

Effectively Utilising Clinical Audit To Improve Health & Care by Involving, Engaging & Informing Patients & The Public

**NQICAN Lunch and Learn
Tuesday 25th June 2024
(12.30-1.30pm)**



**Your Lunch &
Learn Team today**

**Vicky Patel - Chair NQICAN
Marina Otley - Gen Sec NQICAN
Amanda Stephens - Comms Lead NQICAN
Kim Rezel - Head of Patient & Public
Involvement HQIP & SUN Members
Clinical Audit Hero – Patient & Public
Involvement**



*Part of Clinical Audit Awareness
Week 2024, featuring the Clinical
Audit Heroes awards*



Clinical Audit Awareness Week #CAAW24



Monday 24 th June 2024 12.20-1.30pm	Tuesday 25 th June 2024 12.20-1.30pm	Wednesday 26 th June 2024 12.20-1.30pm	Thursday 27 th June 2024 12.20-1.30pm	Friday 28 th June 2024 12.20-1.30pm
Patient Safety - Effectively Utilising Clinical Audit To Prevent Avoidable Harm	Patient & Public Involvement - Effectively Utilising Clinical Audit To Improve Health & Care by Involving, Engaging & Informing Patients & The Public	Health Inequalities - Effectively Utilising Clinical Audit To Address Inequalities In Health & Care	Influencing Change - Effectively Utilising Clinical Audit To Influence Change At Board Level	Sustainability - Effectively Utilising Clinical Audit For Sustainability
Rachel Pool - NHSE	Kim Rezel - HQIP	Danny Keenan - HQIP & Charlotte Richardson - NHSE	Sam Riley - NHSE	Zoe Lord - NHS Horizons



Who is YOUR Audit Hero?

#CAAW24

#CAAW24 NQICAN PPI Lunch & Learn



HQIP
Healthcare Quality
Improvement Partnership



Agenda

- Introduction NQICAN and #CAAW - what does Involving, Engaging & Informing Patients & The Public mean to you from a clinical audit perspective?
- Key Speaker - Effectively utilising Clinical Audit to Improve Health & Care by Involving, Engaging & Informing Patients & The Public
- Clinical Audit Hero Winner announced
- Winner of the Patient & Public Involvement Clinical Audit Hero Award presents
- Opportunity for questions framed on Patient & Public Involvement
- Interactive Evaluation
- Close and celebrate #CAAW24!



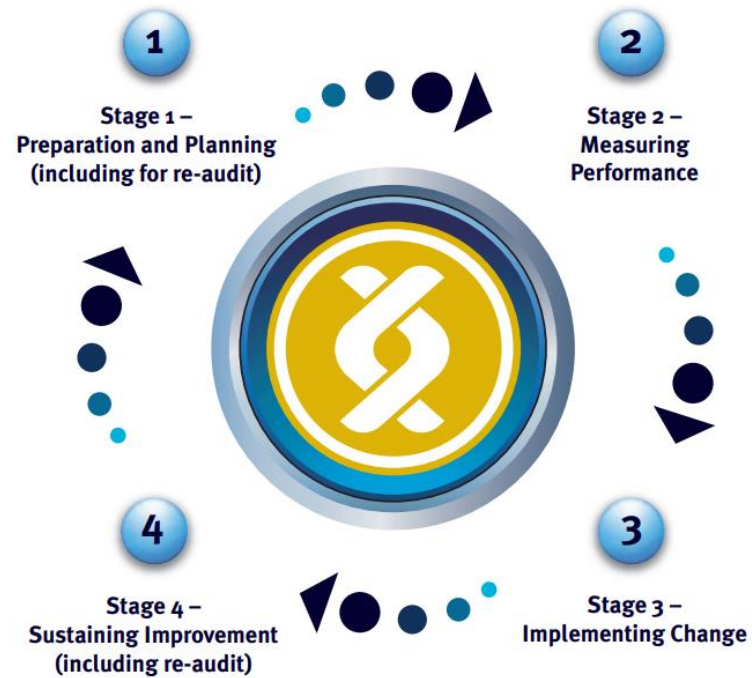
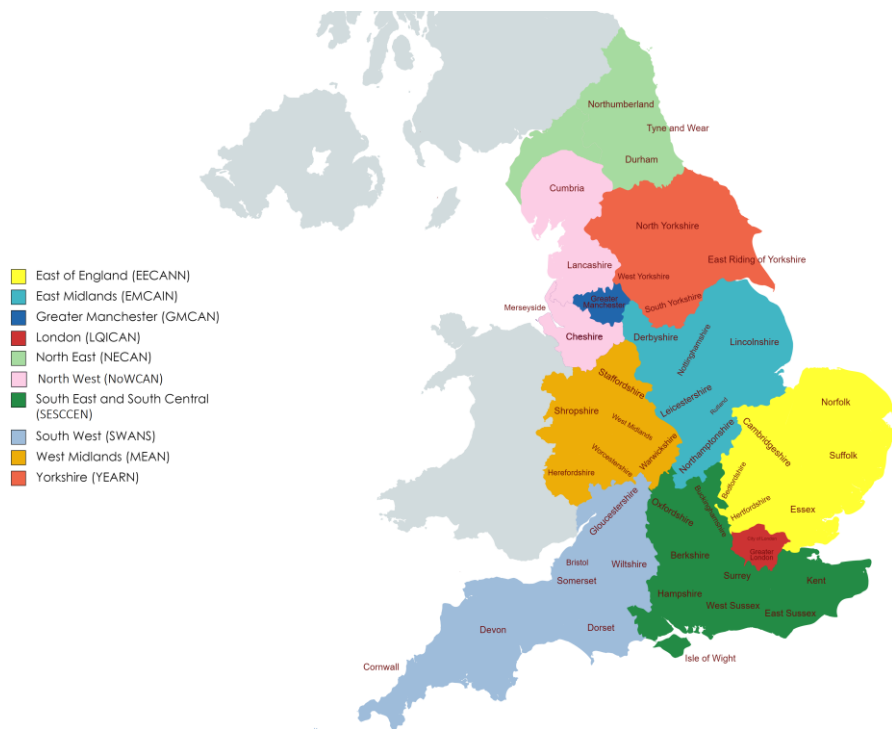
Please let us know– *what does utilising Clinical Audit to effectively engage & involve patients and the public look like to you* - by typing into the chat



Who is YOUR Audit Hero?

#CAAW24

Clinical Audit Awareness Week #CAAW24



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HQIP
Healthcare Quality
Improvement Partnership



Clinical Audit – measures care against evidence based standards. #CAAW23 challenged attendees to consider Clinical Audit in their own organisation in terms of:

- Clinical Audit strategies having a clear objective aligning with engaging the patients and the public
- Clinical Audit programmes consisting of Clinical Audits that are measuring issues or concerns highlighted by patients and the public as important to them
- Clinical Audit findings and action plans taken forward with patients and public involved



Who is YOUR Audit Hero?

#CAAW24

Clinical Audit Awareness Week #CAAW24

Open & honest conversations – are we holding these?

Informed & Involved – are we getting this right?

Shared Decision Making – are we achieving this?

Prioritising audit standards - Prioritising improvements – what matters to you?

Listening & responding to family/carers concerns – have we built this into our local processes and measurement?

Accessible information – how are we translating information for you?

Are we effectively utilising what we already know – what you have already told us?

How well are we delivering clinically effective care for you?

Understanding the impact of improvements from the perspective of the Patients & Public – do we ask?



Clinical Audit Awareness Week #CAAW24



Key Speaker

Kim Rezel

Head of Patient & Public Involvement - HQIP

&

Service User Network (SUN) Members:

Wendy Davis

Mike Molete

Sarah Markham



Who is YOUR Audit Hero?

#CAAW24



HQIP

Healthcare Quality
Improvement Partnership



Part of Clinical Audit Awareness Week 2024, featuring the Clinical Audit Heroes awards

Patient & Public Involvement (PPI) Lunch & Learn

Kim Rezel, Head of Patient and Carer Engagement, HQIP

25 June 2024

SUN members

Wendy Davis

Mike Molete

Sarah Markham

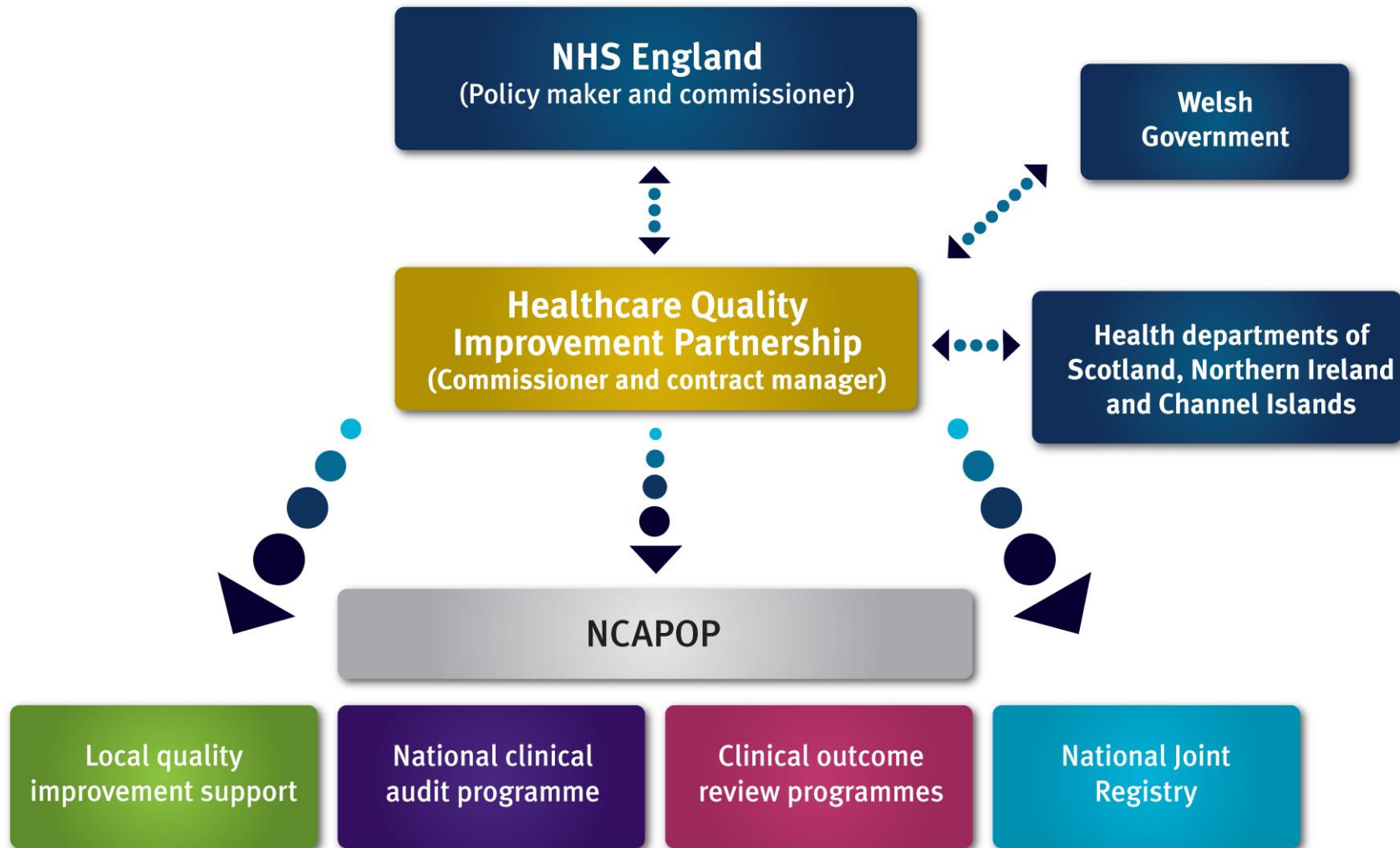


Outline

- HQIP's Service User Network
- Video
- What the project was about
- What are the project outcomes
- How we worked together
- Next steps



About HQIP



National Clinical Audit and Clinical Outcome Review

Acute

- Emergency Laparotomy Audit
- Falls and Fragility Fracture Audit
- Medical and Surgical Outcome Review

Cardiovascular

- National Vascular Registry
- Cardiovascular Disease Prevention (CVDPrevent)

Cancer

- National Cancer Audit Collaborating Centre
 - Breast cancer (primary)
 - Breast cancer (metastatic)
 - Ovarian cancer
 - Pancreatic cancer
 - Non-Hodgkin Lymphoma
 - Kidney cancer
 - Prostate Cancer Audit
 - Lung Cancer Audit
 - Gastro-intestinal: Bowel and Oesophago-gastric Cancer Audits

Mental health

- Psychosis Audit
- Mental Health Outcomes
- Eating Disorders

Long-term conditions

- Adult Diabetes Audit
- Rheumatoid and Early Inflammatory Arthritis Audit
- Respiratory Audit
- Sentinel Stroke Audit
- Care at End of Life Audit
- Dementia Audit
- Obesity Audit

Women and children

- Paediatric Diabetes Audit
- Neonatal Audit Programme
- Paediatric Intensive Care Audit
- Epilepsy 12 and Seizures in Young People Audit
- Maternity and Perinatal Audit
- Child Health Outcome Review
- Maternal, Newborn & Infant Outcome Review
- Child mortality



HQIP's Service User Network

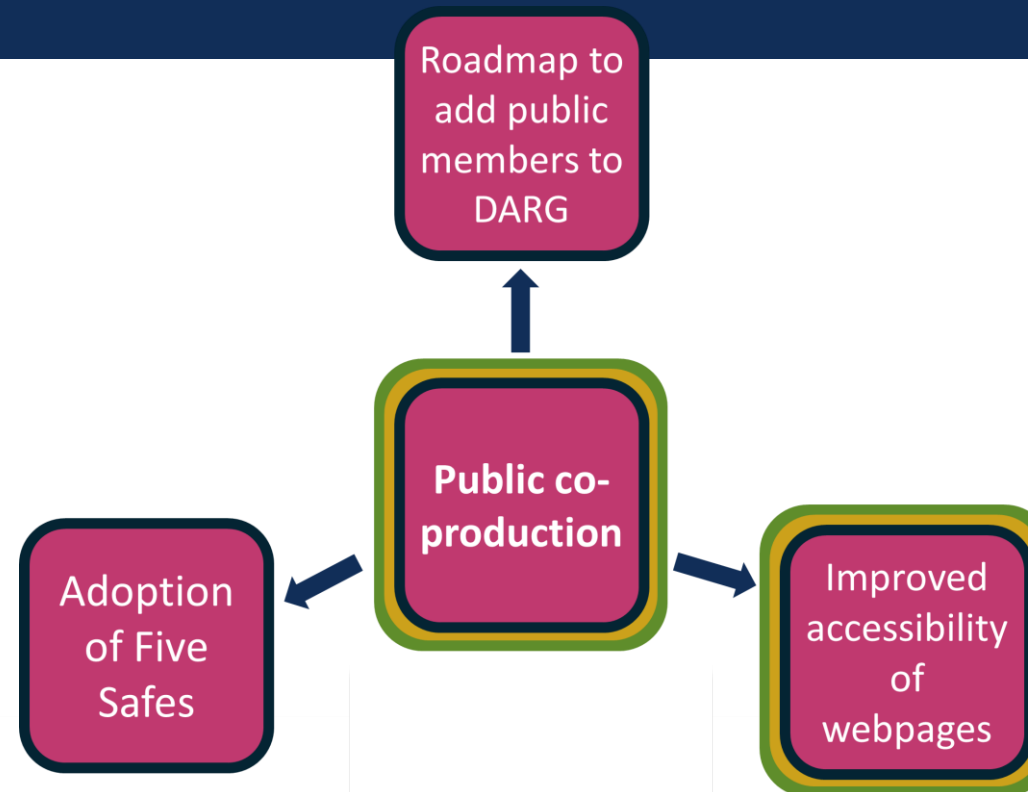
- Nearly 100 members
- Invited to sign up, completing information
- Receive newsletters with opportunities
- Part of judging panels
- NCAPOP commissioning
- National Obesity Audit
- Independent Advisory Groups
- Projects; maternity, infographics, data access





Video - https://www.youtube.com/watch?v=v-5J_ANw1Hk

DEVELOPING MEANINGFUL PUBLIC INVOLVEMENT IN HQIP'S DATA ACCESS PROCESSES AND DATA ACCESS REQUEST GROUP (DARG)



Poster



DEVELOPING MEANINGFUL PUBLIC INVOLVEMENT IN HQIP'S DATA ACCESS PROCESSES AND DATA ACCESS REQUEST GROUP (DARG)

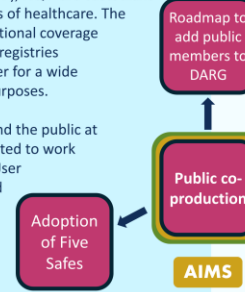


Project team: Claudia Snudden (Project Lead and Clinical Fellow), Kim Rezel (Head of Patient and Public Involvement), Yvonne Silove (Associate Director and DARG member), Tom Biggs (Project Manager);
Public Members – Wendy Davis, Sarah Markham, Michael Molete

BACKGROUND & AIMS

As commissioners of the National Clinical Audit and Patient Outcomes Programme (NCAPOP), HQIP are custodians of data from across many areas of healthcare. The high quality and full cohort, national coverage of circa 40 national audits and registries means datasets are sought after for a wide range of research and other purposes.

HQIP values placing patients and the public at the heart of our work. We wanted to work with members of our Service User Network (SUN) to research and design how to recruit and sustain public representation in our Data Access Request Group (DARG), and wider processes.



PRIMARY OBJECTIVE

Work in partnership with public members to co-design a sustainable model that ultimately implements meaningful public involvement within DARG.

INTENDED OUTCOMES

HQIP is enabled to establish public membership in DARG. HQIP's Data Access process benefits from the added supportive challenge and assurance that public membership provides.



APPROACH

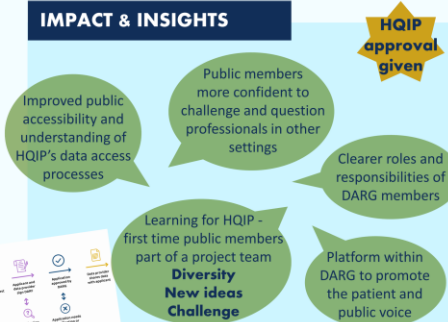
Steps taken to achieve our aims:

- Successfully recruited 3 public members to our project team from our SUN enabling us to have meaningful public involvement throughout; all outputs were co-designed.
- Public project team members led or contributed to discussions with other organisations that have established public members on their data access committees (IGARD, CPRD, Pioneer) and HDRUK, to gather knowledge on best practice in public engagement with data access processes.
- Fortnightly team meetings to review progress, develop and design a model for public membership in DARG, and reflect on learnings throughout.
- Invited our public members to observe a DARG meeting to better understand how our data access processes work, and followed this up with a tutorial/ Q&A session.
- Our PPI lead actively supported public members throughout the project, enabling them to self-select how they wanted to contribute, and encouraging them to bring learning from other PPI work they have been involved with.

PROJECT OUTPUTS

Costed business case – for HQIP review
Recruitment resources – promotional materials, role description for public members, public involvement agreement, draft interview tasks and questions
DARG operating model – amended DARG Terms of Reference, Glossary of terms
Co-designed webpages – on HQIP's [Data Access Processes](#); inclusion of the Five Safes
Supporting infographics – to visually display webpage content

IMPACT & INSIGHTS



This work was supported by the Health Data Research Alliance and Health Data Research UK (HDRUK2023.0456), an initiative funded by UK Research and Innovation, Department of Health and Social Care (England) and the devolved administrations, and leading medical research charities.

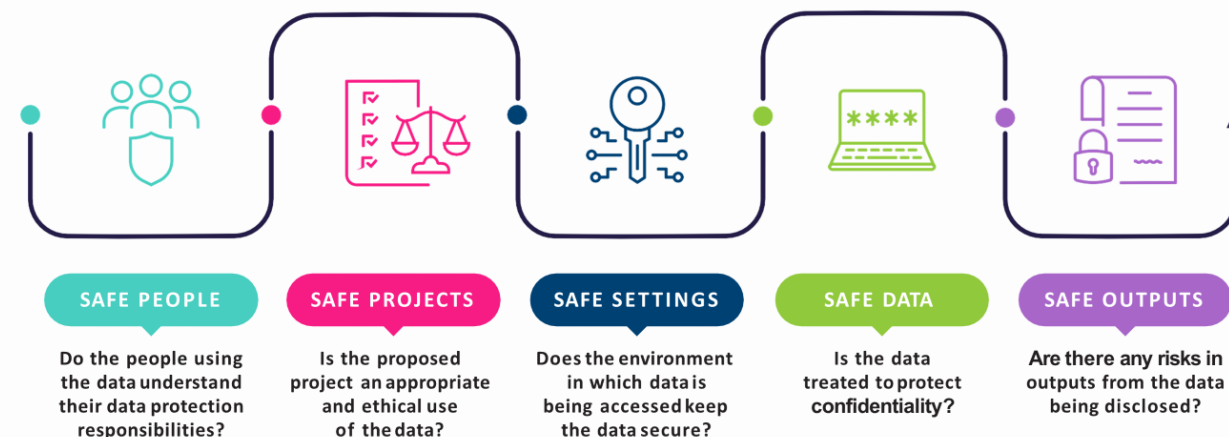


What the project was about

To embed public representation within the Data Access Request Group (DARG)

- Reviewed best practice
- Co-designed new features to webpages
- Developed a sustainable model for the long term inclusion of public members within DARG

Five Safes Framework

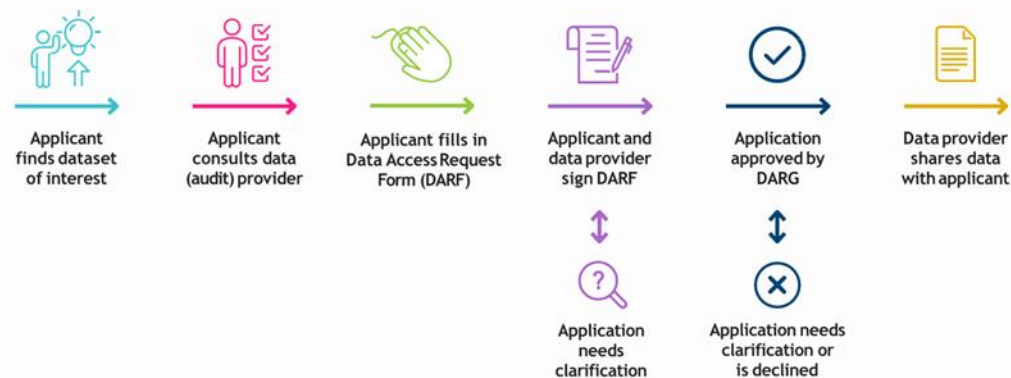




Project outputs and outcomes

- Costed business case
- Process for recruitment
- Updated Terms of Reference
- Updated webpages
- ELT presentation and approval

Data access process





How we worked together

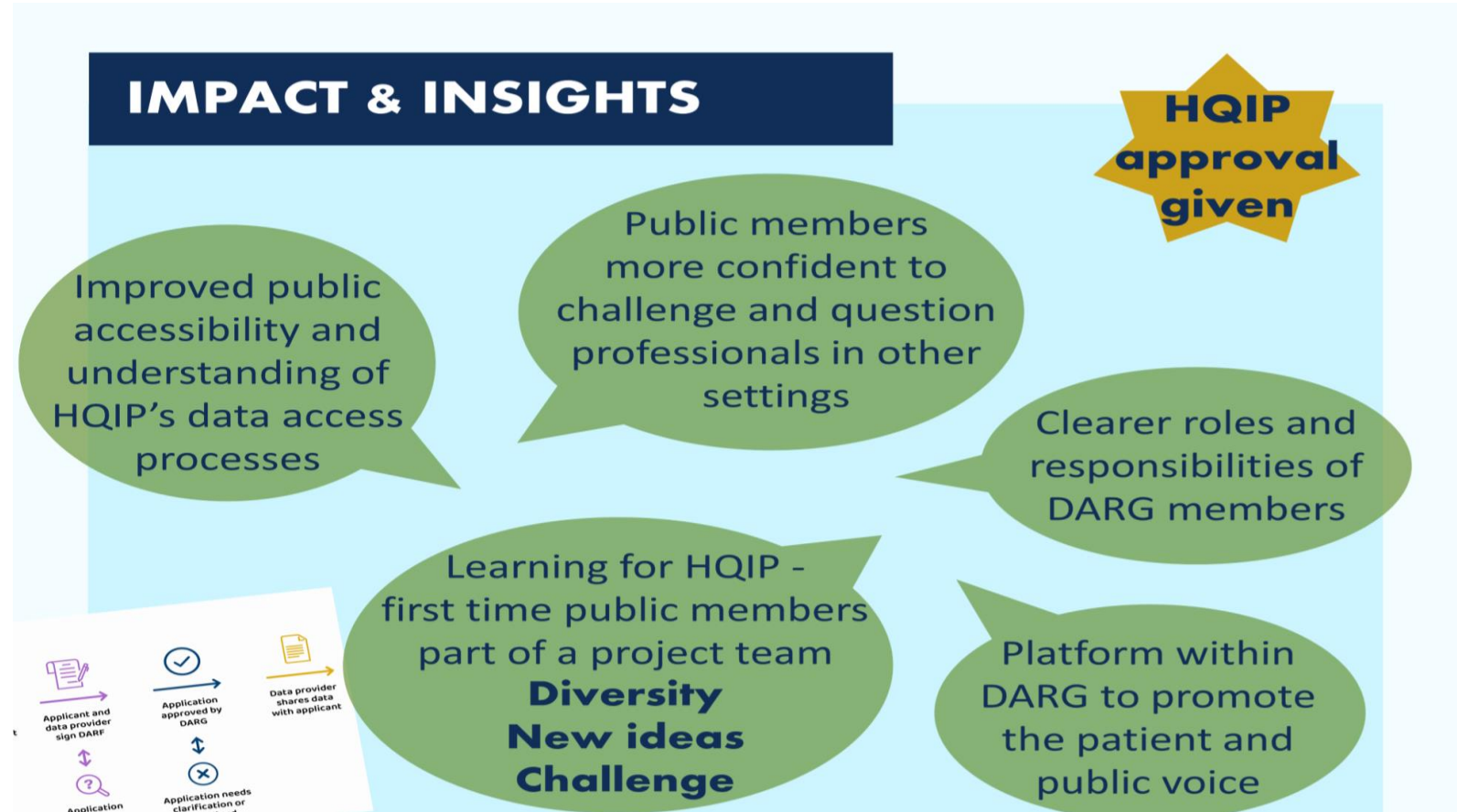
It felt genuinely collaborative, all working together to reach the end goal.

We all started at the beginning together and learnt along the way, contributing equally, in a genuine and meaningful way.

I loved that we interviewed various experts in both disability and people who have added public members to these types of panels before.



What did we learn?



Next steps

- Currently advertising to SUN members
- Onboarding to start in September
- Training and support
- Buddying throughout
- Monitor and evaluate





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Kim.rezel@hqip.org.uk



AUDIT HEROS – Patient and public involvement

Shortlisted entries:

- Solent NHS Trust – Co-production and Improvement Training Programme Working Team
- AND Child and Family Participation Team – led by Aishea Buckle
- South Eastern Trust - Sure Start Speech and Language Team
- Midland Partnership University NHS Foundation Trust – Haywood Hospital Inpatient and Patricia Callaghan
- RCPCH & US – CYP Engagement Team – Epilepsy 12
- University of Leeds and Leicester – Paediatric Intensive Care Audit Network

CLINICAL AUDIT AWARENESS WEEK 2024

Featuring the Clinical Audit Heroes Awards



PATIENT AND PUBLIC INVOLVEMENT And the winners are...



#CAAW24

PATIENT AND PUBLIC INVOLVEMENT

Highly Commended

Clinical Specialist
Paediatric Occupational
Therapists
Northumbria Healthcare
NHS Foundation Trust



NHS
Northumbria Healthcare
NHS Foundation Trust

Patient & Carer
Advisory Group
The Royal Marsden
NHS Foundation
Trust

The ROYAL MARSDEN
NHS Foundation Trust

National Audit of Care
at the End of Life
(NACEL)





AUDIT HEROS – Patient and public involvement

Commended entries

- Northumbria Healthcare NHS Foundation Trust – Sandra Willis – clinical specialist paediatric occupational therapist
- The Royal Marsden NHS Foundation Trust – Patient and carer advisory group
- NHS Benchmarking – Jessica Moss, QI lead for National audit of Care at the End of Life (NACEL)

PATIENT AND PUBLIC INVOLVEMENT

And the winners are...

Dementia Liaison
Nurse
Northampton General
Hospital NHS Trust



People Participation
Coordinator (PPC)
Norfolk & Suffolk NHS
Foundation Trust





AUDIT HEROS – Patient and public involvement

JOINT WINNERS

- Norfolk and Suffolk Foundation Trust – Gemma Harris, People Participation Co-Ordinator
- Northampton General Hospital NHS Trust – Rebecca Goadsby, Dementia Liaison Nurse



Improving together

Safer • Kinder • Better



Clinical Audit Awareness Week Awards

Patient and Public Involvement Category

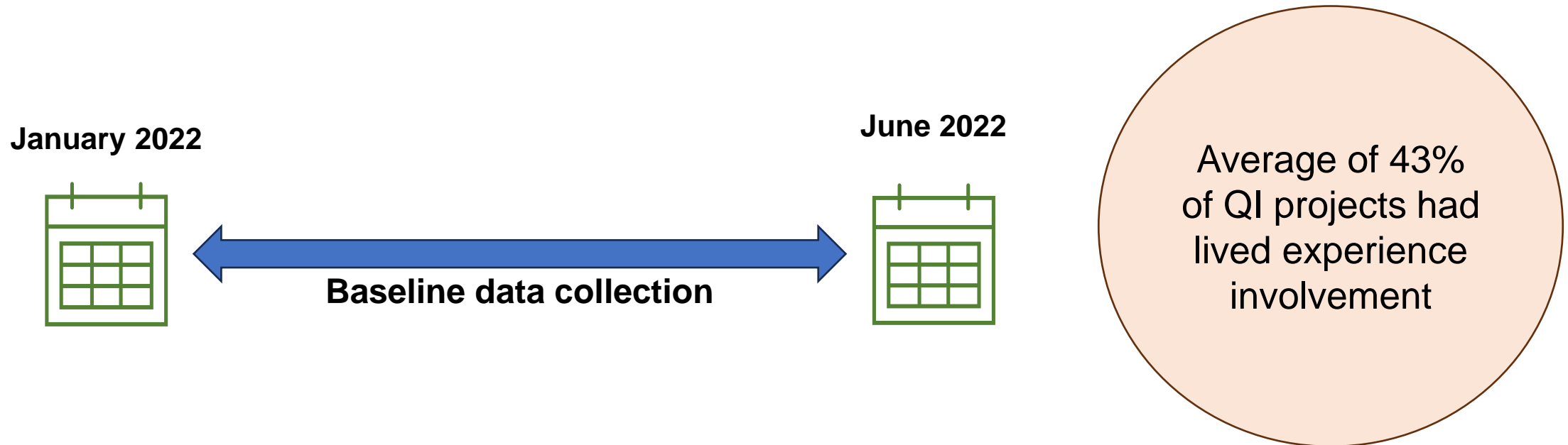
Project: Increasing Lived Experience involvement in QI projects

Project Lead: Gemma Harris, People Participation Co-ordinator

Quality Improvement in practice



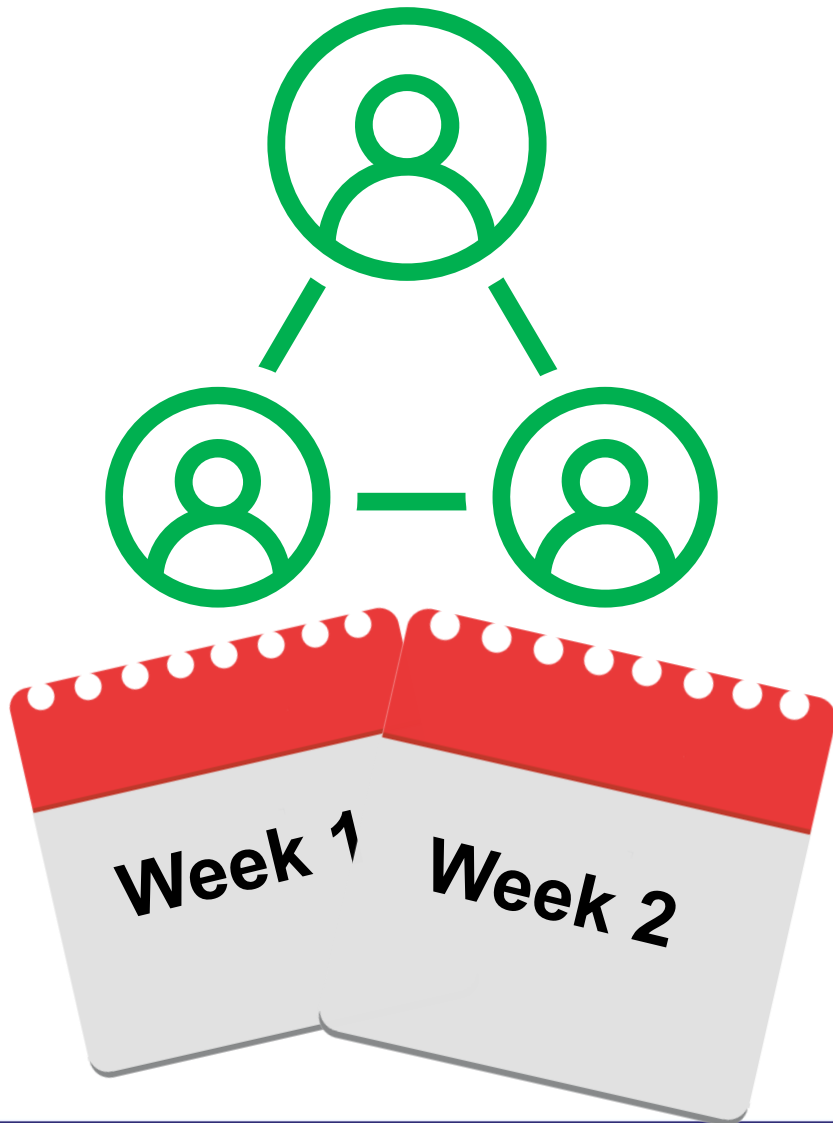
- Model for Improvement -
1. What are we trying to accomplish?



Types of lived experience involvement



Quality Improvement project team



- The Quality Improvement (QI) team
- People Participation Coordinators
- A Carers Lead
- A Peer Support Worker
- A Carer
- 2 Service Users

SMART Aim

To increase the percentage of QI projects with SU/carer involvement (Big & Little I) from an average of 43% in June 2022 to 65% by April 2023.

- Model for Improvement -

2. How will we know that a change is an improvement?



Outcome measure

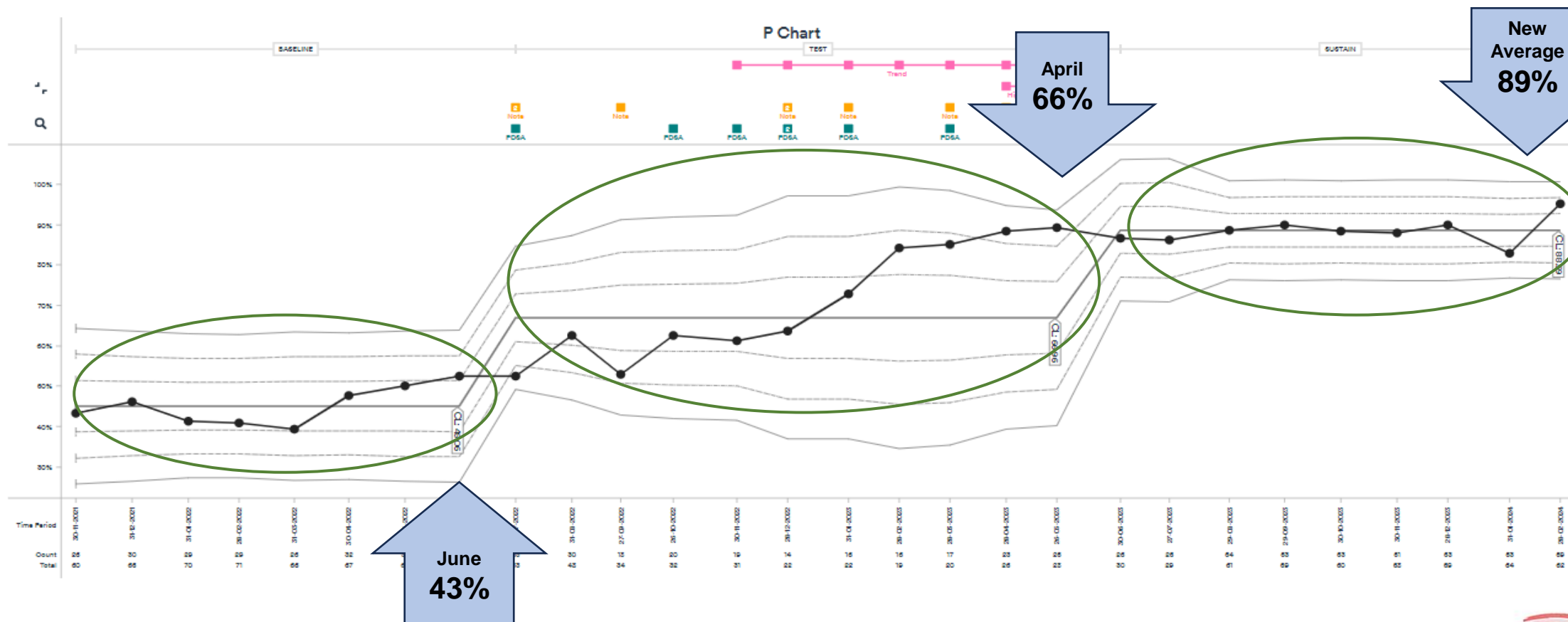
- Percentage of active QI projects with lived experience

Process measure

- Count of QI projects with Big I
- Count of QI projects with Little I

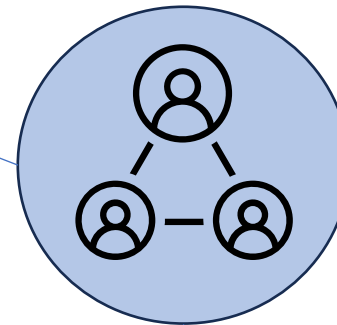
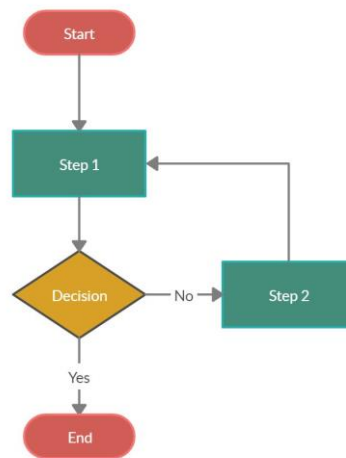
Measurement over time

To increase the percentage of QI projects with SU/carer involvement (Big & Little I) from an average of 43% in June 2022 to 65% by April 2023

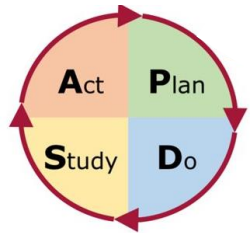


- Model for Improvement -

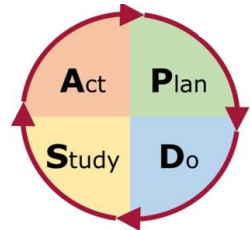
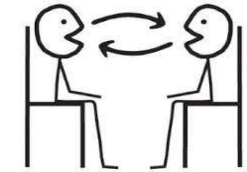
3. What change can we make that will result in improvement?



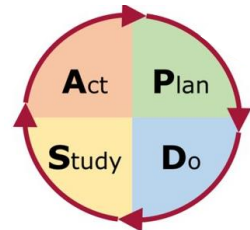
- Model for Improvement - Plan, Do, Study, Act



1. The People Participation Coordinator meets with the Quality Improvement advisor and project proposer to explore opportunities to participate from initial proposal.



2. A Lived experience group of Service user and carers was established to Co-produce an information leaflet of opportunities to participate in NSFT.



3. A Co-produced training course was designed with The Recovery College to support people to understand how improvement projects are facilitated and what it might look to be involved.



- Implementing new resources such as Participation plans, poster and flyer templates

- 45-minute QI Skills classes focusing on Participation



- Introduced T&C's and review and housekeeping of projects recorded in Life QI



- New QI project looking at reviewing the Onboarding process for new projects. Aim to reduce the length of projects in proposal stage and progression into an active project



Testimonials

"Truly saddened that this has come to a close, though very content that what has been learned and gained will live on through other projects."

"It has been a joy and a privilege."

"Thank you so much for having me involved in this project been an absolute pleasure to be a part of and have learnt a lot."

"A wonderful positive experience we have all shared with the QI project meetings. On reflection I would 100% participate again and encourage others to take up on such magnificent opportunities."

Thank you for listening

Any Questions?



Opportunity for questions



National Audit of Dementia and Patient and carer Experience

June 2024

Rebecca Goadsby, Dementia Liaison Nurse

Who was in the team:
Dementia Liaison Nurse (Lead)
Patient Experience Team
Volunteers Service
Deputy Chief Nurse
Associate Director of Safeguarding
Northamptonshire Carers
Clinical Audit Team
Elderly Medicine Consultant

Collecting feedback

- Allocated volunteer (3 hours a week)
- Screensavers
- Delivering leaflets and targeting ward sisters

National Audit of Dementia



The Royal College of Psychiatrists National Audit of Dementia starts Monday 14th August

Staff will visit wards with questionnaires for family and carers on the quality of our hospital
The data will be collected during August – October 2023

Please let us know if you wish to take part in the audit by emailing:



Understanding the problems

- Analysing the patient feedback report and the carer feedback report
- Themes from complaints
- 3x Listening events held across 2023
- Advertised via social media, posters put up around hospital site and posters sent to all local GP surgeries in the local area.
- Two via Microsoft teams and one in person.
- Risk assessment of the environment
- Bookings were managed by patient experience team.



Northamptonshire Carers

Northampton General Hospital NHS Trust

**Do you live with dementia?
Support someone who does?**

Have you accessed Northampton General Hospital in the last 12 months?

**If so, we would like to invite you to our
Patient and Carer Listening Event**

Thursday 29th June 2023 | Time 11.00am – 2.00pm
Broadmead Community Church
Broadmead Avenue
Northampton
NN3 2QY

If you are interested in attending, we would like to hear about your experience.
Please register your interest via email or telephone

ngh-tr.PatientExperience@nhs.net
01604 544054 / 544135

Please note, there will be limited spaces.
Refreshments and lunch will be provided so please advise as to any dietary requirements when booking.

Your feedback at this event will be anonymous and will not affect any future treatment or care

Implementing Change

Across the 3 listening events we heard from 1 person who had lived experience of dementia and 9 carers and/or relatives of people living with dementia.

The event was funded by the 'do it for dementia' charity fund from Northamptonshire Health Care Charity.

This provided us with insight into the lived experience.

This provided the **details** of the problems

An initial action log was created.



We've Heard report

Aim one: Communication

We heard - That patient and carers don't always feel listened to by staff.
We heard - Requests for information not always being correct, timely and actioned.
We heard - That carers and patients are not always updated and kept involved and included in decision making.
We heard - That it is hard to find the right staff member to talk too.
We heard - Staff don't read the notes and not always aware of the dementia diagnosis.
We heard - Communication is not always compassionate, adapted, and suitable for the carer and patient.
We heard - That patients aren't being kept informed about their care and treatment.
We Heard- No updates from doctors

Aim two: Patient Care

We heard - That staff can make assumptions about patients' abilities and needs.
We heard - That we don't always care for the person as an individual and understand their needs.
We heard - That staff don't respond to people when they call for help.
We heard - That assistance at meals times isn't always present.
We heard - There is a power dynamic between staff, patient and carers.
We heard - Staff don't always give patients enough time during care.
We heard - That pain relief isn't always given.
We heard - Carers are do not always feel supported.
We Heard- Staff are not always aware of the difference between aggression and non concordance

Aim three: Processes

We heard - That visiting isn't always allowed for carers.
We heard - Patients living with Dementia are moved wards too frequently.
We heard - That patient's property can get lost.
We heard - We don't feedback when lessons are learnt.
We Heard- That Lasting power of attorneys aren't always identified or in place and NOK not always consulted if medical decisions are being made and the individual lacks capacity.
We Heard- That people with dementia are not always under the right doctor or specialism
We Heard- That multiple appointments aren't always available on the same day.
We Heard- people with dementia have too many ward moves

Dementia Focus Group

- This group is for the membership of experts by experience only and facilitators.
- First meeting was held on 18th January 2024
- To implement an action plan from the we've heard report, which is co-produced and transparent.
- Prioritise 3 main actions and review 3 monthly
- To monitor this action plan and feedback to senior leaders and the dementia steering group
- Initial meeting created the Terms of Reference and next steps
- Opportunity for further involvements offered
- Ongoing monitoring of the carer and patient feedback reports (21 feedback since September 2023)

Where we are now

We have had 4 meetings so far, 5 experts by experience involved, terms of reference agreed and have agreed our initial action plan and yearly meetings planned.

Aim	Theme	Action	Update
Aim one: Information not always correct. Carers are not always kept updated and involved Staff are not aware of the dementia diagnosis.	Communication	To complete a handover audit and involve expert by experience.	Handover audit completed on: Knightley ward (AM) Holcot ward (AM) Creaton ward (PM) Abington ward (AM)
Aim two: Don't always care for a person as an individual Staff make assumptions about patients' needs	Patient Care	'Tik Tok' style education videos written by carer and people with dementia. Involve people expert by experience in training	Video topics have been agreed and in liaison with the communication team.
Aim three: Not always under the right doctor or specialism Too many ward moves LPA aren't being considered	Process	To review the dementia pathway and business case to grow specialist dementia support	A bid has been put forward to the Northamptonshire Health Care Charity to consider funding a band 6 dementia specialist nurse, while a business case can be formulated.

Thank you for listening.

Email: rebecca.goadsby@nhs.net



Opportunity for questions



Clinical Audit Awareness Week

#CAAW24



EVALUATION

Your feedback is important to us

Please take a couple of minutes to complete our evaluation form

[CAAW24 NQICAN Lunch and Learn - Patient and Public Involvement \(smartsurvey.co.uk\)](#)



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Evaluation



Who is YOUR Audit Hero?

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Rachel Poole	Kim Rezel	Dr Charlotte Richardson & Danny Keenan	Sam Riley	Zoe Lord



Thank you for
joining us today

Please join us again tomorrow
for a focus on Health
Inequalities

