PCC
PATIENT & CLIENT COUNCIL

Professionals and the Public: In Partnership for Patient Safety

Event Summary Paper

Your Voice,
Our Journey

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Chief Executive's Foreword

The Patient and Client Council (PCC) has an independent statutory remit to represent the interests of the public in Health and Social Care (HSC) in Northern Ireland (NI). We do this through direct advocacy support, regional engagement and influencing policy. Our vision is for an HSC service actively shaped by the needs and experience of the public.

A core principle of our approach to deliver this vision is to work in collaboration with other organisations through a network of networks. We were therefore delighted to partner with the Professional Standards Authority (PSA) to explore our complementary organisational objectives of public protection and representing the interests of the public in health and social care.

A key question for us at PCC is: how do we address issues of patient safety by working together and leveraging the relationships we have with one another, whilst emphasising the centrality of public voice and giving people a heightened sense of agency and input into their health and social care services? It was important therefore to have such a diverse cross-section of people join us in this vital conversation.

Our experience in the PCC is that the majority of people who engage with us are passionate about improving services, and if their lived experience is based on a negative incident or circumstances, they are overwhelmingly focused on using what they have experienced and learnt to ensure others do not experience similar in the future. The three themes emerging from the conference focused on; *Genuine Involvement for Patient Safety, Cultural Change for Patient Safety* and *Trust and Openness for Patient Safety.*

I would like to acknowledge and thank all those who contributed to the conference. PCC are committed to building on the important reflections in this report as we respond to the call to action and 'make this count'.

M. Monaghan

Meadhbha Monaghan, PCC Chief Executive

Context

The Professional Standards Authority (PSA) and Patient and Client Council (PCC) have complementary organisational objectives of public protection and representing the interests of the public in Health and Social Care (HSC).

In its recent manifesto the PSA outlined an ambition of making care safer for all by examining how we can 'fix the safety gaps in our healthcare system' and 'Improve workplace culture in health and care'.

In Northern Ireland, the PCC has been leading a conversation on the need for a strategic approach to public participation across HSC, focusing on improving patient safety and ensuring people become active partners rather than recipients of care.

The PCC and PSA held an event ***'Professionals and the Public: In Partnership for Patient Safety'*** on 28 March 2025 at the MAC, Belfast.

This event built upon ongoing conversations across the HSC system, including those hosted by the PCC at NICON24. These conversations were timely considering the Department of Health's (DoH) Being Open Framework work, the Duty of Candour and emerging issues from public inquiries.

To ensure a diverse range of voices in this discussion, we invited:

- Members of the public; service users, carers, patients and those affected by patient safety incidences;
- Voluntary and community sector leaders;
- Trust chiefs, chairs, management and clinical representatives;
- Regulators of healthcare professionals;
- Healthcare professional leaders and representative groups and;
- Health and Social Care Arm's Length Bodies as well as the Regulation and Quality Improvement Authority (RQIA).

The reflections on what we heard are set out in this paper and provide an outline of a way forward.

Key Highlights

Helen Hughes, Chief Executive of Patient Safety Learning, presented on *'Listening to and involving the public for safety'*.

Helen noted evidence which shows that engaging with patients and families reduces risk and is an underlying theme in many investigations and inquiries around Health Services, stressing its importance. Helen also spoke about the four levels of patient engagement:

1	2	3	4
Patient engagement at the point of care	**Patient engagement for learning & redress**	**Patient engagement for change and improvement**	**Patient engagement for advocacy, accountability and to inform policy**
This includes shared decision making, informed consent, listening to and taking action to concerns including escalation.	How does the Healthcare system learn together and apply learning for improvement, evaluate it, share it and consistently apply learning?	Involving those who are part of the policy in practice as part of the design and implementation to identify issue and barriers. Those involved include patients, families, carers and staff in user centred design.	Being proactive in engagement and using it as part of design of systems and polices, as well as listening to and acting on that insights from investigations and complaints.

Stephanie Draper, Director of Innovation and Practice at Involve, presented on *'Listening to and involving the public for improved policy-making'.*

She stated the importance of meaningful opportunities to involve the public in policy making to help rebuild trust in politics and Government. In the Citizens' White Paper[1], "80% of people in the UK say they trust their neighbours, suggesting they want 'people like them' to make decisions or input into the decision-making process."

Michael O'Neill, Interim Director of Quality, Improvement and Safety at the Department of Health spoke about the *Serious Adverse Incident (SAI) Redesign group* and how the DoH has worked with the patient participation throughout.

He reflected that we need to get out of a "default mindset" in how the HSC has historically engaged with the public, but that we must also get engagement right to increase the likelihood of success and positive impacts for users and providers.

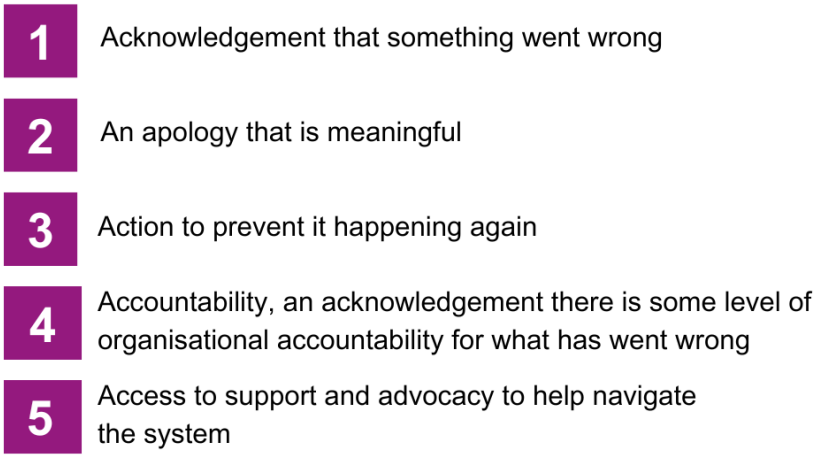
Rita Devlin, Executive Director of Royal College of Nursing Northern Ireland spoke about *the challenges that staff face every day in HSC settings,* such as Emergency Department pressures.

[1] Involve (2024), *Citizens' White Paper*. Citizens-White-Paper-July-2024_final.pdf

She queried how we could best channel public frustration to challenge the system whilst also supporting staff, and how nurses, as one of the most trusted professions within NI, could be utilised to help the public understand the need for transformation.

Peter McBride, Independent Consultant who presented on *'Healthcare and candour'* reflected that healthcare and the system has become more complicated. Solutions will require a new paradigm of leadership, along with creativity and innovation, which will emerge from empowering those who use services and those who deliver the services to come up with the solutions.

Paul Whiteing, Chief Executive of Action against Medical Accidents who presented on **'***The Harmed Patient Pathway: building a pathway to eliminate compounded harm for patients and a tool to empower staff'* said people tend to want the same five things when they're complaining or raising concerns. This should acknowledge the harm that has occurred and put healing at the heart of the response:



Dr. Nazia Latif, member of the Regulatory Quality and Improvement Authority, who presented on *'Creating inclusive cultures'* spoke of the need for an open culture in healthcare and the importance of equality and diversity as a solution in improving patient safety. She said when marginalized experiences and voices are included and built into every layer of decision making, it ensures the architecture, behaviour and culture in our system is adapted to seeing things through different lenses'.

Emerging Themes on Patient Safety

Three themes emerged from the conference panel sessions and subsequent discussions between the audience and panel members; *Genuine Involvement for Patient Safety, Cultural Change for Patient Safety and Trust and Openness for Patient Safety.*

Genuine Involvement for Patient Safety

Attendees heard from Ross Anderson, a member of the PCC's Mental Health Engagement Platform. Ross' message showcased the impact of meaningful engagement, and throughout the day his words were quoted by panellists.

> As a service user I see it from a way that those giving the service just don't see it and don't experience it, because **for me it is my life, whereas for them it is the job.** It puts a whole different perspective on it.
>
> When it comes to patient safety and policy development it's very important to use service users as the important resource that they are because the reality is, these services are being built for us and **if you're not taking feedback from people who are using services, what feedback are you getting?**
>
> My message to anyone in running these organisations throughout the healthcare service is that **you need to engage with people, you need to be proactive** …You need to be out there, you need to be finding these people, you need to be asking them what could help, because if you're going to sit there and wait for them to come to you it's just not going to.

Involving the public, alongside staff and healthcare professionals, can lead to positive outcomes and build greater legitimacy for solutions, overcome politically divisive issues, avoid costly policy failures and build trust. This will require moving on from a “default mindset” on public participation and engagement. This includes:

1. Ensuring meaningful public involvement is in place from the start of any initiative
2. Getting engagement right to increase likelihood of success and positive impacts for users and providers alike
3. Recognising the importance of health care professionals, staff and patients’ voices in improving the culture, and the need for them to be at the core of implementation and action
4. Involving the public in HSC processes in a way that doesn’t feel defensive or as if the system is trying to hide something from them
5. Ensuring involvement includes marginalised experiences and voices at every layer of decision making, even if the HSC finds this “frightening” or “challenging”
6. An active outreach process of recruiting members of the public to get their views along with honesty around realistic outcomes from engagement
7. Avoiding the recurrence of expecting people with lived experiences to give up their time and expertise for free.

Cultural Change for Patient Safety

We need to move from an HSC system that is reluctant or unable to change. Improved culture, attitude and practice can occur where there is inclusion of diverse perspectives from patients, the public, staff and HSC professionals in service delivery, culture and care. This includes:

1. Improving workplace culture in HSC by listening to and involving all health care professionals and staff in service delivery, care and culture
2. Challenging the norms, rituals, expected behaviours and unwritten rules within an organisation, as they can be a barrier to improvements
3. Shifting from a focus of blame and defensiveness towards one of empowerment, compassionate leadership and self-reflection
4. Placing healing at the heart of any response to complaints or incidents
5. “Disrupting the norm” and place a new emphasis on diversity as a solution towards patient and safety
6. Creating a different contract and relationships between the HSC and people who use services

Trust and Openness for Patient Safety

There must be a strong emphasis placed on rebuilding trust with the public if we are to see improvements in patient safety and organisation culture across healthcare. Research in the aforementioned Citizen's White Paper has shown that the public have much lower trust in Government than their neighbours, but this increases by 10% if people know policy has been made by "people like me". This reinforces calls for genuine involvement in healthcare through which the public will feel more adequately represented. The Serious Adverse Incident (SAI) Review and Being Open Framework clearly state the necessity for services to be open and honest, and provide the correct information. Acting upon the need to embrace openness and engender trust, the HSC can progress from perceptions of an organisation that is "anxious" to one that is not afraid of being challenged. This includes:

1. Implementation of a statutory Duty of Candour and promotion of a culture where staff, at all levels, feel empowered and supported to speak openly about their work and the work of others in the context of patient safety, staff safety and the quality of care they provide
2. Being willing to learn from other sectors and industries
3. Recognising the impact of staff retention, burnout, stress and waiting lists on the ability of openness and honesty within the HSC
4. Creating a model based on relationships rather than authority in responding to complaints, ensuring there is acknowledgement and acceptance of safety incidents, and placing healing at the heart of any response
5. Recognising the importance of independent advocacy services to help resolve issues within health and social care early, mediate between organisations and people, and enhance psychological safety for all involved

Call to Action and Next Steps

The **call to action** from **PCC Chair Ruth Sutherland CBE** set out how "It is now incumbent on all of us to make this count" and "in recognising the public as assets across the whole spectrum of service delivery from policymaking, hospital wards to social care settings, we begin to change the nature of the relationship between health and social care from one of being recipient to one of being a partner". **Geraldine Campbell**, PSA Northern Ireland Board Member said "what is important now is what we do with what we've heard today".

In fulfilling our statutory function of representing the best interests of the public, the PCC is committed to pursuing the following changes across the HSC:

Strategic Approach to Public Participation

There is a need to establish a more strategic approach to public participation, through which we can critically examine the roles of Personal and Public Involvement, Engagement, Patient Experience, public consultation, Advocacy and Complaints to ensure the voice of the public is adequately heard and appropriately listened to in the following areas: **Service Change, Design Commissioning and Delivery; Quality and Safety; and Clinical and Social Care Governance.**

A clear objective is to improve outcomes for the public and their experience of HSC, to build trust between the public and services and enhance patient safety.

The PCC supports the development of a regional remuneration policy and considers the absence of such a policy and practice to have implications for the principle of reciprocity, and on the diversity of people who can engage in involvement.[2] Given our statutory role and remit, PCC will continue to be a key advocate for a more strategic approach to public participation, to ensure the relationship between the public and the Health and Social Care system is one of parntership.

Patient voice in HSC Governance and Assurance

The voice, and the best interests of service users need to be at the heart of governance, structures, systems, policies and processes underpinning health and

[2] In 2024 the PCC developed and submitted to DoH a thought paper on the need for a remuneration policy which would appropriately compensate members of the public for their time and expertise when engaging at particular levels within the HSC.

social care. Oversight and assurance is about Trust Boards weighing up the evidence, including from independent sources and the public, and determining for themselves that standards and requirements are being met.

The PCC considers it important that the voice of service users is included as part of independent assurance, governance and oversight. To assess whether or not they are assured, HSC Boards and the Department need to be aware of and actively assess the full range of evidence that is available to them from a variety of sources. This makes the volume, quality and sources of data and intelligence considered by Trust Boards and others to be vitally important.

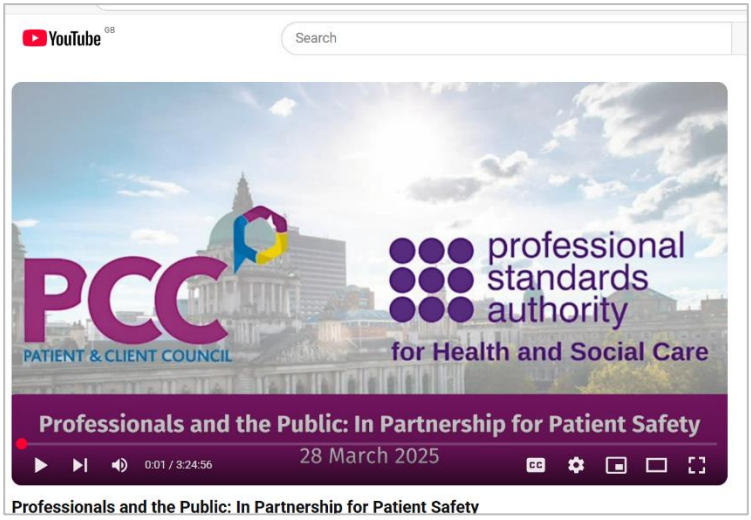
Independent Regional Advocacy Service

Advocacy support is not only vital for individuals and families, it is a key part of assurance within the Health and Social Care System. It also helps address health inequalities and issues of equity. The current landscape of advocacy service provision is fragmented. There is a need for advocacy services to be regionally commissioned. The services commissioned should be Independent of HSC Trusts and on the basis of agreed standards, which include addressing the role advocacy services in dealing with complaints and concerns raised by members of the public, and responding to safeguarding issues. These advocacy services should be psychologically safe and also structurally, financially and psychologically independent of HSC services in order to fully enact an independent advocacy role on behalf of patients and the public.

Triangulation of Data

Better triangulation of information and data, across the HSC system, can help ensure that potential issues are captured early, and services can be improved at the right time. Using the data and intelligence from what the public tell us when services are being delivered well and when they are not, should be considered as vital to expanding best practice, and being alerted to potential issues and areas of concern before they become major incidences.

Appendix 1: Event Recording



A full recording of the event can be viewed at: https://youtu.be/vbirDuLkQGY

Below are timestamps, which may be useful;

- 00:02:35 Welcome address
- Part 1: Embracing the public as assets to fix the safety gaps in our healthcare system
- 00:16:52 Introduction
- 00:21:27 Speakers
    - Helen Hughes, Chief Executive of Patient Safety Learning, presented on *'Listening to and involving the public for safety'*.
    - Stephanie Draper, Director of Innovation and Practice at Involve, presented on *'Listening to and involving the public for improved policy-making'.*
    - Michael O'Neill, Interim Director of Quality, Improvement and Safety at the Department of Health spoke about the Serious Adverse Incident (SAI) Redesign group
    - Rita Devlin, Executive Director of Royal College of Nursing Northern Ireland spoke about the realities that staff face every day in HSC settings
- 01:00:53 Panel conversation, reflections and Q&A
- Part 2: Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff and the public
- 01:21:31 Introduction
- 01:50:53 Speakers
    - Peter McBride, Independent Consultant who presented on *'Healthcare and candour'*
    - Paul Whiteing, Chief Executive of Action against Medical Accidents who presented on '*The Harmed Patient Pathway: building a pathway to eliminate compounded harm for patients and a tool to empower staff'*
    - Nazia Latif, member of the Regulatory Quality and Improvement Authority, who presented on *'Creating inclusive cultures'*
- 02:20:51 Panel conversation, reflections and Q&A
- 03:14:46 Closing remarks