PCC
PATIENT & CLIENT COUNCIL

Quality Report 2024-25

November 2025

**Your Voice,
Our Journey**

www.pcc-ni.net

Contents

Foreword from CEO

I am delighted to present the Patient and Client Council's (PCC) Quality Report 2024-25, which sets out how we align our work to Quality 2020. 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.

'The PCC has continued to develop in our key areas of work: Connect, Support, Engage and Impact in 2024-25. Alongside delivering upon our core responsibilities and services, we maintain an active focus on reviewing and developing upon what we do. We consider this to be fundamental to the quality of our work. We endeavour to be an innovative organisation, which works in collaboration and partnership with others to deliver for the public and the HSC alike.

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. This year we have continued to aim for early resolution and focus on restorative practice with 60% of cases being resolved prior to formal complaint. Our Engagement Platforms still are bringing public, voluntary and community sector representatives together with decision makers to influence existing and new services and policies. Throughout 2024-25 we have also continued develop our policy, impact and influence function and raise awareness of the PCC with the public.

We have also implemented Quality 2020 through new ideas, such as the launch of PCC Support in the Community, an initiative set up to reach members of the public who may not usually access our services and to help combat health inequalities

through the provision of advocacy support. In this period, we also established a new subgroup of Council, our Policy Impact and Influence Council Subgroup.

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.

Meadhbha Monaghan
Chief Executive
10th November 2025

Introduction

The Patient and Client Council (PCC) is a statutory corporate body established in 2009 under the Reform Act[1] to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland.

The PCC is a small Arm's-Length Body with an annual budget in 2024-2025 of £2.1m. £1.8m of this is recurrent funds, £0.3m is non-recurrent funds relating to inquiry related work. PCC employs 31 members of staff, excluding Council members. The PCC has a Council made up of a Chair and Council Members, recruited from across Northern Ireland under the Public Appointments Process. It currently has 13 members[2].

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.

In addition, PCC has an important independent assurance role for the Minister of Health, as set out in the HSC Framework document[3], one of only two organisations that have this role, the other being the RQIA.

Our vision is for a Health and Social Care Service, actively shaped by the needs and experience of patients, clients, carers and communities, and that in achieving this,

[1] Health and Social Care (Reform) Act (Northern Ireland) 2009
[2] https://pcc-ni.net/about-us/our-council/council-members/
[3] Department of Health (2011) DHSSPS Framework Document

the public voice would be influential regionally and locally in planning and commissioning, and that the system responds openly and honestly when things go wrong.

The PCC has developed a Statement of Strategic Intent 2022-2025[4], setting out the strategic direction of the organisation over the next three years. In the long term we hope to see two big differences:

> **Strategic Objective One:** Through our engagement and impact work, the public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care.
>
> **Strategic Objective Two:** Through our work in advocacy, engagement and impact, the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

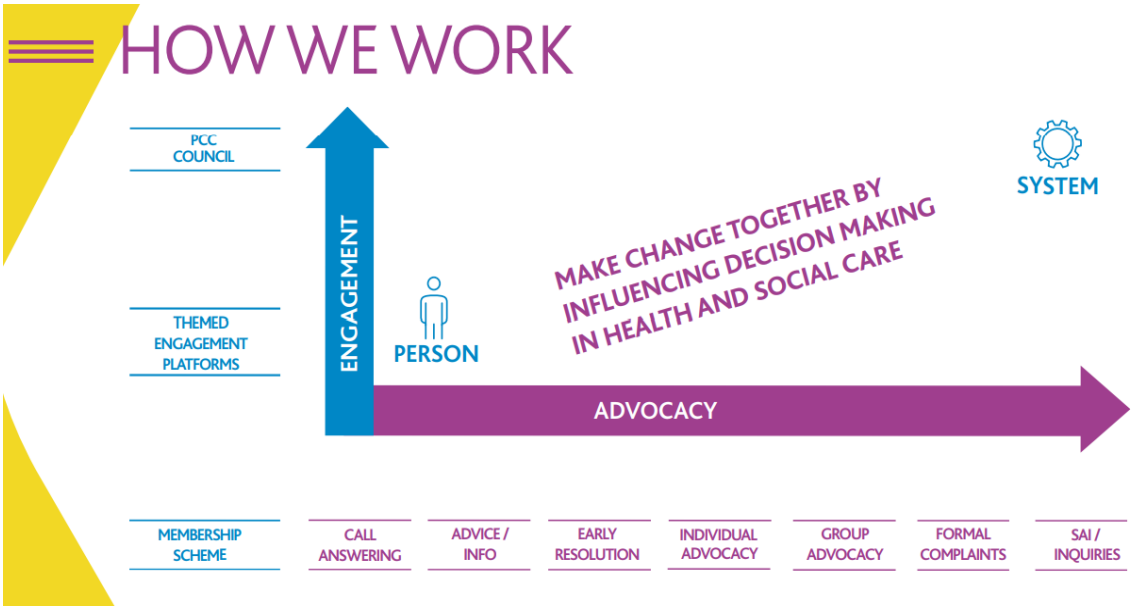
PCC provides advocacy services for the public, which range from helpline advice, early resolution of issues, individual advocacy, to supporting people through formal complaints and serious adverse incidents. If we identify a specific need that we cannot help with, we will connect individuals to a partner organisation within the voluntary and community sector or beyond, seeking to ensure people do not fall through gaps in the system.

We also bring members of the public, with common interest and lived experience, together with decision makers from the Department of Health (DoH) and Health and Social Care (HSC) organisations to improve existing HSC services and plan for the future.

A new practice model, introduced in response to the outcome of the 2019 review, updated and re-designed how the PCC provide support to the public across three core functions; advocacy, engagement and policy impact and influence. 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

[4] PCC (2022) Statement of Strategic Intent

partnership approach. Using the evidence, we gather across our engagement and advocacy work on an individual and group basis, it gives us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.



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.

PCC Council

The Council holds formal meetings, at least quarterly, with regular Council workshops to enable key issues to be considered in more depth. During 2024-25, there was four full Council meetings and two short Council meetings held. Five of these were held online and one in person. There were four Council workshops, three in person and one online. All meetings were quorate.

The Council applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Council does this by undertaking 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 undertook a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit in March 2024 and followed up with a workshop in April 2024 to agree their action plan for the year. The council agreed 41 actions with 18 fully completed in year, 7 in progress, 13 ongoing and 1 removed due to a reprioritisation of work. The Council subsequently completed their self-assessment for 2024/2025 in February 2025 and will follow up with a workshop in April 2025 to agree their action plan for the incoming financial year. Overall the action plan review demonstrates that the Council functions well but will continue to identify areas for improvement to work on during the year.

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 in May 2024. The Annual Declaration of Interests by Council members and

senior staff have been completed and the register is publicly available on request. Members are also required to declare any potential conflict of interest at Council or Committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

Policy Impact and Influence Council Subgroup

To continue the development of this function within the organisation, we established a new Policy Impact and Influence Council Subgroup which is comprised of four members of the PCC Council. The role of the subgroup is to provide:

- Strategic advice on building and developing the Policy, Impact and Influence function;
- Input and assurance on PCC corporate policy positions – consideration of how we engage and get input from the public on this work;
- Experience, expertise, contacts and ideas of how to maximise impact and public affairs and;
- Assurance that policy work balances the independent remit with responsibilities of an ALB and relationships required.

In quarter three of 2024-25, the subgroup had their first introductory meeting. It is intended that the subgroup will meet quarterly in 2025-26.

Information Governance

In order to ensure that all information is effectively managed within a robust framework, incorporating policies, procedures and management accountability, in accordance with best practice and legislative requirements, the PCC continued to operate an Information Governance Group during the year. The Leadership Team from PCC and the Data Protection Officer from BSO attend and meetings are planned quarterly. Key outputs for the year include:

- Updating and implementation of an Information Governance Plan;
- Updating and implementation of a Complaints Policy;
- Updating and implementation of “Your right to raise a concern Policy” (formerly

Whistleblowing);

- Updating and implementation of a Social Media Policy;

The Head of Operations provides quarterly updates on Information Governance to the Business Committee and Governance updates to the ARAC quarterly. The PCC Staff Days have also been used to highlight trends and develop all staff awareness in this area.

A review is underway regarding the Information Assets register and in particular issues regarding disposal of data/information held. This included a records management project plan to digitise all hard copy files and review the manner and content of all information held electronically on shared drives within the PCC. The digitisation of records was completed during the year.

Internal Audit

The PCC utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. During 2024-45 the following internal audit assignments were conducted:

Audit Assignment	**Level of Assurance received[5]**
Financial Review	Satisfactory
Governance and Performance Management	Satisfactory
Advocacy	Limited

Internal Audit provided limited assurance to the Advocacy Audit in 2024-25. Limited Assurance was provided solely on the basis that the current limitations of the Alemba case management system reduced the ability to report and manage advocacy cases.

[5] Internal Audit's definition of levels of assurance:
Satisfactory: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Limited: There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.
Unacceptable: The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives

This is an old legacy system, with a number of limitations including, for example, the inability to link cases for clients who make repeat contact and the inadequate management information and reporting functionality available from the system (which is highly manual). PCC and BSO ITS have been working closely together during the last year to consider potential solutions for PCC's Information Management needs. An application to Digital Healthcare NI to develop a new information management has been submitted and this will be progressed during 2025-2026 with a view to developing a fully integrated Information Management system for PCC.

Executive Management and Leadership Team Meetings

Meetings between Executive Management Team (EMT) and Leadership Management Team (LMT) occur on a monthly basis. They enhance the Leadership function of the organisation and contribute to the running and development of the organisation in relation to both operational implementation, organisational development, governance and assurance.

LMT Meetings

This year saw the commencement of regular and planned LMT meetings. These meetings began in March and will continue on a monthly basis in 2025-26. LMT plays a critical role in steering the strategic direction, operational efficiency, and impact of Advocacy and Engagement, Business support and Communication and Public Affairs services within the PCC.

LMT meetings aim to provide a structured forum for decision-making, reviewing progress, and aligning priorities to enhance advocacy, stakeholder engagement, and service delivery.

The purpose of this monthly meeting is to:

- Triangulate information between ongoing advocacy and engagement, Business Support and Communication and Public Affairs strategies.
- Discuss key challenges and opportunities in service delivery and stakeholder engagement.
- Strengthen collaboration and coordination among leadership team members.

- Align strategic goals with operational plans and teams across the organisation.
- Address policy, compliance, and governance matters relevant to PCC.

Horizon Scanning

PCC continues to undertake a Horizon Scanning process to identify potential risks and opportunities, and to provide a platform upon which to drive strategic discussion. We target information sources such as the DoH, NI Assembly, HSC Trusts and Voluntary and Community Organisations to harness information and news that could affect how we operate, and opportunities for PCC to provide knowledge and expertise. Horizon scanning is shared to all staff and Council on a weekly basis. This year we asked our staff to assess how useful Horizon Scanning has been for them. All respondents said they found Horizon Scanning useful and 81% said Horizon Scanning has helped their practice.

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.

Staff Stability

Recruitment was completed during this year for a Principal Practitioner role to strengthen PCC's Advocacy work. This role sits within the Executive Management Team. Other vacant posts are under review to ensure that any further recruitment will best meet the needs of PCC in delivering on its strategic objectives and future plans. In doing so, this will ensure that PCC targets its limited resources to best meet its statutory functions in the provision of assistance to those who have an issue

with HSC services and involvement of the public, whilst maintaining the highest standards of good governance.

‘Investing in our Team’

The Patient Client Council (PCC) remains committed to offering our staff stability as well as maintaining our focus on development, compassionate and collaborative leadership and staff engagement and motivation. PCC has continued to embed support mechanisms for staff under the new organisations structure introduced during 2023-24. This included the continuation of external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in a significant programme of staff training and support in 2024-25 including:

- City & Guilds Qualification: Level 2 Award in Independent Advocacy;
- OCN Level 2 Mediation Theory and Practice;
- Adult Safeguarding;
- Personal Data Guardian Training;
- Introduction to Public Affairs and Lobbying;
- Essential Writing Skills;
- Professional Curiosity;
- Homeless Awareness Training;
- Alemba Case Management database training;
- Case Recording Training;
- Microsoft Word and Excel;
- Introduction to PPI;
- Plain English;
- Emotional intelligence;
- SafeTalk;
- Having difficult conversations;
- Mental capacity Act Level 4;

- Community Development and Health Inequality;
- Stroke Awareness;
- Conflict, Bullying and Harassment Awareness;
- Northern Ireland Health Equity Network Conference;
- Women's Aid Awareness;
- Sexual Orientation and Gender Identity;
- Schizophrenia Awareness;
- Bowel Awareness;
- Minute Taking;
- PG Dip Community Development/Specialist Social Work Award (1 academic year) – 1 service manager 2023/24 and 1 service Manager academic year 24/25 and;
- ASPIRE Leadership Training – HSCNI Leadership Centre Leadership in PPI and Co Production (8 Sessions).

The HSC Leadership Centre provides a range of management and organisational support to health and social care organisations which PCC staff have availed of. This includes a programme of development for the PCC Executive Management Team and Leadership Management Team including the completion of the Strengths Development and Inventory Tool and follow up workshops to develop and maximise our strengths as a team.

Staff Agency Days

We held staff agency days in June, October, December, and February 2025 aimed at improving communication and engagement across the organisation. The agency days covered a wide range of topics including a focus on Planning and Performance during the year as well as the development of and final agreement on the PCC Operational Plan for 2025-2026. Other areas of discussion included PCC's Advocacy work, the Engagement Platforms, Finance and Governance updates to include dealing with complaints, Equality Planning, Investors in People, Role of the Public Services Ombudsman (NIPSO), Public Affairs development and update on Positive Passporting. Sessions included presentations in person from NI Chest Heart and

Stroke, and NIPSO Directors of Investigations. The workshops were interactive with staff being given the opportunity to feedback on issues discussed and plan for future sessions.

NI Chest Heart and Stroke (NICHS) Work Well Live Well Programme

Work Well Live Well is a workplace health and wellbeing support programme funded by the Public Health Agency (PHA) and delivered by Northern Ireland Chest Heart & Stroke (NICHS). In October 2024 PCC applied and was accepted as a participant on the programme for small to medium size organisations. Following a staff survey and the selection and training of two Health Champions among PCC staff, a programme of support will be developed for staff in the incoming year which will include the following:

- Three free NICHS Well Talks or Well Webinars for staff;
- Free advanced workplace health training including Mental Health First Aid;
- Professional networking opportunities for Health Champions;
- Support with implementing the Equality Commission's Mental Health Charter;
- Resources for health and wellbeing initiatives;
- Ongoing personalised support from our experienced Workplace Health and Wellbeing team.

Investors in People (IiP)

In January 2025 PCC initiated the first stage in the Investors in People journey. The IiP framework evaluates how effectively organisations lead and support staff, and the impact of people strategies and initiatives. It consists of nine key indicators of excellence in people management, each broken down into three themes of Leading, Supporting and Improving that are used to assess and accredit organisations. The first stage was to complete a staff survey early 2025 which provides a way to quantify and explore experiences at work. The results of the survey will be used to measure progress and provide focus on what needs to be considered for future improvement plans. This will be taken forward during 2025-2026.

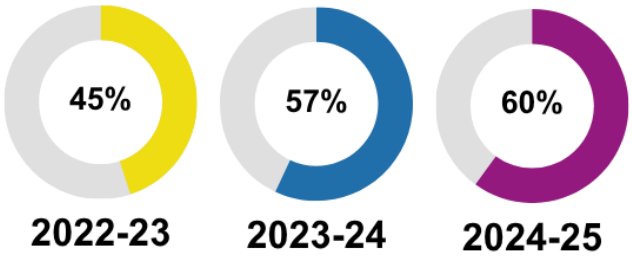
Theme 3: Measuring the improvement

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.

Early Resolution

In 2024-25 the PCC Advocacy Service supported 554 people through advocacy. Our focus is on finding early resolution of issues. In 2024-25 60% of cases were resolved prior to formal complaint, an increase from 57% in 2023-24 and 45% in 2022-23.



We consider early resolution of Advocacy cases to be of mutual benefit to members of the public to have their issues and concerns resolved at the earliest opportunity, and for HSC as time, resources and personnel are not focused on completing the formal complaints process.

PCC Support in the Community

In 2023-24 we commissioned a Lucid Talk Poll to assess public awareness of PCC as part of our raising awareness campaign. The poll also provided us with demographic information that illustrated to us that members of the public from certain demographics are less aware of the PCC and our services. To help address this, in

2024-25 we began our ‘PCC Support in the Community’ initiative to reach those demographics and people who may be facing health inequalities. The approach is to link with established organisations, and other services to enable engagement within local communities. Since November 2024, 80 Support in the Community service days, in 18 venues across Northern Ireland, have been delivered.

By building trust and relationships within these settings, the PCC has created regular and accessible touchpoints for advocacy and engagement via community-based outreach support services in locations such as local advice centres, migrant support hubs, community and wellbeing centres, men’s sheds, primary care MDTs, and organisations within the voluntary and community sector.

Our Support in the community service and the dedicated staff of the PCC have served as welcoming access points, facilitating individuals access to the PCC in a given locality, in person. Promotional efforts through PCC channels and partner networks have supported visibility and uptake. PCC Senior Practitioners provided advocacy in 18 venues throughout Northern Ireland including:

- STEP (South Tyrone Empowerment Programme), Mid Ulster;
- ERANO, Empowering Refugees and Newcomers Organisation, Omagh;
- Portrush, Portstewart and Glengormley Libraries;
- The Venue, Ballymena;
- ARC Healthy Living Centre and;
- Rainbow Project, Belfast

A total of 80 Support in the Community service days, offered a platform for 224 members of the public to directly access PCC services and voice their experiences, concerns, and feedback regarding Health and Social Care Services. We intend to continue to develop and expand this work into 2025-26. More information on the support provided can be found under PCC Support.

Policies

Key outputs for the year include:

- Updating and implementation of an Information Governance Plan;

- Updating and implementation of a Complaints Policy;
- Updating and implementation of “Your right to raise a concern Policy” (formerly Whistleblowing); and
- Updating and implementation of a Social Media Policy.

During the year the PCC ensured all internal policies gave full and fair consideration to applications for employment made by disabled persons having regard to their particular aptitudes and abilities. The PCC is fully committed to promoting equality of opportunity and good relations for all groupings under Section 75 of the Northern Ireland Act 1998. The PCC adopt all best practice policies and procedures issued by BSO HR Shared Services including application of all relevant NI Equality legislation and where is specifically relates to the equality of opportunity in all employment practices. This includes making reasonable adjustments for applicants or employees with a disability and considering all flexible working requests.

Feedback

We have continued to record feedback on our Advocacy Service. This year we surpassed our target of 15% evaluation form feedback. A total of 106 people we assisted responded to the Advocacy Service evaluation form. This year 87% (n=92/106) said they had a ‘very good’ or ‘good’ experience of the PCC. This is an increase from 63% (n=75/120) in 2023-24. Only 6.6% (n=7/106) said they had a very poor experience of the PCC. This is a decrease from 14% (n=17/120) in 2023-24.

LucidTalk Survey Result

As part of our PCC Awareness Raising Campaign, we submitted three poll questions in the ‘Lucid Talk Winter25 NIVIEW Omnibus Poll’ which ran from 14-17 February 2025, to gain comparative PCC awareness statistics for our campaign.

A quarter (25%) of respondents said they had an awareness of the PCC. This is an increase of 3% from our poll in 2024 (22%), which approximates to 57,000 more members of the public being aware of the PCC compared with 2023-24.

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 2024-25 we placed considerable focus on the work of our Engagement Platforms. Over time our intention is to use the learning from our own Engagement Platform work to develop a best practice model.

Engagement Platforms

PCC facilitated six Engagement Platforms in 2024-25 covering:

- Adult Protection;
- Care of Older People;
- Learning Disability;
- Mental Health;
- Neurology and;
- Serious Adverse Incidents.

In line with our statutory function to undertake research into the best methods and practices for consulting and engaging the public, this year we commissioned an independent review of our Mental Health Engagement Platform through the HSC Leadership Centre. The purpose is to assess the impact and effectiveness of our model of Engagement Platforms. It is expected the review will be finished in 2025-26. During 2024-25 we continued to develop our engagement structures, working alongside the public and our partners, and building on the learning from previous

years. This year we held 75 meetings, with a total of 174 participants across the six engagement platforms.

Policy, Impact and Influence

In 2024-25 PCC developed a draft Position Statement, which reflects much of the evidence we have submitted to ongoing public inquiries. It sets out what we have heard from the public through our advocacy and engagement work, our reflections as an organisation and the strategic positions we have taken in relation to certain policy areas across Health and Social Care. This has been developed with a view to fulfilling our statutory function of representing the best interests of the public within HSC. This has provided us with a basis upon which to develop our policy, impact and influence work in 2024-25.

As outlined in more detail in the performance overview section, we have continued to focus on the following areas:

- A strategic approach to public participation
- The Importance of Regional Independent Advocacy Services
- Encouraging the use of Data, Insights and Intelligence to learn early

These core positions have helped frame and drive the content of our Policy, Impact and Influence work throughout 2024-25.

SAI Redesign

PCC continued to sit on the Department of Health Redesign Development Group, and supported the work of the SAI Engagement Platform. To further contribute to this area we published a Serious Adverse Incident Overview Report. The purpose of this report was to provide an overview of our assessment of the current state of the Serious Adverse Incident (SAI) Review system in Northern Ireland. The information contained in this report was based on PCC's engagement with those affected by SAIs, and our broader organisational experience, including that developed in providing independent advocacy support in SAIs.

Consultation Responses

With a view to influencing systemic and service level change in the best interest of the public, PCC submitted six responses to Department of Health public consultations in 2024-25:

- Policy Underpinning the Public Health Bill (Northern Ireland);
- Draft Programme for Government 2024-2027 ‘Our Plan: Doing What Matters Most’;
- Health and Social Care NI (HSCNI) Involvement and Consultation Scheme;
- Consultation on the Commencement of Provisions under the Mental Capacity Act (Northern Ireland) 2016 relating to "Acts of Restraint";
- Independent Review of Children’s Social Care Services, Initial Consultation on Recommendations;
- Hospitals Creating A Network for Better Outcomes;
- Being Open Framework.

These consultation responses were based on what we have learnt as an organisation from our advocacy and engagement work, what we have heard directly from the public and our submissions to public inquiries. The responses reflected our key priorities, as outlined above. All public consultation responses were considered and approved by the Council of the PCC. To read our consultation responses visit: Consultation Responses.

Public Inquires

PCC have continued our work in relation to Public Inquiries in 2024-25. This has included representation to the Muckamore Abbey Hospital Inquiry (MAHI) and the UK Covid-19 Inquiry. PCC statements to (MAHI) can be accessed on the inquiry website here:

- PCC CEO Statement
- PCC Closing Submission

Public Accounts Committee

In February PCC presented evidence at a session of the Public Accounts Committee focused on Access to General Practice in Northern Ireland. We produced a report for the Committee detailing data and information we held on this issue. Committee MLAs praised the work of the PCC and were interested by the information we provided. The NI Assembly's Official Report and recording of this session can be found the Public Accounts Committee's website[6].

Promotional Videos

We developed a series of animated videos which explain our work in plain English terms. They are focused on who we are, and our four pillars; Connect, Support, Engage and Impact functions. Watch the videos here: PCC Animated video Playlist (youtube.com)

The storyboards were developed in close collaboration with members of the public (patients, clients, carers), staff and support organisations. Accessibility features include text on screen, British sign language, Irish sign language and male and female voiceovers.

Social Media and Website

Our new website www.pcc-ni.net went live in June 2024. The design of this website was developed in close collaboration with members of the public, staff and support organisations. To enhance user experience, a 'ReachDeck' toolbar was added to our website. The toolbar has many accessibility features, which include; text-to-speech, translation, downloadable formats and a screen mask. This year 19,400 people engaged with the PCC Website.

[6] Public Accounts Committee (2025) *Inquiry into Access to General Practice in Northern Ireland: Patient and Client Council.* Accessed here: committee-35267.pdf

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.

Department for Communities – Review of Disability Facilities Grant

The Department of Health (DoH) and the Department for Communities (DFC) are collaborating on a review of the Disability Facilities Grant (DFG) and its process. Following on from work that began in 2023-24 the DoH enlisted the assistance of the PCC to gather feedback from members of the public who have interacted with the DFG process. This resulted in 20 responses from members of the public.

PCC analysed this information and produced a report highlighting the most common themes and challenges the public are facing when engaging with the DFG process. Also included in the report were personal testimonials about people's experiences and the impact on their lives. The report was presented to the working group from the DoH for the findings to be considered within the ongoing review process and to the All-Party Group on Learning Disability by the Housing and Health Lead, at the Department of Health/Northern Ireland Housing Executive. Through this piece, the PCC supported engagement and advice in cross-government initiatives.

PCC Event: 'Professionals and the Public: In Partnership for Patient Safety'

PCC hosted an event with the Professional Standards Authority (PSA) *'Professionals and the Public: In Partnership for Patient Safety'* on 28 March 2025. This event built

on conversations across the system, including those hosted by PCC at NICON 2024. On the day 61 people attended the event in person and 14 people who could not attend in person, watched via livestream. The event was well attended by members of the public, leaders across the HSC, healthcare regulators, the voluntary and community sectors, and representative bodies were among those in attendance.

The event focused on how we can improve patient safety by embracing the public as assets and developing workplace culture. This was particularly significant considering of the Department of Health's Openness work, the Duty of Candour and emerging issues from public inquiries. Two sessions were facilitated focused on *'Embracing the public as assets to fix the safety gaps in our healthcare system'* and '*Improving workplace culture in health and social care by listening and involving all healthcare professionals, staff and the public'*.

NICON

PCC attended the Northern Ireland Confederation for Health and Social Care (NICON) Conference. The conference theme was *'Grasping the Nettle'.* Representatives from our engagement platforms, membership as well as staff and council members attended the conference.

At the conference we facilitated a panel session on Day 1, titled *"The Power of Participation – Embracing the Public as Assets."* The session set out evidence and examples of emerging good practice. The session attracted a large audience and created great conversations about developing a more strategic approach to public participation and the role the public can play.

We also hosted a PCC information stand over the two days. In addition, our Chief Executive was a panel member in the Main Auditorium contributing to the discussion; 'Grasping the Nettle | Building a Collective Leadership Approach'

Promotion of HSC involvement opportunities

Working with HSC organisations, throughout this year we have promoted 159 involvement opportunities across the HSC via our membership scheme and across

social media platforms. This was an increase form 75 last year. Examples of these include:

- An opportunity to join **Strategic Planning and Performance Group (SPPG) new Service User/Carer Engagement Advisory Group**;
- An opportunity to join **PHA's Involvement Human Library**;
- An opportunity to become part of **PHA's Service User & Carer Panel;**
- A feedback opportunity on the **'My Waiting Times NI'** website;
- An opportunity to attend the **Diabetes Programme of Care Strategic Workforce Review** Stakeholder Engagement Event;
- An opportunity to join the **BHSCT Involvement Steering Group as a** Service user and carer member;
- An opportunity to be involved with the **DoH - Hyperacute Stroke Project Board;**
- Recruitment of a **Service User Consultant to the Regional Mental Health Service**;
- An opportunity to attend the **Building Research Partnerships (NI) training;**
- Opportunity to join **WHSCT and Ulster University research study into improving acute care for people living with Dementia**;
- An opportunity to be involved in **Orthotist Service Working group;**
- An opportunity to participate in the **Women's Health Survey for Northern Ireland;**
- An opportunity to contribute to **PHA 10,000 More Voices - allocation of a package of care research;**
- An opportunity to attend **Southern Trust Recovery College Courses** and;
- An opportunity to attend **NI Dementia Learning and Development Framework workshops.**

We provided advice and feedback to numerous HSC organisations and policy teams within DoH on the best methods to engage and involve the public in the work that they are carrying out. Examples of these include:

- DoH Script for "Did not attend" Audit Pilot;
- DoH on engagement strategies for the Rehabilitation Framework for NI;

- DoH on their Healthy Child Healthy Futures Framework;
- NI Joint Regulators Forum on their ‘Emerging Concerns’ Protocol;
- RQIA on their approach to the development of a HSC Patient Safety Cultural Assessment Tool and Co-production process;
- NIMDTA on how they might engage with the public and;
- GMC on public engagement in the UK Advisory Forum and other initiatives.

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