00133: CFS/ME: Patient Satisfaction***

This audit was initiated by the Chronic Fatigue Syndrome/ Myalgic Encephalopathy (CFS/ME) Service to find out patient views on aspects of the service from a multi-professional perspective. Results show varied compliance overall to standards set. Recommendations and final report are yet to be received.

### **3.2.6. Mental Health**

#### ***CA00258: Suicide 2006 and CA00326: Suicide 2007 (Joint report)***

An annual audit whose origins began with the Government White Paper, *Saving Lives: Our Healthier Nation (DH 1999)* who set out a target to reduce deaths by suicide and undetermined injury by 20% by the year 2010. The audit has identified a small number of cases over the time period where circumstances have suggested that the outcome may have been preventable. The data does not indicate any particular hot spots in terms of location, or any noticeable clusters.

Recommendations for change include:

- Continuing to facilitate building in learning from significant event/serious incident reviews, so that learning is shared when appropriate
- Using data to influence health promotion and suicide prevention plans and activity, such as the delivery of the Mental Health First Aid programme and the development of information leaflets.
- Continuing to press at regional and national level for data to be collated into more statistically relevant groups.

### **3.2.7. Physiotherapy**

#### ***CA00183: Record Keeping 2007/08***

Record keeping is a professional requirement of all physiotherapy practice and requires specific skills. Failure to maintain a physiotherapy record may cause considerable difficulties in respect of any legal proceedings, e.g. allegations of negligence. This audit was undertaken to provide evidence of compliance to HSC 1999/053. Overall the outcome of this audit was poor with less than 50% of standards being met by the group / team.

Recommendations for change include:

- Amend paperwork to include prompts for Client's name, insight number or DOB on every side of the page, signature, print name, designation, date and time.
- Page one to become the abbreviations list and must include the screening form.
- Body charts to be included and scored through if not used

### **CA00184: Musculoskeletal Referral Management Scheme**

This project was initiated due to the failure to implement the consistent use of clinical outcome measures throughout the musculoskeletal physiotherapy (Chartered Society of Physiotherapy 2005). Prior to the audit only 1% of patients had one of the two required forms completed. Results of the re-audit show this increased to 50%.

Recommendations for change include:

- Ensuring the reliable provision of forms.
- Improve communication with new staff
- Utilise memory prompts in the consultation

### **CA00329: Pulmonary Rehabilitation**

The pulmonary rehabilitation service in Sheffield Primary Care Trust (PCT) has undergone massive change since a preliminary review of data in October 2006 and March 2007. This showed vast differences in improvements in HRQOL and exercise tolerance between rehabilitation programmes. This audit aimed to ensure adequate service delivery to patients in improving quality of life, reduction in dyspnoea and functional exercise tolerance improvement measured using validated outcome measures (chronic respiratory disease questionnaire, hospital anxiety and depression questionnaire, Endurance Shuttle Walk Test and Incremental Shuttle Walk test).

Recommendations for change include:

- Finalising the pulmonary rehabilitation guidelines into a formal reference document for clinical practice
- Regular staff training sessions to ensure adherence to the pulmonary rehabilitation guidelines
- Regular staff supervision sessions at all groups to ensure standardised exercise and education

### **CA00334: Record Keeping 2008/09**

A record keeping audit to evidence compliance to Chartered Society of Physiotherapy and PCT standards. Results show full compliance maintained in two and improvements in fifteen of the eighteen standards. Report and recommendations not yet finalised.

### **3.2.8. Podiatry**

Three audits commenced in the Podiatry service during this time frame however due to delays and lack of capacity have not been completed. They have been rolled onto next years programme.

### **3.2.9. Sheffield Salaried Primary Dental Care Service (SSPDCS)**

#### ***CA00268: Referrals to Smoking Cessation Service***

This audit is in response to the Department of Health published guidance to primary care dental teams on tobacco control. Smokefree and Smiling (Department of Health 2007) this acknowledged that dental teams were ideally placed to be actively involved in tobacco cessation activity. Results showed project objectives were met and that 88% of clients who wished to stop smoking were referred to the no smoking service.

Recommendations for change include:

- All clinicians should receive a copy of Smoke Free and Smiling guidance.
- All clinicians should receive brief intervention training (to be repeated bi-annually).

#### ***CA00292: Informed Consent***

Standards for consent were set by the Department of Health in their document 'A reference guide to consent for examination or treatment' that was published in 2001. This audit was to determine whether new patients attending appointments at SSPDCS clinics have a full understanding of the proposed treatment.

Recommendations for change include:

- Improve the alternative treatment discussion rate between clinician and client.
- Improve the documentation of discussion between clinician and client of risk in relation to proposed treatment.
- Reduce the pressure on clients to agree to the treatment being offered.

#### ***CA00293: Patient Waiting Times***

This audit looked at compliance to the local Sheffield Salaried Primary Dental Care Service waiting times for patient's standard. Dentists, particularly when they are new starters, can take longer to complete certain procedures, therefore adequate time for appointment needs to be allocated. Results showed a good level of compliance.

Recommendations for change include:

- Learning disability patients need longer appointment slots when seen by the Senior House Officer. This could improve quality of care for the patient under treatment.
- Extending the audit to look at waiting times for appointments across the whole service

### **3.2.10. School Nursing**

One audit is underway for the school nursing service; capacity issues are currently causing a delay in the progress of this project.

### **3.2.11. Contraception and Sexual Health**

#### ***CA00240: LARC Consultations***

This audit took place in response to the implementation of NICE guidance on Long Acting Reversible Contraceptives (LARC) (2005) which recommended them as more reliable and more cost-effective than contraceptive pills. It was agreed to offer LARC at all consultations for new contraceptive seekers and discuss this as an options for women requesting abortions as part of counselling for future contraception to avoid repeat experience. NICE suggest an increased uptake in LARC should reduce the abortion rate. Results showed partial compliance to the standards set.

Recommendations for change include:

- Continued promotion of LARC within counselling sessions to increase awareness of benefits to those who have had a Termination of Pregnancy.
- Improve documentation around LARC offers.

#### ***CA00305: People Under 13 Years Attending SCASH***

An audit to look at compliance to the “Working with Sexually Active Young People Under the Age of 18 Years” protocol which states clinicians are aware that a young person under age 13 years is sexually active there should be a child protection register check and a discussion with the child protection unit. Findings highlighted compliance to protocol.

Recommendations for change include:

- Copy of the audit report to go into the monthly newsletter.
- Reminder to staff of the action they are supposed to when seeing young people under 13 years who are sexually active.

### **3.2.12. Vulnerable People**

#### ***CA00294: Asylum Seeker Health: Infectious Diseases Clinic***

A service audit that looked at how the Mulberry Practice complies with the Department of Health recommendation that all asylum seekers are screened for tuberculosis (TB) (NICE Guidance 2007). Results showed good overall compliance to the standard where appropriate and a clear reason for 90% of clients where screening did not take place.

Recommendations for change include:

- Continue to improve the practices cost effectiveness in screening new immigrants for asymptomatic TB.
- Continue to provide cost effective, access to specialist management of latent TB.
- Re-audit the service in 2009/10.

#### ***CA00295: Asylum Seeker Health: Record Keeping***

The Mulberry Practice (Asylum Seeker Health) recently migrated to SystmOne. This audit gave them the opportunity to data quality check information within the electronic record against existing record keeping standards. Overall results were varied.

Recommendations for change include:

- Continue to regularly audit the new clinical system.
- Use Quality Outcomes Framework (QOF) registers to ensure ethnicity recorded.
- Utilise meetings throughout the year to highlight any problems with data and/or to agree appropriate consistent record keeping.
- Update summarising protocol to minimise the risks of duplicate entries.
- Work with pharmacy technician and clinical staff to ensure understanding of medication linking.

#### ***CA00313: Tuberculosis: Record Keeping 2008/09***

Record keeping is an integral part of professional practice, designed to inform all aspects of the care process and this audit was developed to evidence compliance to those set out in NHS Sheffield's Records Management Policy and Nursing and Midwifery Council record keeping guidance. Overall, the results of the audit were good, with only a small number of areas which were non-compliant. Recommendation identification and action planning is currently underway.

## **4. OTHER AUDIT RELATED ACTIVITY**

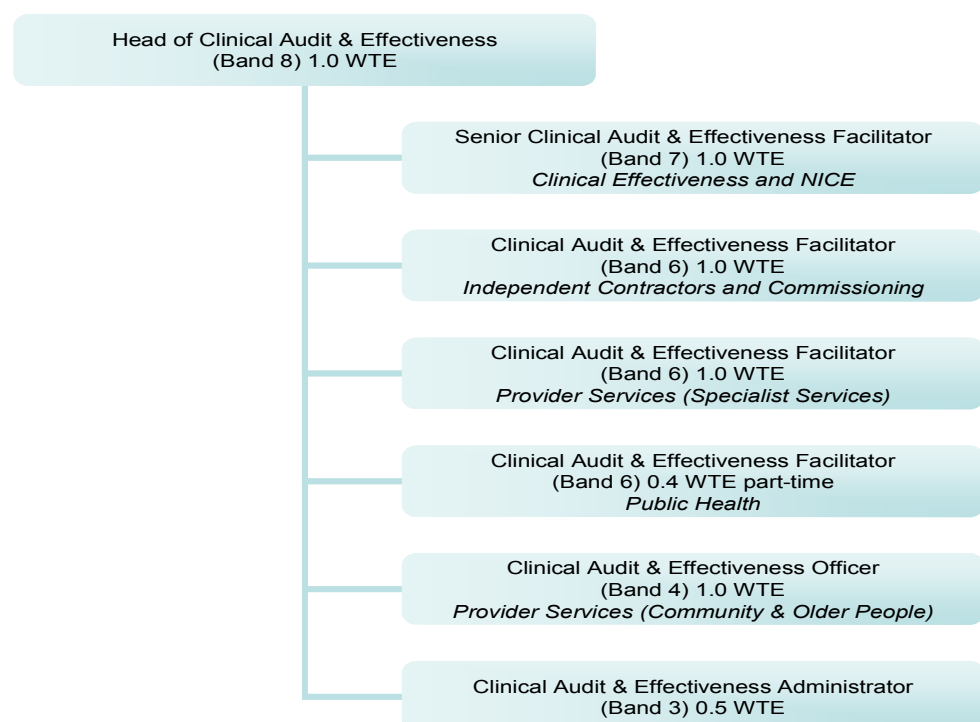
### **4.1. Training**

- 4.1.1. A total of nine 'Introduction to Clinical Audit' training sessions were scheduled for 2008/09, with the expectation that July, August and December would not be feasible due to holiday periods. The May 2008 and February 2009 sessions were cancelled due to lack of uptake.
- 4.1.2. A total of 80 members of staff booked onto the sessions throughout the year, with a total attendance of 63 (79%). 11 (14%) people did not attend and six (8%) cancelled.

- 4.1.3. Of the 63 members of staff who attended the training, 100% completed an evaluation. The evaluation shows that an average of 88% of attendees scored the training as 'good' or 'excellent'.
- 4.1.4. Feedback from workshop attendees suggested two main areas where the training could be enhanced, namely 'Resources' and 'Audit Examples'. A broader range of examples need to be developed to provide insight and understanding into the audit process that reflects the increasing diversity of attendee job designations. These additions will ensure that a valuable resource pack is available for all. The Clinical Audit and Effectiveness Facilitators plan to address these issues to benefit future training sessions.
- 4.1.5. In addition to the regular audit workshops, bespoke training sessions were delivered to the following staff groups:
- Sheffield Out of Hours Service (July 2008)
  - Community & Older People's Services Senior Managers (August 2008)
  - School Nurses (November 2008)
  - Darnall / Manor / Arbourthorne Nursing Locality (March 2009)

## 4.2. Recruitment

- 4.2.1. During 2008/09, there were some changes within the Clinical Audit & Effectiveness Department, namely the way in which work was allocated. To ensure that all services received consistent support, the structure of the Department was amended to reflect the service areas:



- 4.2.2. In February 2009, the 0.4 wte Band 6 left the organisation, temporarily transferring the Public Health responsibility to the Band 6 for Independent Contractors and Commissioning.

#### **4.3. Newsletter**

- 4.3.1. In April 2008, a quarterly newsletter was developed by the Clinical Audit and Effectiveness Department, to keep staff up to date on relevant clinical audit topics and to share good practice of audits which have been undertaken.
- 4.3.2. The newsletter is circulated widely via email to all Sheffield Primary Care Trust and NHS Sheffield staff and all General Practice Managers. At present there is no way of circulating the newsletter to other independent contractors (community pharmacies, optometrists and dental practices) electronically. However, it is published on NHS Sheffield's external website to enable external visitors to read it.
- 4.3.3. The value of the newsletter across the organisation is at present unknown. An evaluation of the newsletter is required in 2009 to establish its efficacy by identifying how many people are reading it and finding its contents useful.

#### **4.4. Intranet**

- 4.4.1. The Sheffield Primary Care Trust and NHS Sheffield intranet site is a widely used resource by all PCT-employed staff and its independent contractors. The Clinical Audit and Effectiveness Department feels that this resource is under-utilised as far as enabling the sharing of good practice. It has been agreed that a separate page is required for audit reports and action plans to be uploaded for other members of staff to view.
- 4.4.2. Therefore, an additional 'Projects' section has been added to the Department's intranet page which now contains some projects available to view or download. Not only is this evidence that audits have been undertaken, it also gives other professionals and services the opportunity to utilise some of the existing tools available for audit in their own area.
- 4.4.3. It is anticipated that in 2009, most (if not all) audit reports will be published on the intranet.
- 4.4.4. Further online developments for 2009 include online booking for the Introduction to Clinical Audit training and online project registration, making the whole registration process much quicker and simpler.

#### 4.5. Published Papers

- 4.5.1. The 'Gathering Equality Data' article was published in the Health Service Journal Online in September 2008 (joint authors Helen Bunter and Debbie Canning), which described the issues in relation to the collection of equality data and its use in future service planning.

#### 4.6. Events / Conferences Attended

- 4.6.1. **Organiser:** Guidelines & Audit Implementation Network (GAIN)  
**Title:** Audit & Guidelines Workshop  
**Date:** 19 June 2008  
**Venue:** Ross Park Hotel, Ballymena, Northern Ireland  
**Attendee:** Rachel Smith  
**Status:** Speaker
- 4.6.2. **Organiser:** Nursing & Midwifery Council (NMC)  
**Title:** Record Keeping Guidelines Event  
**Date:** 16 July 2008  
**Venue:** Jordanthorpe Health Centre, Sheffield  
**Attendee:** Rachel Smith  
**Status:** Delegate
- 4.6.3. **Organiser:** The Clinical Audit Support Centre  
**Title:** Clinical Audit 2020: The Return  
**Date:** 24 September 2008  
**Venue:** National Space Centre, Leicester  
**Attendee:** Debra Canning  
**Status:** Delegate
- 4.6.4. **Organiser:** Yorkshire and Humber Clinical Effectiveness and Audit Managers Group  
**Title:** Implementation of NICE Guidance: A Celebration  
**Date:** 6 November 2008  
**Venue:** Cedar Court Hotel, Wakefield  
**Attendee:** Debra Canning  
**Status:** Presenter
- 4.6.5. **Organiser:** Healthcare Quality Improvement Partnership (HQIP)  
**Title:** Regulation of Clinical Audit with the Annual Health Check  
**Date:** 26 November 2008  
**Venue:** Queens Hotel, Leeds  
**Attendee:** Debra Canning  
**Status:** Delegate

- 4.6.6. **Organiser:** HealthCare Events  
**Title:** Clinical Audit and Improvement 2009  
**Date:** February 2009  
**Venue:** Savoy Place, London  
**Attendee:** Debra Canning  
**Status:** Presenter

#### 4.7. Patient Involvement

- 4.7.1 The importance of patient engagement and involvement has never been greater within the NHS. The PCT's Clinical Audit Patient Panel (CAPP) is a mechanism that can give services an opportunity to include patients as part of most audit activities they plan to undertake.
- 4.7.2 The Chair of CAPP has been a representative on the Dignity and Respect Steering Group and has been involved in the pilot audit in Community Nursing.
- 4.7.3 CAPP has been active in proof-reading literature for the cardiac rehabilitation service, which aimed to review information given to patients and to obtain feedback from them.
- 4.7.4 A number of services have directly audited patient satisfaction levels, so that specific issues could be identified and relevant change made.
- 4.7.5 The CAPP has been under-utilised over the last 12 months within provider services and therefore would benefit from additional promotion.

### 5. CLINICAL EFFECTIVENESS

#### 5.1. Clinical Audit Framework

The development of a Clinical Audit Framework took place in 2008, highlighting mandatory topics that needed evidencing on an annual basis in order to ensure compliance to Standards for Better Health assessment framework, specifically signposting key topic areas to criteria within Standards for Better Health, NHS Litigation Authority, National Patient Safety Agency, PCT strategy and local business plans.

#### 5.2. Clinical Audit Team Model

To enable a consistent approach to audit activity within the Out Of Hours Service, work took place to develop an in-house clinical audit team model to facilitate the smooth running of audit activity. This involved the generation of flowcharts which outline both the overall process and specific job roles for key audit team members.

### 5.3. On-Line Data Entry

To improve the access of staff to generic audit tools and reduce the time spent in data entry and validation, Apex, an internet-based software product, has been investigated but as a relatively new product there was insufficient knowledge within the organisation to develop a pilot study.

### 5.4. Evidence Based Practice Group

The PCT has an Evidence Based Practice Group, which has been in existence since 2002. This group is led by the Commissioning arm of the PCT and meets on a monthly basis to discuss issues relating to national guidance, local policies/procedures and clinical audit and effectiveness. Provider Services have wide representation on this group and continue to contribute valuable knowledge and experience to the development and implementation of guidance across Sheffield.

### 5.5. National Links

Sheffield continues to be recognised as a beacon site for clinical audit and over the last year the department has received frequent communication from other parts of the UK seeking advice and guidance on a range of audit topics, including the Healthcare Quality Improvement Partnership (HQIP) and the National Clinical Audit Advisory Committee (NCAAG) and the National Audit & Governance Group (NAGG).

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