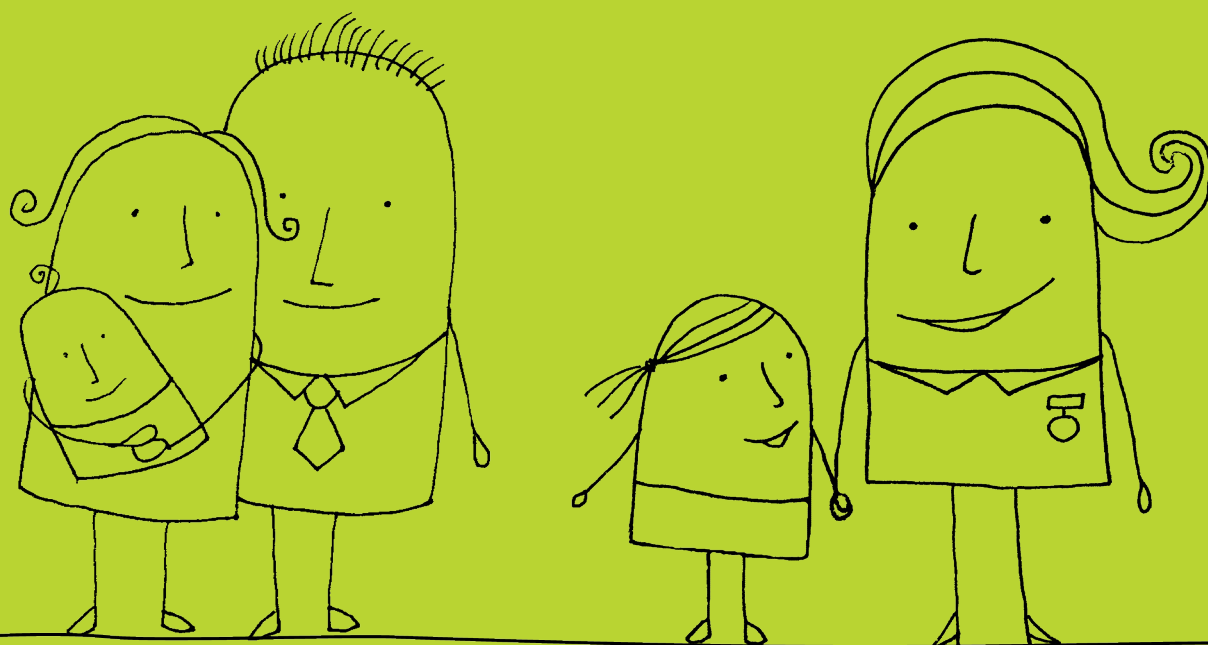


Patient and Client Council

Quality Report 2013/14

November 2014



1.0 Introduction

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 Quality 2020:

- ▶ 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 adoption into its work. However it should be noted that the PCC is not a commissioner or provider of health and social care services.

The report’s content and format has been informed by the DHSSPSNI around the following areas:

- ▶ Engagement with Q2020
- ▶ Governance
- ▶ Leadership/Culture
- ▶ Recognition (External Registration/Accreditation/Licensing/Achievement of Kitemarks etc)
- ▶ Workforce
- ▶ Public and Patient Engagement:
- ▶ Best Practice/Standards/Guidelines
- ▶ Performance Management

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 set out under these 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.

All Health and Social Care organisations in Northern Ireland should plan and deliver their services in line with these strategic goals, underpinned by the strategy's design principles and values.

3.0 The Patient and Client Council

The Patient and Client Council (PCC) was established to provide a powerful, independent voice for people. 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
- ▶ Promote advice and information on health and social care services

4.0 Our engagement with Quality 2020

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 Corporate Plan for the PCC 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

- ▶ 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.

Quality 2020 Values

- ▶ 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 is a unique organisation in Northern Ireland, providing an independent voice for people in health and social care. To provide an opportunity to improve what it does and learn from comparable organisations the PCC contacted similar bodies across the British Isles and has established a Five Nations Forum. The group is made up of organizations that lead, support or influence the development of the involvement of patients and the public in public health care. The Group meets twice a year and includes representatives from;

- ▶ The Scottish Health Council;
- ▶ The Irish Patients Association;
- ▶ The Welsh Community Health Council; and
- ▶ The NHS Alliance.

The group's focus is on *patient and public participation* and to;

- ▶ Provide an opportunity for people to be informed about the current status of participation policy and practice and forge constructive links across the UK;
- ▶ Provide a forum for sharing good practice and discussing issues, challenges and solutions with a focus on both collective and individual involvement; and

- ▶ Consider opportunities to develop a shared agenda of activities and products that we co-produce to raise the profile, promote the value and maximise the impact of public participation.

The PCC Business Plan for 2013/14 included a specific objective on commitment Quality 2020, specifically;

The Patient and Client Council will work in partnership with the DHSSPSNI to ensure the views of service users and carers are included in the implementation of the Quality 20:20 strategy.

The PCC has provided on-going advice and support to the DHSSPSNI on engaging with service users on the health and social care Quality 20:20 Strategy. The PCC has contributed to the Task Groups set up under the Quality 2020 programme. This has included exploring how a Stakeholder Forum can be established which will include service user involvement. This particular project is being taken forward in partnership with the Regulation and Quality Improvement Authority with the first Stakeholder Forum meeting planned for World Quality Day in November.

5.0 Governance

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 are;

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 its Local Advisory Committees and the Bamford Monitoring Group;
- ▶ The views of the Board;
- ▶ 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 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 submitted to the Board's Research Committee. The Committee is made up of Board Members, Senior Management and the PCC Research Manager. The Committee scrutinise each project to

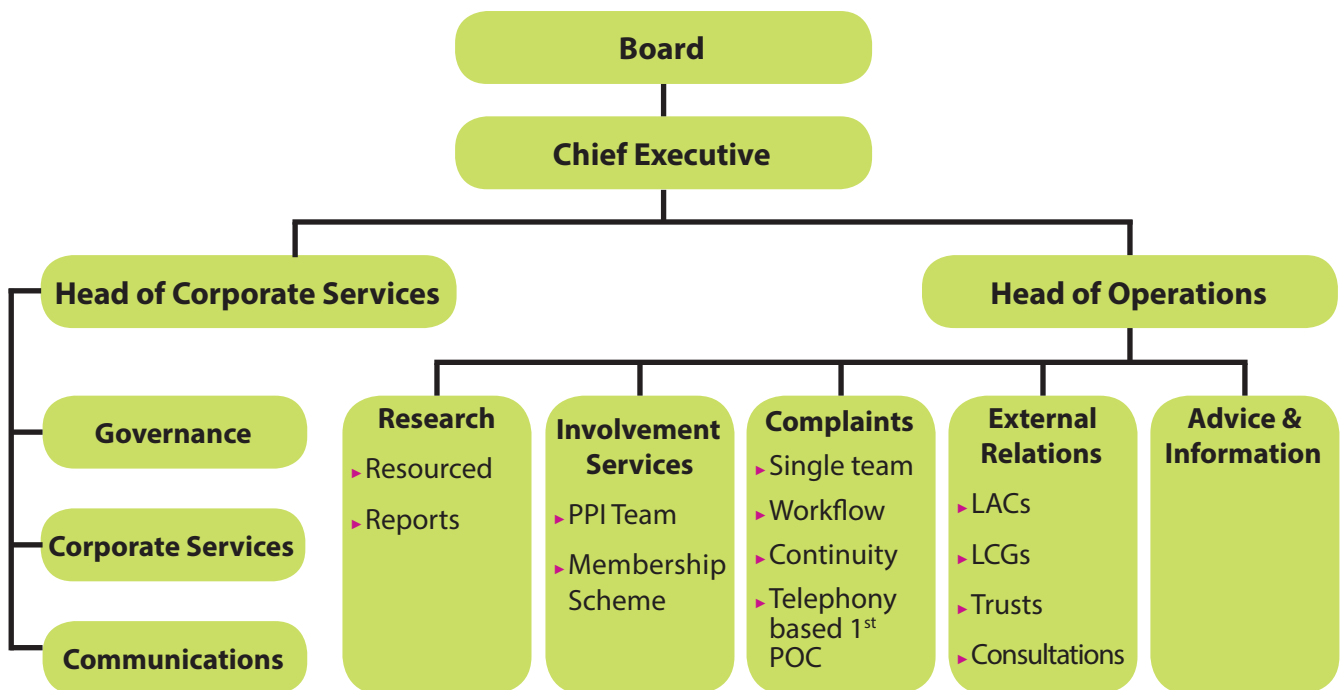
ensure the plan and methodology proposed is appropriate and the information gathered will inform the views of the PCC and HSC organisations.

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 meet the standards expected. Complementing this scrutiny, the organisation monitors how its work resonates through the health and social care system.

The Board too is fully committed to quality in 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.

6.0 Leadership and Culture

The organisation introduced a flat functional structure on the 1st April 2013 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 550 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 officers to understand the principles of effective research and hence improve their engagement with service users, clients and carers.

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;
- ▶ Staff engagement in developing the Business Plan and the approach to delivering on projects, encouraging and allowing for innovation.

Effective communication

- ▶ 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 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 2012/13. Some key figures from our online and social media presence include:

- ▶ **1,400** Twitter followers
- ▶ **730** Facebook followers
- ▶ **1,689** Tweets made by the PCC during the year

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 risk of social media.

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 did not receive any complaints in the last twelve months.

7.0 Recognition

During this period, two PCC projects were winners at the Chartered Institute of Public Relations (PRIDE) awards in recognition of our communication work. They were;

- ▶ **The Peoples Priorities for Transforming Your Care** won the gold award under the Healthcare Campaign category. Judges commented;

"This report was an ambitious project to influence the future of Health and Social Care in Northern Ireland through stakeholder engagement, social and media relations. The resulting evidence base of public opinion in the report meant it secured cross-party support and that a number of the issues raised were endorsed in the resulting ministerial document: Transforming Your Care - Vision to Action 2013."

- ▶ **The Young People's Priorities** project won the gold award under the Public Affairs category. Judges commented;

"Research showed a need to increase participation levels amongst young people, in discussions about health services. In response, it created a multi-stakeholder campaign to gather new information directly and to share the findings with government and local government agencies. The campaign is an excellent example of public affairs at its best - facilitating dialogue between community groups and decision makers, with outstanding results. Not only were the campaign objectives met, it defined a new benchmark for consultation with young people, has directly influenced public policy and, as a legacy, it continues to connect interested parties to discuss and evolve thinking on the topic."

8.0 Workforce

The PCC's most valuable resource is its staff and we strive to allow our staff to deliver the best job they can.

Support for staff in their work and development improves the quality of what they do. In support of 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. 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.

9.0 Public and Patient Engagement

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 with people the PCC published key reports reflecting what people shared about their health and social care experiences. That engagement included attended 550 events to speak to people and gather their views on health and social care and engaging with its Membership Scheme now numbering some 12,800 members. Reports produced during the year included;

- ▶ **The Painful Truth**, reflecting the views of 2,500 people and their experience of living with chronic pain.
- ▶ **Access to GP Services**, reflecting the views of 8,200 people on their experience of accessing primary care services, including GPs.
- ▶ **Views on Telemonitoring** telling of the experiences of people using tele-monitoring in their own home.
- ▶ **Support after leaving mental health hospitals**, providing an insight into the experiences of people with mental illness regarding the support available to them after leaving hospital.
- ▶ **Life after living in hospital** telling the experiences of people with a learning disability in the resettlement programme.

10.0 Best Practice/Standards/Guidelines

The PCC's Business Plan is aimed at making a difference for people and improving the patient experience. Within the Plan for 2013/14 there were two specific goals (both delivered) on inputting to standards and guidance to improve quality these were.

The Patient and Client Council will undertake a project to explore people's awareness and expectations of the Patient and Client Experience Standards.

The PCC engaged with service users through focus groups and one to one engagement in hospitals across Northern Ireland to explore people's awareness and expectations of Patient and Client Experience Standards. Those views were used to develop an awareness campaign across health and social care which has been endorsed by the Chief Nursing Officer.

The Patient and Client Council will work in partnership with the DHSSPSNI to ensure the views of service users and carers are included in the development of priority standards for residential care and nursing homes.

The PCC has provided advice and support to the DHSSPSNI on engagement with the public to gather their views on the standards for residential care and nursing homes.

11.0 Performance Management

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 of what we produce to inform decision-makers essential. The annual Business Plan sets out a number of discreet objectives and projects to be achieved in any 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. In the past year there have been a number of notable successes identified. These include;

- a) The 2014/15 commissioning plan published by the Health and Social Care Board includes the following commissioning priorities which came directly from the work of the PCC.
 - ▶ **Endometriosis** - Undertake a scoping exercise to identify opportunities to raise awareness in patients and in primary care of endometriosis as a condition, and to further integrate and streamline the care pathway for women living with severe (Stage 4) endometriosis. (Patient and Client Council Report – Peoples Priorities).
 - ▶ **Chronic pain** - To commission a service to provide self-management education programmes for patients with long term conditions and their carers. Undertake a scoping exercise to identify opportunities to provide more effective care for patients living with chronic pain (Patient and Client Council Report – The Painful Truth).
 - ▶ **Elderly carers** - During 2014/15 the Health and Social Care Board, in partnership with Trusts, will extend its scoping of the numbers of adults with a learning disability who require future plans to be made for their care from 50 years and above to 35 years and above.
 - ▶ **Rare diseases** - Progress the agreed priorities contained within the Northern Ireland Rare Disease Implementation Plan;
 - ▶ **Work with the Northern Ireland Rare Disease Partnership** in the planning and delivery of services for people with rare diseases;
 - » Co-ordinate services for people living with neuromuscular conditions;
 - » Ensure the provision of timely information and support; and;
 - » Ensure transition arrangements are in place for young people.
- b) Chronic Pain is now recognised as a long term condition and the Department of Health, Social Services and Public Safety are considering a regional strategy for chronic pain.
- c) We successfully lobbied the Public Health Agency and Health and Social Care Board to acknowledge the need for a single advice and information service. This resulted in a tripartite agreement to sponsor a scoping paper which has now been approved by the Permanent Secretary to progress to a full business case.
- d) The Health and Social Care Board ‘Choose Well’ Campaign – a key driver in initiating the campaign was the PCC Urgent Care report, which recommended that the Health and Social Care Board and Public Health Agency should work to raise awareness among the public on how to access urgent care services, particularly minor injury units.
- e) A number of Health and Social Care Trusts announced a consultation on proposed closures of statutory residential accommodation. This was a cause for concern not only for residents and

their families but also for the public at large. Patient and Client Council staff were active on the ground as well as engaging policy makers, commissioners and providers. As part of this process staff visited each statutory residential care home in the Northern, Western and Southern Trust areas, speaking to all residents and their families/carers. This led to a number of major changes in the process and the criteria which will be used to select those facilities which are likely to undergo change in the future.

- f) The Paediatric Cardiology Surgery Working Group. Patient and Client Council staff played an active role in the review of Paediatric Cardiac Surgery. Ensuring parents and support groups, as well as the interested public, had an active role in the review.

Complaints Support Service

In the year 1st April 2013 to 31st March 2014 the PCC 1,935 people contacted the Complaints Support Service and 1,143 of these people were supported through a formal complaints case. For most people who called the Complaints Support Service in 2013/14 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 were integrated into the Complaints Support Service in 2013/14. A total of 147 clients completed a service user evaluation to rate their experiences of using the service. The majority of people (84.6%) rated the overall service they received as 'good' or 'excellent'.

Some of the comments included;

- ▶ "I felt the...Trust was not listening to my concerns...when I contacted the Complaints Support Service they liaised with the Trust and I received fast feedback from them."
- ▶ "I had your support officer and I was extremely impressed with the advice"
- ▶ "12 weeks waiting...your officer started things moving in 24 hours"
- ▶ "I was waiting on an operation for a very long time as soon as you were contacted I had a new consultant & op within 2 months".

Whilst there is a high degree of satisfaction with the service the Complaints Support team 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 2013/14 the following actions were agreed and taken forward;

- ▶ A lean review was undertaken with a series of recommendations developed and implemented to avoid duplication and "smooth out" and improve the experience for clients;
- ▶ An online complaints system was designed by service users and implemented on the PCC website;
- ▶ Staff are to pilot an accredited City and Guilds advocacy course; and
- ▶ Introducing Key Performance Indicators for the service.

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