PCC
PATIENT & CLIENT COUNCIL

# Quality Report 2025-26

November 2026

Your Voice,
Our Journey

www.pcc-ni.net

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# Foreword from CEO



I am delighted to present the Patient and Client Council's (PCC) Quality Report 2025-26, demonstrating our ongoing commitment to delivering work that reflects and supports the vision of 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 starting point of quality improvement is caring about what you do and wanting to ensure that you deliver for your stakeholders and organisation. Continuously assessing your performance against clear objectives, and taking positive action - based on listening, collaborating and strategising - are the key. I am extremely privileged to lead an independent organisation that cares passionately about representing the best interests of the public in Health and Social Care and about the success of the Health and Social Care system. This year's Quality Report clearly demonstrates how we continue focus on improvement, development and innovation, across the entire organisation, following the Quality 2020 themes. We aim to maintain and improve the quality of our offering and the impact we have for patients and the public. The PCC has continued to progress Quality 2020 across our key areas of work: Connect, Support, Engage and Impact in 2025-26.

I would like to thank all those who have engaged with us during the year, including patients, clients and the public, for providing feedback that is essential to our quality improvement journey. I would also like to acknowledge our staff for their efforts in delivering the work set out in this report.

M. Monaghan

**Meadhbha Monaghan**
**Chief Executive**
**12th November 2026**

# 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 2025-2026 of £2.3m which includes non-recurrent funding of £157,000 for inquiry related work. PCC employs 33 members of staff, excluding Council members, recruited from across Northern Ireland under the Public Appointments Process. It currently has 17 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 work continued to be shaped by our Statement of Strategic Intent (SSI) 2022-2025, which described our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. However, while the SSI had only been live since February 2023, much has changed since its inception externally as well as within the PCC itself.

Reflecting on the current context across the HSC and in reprioritising of resources, we can no longer focus on some of the areas originally noted and, in this context, it was considered timely to refresh the SSI to pay greater attention to those areas of our work which will achieve the greatest outcomes in fulfilling our statutory duties. The refresh of our SSI was completed and approved by Council during 2025-2026 for a two-year period up to 2027. Two meetings with the public were held during

[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

March – April 2026 to provide an update on the changes and on PCC's future work priorities and plans to engage the public in the development of a new SSI beyond 2027.

Our two high level Strategic Objectives remain as follows:

**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.

Key policies and drivers for change also include:

- Programme for Government 2024-2027 'Our Plan: Doing What Matters Most' – March 2025
- Health and Social Care NI: Three Year Plan – December 2024
- Health and Social Care NI Reset Plan – July 2025
- People to Partners: Developing a Unique Approach for Northern Ireland – October 2025
- Being Open Framework for Health and Social Care NI - February 2026
- Being Human: A Framework for Safety Culture within Health and Social Care in NI – September 2025
- Model Complaints Handling Policy – January 2026
- Neighbourhood Model of Health and Wellbeing: A Vision for Neighbourhood Health and Wellbeing in NI – March 2026
- Mental Health Strategy 2021-31 – June 2021

It is within this overarching context and policy environment that our work and the outcomes we set out to achieve are positioned.

The Strategic Objectives are supported by four Strategic Goals as follows:

**Strategic Goal 1 Connect -** To connect and support the public via the PCC freephone service, email service, membership scheme and our Engagement Offer.

**Strategic Goal 2 Support -** To provide individual and group advocacy support to the public including support for early resolution of issues, complaints, Serious Adverse Incidents (SAI's).

**Strategic Goal 3 Engage -** To provide the public with a range of opportunities to get involved and connected to representatives across Health and Social Care, the voluntary and community sectors and other appropriate bodies.

**Strategic Goal 4 Impact -** To maximise the influence of PCC and demonstrate the impact of the work of PCC on an individual, collective and systems level and communicate this externally.




## 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 2025-26, there were four full Council meetings and one short Council meeting held. Five of these were held online and one in person. There were five Council workshops, three in person. All meetings were quorate.

The PCC has three fully functioning Council Committees; Audit and Risk Assurance Committee (ARAC), Business Committee and Appointments and Remuneration Committee. In March 2026, Council approved the establishment of a Policy & Influence Committee.

The Council of the PCC ('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 Risk and 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 2025 and followed up with a workshop in April 2025 to agree their action plan for the year. This was approved at their Council meeting on 29 July 2025. The Council agreed 36 actions with 28 fully completed in year, 3 partially completed and 5 commenced. In accordance with the 2025-26 annual internal audit plan, BSO Internal Audit also carried out an audit of Board Effectiveness during July and August 2025 which also served to comply with the 3-year external audit requirement for the Department of Health Governance Unit. Internal Audit provided satisfactory assurance in relation to Board Effectiveness. Their findings noted that the Council meet regularly, is well attended and is being well supported by its Committees which provide robust updates on all aspects of PCC Business. There is robust and timely reporting from Committees to Council, reporting is managed through a meeting content calendar which detailed required documentation for each meeting.

Council agendas are well structured and cover key business areas such as Governance, Finance, updates on Operations and the PCC Strategic Plan and Risk. Internal Audit attended the Council meeting held on 29 July 2025 and found it to be well structured and professional, with good engagement and challenge where appropriate. The Audit and Risk Assurance Committee (ARAC) also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist in May 2025.

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**

In late 2024 it was agreed that a Policy sub-group of Council should be set up as a temporary advisory group to Council and the Executive Team on policy and influence issues, with a view to assisting the organisation with developing this function. Taking the development and work in this area into consideration, Council agreed to establish a formal Policy and Influence Committee in 2025-26.

With the support of the sub-group it is considered that the Policy and Influence function has considerably developed over the last year and has become a key part of how PCC represents the best interests of the public and fulfils its statutory functions.

**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 on a quarterly basis as part of our Executive Management Team/ Leadership Team meetings.

The key outputs were:

- Updating and implementation of an Information Governance Plan;
- Updating of the Information Asset Register;
- Commissioning support to review the Information Assets register and the disposal of data/information held in line with Good Management Good Records (GMGR).
- Approval to fund the development of the new Information Management System for PCC by Digital Health Care NI. Work to develop the new case management system for PCC is at an advanced stage as the current Alemba System contract expired 31 March 2026. This work is being completed by BSO ITS.

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.

**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 2025-26 the following internal audit assignments were conducted:

| **Audit Assignment** | **Level of Assurance received[4]** |
|---|---|
| Promotion and Awareness Raising | Satisfactory |
| Financial Review | Satisfactory |
| Board Effectiveness | Satisfactory |

[4] 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

**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.

**Leadership Team Meetings**
LMT meetings have continued to be held in 2025-26. LMT plays a critical role in steering the strategic direction, operational efficiency, and impact of Advocacy and Engagement, Business support, Communication and Public Affairs services within the 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.

## 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 the year through Agency for a temporary Policy Manager, Public Inquiries and Temporary Band 5 Practitioner role. Other vacant posts for Senior Policy Impact and Information Officer, Senior Data Impact and Influence Officer and Executive Assistant are currently progressing and recruitment for these roles will complete in June 2026. PCC has continued to prioritise frontline services and two key vacant posts of Head of Business and Finance Manager continue to be placed on hold due to resourcing issues.

**‘Investing in our Team’**
The 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 2025-26.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in an ongoing programme of staff training and support in 2025-26 including:

- Adversity Trauma and resilience training
- ASG Level 2 Awareness Raising, Recognising and Responding Training
- Aspire (Leadership Centre)
- Band 2-4 Development Programme
- Chief Executives Forum Transformative Leadership Programme
- Cyber Security
- Design Thinking (Leadership Centre)
- Domestic Abuse/Domestic Violence Awareness (mandatory)
- Fire Warden Training
- Level 4 Advocacy
- Mediation
- Microsoft Co-Pilot
- Model Complaints Handling Policy Awareness
- On Board Training (for new council members)
- Pg Dip Professional Development in Social Work – Ulster University
- Power BI (Leadership Centre)
- Public Inquiries (Associate Leadership Centre)
- Teams Training Refresher
- Trauma Informed Practice (mandatory)
- Our Principal Practitioner for Advocacy received a Specialist Social Work Award at NISCC’s Professional Practice Awards.

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 Coaching Support, training on Design Thinking and Project Management development.

**Embedding Policy**
This year we began to embed a policy approach across the PCC. The Policy Team hosted a workshop with PCC Practice and Business Support teams. The purpose of the workshop was to inform staff of the PCC’s policy approach and encourage them to develop a policy mindset. Staff noted in their feedback from the workshop that

they felt more informed about the role of the Policy team and how their work in advocacy and engagement influences and shapes policy and PCC data insights.

**All Staff Engagement Days**

We held three all staff engagement days in June, September and December to continue to enhance communication and engagement across the organisation. The engagement 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, and learning from, Complaints, Equality Planning, Investors in People, Public Affairs development and an update on the outcomes of the three Internal Audits conducted during the year. The workshops were interactive with staff being given the opportunity to feedback on issues discussed and plan for future sessions. The workshop in December was jointly held with Council members and provided an opportunity for staff and council to discuss values and reflect on key challenges during the year.

**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). PCC has continued to participate in this programme supported by two PCC staff appointed as Health Champions.

Over the past year, the Health Champions have focused on raising awareness and promoting a culture of health and wellbeing across the organisation, with an emphasis on accessible, practical initiatives that support staff in their day-to-day working lives. Staff have received regular communications aligned to national and international health awareness campaigns. This has included targeted messaging around key dates such as World Mental Health Day and Know Your Numbers Week (blood pressure awareness), helping to increase awareness and encourage proactive management of personal health.

Staff completed a health questionnaire, allowing trained professionals to identify any potential areas of concern and offer personalised advice and guidance where appropriate. A key initiative during the year was the organisation of staff health and wellbeing checks in partnership with NI Chest, Heart and Stroke.

Overall, this year has seen a strong focus on awareness, accessibility, and embedding small, sustainable changes. The Health Champions remain committed to building on this momentum and further developing initiatives that support the health and wellbeing of all staff, contributing to a positive workplace culture across the organisation.

**Investors in People (IiP) and Cultural Development**
As a follow-on to a staff survey in January 2025, PCC developed a programme of events in partnership with the HSC Leadership Centre to explore organisational culture. The purpose of the three sessions was to build momentum following the survey and seek to instil individual responsibilities in shaping the organisational culture and ethos. The days focused on actions stemming from the findings to develop a Culture Canvas for the organisation capturing the application of the values and key behaviours including: an introduction to the key concepts of organisational culture; development of an organisation wide Culture Canvas addressing Values, Purpose, Meetings, Feedback, Decision Making, Priorities, Rituals, Norms and Rules, Behaviours and Psychological Safety. This work will continue in 2026-2027.

**People to Partners**
Building on our work to develop a more systemic approach to public participation, the PCC convened a roundtable hosted at Hillsborough Castle on 3 September 2025. Participation reflected the diversity of senior government, community and voluntary systems leaders across all sectors, including those with lived experience. The purpose was to explore the potential collaborative advantage of a new relationship with the public in delivering public sector goals and drive wellbeing in Northern Ireland.

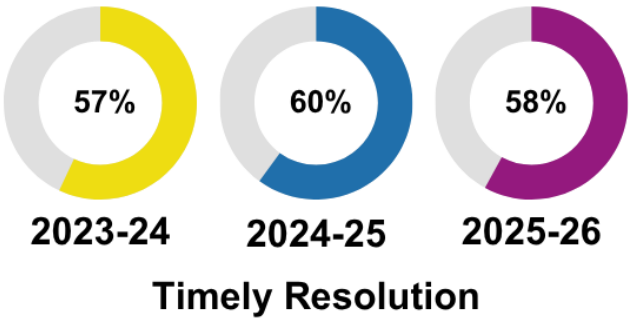
You can read more about our People to Partners work on page 17.

## 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.**

**Timely Resolution**
In 2025-26 the PCC Advocacy Service supported 727 people through advocacy. Our drive towards restorative practice is reflected by 58% of all cases in 2025-26 achieving timely resolution between people and the HSC Service with which they had an issue or complaint.




**Timely Resolution**

Timely resolution of Advocacy cases is of mutual benefit to members of the public and the HSC System. It is of benefit to individuals and families, supporting them to ensure their voice is heard, rights are protected and their issues are resolved early. It assists the HSC to deliver an open and transparent system, improve patient safety and trust. It can support staff, encourage learning and reduce costs.

**Advocacy Reports**

PCC produces quarterly advocacy reports outlining the number of cases open, the service area recorded, the organisation the case related to, the process the case went through and more. This report is presented to PCC Council. This year these reports were augmented with Practice Commentary from the Principal Practitioner for Advocacy on key areas within our casework, Case Duration and new systems such as the preparation for the introduction of NIPSO's Model complaints handling procedure and the development of a new information management system for PCC Casework, which will be in place for 2026-27.

**Safeguarding Reports**

PCC remains alert to emerging patterns or trends in safeguarding concerns and recognises the importance of early identification and proactive responses. Regular monitoring and analysis support continuous improvement with PCC response to safeguarding concerns.

Governance arrangements provide an additional layer of assurance. Quarterly safeguarding reports prepared by Service Managers and the Principal Practitioner are presented to Council to ensure oversight and adherence to organisational policies, procedures and the statutory safeguarding frameworks for adults and children in NI.

**Advocacy Casebook**

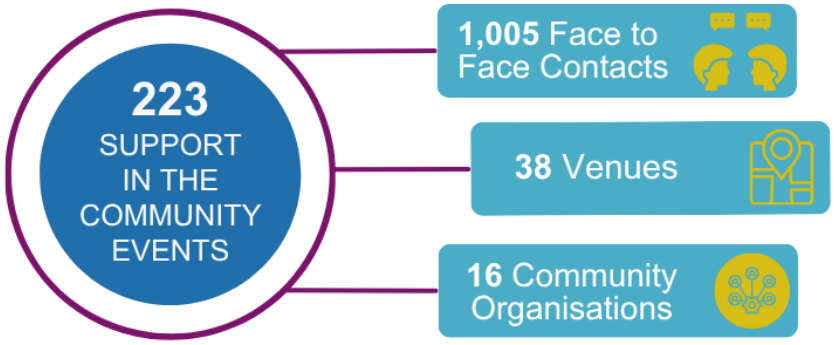
In 2025 we published our first Advocacy Casebook. This Casebook provides a snapshot into the work of our PCC Support Service and provides a rich insight into how independent, professional advocacy can positively impact on people's lives; helping them to have their voice heard, uphold their rights and address inequality. It

illustrates the diverse range of people who access independent advocacy services in Northern Ireland and the breadth of issues supported by the PCC.

Advocacy helps breach gaps in systems that can leave people in difficult situations. It ensures best practice across public services, and it promotes positive systemic change when necessary.

**PCC Support in the Community**

Through a programme of locally delivered outreach clinics, PCC Support in the Community has brought independent advocacy directly to underrepresented communities who often face health inequality issues, ensuring that geography, background, or personal circumstances are not barriers to being heard.




Some members of the public received immediate advice and guidance on the day, while others were supported through more complex advocacy processes requiring follow-up and ongoing casework.

The 38 venues included local advice centres, migrant support hubs, community and wellbeing centres, men's sheds, primary care MDTs, and organisations within the voluntary and community sector. By building trust and relationships within these settings, the PCC has created regular and accessible touchpoints for advocacy support and engagement with the public.

PCC proactively seeks Feedback from service users and partners, which has been consistently positive, highlighting the professionalism of staff, the accessibility of clinics, and the value of face-to-face engagement. The initiative has also strengthened relationships across the voluntary and community sector, creating sustainable local partnerships that extend the organisation's reach and impact, in a 'Network of Networks' approach.

The project itself received UK wide recognition by receiving the 'Team of the Year' award at the PENNA 2025 annual awards event.

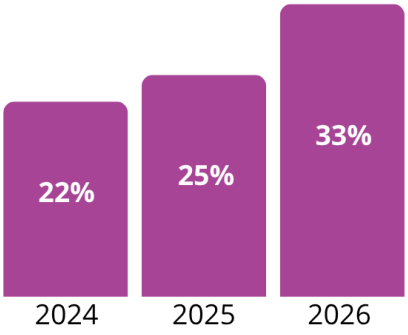
Support in the Community has proven effective in reaching individuals who may feel hesitant to approach statutory services or navigate complaints systems. By embedding advocacy within trusted local settings, Support in the Community has

built confidence, reduced anxiety, and enabled timely resolution of issues and complaints.

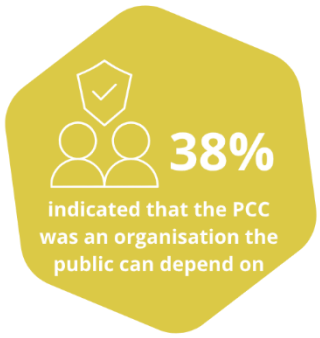
As the programme moves toward integration into core service delivery, the evidence from this year confirms that Support in the Community is an effective, equitable service that places people at the centre and ensures that public voice meaningfully influences health and social care design and delivery across Northern Ireland.

**Advocacy Service Feedback**
We have continued to record feedback on our Advocacy Service. This year we were within our target of 18% for feedback. A total of 102 people provided feedback. This year 82% (n=84/102) said they had a 'very good' or 'good' experience of the PCC. Only 11% (n=11/102) said they had a very poor experience of the PCC.

**LucidTalk Survey Result**
As part of our PCC Awareness Raising Campaign, we submitted four poll questions in the 'Lucid Talk Winter26 NIVIEW Omnibus Poll' which ran from 16th to 19th January 2026, to gain comparative PCC awareness statistics for our campaign. A third (33%) of respondents had heard of the PCC. This approximates to 209,000 more members of the public being aware of the PCC compared with 2023-24 and represents a steady increase year on year. There was also an increase in perception of PCC's dependability to 38%, up from 34% in 2025.



**Awareness of PCC has increased each year**




## 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.**

**The Infinity Room**
Following the tragic death of their two-year-old son, Noah, in November 2022, the McAleese family approached the PCC to seek support in improving the hospital experience for families facing the critical illness or loss of a child. Reflecting on their time in the Emergency Department, they felt that while staff were compassionate, the clinical environment was not appropriate for families enduring such traumatic circumstances.

Through our resolution approach, the PCC Senior Practitioner supported the family to engage constructively with the local Trust. This collaboration led to the development of “Noah’s Protocol,” a proposed framework to strengthen trauma-informed care in Emergency Departments, including staff training, bereavement support, anticipatory grief tools and the creation of a dedicated family space. The family also developed “Noah’s Story” as a professional learning resource to support staff education.

As a direct outcome of this partnership working, the Northern Trust committed to developing and funding a dedicated bereavement and family support space within Causeway Hospital’s Emergency Department. In November 2025, the ‘Infinity Room’ was officially opened. Designed as a quiet, private sanctuary, the Infinity Room provides families with a dignified and compassionate environment during the most difficult moments of their lives.

**Engagement Offer**

One of PCC’s statutory functions is to undertake research into the best methods and practices for consulting and engaging the public. In particular, PCC aims to ensure that engagement activity is inclusive, proportionate, and aligned with good practice. PCC has seen increased demand from across the sector for support and guidance in this area, therefore, this year PCC developed and tested our Engagement Offer.

The Engagement Offer provides greater clarity and consistency in how we support effective public engagement across the Health and Social Care system, and articulates our statutory remit in representing the public voice and promoting meaningful involvement in decision making. It champions PCC’s role as an independent body operating at a regional level, uniquely positioned to connect the insights and experiences of patients, clients, carers and communities with those responsible for planning and delivering services.

As a result, PCC has seen increased demand from across the sector for support and guidance in this area. This has affirmed PCC’s role within the system, supporting services to move beyond consultation towards more collaborative and impactful engagement.

**Engagement Platforms**

PCC facilitated five Engagement Platforms in 2025-26 covering:

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

This year we held 43 meetings, with a total of 160 engagement platform attendances by members. Engagement Platforms offer a significant opportunity for decision makers in health and social care to have meaningful input from experts by experience, in service areas under review, development and reform.

**Policy, Impact and Influence**

We have continued to evolve, develop and grow strength in our policy and influence work in 2025-26, working from the foundations of the draft Position Statement produced last year. This reflected much of the evidence PCC submitted to ongoing or recently concluded public inquiries. It set 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. Working with Council's Policy Sub-group in 2025-26, this work has continued to be developed with a view to fulfilling our statutory function of representing the interests of the public within HSC.

We have continued to focus on the following areas:

- A systemic approach to public participation
- The Importance of Regional Independent Advocacy Services
- Encouraging the joined-up use of Data, Insights and Intelligence to learn early
- Public Voice in governance and assurance

**People to Partners**

Our People to Partners report explores the development of a unique approach to building a new relationship with the public: Can we 'do with' (not 'for') to drive wellbeing in Northern Ireland. It was launched and very positively received at the NICON Annual Conference in October 2025, with the conference adopting People to Partners as the fourth necessary shift within Health and Social Care. PCC welcome the positive reception 'People to Partners' has received from the Department of Health, HSC organisations, the voluntary and community sector and beyond.

The report has already started to change culture within HSC.

Some examples include:

- People to Partners cited in SPPG's Draft Strategic and Operational Planning Guidance and referred to as a necessary and key cultural shift;
- People to Partners referenced in "A Vision for Neighbourhood Health and Wellbeing in Northern Ireland" published March 2026

Read the key recommendations here: People to Partners – Developing a Unique Approach for Northern Ireland

**What the Public Think**

In October 2025 PCC published 'What the Public Think' which sets out a summary of the key findings from a region wide poll on people's experience, beliefs and understanding of health and social care 'winter pressures' in Northern Ireland. The report creates a regional baseline to inform and support the 'Big Discussion – Whole System Flow' work led by the Chief Nursing and Chief Medical Officers to plan a collaborative, system-wide response to anticipated pressures. It also sets out key findings to inform and support the broad range of initiatives set out in the Minister for Health's HSC Reset Plan.

Building on the findings of the 'What the Public Thinks' and 'People to Partners' reports, PCC has worked throughout 2025-26 with the Department and partners to explore a systemic approach to engagement with the public, focusing on the 'Older People' population. The full report is available on our website: PCC Reports

**Consultation Responses**

With a view to influencing systemic and service level change in the best interest of the public, PCC submitted responses on the following public consultations in 2025-26:

- Framework for Learning and Improvement from Patient Safety Incidents Consultation
- PCC Submission to the Health Committee on the Adult Protection Bill
- Consultation on The Public Health Agency's Partnership and Engagement Strategy
- Learning Disability Service Model Consultation;
- Consultation on the Draft Revised Mental Health (NI) Order 1986 Codes of Practice;
- Letter response to Paul Frew MLA Individual Duty of Candour;
- Neighbourhood Model of Care;
- PHA Involvement Matters.

These consultation responses reflected our key strategic priorities, and 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. To read our consultation responses visit: Consultation Responses.

**Public Inquires**

PCC's policy impact and influence work continues to be shaped by our responses, evidence and recommendations coming from public inquires. To this end we have continued to work on and monitor UK and NI Public Inquiries in 2025-2026. The third module of the UK Covid-19 Inquiry considered the impact of the Covid-19 pandemic on the healthcare systems of the UK. The module report referenced the PCC June 2020 'Impact of Shielding' Survey Report, which highlighted the impact of these policies on people with vulnerabilities.

**Public Accounts Committee Report: Access to General Practice**

In February 2025 PCC provided evidence to the Public Accounts Committee in relation to GP Access and primary care provision. The Public Accounts Committee produced a report: Public Accounts Committee - Inquiry into Access to General Practice in Northern Ireland. The importance of hearing the "patients' voice" and the work of the PCC, was commended specifically by the Public Accounts Committee.

In addition, PCC participated in, and provided advice to, the GP Visioning roundtable and worked with NICON on how to best engage with the public in relation to GP and Primary Care provision. PCC continue their engagement with RCGPNI in representation of the public voice at regional level, in relation to the important issues of GP Access and GP Visioning, and the future of Primary Care.

**Adult Protection Bill**

PCC's work in relation to the proposed Adult Protection Bill continued in 2025-26. The PCC Adult Protection Engagement Platform met regularly with the Department of Health on its progress.

**Key Achievements:**

- In October 2025 PCC provided a written submission to the Health Committee on the draft Adult Protection Bill.
- In January 2026 provided oral evidence on proposed amendments and key considerations arising from the Draft Bill. Our evidence was based on our experience of working with the public in this important area, with particular reflections on our evidence submissions to the Muckamore Abbey Hospital Inquiry.

PCC's evidence focused on a number of key areas including:

- Listening to and hearing people's and family's experiences should be the first line of defence when safeguarding vulnerable people - hearing the voice of the public should be woven into the fabric of the Bill and the proposed Adult Protection Board's Work

- The importance and potential of independent regional advocacy services
- Ensuring the Bill creates robust, independent governance arrangements for the Adult Protection Board

PCC continues to have constructive engagement with the Department of Health and the Health Committee in this area

**Statement of Strategic Intent Refresh**
Our SSI 2022-2025, describes our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. Since the SSI was launched in February 2023, significant changes have taken place both across the wider health and social care system and within the PCC itself.

In light of the current HSC landscape and the need to reprioritise resources, some of the original areas of focus were no longer sustainable. PCC decided it was timely to refresh the SSI to ensure greater emphasis on the areas of work that will deliver the strongest outcomes in meeting our statutory duties.

The revised SSI was approved by Council during 2025–26 and will guide PCC work through to 2027. We held two meetings with the public in March and April 2026. These sessions provided an update on the changes to the SSI, outlined PCC's future priorities, and plans to engage the public in the development of a new SSI beyond 2027.

**Website, Social Media and Videos**
In May 2025, Health Minister Mike Nesbitt officially launched the PCC's new website **www.pcc-ni.net** and suite of animated videos to increase awareness and accessibility of PCC services. This year 26,900 people engaged with the PCC Website. Additionally, we created two videos; PCC Feedback and PCC Engage, to help raise awareness and understanding of our advocacy service and engagement platforms.

This year we were delighted to be shortlisted as finalists for Best Use of Social Media in the Public Sector Category at the Northern Ireland Social Media Awards in October 2025.

**Evidencing PCC's Impact**
In 2025-26, we introduced quarterly Impact Cards to provide the public with clear accessible updates on our work and demonstrate the impact it is having within Health and Social Care services across Northern Ireland. Our Impact Cards can be viewed on our website: PCC Statistics

## 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.

**NICON 2025**
The annual NICON Conference took place on 15-16 October in La Mon Hotel, Belfast.

As part of our commitment to strengthening public participation and influencing system improvement, the PCC had significant presence at the event.

The PCC contributed across several key sessions. We:

- Hosted a panel session **'People as partners: A new relationship with the public?'** during which we launched our People to Partners Paper
- Participated in the panel session **'From concept to reality - Building a safe and compassionate culture within HSC'** highlighting the importance of patient voice in HSC Governance, Assurance and the need for triangulation of data.
- Facilitated a 'Cafe Conversation' focused on '**Seeking Resolution - One Conversation at a time**' to raise awareness of early resolution, our independent advocacy service and to promote the benefits of a regional advocacy model.

**Promotion of HSC Involvement Opportunities**
Through our Engagement Offer we delivered the following in 2025-26:

- Signed up and supported 6 members of the public to RQIA workstreams re 'Developing a Co-produced Patient Safety Culture Assessment Framework for HSC';
- Facilitated an engagement event on Framework for Learning and Improvement from Patient Safety Incidents Consultation on behalf of the DoH and registered 26 people to attend. (more information can be found on page 47);

- Supported the HSC Data Institute by recruiting 13 members of the public to a focus group on exploring how GP patient data could be shared with researchers to improve health and social care.
- Engaged on a Project facilitated by the Public Health Agency (PHA) to gain the public's experience and views on delayed discharges;
- Engaged with the PHA and Trusts Service User experience programmes to gain a greater insight into the experiences of the public around A&E;
- Contributed to research being led by Age NI on behalf of the NI Frailty Network on the subject of unplanned hospital stays, to understand the factors that can contribute to the impact of a stay in hospital on frailty levels for older patients and;
- Assisted with recruitment for NIAS meeting to share experiences of NIAS, with two members of the public recruited by PCC.

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 included:

- Evaluation of My Home Life
- BSO Regional Interpreting services
- NI Digital Identity Service
- Setting up SPPG's new Regional Gender Identity Engagement Forum

Working with HSC organisations, throughout this year we have promoted 128 involvement opportunities across the HSC via our membership scheme, PCC networks and across PCC social media. These included opportunities to:

- Join the **Involvement Human Library run by HSC and PHA PPI teams;**
- Share their views and experiences on **Physician Associates in GP and hospital settings;**
- Attend public engagement events for the **consultation on the final report of the Regional Review of Neurology Services.**
- Join **Belfast Trust's Cardiac Surgery Service User Group;**
- Join the **Northern Trust Parents' Voices Forum;**
- Respond to **RQIA's Review of the Learning Disability Hospital Passport** in Northern Ireland;
- Join **Queen's University study to co-design an intervention to promote shared decision-making with older adults living with frailty planning discharge from hospital;**
- Respond to the **Commissioner for Older People for Northern Ireland in developing a new Corporate Plan.**
- Join the **DoH's Regional Being Open Framework - Co-production Group;**
- Respond to the **Nursing and Midwifery Council (NMC) survey on the future of the Code and revalidation;**

- Attend an engagement events on the **DoH's Learning Disability Service Model Consultation;**
- Join the **DoH's Breast Services Forum;**
- Share their **experience of antibiotics with the PHA;**
- Join the **Pharmacy Personal & Public Advisory Group;**
- Take part in **Building Research Partnerships (NI) training by PHA and Cancer Trails NI** and;
- Join the **PHA's Safer Mobility Steering Group.**

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