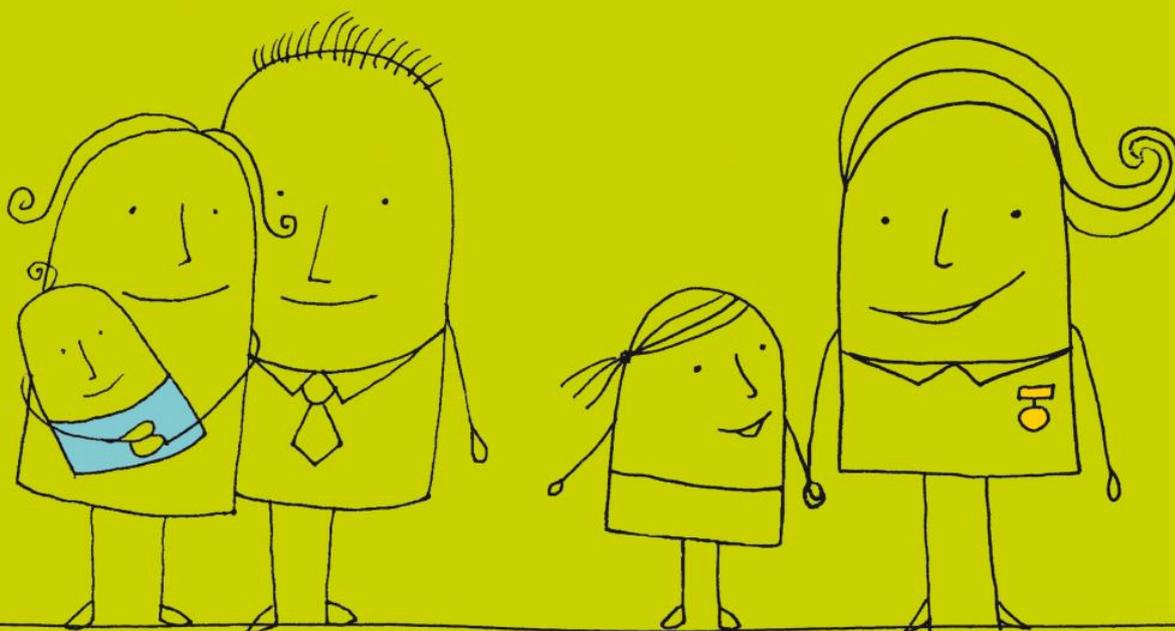


# Patient and Client Council

## Quality Report 2015/16



## **Foreword**

In 2011, the 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 the implementation of Quality 2020.

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**

**September 2016**

## 1.0 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 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.

## 2.0 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.

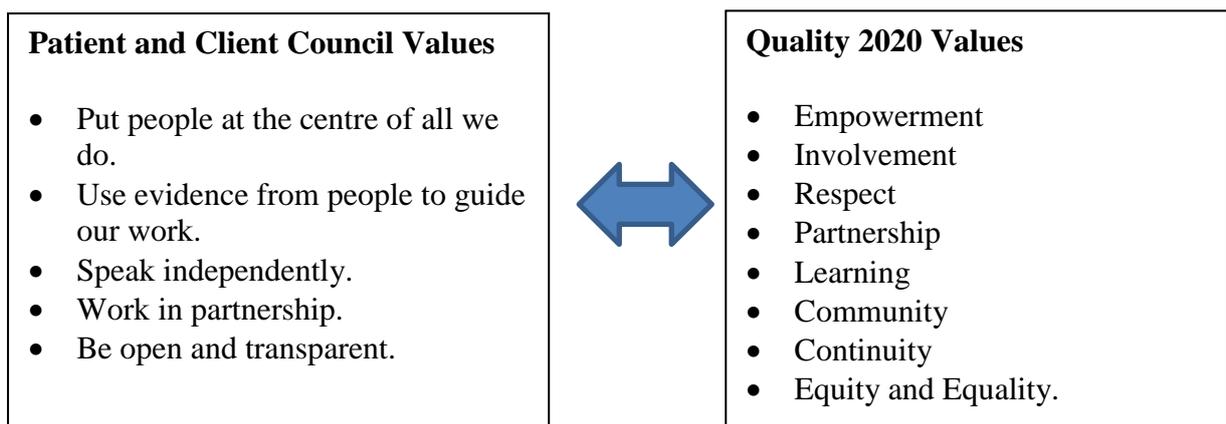
### 3.0 Transforming the Culture

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 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;

1. The Patient and Client Council is an independent and reliable voice for people using health and social care services.
2. There is an improved health and social care system.
3. Decisions in health and social care are made in partnership between the public and health and social care organisations; and
4. 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.

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.

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 has also held two workshops to discuss 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

Through its engagement work the PCC publishes key reports reflecting what people have shared about their health and social care experiences. In 2015/16 that engagement included attending almost 400 events to speak to people and gather their views on health and social care and engaging with its Membership Scheme now numbering some 12,500 members.

Throughout 2015/16,

- Around 6,311 people were involved in our work:
  - 864 people used our complaints support service;
  - 909 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires;
  - 4,558 people took part in our events and project work; and
  - We recruited 2,890 new members to our Membership Scheme, bringing the total to 12,500 members;

## **4.0 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. During the year the PCC was awarded 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. Success was a welcome endorsement of the approach to the PCC management and development of its workforce.

The accreditation report stated;

*“The culture is firmly grounded in respect and trust for colleagues; there is confidence in peoples’ abilities and great support, which encourages everyone to take a lead in delivering services. Team members show clear commitment and pride in PCC and what has been achieved.*

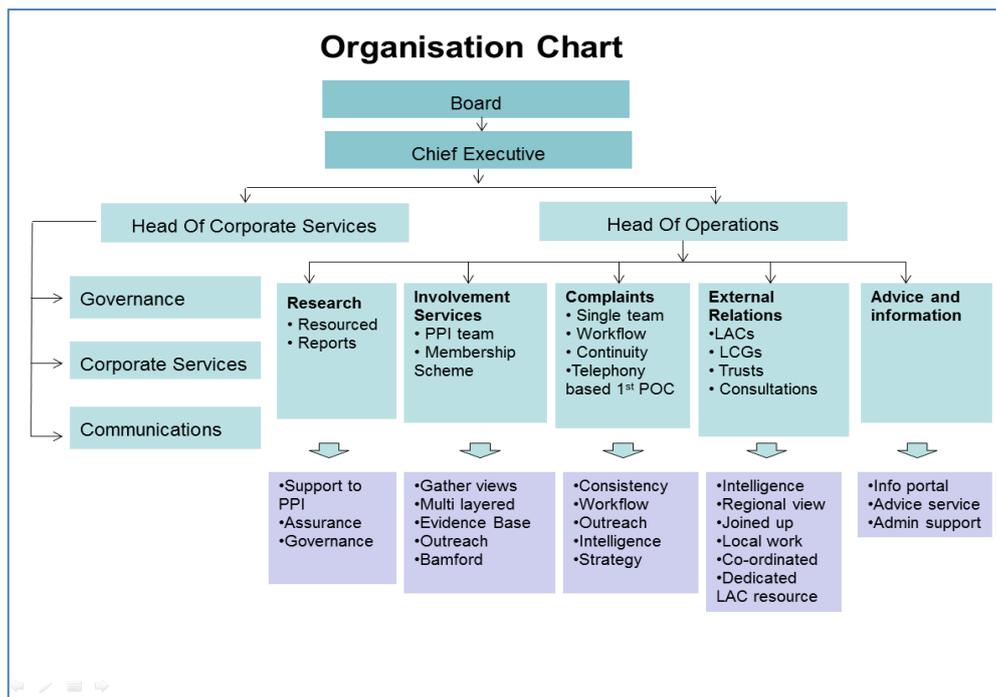
*A summary of the headline strengths include:*

- *Strong values and purpose*
- *An inclusive culture which includes the views of all stakeholders when developing strategic plans.*
- *Team and personal ownership of plans, through consultation and joint objective setting.*
- *View to continuous improvement.*
- *Managers who are close to the team encouraging regular discussion regarding performance and individual contribution.*
- *Strong commitment to learning and development.*
- *Positive focus on involvement where everybody feels encouraged to participate and share their ideas.*
- *A strong team culture where people support each other and pull together in difficult times.”*

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;
- An e-learning platform which allows staff to develop skills and knowledge at a pace they are happy with;
- 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 it's staff collaborate as envisaged by Quality 2020, such as;

### Improved engagement with patients, clients and carers, and other stakeholders

- All staff are engaged with services-users clients and carers throughout the year both in their core role and also working as a team at PCC events. With only 31 staff the PCC attended almost 400 events in the last year, which would not have been possible without every member of the team providing a contribution.
- The PCC held a Membership Scheme event during the year. Over 200 members attended and feedback from attendees was very positive.
- In last quarter of 2015/16 the PCC established the first of its "local service user panels" across the five HSC Trust areas. The subject of this first round of panels mirrored the work of the Integrated Care partnerships, for example diabetes, stroke and respiratory care. The feedback from the engagement has been excellent and acknowledged by colleagues in the DoH as providing a valuable perspective on the patient experience.

### 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.
- Staff commitment to their organisation and team can be measured in a number of ways.

- The 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 staff attendance figure, an accepted management measure for staff commitment, was 96.6%.

### **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 working 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.

### **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.

### **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 66% of 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 headquarters offices are fully 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 three complaints in the last twelve months. An essential part of the PCC complaints process is a “lessons” learned section to improve the services it provides.

## **Staff survey**

The PCC values its staff and their opinions on its work. In 2015/16 HSC undertook a staff survey. The PCC received a bespoke report on the views of its staff. 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. Some of the key points are:

- 86% of staff say that care of patients is their organisation's top priority.
- 85% of staff say that feedback from patients, clients and service users is used to make decisions.
- 71% of staff say that they are enthusiastic about their job.
- 76% of staff say that they feel their role makes a difference.
- 90% of staff say that they are able to do their job to a standard they are personally pleased with.
- 86% of staff say the people they work with treat them with respect.
- 89% of staff say that they are aware of their organisation's policy and process for raising concerns about negligence and wrongdoing.
- 94% say they agreed clear objectives for their work in their appraisals and 82% say appraisals left them feeling valued.

A more detailed synopsis of the key points of the survey can be found in Appendix 1 (page 17)

## **5.0 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.

The 2015/16 Commissioning Plan detailed actions on the following priorities in response to the work of the PCC.

1. Frontline health and social care staff;
2. Waiting times;
3. Quality of care
4. Care of older people;
5. A&E services;
6. Funding, management, and cost-effectiveness;
7. GP services;
8. Access to a full range of health and social care services locally; and
9. Cancer services
10. Health and social care for children and young people.

### **PCC Complaints Support Service**

In the year 1<sup>st</sup> April 2015 to 31<sup>st</sup> March 2016, 1773 people contacted the PCC for help and assistance;

- 864 people contacted the PCC for help and assistance with a complaint; and
- 909 people contacted the helpline for support with other concerns or queries.

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.

An independent in depth review of the experience of people with the PCC complaints support service found widespread satisfaction with the service, relative to the caller's complaint. Critically, the role of the PCC and its staff was seen as important to achieving an outcome for the client with most suggesting that they would not have made the same progress without the support of the complaints support officers.

In order for the PCC Complaints Support Service to ensure that they are successfully supporting clients to overcome the issues outlined above in relation to making a complaint, the PCC undertakes a yearly service user evaluation of the Complaints Support Service. A total of 58 service user evaluations were undertaken in the year 2015/16.

The majority of people who completed a service user evaluation rated the overall service they received as good or excellent (84.0%, n=42). Encouragingly, the Complaints Support Officers were rated highly in relation to all areas evaluated, including: treating clients with respect (good/excellent = 89.3%, n=50); having a caring attitude (good/excellent = 89.3%, n=50); listening to clients (good/excellent = 92.7%, n=55); and, providing advice/information (good/excellent = 89.1%, n=49). In addition, the vast majority of clients agreed that their

privacy and confidentiality was respected by the Complaints Support Officers [96.3%, n=52/54].

When completing Service User Evaluations many respondents took the opportunity to provide positive comments about the service. A selection of these comments is presented below:

*[PCC] went to great lengths to explain without being condescending. If I had any questions, I was able to get answers. It's important to have PCC because a lot of people like myself don't know where to go with complaints. Did not find [Trust] process very good - seemed as if they didn't care. PCC - very empathetic.*

*At each stage of journey I was given support and information. Very reassuring person [Complaints Support Officer] and over the telephone. Great someone is there to talk to - felt very comfortable with [Complaints Support Officer] - helped me through the meeting.*

*I found [PCC] took time to listen to me and gave me sound advice which was able to follow up. Feel that everyone who is maltreated needs to know about PCC - unfortunate that people seem to be too frightened to complain - PCC is there as backup.*

*Brilliant to have service like yourselves as people like me don't have a voice, well we do have a voice but don't know how to use it. For someone like me who does not have much support, the support was fantastic. I think the PCC is an excellent organisation - I think it's really great. Although I didn't get outcome I wanted I was so appreciative that [Complaints Support Officer] was at my side.*

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 2015/16 the following actions were taken to improve the service;

- All complaints staff are now committed to an accredited City and Guilds advocacy course;
- Key Performance Indicators for the service were monitored; and
- An independent review was undertaken of people's experience of the PCC complaints support service.

## 6.0 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 Business Plan and its activities are aimed at making a difference for people and improving the patient experience. 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;

**In the 2015/16 Business Plan the PCC sought to understand the experiences of women who have experience of miscarriage.**

The PCC held an event titled '1 in 4 – Putting Miscarriage on the Agenda' on 20th October 2015. The purpose of this event was to increase awareness of the gaps in services for women and families in Northern Ireland following a miscarriage.

The key messages from this event identified the need for:

- Psychological support for women and their families who have experienced early pregnancy loss; and
- A dedicated bereavement service for women who experience recurrent early pregnancy loss.

The PCC has written to all key stakeholders with these key messages and will continue to monitor the progress of service development. Subsequently the PCC set up a Pregnancy Loss Steering Group which comprised of women who had experience of recurrent miscarriage.

We supported the women to lead on a number of initiatives, including the following:

- Development of the Bereavement Pathways which are currently being implemented into the five Trusts;
- A new regional early pregnancy loss information leaflet for service users to be issued to Trusts by summer 2016;
- Rewording of a regional histopathology consent form; and
- To develop the role of the Miscarriage Association in Northern Ireland.

**The 2014 PCC Report, "The Painful Truth" shared the experience of 2500 people living with chronic pain.**

Through partnership working with a host of key stakeholders we have seen that work result in a number of patient experience improvement actions:

- Eight out of the ten recommendations from 'The Painful Truth' have been accepted for implementation by the Minister for Health;
- The HSCB and PHA have commenced work to implement the recommendations of 'The Painful Truth' report. An implementation project team has been established supported by a service user forum;
- 'The Painful Truth' report has been made available on the Societal Impact of Pain (SIP) website;

- Mr Jay Flood-Coleman, service user, wrote an article on chronic pain published by the World Health Organisation, in their magazine dedicated to the Voice of Patients and Carers; and
- Training on pain management is to be included in year 4 under graduate medical training.

**The Patient and Client Council has worked with the DoH to shape the delivery of an Evaluation of the Bamford Action Plan 2012-2015.**

Throughout this year the Personal and Public Involvement (PPI) team and research officers provided extensive guidance and support to enable DoH officials to engage directly with service users and carers on a wide range of topics emanating from the Bamford Action Plan (*Delivering the Bamford Vision – Action Plan 2012/2015*).

PCC staff hosted and facilitated a series of focus groups across Northern Ireland to inform this evaluation. These were attended by both service users and carers. In addition, DoH representatives participated in the PCC ‘Planning Ahead’ workshop to gather views and engage directly with the Bamford Monitoring Group. This process is continuing into 2016/17.

**The Patient and Client Council has worked with the Public Health Agency (PHA) on research into effective Personal and Public Involvement.**

This year saw the jointly commissioning PCC/PHA report published on; “Personal and Public Involvement (PPI) and its impact - Monitoring, measuring and evaluating the impact of Personal and Public Involvement (PPI) in Health and Social Care in Northern Ireland”.

## **7.0 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. These views are shared and promoted within HSC in a variety of ways, including

- Publication and dissemination of formal reports. This year the PCC has published reports on;
  - **Carers' Priorities Report**, Carers' views on future priorities for Health and Social Care in Northern Ireland.
  - Issues faced by people who are homeless in accessing health and social care services; and
  - **What Matters To Me**, A report reflecting what the important issues are for people with a learning disability and their carers in Northern Ireland.
- Contributing to HSC groups and forums on developing services. In 2015/16 this included representing patient views on:

- The implementation of the Bamford recommendations, as exemplified by the Bamford Monitoring Group;
- The Nutrition Steering group;
- Unscheduled Care;
- ME and Fibro myalgia;
- Endometriosis;
- Access to HSC services for the homeless;
- Medicines optimisation
- Care of the dying;
- Electronic care records system; and
- Future planning for older carers
- Meeting 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; and

## **Appendix 1:**

### **Staff Survey**

In 2015-16 PCC staff were offered the opportunity to contribute to the regional HSC staff survey (with 70% or 20 staff sharing their views). The following key points from the PCC report are noted:

#### **Overall**

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.

- 86% of staff say that care of patients is their organisation's top priority.
- 71% of staff say that they are enthusiastic about their job.
- 76% of staff say that they feel their role makes a difference.
- 90% of staff say that they are able to do their job to a standard they are personally pleased.
- 86% of staff say the people they work with treat them with respect

#### **Personal development**

Staff feel there has been significant improvement in the quality and content of their appraisals

- 64% of staff say that they received effective induction on commencement
- 94% say they agreed clear objectives for their work.
- 82% say it left them feeling valued.
- 76% of staff say that they helped them improve how they did their job.
- 94% of staff say they agreed a Personal Development Plan and 87% of staff say these plans have been actioned.

#### **The job**

Staff responses to questions about their jobs are generally at or above average compared to the rest of HSC.

- 76% of staff say that they work over their contracted hours, mainly because they don't want to let their colleagues down (79%); because they want to provide the best care they can (73%); and/or because they enjoy their jobs (64%).
- 43% of staff say that there are enough staff in their team/area/department to do the job properly.
- 90% of staff say that they know what is expected of them at work.
- 57% of staff say that they look forward to going to work
- 85% of staff say that there are frequent opportunities to show initiative in their role

#### **Work/Life balance**

All of these scores are significantly above the average for Northern Ireland.

- 71% of staff who responded to the survey say that the organisation is committed to helping them achieve a balance between work and home life
- 100% of staff say that they can approach their immediate manager to talk about flexible working and 71% say that their manager is able to help them in this

## **Management**

- 86% of staff say that their immediate manager asks their opinion before making decisions that affect their work.
- 95% of staff say that their immediate manager is supportive in a personal crisis.
- 48% of staff say that senior managers try to involve them in important decisions.
- However, only 33% of staff say that communication between senior managers and staff is effective.

## **The Organisation**

- 60% of staff say that their organisation communicates effectively with staff about what it is trying to achieve.
- 88% of staff say that feedback from patients, clients and service users is collected
- 85% of staff say that this feedback is used to make decisions.
- 89% of staff say that they are aware of their organisation's policy and process for raising concerns about negligence and wrongdoing.
- 79% say that they are confident their organisation would appropriately handle the investigation that resulted.

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

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