

*Promoting quality for
better health services*



Effective communications with internal and external stakeholders

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About this session

- How do we ensure stakeholders understand the role of clinical audit and what happens as a result of our work?
- What are the benefits of a successful communications strategy?
- How do we surmount the barriers to achieving that?

A bit about me

- Communications Manager, HQIP
- Career: Eight years as a journalist (specialising in marketing), before joining HQIP in January 2010.
- So what do I do at HQIP then?

Why communicate?

- Improving healthcare and outcomes
- Driving implementation
- Improving participation going forward
- Remind people you are doing a good job...
- ...especially in the current climate

Who are your audiences?

- Patients and the public
- Your immediate colleagues
- Your wider Trust colleagues and the broader clinical audit community
- Board/management-level colleagues
- Local and national media
- Local and national politicians

Effective Communication with Stakeholders

Case Study:
National Sentinel Audit of Stroke Services,
Royal Berkshire NHS Foundation Trust

The Stroke Audit Team



Challenges in communicating

- “The results are only relevant to that clinical area”
- “No one has time to talk about audit results”
- “The reports are too long for clinicians to read”
- “We talk about the results but don’t do anything constructive”
- “The people who want to help can’t change anything”
- “They’re just not interested”

“The results are not relevant to anyone other than the project team”

- Sentinel STROKE Audit
- Disseminate report – find interest
- Hot topics (falls, dementia, catheters, infection control, Abx prescribing...)
- Patient journey – find everyone involved
- Protectionism – blame – action plan

Finding a champion

- Champions and leaders
- Ring everyone in your phone book
- Visit the ward – with biscuits
- Call the audit organisers
- Local Clinical Governance meetings
- Particular interests
- Corridor conferencing



HQIP

Healthcare Quality
Improvement Partnership

“No one has time to talk to me”
“The reports are too long for clinicians to read”

- Your summarising skills
- Key recommendations
- Ask clinicians what is important
- Grade the risks
- Summary template

“The people who want to help can’t change anything”

“We talk about the results but don’t do anything constructive”

- Share the responsibilities among the team
- Show willing – local changes first
- Take serious problems higher
- Deadline for report to Board with agreed plan
- Your energy! The coffee time catch-up

Shiv says:

- Pick out a single item to focus on
- Discuss at handover with the team
- Catch them at ‘the quiet moment’
- Empowers nurses and builds confidence



Reporting to a Board

- Reporting schedule
- Standard templates
- No report without action plan
- Regular updates until action plan complete
- Clinical Lead (for audit)
- Board Champion (for escalation)

Andre says:

“Audits like Sentinel which are on the NCAPOP are reported directly to the Clinical Governance Board. This has raised interest at Executive level in our performance and opened a conduit for dialogue, allowing us to report our concerns and triumphs.”



“They’re just not interested”

- Attention-grabbers and shock tactics

Andre says:

- *Because the team believe in the source of the standards they are ready to take these recommendations on board*
- *Everyone can help ... and understand how their input helps manage the patient’s care.*





PR team –
 Promoting results
 Impact ideas
 Local press

Clinical Champions –
 Picking key message
 Network contacts
 Presenting with passion



Clinical Leaders –
 Decision making
 Local changes
 Escalation



Audit Team –
 Organisation
 Templates
 Gas pedal



Clinical Governance Board –
 Policy support
 Exec champion
 Making a noise



Patient Panel –
 Executive attention
 Patient stories
 Volunteer bodies



Effective communication

- Match the right people to the tasks
- Standardise documentation
- Structure – responsibilities and reporting
- Know your product – make sure YOU know why it is important

Liz says:

If I were a new CAF, I would:

- Introduce myself to the team & explain what I do (Sister first then handover or ward meeting)
- Go to the ward again and ask if there are any audits in progress or planned that I can help with
- Make deadlines reasonable
- Give feedback and encourage the team
- Help with action plans
- Be a frequent visitor!

