



QUALITY
REPORT
2020 - 2022

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Foreword from CEO



I am delighted to present the PCC Quality Report 2020-2022, setting out delivery against key commitments under Quality 2020, improving quality within the PCC and across the Health and Social Care (HSC) sector. As an integral part of Health and Social Care in Northern Ireland, the Patient and Client Council is committed to Quality 2020:

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

It should be noted that the PCC is neither a Commissioner nor a provider of Health and Social Care Services.

Since 2019, the PCC has undertaken significant work to transform the organisation and refocus our activities against our statutory role and functions. As the final year of the PCC Corporate Plan 2017-21 was reached, we undertook a significant review of our practice model ('how we work') in late 2020, developing this throughout 2021-22.

Throughout this time, we tested and developed our thinking and practice. In view of the exceptional circumstances created by COVID-19 and the changing health environment, we created a high-level '**Statement of Strategic Intent**' setting out our strategic vision for the next three years, including our new practice model, ensuring that the '*voice of patients, clients, carers and communities is valued, heard and acted upon*' in the development of policy on, and provision of, HSC services. Following public consultation, this document was amended and published in September 2022.

The proposed new PCC model emphasises relationship building as the foundation for change, across advocacy and public engagement in decision-making. Using the evidence, we gather across our engagement and advocacy work on an individual and group basis, PCC are developing a firm foundation to connect the public with decision-makers through our policy impact work, to change the health and social care system for the better.

The impact of COVID-19 on an already stretched health system has resulted in both a significant increase in demand for PCC advocacy services, and a noted increase in the complexity of cases requiring PCC input. It is more important than ever to ensure that the voice of patients, clients, carers and members of the public is heard and harnessed. In response to the greater demand for our services, we will continue to strive to increase our resources and work in partnership with the public, community and voluntary sector to protect and improve quality in Health and Social Care in Northern Ireland.

A handwritten signature in blue ink, appearing to read 'Vivian McConvey'.

Vivian McConvey

Chief Executive

18 Oct 2022

Introduction

The PCC is an independent, influential voice: a trusted catalyst for change. We connect people to Health and Social Care services so that they make positive policy change. We do this by walking beside people and connecting them to decision makers.

Established in April 2009 as part of the reform of Health and Social Care (HSC), the PCC provides support to a population of approximately 1.9million* across Northern Ireland. *(NISRA 25 June 2021).

The Role of the PCC is to:

- Represent the interests of the public;
- Promote the involvement of the public;
- Provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care;
- Promote the provision of advice and information by HSC bodies to the public about the design, commissioning and delivery of services;
- Undertake research into the best methods and practices for consulting and engaging the public and provide advice regarding those methods and practices to HSC bodies.

As part of the Health and Social Care Framework for Northern Ireland, the PCC seeks to support the Department of Health's (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 do this by providing a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

1: Transforming the Culture

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.

At the PCC we have been engaged in an ambitious organisational change process throughout the last two years, modernising and redesigning our practice and scrutinising our governance structures. This has included significant work at Council level to review the statutory and legislative functions of the organisation in order to ensure a clear understanding of, and alignment to, these functions. It has also included an organisational restructure, the development of a business support function within the organisation and a review to strengthen the financial and governance processes within the organisation.

In accordance with our commitment to make achieving high quality the top priority at all levels, PCC Chair and CEO convened a workshop in November 2021 with the PCC Council, led by David Nicholl who conducted the review into the circumstance of RQIA Board Member resignations in 2020. The purpose was to ensure that PCC took the opportunity to learn from

the experience of other organisations, with a focus on the principles of an effectively functioning Council (Board) and the principles of an effective organisation.

Review of Council structure

During 2021-22 the Council reviewed its committee structure, moving from three Council Committees (Governance and Audit Committee, Research Committee and Appointments and Remuneration Committee) to four Council Committees (Audit and Risk Assurance Committee, Business Committee, People’s Priorities Committee and Appointments and Remuneration Committee). The key aim of the reorganisation was to ensure that the work of the Council could be conducted more effectively and timeously and would better reflect the purpose and priorities of the PCC.



Of the new committees, the Business Committee has been operational throughout 2021/2022. It was established to scrutinise and provide advice to the Council across a number of business areas including activity and financial performance, complaints, adverse incidents, information governance and facilities.

A People’s Priorities Committee is currently being established, in line with the PCC’s recent organisational review and the creation of a new policy impact and influence function. The purpose of the Committee will be to provide a strategic forum to critically assess the connections across PCC practice work in engagement, advocacy and policy, within the broader Health and Social Care environment. The Committee will also contribute to good governance through their scrutiny and approval of reports produced by the PCC. Work is currently underway to develop the Terms of Reference for the Committee and establish its membership. A ‘thought paper’ which sets out the concept of the committee has been produced and we are in the process of testing this concept with the public, recognising that input, scrutiny and support from members of the public is critical at an early stage in its’ development.

The PCC Council meet on a bi-monthly basis and committees meet quarterly.

Council Self-assessment

In February 2022 the PCC Council undertook a process of self-assessment aligned to the DoH Board Self-Assessment toolkit for Arms-Length Bodies. Following this self-assessment exercise, the Council have developed a comprehensive action plan covering the areas of board composition and commitment, board evaluation, development and learning, board insight and foresight and board engagement and involvement. These actions will contribute to achieving quality at the highest level.

Review of governance procedures and financial review

In February 2021, PCC CEO commissioned a review by an independent consultant from the HSC Leadership Centre of the financial management processes operating within the PCC. This review highlighted a number of internal control weaknesses relating to financial management and an action plan was developed to take forward the 16 recommendations, with oversight from the Audit and Risk Assurance Committee. All recommendations were implemented during 2021 - 2022.

In November 2021, PCC CEO also commissioned a review of governance procedures across the organisation. A Senior Governance Manager was engaged, with recent previous experience in governance at Assistant Director Level in the HSC, to conduct a review of the current governance systems, providing recommendations and advice on the necessary actions to strengthen governance across the PCC. This produced a comprehensive plan of work, which has been progressed throughout 2021-22 across the areas of corporate governance, risk management, assurance and information governance. This work will continue in 22-23.

Internal Audit programme

Independent assurance is a key tool in achieving high quality across our services. One of the sources of independent assurance which PCC have been proactive in using to assist us in assessing the quality of our services and what actions we can take to improve, is internal audit.

During 2021-22 the following internal audit assignments were conducted:

Audit Assignment	Level of Assurance received
Financial Review	Satisfactory
Management of Use of Agency Staff	Limited
Advocacy Services	Satisfactory

In 2020-2021 the PCC had a high proportion of agency staff within the team, due to a significant increase in demand for PCC services coupled with a turnover of staff. PCC welcomed internal audit's scrutiny of the management of use of agency staff and the limited assurance provided was in relation to the systems of internal control over the management of agency staff. The PCC accepted all the recommendations in relation to records management and use of the framework, and all recommendations have now been fully implemented.



PCC Statement of Strategic Intent 2022-2025

As the final year of the PCC Corporate Plan 2017 – 2021 was reached, the PCC undertook a review in recognition of the significant changes internally, and externally across HSC. In view of the exceptional circumstances created by COVID-19, the decision was taken to create a high-level 'Statement of Strategic Intent', setting out our strategic vision for the next three years and our commitment to ensuring that the 'voice of patients, clients, carers and communities is valued, heard and acted upon' in the development of policy on, and provision of, Health and Social Care services.

The draft 'Statement of Strategic Intent' was developed working with a sample of PCC membership and other stakeholders. Following approval by Council the draft document was issued for public consultation.

Consultation responses were analysed and feedback used to amend the final 'Statement of Strategic Intent' which was published, alongside a report summarising the feedback received from the public, in September 2022.

The PCC Annual Operational Plan 2021-22 details how progress towards the operational and strategic goals outlined in the 'Statement of Strategic Intent' will be measured and achieved on an annual basis. Following a substantial development programme to train the Leadership Team on Outcomes Based Accountability (OBA) during 2020-21, the Annual Operational Plans for 2020-2021 and 2021-22 were written with a focus on quality - demonstrating the impact and outcomes of PCC practice, aligned with the draft Programme for Government, across key programmes of work and priorities highlighted by the public.

How we work

The process of transformation that the PCC has been engaged in since early 2020 prompted a review of the PCC's model of practice ('how we work') and the methodology behind how we engage and support the public. This included consideration of how we harness the experience of the public in HSC services to influence and improve policy, systems and services.

Ultimately these efforts have been targeted at transforming the culture of the PCC and how we work with the public and other stakeholders, adopting an approach underpinned by **partnership**. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual, focusing on early resolution and a partnership approach. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with

decision-makers, through our policy impact work, to influence the health and social care system.



Advocacy

This continuum begins with the first point of entry to PCC, which can often involve the provision of advice and information to the public, followed by signposting and ‘supportive passporting’ to appropriate services to meet immediate need. ‘Supportive passporting’ involves establishing an informed connection to a more appropriate service to meet need, rather than simply redirecting or signposting to another service. The aim is to minimise the likelihood of people falling through gaps in services, or experiencing a ‘revolving door’ when seeking support to address issues. The continuum of our advocacy and support carries through to individual and group advocacy work, with a focus on early resolution. In some cases, this support and advocacy will, of necessity, progress to formal complaint processes and the provision of independent advocacy services within SAs (serious adverse incidents), and Public Inquiries.

Engaging with the public

Engaging with the public is central to the work of the PCC, and the engagement structures that we have developed as part of our new practice model throughout 2020-2022, are a key tool in promoting and encouraging partnerships between the public and key stakeholders across health and social care, to support decision-making.

These structures represent a continuum of complexity, and levels of specificity and interest in health and social care. The foundation for this continuum is our PCC Membership Scheme for those interested in regular updates about more general information and developments in health and social care. Throughout 2021-22, the PCC has worked in partnership with members from our Membership Scheme to develop and extend the membership base.

The next level of our engagement model is our PCC Citizen Hubs, which are more interactive and happen in each of the Trust areas. They offer the public a chance to be involved at a local level and create the space for monthly updates and conversations about health and social care. At the next level, our work becomes more focused. Our PCC Engagement Platforms offer the public the chance to be involved in theme-based work at a more strategic level, connecting them with representatives across the health and social care and voluntary and community sectors. Examples include engagement platforms for Care of Older People, Mental Health, Learning Disability and Neurology.

In 2020-2022, the PCC worked to overcome the challenges that the COVID-19 pandemic brought in relation to the ongoing involvement of service users. We recognise and championed the public's role and contribution, ensuring engagement in the transformation agenda which we believed to be critical during this time.

Digital methods provided an opportunity to reconfigure how and who we engaged with. We shifted our approach to our work in order to maximise contribution, engage with those marginalised or 'hard to reach' and to ensure that we effectively involved the public. It provided us with further opportunity to align our involvement with social determinants and population demography in order to truly involve those with lived experience in relevant programmes of work.

Developing the PCC Brand

We have continued to work on raising public awareness of the PCC throughout 2020-22. In 2020, work was initiated to redesign the PCC brand following feedback from the public regarding low visibility of the PCC and limited brand awareness. Under our commitment to Quality 2020 and the objectives of transforming the culture, it was important that engagement with the public was central to the redesign. A number of options were developed based on feedback from the public and PCC membership. This led to a public consultation to choose the preferred brand option in late 2021.

Alongside this we have been reviewing our communications material and how we engage with the public about what we do, and how we can help. This has involved progress against the actions outlined in the PCC Digital Strategy developed in 2021, which provide a roadmap to embed digital communications in order to enable the PCC to better meet its statutory functions, and keep pace with developments in this digital age. The PCC website has been adapted and moved to a new domain [Patient Client Council Northern Ireland - Your voice in Health & Social Care \(pcc-ni.net\)](https://pcc-ni.net). Further work to upgrade the website is planned for 2022/23

Policy and procedure development

It is recognised that policies and procedures provide a firm foundation for work across the PCC and are key to achieving high quality in service delivery across the organisation. In 2021 we have developed a new SharePoint site for the organisation. All PCC policies and procedures are hosted on this SharePoint site to ensure there is a centralised online resource for staff and Council members to access relevant organisational and governance information.

2: Strengthening the workforce

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.

Organisational Review

In July 2019, the Leadership Centre were commissioned to undertake an independent Organisational Review of the PCC. The aim of this review was to assess how PCC delivered at that time on the vision and to propose new organisational structures. The review was concluded in early 2020 and since then the PCC has worked to implement the recommendations of the review. These have also assisted the Council and staff to embark on an inclusive strategic planning process, shaping the future focus of our work.

The PCC team is small (37 staff; and 7 part time non-executive Council Members as at end of 2021-22) but we strive to make a difference for the public, in a very large and complex HSC system (66,800 employees as per the Health and Social Workforce Census March 2019).

The PCC has an Executive Management Team made up of the CEO, Head of Operations and Head of Development and Corporate Services, and a Leadership Team of 8 spanning business support, practice, policy and communications. In line with the recommendations from the PCC's organisational review, a Business Support function was established in the PCC in 2020-2021 and work has been ongoing throughout 2021-22 to develop this function, with the introduction of business support and finance management roles.

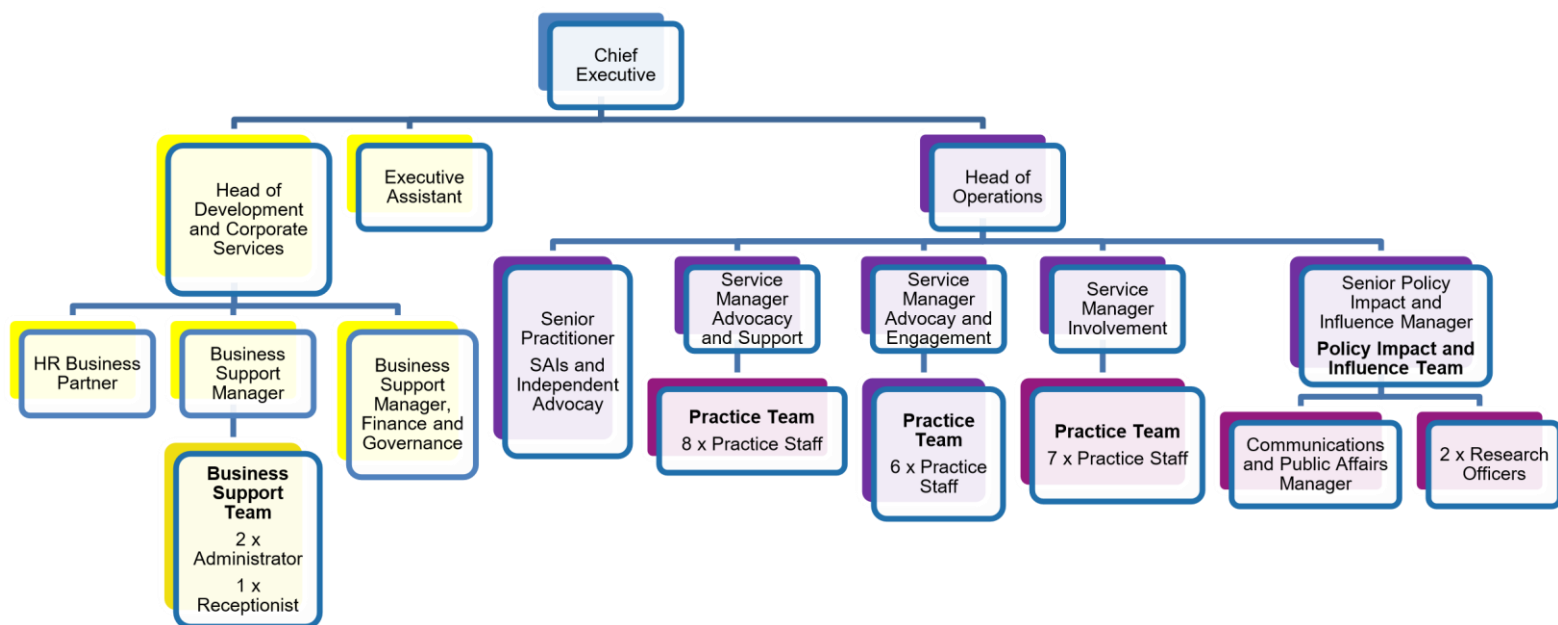
Similarly, in line with recommendations, the PCC have developed a practice team encompassing the advocacy and engagement functions of the PCC. This includes staff with a diverse range of professional backgrounds and experience, including social work, psychology, youth and community, law, health and social care and project management experience. The motivation behind this was to ensure greater cohesion across the organisation in the delivery of high-quality support services to the public. As a result, a new job role with the title of PCC practitioner has been created and we are currently in the process of transitioning all staff into new roles and team structures.

The research, communications and external affairs functions of the PCC were also reconfigured in 2021 to develop a Policy Impact and Influence (PII) function. This team has undergone significant change over the past 6 months with the recruitment of a Senior Policy, Impact and Influence Manager, and a Communications and Public Affairs Manager, both new roles within PCC.

The role of the Policy Impact and Influence Team is to:

- Work across all practice teams to harness what the public are saying across our advocacy and engagement activities, using the evidence as the foundation for policy impact and influence efforts;
- Support the public to have 'constant conversations' with key decision-makers across health and social care, using their experience to make positive policy and systems change; and
- Find new ways to involve people in decisions about their Health and Social Care services.

The diagram below sets out the new PCC structure resulting from the Organisational Review.



Investing in our Team

A key part of strengthening our workforce under Quality 2020 is our commitment to investing in our team. In 2020-2022 we have maintained a focus on the development of compassionate and collaborative leadership across PCC and on staff engagement and motivation. As a result of the learning identified through our organisational review regarding service provision and organisational responsiveness, it was evident that the PCC did not have the capacity and capability to deliver fully effective services and meet public demand within its existing workforce structure. It is anticipated that the new structure will ensure the PCC has the ability to deliver on these demands in the future, create workforce stability, maximise the potential of staff, and also create attractive opportunities and career pathways within the PCC.

Staffing stability

Over the 2-year period 2020-2022, the PCC sustained substantial staffing instability. Whilst this often results from significant change processes in an organisation, it coincided with a time when the demand for PCC services, and new roles across Business Support, Independent Advocacy and Public Affairs, meant that we were seeking to recruit new members of staff across the organisation.

Staff turnover and staff sickness, as well as a challenging recruitment environment and the constraints of single-year budgets resulted in a high level of agency staff in the organisation.

In 2021, PCC implemented a staffing stability plan aimed at increasing stability across the organisation and strengthening the workforce by increasing the proportion of permanent contracts within the organisation. Recruitment is ongoing in 2022-23 but permanent contracts now account for 95% of roles across the organisation, resulting in greater stability and ultimately better-quality services for the public. Similarly, a programme of health and wellbeing, staff support and attendance management training has resulted in improvements

across our absence figures. In 2021-2022, the PCC sickness absence target was 12.31%, as agreed with the DoH. The cumulative absence level at March 2022 was 7.61%, representing a 5% reduction on 2020-21 levels.

A revised exit interview process was introduced in June 2021 as a method of gauging how well the PCC is performing as an employer and on employment practices.

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2021-22 has been



positive of the PCC, the Leadership and Executive Management Teams, the nature of the work, training and development opportunities, work-life balance and communication throughout the organisation. Job security and career development were identified as concerns and the PCC has taken steps to address these through the staff stability plan.

Training

To ensure our team are provided with the right education, training and support to deliver high quality services aligned to our new practice model, the PCC invested in a significant programme of staff training and support in 2021-22 and throughout 2020-21, including:

2021-2022

- OCN Level 2 Advocacy;
- OCN Level 2 Mediation Theory and Practice;
- Child Protection and Adult Safeguarding;
- Mental Health First Aid;
- Alemba Case Management database training;
- NICVA 'Introduction to Effective Lobbying and Campaigning';
- 'Insight into the Health Committee: Assembly Engage' training with Health Committee staff and Assembly Connects team; and
- Remote and Hybrid line management;

2020-2021

- Collaborative and Team-based Working;
- Adult Safeguarding;
- Call Answering;
- Equality Training;
- Information Governance;
- Risk Management;
- Supervision Training;
- Care Opinion;
- Fire Warden Training;

- First Aid;
- Skills Training - Conducting qualitative interviews for policy research;
- Creating and delivering virtual training;
- Facilitating Focus Groups;
- Case Note-taking and Recording;
- Mental Health First Aid; and
- Advocacy OCN Level 2

Whilst the PCC has a strong commitment to training and developing its staff, this element of work has been impacted by a constrained budget. All staff have access to the HSC e-learning platform which allows staff to develop skills and knowledge at their own pace and to take ownership of their personal development. To enable PCC to manage our team effectively, a new e-learning matrix was shared with staff to help manage completion of all the mandatory training on a timely basis. E-learning reports are generated monthly to help managers monitor training uptake of staff and ensure mandatory courses are completed. This information is also reviewed at the quarterly Information Governance Group meetings. All PCC staff have access to e-learning training on Quality 2020 – 60% of staff have completed this training to date.

Leadership and Support

The PCC value staff wellbeing and believe that our staff are at the heart of what we do. This means that in order to deliver high quality services to the public we must look after our staff. In 2020-2022 PCC commissioned a number of workshops with support from the HSC Leadership Centre focusing on developing a collective leadership model and the coaching skills of the PCC Leadership Team. The Leadership Team continue to demonstrate a commitment to quality, recognising that embedding appropriate support for staff in their work and development improves the quality of what they do. In 2020-2021 PCC have taken a number of steps to ensure such support is in place for staff, including implementing:

- A 'PCC 100 Day Induction' programme that ensures all team members have a comprehensive and paced on-boarding to the organisation that will provide a solid foundation for their role with PCC and with the public;
- A staff appraisal system which sets clear objectives under the corporate goals approved by the Council. 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; and
- A counselling and occupational health service to help staff if they feel they need specialist support to remain in work and manage their health and well-being.

We also recognised that as a result of the journey of significant organisational change we have been on, the PCC teams have been dealing with more complexity in our practice over the last 12 months. In 2021-2022, as part of our ongoing commitment to support staff across the organisation, and in response to feedback from the teams, we put in place external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken. This support complements the PCC's existing internal supervision structures and takes place on both a group and individual basis.

Staff Engagement

An engaged staff team is critical to delivering quality services. PCC aim to keep its staff informed on all aspects of the organisation's work, including its annual Operational Plan, performance against objectives and policy developments through a range of mediums. This includes e-mail communications, team meetings, one-to-one supervision meetings and the internal 'PCC Post' newsletter which provides updates on ongoing work and builds connections between staff across the organisation.

In addition, PCC hold regular 'agency days' where the whole organisation come together on a full or half-day basis. These are important events to enable information sharing, discuss developments and celebrate achievements together. In January 2022, we also repeated a staff satisfaction survey that was first implemented in June 2020 in order to gauge the 'temperature/pulse' of the organisation. A comparison of how responses have changed since the initial survey has shown a positive increase in staff satisfaction. We continue to consider feedback and suggestions arising from the survey carefully.

Impact of COVID-19

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. With COVID-19, it triggered a move to "working from home" and rapid growth in partnership relationships both within the HSC itself and more generally, aimed at ensuring that the best possible information and support is readily available to patients, service users and their families and carers, despite the Lockdown measures.

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. The PCC invested in training for all managers in Remote and Hybrid Line Management to ensure staff were supported during this time.

3: Measuring the improvement

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.

Operational planning

The PCC organisational review, the subsequent changes to the PCC practice model and the impact of the COVID-19 pandemic presented an opportunity to reconceive the operational planning of the organisation. During 2020-2022 PCC have made a gradual shift away from an Operational Plan focused on task-oriented work with associated outputs, towards a more outcomes focused Operational Plan that sets out how we will work across a number of key areas. Through the consultation on the PCC 'Statement of Strategic Intent' in 2021, we were able to test with the public whether the operational priorities of the PCC reflected the priorities of the public, and to understand what other key areas of work they would wish PCC to focus on.

Performance reporting

In line with this approach, during 2021-22 the PCC adopted an outcomes-based approach (OBA) to monitoring and evaluating the performance of the organisation across the key areas of work set out in the new Operational Plan. An OBA training programme was undertaken with the PCC Leadership Team and new monitoring and reporting processes were developed. This included redesigning the format of performance reports to PCC Council.

The PCC performance reporting analyses the advocacy, engagement and policy impact activity in each area and demonstrates PCC delivery against the outcomes we set out to achieve. An Outcomes Based Accountability (OBA) scorecard is included with each Operational Plan, setting out the outputs and outcomes the PCC aims to achieve each year. Outcomes include:

- ① Improved service quality
- ② Increased public awareness of rights & entitlements within health care sector
- ③ Increased brand awareness within the HSC & public
- ④ Increased public participation in designing the transformation of HSC
- ⑤ Increased staff morale
- ⑥ Regional approaches across all HSC bodies
- ⑦ Improved communication experience for those making a complaint about HSC
- ⑧ DoH has a better understanding of public perception
- ⑨ Improved health literacy

Indicative targets against outputs were estimated at the start of 2021 and this led to some targets being revised in year. This first year provides baseline data to set measurements for future years. It is hoped that this significant change in how the PCC measures its performance

will enable us to measure the difference PCC services make over time, by focusing on outcomes, provide year-on-year comparative data and provide greater transparency to the public in measuring improvement.



Upgrade of case management system and alignment to the new Practice Model

The PCC provides the public with a range of support services including information, advice, casework advocacy, independent advocacy in serious adverse incidents, opportunities for engagement and involvement and policy work with decision-makers across the Health and Social care system.

In 2021-22 significant work was undertaken to upgrade PCC's Alemba case management system which is the primary system for data collection and casework management in the PCC. This was required to ensure continuity of support for the system and presented an opportunity to more closely align the system's functionality to the PCC's new practice model. A key development was building in functionality to allow the PCC to monitor its collection of s75 data, which will enable us to monitor equality of service delivery to different groups going forward.

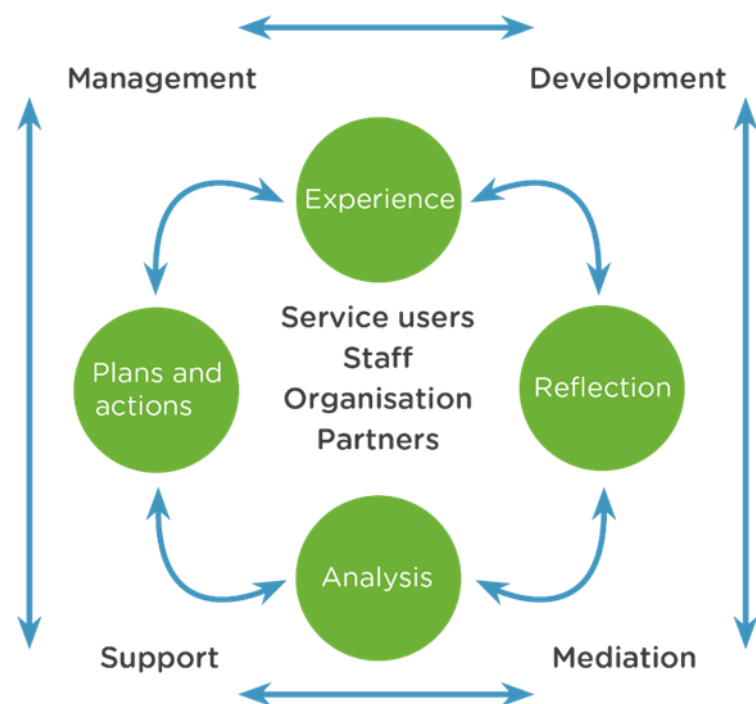
PCC also introduced a new call handling system in 2021-22 which went live in January 2022. The aim was to improve access to the PCC via a single, centralised point of entry ensuring people are responded to at their point of need. At the same time, the PCC developed an early resolutions team and duty system as part of the continuum of advocacy support to the public. This new approach has facilitated more early resolution work, and where appropriate, enabled more cases to be resolved prior to formal complaints stage. Similarly, the introduction of the new call handling system enables us to generate statistical reports on total calls answered, average waiting time and the time spent on calls, leading to improved quality monitoring. Work is ongoing to develop automated messages and a queue handling system.

Learning sets

In 2021-2022, the PCC introduced learning sets across the organisation to offer practice staff and managers an opportunity to reflect on their daily practice, promote development and measure improvements in the delivery of services. The purpose is to promote a culture of continuous improvement and a 'learning mindset' across the four domains of management, development, mediation and support.

Learning sets are held fortnightly and offer the opportunity for:

- Effective communication across the practice team, identification of common themes, better understanding of practice issues and ensuring there is good governance and accountability structures in place regarding the duty system.



- development of practice and for the team to develop their knowledge and skills through peer support and reflective practice on case scenarios within a positive learning model.
- a safe place for the practice team and managers to discuss potential areas of conflict that have or may arise within the PCC practice role. The aim of this is to promote early resolution of potential conflict and nourish a culture of working together within a partnership approach.
- a space for the practice team to seek out support from managers and colleagues regarding their role. This support function highlights the importance of self-care and self-compassion and will be embedded within a trauma-informed practice model.

Over the course of 2020-2022, as the complexity of casework and advocacy support in the PCC has increased, we have implemented learning sets in relation to more complex casework and the provision of independent advocacy in Serious Adverse Incidents. This offers the opportunity for peer learning given the breadth of the PCC remit across health and social care and the importance of quality assurance in monitoring the patient/client experience.

As we develop the PCC policy impact and influence function in 2022-23, a key area for development under this objective of Quality 2020 is measuring the improvements which result from the connecting our practice work in advocacy and engagement to HSC service design and policy development.

4: Raising the standards

We will establish a framework of clear evidence-based standards and best practice guidance.

We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

Engagement: A seat at the table

Throughout 2020-2022 PCC have redesigned how we carry out our statutory functions in engagement and involvement, aimed at raising the standard and quality of engagement across health and social care. A key development in this area has been the design of 'engagement platforms'; forums for dynamic connection between the public, commissioners, service providers and policy makers in health and social care.

The Engagement Platforms are composed of representation that reflect individual and collective lived experience and offer the opportunity to engage in theme-based, task-oriented work at a more strategic level. They aim to:

- Serve as an overarching platform; drive and support other specific and time-bound workstreams aligned to the overall theme of work;
- Provide a centralised process for engagement;
- Identify opportunities to influence and inform public and policy discourse on the theme;
- Connect and communicate issues on policy, practice and provide an area for resolution focus;
- Provide peer support and serve as a vehicle for collective action;
- Facilitate the involvement process and connect with decision makers;
- Offer real time engagement with Health and Social Care, Departmental officials and Arms Lengths Bodies and other relevant agencies; and
- Support programmes of work relevant to the issues.

Key achievements in 2020-2022 under this Quality 2020 objective of 'Raising the Standards' have been in the area of Care of Older People, where families contributed to a range of initiatives that will influence the care of older people, such as engagement on Integrated Care Systems, Intermediate Care and consultations on the Duty of Candour (2021) and the Adult Protection Bill (2021). Participants have also contributed to work on the Enhanced Clinical Care Framework which focuses on how people who live in care homes are supported to lead the best life possible and exercise their right to access equitable healthcare provision.

Key highlights in the development and review of standards included:

- **Influencing** the Visiting Guidance Pathway;
- **Informing** guidance and implementation of Care Partners; and
- **Advocating** on issues preventing access to care homes, quality treatment and care and the wellbeing of residents.

Co-production and Collaboration Project

During 2021-22, the PCC began to develop a new project, 'The Co-production and Collaboration Project' which focuses on introducing a paid employment model for involvement (remunerated involvement). It will include training and support to members of the public and HSC services users with relevant experience, enabling participation in coproduction and collaboration activities for specific areas of work identified across HSC. The introduction of a remunerated involvement model will contribute to raising the standards in engagement across health and social care.

Linkages to regional and national partnerships

In order to extend the reach of the PCC, our engagement methodology relies on a 'network of networks' approach, leveraging the networks and connections that we recognise each individual and organisation who engages with PCC has, across the breadth of our work. This in turn maximises the value in these connections and networks, recognising the depth of knowledge and expertise that lies within each. In this way, the PCC's methodology is to act as a catalyst or tool for 'constant conversations' across health and social care, recognising that engagement as a dynamic process is key to raising standards.

During 2020- 2022, the PCC has continued to grow its 'networks of networks' approach across all areas of our work. An example of this is our work with the Northern Ireland Bereavement Network, through which the PCC are, in partnership, working on the development of a Bereavement Charter for Northern Ireland. In doing so, we have established partnerships with the Irish Hospice Foundation, Scottish Care and the Scottish Bereavement Network to learn from their experiences of developing and implementing a Bereavement Charter. We also attended a UK Commission on Bereavement event. Similarly, in seeking to raise the standards in connecting the public experience with decision-makers across health, we have undertaken significant work across 2020-2022 in the development of policy and practice in serious adverse incidents (SAIs). PCC have also been developing connections with other oversight and regulatory bodies (e.g. COPNI, NIPSO, GMC, NISCC) to clarify role and function and how our work with the public interacts with these bodies.

Review of research function and governance

As a result of the PCC's organisational review which identified significant drift, and a refocus on its statutory functions, the PCC undertook a review of its research function and the governance underpinning this.

This review began in late 2020 and has culminated in the development of a policy impact and influence function, with a focus on how the PCC fulfils its statutory role in undertaking '*research into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care*'. Central to this is an emphasis on innovations across our practice and the development of frameworks of clear evidence-based standards and best practice guidance. To support this, and in line with the review at Council level of the PCC's committee structure, we are in the process of exploring the establishment of a People's Priorities Committee. The purpose of the Committee will be to provide a

strategic forum to critically assess the connections across PCC practice work in engagement, advocacy and policy, within the broader Health and Social Care environment. The Committee will also contribute to good governance through their scrutiny and approval of reports produced by the PCC. Work is currently underway with key public stakeholders to develop the Terms of Reference for the Committee and establish its membership.

5: Integrating the care

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 partners.

Whilst the PCC is neither a commissioner nor a provider of Health and Social Care Services, we have a key role in assisting the public to address issues they have across health and social care, and in promoting the involvement of the public. We aim to meet the objectives under the Quality 2020 theme of 'integrating the care', by connecting the public directly to decisionmakers in health, and connecting the system to more of itself, thus maximising the opportunities for learning and development.

Independence of PCC

As set out in the Health and Social Care Framework Document, the PCC's relationship with other HSC bodies is characterised by, on the one hand, its independence from these bodies in representing the interests and promoting the involvement of the public in health and social care, and on the other hand, 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 continues to develop and embed new relationships and networks across the HSC family and other sectors, including commissioners, regulators, providers and the community and voluntary sector, recognising the value of partnership working. At the same time, through our process of organisational change across 2020-2022 we have been exploring the independence of the PCC with the assistance of the public and key stakeholders, with a view to articulating a more in-depth understanding of our independence and its associated tensions.

Meeting the public at their point of need

A commitment to integrating pathways of care drove the development of the new practice model across PCC during the course of 2020-2022. The PCC organisational review in 2019 identified siloed working across the different functions of the organisation, which resulted in a lack of cohesion and joined-up working. Since 2020, we have entirely redesigned our practice model, introducing practice teams in which staff work across a continuum of advocacy and engagement, meeting the public at their point of need; whether this be for advice and information, opportunities to engage in health and social care, or advocacy support to address issues or complaints.

A first step in this integration was introducing a call answering service for the organisation, with a single point of contact via reception and a duty triage system. In late 2019/20 PCC made significant changes to the manner in which it responded to initial calls from the public; aiming to ensure a greater number of callers could speak immediately to someone who can help. The investment made in this reorganisation greatly enabled PCC to move rapidly in response to the COVID-19 Pandemic and to offer support to the public and to other HSC organisations, as a route to expert help for people with worries and concerns. We have built on the learning in this positive service development, continuing to integrate PCC Freephone

service with the development of our practice model in 2020-21, recognising this service as a key entry point to PCC's advocacy and engagement continuums.

In 2021-22, we developed an early resolutions team and a duty officer system. This new approach has facilitated more early resolution work, and where appropriate, enabled more cases to be resolved prior to formal complaints stage. We also worked with NI Direct to establish a direct and automated connection between the PCC Freephone and the NI COVID Care helpline, to ensure rapid connection and an integrated pathway for those with calls about COVID-19-related support and queries.

Two new measures were also introduced to our practice model in 2021. The first was group advocacy, which emerged as a new model of practice. The second was the introduction of a waiting list for advocacy support, necessitated as the demand for service support increased and we were unable to respond immediately.

Connecting the system to more of itself

A further innovation in our practice during 2020-2022 has been the development of independent advocacy in relation to serious adverse incidents (SAIs), and engagement at a strategic level across the HSC system to ensure learning from the experience of the public in SAIs is harnessed to improve policy, training, systems-learning and the SAI process itself.

In 2021, the PCC developed a SAI advocacy model and employed a full-time Specialist Independent Advocate dedicated to Serious Adverse Incidents. This was part of a Pilot Initiative dedicated to providing Independent Advocacy to Families involved in complex SAIs. The PCC significantly increased the level of engagement with families involved in Serious Adverse Incidents (SAIs) during 2021-22, working on a total of 52 SAIs that had been referred to the PCC.

The increase in SAI specific referrals can be attributed to a number of factors including:

- Increased public awareness and enhanced profile of the PCC; through its advocacy role in SAIs and proactive involvement in a range of regional Inquiries, reviews and engagement platforms in recent years;
- The PCC's engagement with Trusts and the Department of Health, via advocacy work with families involved in the SAI process; and
- Dissatisfaction with the Trust's SAI process and outcomes, with families wishing to seek support and answers to unresolved questions.

During 2021-22, the PCC facilitated a number of Governance Engagement Workshops and meetings with Trusts as well as establishing collaborative working arrangements with HSC Trusts to achieve better outcomes for families. This also included agreeing actions to support the developments arising from the Review of the HSCB's SAI Regional Policy.

6: Learning from the COVID-19 pandemic

The health, social and economic impact of COVID-19 (coronavirus) cannot be understated and our lives have had to change significantly as a result. The COVID-19 pandemic occurred during a time of significant challenge and opportunity for our health services in Northern Ireland. For PCC, it coincided with a time when PCC were embarking on a process of significant organisational change, as noted throughout this report. Whilst this presented an additional layer of challenge, it also presented significant opportunity.

At the beginning of 2020-2021, the year commenced with immediate and rapid change responding to the global pandemic. Within days, business as we knew it required re-thinking, adaptation and new solutions. The challenge for PCC, as a substantial element of day-to-day business (in engagement and involvement work) was stood down, was to rapidly review the operational plan and create a new model of practice to support the public and adhere to the legislative mandate. New systems and processes to manage and monitor work in a new, largely “working from home” environment were required.

Throughout, PCC recognised that it was critical that the patient and public voice was heard and harnessed to influence ongoing conversations around how services and systems must flex and adapt in response as we moved forward in 2020-2022.

Development of Call Answering Service

As highlighted earlier in this report, PCC made significant changes to the manner in which it responded to initial calls from the public; aiming to ensure a greater number of callers could speak immediately to someone who can help. The development of a call answering service, greatly enabled PCC to move rapidly in response to the COVID-19 pandemic and to offer support to the public and to other HSC organisations, as a route to expert help for people with worries and concerns.

This required the development of a practice manual, script and FAQ’s, which needed to be regularly updated in what was a fast-changing environment. PCC expanded service hours to a 7-day service, operating 8am to 6pm, with weekends initially covered by the PCC Leadership team. During the period 2020-2021, this call answering service received **6,195** contacts. This represented an average of 24 calls per working day, and an unprecedented increase in calls to the PCC. It included **3,393** contacts related to COVID-19. **2,192** contacts were referred to PCC by another organisation, with **1,890** contacts forwarded to PCC by the Public Health Agency.

As we have moved forward into 2021-2022, the PCC worked with NI Direct to establish a direct and automated connection between the PCC Freephone and the NI COVID Care helpline, to ensure rapid connection and an integrated pathway for those with calls about COVID-19 related support and queries. This remains in place throughout 2022-23.

Increase in demand for advocacy services

The impact of COVID-19 on an already stretched health system resulted in both a significant increase in demand for PCC services, and a noted increase in the complexity of cases requiring PCC input, particularly in the area of independent advocacy. This increase in demand is reflected in the 794 new cases referred to the PCC for advocacy support in 2021-22, a delivery of 30% above the annual target for the year. In addition, the emerging need for group advocacy and the significant increase in the number of Significant Adverse Incidents referred to the PCC for support (which has doubled since 2019-2020), further highlights demand in this area. In 2021-22 PCC has mitigated this risk by bringing additional practice staff on through agency however this is not a sustainable position and contributes to further risk regarding staff stability which may ultimately impact on PCC's future performance and delivery against operational plans and statutory functions.

Engagement and Involvement

The PCC worked to overcome the challenges that the COVID-19 pandemic brought in relation to the ongoing involvement of service users. We recognised and championed the public's role and contribution, ensuring engagement in the transformation agenda which we believed to be critical during this time. Whilst developing our practice model in 2021-22, we worked to reconfigure the PCC's engagement programmes and structures during this time. We tried to move quickly to facilitate our engagement programmes remotely. This involved initiating online user involvement strategies using virtual platforms. From an early stage, we saw the merit in this methodology; recognising how the public could be involved at pace and in an environment where caring responsibilities; locality or communication abilities had previously placed restrictions on participation.

Digital methods provided an opportunity to reconfigure how and who we engaged with. We shifted our approach to our work in order to maximise contribution, engage with those marginalised or 'hard to reach' and to ensure that we effectively involved the public. It provided us with further opportunity to align our involvement with social determinants and population demography in order to truly involve those with lived experience in relevant programmes of work.

We were able to arrange events to accommodate involvement outside of statutory norms, pre and post the usual 9-5pm business hours. This remains part of our structure currently in order to maximise engagement and to accommodate other responsibilities that carers and service users face. This has been most evident within our Engagement Platforms and in support of public consultations.

Emerging policy areas

The COVID-19 pandemic brought into sharp focus a number of areas of work to which the PCC responded rapidly, accommodating these emerging areas in its operational planning, recognising that the engagement of the public was key. These included the development of Test, Track and Trace, Understanding the Impact of Shielding, Care of Older People, the Rebuild of Health Services programme and Bereavement.



OUR JOURNEY YOUR VOICE

FOR FURTHER INFORMATION ON OUR
INTENT OR ANY OTHER ASPECT OF OUR
WORK PLEASE CONTACT US BY:

Phone: 0800 917 0222

Email: info.pcc@pcc-ni.net

 [@Patient Client](#)

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Website: <https://pcc-ni.net>