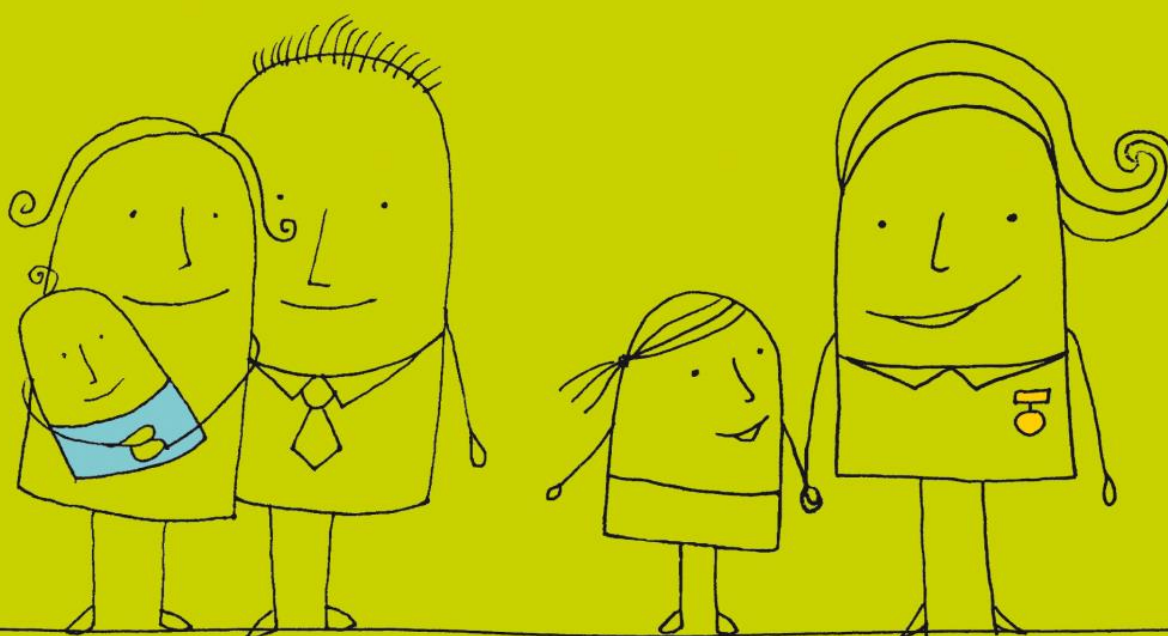


# Patient and Client Council

## Quality Report 2016/17



## **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 health and social care.

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

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

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

**June 2017**

## 1) 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) Quality 2020

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

Quality 2020 defines quality under three main headings:

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

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

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

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

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

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

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

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

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

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

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

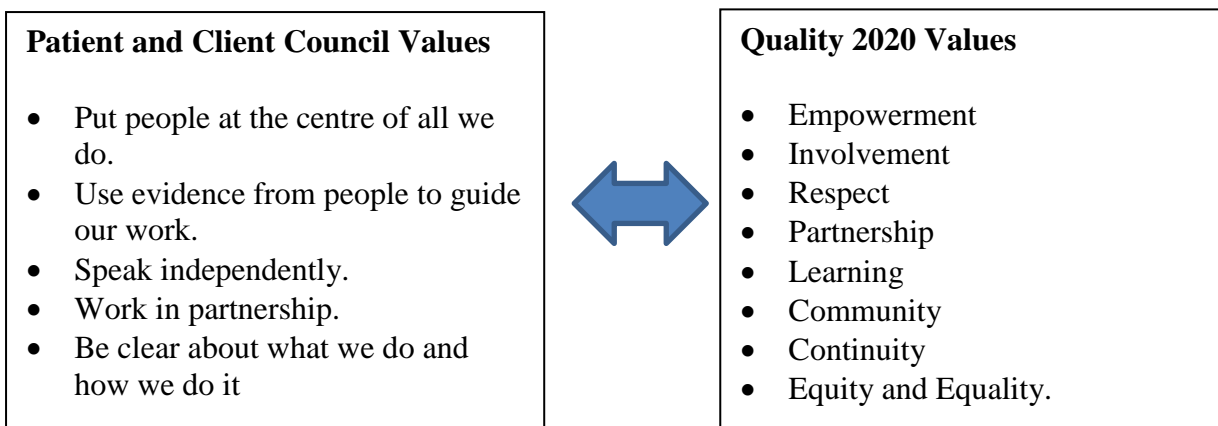
## 1) Transforming the Culture

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

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

### Quality within the PCC

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



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

### Corporate Plan

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

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.

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

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

### **The Business Plan**

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

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

The PCC Board oversees the delivery of the Business Plan by *monitoring performance* against objectives at each meeting. This monitoring includes ensuring the quality of the Council's work, as exemplified by its reports, meets the standards expected. Complementing this scrutiny, the organisation monitors how its work resonates through the health and social care system, particularly in the annual Health and Social Care Commissioning Plan for Northern Ireland. The PCC uses a Performance Report, as recommended by Internal Audit, which not only includes performance against operation and financial objectives but also

provides an environmental scan on key health and social care issues, to inform Board decision making.

The PCC delivered on all its Business Plan objectives for the year 2016/17.

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

The PCC undertook an engagement with people about its involvement policy to ensure it was fit for purpose and met people's expectations. That engagement re

In 2016/17 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 12,700 members.

Throughout 2016/17, the PCC

- Spoke directly to over 4,800 people to hear their views on health and social care services;
- supported 749 people through the formal complaints support service;
- Involved 198 people in its Panels;
- Helped 1,198 people via its helpline seeking advice and information, signposting or immediate resolution of their queries;
- Had 4,248 people contribute to its published reports; and
- Recruited 1,150 new members to its Membership Scheme.



The PCC also undertook engagement with locally elected representatives to inform them of the work of the PCC and share what people have said in conversation with us. This included addressing the Health Committee and also hosting an event in the Stormont Castle Long Gallery for MLAs.

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

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

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

Health and Wellbeing 2026 challenged the service to set out the initial design work for an Improvement Institute. The Chief Executive has led on the PCC's input to this and we look forward to seeing the output and implementation of the ideas in 2017/18

## **4) Strengthening the workforce**

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

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

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:*

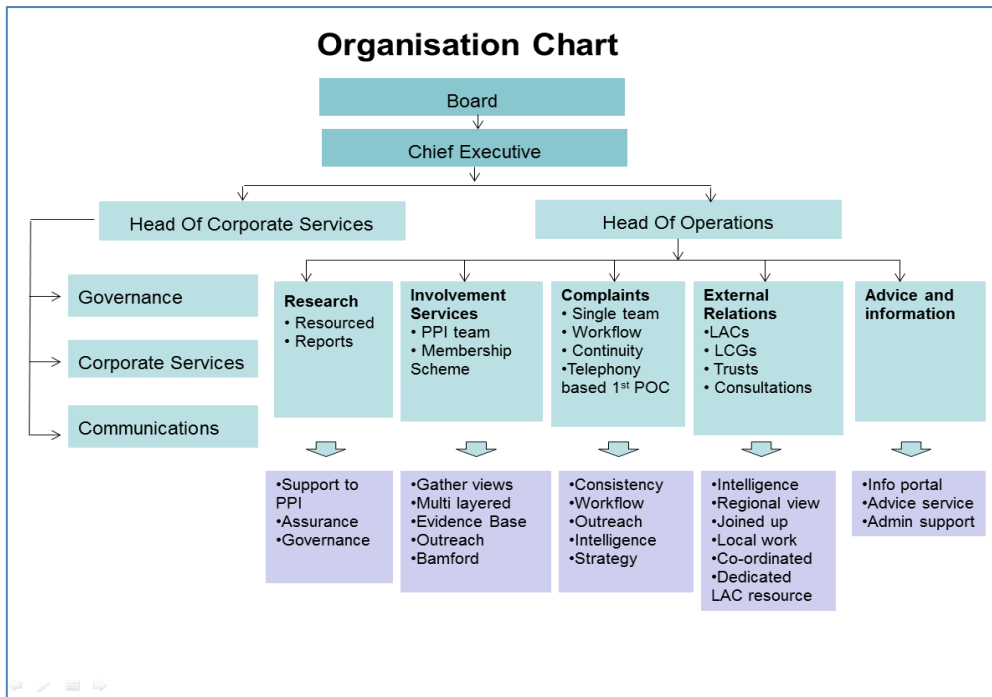
- *Strong values and purpose*
- *An inclusive culture which includes the views of all stakeholders when developing strategic plans.*

- *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.

### 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 PCC's Investors In People accreditation process involved interviews with a third of PCC staff at all levels and fully endorsed staff support for the organisation's vision.
  - The staff survey showed that overall, staff are generally positive about their jobs in the PCC and scores are better than average on most questions compared to the rest of HSC.
  - It is also worth noting that the year-end staff attendance figure, an accepted management measure for staff commitment, was 95.2%.

### 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.
- The Senior Management Team hosted three all staff sessions to share the work of the PCC, gather staff input to the Business Plan and respond to staff concerns.

### **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 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 open plan, with shared workspace for all staff including the Chair and Chief Executive.

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

### **Staff survey**

The PCC values its staff and their opinions on its work. The PCC received a bespoke staff survey 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. These findings were shared at an all staff session in July 2016. Some of the key points were:

- 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.

## **Training**

The PCC has a strong commitment to training and developing its staff. In 2016/17 the PCC devoted £19,025 to training courses for staff.

In recognising the challenging environment the PCC is operating in the wider management team undertook a team building and personal development initiative entitled "Leading Through Change". This allowed managers to identify their strengths and working with the wider management team to understand how these strengths provided a synergy to their overall outputs.

The PCC has introduced specific HSC staff training on Quality 2020. In its first year 88% of staff have taken Level 1 training in the Quality 2020 Attributes Framework. The PCC held a workshop with its staff as part of this training, encouraging staff discussion on what Q2020 meant to them as individuals, their team and the organisation as a whole.

## **5) 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 PCC represents the views of people on over 100 groups and has attended over 500 meetings with a health and social care agenda.

### **PCC Complaints Support Service**

In the year 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017, 1947 people contacted the PCC for help and assistance;

- 749 people contacted the PCC for help and assistance with a complaint (compared with 864 in the previous year); and
- 1198 people contacted the helpline for support with other concerns or queries (compared with 909 in the previous year).

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 review of the service found there was widespread satisfaction with clients, relative to their satisfaction with the actual complaint outcome; 90% very or fairly satisfied with the service received, against just 40% very or fairly satisfied with the outcome of their complaint itself; and 70% of respondents claimed that they would not have been able to progress their complaint or achieved the outcome without the support of the PCC. The PCC provides clients with a range of support services including information, advice, assistance with drafting correspondence, advocacy support at meetings and follow-up, preparation of cases, including submissions to the Ombudsman and other regulatory bodies.

Whilst there is a high degree of satisfaction with the service, the Complaints Support team continually seeks to understand the reason for people being dissatisfied with the service and put in place steps to improve the system or the complaints officers' skill sets. In 2016/17 the following actions were taken to improve the service;

- All complaints staff are now committed to an accredited City and Guilds advocacy course. As at 31<sup>st</sup> March 2017 five members of the team had completed the course, with the remaining team member scheduled to complete her course in 2017/18.
- Key Performance Indicators for the service are in place and monitored; and
- A review was undertaken of the PCC Helpline and new arrangements were put in place to improve the efficiency of the 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 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. These successes include:

### **Myalgia Encephalomyelitis (ME)**

Agreement has now been reached to appoint a part time secondary care medical consultant to support ME patients. Patients have been actively engaged in the development of the Job Description and Specification. The PCC are continuing to work with these patients to progress this matter.

### **Fibromyalgia (FM)**

Following on from the publication of the PCC Report "*A hidden condition: Ten people living with fibromyalgia tell their story*. PCC; 2016" a new regional care pathway has been developed by professionals and patients. This is currently in final draft form and will be issued for use across the HSC in 2017/2018.

### **Endometriosis**

Work continued this year to try to bring about improvements in services for women with Stage 4 endometriosis. This year the HSC Board agreed to fund the Belfast Trust for a Consultant Nurse Specialist for this disease group. We continue to support patients to engage with decision makers at all levels of decision making. One patient was a Lay Representative on the development of new NICE guidance for Endometriosis. This guidance was issued for consultation in March 2016 and the patient presented them at a regional workshop of clinicians from all five Trusts and the HSC Board. The outcome was agreement to adopt a regional approach for the diagnosis, management and treatment of patients with this illness. This is currently being written up by the HSC Board staff.

### **Chronic Pain**

The Head of Operations was invited by Arthritis Research UK to discuss the outcome of the PCC Report entitled "The Painful Truth". This was a roundtable discussion with 12 Academic institutions from the UK, Europe and Canada. They met for three days with a view to agreeing a ten year strategy for research in the field of Chronic Pain. They acknowledge that "The Painful Truth" was helping to set the context for their work.

## **Future Planning for Carers**

Following on from our work on planning ahead for carers with adult dependants, the HSC Trusts have reported a number of specific developments / changes and these are summarised as follows:

- The SHSCT has introduced a ‘Sharing Information’ document to enable staff to have a clear understanding of how to communicate with carers, especially when consent to share information is withheld;
- The WHSCT has indicated that “Future Planning” is important for carers and training is being provided. This will form part of the service improvement process for community teams. HSCB has funded this future planning training for community teams and carers. Western trust is currently arranging dates to take this forward; and
- The NHSCT reported that the Service User/Carer engagement exercise culminated in a new Service User Forum that is currently developing its term of reference. Members of the Forum took part in a staff engagement event on 5 September 2016. They are currently developing an ‘easy read’ version of the Service User Pathway in the Adult Learning Disability Team’s Operational Policy.

## **Recurrent Miscarriage**

Since 2014, the PCC has been supporting women in Northern Ireland who have suffered miscarriage to ensure that their voices are heard by decision makers. Of particular concern is the care provided to women and their partners who have experienced recurrent miscarriage. Our work aims to provide an overview of the current provision of recurrent miscarriage services in Northern Ireland.

Miscarriage was been identified in the Northern Ireland Health and Social Care Draft Commissioning Plan for 2016/2017 as a specific issue. Section 5.3 on Maternity and Child Health states: ‘Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence-based guidelines.’

It recommended that HSC Trusts should work with the PHA and HSCB to clarify and standardise the referral and clinical pathways for women who have had recurrent miscarriages. The Maternity Strategy Implementation Group had also agreed to work on this issue and it is included in the Action Plan for 2016/17. The Patient and Client Council staff, with ladies from the Pregnancy Loss Steering Group, are working alongside statutory bodies to shape new pathways. A review of all Trust services is underway and we will continue to influence future provision.

Following a review of perinatal mental health services, the RQIA recommended that each Trust has specialist perinatal mental health support services with psychological input. The PCC and members of the Pregnancy Loss Steering group fed into this



review. Although this issue is being addressed the outcomes are not yet in place but significant progress has been made.

## 7) 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;
  - **Carer's support and needs assessment**  
Telling the experience of carers of people with learning disability and mental ill health;
  - **The People's Priorities**  
Setting out people's views on future priorities for health and social care in Northern Ireland;
  - **Home Treatment Crisis Response**  
Telling the experience of people of the Home Treatment Crisis Response service which provides assessment and treatment to people who are experiencing a mental health emergency of a nature or severity that would otherwise require admission to hospital;
  - **Recurrent Miscarriage in Northern Ireland**  
Providing an overview of the current provision of recurrent miscarriage services in Northern Ireland;
  - **The Patient and Client Council and Endometriosis in Northern Ireland**  
Providing an overview of the current provision of Endometriosis services in Northern Ireland;
  - **The Patient and Client Council and ME/CFS in Northern Ireland**  
Providing an overview of the current provision of services for people with Myalgic Encephalomyelitis/Encephalopathy and Chronic Fatigue Syndrome; and
  - **A hidden condition**  
In which ten people living with Fibromyalgia tell their story
- Contributing to HSC groups and forums on developing services. In 2016/17 this included representing patient views at the following groups and committees:

- Regional HSCB board meetings
  - PHA Board meetings
  - HSC Trust Board meetings
  - Production Policy Groups (e.g Co-Production and Workforce Strategy)
  - HSC Online Project Board
  - NI Electronic Care Records Governance group
  - HSCT Patient Complaints and Experience Committees
  - Regional Complaints Monitoring Group
  - Diabetes Network Framework Development Group
  - Regional Chronic Pain Forum
  - Early Pregnancy Loss Steering Group
  - Unscheduled Care Strategic Accountability Board
  - GMC Advisory Forum
  - Guidelines and Audit Implementation Network Project Board
  - Medicines Optimisation Efficiency Programme Project Board
  - Regional Palliative Care Programme Board
  - Omagh/Fermanagh Integrated Partnership
  - Community Promoting Good Nutrition Group
  - Integrated Care Partnerships Project Board
  - Western Trust Disability Steering Group
  - Stroke Network
  - Dalriada Stakeholder Group (OOHs service in NHSCT area)
  - Service Frameworks Programme Board
  - Primary Medical Performers List Committee
- 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.

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

Remember you can contact us by

## Telephone

0800 917 0222

## Email

[info.pcc@hscni.net](mailto:info.pcc@hscni.net)

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