



A guide to developing a
patient panel for clinical audit

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Introduction to the guide

This guide is designed to help healthcare organisations involve patients, people who use services, carers and members of the public in all aspects of clinical audit. This includes contributing to an annual clinical audit programme, working on individual audit projects and helping to disseminate the audit findings in order to share good practice and inform the public. For the purpose of this guide we will use the term PPI (patient and public involvement) to cover all the above areas.

Who is this guide for?

This guide is useful to clinical audit staff in any area of work, but especially for NHS healthcare provider organisations. Although this guide has been written for use in healthcare, many of the recommendations can be adapted for use in social care settings to help provider organisations to involve people who use services, carers, family members and advocates in the audit process.

Why PPI in clinical audit?

A number of government papers highlight the need for a more patient-focused NHS that involves the public in how the NHS is run. From the establishment of community health councils in 1974 to [HealthWatch England](#) in October 2012, the NHS continually strives to implement structured ways to involve patients.

Internationally, patient and public involvement is increasingly seen to enhance aspects of healthcare by being a marker of services that are oriented, planned and delivered towards patient interests. The involvement of patients provides a different perspective from that of clinicians and managers.

“Although clinical audit is functionally ‘owned’ by audit practitioners, clinicians and managers, in that only they can really collect all of the necessary data, its actual ownership process needs to be in the hands of a governing group which represents patients as much as the other stakeholders. The ideas for audit, in the form of the precise audit questions, standards and outcomes that are being used, need to reflect patient views about primacy of topics and outcomes as well as the views of clinicians and

managers. The collection of data should involve patients, and the dissemination and communication of reports should be to and by patients, along with their involvement in ideas for service improvement...it is the patient group who should lead and receive the report just as much as the healthcare provider staff and management.”

Burgess, R. (ed) *NEW Principles of Best Practice in Clinical Audit (HQIP, 2011)*

Clinical audit teams need to ensure that they are responding to the needs of patients. Involving the public in the whole cycle of clinical audit gives the team insight into patients' preferences; a different outlook into the processes used and can help the team when it comes to disseminating the results and promoting change. The patient has a subjective and valid viewpoint based on actual experience, whilst lay members can be more attuned to patients' interests. This often leads to examining areas of clinical practice that may not have been included but are in fact very important to patient wellbeing.

On a practical level, patient panels not only validate the annual programme but can assist with data collection, analysis and reporting. They are also able to give ideas to help teams with their communication programme, when producing the clinical audit report. There is a list of case studies on [HQIP's website](#) that give excellent examples of involvement at all stages of the clinical audit cycle.

How is the guide intended to help?

HQIP believes one of the ways to achieve effective and meaningful patient and public involvement in clinical audit is to establish a clinical audit patient panel (NB, ‘patient panel’ will be used in this guide to describe a group of people with a specific role and remit to influence and improve clinical audit practice from a patient perspective). This is a step by step guide for you to follow to develop a patient panel that is valuable and benefits the organisation, the clinical audit volunteers and the clinical audit programme.

Further tools to help you in this process can be found on the [HQIP website](#) and useful reading tips can be found at the back of this guide on page 10.

1 Approval

1.1 Gaining approval

To enable a Board to be assured that it is fully engaged with PPI in clinical audit the Trust's approach should be laid out in the organisation's [clinical audit policy](#). This document identifies areas to be considered when involving members of the public and patients in this role including training and confidentiality. It is also important to ensure that the process is in accordance with the Trust's Patient and Public Involvement policy. Having the appropriate and agreed policies in place is important when submitting a business case for any additional funding.

Please see **Appendix 3 (page 10)** for a list of questions that you can discuss with your Trust board.

1.2 Business plan

When writing a business plan you may need to consider the below points:

- It is useful to meet with any PPI leads/teams in your Trust that have already worked with volunteers, look at what already exists and work together in improving processes. There may be other areas in the organisation that would like to or are making plans to work with volunteers; your business plan can include this, illustrating areas that overlap and how improving PPI can impact other areas of the organisation.
- You will need to source a budget for the patient panel. Considerations include catering for physically disabled patients who may require taxis and condition-specific considerations such as dietary requirements. If expenses policies do not cover such scenarios, addendums may need to be added. For example, in order to keep travel costs down, include information such as buying train tickets as early as possible, only travelling standard class and limiting refreshment purchases to £10 (subsistence allowance may only be necessary for national meetings). You can help by timing meetings for the middle of the day and avoiding peak time travel costs. See [HQIP's Patient Network expenses policy](#) online as a reference.
- Include within the business plan the level of support required in terms of human resources. During the setting up period this may require more input from the clinical audit team or designated individual. As the panel becomes established and secure in its remit, less support should be required.
- There are likely to be established patient/service user groups in your area. Many Local Involvement Networks (LINKs) will still be in place until March 2013 whilst local HealthWatch pathfinder groups become established. These

groups will have a list of contacts: people who are willing volunteers and are interested in quality improvement. Other organisations such as cancer networks or charities such as [Age UK](#) have opportunities for promotion through newsletters and email bulletins. While it is important to reach out to as wide a group as possible, using established links will help get the ball rolling.

- Complete an Equality Impact Assessment as this will help to ensure that setting up the panel does not discriminate against any disadvantaged or vulnerable people.

1.3 Risk assessment

In line with your organisation's risk strategy, you should consider undertaking an assessment to cover the issues below. And if you have not undertaken risk assessment training, it is advisable to discuss these with your organisation's risk manager. You will also need to contact the data protection/information governance manager who will advise on issues such as the [Caldicott principles](#).

When you carry out a risk assessment, consider the points below:

- Confirm that your organisation complies with all health and safety policies and be aware of patients' needs; for example, wheelchair access and lift availability, chairs with arms, disabled toilets.
- If the patient panel becomes involved in data collecting by interviewing patients, more risks need be considered:
 - What to do if a panel member comes across data regarding someone they know?
 - What to do if a panel member comes across someone they know when they are interviewing?
- Some risks may only be relevant during some clinical audits, therefore a risk assessment may be needed for each audit. Clauses should be included if either of the above were to occur. For example, the panel member should immediately stop the work they're doing if they become aware that the data they are looking at is of someone they know.



2 Recruitment

2.1 Recruiting patients/public/volunteers/people who use services

When writing the business plan you may have already come across established groups, made contacts through speaking with the PPI team or a Trust patient experience lead. These are good places to start, and other approaches include sending out invitations to local [LINKs](#), HealthWatch and network groups, which can be done through channels such as email bulletins, newsletters, websites and social media. Other options include displaying posters in waiting rooms, surgeries and community centres. Contact your organisation's communications manager for local ideas.

You may like to organise an open day where you can give more details about what clinical audit is and ideas about how a patient panel can be involved. Invite clinical audit leads to present how specific audits have led to improved services.

If possible, provide catering and cover expenses at such events for those who are volunteering their time.

Give people the opportunity to sign up to a patient panel. Some Trusts ask potential members to complete application forms and go through an interview process but you may decide that this is not necessary. Everyone who signs up to the panel should receive training to cover any gaps in their knowledge.



An example of a flyer designed and used by Calderdale and Huddersfield NHS Foundation Trust

3 Preparing the panel

3.1 Training and education

Training and education will be required in the following areas:

- Trust induction – as per local induction and volunteer policies
 - Ensure that patient panel members are registered as volunteers in your organisation and undertake any standard mandatory trust induction programmes. Your Trust may require an honorary contract to be signed,

along with health screening and a Criminal Record Bureau check. Ensure that panel members have Trust identification, especially if they are going into clinical areas and speaking to patients. Your human resources team will be able to give local advice.

- A local induction could be meeting the clinical audit team and relevant clinical leads; awareness of key policies; layout of site(s) and building(s) and office space. Also consider arranging a Trust email account and internet access.
- Ensure confidentiality agreements are signed as part of the contract.
- See the [HQIP website for a new online training resource](#) to help patients understand clinical audit.

4 Patient panel responsibilities

Things to set in place could include:

- Terms of reference
- Chair and other roles (for example minute taking)
- Meeting arrangements – how often, venue, resources required and minimum attendance

4.1 Sub-groups

Sub-groups can be formed at various stages and members can be in as many groups as they wish. Different groups may focus on promoting an area to be audited and lead on a project (eg food in the canteen), others may want to join a specific clinical audit group as patient representative and possibly become involved in data collecting, others may want to be part of generic clinical audit groups such as the Trust steering group and be consulted on reporting results and new topic areas.

4.2 Roles and remit

When you have established a patient panel, you may want to allow some time for the panel to gain experience and for staff to become used to the panel's involvement before embarking on the more practical elements. The roles and responsibilities of the panel can grow over time; an example of the possible growth of a patient panel is shown in **Appendix 2 (page 9)**.

If the panel reaches the point where they would like to carry out their own audit, and therefore collect data themselves, there are other areas to consider:

- Conducting separate risk assessments
- Assessing any new conflicts of interest
- Assessing whether you need to reiterate the confidentiality agreements and the [Caldicott principles](#)

- Reviewing information governance policies and ensuring the volunteers have copies
- Assessing what training and specific guidance do the panel need. For example:
 - Protocols for health and hygiene on hospital wards
 - Interview technique training

5 Involvement

Involvement at the lowest level is simply informing patients, however we should all at least aim to empower patients to a point where they can be fully involved in strategic decision making, developing the annual audit programme and leading on specific clinical audit projects.

[HQIP](#) has case studies of involvement in clinical audit on its website.

[CAPP](#) – the set up of a patient panel (NHS Sheffield).

[CAPRI](#) – the set up of a patient panel (Calderdale and Huddersfield NHS Foundation Trust).

[A stroke of genius](#) – how a patient panel's involvement in a specific audit changed the methodology used.

[SLAM](#) – how a patient panel were involved in topic choice, data collection and ideas for change.

5.1 Strategic involvement – committee membership

Within most NHS Trust's governance structures, there is a committee with responsibilities for developing clinical audit strategies, policies and the annual programme and report. This group should also have a remit for ensuring that priority clinical audits are completed and demonstrate improvements in clinical care, patient experience and service provision. Having a patient panel representative on this committee will help ensure that a patient perspective is integral to all key decision making.

5.2 Operational involvement – specific audit involvement

In the first stage (preparation and planning) of an audit cycle, the panel can;

- Introduce topic areas and ideas
- Help teams to decide on priority areas
- Contribute ideas to the methodology
- Agree the standards used

The panel can give a clinical audit project more validity when; explaining to other patients; gaining approval from the board; and funding from senior management.

Before embarking on the second stage (measuring performance) of a clinical audit, the panel will need to agree with staff the level of involvement they are prepared and required to dedicate to the project, and what resources they will need, for example; office space; computer access and printers. This is to ensure that any barriers are detected prior to data collection.

When patients need to be interviewed, you may find they speak more openly with a panel member. However if data is needed from a patient's set of case notes, this may be difficult for the panel to decipher at best, or unethical at worst.

During the third stage of the clinical audit (implementing change) the patient panel can contribute to how the results are collated and presented and provide a patient perspective on what the results say about a service. Quite often a patient view of what is an important finding will differ from that of a clinician. It is important to feedback internally and externally how the Trust has fared in the clinical audit. A panel member can help present the results to senior management helping to gain the support that is needed to implement change. To support any panel members who would like to be 'champions of change', consider training needs (such as public speaking, assertiveness) or using a buddy system (partnering a panel member with a clinician).

6 Communication

HQIP's guide on [how to present patient-friendly clinical audit reports](#) illustrates different examples, but highlights that any work that is being prepared for patients requires patient involvement in its development. The panel can play a vital role in the preparation of these reports – they can help you understand what information people need to hear.

The report can include patient stories and the panel can help publicise the report, using a variety of methods including local newspapers, Trust bulletins and in Board and clinician meetings.

The action plan (**Appendix 1**) has been developed to help NHS organisations plan the setting up of a patient panel.

It is also available as a printable spreadsheet on the HQIP website.

Appendix 1 Action Plan

Objective	Action	Responsible Individual	Potential barriers and issues	Expected outcome	Timescale	Monitoring
1. APPROVAL						
1.1 Gaining support from the budget holder	1.1.1 Prepare a business plan 1.1.2 Identify resources 1.1.3 Costs to include: <ul style="list-style-type: none"> • Promotion /recruitment • Staff time • CRB checks • Travel/catering expenses • Training 					
1.2 Impact/ risk assessment	1.2.1 <ul style="list-style-type: none"> • Staff time • Clinician concerns • Financial resources • Setting unachievable targets • Trust reputation 1.2.2 <ul style="list-style-type: none"> • Patient reported experience measures (PREMs) • Patient reported outcome measures (PROMs) • Meaningful improvements • Advocates for the Trust • Patient stories • Extra support for audit (when fully functional) 					

Objective	Action	Responsible Individual	Potential barriers and issues	Expected outcome	Timescale	Monitoring
2. RECRUITMENT Prepare information leaflets — identify areas within the trust and in external areas where these can be displayed						
2.1 Promotion	<p>2.1.1 Preparing posters for community areas including:</p> <ul style="list-style-type: none"> • Wards • Outpatient departments • Waiting rooms (GP/dentists) • Cafes • Stations • Information boards in supermarkets / post offices <p>2.1.2 Writing for newsletters and e-bulletins</p> <p>2.1.3 Presentations at events including:</p> <ul style="list-style-type: none"> • HealthWatch • Local involvement networks • Community groups • Speciality groups • Diversity groups 					
2.2 Open day	<p>2.2.1 Hold a “Recruitment day” which should involve the following:</p> <ul style="list-style-type: none"> • Give a presentation on clinical audit/ quality improvement • Present an outline of what the Patient panel might look like– it is important that volunteers ultimately decide on the aim and vision of the patient panel • Explain why clinical audit should be run in partnership with a Patient panel • Give an outline of a Development plan explaining the needs of your organisation • Volunteers sign up to join the panel on this day 					

Objective	Action	Responsible Individual	Potential barriers and issues	Expected outcome	Timescale	Monitoring
3. INDUCTION						
3.1 Volunteer status <i>Examples of rewards can include high street vouchers, or gifts.</i>	3.1.1 Set up CRB checks 3.1.2 Organise honorary contracts which details <ul style="list-style-type: none"> Reward and recognition/expenses policies Volunteer policy 3.1.3 ID badges are given to all the members					
3.2 Training <i>The e-learning package on the HQIP website can be adapted to your organisational needs.</i> <i>Depending on the organisation a majority of the training could be found in-house.</i>	3.2.1 Organise as a priority <ul style="list-style-type: none"> Clinical audit training Volunteer responsibilities Information governance Data collecting Data security Interview training 					
3.3 Meetings <i>Optional – organisations might find it appropriate to hold a formal hiring process with long – standing volunteers or governors on the interview panel.</i>	3.3.1 A first formal meeting is organised to discuss the following: <ul style="list-style-type: none"> Aims/Terms of reference Further training needs Individual goals Organisation goals Establishing roles Representation at the clinical audit committee (or similar) 					

Objective	Action	Responsible Individual	Potential barriers and issues	Expected outcome	Timescale	Monitoring
4. WORKING WITH THE PATIENT PANEL						
4.1 Annual clinical audit programme <i>For validity minutes should be taken at all meetings; agreements made in writing; project plans developed in writing – individuals can be responsible for particular projects.</i>	4.1.1 The patient panel is involved in development and review. 4.1.2 The panel discusses their roles and responsibilities on each audit; develop a working plan for a set period, as discussed with the panel.					
5. OTHER ISSUES						
5.1 Communication	5.1.1 Work with the patient panel on interpreting results of a clinical audit. 5.1.2 Arrange for the panel and clinicians to look at the improvements. 5.1.3 The panel can help with ideas for communicating the results of an audit for the public.					
5.2 Dissemination	5.2.1 The patient panel can contribute ideas on how best to disseminate clinical audit reports to the public.					

Appendix 2

Panel meetings (regular and continuing) looking at training, clinical audit topic areas



Representation on the clinical audit committee/or similar (a changeable role) raising which areas are priorities for the panel



Involvement in specific clinical audits consultation in: collection tool development; preparation of results; design of reports; dissemination



Increased involvement in specific clinical audits as the panel gain more experience the level of their involvement becomes more a partnership role



Leading on specific clinical audits. The panel gain confidence and are able to lead on a clinical audit in an area they consider a priority and is to do with patient experience. The Involvement lead/or similar needs to facilitate the clinical audit.

Appendix 3 Key questions for the Board

Key questions	Plausible answers	Unacceptable answers
1. What steps are we taking to involve patients in clinical audit?	We are working with the patient involvement leads in our Trust and with the local HealthWatch to put together a clinical audit patient panel. Our aim is to work closely with the patient panel when choosing topics for clinical audit and to develop them in partnership.	We send out a survey once a year and put together a report.
2. What steps has our Trust made to connect with the local HealthWatch?	We are liaising with the local authority to ensure communication with the local HealthWatch. We add a notice to the monthly e-bulletin to invite members of HealthWatch to join the clinical audit patient panel and we communicate our reports to them.	We send a member of the clinical audit team to attend HealthWatch meetings.
3. Do we have a comprehensive programme available to support patient involvement in clinical audit?	We have a PPI strategy which is available on our website and given to each member of the staff team. The strategy forms the basis for the clinical audit programme and PPI which is developed in partnership with the clinical audit patient panel. This is reviewed annually and highlighted as a priority programme within clinical audit.	There is a PPI strategy for the whole organisation which we use when conducting a patient survey.
4. Do we have a system in place to monitor the level of patient involvement in our clinical audits?	We carry out an annual review on our clinical audits to ensure we are meeting the criteria of best practice. Patient involvement features as a main indicator of best practice in clinical audit. The clinical audit patient panel have received training and are given all the information on the development of our clinical audits and are enabled to monitor our work, ensuring PPI at all stages.	Each audit has a tick box form where there is located a question about whether patients have been involved in the process.
5. How do we measure the impact and success of PPI in our clinical audits?	As part of the annual review the patient panel evaluates the re-audit results of projects they have been involved in. This evaluation forms part of the annual report and has an action plan for further improvement attached.	We review the application forms and see what percentage of our audits has the PPI box ticked.

Further reading:

- [HQIP guidance on clinical audit and PPI](#)
- [HQIP presentation on standards and criteria for PPI in clinical audit](#)
- [HQIP guidance for patients in understanding clinical audit reports](#)
- [HQIP on quality improvement in social care](#)
- [Confidentiality agreement templates](#)
- [Promotional posters examples](#)
- [Further information can be found on HQIP's PPI page](#)



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