Patient and Client Council

Your voice in health and social care

OPERATIONAL

PLAN

2020-2021

Patient and Client Council Operational Plan 2020-2021

Introduction

Our Operational Plan sets out the Patient and Client Council's priorities and key deliverables for the year 2020-2021.

Our Operational Plan has two sections:

- 1. Role of the Patient and Client Council;
- 2. Patient and Client Council objectives for 2020-2021

The Patient and Client Council Board will monitor progress against the objectives and the effective running of the organisation at each of its Board meetings, which are held in public.

The Role of the Patient and Client Council

The Patient and Client Council was established on 1st April 2009 to provide a powerful independent voice for people in Northern Ireland on health and social care issues.

Our Vision

A health and social care service that is shaped by the experiences of patients, clients, carers and communities.

Our Purpose

To be an independent and influential voice that makes a positive difference to the health and social care experience of people across Northern Ireland.

Our Goals

The Patient and Client Council Board has an approved Corporate Plan for 2017-2021 and the Operational Plan for 2020-2021 with four strategic goals to underpin the realisation of its vision and purpose. These are aligned with the statutory functions of the organisation: These goals are;

- 1. The PCC will represent the interests of the public;
- 2. The PCC will promote involvement of the public;
- 3. The PCC will provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care;
- 4. The PCC will promote the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care; and
- 5. The PCC is an effective organisation.

The Patient and Client Council's role within Northern Ireland health and social care

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

The Patient and Client Council's performance framework is determined by the Department in the light of its wider strategic aims and of current Programme for Government objectives and targets. The priorities and objectives for the Patient and Client Council are set out in its annual Operational Plan, the key objectives of which are subject to approval by its Sponsor Branch in the Department. In common with all Arms-Length Bodies (ALBs), on issues of governance and assurance, the Patient and Client Council is directly accountable to the Department.

Health and Social Care bodies must co-operate with the Patient and Client Council in the exercise of its functions. This means that health and social care bodies must consult the Patient and Client Council on matters relevant to its role and must furnish the Patient and Client Council with the information necessary for the discharge of its functions. Furthermore, health and social care bodies must have regard to the advice provided by the Patient and Client Council about best methods and practices for consulting and involving the public in health and social care matters.

The Patient and Client Council's relationship with the other health and social care bodies is therefore characterised by, on the one hand, its independence from health and social care 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 health and social care 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 Patient and Client Council's functions do not include a duty to consult on behalf of health and social care. Each health and social care body is required to put in place its own arrangements for engagement and consultation.

Co-Production

The Department of Health's vision document 'Health and Wellbeing 2026; 'Delivering Together' outlined its full commitment and support to adopting a Co-Production approach to achieve the necessary changes required to deliver the world class health and social care services people deserves.

The Patient and Client Council will adopt Co-Production methodologies throughout the workings of its Operational Plan. The Patient and Client Council believe that service users and carers are partners in every aspect of their work. This can only be achieved when those participating have the necessary skills, confidence and opportunity to be involved. Building capacity within people is therefore an important part of our work.

Outcomes Based Approach

This plan sets out the objectives of the Patient and Client Council for the year 2020/21. It is aligned to the strategic direction determined by the current Northern Ireland Executive Programme for Government objectives and targets and the strategic aims of the Department of Health as driven by Ministerial targets. It also aligns with key themes within the Assembly's, 'New Decade, New Approach'.

As the statutory patient's voice in HSC, the PCC uses its evidence to inform, influence and make recommendations on the provision of health and social care. The PCC cannot determine specific outcomes that follow its work however, HSC bodies must co-operate with the PCC in exercising its functions.

Programme for Government

The draft Programme for Government sets out the big issues facing our society and the challenges that have to be addressed. It sets out a different way of working which the Patient and Client Council supports. Namely:

- 1. Focusing on outcomes to improve the wellbeing of people;
- 2. Seeking to make a difference to the things that matter most to people;
- 3. Contributing to a system that works across boundaries, groups organisations and communities for the common good; and
- 4. Collaboration between the public sector, local government, private sector, community sector and voluntary sector and beyond to maximise what can be achieved collectively.

New Decade – New Approach

Objectives set by the Patient and Client Council will support and inform the delivery of reform in health and social care as set out by the Executive. In particular, it will ensure the patient's voice effectively, shapes future health and social care transformation. This includes the implementation of recommendations from the Bengoa report, Power to People and Health and Wellbeing 2026.

Patient and Client Council objectives

The Patient and Client Council Board have agreed the following objectives for this year. They have been drafted to allow for flexibility which may be required as Health and Wellbeing 2026 and New Decade, New Approach are implemented. Each Operational Plan objective is supported by an operational project plan which is developed within the business year, in partnership with key stakeholders such as policy leads, service users and carers. All activities outlined in the PCC Operational Plan will follow defined project and research protocols which include agreed resources, appropriate methodology, and internal controls to ensure the transferability of findings.

This Operational Plan has been developed using an agreed criteria to assess objectives:

- The PCC core statutory functions
 - Does the objective fall within the statutory functions of the Patient and Client Council?
- A demonstrable evidence base
 - Does the Patient and Client Council have an evidence base, through its engagement work, helpline or complaints support service, that the objective is a priority or issue of concern to the public?
- Resources required
 - Do the Patient and Client Council have the capacity within its resources to undertake and deliver the project?
- Is another organisation undertaking this work?

 Is the work a duplication of work already planned or being undertaken by another HSC organisation or elsewhere?
- Making a difference Can the work make a difference for people?

 The objectives in the Operational Plan are set out within the statutory duties and strategic goals of the Patient and Client Council. Many of which relate directly to Departmental pieces of work. This enables people's voices to be

used to influence key, live HSC decisions. The PCC Board will review and prioritise objectives throughout the year, taking into consideration any new pieces of work.

Throughout the year the Patient and Client Council will undertake projects and activities in addition to its Operational Plan. This additional work will be informed by health and social care service developments (including consultation requests) and issues raised with the Patient and Client Council in its engagement with the public, the complaints support service, Department of Health and HSCNI. This work will be reported by the Operations Function in its regular reporting to the Board and where appropriate, recommendations will be made. Where this work is considered a priority by the Chief Executive and is identified as resource intensive it will be brought to the Board for consideration in light of the agreed Operational Plan objectives.

Work outside the Operational Plan will include attending meetings and groupings hosted by HSC organisations, including the Department of Health, Health and Social Care Trusts, the Regional Health and Social Care Board and the Public Health Agency and other organisations involved in the delivery of health and social care. Examples of this work include regional and local planning groups, facilitation of focus groups for arms-length bodies and supporting patient led groups. Patient and Client Council attendance and contribution to these groups will focus on fulfilling its statutory functions.

2020-2021 Operational plan

1.0 Representing the Interests of People - Listen and act on people's views.

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
1.1 Transformation Implementation Public Engagement The PCC will continue to work with the Department of Health across a number of Transformation Implementation Work streams and projects, including: • Service Reconfiguration Reviews within the Hospital Services Reform directorate • Review of Urgent and Emergency Care • Elective Care/Day Case Surgery Hubs • Encompass; and • Regional Obesity Management Service	 April 2020- The recruitment and training of ten Service User Consultants (SUC) by the PCC for work on the encompass programme. Pilot implementation of volunteer framework and policies to support SUC. (Ongoing) Application for accreditation of a bespoke piloted training programme. Jan –April 2020- Evaluation and write of 'Make Change Together' 2019/20 pilot in collaboration with DoH, NIRDP and PHA. Jan-Jan 2021- The continuation of objectives across pilot programmes to implementation/completion. Scope new opportunities under HSC transformation agenda. 	Lead: Involvement Manager To increase public participation in designing the transformation of health and social care.	New Decade – New Approach Co-Production Guide
1.2 Effective Co-Production To embed co-production practice across the PCC services through the creation, facilitation of PCC Stakeholder reference groups that will inform and guide service improvements.	April – June 2020 Design the programme methodology, TOR, volunteer policy Recruit, train and establish Stakeholder Reference Groups for each service in PCC. July to Sept 2020	Leads: Involvement Manager, Research Manager & Client Support Manager People who access the services have	New Decade, New Approach Delivering Together 2026 Co-production Guide

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
1.3 PCC Membership Development Work in partnership with the PCC Involvement Stakeholder Reference Group to deliver a more active membership.	 Facilitate 4 meetings / events per year Review strategic direction of PCC work in partnership with stakeholder groups Review training and support of membership April- March 2021 Develop an action plan to further encourage migration of current members onto a new fit for purpose PCC membership scheme Design attraction strategy to enhance engagement and activity levels among all members 	increased opportunities to be involved in decision making and governance of the organisation To design, create and embed a co-production practice model that ensures the public work alongside PCC staff and Board to co-design, innovative solutions for service improvement in the PCC Lead: Involvement Manager To increase the active engagement of PCC members, harnessing the expertise of people through creating opportunities to utilise their talents and experience to improve health and social care service provision.	Connecting and Realising Value Through People Costings re the facilitation, training and managing 2 stakeholders groups for PCC is new. New Decade, New Approach Delivering Together 2026 Co-production Guide Connecting and Realising Value Through People
1.4 Accessibility and Quality of Continence Services – Year 2 The PCC will continue to work with the steering group in reviewing the findings and themes from Year 1 to inform a more specific piece of work based on population and/or condition.	September 2020-February 2021 Options: • In-depth work with a specific group of continence service users (not less than 40 people) OR • Engage with people living with continence issues (not necessarily service users)	Lead: Research Manager To produce evidence- based recommendations that will influence patient/carer-centred continence services in Northern Ireland	Co-Production Guide New Decade New Approach

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
1.5 People's Priorities 2020/21 To provide people (not less than 1,000 participants) with an opportunity to share what is important to them in Health and Social care services.	 April 2020 Co-produce qualitative and quantitative approached to gathering the experiences and aspirations of people for their health and social care. Review survey questionnaires and focus groups from previous generic PCC People's Priorities initiatives, revise and add to these as necessary. May - June 2020 Set up agreed survey questionnaire online in Snap and carry out on-street fieldwork (by Research and Involvement teams) July – October 2020 Internal analysis and write-up of Snap survey data To inform the PCC operational and strategic plans through data analysis December 2020-January 2021 Review and sign-off of report 	Leads: Involvement Manager and Research Manager To set out the public's current priorities for health and social care.	
2.0 Dromoting Dublic Involvement in	Health & Casial Cons. Engagement	a maamia ta mat im	امميرامي

2.0 Promoting Public Involvement in Health & Social Care - Encourage people to get involved

2.1 Regional Mental Health Forum To work with the BMG in designing and setting-up of a regional mental health forum made up of representatives (service users with lived experience or carers – not less than 12 stakeholders in total) from each Trust area. This forum would act as a strategic/advisory regional reference group for the PCC and HSC family across the region.	 April – October 2020 PCC will partner with an established body to establish a regional mental health forum. Scoping on models and design of a forum Design of training and support mechanisms Recruitment activity Training / induction 	Lead: Involvement Manager The setup of a regional forum to support the voice of mental health service users and carers in reshaping services.	Co-production Guide New Decade – New Approach Mental Health Action Plan
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Objective	Key Deliverables & By when	Lead and Outcomes	Notes
2.2 Develop Learning Disability Regional Involvement The BMG will work with the HSC Board to promote the involvement of people with a learning disability and their carers' in the further development of the new Learning Disability Service Model.	April 2020 – January 2021 Network with HSC family members and the community and voluntary sector (not less than two partners) to promote involvement of people in initiatives. Support people with a learning disability and their carers to have their voice heard, including the involvement of PCC Officer with lived experience across forums for learning disability including NIHE Supporting people and HSCB Initiatives.	Lead: Involvement Manager To increase the involvement of people with a learning disability and their carers in shaping a new regional service model	Co-production Guide New Decade – New Approach
2.3 Promote Online User Feedback System - Care Opinion Care Opinion is a website tool that captures, stories/people's experiences and views, both good and bad, for all programmes of health and social care.	The PCC will: a) contribute to the implementation steering group of this new online tool; b) Promote the Care Opinion to maximise public use; c) Be an active stakeholder in receiving and responding to messages about our services; and d) review data to inform internal processes and evidence to inform our work.	More patient and carer centred HSC services.	Inquiry into Hyponatraemia-Related Deaths: Recommendation 63: "The practice of involving parents in care and the experience of parents and families should be routinely evaluated and the information used to inform training and improvement".
3.0 To work with the Department of H advocacy for people experiencing ad			ependent
3.1 Ulster University: 'Enhancing the Patient	April-September 2020	Lead: Research	

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
Complaints Journey' To support an NIHR-funded project carried out by a research team in UU, involving: • Linguistic analysis of complaints cases within each Trust • Longitudinal research on people's experiences of complaints process and perceptions of communication • Cultural audit carried out via survey of Membership Scheme members	Facilitate recording of initial Client Support Service users' 'initial encounters' Manage recruitment (including informed consent) of Client Support Service users to longitudinal/diarising study Coordinate/arrange post-completion interviews with Client Support Service Users November-January 2020 Participation in workshop on selection of key encounters	Manager Project outcomes: Enhanced understanding of the patient experience of complaints procedures Improved communications experience for those making a complaint about HSC Bespoke communication training for HSC complaint-handling staff Patient Guidelines to support preparation for making a complaint Reduced litigation relating to complaints	
3.2 Client Support Services – Core Service Delivery and Development To provide an advocacy service to anyone who contacts the Patient and Client Council wishing to raise a concern about a health and social care service. To develop the Client Support Service in year in the following key areas: 1. Promoting the Service	April 2020 – March 2021 Provide an advocacy service to anyone who contacts the Patient and Client Council seeking support to raise a concern Produce a monthly report on the activity of the service including outcomes achieved for individuals and groups and identification of themes to inform	Lead: Client Support Manager The public will be effectively supported by the Client Support Service to have choice and control in resolving their issues and concerns with Health and Social Care	Advocacy Outcomes Framework Measuring the impact of independent advocacy Advocacy Charter, Action for Advocacy, July 2002. Updated

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
Measuring Service Activity and Resource Allocation Measuring the Impact of the Service	organisational priorities	services.	2014.
To develop the service by means of co-production with service users	 1. Promoting the Service April 2020 to September 2020: To review all promotional/informational items related to the Client Support Service June 2020 to September 2020 To produce a range of new promotional/informational items Establish regular meetings with every Trust Complaints manager and a shared agenda is developed between the organisations 	Service user feedback mechanisms will be more effective and robust.	
	September 2020 to December 2020 To devise and implement an awareness raising/communications strategy for the service		
	2. Measuring service activity and resource allocation January to March 2020 To review KPIs and core information on activity of the service April to June 2020 To devise and implement new KPIs and supporting information to measure service activity and workload allocation and in particular to devise a means of measuring activity within cases; complexity and content To devise a means of resource allocation		
	based on new KPIs June 2020 to March 2021 To implement new KPIs and Resource		

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
3.3 To support the implementation of the Recommendations of the Report of the Independent Inquiry into Hyponatraemia Related Deaths. Depending on the outcome of the workstreams – additional finance may be required to develop a specific advocacy model.	allocation measures To monitor by means of monthly reporting 3. Measuring the Impact of the Service January 2020 to March 2020 To finalise and implement new arrangements for seeking service user feedback on the operation of the service To develop an escalation policy for the service designed to promote improved outcomes in formal complaints procedures To develop working relationships with every Trust Complaints Department April 2020 to March 2021 To implement new arrangements and to measure effectiveness by means of monthly reports April 2020 – March 2021 To participate actively in the implementation of the recommendations through membership of workstreams including: Implementation Programme Management Group Advocacy and Patient Experience Duty of Candour Openness and transparency Serious Adverse Incidents	Lead: Head of Operations/Client Support Manager To represent and increase the engagement of the public in the implementation of the recommendations of the Independent Inquiry into Hyponatraemia Related	Co-Production Guide Advocacy Outcomes Framework Measuring the impact of independent advocacy
	Serious Adverse Incidents To Chair the Preparation for Inquests and Litigation subgroup	Deaths	

Objective	Key Deliverables & By when	Lead and Outcomes	Notes
	To support the implementation of the Communications Strategy and the Involvement Strategy through facilitation of service user conversations and engagement events.		
3.4 To explore how the PCC could create an advocacy service for residents and carers of care homes	April 2020 to June 2020 To devise a new advocacy model of service to respond to the needs of care homes	Lead: Client Support Manager To increase care home resident's and their carer's knowledge of their rights and entitlements To ensure resident's and their carer's are supported to appeal, complain or raise concerns To improve residents and their carer's involvement in decision making	Co-Production Guide Advocacy Outcomes Framework Measuring the impact of independent advocacy
3.5 To organise a national conference on complaints and their management To organise and deliver a national conference involving all key stakeholders designed to promote change to the manner in which the HSC system responds to people who raise concerns.	April to October 2020 To organise the conference November 2020 To hold the conference	Lead: Client Support Manager To improve the quality of service response by HSC Trusts and service experience by people who utilise the complaints process to resolve their concerns.	Advocacy Outcomes Framework Measuring the impact of independent advocacy

Objective		Key Deliverables & By when		Lead and Outcome	es Notes
4.0 Promoting the provision and social care - Condu					
4.1 Health Literacy To use PCC's scoping paper on health literary Northern Ireland (developed during 2019/20) influence statutory partners and to initiate distance around the current health literacy context and for improving 5.0 The PCC is an effective of	to scussions d options	April-May 2020: • Members identified and recregional steering group June-August 2020: • 2-3 workshops (co-delivered Belfast Healthy Cities) to ide issues and priorities for actic literacy in Northern Ireland November 2020: • Draft action plan for health li Northern Ireland based on soutputs from workshops and examples of good practice frelsewhere	by PCC and ntify and rank on in health teracy in coping paper, current	Lead: Research Manager • Evidence-based regional plan for improving health literacy	Co-production Guide New Decade – New
5.1 Complete Organisational Review including implementation of its findings.	effectively operation Depende	nt on gaining additional funds to on HR support for 6 months	to proficiently	ructure enables it be the Patient's HSC and public it	New Decade, New Approach Delivering Together 2026 Co-production Guide Connecting and Realising Value Through People
5.2 Develop a New Strategic Plan	advice to	ay 2020: Commission external facilitate management and cussion in developing a new plan.	New 5 year P	CC Strategic Plan.	New Decade, New Approach Delivering Together 2026

5.3 Develop a three year Estate Strategy to ensure offices are fit for purpose.	Review and revise the existing PCC plan, goals, vision and future plans. August 2020: Develop new goals and a strategic plan reflective of the needs of the public and the HSC system. April 2020: To work with BSO and the DoH in developing a new Property strategy. This will entail collating evidence to highlight the need to relocate to more public accessible and 'front facing' locations. Review move to Great Victoria Street and monitor public usage. Adhere to all DOH regulations and requirements in regard to property management. September 2020: Develop a Property Asset Management Plan (PAMP). December 2020: Follow up Health and Safety (H&S) recommendations from BSO.	Lead: Head of Development and team members as appropriate PCC Estate Strategy developed PCC locate to offices that are fit for purpose – more accessible and public facing. Manage resources effectively tobreak even at year end.	New Decade, New Approach
	April 2020: Collate evidence for sponsor branch and the Dept of Finance to outline current budget restrictions and additional funds required to cover the 202021 operational plan objectives. April 2020:Build a budget for 2020/21 based on service and operational priorities.	End of year accounts with a break even position.	

5.4 Governance Arrangements The Patient and Client Council Board will ensure effective governance arrangements are in place.	Hold monthly meetings with Finance BSO and review and monitor spend against budget. June, September, December 2020 and March 2021: Report quarterly to the Board on financial position. March 2021: Prepare end of year report and accounts and ensure a break even position. April – June 2020: Work with the PCC Board and L'ship Team to develop a new, fit for purpose risk register. April- May 2020: Create and embed new process of assurance for the Board and DOH in replacing Controls Assurances. Review and update PCC Standing orders.	Lead: Head of Development Revised and effective: Standing Orders and MSFM. TOR for committees Risk Register	The Department of Health and Social Care's agencies and partner organisations Guide
	April 2020: Embed a new PCC Handbook to ensure managers and staff are aware of governance arrangements and trained accordingly. April 2020: Finalise new TOR for G&A and Research committees. April 2020: Review SLA with BSO to ensure value for money. September 2020: Review training needs for Board members – complete Board assessment. April 2020: Provide training session to all PCC staff on risk	SLA's with BSO Replacement model for Controls Assurances In place and operational.	

5.5 The Patient and Client Council will manage its people effectively:	Process Investors for People (IIP) Award and follow through on action plan.	Leads: Exe Management Team and Leadership Team	Leadership Framework
	Adhere to HR protocols and PCC policies re recruitment, appraisals and personal development arrangements. From which a training analysis will be created.	Effective processes and policies in place to support managers and staff to work effectively. IIP recognition.	Connecting and Realising Value Through People
	Training analysis complied.		
	April 2020: Implement a new online staff handbook of policies and internal processes and a new induction checklist. March 2021: The PCC ensure it meets it target for absence management – 5.35%		
5.6 Develop a PCC Digital Strategy	target for absence management – 5.55%	Lead: Communications	
olo Botolop u i Go Bighai Olialogy	April 2020: Review comparable Digital Strategies. May-June 2020: Assess digital needs of the PCC in liaison with PCC staff and the public.	Manager Effective PCC Digital Strategy in operation.	New Decade – New Approach
	August 2020: Develop a PCC Digital Strategy.		
5.7 Continuation of online platform Development Develop online platforms for accessibility and suitability for the growing needs of organisation.	April - May 2020: review and compare current PCC on line activity. May – July 2020: Engage with the public and prepare proposals for effective on line options. August- October: Develop a time line for implementation and a costing exercise.	Lead: Communication Manager Active digital platforms to enable online engagements with the public	New Decade – New Approach
	November-March 2021: Implement and promote on line platforms.		

5.8 Re-Branding for the PCC	April – June 2020: Work with external partner to develop a new suite of materials and leaflets based on new branding. July – March 2021: Develop and action segmented communication plans to promote brand awareness.	Lead: Communication Manager Increased PCC brand awareness within the HSC and the public.	New Decade – New Approach
 5.9 Project Follow-Up Summaries 2015-2019 To ensure that the PCC has: Comprehensive, concise summaries of all our projects, including findings and recommendations; An up-to-date record of the current status of our projects, including changes implemented or improvements made as a result of our work. 	 April-Jun 2020 For each project, undertake some or all of the following activities as required: Review of the project report; Contact with the PCC Project Lead and/or other involved PCC staff; Review of the PCC Follow-Up Report update; Online/desk research; Contact with key stakeholders from HSC and other relevant organisations; Follow-up summary for each project, including research methods, sample, findings, recommendations, key stakeholders, outcomes to date, next steps. Monitor number/percentage of projects for which a follow-up summary has been produced; Usage of new resources by PCC staff (e.g. Chief Exec, Comms Manager) Frequency with which new resources are reviewed and updated by Project Leads. 	'Quick reference' resources reflecting up-to-date records of PCC work and it's impact.	Co-Production Guidance Delivering Together 2026

5.10 Partnership Network		Lead: Head of Operations	
The Patient and Client Council will progress and strengthen partnership working across health and social care service through their participation in the Department of Health's 'Partnership Network' emerging from the Future Search.	Attend and contribute to meetings hosted by the DOH, as required.	Regional approach to PPI and Co-production across all HSC bodies.	Co-Production Guide

THE FOLLOWING PIECES OF WORK ARE DEPENDENT ON SUCCESSFUL BUSINESS CASES AND ADDITIONAL FUNDS

6.0 Additional Projects				
Objective	Key Deliverables & By when	Outcomes	Notes	
6.1 Transformation	April – March 2021 – as per objective	People who willingly get involved in		
Implementation Public Engagement	1.1 above, as requests from the Department and other HSC providers	HSC work will be paid for their skills.	Co-Production Guide	
Liigagement	seek PCC assistance to recruit		New Decade – New Approach	
The PCC will continue to work with	people to get involved in their work,			
the Department of Health across a number of Transformation	additional funds are required.			
Implementation Work streams and	Develop a business case regarding			
projects, including:	the development of a re-imbursement			
	model. This would allow people who			
Maternity & Neonatal Review	have skills to contribute in shaping HSC services to be paid.			

6.2 To support the provision of advocacy to patients and carers of Muckamore Abbey	April – 2020 Carry out scoping exercise to include: Availability of other advocacy and similar support Status of discharge planning May- June 2020 Propose service model to be delivered Recruit PCC advocate(s) to support delivery of the service model Deliver advocacy services for patients and families of Muckamore in collaboration with other advocacy providers.	Lead: Head of Operations To increase resident's and their carer's knowledge of their rights and entitlements To ensure resident's and their carer's are supported to appeal, complain or raise concerns about the care they receive	Advocacy Outcomes Framework Measuring the impact of independent advocacy Mental Health Action Plan New Decade – New Approach
6.3 To develop a specialist advocacy model for those who experience a serious adverse incident	April – 2020 Develop a business case to create a specialist advice and support for those who are affected by serious incidents. This objective is dependent on a successful business case re funding for a Band 6 post.	Regional SAI support model in place	Co-production Guide Advocacy Outcomes Framework
6.4 To develop a new method for managing Clinical Complaints – Neurology Inquiry •	April – June 2020 To meet with at least one HSC Trust Complaints Manager and secure agreement to work in partnership To develop detailed proposals and agree these with at least one HSC Trust To identify a pilot project	Lead: Client Support Manager A Regional service to manage clinical complaintss that ensures improved responses to clinical concerns raised by patients and improved capacity of providers to assess the clinical implications of such complaints.	Advocacy Outcomes Framework Co-production Guide

	July 2020 to December 2020 To run a pilot project on the implementation of these proposals January to March 2021 To evaluate the success of the pilot project and to publish a report with recommendations on changes to complaints		
	management to be adopted		
	system-wide		
	This objective is dependent on a successful business case re		
	employment of a part time		
	Band 6 post		
6.5 Move of PCC Ballymena Base	June-July 2020: Move Ballymena	Fit for purpose office facilities for the Northern Office.	
	office to a shop front location to enhance public access and visibility.	Northern Office.	
	ormanice public access and violently.		
	This objective is dependent on a		
	successful business case and additional funding.		
6.5 Commission a promotion	additional funding.	Lead: Communications Manager	
campaign for Freephone Service		3	
and the Membership Scheme –	Develop a specification on marketing	Increased activity to the PCC	
this is dependent on the success of an advertising business case	needs.	Freephone and enhance public awareness of the M'ship scheme and	
submitted to the Dept.	Complete a tendering exercise for	PCC in general.	
	suitable external expertise.		
	Appoint a load and manage		
	Appoint a lead and manage a commissioned piece of work and		
	ensure all resources are spent		
	effectively.		