

Excellence in Clinical Audit Awards Announcement: Equity and Patient Involvement Award 2026 Winners

Tuesday 23 June 2026, 12.15pm-1pm

THIS EVENT STARTS AT 12.15pm



Discover all the #CAAW26 events:

Scan the QR code or visit
www.hqip.org.uk/caaw26

Excellence in Clinical Audit Awards Announcement: Equity and Patient Involvement Award 2026 Winners

Welcome to Clinical Audit Awareness Week, 22-26 June 2026: www.hqip.org.uk/caaw26

Today's agenda:

- **Welcome and housekeeping**

Kim Rezel, Head of Patient and Carer Engagement, HQIP

- **Award announcements**

Kim Rezel, Head of Patient and Carer Engagement, HQIP

Janette Mills, Head of Clinical Audit at Mersey and West Lancashire Teaching Hospitals NHS Trust

Riham Lofti, Community Champion and HQIP Service User Network member

- **Winning project presentation**

- **Reflections on Patient Involvement and Care Equity**

Vicky Patel, Clinical Effectiveness Manager, The Rotherham Foundation Trust

- **Q&A**

Before we start...

Being seen and heard

- Event recorded
- Mics off for background noise
- Cameras on, if you are happy to

Asking questions

- Use the Q&A to post your questions
- Contact us via HQIP website if Q&A unavailable for you

Recommendations

- Laptop/PC, not phone
- Try browser version, not app
- If needed, rejoin using rejoin button on screen or original Teams link

Don't forget to share on social media: #CAAW26

#CAAW26



**EXCELLENCE IN CLINICAL
AUDIT AWARDS**

*Shining a Light on Data-Driven
Healthcare Improvement*

Equity and Patient Involvement Award

Joint Runners Up 2026

CLINICAL AUDIT AWARENESS WEEK 2026

Improving lives with healthcare data



HQIP

Healthcare Quality
Improvement Partnership

#CAAW26



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*Shining a Light on Data-Driven
Healthcare Improvement*

**AND THE RUNNERS UP
ARE...**

CLINICAL AUDIT AWARENESS WEEK 2026
Improving lives with healthcare data

 **HQIP** Healthcare Quality
Improvement Partnership

Equity and Patient Involvement Award 2026, Joint Runner-Up

National Paediatric Diabetes Audit, Royal College of Paediatrics and Child Health - The National Paediatric Diabetes Audit (NPDA)

Youth Voice Communications Project



Equity and Patient Involvement Award 2026, Joint Runner-Up

Dr Hemavathy Palanyiaya and Danielle Ashley, Community Paediatric Team, Mary Sheridan Centre, Evelina Children's Hospital, GSTT

From Fragmentation to Integration: A Co-Produced Transition Model for Complex Needs



Equity and Patient Involvement Award 2026, Joint Runner-Up

Dr Claire Stewart, Community Paediatric Team, Mary Sheridan Centre, Evelina Children's Hospital, GSTT

My Voice Matters



#CAAW26



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Equity and Patient Involvement

Award Winner 2026

CLINICAL AUDIT AWARENESS WEEK 2026

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HQIP

Healthcare Quality
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**EXCELLENCE IN CLINICAL
AUDIT AWARDS**

*Shining a Light on Data-Driven
Healthcare Improvement*

AND THE WINNER IS...

CLINICAL AUDIT AWARENESS WEEK 2026
Improving lives with healthcare data

 **HQIP** Healthcare Quality
Improvement Partnership

Equity and Patient Involvement Award Winner 2026

CAMHS Link Worker Team, West London NHS Trust

Reaching the Unreached: Link Workers Transforming Child Mental Health Access in Diverse Communities. A CAMHS Link Worker-led approach to building trust, awareness, and culturally responsive engagement



Also awarded...

Communicating for Impact Commendation Award Winner 2026



Equity and Patient Involvement Winner: CAMHS Link Worker Team, West London NHS Trust

Rina Koradia – CAMHS CWP Supervisor

Niquita Mansuclal – Quality Improvement Facilitator

Sarika Ghai – CAMHS Service Manager



West London
NHS Trust

Improving Access to CAMHS for Underrepresented Communities in Ealing

A CAMHS Link Worker-led approach to building trust, awareness, and culturally responsive engagement



Promoting hope & wellbeing together



WLT.Qi@NHS.NET



About The Qi Project team



Layla Kido

Senior Children's wellbeing Link Worker



Hodo Hassan

Children's wellbeing link worker



Eren Kaur

Children's wellbeing link worker



Sarika Ghai

CAMHS Service Manager



Mandeep Alhuwalhi

Children's clinical supervisor



Rina Koradia

CAMHS CWP Supervisor



Niquita Mansuclal

Qi Facilitator



Saraspadee Veeramah

Associate Director of Qi

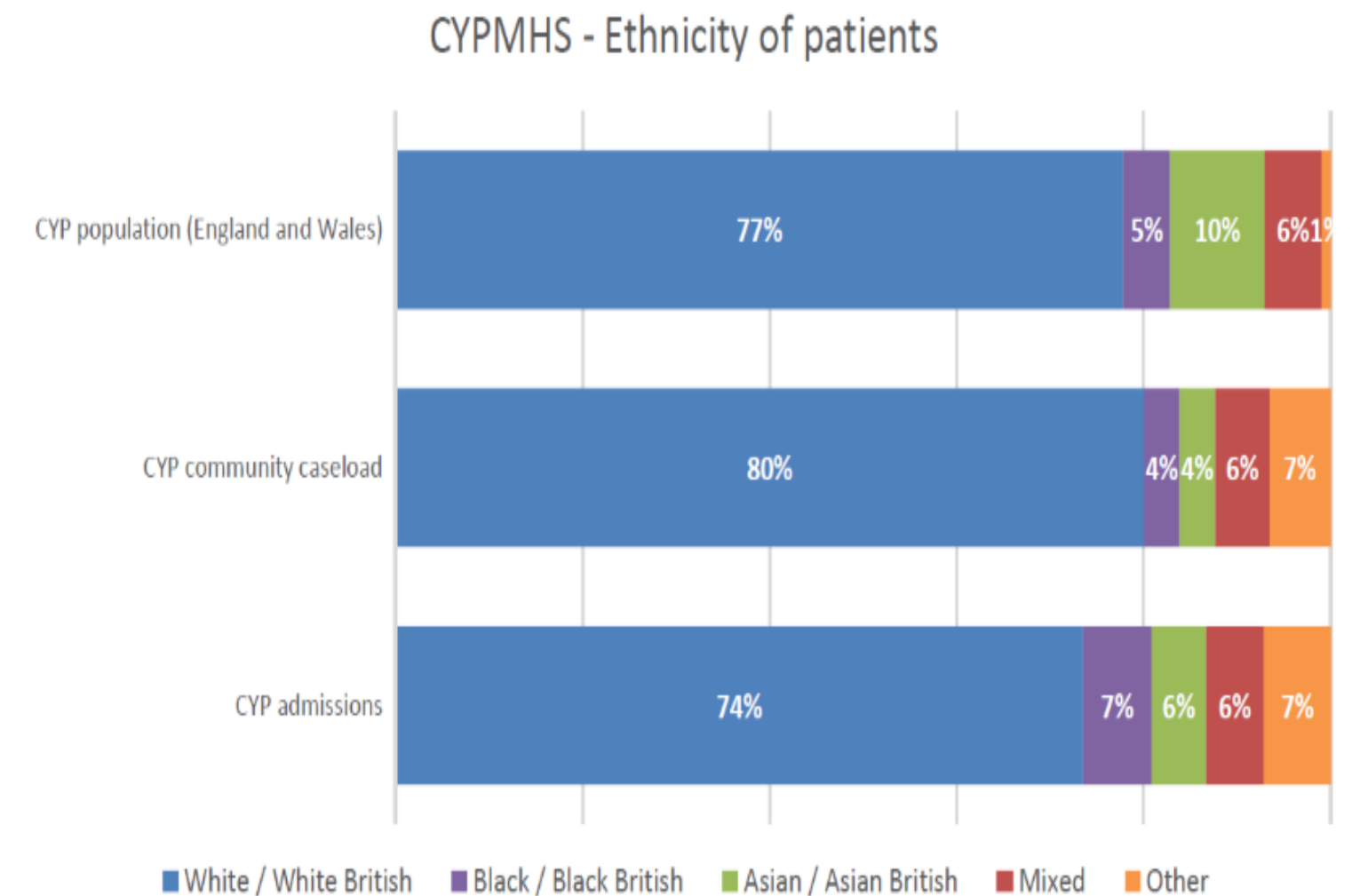


Background

The Qi project was developed from findings of a CAMHS research project

To understand community mental health support for CYP & families in Ealing through NHS and non-NHS services

- ❑ NHS Benchmarking data-
- ❑ 77% of CYP categorised as White/White British
- ❑ 23% are identified in BAME categories
- ❑ Under-representation of BAME children in the community setting compared to the resident population of England and Wales (23%),
- ❑ Asian/Asian British children are the most underrepresented
- ❑ The stigma surrounding mental health - a major barrier in many ethnic minority communities.
- ❑ Therefore, we decided to work directly with communities





The Challenge & Our AIM

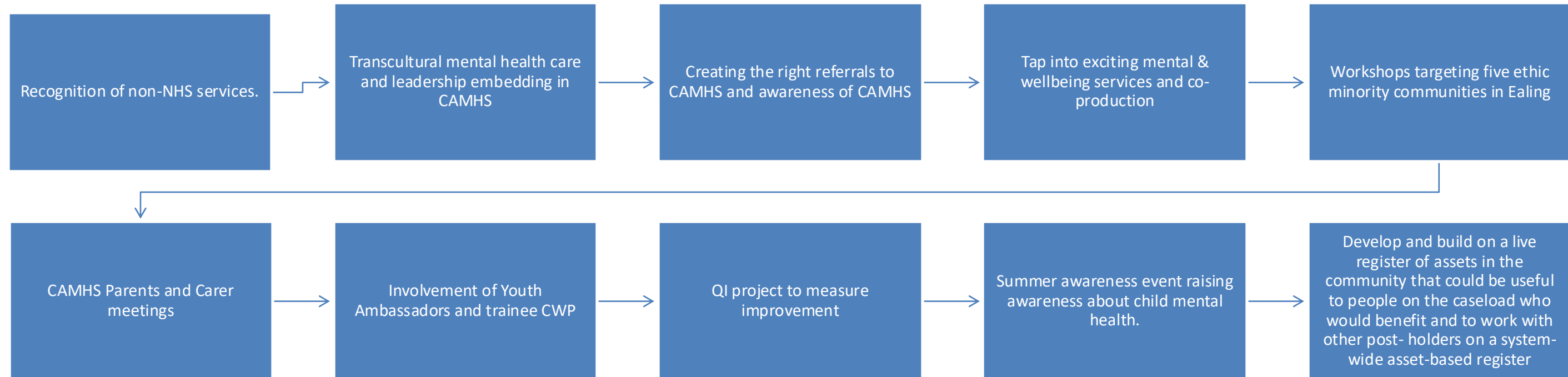
Children and young people from underrepresented ethnic communities such as Sikh, Somali, Polish, Sri Lankan and Arab backgrounds are historically less likely to be referred to Child and Adolescent Mental Health Services (CAMHS), despite similar or greater mental health needs.

This project uses a team of CAMHS Link Workers and a transcultural approach to strengthen community relationships, raise awareness of mental health, and support culturally appropriate referrals. Increasing appropriate access at the earliest point can improve outcomes, reduce risk escalation, and support community trust in services.

Aim

To increase CAMHS referrals from underrepresented ethnic communities (including Sikh, Somali, Polish, Sri Lankan and Arab communities) by 10% in Ealing by Aug, 25, through targeted engagement and support from the CAMHS Link Workers.


Objectives





- 1) Recognition of non-NHS services
- 2) Culturally-sensitive mental health care and leadership within CAMHS
- 3) Improve families' understanding of how to access the MH support
- 4) Deliver outreach initiatives within BAME groups to raise awareness and education
- 5) Develop a live signposting directory of local community assets and resources
- 6) Collaboration with Youth Ambassadors and Children's Wellbeing Practitioners (CWP)
- 7) To implement a quality improvement (QI) project to measure our progress



Making It Happen

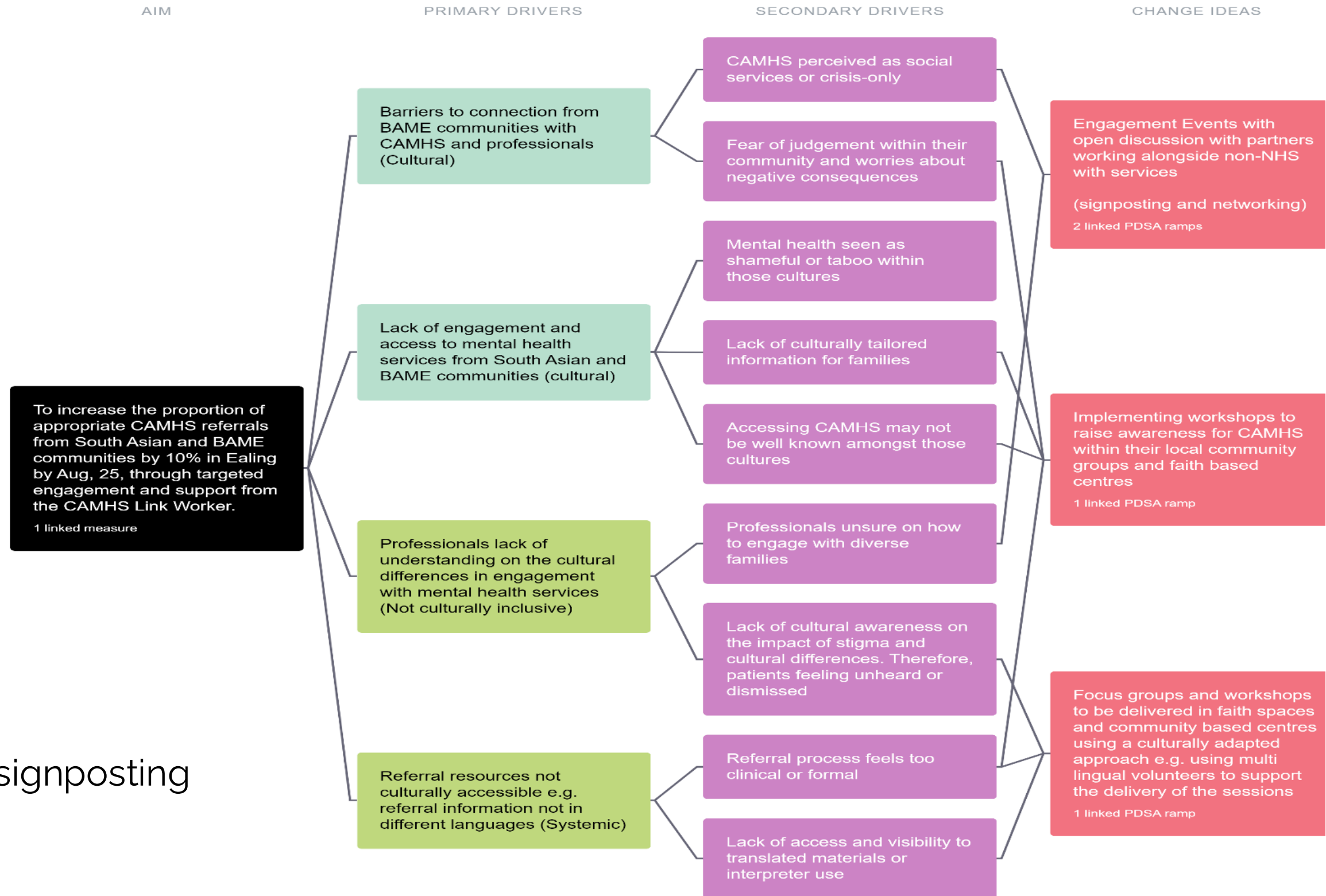
 Identified gaps in knowledge of CAMHS and mental health issues amongst BAME communities through focus groups

 Co-designed and delivered tailored workshops in communities on key topics

 Raised awareness of mental health issues and support services through leaflets and community events

Change ideas introduced:

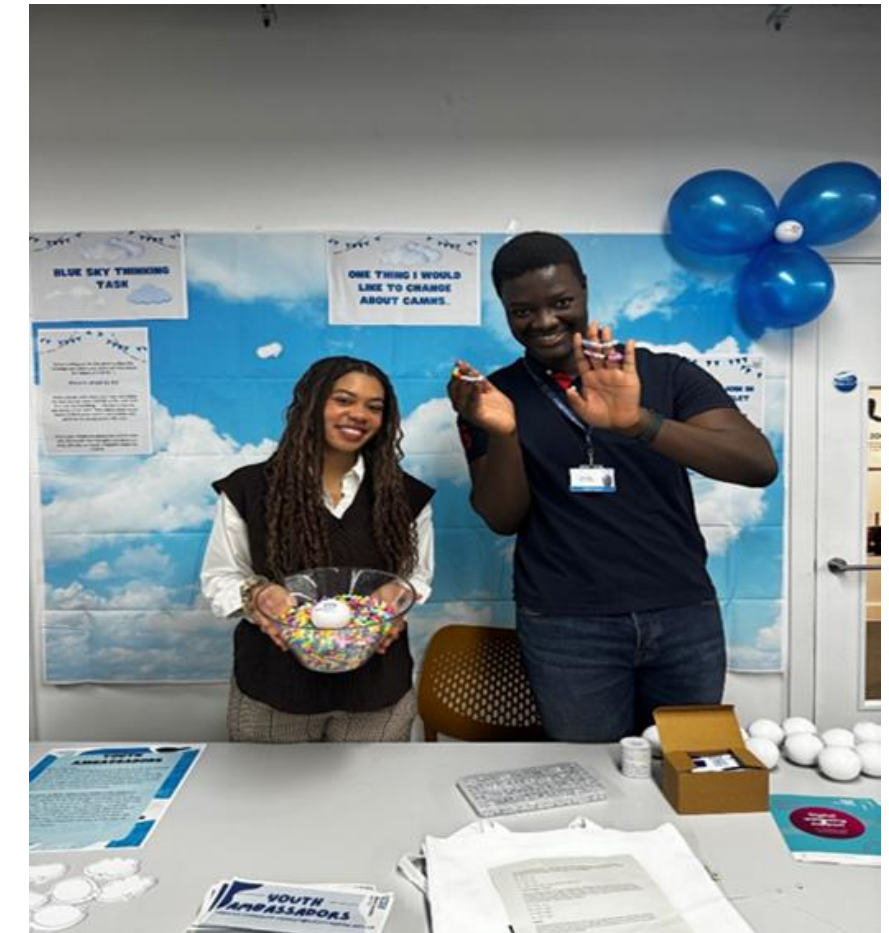
- July 2024-Community events and signposting
- September 2024-Focus groups
- November 2024-Workshops



Through a transcultural approach, we worked with service users, local communities and organisations to raise awareness of CAMHS, mental health services and destigmatize mental health amongst BAME Community

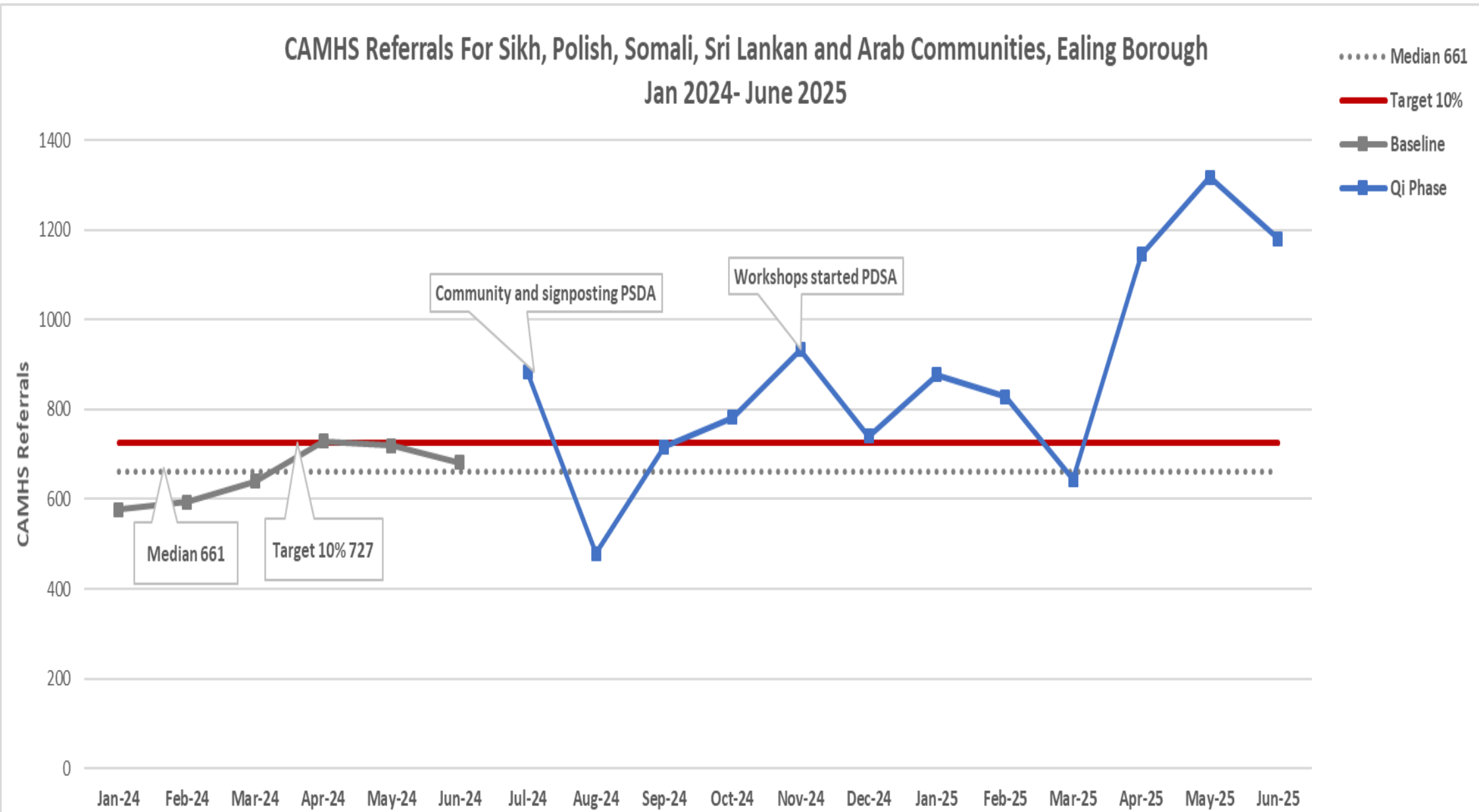
Organisations reached

- We reached approximately 20 organisations
- Faith based centres and community organisations
- Collaborated with NHS teams, perinatal and NHS football for wellbeing
- Delivered approximately 20 workshops, 10 focus groups
- Attended 15 community events
- Reaching approximately 250 participants



What We Achieved

CAMHS Referrals For Sikh, Polish, Somali, Sri Lankan and Arab Communities, Ealing Borough
Jan 2024- June 2025



Referrals from targeted communities increased by 30% on average, peaking at 84% above baseline. Strong signs of system level change are emerging, with consistency building.



Close network across 20+ communities via faith centres, community groups, charities and education systems



Created open spaces for communities to discuss and destigmatise mental health and raise awareness of CAMHS referral process

Behind each data point is a family who found help sooner — often for the first time.



Learning & Challenges

Learning:



Representation Builds Trust. Community-based Link Workers improved engagement and referrals.



Cultural Sensitivity Matters. Transcultural approaches reduced stigma and improved communication.



Collaborative spaces work. Working with faith groups and schools fostered open conversations.



Awareness Increases Access. Education led to more appropriate referrals from underrepresented groups.



Challenges:

Time it takes to hear back from organisations
Cultural Sensitivity Matters.



Hours/times that workshops can be delivered (out of working hours)



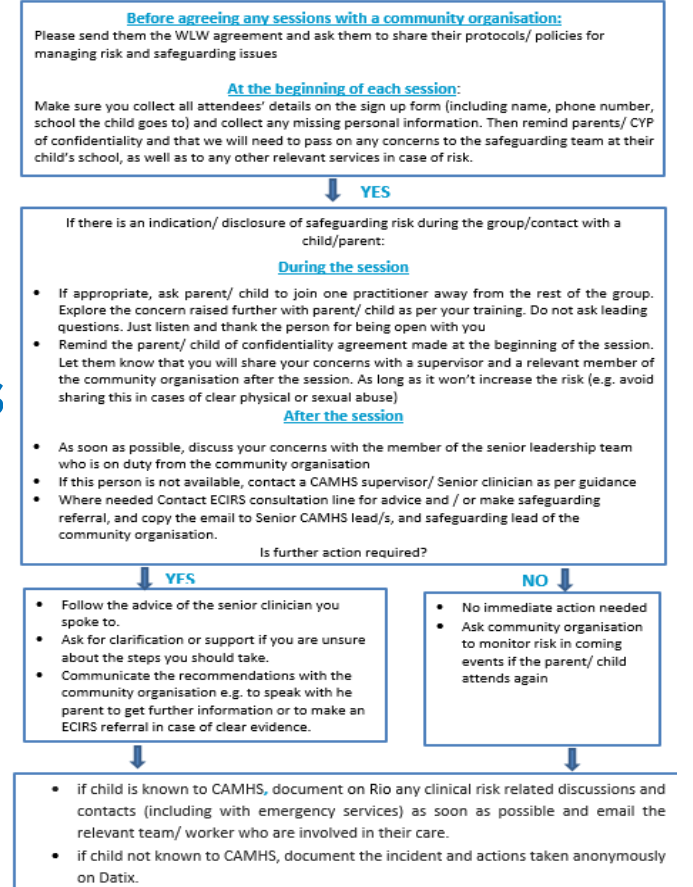
Language barriers during workshops



Ensuring safeguarding of CAMHS staff as well as participants



Children's Wellbeing Link Worker Team Guidance for Safeguarding Risk in Community





**Quality
Improvement**

Impact On The Community

Reached several communities and ethnicities:

- **Somali**
- **South Asian, Punjabi**
- **South Asian, Sri Lankan**
- **Arab**
- **European, White**

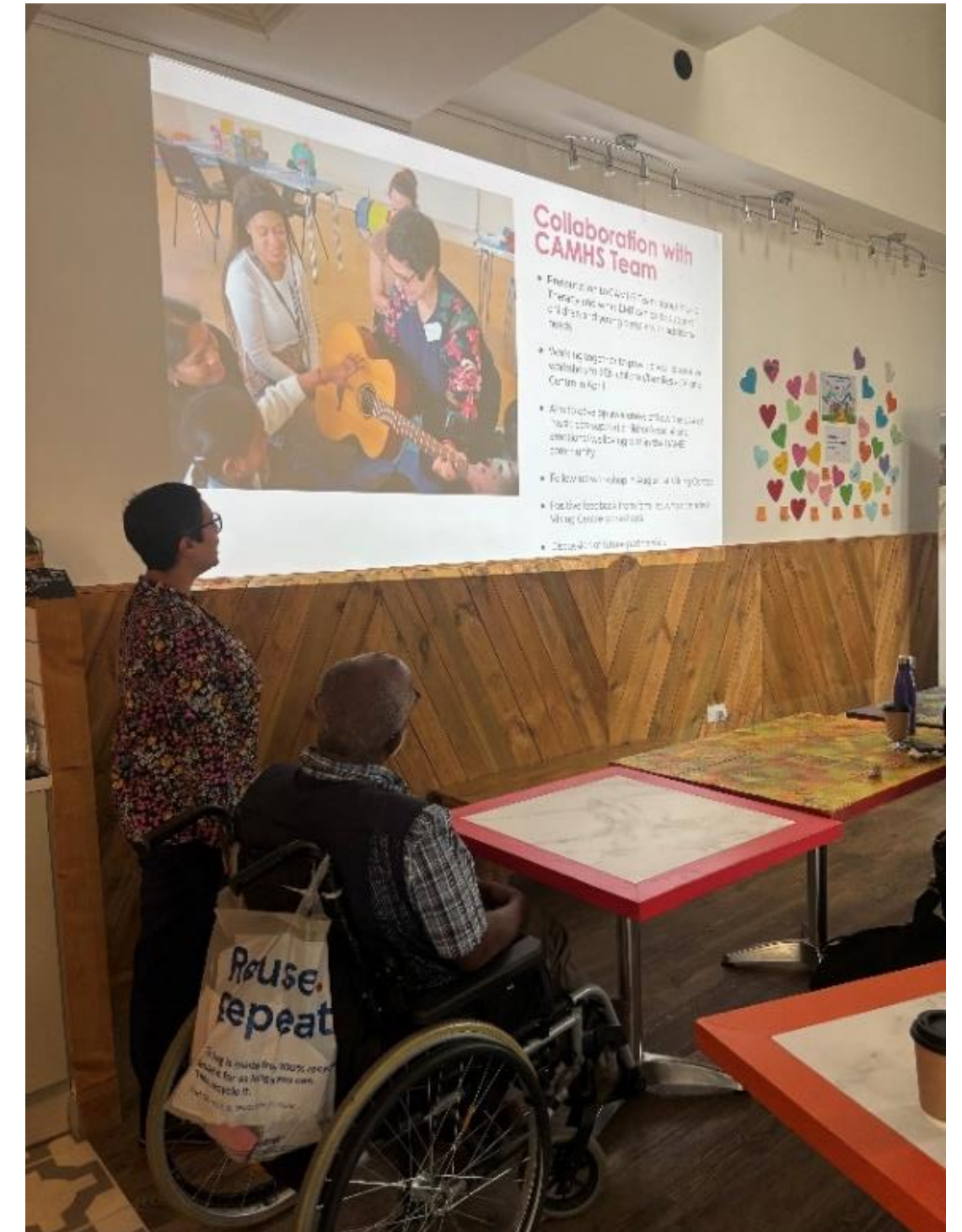
Built rapport and trust with community groups allowing us to connect with the community

Supporting parents with information on CAMHS referral and signposting to relevant local organisations

Worked with ~ 20 organisations

Translated mental health resources and materials

Having open and transparent conversations about mental health





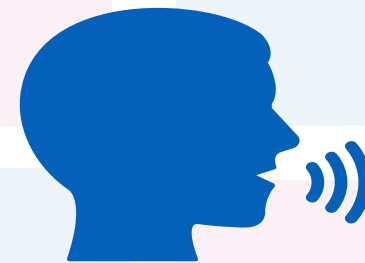
Feedback

"I run a project in Ealing on improving young people's access to community assets for their mental health funded by the NIHR School for Public Health Research. Layla (Senior CAMHS link worker) has been supportive and generous in sharing her insights gathered into the key challenges facing young people's mental health. She also played a key role in signposting me to relevant community organisations.."

-Vanessa Er, Assistant Professor, London School of Hygiene and Tropical Medicine

"Thank you so much for all the events you hosted for us, it has made a real difference to members of the community. One of the ladies who attend the mindfulness workshop was telling me how she has been using some of the techniques you shared."

-Viking community centre



"Thank you for co-working with Perinatal and sharing with us your expert knowledge and experiences. We appreciate all of your hard work and the learning we have done together."

-Tatinder, Perinatal mental health team

It was inspiring to see so many mums, families, and community members come together to learn, share, and support each other. From open conversations to one-on-one chats with healthcare professionals, the safe and confidential spaces allowed for honest dialogue and real connection.

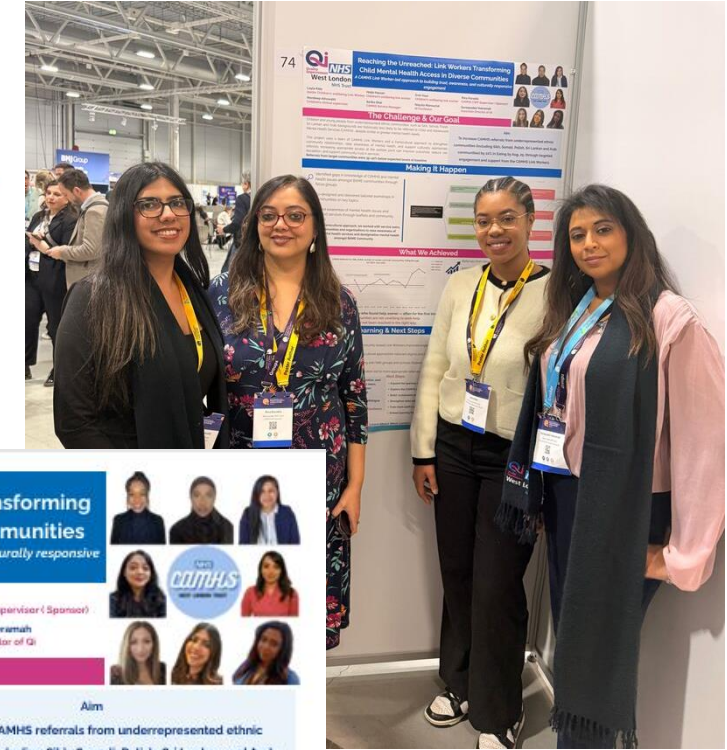
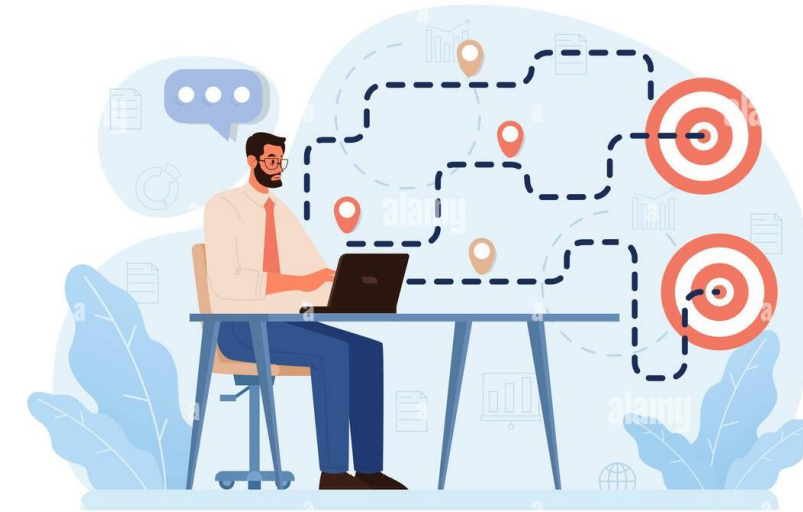
-Southall Gurdwara



Quality Improvement

Next Steps:

Moving forward



- Expand the learning and change ideas across other boroughs for all CAMHS
- Explore the CAMHS Link Worker model to become possible BAU
- Build a sustainable programme of community-based workshops co-led with local leaders.
- Strengthen data collection to track referral quality and outcomes.
- Train more staff in culturally competent engagement and communication.
- Embed learning from this work into CAMHS access strategy and support borough-wide PCREF implementation
- Sharing the learning outside of WLT, through conferences and publications

Reaching the Unreached: Link Workers Transforming Child Mental Health Access in Diverse Communities
A CAMHS Link Worker-led approach to building trust, awareness, and culturally responsive engagement.

The Challenge & Our Goal
Children and young people from underrepresented ethnic communities (such as Sikh, Somali, Polish, Sri Lankan and Arab backgrounds) are historically less likely to be referred to Child and Adolescent Mental Health Services (CAMHS) despite similar or greater mental health needs.

Making It Happen
Identified gaps in knowledge of CAMHS and mental health issues amongst BAME communities through focus groups
Co-designed and delivered tailored workshops in communities on key topics
Raised awareness of mental health issues and support services through leaflets and community events

What We Achieved
Referrals from targeted communities increased by 38% on average, peaking at 84% above baseline. Strong signs of system level change are emerging, with consistency building.
Close network across 20+ communities via faith centres, community groups, charities and education systems; 28 focus groups, 35 workshops co-designed and delivered 725+ participants engaged.

Learning & Next Steps
Representation Builds Trust. Community-based Link Workers improved engagement and referrals.
Cultural Sensitivity Matters. Transcultural approaches reduced stigma and improved communication.
Collaborative spaces work. Working with faith groups and schools fostered open conversations.
Awareness Increases Access. Education led to more appropriate referrals from underrepresented groups.

Next Steps:
Expand the learning and change ideas across other boroughs for all CAMHS
Explore the CAMHS Link Worker model to become Trust BAU
Build sustainable programmes of community-based workshops co-led with local leaders.
Strengthen data collection to track referral quality and outcomes.
Train more staff in culturally competent engagement and communication.
Embed learning from this work into CAMHS access strategy and support borough-wide PCREF implementation



Thank You For Listening!

Any questions?

If you would like further information,
please contact me on:



WLT.Qi@NHS.net



Learn about **West London NHS CAMHS**

**Vicky Patel, Clinical Effectiveness Manager,
The Rotherham Foundation Trust**

Patient Involvement and Care Equity: Improved Outcomes for All

Involving Patients and Communities Better Audit. Fairer Care. Stronger Outcomes.



Involving patients and communities leads to more inclusive, equitable services, helping to tackle healthcare inequalities and ensuring audit reflects the real needs and experiences of those we care for.

HOW IT MAKES A DIFFERENCE



Brings diverse voices

Captures a wide range of experiences, perspectives and priorities.



Informs what matters most

Helps shape audit questions, measures and improvement priorities.



Identifies and addresses inequalities

Highlights gaps and barriers experienced by underrepresented groups.



Improves quality and equity

Drives changes that make services more inclusive, accessible and fair for all.



Ensures audit reflects real lives

Grounds audit in the real needs and experiences of those we care for.



When we involve patients and communities, we build trust, improve outcomes and create a health service that works for everyone.



Patient Involvement and Care Equity: Improved Outcomes for All

A Fundamental Shift: PPI is No Longer Optional or “Add-On”



- ✓ The 10 Year Plan is built around co-development with patients and communities, with over 250,000 public contributions shaping it.
- ✓ NHS policy now explicitly requires working in partnership with people and communities, embedding their input in planning and decision-making.



Co-development and partnership with patients and communities are now at the heart of how we plan and improve.



 This shift ensures clinical audit is meaningful, inclusive and impactful – leading to better care, reduced inequalities and improved outcomes for all.

Patient Involvement and Care Equity: Improved Outcomes for All

The Three Strategic Shifts Change What Audit Must Focus On



The NHS is reorganising around three shifts:



Hospital
→ Community



Treatment
→ Prevention



Analogue
→ Digital



What this means for audit teams:

You are no longer auditing just acute care processes — you must:

- **Audit whole pathways across settings** (e.g. community + primary + hospital)
- Include **patient experience and outcomes outside hospital**
- Consider **social factors and inequalities** influencing outcomes



For frontline teams:

- Expect audit to increasingly reflect **real patient journeys**, not just local service performance
- More involvement in collecting and acting on **patient feedback** and **lived experience**



These shifts mean clinical audit must be **patient-centred, equity-focused** and designed around **whole-person, whole-system care**.

Patient Involvement and Care Equity: Improved Outcomes for All

The Shift to a “Neighbourhood NHS” Increases Expectations on Local Engagement



The plan emphasises:

- ✓ Neighbourhood health services
- ✓ Place-based, community-driven care
- ✓ Integrated planning with local populations



Implication for audit:

- Audits must be **locally meaningful**
- PPI must reflect **specific communities**, not generic patient groups



A neighbourhood NHS is built with **communities, for communities.**

Local engagement ensures audit reflects real needs and drives better outcomes for everyone.



Practically: Clinical audit teams need to:

- Engage with **underserved groups** (not just “usual voices”)
- Work with **VCSE sector / community groups**
- Ensure audits capture **variation between populations**



Frontline teams need to:

- Help identify who is **missing from the data**
- Act on findings that highlight **inequalities or access issues**



Local engagement and community partnership ensure clinical audit is **relevant, equitable** and drives **improvement** where it matters most.

Patient Involvement and Care Equity: Improved Outcomes for All

Tackling Health Inequalities Becomes a Core Audit Function



The 10 Year Plan explicitly aims to:

- ✓ Narrow health inequalities
- ✓ Improve outcomes across diverse populations



PPI is central because:

- It reveals barriers, access issues, and lived experience gaps
- It prevents audit from being “technically correct but practically irrelevant”

WHAT THIS MEANS



Audit teams must:

- ✓ Stratify data (e.g. by deprivation, ethnicity, access routes)
- ✓ Include patient experience alongside clinical metrics
- ✓ Use PPI to interpret why variation exists



Frontline teams must:

- ✓ Engage with findings about inequity, not just compliance
- ✓ Adapt care based on local population needs










When clinical audit tackles inequalities with people and communities, it leads to fairer care, better outcomes and a healthier future for all.

Patient Involvement and Care Equity: Improved Outcomes for All

PPI Moves Toward Co-Production and Partnership



 This is a maturity shift:

Old model		New expectation
 Feedback surveys	→	 Co-design of audits
 Occasional consultation	→	 Ongoing partnership
 "Patient voice" as input	→	 "Patient voice" as equal contributor


-  For clinical audit teams:
- Involve patients in:
 - Topic selection
 - Defining measures
 - Interpreting results
 - Designing improvement actions
 - Build Patient & Public Voice (PPV) roles into audit structures

-  For frontline teams:
- Be prepared to:
 - Work with patients in improvement cycles
 - Share decision-making about service changes




 Co-production leads to more relevant audits, more meaningful improvement, and better care that reflects what matters most to people and communities.

Patient Involvement and Care Equity: Improved Outcomes for All

Digital Transformation Expands PPI Opportunities (and Expectations)

 The NHS is moving to:


- ✓ A digitally led system
- ✓ Real-time feedback and access via tools like the NHS App

 →  → 

IMPLICATIONS


 **Audit can now include:**

- Real-time patient feedback
- Experience data at scale


 **But risk:**


- Digital exclusion → reinforces inequalities if ignored

ACTION

 **Audit teams should:**


- ✓ Use digital data plus targeted engagement for underrepresented groups



 By combining digital innovation with inclusive engagement, audit can better reflect **real** lives and drive **equitable, patient-centred improvement**.



Patient Involvement and Care Equity: Improved Outcomes for All

Structural NHS Changes Mean More Local Accountability



Reforms include:

- ✓ Changes to NHS England's role and governance
- ✓ Greater emphasis on local system leadership and planning




Result:

Accountability is shifting closer to systems and providers.



For audit & clinical teams:

You will be expected to demonstrate:

-  **Impact**, not just activity
-  **Patient-informed** improvement
-  Alignment with **system priorities** (ICS/place)



These structural changes mean audit and clinical teams play a vital role in ensuring services are **accountable locally**, driven by **real community needs**, and deliver **meaningful improvement** for patients.

Patient Involvement and Care Equity: Improved Outcomes for All

Bringing it Together: What Changes on the Ground?

For Clinical Audit Teams


You need to:

-   Embed **PPI** throughout the audit cycle
-   Audit **pathways**, not silos
-   Focus on **inequalities** and **lived experience**
-   Use both **quantitative + qualitative** data
-   Support **co-production** and **community engagement**
-   Demonstrate **real-world impact** on patients

For Frontline Teams

You will need to:

-   Engage with patients as **partners in improvement**
-   Respond to audit findings grounded in **lived experience**
-   Adapt care based on **community needs**, not just guidelines
-   Take ownership of **reducing inequalities** in practice

 When audit and care teams work together with patients and communities, we create services that are **equitable, person-centred** and focused on what matters most.

Q+A

Rina Kordia

Niquita Mansuclal

Sarika Ghai

Vicky Patel

Upcoming Clinical Audit Awareness Week Webinars

Daily themed webinars:

- 2-3pm: Patient Involvement & Care Equity: Maternity and Healthcare Inequalities
- Wed 10am-12pm: Shaping the Future Together
- Thu 10.30am-12pm: Patient Safety: Using Data to Reduce Harm
- Fri 10am-12pm & 1-3pm: Data-Informed Improvement



Find out more and register here
- or scan the QR code:

www.hqip.org.uk/caaw26

Daily Excellence in Clinical Audit Awards announcements:

- Wed 12.45-1.30pm: Innovation Award
- Thu 12.45-1.30pm: Patient Safety Award
- Fri, during the 1-3pm webinar: Evidence in Practice Award

Find lots more on this topic on HQIP's website:

- www.hqip.org.uk/impact-of-data/patient-voice/
- www.hqip.org.uk/impact-of-data/health-inequalities/

THANK YOU!



Please share your feedback:

Go to www.hqip.org.uk/caaw26-feedback

Or scan the QR code

Keep up to date:

- Sign up to HQIP's mailing list: www.hqip.org.uk/subscribe-form/
- Follow us on social media & use the hashtag #CAAW26

