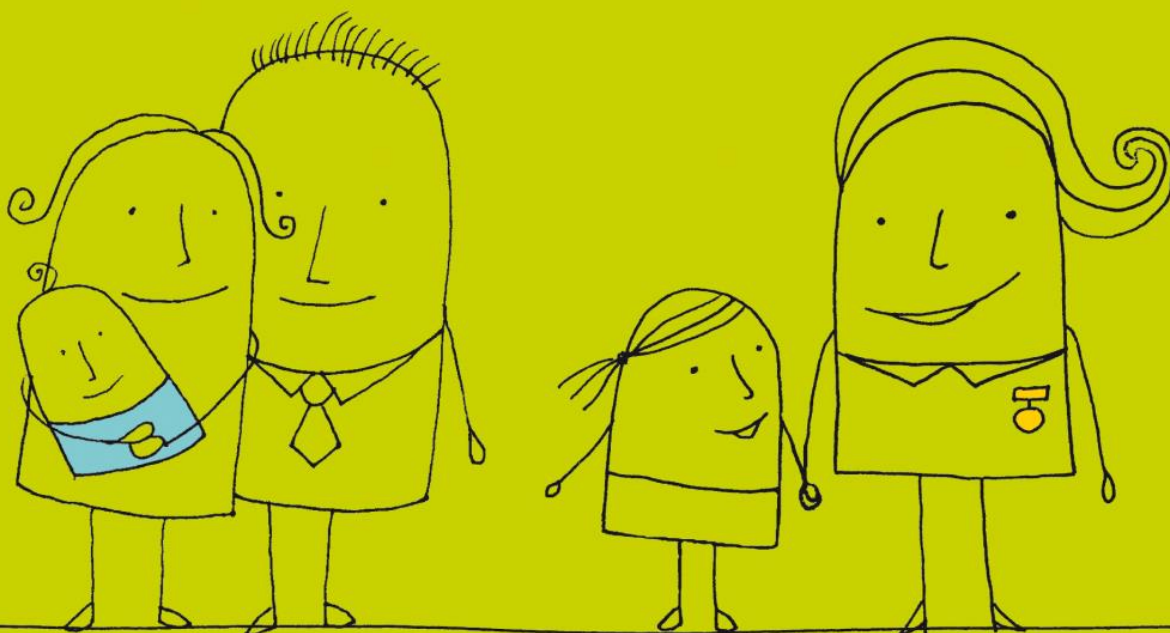


Patient and Client Council

Quality Report 2014/15



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

1.0 Introduction

The Patient and Client Council (PCC) was established on 1st 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 key duties. They are to:

- Listen and act on people's views;
- Encourage people to get involved;
- Help people make a complaint; and
- Promote advice and information on health and social care services.

As part of the Health and Social Care Framework for Northern Ireland the Patient and Client Council seeks to support the Department of Health Social Services and Public Safety's (DHSSPSNI) 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.

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;

Patient and Client Council Values	Quality 2020 Values
<ul style="list-style-type: none">• Put people at the centre of all we do.• Use evidence from people to guide our work.• Speak independently.• Work in partnership.• Be open and transparent.	<ul style="list-style-type: none">• Empowerment• Involvement• Respect• Partnership• Learning• Community• Continuity• Equity and Equality.

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 voice of all people on health and social care is sought, listened to and acted upon;
2. The Patient and Client Council is making a positive difference for people;
3. The Patient and Client Council promotes the provision of information and advice to the public about health and social care; 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 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 its Local Advisory Committees;
- 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 has introduced a new Performance Report 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.

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 2014/15 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 14,000 members. During the year the Patient and Client Council engaged with people on a wide variety of issues including:

- The health and social care priorities for people in Northern Ireland;
- The needs of carers who are caring for dependants with enduring mental health illness;
- The experience of health and social care services for homeless people;
- The Minimum Standards for Nursing Homes, with the views of residents, their relatives and carers;
- eHealth and Social Care Strategy for Northern Ireland;
- Future Delivery of Congenital Cardiac Surgery and Interventional Cardiology for the Population of Northern Ireland;
- Patient Travel Policy; and
- The Donaldson Report – The Right Time, The Right Place.

The PCC has pioneered the use of social media by health and social care organisations in Northern Ireland. The work to increase our media presence and engage with a wider audience continued throughout 2014/15. The growth in our online and social media presence can be seen in the figures below:

- Twitter followers growing from 1,400, to 2,287
- Facebook followers increasing from 730 to 1,076

This work has not only improved the quality of our communication with people but also encouraged other health and social care organisations to embrace the challenge and manage (rather than avoid) the inherent risk of using social media.

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 Patient and Client Council attained 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:

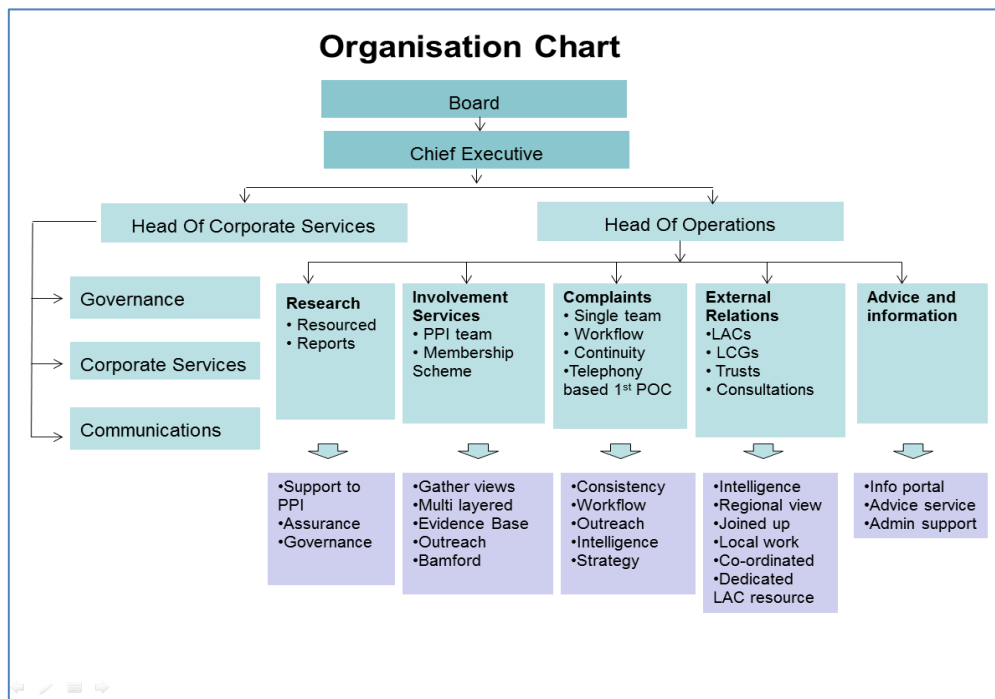
- *Strong values and purpose*
- *An inclusive culture which includes the views of all stakeholders when developing strategic plans.*
- *Team and personal ownership of plans, through consultation and joint objective setting.*
- *View to continuous improvement.*
- *Managers who are close to the team encouraging 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. All staff received an appraisal for 2014/15;

- 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. In this year we have also laid the foundation for the introduction of the Knowledge and Skills Framework to align what we do with the wider health and social care learning framework; 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 32 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.

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. However it is also worth noting that the year-end staff attendance figure, an accepted management measure for staff commitment, was 95.86%.

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 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.

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 DHSSPSNI policy. This has seen the establishment of peripatetic working for 50% 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 one complaint in the last twelve months. An essential part of the PCC complaints process is a "lessons" learned section to improve the services it provides.

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*

A core function of the PCC is to ensure that the needs and expectations of the public are addressed 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 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 details actions on the following priorities in response to the work of the PCC in 2014/15.

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 1st April 2014 to 31st March 2015 2,038 people contacted the PCC for help and assistance and 1,112 of these people were supported through a formal complaints process. 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.

Service user evaluations are integrated into the Complaints Support Service. A total of 102 clients completed a service user evaluation to rate their experiences of using the service. The majority of people (82.6%) rated the overall service they received as 'good' or 'excellent'.

Some of the comments included;

“My query was about receiving direct payments for my daughter. The Trust took a very long time to put these into payment but with the help of the Patient and Client Council, I was successful in receiving them.”

“Only for [Complaints Support Officer] I don't know what I would have done. My complaint is on-going but [Complaints Support Officer] is just at the end of the phone.”

“Found my voice was heard to the Trust that I complained about through the voice of my Complaint Support Officer. All the people I had contact with in the PCC were excellent and respectful.”

“I made contact with your service at the Castlewellan agricultural show last year. I had been thinking of contacting the Patient and Client Council and the presence of a person to speak to made it easy to take that first step to make contact. Your representative was very helpful and informative. The follow up contact was quick and very helpful. Having a complaints support officer helping took a lot of pressure off me.”

It is worth noting that whilst there is a high satisfaction level with the complaints support service, just over half (53.9%, n=48) of those who completed and returned a feedback questionnaire said they achieved the outcome they wanted.

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 2014/15 the following actions were taken to improve the service;

- Staff piloted an accredited City and Guilds advocacy course, which will now be undertaken by all PCC Complaints Officers;
- Key Performance Indicators for the service were introduced; and
- A self-help pack for clients was introduced to assist them in making a complaint, entitled “How can we help? – Your guide to making a complaint”.

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 is aimed at making a difference for people and improving the patient experience. Within the Plan for 2014/15 there were two specific goals (both delivered) which exemplify the commitment to quality improvement through effective partnership working, these were;

The Patient and Client Council will seek to understand the public's priorities for patient and client safety in health and social care.

The Patient and Client Council held a Patient Safety conference, organised with the Regional Safety Forum in September 2014. The conference was attended by over 100 members of the public and was addressed by leaders in health and social care, including the Chief Medical Officer.

The Patient and Client Council will work in partnership with the DHSSPSNI to ensure that the views of service users and carers are included in the implementation of the Quality 2020 strategy.

The Patient and Client Council, in partnership with the Regulation and Quality Improvement Authority, set up a Quality Stakeholder Forum to input to the Quality 2020 agenda. The inaugural meeting of the Forum took place on 13th November, World Quality Day.

In addition the PCC supported the launch of an awareness campaign on improving the Patient and Client Experience entitled, **"You Are More Than A Number."** This project and campaign was endorsed by the Chief Nursing Officer, and was shaped by PCC engagement with service users on the Patient and Client Experience Standards.

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;
 - The health and social care priorities for people in Northern Ireland; and
 - The experience of health and social care services for homeless people;
- Contributing to HSC groups and forums on developing services. In 2014/15 this included representing patient views on:
 - The implementation of the Bamford recommendations, as exemplified by the Bamford Monitoring Group;
 - Paediatric Congenital Cardiac Surgery;
 - Palliative Care; and
 - Unscheduled Care.
- 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
- Hosting “Roadshows” attended by key HSC decision makers and the public. These events allow key decision makers to hear first-hand the views and concerns of people across Northern Ireland.

www.patientclientcouncil.hscni.net

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