

NHS Sheffield

Clinical Audit and Effectiveness Annual Report 2009-2010

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**On behalf of
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Introduction

1.1 This report summarises the clinical audit and effectiveness activity for 2009/2010. It provides an overview of the strategic, operational and developmental work that has been undertaken and reflects both the commissioning and provider aspects of service delivery.

1.2 Clinical audit and effectiveness (CAE) is central to setting best practice standards and demonstrating clinical and cost effective healthcare and compliance. NHS Sheffield has a reputation as a beacon site for excellence in this field. The “Sheffield Priority Audit Programme” is well-known regionally and nationally and is requested by and shared with many other trusts as an example of excellence and is available on the internet. In addition, this year we have contributed to national policy and guidance via the Healthcare Quality Improvement Partnership (HQIP) and with the National Institute for Health and Clinical Excellence (NICE).

2. Highlights of 2009/2010

- Successfully delivered the CAE programme for NHS Sheffield.
- Developed and implemented a more robust method for monitoring CAE activity in providers who can all demonstrate successful progress with the programme.
- Produced resources for HQIP for use nationally, both on a technical level and for involving patients and the public.
- Shortlisted for NICE national award for systematic approach to monitoring NICE compliance.
- CAE have played a key role in setting standards for best practice and monitoring clinical performance in NHS Sheffield’s service development and reconfiguration.
- Engagement with Voluntary Action Sheffield regarding NICE guidance – the first trust to do so in the country.
- Introduction of SNAP software to improve the processing of clinical audit in the CAE team.

3. Governance and reporting arrangements (WCC Competency 8)

Leadership and Accountability

The Director of Standards and Engagement is the Lead Director, supported by the Deputy Director of Standards.

The Head of Clinical Audit and Effectiveness has responsibility for the management of the Clinical Audit and Effectiveness Team. The team consists of:

Martin Ferris	Head of Clinical Audit and Effectiveness	Band 8a
Beverly Ryton	Senior Clinical Audit and Effectiveness Facilitator	Band 7
Virginia Fieldsend	Clinical Audit and Effectiveness Facilitator	Band 6
Tracey Robinson	Clinical Audit and Effectiveness Assistant	Band 4

National Guidance Strategy Group (NGSG)

NGSG is a citywide group, meeting on a quarterly basis, and provides the focal point for high-level national guidance management across the local health community and ensures that key issues are identified and addressed in relation to the implementation of NICE guidance.

Clinical Effectiveness Group (CEG)

In addition to overseeing the implementation of the strategy CEG ensures that all staff remain abreast of all national and local guidance and activity relating to CAE. Standing

agenda items include NICE guidance, Medicines Management update, general quality update and clinical audit. A substantial part of the group's remit is to approve all clinical policies and guidelines prior to submission to higher committees for official ratification (see Appendix 1). CEG meets monthly and has patient representation via the Chair of the Clinical Audit Patient Panel (CAPP).

Citywide CAE Group

The group meets on a monthly basis and includes representation from all Sheffield providers. The meeting provides a networking opportunity to network, share good practice and as a forum for joint working and interface audits.

Assurance Committee

Assurance of performance of quality in relation to CAE is reported to the above committee.

Clinical Commissioning Executive (CEE)

All endorsement of clinical policies and issues relating to the implementation and audits of NICE guidance involves the CEE.

4. Sheffield Priority CAE Programmes 2009/2010 (WCC Competency 8)

A clinical effectiveness programme is agreed with each provider for 2009/10, to demonstrate compliance with NICE guidance, supported by evidence which may or may not include clinical audit. This programme is constantly updated with the publication of NICE guidance in year. Performance is detailed below.

A separate clinical audit programme is also agreed for the year with providers which include four priority areas: national; trust; good practice; and clinical interest. The purpose of this programme is to improve clinical services, demonstrate a commitment to quality improvement and provide evidence and assurance of adherence to NICE guidance and National Service Frameworks (NSF's). Performance against each provider is detailed below.

Assurance and Performance Management process

Both these programmes are monitored on quarterly basis and BRAG (blue – done/compliant, green - progressing satisfactorily, amber – some delay, red – cause for concern) rated by NHS Sheffield. Compliance with best practice and audit activity is part of the contract quality schedule for each provider. The Head of CAE meets with each provider lead and exceptions in performance are discussed at the contract quality review groups.

In 2009, the monitoring process was enhanced to include the detailed checking of progress of two projects each quarter for each provider. The actual items are chosen for each organisation via a random number generator, so that there is no selection bias. All providers have been very supportive of this approach and results have demonstrated that all statements of progress made by providers have generally been accurate. The above approach has been recognised as best practice by NICE and is being promoted by their Regional Implementation Consultants nationally. It was shortlisted for a NICE award in 2009.

Providers are also required to produce a detailed annual report of CAE activity against the programme, with action plans to improve the quality of care. All providers have effectively prioritised their work according to the annual programme agreed with them in March 2009.

4.1 Sheffield PCT Directly Provided Services (DPS)

DPS successfully completed the three audits identified in the priority programme for the year. Their annual report also shows that a large number of audits have been done spread across most clinical services.

Some problems were encountered regarding progress towards compliance with NICE guidance, but these have been addressed. Satisfactory progress is now being made.

During 2009/2010, delivery of clinical audit training has been shared between NHS Sheffield and provider staff for all staff working in primary care in the city.

4.2 Sheffield Health and Social Care NHS Foundation Trust (SHSC)

All priority clinical audits were completed in year. A number of these are annual and the results for 2009/2010 show improvements over the previous year.

A systematic approach to the management of NICE guidance has resulted in good progress being made with implementation. There have been no significant delays regarding any item of guidance.

Service users and carers are regularly involved in clinical audit and events are organised to celebrate and share good practice.

4.3 Sheffield Teaching Hospitals NHS Foundation Trust (STH)

The Trust has delivered on the priority CAE programmes last year. It has completed all 27 priority audits (6.2% of the total work done) and has progressed very well with a large amount of NICE guidance, with delays reported in 2 of the 87 relevant items. The trust has dedicated staff to oversee the management of NICE guidance and to work collaboratively with other organisations on audits that cross boundaries.

The Trust has provided several documents to HQIP on key aspects of clinical audit for general use across the country, and regularly presents its work at regional and national level.

4.4 Sheffield Children's NHS Foundation Trust (SCH)

As most of the priority clinical audits relate to adult care, only 4 were relevant to SCH and all were successfully completed. Similarly, most NICE guidance is for adult care. All relevant guidance has been implemented or is progressing well.

Each Directorate has a designated Clinical Governance Officer to engage with clinicians and support all levels of clinical audit activity. The Project Tracking System provides a Trust and Directorate oversight of progress and stage of all registered priority projects. There has been an increase in engagement in projects with many more completing the audit cycle and implementing agreed actions.

5. NHS Sheffield Clinical Audit (WCC Competencies 4,5,8)

Through the development and utilisation of the clinical audit programme, the department has provided support and expertise to clinicians and other staff in conducting high quality audit projects. Projects listed in Appendix 3 were those formally received, approved and registered within the CAE Department during 2009/2010.

Clinical audit has been undertaken across the majority of services within NHS Sheffield and also the Independent Contractors. All completed audits have action plans in place to ensure service development and improvement to the quality of patient care.

Clinical audit has also provided robust evidence of compliance to NICE guidance for both internal and external assessment processes, such as the PCT's Business Plan and the Care Quality Commission's (CQC) Standards for Better Health Assessment Framework (2004) and has also demonstrated compliance with the NSFs for Coronary Heart Disease, Heart Failure and Diabetes respectively.

One of the challenges for 2009/2010 was to increase the initiation of clinical audit projects by dental practices and this year has seen a noticeable improvement in this area and the dental audit plans for 2010/2011 (see Appendix 4) will continue to further build upon the progress that has been made this year. Clinical audit undertaken by community pharmacists has also increased through the involvement of the CAE department and the Clinical Governance Facilitator for Community Pharmacy. There are plans to introduce bespoke clinical audit training sessions for the community pharmacists during 2010/2011 to increase clinical audit activity further.

The high level of engagement and commitment to undertake a clinical audit project, especially in general practice, has been improved further for 2009/2010 with a significant proportion of F2 doctors completing audit projects (Appendix 3). The CAE department has worked collaboratively with others to ensure that robust clinical audit is included in the new service specifications for the eight Local Enhanced Services provided by general practice for 2010/2011.

The NSF Annual Audit programme was postponed in September 2009 but data extraction will recommence in April 2010. It is anticipated that the NSF Annual Audit programme for 2009/2010 will continue to drive improvements in clinical outcomes and standards of care by demonstrating improved compliance with the NSF and NICE audit standards together with an increased participation in the programme by GP practices.

NHS Sheffield and Independent Contractors comprise a diverse range of teams and professional groups and the majority of which have taken part in the clinical audit programme, as listed in Appendix 3.

A total of 26 staff attended the clinical audit training sessions throughout the year, with a large number of staff from the Medicines Management team attending.

Challenges for 2010/2011 will be to continue and build upon the high level of involvement and engagement with the independent contractor groups and services within NHS Sheffield on the limited resources available for the next few years. Clinical audit work streams will be very much aligned with priorities identified in the IPCS projects, ABH3 strategy, World Class Commissioning competencies and the Darzi report. In addition, it is hoped that Optometrists will start to become involved in undertaking clinical audit projects and this is one area that will receive particular attention during the coming year.

6. Sheffield CAE Programme 2010/2011 (WCC Competencies 8, 10)

The 2010/2011 programme has separate strands for clinical audit and clinical effectiveness. This is because, for audits we expect providers to supply evidence of actions against the audit results, while, for effectiveness, the provider needs to demonstrate compliance which could be done through a variety of evidence e.g. new /

updated policies, training undertaken, changes in staffing, revised contractual arrangements etc as well as audit.

The clinical audit programme (Appendix 4) includes:-

- National service frameworks
- National confidential enquiries
- National clinical audits identified as a key part of Quality Accounts
- NHS Litigation Authority
- Specific requirements from Department of Health
- Local Enhanced Services
- Topics identified as priority areas within the Sheffield health community

7. National Institute for Health and Clinical Excellence (NICE) (WCC Competencies 2, 8)

The duty on NHS organisations to implement relevant NICE guidance remains a legislative requirement. The CQC will now assess and monitor NICE guidance within registered organisations through the new essential standards of quality and safety.

The department continue to produce an alert and a summary, both of which are circulated within 48 hours of new guidance being published. The summary ignited the interest of the NICE CEO, Sir Andrew Dillon, on a recent visit to NHS Sheffield, who agreed to discuss the feasibility of NICE producing a similar summary in the future.

NHS Sheffield has been actively involved with a number of meetings and workshops in order to promote the sharing of best practice and to support the development of new networking across the city. A workshop was held in November 2009, jointly facilitated by NHS Sheffield and Voluntary Action Sheffield for the Voluntary and Community Sector. Gillian Mathews, Implementation Consultant from NICE, attended and delivered a presentation and then joined in each of the discussion groups. The event evaluated extremely well and further work is planned to take specific actions forward during 2010.

Our approach to engaging with our providers continues to be a catalyst for encouraging and promoting city wide / cross service working with recent examples including safeguarding, nutrition, attention deficit hyperactivity disorder, diabetes and a number of public health initiatives.

NHS Sheffield continues to be innovative in the ways in which it utilises the resources that are available through NICE, and as a result, NICE remain keen to engage us in a number of different ways, for example:-

- Feeding back on the use and application of the Optimal Practice Review Recommendation Reminders
- Field testing the proposed Quality Standards on Stroke and Dementia across the organisation
- The promotion and use of NHS Evidence
- Highlighting the availability of the commissioning and benchmarking tools to support best practice and decision making
- A NICE-initiated future project involving GP's – looking at ways to improve connectivity and engagement.

8. Policies and Guidelines (WCC Competencies 3, 5 & 8)

The separation of commissioner and provider functions triggered a requirement to identify and review all existing policies (including human resources, corporate and clinical) in order to establish their applicability to either, or both, functions. As a result of

this review, NHS Sheffield will have a much smaller library of clinically related documents to manage. The policies that relate to the CAE function have been subjected to further review and update in order to ensure these accurately reflect the role of NHS Sheffield as a commissioner.

Work has been undertaken in conjunction with Corporate Services on developing a document management database that has been introduced to record and monitor policies within NHS Sheffield. The database will provide a timely tracking system, emailing authors to remind them when documents become due for review.

The process for monitoring the Patient Group Directions (PGD's) has been reviewed with Medicines Management colleagues and the newly developed database has been adapted to include PGD's which can now be tracked in the same way as the policies.

Work has been initiated around clinical protocols in line with the IPCS priority programme. The department have liaised with colleagues in Strategy to identify procedures of limited clinical value that need to be reviewed and updated with clinicians across Sheffield.

In order to ensure all documents produced by NHS Sheffield adhere to legislation around the Mental Capacity Act and its addendum, Deprivation of Liberties, the department have been linking with the Professional Standards department to establish a process and associated template for collating and recording appropriate information. As from September 2009, the CQC will monitor NHS Sheffield's compliance with these requirements. The Policy for Clinical Guidelines and Policies has been updated in order to incorporate these new requirements.

9. Patient and Public Involvement – the Clinical Audit Patient Panel (CAPP) (WCC Competency 3)

The CAPP was introduced in April 2004 and provides an effective way of involving patients in developing and improving services through the process of clinical audit. The CAPP continues to be seen nationally as good practice for public engagement.

As a result of completing the Equality Impact Assessment in 2008, an advertising and recruitment campaign was launched across Sheffield, in September 2009. Posters and leaflets were circulated to all GP practices, pharmacies, libraries, clinics, the Northern General Hospital and the GP Walk in Centre. Short articles were also placed in a number of local publications, e.g. LINK's.

A training event was organised in conjunction with the Volunteer Manager on the 19th February 2010 which resulted in 5 new members being signed up to CAPP. A number of prospective volunteers still remain on the list as a result of the recruitment campaign and a further training event will be arranged in 2010 for this group.

As a result of CAPP involvement, the following recommendations for change have been made:-

- Following the Cardiac Rehabilitation audit, the physiotherapy team plan to amend the patient booklet, will address some of the issues highlighted around specific venues and they also plan to investigate the costs of producing a CD/ DVD for patients.
- The physiotherapy team who manage the pulmonary rehabilitation service plan to amend the patient information leaflet.
- The Clinical Specialist Physiotherapist circulated a leaflet for comment which provides details of a new programme for Parkinson's disease (PD) patients in

CAPP members continue to be involved with a number of projects including:-

- Dignity and respect audit (following the initial small scale audit, this will now be rolled out across Sheffield)
- Patient satisfaction re-audit, Sheffield Walk in Centre
- Continence Nursing Record Keeping Audit
- Research project to evaluate patient and public involvement, particularly looking at the experiences of involvement, with the Centre for Health and Social Care Research, Sheffield Hallam University

CAPP members remain active on Provider Services Dignity and Respect Steering Group, the Clinical Effectiveness Group and the Readers Panel.

The CAPP Chair presented alongside Beverly Ryton at the National Clinical Audit Conference held in Manchester in September 2009 on patient involvement. The presentation was extremely well received and a number of organisations have since contacted NHS Sheffield for more details.

The Development Officer from HQIP was invited to Sheffield specifically to meet CAPP members and other patient volunteers. Following lengthy discussions, CAPP have contributed to the publication 'Patient and Public Engagement (PPE): PPE in Clinical Audit 2009' by HQIP. The CAPP Chair continues to be actively involved with HQIP and has since attended a further national conference in London to present alongside the HQIP PPI team and has also attended a bid review meeting and now sits on the Editorial Board for the HQIP clinical audit products. The Chair has also reviewed two reports for the Department of Health on a Quality Neurology Study and Integrated Services for People with Long Term Neurological Conditions.

In terms of building on these successes, 2010/2011 will focus more around involving CAPP with the world class commissioning agenda and the priorities for NHS Sheffield.

10. Audit Training provided (WCC Competency 1)

During 2009/2010, the 'Introduction to Clinical Audit' training was delivered on a regular basis by staff within the department, both from the commissioning and provider arms.

Seven sessions have been delivered to 65 staff from a wide range of professional groups. A further break down is provided in the following table:

Attendees for 'An Introduction to Clinical Audit' training (1 April 2009 to 31 March 2010)	
Sector	Number of attendees
NHS Sheffield	
Public Health	4
Medicines Management	10
Others	14
Provider Services	
Specialist Services	17
Community and Older People	20
Total	65

Evaluation continues to indicate that an average of 98% of attendees scored the training as 'good' or 'excellent'. Overall feedback from workshop attendees showed excellent levels of delegate satisfaction.

No bespoke training has been provided specifically for staff with a commissioning role but this will be explored further with the intention of being able to offer training to staff within NHS Sheffield and our independent contractors.

11. The year ahead and further challenges

- Deliver an increased CAE agenda within current resources.
- Ensure CAE remain integral to business objectives.
- Build upon the high level of involvement and engagement with the independent contractor groups and services within NHS Sheffield.
- In addition, it is hoped that Optometrists will start to become involved in undertaking clinical audit projects and this is one area that will receive particular attention during the coming year.
- Ensure that NHS Sheffield is fully engaged with national and regional developments.
- Further improve the use of SNAP software to make use of more advanced features.
- Review training given to all staff to ensure it meets their requirements and national directives.
- Continue to increase the levels of engagement of CAPP within the NHS Sheffield priority project.

Appendix 1 - Newly developed and reviewed documents for 2009/2010 via Clinical Effectiveness Group

Title	Originating Department	Status	Date approved by EBP / CEG
Clinical Policies			
Clinical Audit Policy	CAED	Revised	September 2009
Policy for Clinical Guidelines and Policies	CAED	Revised	September 2009
Diabetes policy	Diabetes Planning and Commissioning Group	Revised	September 2009
GP Appraisal Policy	Clinical governance, NHS Sheffield	Revised	September 2009
Venepuncture Policy	Clinical Pathways	New	June 2009
Clinical Guidelines			
Catheter guidelines	Continence service	New	June 2009
Shared Care Protocols			
MRSA Screening Protocol for Podiatric surgery	Infection control	Revised	March 2010
Patient Group Directives			
<ul style="list-style-type: none"> o Combined oral contraceptives o Medroxyprogesterone acetate injection (Depo-Provera) o Evra transdermal patch o Implanon implant o Levonelle 1500 o Mirena intrauterine system o Progestogen-only contraceptives 	Medicines Management	Revised	April 2009
<ul style="list-style-type: none"> o HPV Vaccine 	Medicines management	Revised	February 2010
<ul style="list-style-type: none"> o Prevenar 13 	Medicines management	New	February 2010
Good Practice Guidance			
Good Practice Guidance on the Management of Anticoagulant Therapy (Warfarin) in the Care Home Setting	Practice Pharmacists, NHS Sheffield		May 2009

Appendix 2 NHS Sheffield Clinical Effectiveness (NICE) Programme 2010/2011

Source	Title	NHSS	SPCT	STH	SCH	SHSCT	Other	Due
NICE TA	Chronic myeloid leukaemia – dasatinib			X				04/10
	Leukaemia (chronic lymphatic, relapsed) – rituximab			X				04/10
	Colorectal cancer (metastatic) – bevacizumab			X				05/10
	Growth failure (in children) – human growth hormone (HGH) (review)	X			X			05/10
	Lung cancer (non-small-cell) – permextred (maintenance)			X				05/10
	Myelodysplastic syndromes – azacitidine			X				05/10
	Atrial fibrillation and atrial flutter – dronedarone	X		X				06/10
	Diabetes – liraglutide	X						06/10
	Lung cancer (non-small-cell, first line) – gefitinib			X				06/10
	Renal cell carcinoma (second line metastatic) – everolimus	X		X				06/10
	Rheumatoid arthritis – drugs for treatment after failure of a TNF inhibitor			X				06/10
	Thrombocytopenic purpura – eltrombopag			X				06/10
	Breast cancer – bevacizumab (in conjunction with a taxane)			X				07/10
	Psoriatic arthritis – etanercept, infliximab & adalimumab (review)			X				07/10
	Gastric cancer (advanced) – capecitabine			X				08/10
	Lung cancer (non-small-cell, advanced or metastatic maintenance treatment) – erlotinib (monotherapy)			X				08/10
	Mantle cell lymphoma (relapsed) – temsirolimus			X				09/10
	Multiple myeloma (first line) – bortezomib and thalidomide							09/10
	Ovarian cancer (relapsed) – trabectedin			X				09/10
	Vascular disease – clopidogrel and dipyridamole (review)			X				09/10
	Glioblastoma – bevacizumab			X				10/10
	Hepatitis C – peginterferon alfa and ribavarin			X				10/10
	Prostate cancer (prevention) – dutasteride			X				10/10
	Age-related macular degeneration – photodynamic therapy			X				11/10
	Lung cancer (non-small-cell, second line treatment) – vandetanib			X				11/10
	Gastric cancer (advanced HER-2 positive) – trastuzumab (herceptin)			X				11/10
	Renal cell carcinoma (first line metastatic) – pazopanib			X				12/10
	Renal cell carcinoma (second line metastatic) – pazopanib			X				01/11

Source	Title	NHSS	SPCT	STH	SCH	SHSCT	Other	Due
NICE CG	Hypertensive disorders during pregnancy	X	X	X				04/10
	Male lower urinary tract symptoms (LUTS)	X		X				04/10
	Neonatal jaundice	X		X				04/10
	Alcohol use disorders – clinical management	X		X		X		05/10
	Barrett's oesophagus – ablative therapy			X				05/10
	Constipation in children	X	X		X			05/10
	Bacterial meningitis and meningococcal septicaemia in children	X	X	X				06/10
	Chronic obstructive pulmonary disease (update)	X	X	X				06/10
	Delirium	X	X			X	Social services	06/10
	Metastatic malignant disease of unknown primary origin	X		X				07/10
	Motor neurone disease – non-invasive ventilation			X				07/10
	Chronic heart failure (partial update)	X	X	X				08/10
	Transient loss of consciousness in adults	X		X				08/10
	Colorectal cancer in patients with ulcerative colitis, Crohn's disease and polyps							10/10
	Nocturnal enuresis in children (bedwetting)	X	X					10/10
	Epilepsy (update)	X		X				11/10
	Sedation in children and young people				X			11/10
	Tuberculosis: interferon gamma tests (update)							11/10
	Anxiety (partial update)	X						01/11
	Alcohol dependence and harmful alcohol use	X	X			X	Criminal justice Social services	01/11
	Psychosis with substance misuse	X			X		LA	03/11
	Lung cancer - update	X		X				03/11
NICE PH	Preventing unintentional injuries among under 15s in the home	X	X		X		LA	04/10
	Preventing unintentional injuries among under 15s: road design						LA	04/10
	Prevention of cardiovascular disease	X	X				LA	04/10
	Quitting smoking in pregnancy and following childbirth	X		X				05/10
	Weight management in pregnancy	X		X			LA	06/10
	Weight management following childbirth	X	X	X			LA	07/10

Source	Title	NHSS	SPCT	STH	SCH	SHSCT	Other	Due
	Looked after children	X	X				Children's Services Education	09/10
	Contraceptive services for socially disadvantaged young people	X	X		X		Children's Services	10/10
	Preventing unintentional injuries among under 15s: outdoor play and leisure	X	X		X		Children's Services Education	10/10
	Strategies to prevent unintentional injuries among under 15s	X			X		Children's Services	10/10
	Personal, social and health education focusing on sex and relationships and alcohol education	X	X		X		LA	01/11
	Providing public information to prevent skin cancer	X	X	X	X		LA	01/11
	Resources and environmental changes to prevent skin cancer							01/11
	Preventing and reducing HIV transmission among African communities	X	X	X			LA	03/11
	Preventing and reducing HIV transmission among men who have sex with men	X	X	X				03/11

Appendix 3 - Clinical Audit Programme NHS Sheffield 2009/2010

Audit Title	Source	Q1	Q2	Q3	Q4
Commissioning					
Infection Control in GP Practices		A	A	B	B
Dyspepsia Management					
Medicines Reconciliation		G	G	G	G
Prescribing Beta Blockers and ACE Inhibitors for HF		G	G	G	B
Clopidogrel Use in Primary and Secondary Care		G	G	G	B
Antipsychotic Prescribing in Dementia in Care Homes		G	G	G	G
Anticoagulation		G	G	B	B
Annual Controlled Drug Self Assessment		G	G	G	B
Supply Process for Home Oxygen Service		G	G	G	G
Adherence to NICE CG76 - Medicines Adherence	NICE	G	G	G	B
Prescribing of Long Acting Beta 2 -agonists (LABAs) in Adult Asthmatic Patients	BTS/SIGN	G	G	G	G
Sip Feed Usage in Primary Care	NICE	G	G	G	G
Diclofenac Repeat Prescription Audit: Managing Cardiovascular and Gastrointestinal Risk	MHRA	G	G	G	G
Osteoporosis Risk in Patients Prescribed Long Term Oral Steroids	RCP	G	G	G	G
Audit of donepezil, galantamine, rivastigmine and memantine prescribing in patients with Alzheimer's disease	TA111	G	G	G	G
High Dose inhaled corticosteroids in asthmatic patients (Adults)	BTS/SIGN	G	G	G	G
Prescribing of Clopidogrel in Primary Care	Local	G	G	G	G
City Wide Discharge Prescription (TTO) audit - Re-audit		G	G	G	G

Audit Title	Source	Q1	Q2	Q3	Q4
Decision Support Tool Audit - Completeness and accuracy of data				G	G
Children's Safeguarding Serious Case Review Recommendations/GP's				G	G
Implementation of Recommendations from Serious Case Reviews in the Health Visiting Service				G	G
Re-Audit of Current Level of GP Safeguarding Training in Sheffield				G	G
Public Health					
Methadone and Buprenorphine	NICE	B	B	B	B
Hepatitis Screening and Vaccination		G	G	B	B
Safeguarding children	NTA				
Needle exchange at pharmacies	NICE				B
Maternal and Child Nutrition	NICE	B	B	B	B
Occupational Therapy and Physical Activity Interventions to Promote the Mental Health of Older People	NICE				
Workplace Physical Activity	NICE		G	G	B
Smoking Cessation PH10 / TA123	NICE		G	G	B
Preventing Uptake of Smoking in Children					
Workplace Mental Health					
Clinical Records			G	G	G
Director of Public Health Report and Recommendations 2008			B	B	B
Promoting Physical Activity for Children and Young People	NICE			G	B
Needle and Syringe Programmes	NICE				B
Management of Long Term Sickness and Incapacity					

Audit Title	Source	Q1	Q2	Q3	Q4
Providing Public Information to Prevention Skin Cancer					
Asthma Development Project Audit		G	G	Been withdrawn	
TIA (Minor Stroke) Audit	National Stroke Strategy 2007 Quality Marker 6	G	G	B	B
Diabetes in Pregnancy (Gestational Diabetes)	NICE	B	B	B	B
Independent Contractors - Community Pharmacy					
Anticoagulation	NPSA	A	G	G	B
Controlled Drugs Audit	NPSA		G	G	B
Minor Ailments Audit	SLA	G	G	G	B
Warfarin Re-Audit	NPSA				G
Independent Contractors - Dentists					
Anticoagulation		G	G	B	B
Dental Antibiotic Prescribing			G	G	G
The Hall Technique					G
Independent Contractors - General Practice					
Diabetes in Pregnancy		B	B	B	B
Hypertension and Diabetes		B	B	B	B
COPD Management		A	A	A	A
UTI in Adults		A	A	A	A
Post MI Care in a Primary Care Setting		A	A	A	A
Monitoring of Patients on Anti-Obesity Drugs		A	A	A	A
Healthcare Attendances Preceding Diagnosis of Advanced HIV		B	B	B	B
Irritable Bowel Syndrome		A	A	A	A
LES Care Homes Project in Parson Cross		G	G	G	G
Management of Hypertension in Type 2 Diabetics		B	B	B	B
Management of CKD		A	A	A	A

Audit Title	Source	Q1	Q2	Q3	Q4
Lithium Therapy Monitoring	QOF	G	B	B	B
Contents of LVSD Register	QOF		G	G	B
Referrals to STH Diabetic Medicine for Type 2 diabetics at Manchester Road Surgery	NICE	G	G	B	B
Management of newly diagnosed depression at Woodhouse Medical centre	NICE		G	G	B
Coronary Heart Disease 2007/08	NSF	G	G	B	B
Diabetes 2007/08	NSF	G	G	B	B
Heart Failure 2007/08	NSF	G	G	B	B
Stroke 2007/08	NSF	G	G	B	B
Cardiac Rehabilitation	NSF				
Heart Failure Management at Firth Park Surgery	QOF/NICE			G	B
Skin Surgery Infection Rates in General Practice				G	B
Is Asthma being managed appropriately?	BTS & SIGN			G	B
Cardiovascular disease in patients with Rheumatoid Arthritis					B
Quality of Mental Health Review and Care Plan at Manchester Road	NICE/QOF				B
Assessment and Management of newly diagnosed hypertensives >55	NICE/BHS				B
Audit Of Kidney Damage In Type 2 Diabetes	NICE				B
Diagnosis and Immediate Management of CKD3 at Grenoside Surgery	NICE CG 73				G

Key:

	Completed
	In progress
	Delayed
	Cause for Concern

Appendix 4 - Sheffield Priority Clinical Audit Programme 2010/2011

Source	Audit Title	NHSS	SPCT	STH	SCH	SHSCT	Comments
NCAPOP	National bowel cancer audit (NBOCAP)			X			
	Head & neck cancer (DAHNO)			X			
	Lung cancer (LUCADA)			X			
	National Neonatal Audit (NNAP)			X			
	Paediatric intensive care audit network (PICANet)				X		
	Heavy menstrual bleeding			X			
	Epilepsy 12				X		
	Adult cardiac surgery			X			
	Congenital heart disease (including paediatric surgery)			X	X		
	Coronary interventions			X			
	Myocardial infarction (MINAP)			X			
	Heart rhythm management (implantable cardiac devices)			X			
	Heart Failure			X			
	Diabetes	X		X	X		
	Renal services (vascular access; patient transport)			X			
	Renal registry: renal replacement therapy			X			
	Inflammatory bowel disease			X			
	NJR – Hip and Knee replacements			X			Classed as an audit in Quality Accounts
	Pain database			X	X		
	Hip fracture database			X			
Falls & bone health			X	X		X	

Source	Audit Title	NHSS	SPCT	STH	SCH	SHSCT	Comments
	Carotid interventions (UKCIA)			X			
	Stroke			X			Organisational due 4/10, clinical due 10/10
	Dementia			X		X	
	Psychological therapies		X			X	
	Treatment resistant schizophrenia					X	
	Continence			X			
	Mastectomy and Breast Reconstruction			X			May continue into 2010/2011
	Oesophago-gastric cancer (NOGCA)			X			May continue into 2010/2011
Other Audits for Quality Accounts	ICNARC CMPD: adult critical care units			X			
	ICNARC NCAA: cardiac arrests in hospital			X			
	National Elective Surgery PROMs: four operations			X			
	VSSGBI VSD: peripheral vascular surgery			X			
	NAPTAD: anxiety & depression					X	
	Pulmonary hypertension			X			
	TARN: severe trauma			X	X		
	POMH: prescribing in mental health services					X	
	National comparative audit of blood transfusion			X	X		
	CEMACH - Perinatal mortality			X			Classed as an audit in Quality Accounts
British Thoracic Society: respiratory diseases			X				

Source	Audit Title	NHSS	SPCT	STH	SCH	SHSCT	Comments
	College of Emergency Medicine (4 possible topics for 2010/2011)			X	X		
RCP	Familial Hypercholesterolaemia			X	X		Expected to be in quality accounts for 2010/2011
NHSLA	Record Keeping (as per standard 4)		X	X	X	X	
NIMH/CSIP	Suicide	X				X	
NCEPOD	NONE						
NCISH	NONE						
NSF – Mental Health	CPA Audit					X	
NHS Sheffield Contractual requirement	Protocols and Pathways		X	X	X		Audit of various protocols and pathways to check adherence to thresholds, contractual requirements etc. The audit topics would be determined in year depending on scale of impact, perception of appliance and/or where evidence base is unclear.
NHS Sheffield	Dental Recall as per NICE CG19	X					Applies to Salaried Dentists and Independent Contractors.
NHS Sheffield	Delivering Better Oral Health	X					Applies to Salaried Dentists and Independent Contractors.
NHS Sheffield	End of Life Care – Compliance with Liverpool Care Pathway			X			
National CQUIN	Venous Thromboembolism			X			As necessary to support CQUIN evidence
Regional / Local CQUIN	Various (unknown at the moment)		X	X	X		Specific topics not yet known – to be determined
GP LES	Zoladex & Prostag Injections	X					
	Anticoagulation	X					
	Monitoring of DMARDs (Disease	X					

Source	Audit Title	NHSS	SPCT	STH	SCH	SHSCT	Comments
	Modifying Anti-Rheumatic Drugs)						
	Sub-dermal Contraceptive Implants(Implanon)	X					
	Intra-uterine Contraceptive Device Insertion (IUCD)	X					
	Dyspepsia (<i>H.pylori</i>)	X					
	Pessaries	X					
	Minor Surgery	X					