



Quality Report 2022-2023

November 2023

**Your Voice,
Our Journey**

www.pcc-ni.net

Contents

Foreword from CEO	2
Introduction	4
Theme 1: Transforming the Culture	5
Theme 2: Strengthening the workforce	13
Theme 3: Measuring the improvement	15
Theme 4: Raising the standards	18
Theme 5: Integrating the care.....	25
Learning from COVID-19 pandemic.....	27

Foreword from CEO



Quality 2020 was designed to create a strategic framework and continual focus on quality improvement and maintaining high standards within Health and Social Care (HSC) organisations, with a view to enhancing services and Patient safety. As Chief Executive of the Patient Client Council (PCC), I wholly support its application across the HSC and I am committed to ensuring that the PCC maintains a clear and ongoing focus on quality improvement in all our work. I am therefore delighted to present the PCC Quality Report 2022-23.

The PCC is neither a Commissioner nor a provider of Health and Social Care Services in Northern Ireland, however, we play an integral part within the system, by ensuring the patient voice is heard, listened to and harnessed. A clear focus of Quality 2020 is establishing dynamic partnerships between service users, commissioners and providers of health and social care services to develop, monitor and review standards. This objective is the cornerstone of our work and evolving practice model. Through our advocacy and engagement work, we aim to connect the public with decision-makers to change the health and social care system for the better. We are committed to Quality 2020 to ensure that the services and support we provide to the public are of the highest standard and quality, and have the maximum impact.

From 2020 the PCC has been undergoing an ambitious organisational change process, modernising and redesigning our practice and scrutinising our governance structures. This has included significant work at Council level and introducing a new practice model across our operational functions. In line with our ongoing commitment to achieve high quality performance, which results in the best possible services and outcomes for patients and clients, our focus in 2022-23 has been on further embedding our new practice model and continually improving our policies, procedures and performance across the spheres of governance, operations and business support.

This Quality Report outlines how we have continued to focus on improvement, development and innovation, following the Quality 2020 themes, to maintain and improve the quality of our offering and the impact we have for patients and the public. In this regard I would like to thank those patients, clients and the public who have engaged with us over this year and provided us with excellent feedback, which is a crucial part of quality improvement, as well as the staff of the PCC who have implemented the changes and improvements outlined in this report.

A handwritten signature in black ink that reads "M. Monaghan". The signature is written in a cursive, flowing style.

Meadhbha Monaghan

Chief Executive

3 November 2023

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 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 1.91 million* across Northern Ireland. *(NISRA 31st August 2022).

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.

Theme 1: Transforming the Culture

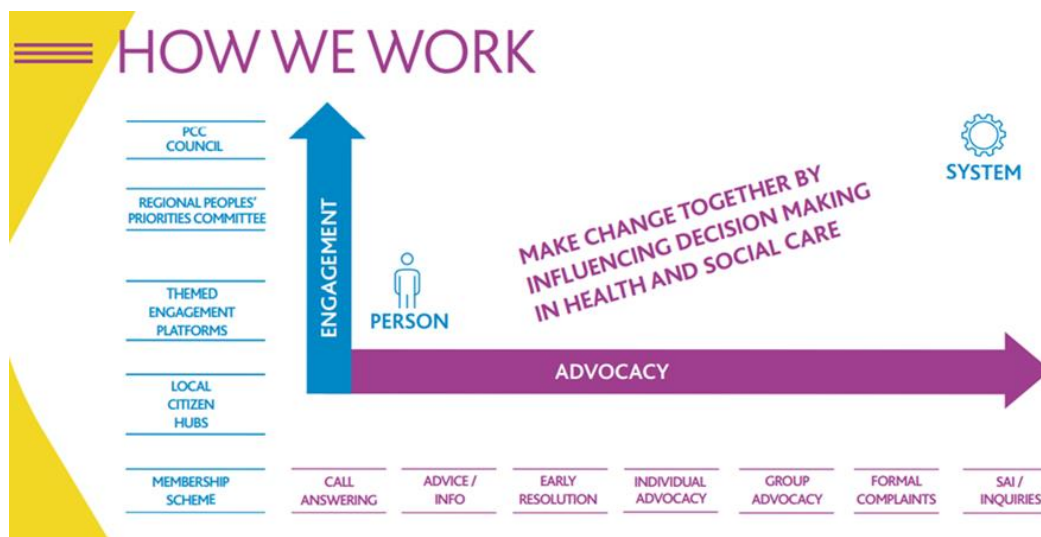
Objective 1: We will make achieving high quality the top priority at all levels in health and social care.

Objective 2: We will promote and encourage partnerships between staff, patients, clients and carers to support decision making.

In line with our ongoing commitment to achieve high quality performance, which results in the best possible services and outcomes for patients and clients, our focus in 2022-23 has been on further embedding our new practice model and a focus on continually improving our policies, procedures and performance across the spheres of governance, operations and business support.

How we work – Embedding a new practice model

Throughout 2022-23 we continued to embed our new model of practice, through which we deliver on our statutory objectives and functions. 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. Our engagement and advocacy work, on an individual and group basis, allows us to connect the public with decision-makers within Health and Social Care. From the evidence we gather, and through our policy impact work, we seek to ensure the voice of service users and carers positively influences and shapes the health and social care system going forward.



Development to four pillar structure

To ensure that members of the public get the best help from the PCC - *'the right person, at the right time, with the right information'* - during 2022-23 we continued to develop our operational model, structuring our work under four pillars; **PCC Connect, PCC Support, PCC Engage** and **PCC Impact**. Within these pillars, the ongoing development of policies and practices has seen greater integration of advocacy and engagement across PCC practice. We have aimed to improve how work coming into PCC is responded to, allocated and managed, maximising the impact and positive outcomes for patients.

Structuring our work under the four pillars will help the public understand as simply as possible, what the PCC does, how the PCC can help and what impact the PCC can make. A key focus for us going forward into 2023-24 will be how we measure, demonstrate and communicate the impact PCC has made across these key areas.

PCC Connect

Under PCC Connect, our advocacy and support begin with the provision of advice and information to the public. Our focus is on finding early resolution of issues. We do this through conversation, engagement and connection to appropriate services to meet immediate need.

Individuals who call the PCC, have varying needs, capacities and vulnerabilities. Over this period, we have worked to improve the quality of our call handling service, the PCC Connect Freephone, to make sure our clients are provided with timely, consistent and tailored support, the *'right person, right time and right information'*. In 2022-23 we developed our call handling/triage system to ensure that we consistently have the right information about a caller at the first point of contact. Post triage we now ensure two Practitioners are available to provide tailored support on a daily basis. Based on the triage assessment, individuals will be provided with support based on the complexity of the issues and/or their needs.

The team consists of 'Group One', who respond to the initial call from reception and provide guidance, signposting or offer help to advocate. 'Group Two' assist with any overflow calls or more complex calls such as distressed callers, those calling from prison, longer-term cases, or safeguarding issues.

In 2023-24 we will continue to monitor the development of this model, including feedback from the public.

PCC Support

PCC Support is our advocacy and support model. Where early resolution cannot be achieved, our advocacy and support team assist members of the public, through individual and group advocacy casework. Support offered can cover formal complaints, Serious Adverse Incidents (SAIs), through to supporting individuals and families during Public Inquiries. PCC Support also includes cases where individuals may require additional or enhanced support, for example, relation to language and capacity.

In 2022-23 we have developed our 'Advocacy Toolkit' to ensure we fully understand the support an individual's needs, their personal circumstances and the outcome they want. We have embedded the following advocacy principles in our work:

- Believing that individuals should be involved in decisions that are made about their lives
- Respecting the rights of individuals to have their views, wishes and feelings listened to and taken seriously, whatever they are
- Listening to and learning from individuals
- Supporting individuals to speak for themselves wherever possible if they wish to
- Everyone can communicate
- Accepting that empowerment for clients may mean less power for others involved in their lives

Our training schedule for staff, outlined below, has been developed to support staff in the development of this model and enhance outcomes for patients and clients.

PCC Engage

In 2022-23 we have continued to develop our engagement structures, offering the public a range of opportunities to get involved. The PCC Membership Scheme provides regular updates and general information about developments in health and social care. Engagement Platforms connect the public with decision makers across the health and social care, voluntary and community sectors on key themes. The information gathered through our work gives us the foundation for our policy impact and influence efforts. PCC Engage reflects the stage at which our engagement work becomes more focused. Themed engagement platforms provide members of the public with a forum for engagement on specific areas of work and connect them with representatives across health and social care and voluntary and community sectors.

PCC Impact

PCC Impact focuses on measuring and demonstrating the impact of our work, and communicating this externally. The objective is to build public confidence and trust in the work of the PCC and to show HSC organisations the benefits of utilising advocacy and engagement models, through demonstrating the impact of our work.

Positive Passporting

In 2022-23 we developed our '*positive passporting*' initiative and are working to establish a '*positive passporting*' approach as a core foundation underpinning our practice model. The PCC takes time to explore the needs of people engaging with us, we identify what action is possible through the PCC and help identify the additional services that an individual may require, that the PCC may not be able to provide.

The aim is for the PCC to connect individuals to other services through a '*positive passport*' into those services. This also benefits our partner organisations, as we will receive referrals from our partners. Key to '*positive passporting*', is the use of mediation, partnership and a relationship-based approach to working with other agencies.

We recognise the wealth of knowledge and expertise across the statutory, voluntary and community sectors. By using the expertise from the extensive networks and connections that already exist, PCC will be enabled to ensure the service offer to the public, across the breadth of our work, is greatly enhanced. Using a Positive Passporting practice we aim to go beyond signposting clients and stop people falling through gaps in services.

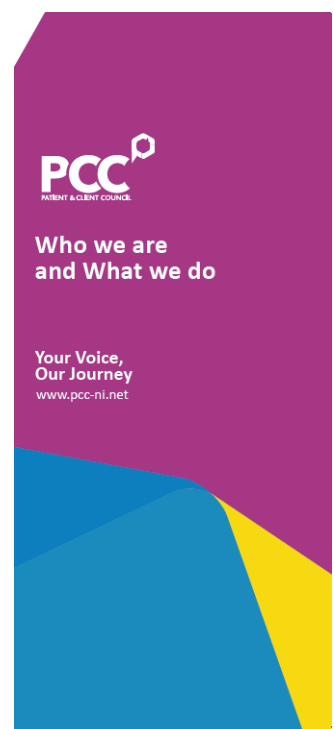
Between November 2022 and March 2023, the Positive Passporting Initiative has had 35 meetings with 23 partner organisations to discuss establishing a referral pathway. In 2023-24 we will begin to develop Memorandums of Understanding between PCC and partner organisations.

Developing the PCC Brand

To fulfil our legislative and strategic objectives, it is vitally important that the public are aware of the PCC and know how to access our services. Throughout 2022-23 we have continued to work on raising public awareness of the PCC by launching and implementing our new branding. We finalised a '*Who we are and What we do*' leaflet, exhibition and pop-up stands, A3 posters to display PCC impact and promotional items.

In 2022 -23 work was ongoing to redesign our website. Part of this development work included feedback from the public and staff, which has been incorporated into the final design concept. The new website will be launched in 2023-24.

In 2023-24 we will continue to focus on raising public awareness of the PCC, with focused awareness raising activities.



Strategic Outline Case

In October 2022, the PCC undertook work to prepare a Strategic Outline Case (SOC) on behalf of the Council which made a strategic case for further change and innovation in the PCC. This plan is to enable the PCC to more effectively fulfil its functions for patients and clients, both now and over the coming years, and as it

continues to provide independent assurance to the Department of Health and the Minister. After several workshops during Q3 and Q4, a comprehensive Strategic Outline Case was produced which includes a detailed options appraisal. The PCC Council approved a preferred strategic option and the SOC was submitted by the Council to PCC's Sponsor Branch at DoH.

Council Development

During 2021-22 the Council reviewed its committee structure, moving from three Council Committees to four, as outlined below. The key aim of the review was to ensure that the work of the Council is conducted with optimum effectiveness and timeliness and better reflects the purpose of the PCC.

Work continued in 2022-23 to establish the People's Priorities Committee of Council, with a public consultation planned in 2023-24. The PCC Council meet on a bi-monthly basis for formal meetings and workshops. Council committees meet quarterly.



Council Self-Assessment and Action Plan

The Council of the PCC ('the Council') applies the principles of good practice in Corporate Governance and continued to further strengthen its governance arrangements during this period. The Council undertook continuous assessment of its compliance with Corporate Governance best practice by internal and external

audits and through the operation of the Audit and Risk Assurance Committee (ARAC), with regular reports to the full Council.

The Council completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit in early 2022. Overall it showed that the Council functions well, however it also identified areas for improvement that have been worked on during 2022-23, via an Action Plan. In 2022-23 work continued to implement the Action Plan. A further self-assessment will be scheduled with the commencement of the new permanent Chair.

The Audit and Risk Assurance Committee also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist at its meeting held on the 16 May 2023.

Council Recruitment

During 2022-23, three Council members' appointments ended and two new Council members were appointed. In September 2022, the Council Chair resigned and an Interim Chair was appointed from the 1 October 2022 to the 14 May 2023. A new Chair has been appointed with effect from the 15 May 2023, which will take the PCC Council to 5 Non-Executive members with 11 vacancies (excluding the Chair). The DoH is currently recruiting for further Council members.

Internal Audit Schedule

In 2022-23 we implemented an Audit Management Tracker, to oversee implementation and progress of audit recommendations. The Business Support Team provides support and oversight in relation to implementation of audit recommendations across the organisation. The Audit recommendations are considered by the Executive Management Team (EMT), ARAC and at full PCC Council meetings, this includes ongoing progress reports regarding implementation.

In this period the following Audits took place as per our agreed audit schedule:

- Financial Review Audit
- Risk Management Audit
- Engagement Audit

Development of Assurance Mechanism

In 2022-23, the PCC completed a review of its governance and information governance policies and procedures. This included amendments to the PCC assurance framework to strengthen the effectiveness of our systems of internal control, including the assessment and management of risk. It sets out the reporting and monitoring mechanisms required to provide the necessary assurances to the PCC Council.

Key documents were reviewed and updated, including the Information Governance Strategy and Framework, Risk Management Strategy and Policy, Records Management Policy, Assurance Framework and the Corporate Risk Register.

Information Governance

As part of ongoing improvement relating to our approach to information governance, the PCC established an Information Governance Group in 2022-23, with the Leadership Team from PCC and the Data Protection Officer from BSO attending. Meetings take place quarterly.

The Head of Business Support provides quarterly updates on Information Governance to Council, via the Business Committee and Governance updates to the ARAC. Sessions during PCC Staff Days have focused on information governance to highlight trends, develop all staff awareness and embed best practice across the organisation.

Theme 2: Strengthening the workforce

Objective 3: We will provide the right education, training and support to deliver high quality service.

Objective 4: We will develop leadership skills at all levels and empower staff to take decisions and make changes.

‘Investing in our Team’

With the aim of developing our services and those who work for the PCC, we have a significant programme of staff training and support. In 2022-23 this included:

- Open College Network Level 2 Advocacy;
- Open College Network Level 2 Mediation Theory and Practice;
- Adult Safeguarding;
- Microsoft Teams;
- Having difficult conversations;
- Homeless Prevention Awareness Training;
- Mental Health First Aid offered;

We commissioned a number of workshops with the Leadership Team focusing on developing a collective leadership model and the coaching skills of the leadership team. All staff are also required to complete a number of e-learning modules.

The PCC values 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 invest in staff development and wellbeing. In 2022-23 we have continued to with 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.

Exit interviews can identify where change is necessary to improve the employment experience. They are offered to permanent and temporary employees of the PCC as well as agency workers. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2022-23 has been

positive of the PCC, team morale, training and development opportunities and communication throughout the organisation. Workload and the office environment were identified as concerns and the PCC has taken steps to address these through a staff stability plan, a pilot hybrid working scheme, since November 2022, and an estate strategy plan.

Staff stability

In 2022-23 we enhanced our position in relation to staff stability through the recruitment of a Receptionist, Executive Assistant for the CEO and Council Chair, Business and Governance Manager, Finance Manager and Head of Business Support. We moved to a model of Service Managers, whose responsibility it is to manage the Practice Team. We have become less reliant on agency recruitment, strengthening our staff stability through permanent appointments.

Staff engagement

We held all-staff engagement days in October, December, February and March, during this period, aimed at improving communication and engagement across the organisation. These were face to face engagement days, which promoted connectivity between staff and boosted morale. The engagement days covered a wide range of topics including culture, the importance of good records management and service improvement initiatives, including positive passporting. The workshops were interactive with staff being given the opportunity to present on their areas of work and the progress made throughout the year. Each session also allowed reflective time to discuss next steps and moving forward with momentum.

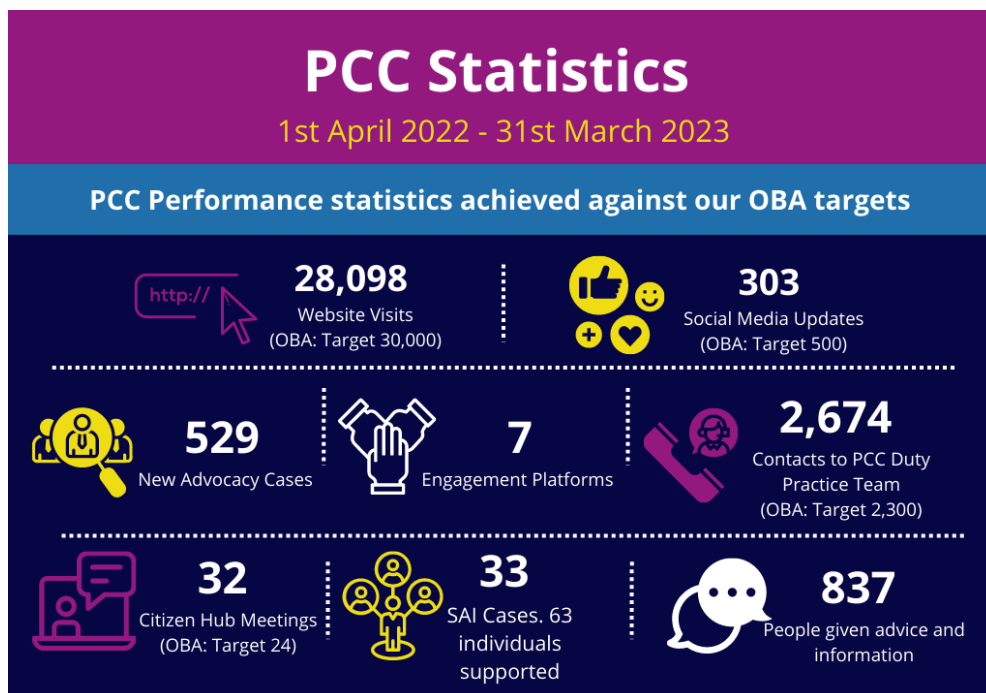
Theme 3: Measuring the improvement

Objective 5: We will improve outcome measurement and report on progress for safety effectiveness and the patient/client experience.

Objective 6: 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.

Evolution of reporting

Since October 2022 PCC has been reporting on our Advocacy figures on a monthly basis to Council's Business Committee. This encompasses the number of cases and contacts PCC deals with, the type of issues or concerns they are raising and what services they related to. The aim of this reporting is to allow us to monitor and identify trends, emerging issues and highlight areas of concern to Executive Management Team, Leadership Management Team, Practice staff and Business Committee, who analyse the report. In 2023-24 work has begun on a similar dashboard for our Engagement figures, which will also be considered by the Business Committee.



Service Improvement Tracker

In line with PCC's commitment to continuous improvement, and in response to feedback from the public, complaints, audits, reviews and inquiries, the PCC established a service improvement tracker in 2022-23. This service improvement tracker enables PCC to streamline and effectively monitor service improvement. In 2022-23 this resulted in:

- Increased efficiency in how work coming into PCC is managed and responded to through a new system, PCC Connect
- A review of key policies and procedures
- More robust information governance and record management systems

We also have formal feedback mechanisms for members of the public who have used our advocacy services to help us identify what we have done well and the areas in which we can still improve. This information is added to the Service Improvement Tracker, when appropriate.

In 2022-23 the PCC received 8 complaints. In line with our commitment to openness and continuous improvement, the PCC engaged an external associate, through the HSC Leadership Centre to investigate more complex complaints and compile independent reports on each. These reports have identified areas of learning for the PCC and have fed into the Service Improvement Tracker. It is anticipated that the PCC will continue to retain the support of an associate as needed during 2023-24 to assist with more complex complaints, providing appropriate independence and assurance.

Based on the outcome of this work, we made improvements to our Complaints Procedure and are undertaking a more fundamental review in line with NIPSO's work on Complaints Standards in order to implement a Complaints Policy during 2023-24.

In 2022-23 we identified the need to develop an estate strategy to improve accessibility to the public and our offering to PCC staff, within our budget. Our legislation requires us to have a physical presence in multiple locations. The PCC's

Head Office has been based in Great Victoria Street from the 1 April 2021. The PCC estate comprises of four locality offices including bases in:

- Great Victoria Street, Belfast;
- Quaker Buildings, Lurgan;
- Wellington Court, Ballymena; and
- Hilltop Tyrone and Fermanagh Hospital, Omagh

The PCC also has a hot desk facility in '*Advice North West*', Derry/Londonderry. The PCC will commence an Estate Strategy plan in 2023-24 to ensure we have the appropriate accommodation to be accessible to, and meet the needs of, the public across Northern Ireland.

Theme 4: Raising the standards

Objective 7: We will establish a framework of clear evidence-based standards and best practice guidance.

Objective 8: We will establish dynamic partnerships between service users, commissioners and providers to develop, monitor and review standards.

A clear focus of Quality 2020 is establishing dynamic partnerships between service users, commissioners and providers of health and social care services to develop, monitor and review standards. This objective is the cornerstone of our engagement work and evolving practice model. In 2022-23 we placed considerable focus on the work of our engagement platforms, which are spaces to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care by engaging with decision makers. In 2023-24 we aim to progress the People's Priorities Committee of Council and our Local Area Committees, which will further enhance our offering in this area. Over time our intention is to use the learning from our own Engagement Platform work to develop a best practice model.

Outcomes of Engagement Platforms

An Engagement Platform is a space to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts with the PCC, as well as being able to share their views directly with decision-makers in health and social care. We facilitated six Engagement Platforms in 2022-23, holding meetings with 139 participants.

1 GRIEF AND BEREAVEMENT

2 NEUROLOGY

3 MENTAL HEALTH

4 LEARNING DISABILITY

5 CARE OF OLDER PEOPLE

6 ADULT PROTECTION



Grief and Bereavement

In 2022-23, PCC, in partnership with the Northern Ireland Bereavement Network (NIBN), led the development of a Bereavement Charter for Northern Ireland. PCC chair the Bereavement Charter subgroup and facilitate an engagement platform on grief and bereavement. This year the platform drafted Charter Statements and presented these at NIBN World Bereavement Café Event in February 2023 for broader engagement and consultation. We also published a [summary paper](#) on the Platform's work since its establishment, which set out key messages of what we heard from the public about their experience of grief and bereavement.

Adult Protection

This year the platform focused on the Adult Safeguarding Bill. The platform met with the Chief Social Worker and Bill Team and were updated on the progress of the Bill. During this period the platform also responded to the consultation on *'Responding to Raising a Concern in the Interests of the Public (Whistleblowing)'*. Platform members attended an Interim Adult Protection Board reboot workshop and provided feedback on the workshop. The PCC also spoke at the Northern Trust's Adult Safeguarding Conference about the work of the Engagement Platform.



"Thank-you for your involvement in this work. On reflection back to November 2016 I can't believe we have come this far with the hope of making changes for the better and legislation to ensure they are carried through"

Adult Protection Engagement Platform Member

Care of Older People

In 2022-23, the Care of Older People Engagement Platform members contributed to the Regional Falls in Care Homes Project, Pre-Admission Assessment and Rockwood Frailty Model, Deterioration Assessments, and the Regional Urinary Catheter Care Pathway. We also collaborated with Public Health Agency (PHA) on the *'Visiting with Care – Snapshot'* survey, which received 1046 responses. Platform members, along with PCC and PHA staff, presented at the Northern Ireland Confederation for Health and Social Care (NICON) conference in October.

Over this period, we hosted a *'Review and Reflect'* workshop to evaluate the work of the Care of Older People Engagement Platform. With support from an independent facilitator, a report was produced in February 2023, based on discussion with members of the Platform and PCC staff. The report explored the effectiveness of the Platform, key achievements and made suggestions for the future, including extending the scope of the work to cover Care of Older People across care settings.

“

“The homes would have been closed for a lot longer if we hadn't had this group.”

Care of Older People Engagement Platform Member

“

“The Visiting Pathway wouldn't have worked without this group.”

Care of Older People Engagement Platform Member

Learning Disability

The Learning Disability engagement platform is made up of two groups, carers and service users. This year, carers met with the DoH and were informed of the implementation of the [Remobilisation Pathway of Adult Day Care, Short Breaks and HSC Transport](#), which they had made key contributions to in 2021-22. The platform has connected into the Regional Service Model for Learning Disability, opened communication with Trust Transport Managers and consulted on Terms of Reference related to coproduction and group contracts with the Community and Voluntary Sector. The service user platform worked alongside statutory and community and voluntary organisations to see what supports are available and inform best practice in these organisations.

Mental Health

In 2022-23 the platform was identified as a lived experience group to feed into the forum for Regional Mental Health Services (RMHS). The Co-Chairs of the RMHS worked in partnership with the platform on Action 31 of the [Mental Health Strategy 21-31](#) to develop a Regional Mental Health service. The platform also contributed at the Mental Health Delivery Unit Workshop, and commented on the delivery plan which will inform the direction of the strategy. The platform formed links with the Service User Consultants across the Trusts during this period. The Community Development Health Network provided training for capacity-building and co-production with the platform.



“It’s good we are listened to by people like DoH and Service User Consultants and it’s good to see this collaboration.”

Mental Health Engagement Platform
Member

Neurology

This platform includes representatives of the three main patient groups with a combined network of approximately 246 affected patients and families directly impacted by the Neurology Recall. The Platform has engaged patients in policy developments relating to the neurology recall, public inquiry and most recently the modernisation of neurology services. In 2022-23, the Engagement Platform met with DoH who explained the neurology recalls claims process to platform members.

Advocacy Service Feedback

Since February 2023 we have collected feedback of closed cases and contacts who have used our Advocacy Service. Feedback forms are circulated on a monthly basis, asking clients to rate their experience of the service and what we could do differently to make advocacy service improvements going forward. Where appropriate feedback is also considered as part of the Service Improvement Tracker.

Co-production and collaboration

PCC identified that there was a need to improve participation and maximise the patient voice, in health and social care. We began to develop our ‘*Co-production and Collaboration Project*’ which focuses on introducing a paid employment model for patients who participate in involvement work. This project will deliver regional

guidance on service user and carer remuneration, a PCC paid involvement role and payment model, support policies and procedures, design and delivery of a capacity building training programme, pilot of payment model and evaluation of a pilot for paid involvement and support HSC organisations in their involvement work.

It was hoped the programme would:

- Address the current barriers to engagement;
- Recruit, train and remunerate participants in conjunction with stakeholders;
- Coach and engage a wider demographic of people within health and social care with added quality assurance.

Our Co-production Associates project grew in strength in 22-23. In year one the projects' outputs have included the PCC becoming a Learning Centre with the Open College Network (OCN) - an educational charity and UK recognised Awarding Organisation, and the design of a bespoke Level 2 endorsed training course on *'The Role of Lived Experience in HSC'*.

The design of our *'Coproduction Associates Model'* has been completed with supporting operational policies and procedures as well as jointly leading the codesign of Regional Guidance and Procedures for Recognition Payments for Service Users and Carers in the DoH and HSC Organisations. PCC also held a focus group discussion on the Regional Guidance and Procedures for Reimbursement of Service Users and Carers in DoH and HSC Organisations. This was to evaluate the accessibility and the understanding of the target audience of key parts of the guidance to aid its development. Progress on implementing a paid remuneration model will be limited in 2023-24 whilst there is not an explicit Departmental policy directive regarding paid remuneration across HSC/ DOH.

Linkages to regional and national partnership

Throughout 2022-23 PCC has engaged and connected with various bodies within health and social care, both in the statutory and in the community and voluntary sector. PCC supported engagement during the public consultation on the future of Muckamore Abbey Hospital. We agreed to facilitate engagement on this consultation and produced a report summarising what we heard which was included in the [DoH's summary of response paper](#). PCC attended several meetings about the Enhanced Clinical Care Framework to support those who live in care homes.

PCC has continued to develop connections and meet with oversight and regulatory bodies (e.g. Commissioner for Older People for Northern Ireland, Northern Ireland Social Care Council, General Medical Council, Royal College of General Practitioners Northern Ireland, British Medical Association) to clarify our role and function and how our work with the public interacts with these bodies.

Make Change Together – Membership Scheme

Through PCC *'Make Change Together'*, members of the public have been recruited to engage in specific areas of work across health and social care.

Individuals apply and are selected on the basis of their experiences and interest within Health and Social Care. The PCC manage the promotion, stakeholder mapping, recruitment, training and coaching of participants in readiness for and during their involvement in a programme of work. Many of the programmes supported through *'Make Change Together'* align with our 2022-23 Operational Plan priority to support service user and carer engagement in HSC Rebuild and Recovery. In 2022-23 we have involved 243 members of the public across a range of programmes of work as shown in the accompanying graphic.



To further optimize participation and to maximise the patient voice, the PCC has been exploring a remuneration model and capacity building project to support patients and clients and assist HSC organisations with their involvement work as set out earlier, through our *'Co-production and Collaboration Project'*.

Positive Passporting

As outlined previously (page 8), our Positive Passporting initiative means we are establishing partnerships to aid individuals with their issues and concerns and connect them to other services through a *'positive passport'*. The aim is to improve the quality of service offered across organisations and sectors, to improve overall outcomes and deliver value for money.

Theme 5: Integrating the care

Objective 9: We will develop integrated pathways of care for individuals.

Objective 10: We will make better use of multidisciplinary team working and shared opportunities for learning and development in the HSC and with external partners.

Our practice model is based upon working collaboratively and in partnership with bodies across HSC and wider society, to ensure the voice of patients is maximised and that they receive the right support at the right time to meet their needs. In this section we have identified some further examples of our work which focuses on work with external partners, which often had a challenge function.

GMC Good Medical Practice Consultation

We facilitated two virtual engagement sessions in June 2022 as an opportunity for members and health and social care service users and carers to influence the content of the GMC's *Good Medical Practice* guidance as an alternative to their Consultation survey. Through our engagement fifteen people were successfully recruited to attend these sessions.

Radiology Review Panel

The Northern Health and Social Care Trust established a Serious Adverse Incident (SAI) Radiology Review Panel and in doing so emphasised their commitment to being open and honest and to recognise the importance of effective communication, engagement and support to all families, carers and patients who have been affected by the Review.

The PCC had some peripheral involvement in the SAI process, however, on its completion the Northern Health and Social Care Trust invited the PCC to attend the presentation of the report to all 16 families. From that event seven families approached the PCC for specific independent advocacy support, which resulted in the PCC facilitating a meeting with the seven families.

Positive Passporting

Through our Positive Passporting we are working in greater partnership between agencies to maximise expertise and resources across services to respond to demand and complexity of client's issues and concerns. This is a reciprocal relationship between PCC and agencies as both will be able to provide knowledge and share learning and receive referrals.

NI NHS Confederation Conference (NICON)

In October 2022, Care of Older People Engagement Platform members alongside, PHA and PCC attended NICON and co-delivered a workshop outlining the impact made from involving patients and service users in the last two years to influence policy and practice within care homes evidencing individual and collective engagement. This was highlighted as a benchmark for mobilising user involvement to impact policy and practice change.



Photo Caption L-R: Ann-Marie Doone, Practitioner PCC, Donna Duffy, Carer, Julie-Ann McNally, Carer, Ruth Barry, Senior Policy Impact and Influence Manager, PCC and Linda Craig, Regional Lead for Patient Client Experience, Public Health Agency at NICON Conference 2022.

Remobilisation Pathway of Adult Day Care, Short Breaks and HSC Transport

The Learning Disability Engagement Platform carers met with the DoH and were informed of the implementation of the [Remobilisation Pathway of Adult Day Care, Short Breaks and HSC Transport](#), to which they had made key contributions in 2021-22. The platform has connected into the Regional Service Model for Learning Disability, opened communication with Trust Transport Managers and consulted on Terms of Reference related to coproduction and group contracts with the Community and Voluntary Sector.

Learning from COVID-19 pandemic

Due to the success of the vaccine programme, Covid-19 receded significantly from day to day consideration in our practice during 2022-23. At the beginning of 2020 the organisation saw immediate and rapid change responding to the global pandemic. In 2022-23 we have retained a number of the changes established during this period and further embedded them into our practice model.

Call Handling

In 2021-22 as a response to Covid-19 we changed how our call handling service is delivered. This allowed PCC to move rapidly in response to the Covid-19 pandemic and support to the public and to other HSC organisations, as a route to expert help for people with worries and concerns. We have continued to learn from our experience during the Covid-19 and strengthen our PCC Connect Freephone service. We recruited a receptionist who determines which calls need to be forwarded to the Freephone so clients can speak to a member of the Practice Team to talk through their issues and concerns and offer advocacy assistance.

Accessing Engagement Opportunities

Whilst developing our practice model in 2021-22, we moved quickly to facilitate our engagement programmes remotely. By engaging with the public remotely we recognised that the public could be involved at pace and in an environment where caring responsibilities; locality or communication abilities had previously placed restrictions on participation.

Using digital platforms has allowed us to reconfigure who we engage with, being more flexible to meet patients, clients and carers needs. In 2022-23 through our Engagement Platforms, when necessary, we have provided support and capacity building for those individuals not as familiar with technology or online platforms to participate in engagement opportunities and meetings. As we continue our engagement work in 2023-24 we will assess the appropriate balance between online engagement and physical meetings, to ensure we have the correct and most suitable approach to inclusively meet the needs of the public.

Hybrid Working – Estates Strategy

During the Covid-19 pandemic PCC followed government advice to allow staff to work from home. A large proportion of PCC staff availed of this. Since October 2022 we have piloted a hybrid working scheme, allowing full time staff to request a maximum of two days per week working from home. This scheme has boosted staff morale and business continuity assisting staff to achieve a work-life balance and we will continue to review and amend as necessary.

Learning from our pilot hybrid working scheme and online engagement work, will feed into our Estates Strategy in 2023-24. The PCC does, however, still require stable office accommodation regionally that is of sufficient size for the PCC staff team, and which meets the needs of the public facing services we provide in both our advocacy and engagement work.

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