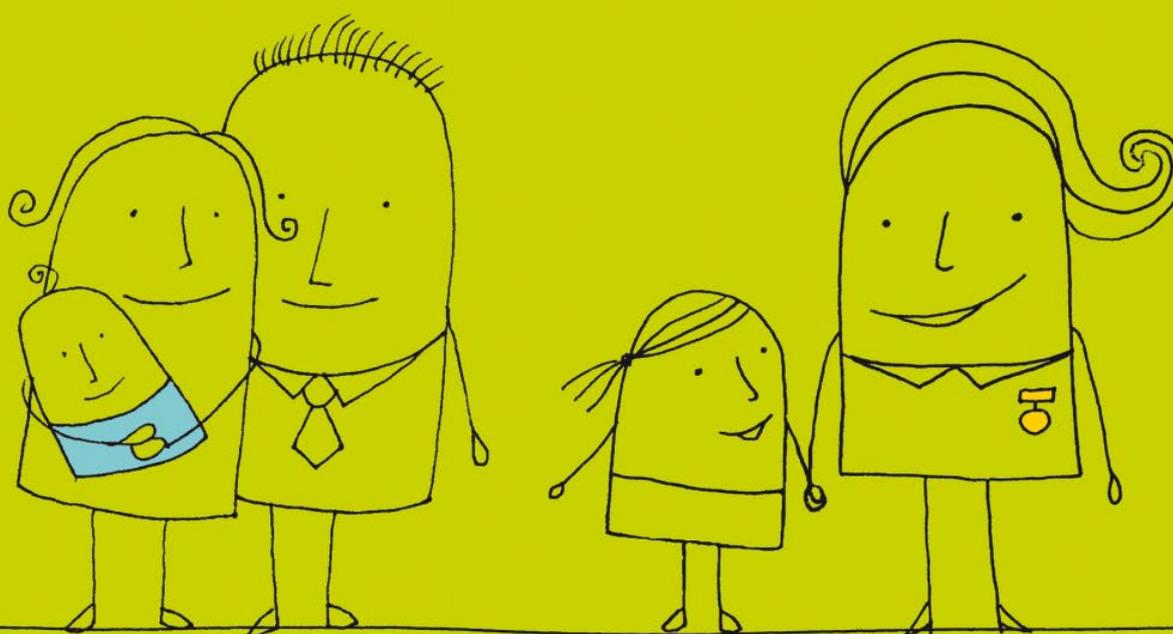


# Patient and Client Council

## Quality Report 2017/18



## **Foreword**

In 2011, the former Department of Health and Social Services and Public Safety (DHSSPS) launched the Quality 2020: A 10 Year Strategy to “Protect and Improve Quality in Health and Social Care in Northern Ireland”. As an integral part of health and social care in Northern Ireland the Patient and Client Council has a commitment to the Quality 2020 strategy:

- in its own activities; and
- ensuring the patient voice is heard within health and social care.

This report demonstrates the Patient and Client Council (PCC) commitment to Quality 2020 and its mainstreaming into its work. However it should be noted that the PCC is neither a commissioner nor provider of health and social care services.

A handwritten signature in black ink that reads "Maeve Hully". The signature is written in a cursive, slightly slanted style.

**Maeve Hully**  
**Chief Executive**  
**The Patient and Client Council**

**June 2018**

## **Introduction**

The Patient and Client Council (PCC) was established on 1<sup>st</sup> April 2009.

Our purpose is to be an influential and independent voice that makes a positive difference to the health and social care experience of people across Northern Ireland.

The PCC has four main statutory duties. They are:

- To represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- To provide assistance to individuals making or intending to make a complaint relating to health and social care;
- To promote the provision of advice and information by Health and Social Care organisations to the public about the design, commissioning and delivery of health and social care services.

As part of the Health and Social Care Framework for Northern Ireland, the PCC seeks to support the Department of Health (DoH) overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people of Northern Ireland. The PCC seeks to do this by providing a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

All Health and Social Care (HSC) bodies must co-operate with the PCC in the exercise of its functions. This means that HSC bodies must consult the PCC on matters relevant to its role and must furnish the PCC with the information necessary for the discharge of its functions. Furthermore, HSC bodies must have regard to advice provided by the PCC about best methods and practices for consulting and involving the public in health and social care matters.

The PCC's relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from HSC bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers. The PCC's functions do not include a duty to consult on behalf of the HSC. Each HSC body is required to put in place its own arrangements for engagement and consultation.

## Quality 2020

The objective of Quality 2020 is to protect and improve quality in health and social care services in Northern Ireland. Within the strategy there is a clear imperative to remain committed to continuous improvement and to maintain high standards of excellence.

Quality 2020 defines quality under three main headings:

**Safety** – avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them;

**Effectiveness** – the degree to which each patient and client receives the right care (according to scientific knowledge and evidence-based assessment), at the right time in the right place, with the best outcome; and

**Patient and Client Focus** – all patients and clients are entitled to be treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The strategy identifies a number of **design principles** that should inform planners and practitioners of services. A high quality service should:

- be holistic in nature;
- focus on the needs of individuals, families and communities;
- be accessible, responsive, integrated, flexible and innovative;
- surmount real and perceived boundaries;
- promote wellbeing and disease prevention and safeguard the vulnerable;
- operate to high standards of safety, professionalism and accountability;
- be informed by the active involvement of individuals, families and communities, HSC staff and voluntary and community sectors; and
- deliver value for money ensuring that all services are affordable, efficient and cost-effective.

The strategy also outlines a number of values for all health and social care organisations in planning and delivery of services. Namely: **Empowerment, Involvement, Respect, Partnership, Learning, Community, Continuity and Equity and Equality.**

The strategic goals of Quality 2020 set out under these design principles and values are:

1. **Transforming the Culture** - This means creating a new and dynamic culture that is even more willing to embrace change, innovation and new thinking that can contribute to a safer and more effective service. It will require strong leadership, widespread involvement and partnership-working by everyone.
2. **Strengthening the Workforce** - Without doubt the people who work in health and social care (including volunteers and carers) are its greatest asset. It is vital therefore

that every effort is made to equip them with the skills and knowledge they will require, building on existing and emerging HR strategies, to deliver the highest quality.

- 3. Measuring the Improvement** - The delivery of continuous improvement lies at the heart of any system that aspires to excellence, particularly in the rapidly changing world of health and social care. In order to confirm that improvement is taking place we will need more reliable and accurate means to measure, value and report on quality improvement and outcomes.
- 4. Raising the Standards** - The service requires a coherent framework of robust and meaningful standards against which performance can be assessed. These already exist in some parts, but much more needs to be done, particularly involving service users, carers and families in the development, monitoring and reviewing of standards.
- 5. Integrating the Care** - Northern Ireland offers excellent opportunities to provide fully integrated services because of the organisational structure that combines health and social care and the relatively small population that it serves. However, integrated care should cross all sectoral and professional boundaries to benefit patients, clients and families.

This report sets out how the PCC has reflected the Quality 2020 strategy under these goals.

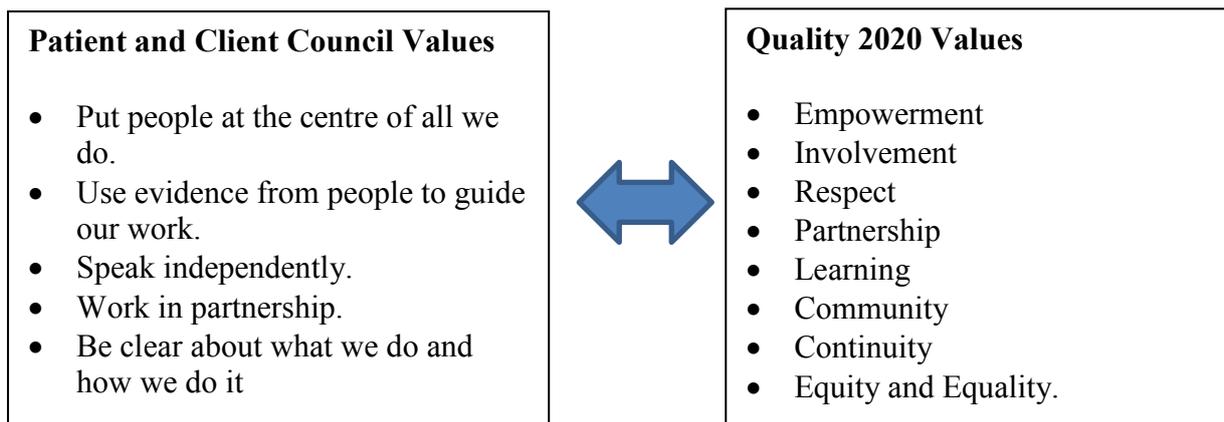
## 1) Transforming the Culture

Quality 2020 aim: *We will make achieving high quality the top priority at all levels in health and social care. We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.*

The Quality 2020 strategy seeks to protect and improve the quality of health and social care services for people in Northern Ireland. The PCC is not a “front line” service in health and social care. However it has embraced the Quality 2020 in its work and seeks to be open, honest, transparent and client focussed in all it does.

### Quality within the PCC

The PCC Corporate Plan as approved by the Board, has a set of values which reflect and indeed read across directly to the values of Quality 2020. A comparison of the values is shown below;



The PCC seeks to provide a quality service in all it does by adhering to these values. The PCC follows a values culture in its operations and its recruitment processes.

### Corporate Plan

The PCC seeks to maintain a focus on quality through its Governance arrangements. The PCC Board receives regular reports on the activities of the organisation and scrutinises the outputs (including quality) from agreed objectives. These objectives are based on the four corporate goals of the PCC. The goals for the period of this report were;

- a. The Patient and Client Council represents the interests of the public;
- b. The Patient and Client Council promotes involvement of the public in health and social care;
- c. The Patient and Client Council provides assistance to individuals making or intending to make a complaint relating to health and social care;

- d. The Patient and Client Council promotes the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care; and
- e. The Patient and Client Council is an effective organisation.

This scrutiny and oversight on the achievement of these goals is based on the annual Business Plan. Annually the PCC sets out what it will seek to achieve in the coming twelve months in a Business Plan. The Plan is approved by the DoH and PCC Board and its contents are quality assured by reference to;

- What people have told the PCC in the previous year;
- The views of the Board;
- The views of the Bamford Monitoring Group;
- The views of DoH policy leads;
- The views of the PCC Sponsor Branch, the Nursing, Midwifery and AHP Directorate;
- The views of staff; and
- The statutory functions of the PCC.

In line with public sector strategy, the PCC Board redrafted its Corporate Plan in year to bring it in line with the NI Executive's Programme for Government (PfG) and to introduce an outcomes based approach to its work and activities. Once approved the Plan will provide a road map for how the PCC will deliver on the Department of Health PfG outcome:

**“We enjoy long, healthy and active lives”**

### **The Business Plan**

The Business Plan sets out objectives which demonstrate how the PCC will deliver on discreet projects gathering the views of the public on health and social care services and on core services such as its complaints support service. The messages promoted by the PCC are firmly grounded in an evidence base of views expressed by the public.

The Business Plan sets out clear deliverables and dates for completion of its projects to gather people's views on health and social care services. Each project is detailed in a Business Brief which is approved by the Senior Management Team and, where appropriate, scrutinised by the organisation's Research Committee. The Committee is made up of Board Members, Senior Management and the PCC Research Manager. The Committee scrutinises a project to ensure the plan and methodology proposed is appropriate and the information gathered will meet the project requirements.

The PCC Board oversees the delivery of the Business Plan by *monitoring performance* against objectives at each meeting. This monitoring includes ensuring the quality of the Council's work, as exemplified by its reports, meets the standards expected. Complementing this scrutiny, the organisation monitors how its work resonates through the health and social

care system, particularly in the annual Health and Social Care Commissioning Plan for Northern Ireland. The PCC uses a Performance Report, as recommended by Internal Audit, which not only includes performance against operation and financial objectives but also provides an environmental scan on key health and social care issues, to inform Board decision making.

The PCC delivered on all its Business Plan objectives for the year 2017/18.

Annually the Board receives this report on the organisation's commitment and activities surrounding Quality with specific regard to Quality 2020.

The Board itself is fully committed to quality in its activities. Annually the Board undertakes a self-assessment of its performance to reflect on how it can improve its effectiveness and deliver more completely on its role. This year the Board held a specific workshop to review and revamp its corporate risk register. This resulted in a more user friendly and concise register, reflecting the risks facing the organisation and to ensure they align with the statutory functions of the organisation.

### **Engaging with the public**

The PCC has a policy setting out clearly how it will engage with people and find out their views. The policy is called "Involving You". Based on our experience of working with patients, service users, carers and communities (people) and listening closely to what they have told us, the PCC seeks to ensure the following principles underpin all its work:

***Principle 1*** - People will be involved in a way that is appropriate

***Principle 2*** - People will be involved in ways that are accessible

***Principle 3*** - People will be kept informed

***Principle 4*** - Involving people will make a positive difference

***Principle 5*** - In partnership the PCC will continually review what it does

The PCC undertook an engagement with people about its engagement policy, Involving You, to ensure it was fit for purpose and met people's expectations.

In 2017/18 that engagement included attending over 300 events to speak to people and gather their views on health and social care and engaging with its Membership Scheme now numbering some 13,229 members.

Throughout 2017/18, the PCC

- Spoke directly to approximately 4,200 to hear their views on health and social care services;
- Heard from 3,529 people who contributed to our published reports and
- Responded formally to 12 health and social care consultations.

## **Health and Wellbeing 2026: Delivering Together**

The Minister for Health introduced Health and Wellbeing 2026: Delivering together in October 2016. This provides a vision for how health and social care services will be reshaped and delivered in the future.

Fundamental to the success of the vision contained within the statement was a commitment for Health and Social Care to re-organise how it does things in partnership with those who use the service and those who work in it. This is being realised by the Health and Social Care system through Co-Production. The Chief Executive has led the PCC's involvement in helping the system to develop a clear understanding of the concept of Co-Production and its value in designing and producing quality services.

Staff and Board members from the Patient and Client Council participated in a regional Future Search event – January 2018. The objective of this event was to create the conditions for the 'whole system' to be in the room to discuss and determine how best to work together to:

- put citizens at the centre of health and social care delivery;
- embody our values of co-production;
- ascertain a common agenda; and
- identify the way forward to make this happen.

As the statutory voice for the public on health and social care issues, the PCC will continue to promote and support the patient voice in these developments.

Health and Wellbeing 2026 challenged the service to set out the initial design work for an Improvement Institute. The Chief Executive has led on the PCC's input to this and we look forward to seeing the output and implementation of the ideas in 2018/19.

## **2) Strengthening the workforce**

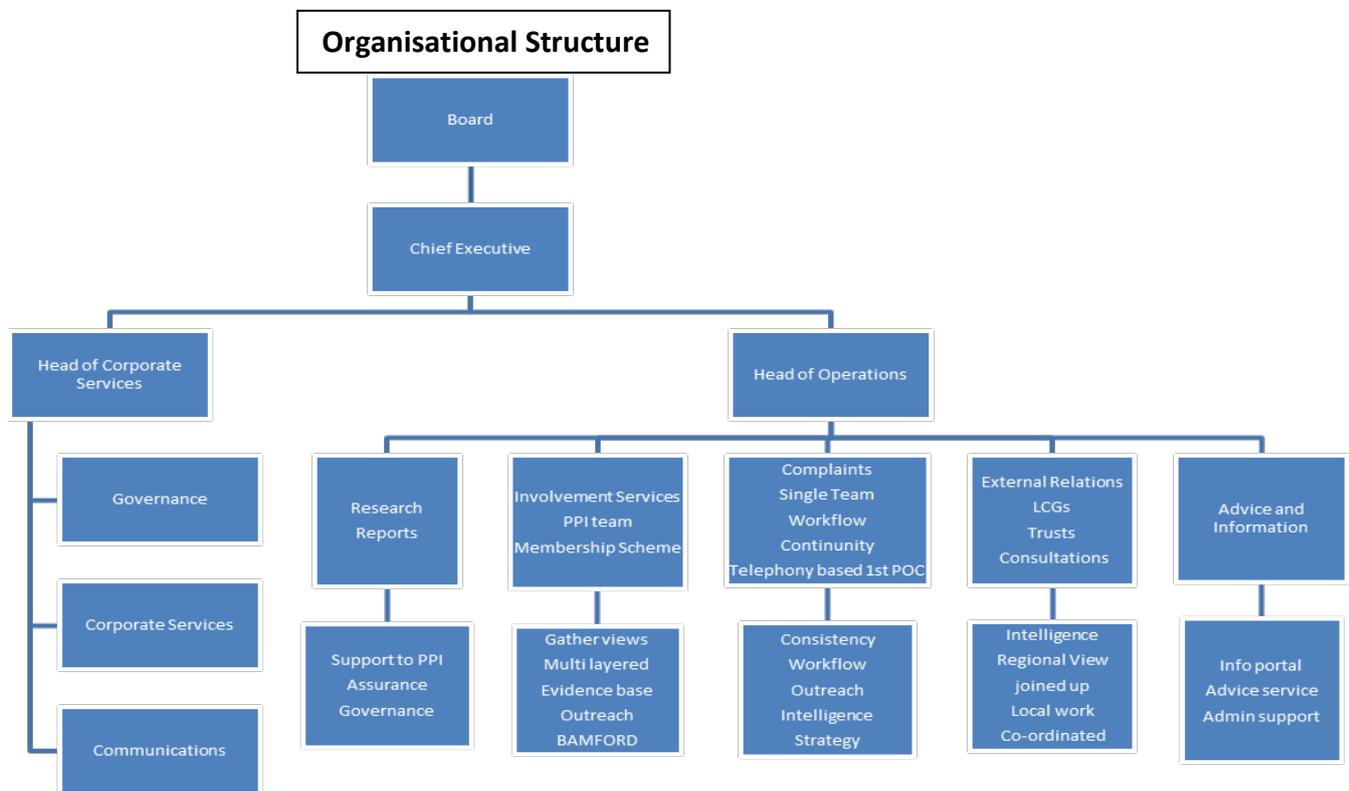
Quality 2020 aim: ***We will provide the right education, training and support to deliver high quality service. We will develop leadership skills at all levels and empower staff to take decisions and make changes.***

The PCC's most valuable resource is its staff and we strive to allow our staff to deliver the best job they can. The PCC continues to hold an Investors In People accreditation. It was noteworthy that all the key elements of a high performing organisation were in place prior to evaluation against the Investors In People framework. Accreditation is an endorsement of the approach of the PCC management and development of its workforce.

Support for staff in their work and development improves the quality of what they do. In realising this we have taken a number of steps to ensure such comprehensive support is in place for staff, including:

- A staff appraisal system which sets clear objectives under the corporate goals approved by the Board. This allows all staff to see how they contribute directly to the vision for the organisation Appraisal meetings allow feedback to staff on their performance and an opportunity to celebrate good performance;
- Personal Development Plans tailored to the individual's needs, allowing people to not only improve how they do their current job but also to prepare for the next step in their career with health and social care; and
- A counselling and occupational health service to help staff if they feel they need specialist support and advice to remain in work and manage their health and well-being.

The organisation operates under a flat functional structure as set out below.



This approach has provided inherent advantages to the quality of the work of the PCC and how its staff collaborate as envisaged by Quality 2020.

### **Developing excellent teamwork**

- Functional teams work in partnership on Business Plan projects allowing a synergy in how people work together, with staff learning from the expertise of others. E.g. the Research team helping Personal and Public Involvement officers to understand the principles of effective research and hence improve their engagement with service users, clients and carers.
- Personal and Public Involvement Officers collate and share contact details to the Complaints Support Officers, of those who express dissatisfaction with the care and/or services they have received.
- Staff commitment to their organisation and team can be measured in a number of ways.
  - The PCC's Investors In People accreditation process involved interviews with a third of PCC staff at all levels and fully endorsed staff support for the organisation's vision.
  - The staff survey showed that overall, staff are generally positive about their jobs in the PCC and scores are better than average on most questions compared to the rest of HSC.
  - It is also worth noting that the year-end the Patient and Client Council sickness absence rate over the year was 2.65% against a target of 3.24%.

### **Demonstrating senior management commitment to quality and reinforcing an inspiring vision of the work of the organisation**

- The Senior Management Team work at an operational level on projects allowing them to participate in direct engagement with the public and understand more clearly the patient experience;
- The Chief Executive has spent time on the PCC Helpline, listening to patients and service users expressing their concerns about health and social care services, and hearing at first-hand how PCC staff provide help and support.
- The Head of Operations continues to work directly with clients alongside Complaints Support Officers in helping to have their concerns about health and social care heard; and
- Staff engagement in developing the Business Plan and the approach to delivering on projects, encouraging and allowing for innovation.
- The Senior Management Team hosted three all staff sessions to share the work of the PCC, gather staff input to the Business Plan and respond to staff concerns. Staff also contribute to the programme of planned team days.

### **Effective communication**

- The PCC encourages and facilitates effective communication, with all staff able to engage not only with their peers and line managers but also the Senior Management Team and Board Members.

- In 2017/18 the PCC set up an internal communications group (made up of staff) to enhance the flow of information throughout the organisation.

### **Innovative working**

Since its inception the PCC has sought to be innovative in what it does and how it works. Our staff work across a number of sites but we have fully embraced an agile working concept in how we approach what we do, fully in line with Northern Ireland Civil Service Reform future@work and DoH policy. This has seen the establishment of peripatetic working for our staff.

Staff have been given the tools to work anywhere across Northern Ireland to enable them to realise the PCC's commitment to meet people wherever they live and work. Peripatetic working allows staff to have more control over what they do and to balance their working life with their commitment to the PCC. The headquarter's office is open plan, with shared workspace for all staff including the Chair and Chief Executive.

The PCC always seeks to improve how it manages what it does and takes a positive "no blame" approach to its work. We also follow the Health and Social Care Complaints Process if anyone is unhappy in their experience with us and wishes to make a complaint. The PCC received two complaints about its services in the course of the year. Complaints are a valuable way to learn how to improve services. The PCC takes all feedback very seriously and is constantly reviewing the service it offers to improve the experience of our clients. Based on this feedback the PCC has looked to improve its communications and managing expectations on the services it provides. All complaints are reviewed by the Chief Executive.

### **Training**

The PCC has a strong commitment to training and developing its staff. In 2017/18 the PCC devoted £26,275 to training courses for staff.

All PCC staff have access to e-learning training on Quality 2020 – to date 16 staff have taken Level 1 training in the Quality 2020 Attributes Framework.

All staff have access to e-learning platform which allows staff to develop skills and knowledge at a pace they are happy with. In 2017/18 a new e-learning matrix was shared with staff to help manage completion of all the mandatory training on a timely basis.

All complaints staff are now committed to an accredited City and Guilds advocacy course. As at 31st March 2017 four members of the team had completed the course, with the remaining two team members scheduled to complete the course in 2018/19. This year also saw staff continue and complete undergraduate and post-graduate training.

## **3) Measuring the improvement**

Quality 2020 aim: *We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience. We will promote the use of accredited*

*improvement techniques and ensure that there is sufficient capacity and capability within the HSC to use them effectively*

## **Representing views of the public**

A core function of the PCC is to ensure that the needs and expectations of the public are represented in the planning, commissioning and delivery of health and social care services. Since the organisation is not part of the direct decision making process on services this can be challenging and the quality and reliability of what we produce to inform decision-makers is essential. The annual Business Plan sets out a number of discreet objectives and projects to be achieved in the year. The delivery of these projects is monitored and their associated reports are approved by the PCC Board. However the PCC also monitors how this work is subsequently taken up by the health and social care system and where it has made a difference.

The key to the planning and delivery of health and social care services in Northern Ireland is the Commissioning Plan of the Regional Health and Social Care Board. The plan now includes a discreet section which lists how health and social care will respond to the representations of the Patient and Client Council.

## **PCC Complaints Support Service**

In the year 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018, 900 people were supported by the complaints support service for a formal complaint or issue/concern. In addition to this, 903 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires.

For most people who made a complaint the outcome they sought was an apology, an explanation and an assurance of change so that others do not have the same experience as them.

The PCC provides clients with a range of support services including information, advice, assistance with drafting correspondence, advocacy support at meetings and follow-up, preparation of cases, including submissions to the Ombudsman and other regulatory bodies.

Whilst there is a high degree of satisfaction with the service, the Complaints Support team continually seeks to understand the reason for people being dissatisfied with the service and put in place steps to improve the system or the complaints officers' skill sets. In 2017/18 the following actions were taken to improve the service;

- Key Performance Indicators for the service are in place and monitored; and
- A review was undertaken of the PCC Helpline and new arrangements are underway to improve the efficiency of the service.

#### 4) Raising the standards

Quality 2020 aim: *We will establish a framework of a clear evidence-based standards and best practice guidance. We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review*

The PCC's activities are aimed at making a difference for people and improving the patient experience. The PCC's work is firmly evidenced based, rooted in the views it gathers from people. As part of the follow up on its work, the PCC can demonstrate specific examples which exemplify the commitment to quality improvement through effective partnership working. These successes were documented in the PCC's **The People's Voice** report which was produced in year, showing positive outcomes for patients, clients and carers over a seven year period.

The Hyponatraemia Report - In early 2018 the Hyponatraemia Report was launched. The PCC will support the implementation of the relevant recommendations in the hyponatraemia report in line with its statutory functions to ensure people's views are heard and they have access to trained, advocacy support.

#### 5) Integrating the care

Quality 2020 aim: *We will develop integrated pathways of care for individuals. We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external providers.*

Within the HSC framework the PCC provides an "independent voice" for patients, clients and carers. All views expressed by the PCC and its officers are firmly grounded in an evidence base of the people it has spoken. The PCC shares these views to promote a more integrated approach to health care. The PCC does this through:

- Publication and dissemination of formal reports;
- Active press and social media promotion; and
- Contributing to HSC groups and forums on developing services. In 2017/18 this included representing patient views at many groups and committees in order to bring a patient perspective, these included: The Miscarriage Regional Forum, Regional Nutrition Steering Group and Stroke Forums. In addition to this, meetings with key external stakeholders for health and social care such as locally elected representatives, professional bodies, the community and voluntary sector and independent service providers were held.

The PCC also recognises that service users and carers, who sit on HSC groups or forums often require confidence and skills to have their voice heard. In 2017/18 we piloted capacity

building training for PCC members to support them to influence HSC decisions. The evaluation of this exercise was very positive and plans are in place to roll out this initiative wider in 2018/19.

[www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

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