

HQIP Case study:

Developing a clinical audit patient panel

This submission demonstrates:

- The importance of the preparation work required
- Structured application process
- Initial patient panel objectives

May 2014

The Shrewsbury and Telford Hospital NHS Trust

<http://www.sath.nhs.uk/>

Summary

The Clinical governance manager at the Shrewsbury and Telford Hospital NHS Trust (S and T) had attended a HQIP workshop about setting up a patient panel in clinical audit in early 2013. Achieving Trust board involvement early on she was able to proceed with the paperwork and begin recruiting for a patient panel. 12 people have signed up and a Chair and Deputy have been appointed, members have also begun attending the Trust-wide clinical audit committee meetings. Their first project is to look at the Trust discharge policy at the hospital and they will present the results at the next clinical audit committee.

Background

At the Clinical Audit and Improvement conference in 2013, HQIP ran a workshop on *How to develop a patient panel in clinical audit*. This was to complement the launch of the guide of the same name, and the Clinical audit manager at Calderdale and Huddersfield NHS Trust had also been invited to present. She presented a case study of how she had set up CAPRI – Clinical Audit Patient Representative Initiative.

Prior to this S and T had not had much patient and public involvement in their clinical audit

programme apart from using patient surveys as one aspect of a few of the audit projects they had run.

There had been a patient panel set up by the nursing team to facilitate patient and public involvement in other areas, so the Clinical governance manager had asked for their input in topic selection but no response had been received.

Aims

To set up a patient panel who will;

- select topics for inclusion in the clinical audit programme
- carry out clinical audits which they have chosen
- assist with general Trust audits
- attend the Trust-wide clinical audit committee to give a patient perspective.

Objectives

- To gain Trust board sign-off to push the plan forward
- To write policies, roles and responsibilities and contracts for patients who wanted to volunteer
- To train interested volunteers in clinical audit

Approach

The Clinical governance manager had spoken with three different members of the Trust board about setting up the patient panel and wrote a **paper outlining the proposal**. She also included an **application form for potential panel members** and a **patient and public involvement policy** to sit alongside the Trust clinical audit policy. The policy stated why they needed more patient and public involvement, what the hopes were for a patient panel, how to set it up, how their feedback would be used, training requirements and roles and responsibilities - of the patient panel members, the clinical audit committee and board members. The panel members would be volunteers so expenses would be covered from the clinical audit budget and they would sign an honorary contract and confidentiality agreement.

Recruitment and training

Once approved, an advert was placed in the Trust magazine and in the local newspaper. There were 14 responses and all applicants were interviewed. The interviews were informal, but applicants were advised of the expectations of the Trust; **to attend** quarterly patient panel meetings, **to assist** with Trust audit projects and that at least one of the members would be required **to sit** on the clinical audit committee.

Panel members have all attended training workshops that are very interactive and they all received an information pack.

Challenges

- It has proved difficult to find a mixed demographic of ages, one younger member had stepped down following interview after

finding a job. However, the clinical audit team are looking at linking in with the local college so that students can gain work experience at 6-12 month roles where they can participate in the patient panel. Also they are willing to explore social media options, perhaps with the help of one panel member who is an IT Trainer to achieve input from other members of the community who are not available for meetings.

- As a result of their experience as patients at the hospital some members may have joined the panel with their own interests. However the training has really helped focus the group and other members and the Chairs, who were voted in, have been able to keep the group to point and the meeting structured. The Clinical governance manager attends the meetings as the Trust link and for advice if it is required. In order to make the panel truly patient focussed, she hopes that eventually panel members will run them independently, with only the clinical audit team secretary attending to give admin support.
- The clinical audit committee had initially raised concerns about the confidentiality of the meetings, but had been **reassured by the processes and agreements** the Clinical governance manager had put in place and also by the support from the Associate medical director who had pushed patient and public involvement in the programme forward.

Outcomes

The panel were asked to select three topics a year to lead on and their first audit is looking at the Trust discharge policy. They have developed a set of questions set around six standards. They are currently handing out questionnaires to patients on the wards prior to discharge, and patients are being asked to complete these once they have returned home. The panel are extremely enthusiastic and plan to present the results of their audit projects at the clinical audit committee and governance meetings and to be involved with the formulation of the recommendations and the action plan. They seem to completely understand the clinical audit process and are keen to see changes come about as a result of the projects they work on.

Their attendance on the clinical audit committee is not limited and there has been as many as four members attending the meeting.

Now that the patient panel are in place the clinical audit team have changed the Trust audit proposal form used to outline planned clinical audit projects. Space has been added for the clinicians to identify whether they would like patient and public involvement in their project. The panel are very keen to become more involved with this aspect of the role.

Conclusion

Preparing all the paperwork before recruiting members to the patient panel, made everything much easier and the panel have been able to develop quickly without lack of processes slowing them down. By doing this work first, it also gave the Clinical governance manager a clear idea of what she was expecting. The training workshops also worked very well, not only were they teaching the clinical audit cycle but it also meant they were able to go over the Confidentiality agreement and contracts. In the meetings, it is clear that the training made an impact as the panel members remind each other about what they learned.

The workload developing the initial paperwork had been extensive and time consuming however now that the patient panel is in place the resources needed to maintain the panel is very minimal. All members are happy to correspond via email, which had been agreed from the outset and they are a very enthusiastic and proactive group.

Quotes

"An excellent idea and I am impressed by the enthusiasm of the panel members and the guidance of the Clinical governance manager (Sally) and her assistant Jane." **Chris Rigby – Panel member**

"We don't want to only audit how well the Trust is complying with its policies; we need to include questions to test whether the policies themselves are actually fit for purpose & giving good outcomes for patients" **David Rees – Panel member**

"I volunteered for the patient panel as I had just finished a Community transport volunteer driver role and needed something else to keep me busy. I was unsure of what to expect but the training given answered all my questions and led me to believe that this could prove beneficial to people who had to go to hospital for any reason. If we could only make a little difference to their stay then the effort needed to carry out an audit will not have been in vain. I was surprised to be elected chair with all the skills offered by the other panel members but gladly accepted the role. Sometimes the informality of the meetings has me fumbling but it also adds to the meeting in that they are friendly and we get things done. Everyone is having their input and we are working well together. The staff in the clinical audit office have helped us enormously and pointed us in the right direction without trying to influence the panel, we have been allowed to make our own decisions, and this is a very positive start". **Barry Powell – Patient Panel Chair**

"HQIP's Patient panel guide has a very helpful action plan template that we followed and adapted, we also spoke with the Clinical audit lead at Calderdale and Huddersfield NHS Trust who facilitates CAPRI (Clinical Audit Patient Representative Initiative) to ask more advice after the workshop. Events are a really useful way to find out from other organisations about the processes they have followed"

Clinical governance manager – Shrewsbury and Telford Hospitals Trust

Contact details

Name: Sally Allen

Role: Clinical governance manager

Contact: sally.allen@sath.nhs.uk

Organisation: The Shrewsbury and Telford Hospital NHS Trust