PATIENT & CLIENT COUNCIL

Minutes

Meeting: 110th Council Meeting of the Patient and Client Council
Date and Time: Wednesday 13th May 2026
Venue/Online: via Microsoft Teams
10am-1pm

Council Members
Ms Ruth Sutherland (Chair)
Mr Stephen Mathews
Mr Alan Hanna
Ms Briege Arthurs
Mr Tom Irvine
Ms Emma O'Neill
Dr Julie Aiken
Ms Paula Bradley
Mr Tom Sullivan
Ms Gael Gildernew

In attendance
Ms Meadhbha Monaghan, Chief Executive
Ms Una McKernan, Head of Operations
Mr Peter Hutchinson, Senior Policy, Impact and Influence Manager
Ms Katherine McElroy, Principal Practitioner
Ms Laura O'Neill, Senior Policy Information Officer

Apologies:
Mr Paddy Farry
Mr Cadogan Enright
Mr Gary McMichael
Ms Rhoda Walker
Mr Philip Anderson
Ms Charlene Brooks
Ms Sarah Duffy

1. INTRODUCTION

R Sutherland welcomed all to the meeting and thanked members for attending.

2. MINUTES OF THE LAST MEETING AND MATTERS ARISING

All attendees reviewed minutes of previous meeting and approved.

3. DECLARATIONS OF INTEREST

R. Sutherland has been appointed onto the All-Ireland Institute of Health board.

4. CHAIR'S UPDATE

R. Sutherland updated Council on her work to date since previous Council meeting. Chair shared that the focus on this quarter has been socialising People to Partners primarily presentations to boards, such as the Northern Ireland Ambulance Service (NIAS) and the Southern Trust. Chair has also met with new chair of Belfast Trust, Professor Stuart Elborn.

PCC attended the Leadership and Governance conference. R. Sutherland hosted session "Transforming Public Services: Rethinking our relationship with the public". The session allowed PCC to promote People to Partner work amongst non-health care organisations. The session also received positive feedback from attendees.

R. Sutherland met with the Minister for Health on 29th April to provide an update on People to Partners work.

R. Sutherland is chairing the Arm's-Length Body (ALB) forum in NICON. They have quarterly meetings and provide an opportunity to influence members. M. Monaghan already chairs Chief Executives ALB Forum.

R. Sutherland is working on appraisals for Council members but waiting for the PCC Executive Assistant to be appointed in June for admin support.

5. CEO UPDATE

M. Monaghan shared PCC has achieved financial breakeven this year. PCC have produced the Annual Report covering the breath and scope of the organisations work in 2025-26. It has been submitted to the Department of Health (DoH) in draft format for review. Audit and Risk Assurance Committee (ARAC) will receive the report next week. PCC intend to bring the Annual Report to Council in July.

Statement of Strategic Intent
PCC's current Statement of Strategic Intent concluded at the end of 2025. PCC hosted three online sessions with members of the public and lead by M. Monaghan and U. McKernan. The purpose of these sessions were for PCC to share recent developments and future plans, including the interim Statement

of Strategic Intent Engagement for which a full consultation will commence in 2027. M. Monaghan shared that the conversations were rich in content and gave a sense check on how people see PCC and our work. It also gave PCC confidence in our direction of travel. PCC are working to summarise reflections from the conversations to use in our Impact work.

Inquiry preparation
A focus over the last number of months has been preparation for the reports from Inquires. It is expected that the Muckamore Abbey Hospital Inquiry report and Urology Inquiry Report will be published in May and June.

People to Partners
M. Monaghan also shared that she has undertaken a number of focuses for influencing with external partners. The Regulation and Quality Improvement (RQIA) invited M. Monaghan to come and frame their staff development day regarding People to Partners in March. M. Monaghan and R. Sutherland also met with RQIA Chief Executive and Chair.

M. Monaghan had a private briefing with Committee for Health to give update on People to Partners alongside with PHA Chief Executive who gave an update on 'This is our Health'. This was well received by the Committee who noted that People to Partners was a long-term shift.

Further opportunities included:

- M. Monaghan joined a meeting of the NI Health Collective to promote People to Partner specifically focused on systemic approaches to participation and the Neighbourhood Model of Care;
- PCC have been asked to provide a People to Partners perspective for an initiative with Interim Permanent Secretary, Mike Farrar, and Chief Digital Officer, Paul Rice, regarding the development of a Health Innovation Network for NI;
- M. Monaghan has presented to the board of the Digital Healthcare Northern Ireland team, which encompasses all of the digital healthcare staff;
- M. Monaghan attended the General Medical Council's UK Advisory Forum. She spoke about People to Partners and role of locally employed doctors how they can have a People to Partners lens in their work;
- Belfast Trust and Southern Trust Medical Directors have been involved in People to Partners conversations and Sensible Care conversations;
- PCC is working with a 'Collation of the Willing'. It brings together partners such as Thrive, academic partners, senior leaders from the Executive Office who are doing work around testing and learning collaboration, with the community and voluntary sector who are all working in this space. PCC are convening a number of conversations to see how we can support People to Partners in wider context outside of health;
- NHS ConfedExpo has asked M. Monaghan to give presentation on People to Partners at their conference in June.
- M. Monaghan updated Council that the DoH Strategic and Operation Planning Guidance 2026-27 has referenced People to Partners.

T. Irvine said he felt that the PCC needs to look at all areas of work the PCC are involved in. PCC should consider if we need to be involved to ensure PCC breaks even.

R. Sutherland notes that Council continually asks PCC to review work and ensure it is “doable”, that staff don’t burn out and meets the budget. PCC has considered how it can quantify work and distribute it. PCC has also considered how it lets Council know if there are pressures across the whole PCC team.

M. Monaghan noted that PCC anticipate that once we embed People to Partners, PCC will not be as involved and will instead focus on outlining good practice.

B. Arthurs shared advice from her own board regarding how the legal sector bill their hours to quantify their work.

6. CONNECTION TO PURPOSE

M. Monaghan presented an update on the Neighbourhood Model of Care and People to Partner work.

PCC have been focused on a number of Reset Plan and policy initiatives:

- PCC are working with Chief Nursing Officer, Belfast Trust and Southern Trust on Sensible Care Sensible Care;
- The Big Discussion work is now focused on the older people co-hort and framed under People to Partners. PCC hosted a Roundtable in April;
- M. Monaghan had a private briefing with Committee for Health to give update with PHA Chief Executive on ‘This is our Health’ and People to Partners;
- Being Human, the RQIA’s patient safety culture assessment tool, is ready to test. RQIA have asked PCC how they should test Being Human using a People to Partners approach;
- Adult Social Care Reform – PCC have had conversations with senior policy leads and NISCC around resetting their participation work under People to Partners and what a model would look like;
- Providing a People to Partners perspective for the development of a Health Innovation Network for NI.

The vision for the Neighbourhood Model of Care is that people are enabled and supported to live healthier, more independent lives. There will be 17 integrated neighbourhood teams across the region. They are ensuring support closer to home is available for people. The programme board structure has been set up with four work streams associated with it. One of those is the work stream around Neighbourhood Relations and Connections. The Chief Pharmaceutical Officer has asked PCC to co-chair this workstream. Chief Allied Health Professions Officer, Michelle Tennyson, is the second co-chair.

The Workstream has four objectives to:

- Establishing a mechanism for service user involvement and engagement in the programme;
- Include a focus on relationship building for INTs in the development programme
- Establishing ways for INTs to connect with local authorities, housing executive, welfare advice, employers and faith organisations on wider determinants;
- Embedding social prescribing and care navigation into the INTs and bridge the gap between clinical services and community support.

PCC wish to wait for more clarity regarding the social prescribing model before taking on this objective.

PCC have been using workstream to test a 'network of networks' approach to a systemic participation approach. PCC are setting out a vision of what this could look like. The intention is not that PCC would undertake all of this. PCC want to connect up all Personal and Public Involvement and Patient Client Experience initiatives that exist in HSC and Community and Voluntary service to ensure we are not taking the current main approach of a single service user on a workstream. PCC believe we can use existing forums to have an ongoing conversation with the public and influence several programmes.

PCC have asked groups to map assets they have e.g. groups, forums, surveys etc. This will be an iterative process to link these pre-existing groups up. This work has started in the Big Discussion work, and has linked into the Neighbourhood Model of Care work as both focus on older people.

Considerations for Council

M. Monaghan asked the Council to consider:

- Reflections and insights on the Neighbourhood Model and how Council can support it;
- Reflections on the systemic approach to participation.

R. Sutherland said this has crystallised a lot of PCC work and sets out opportunities available. The Network of Networks encapsulates how many opportunities are already available. The public voice is across so many areas but not together yet.

P. Bradley said there are people who aren't part of a community group or organisation who hard to reach. This has been an issue at local council level for years and is glad to see seldom voices recognised.

J. Aiken expressed a query regarding the workstream. She stated that the objectives are quite hefty against a tight timeframe and queried if there anything extra coming to PCC to help resource this?

T. Sullivan said he remained optimistic for Neighbourhood Model, cautioned that we have been here before. He has had conversations with professional bodies who query how much autonomy local groups will have under the Neighbourhood Model and queried if there more work to be done regarding their role?

E. O'Neill said PCC is right to focus on Neighbourhood Model as this is a big upcoming area especially with regards to older people.

M. Monaghan said regarding a systemic approach and how we involve those who are seldom heard or don't think they have a voice, there has been a conversation on how we change our relationship with the public and how people can voluntarily give their opinions.

In the Neighbourhood Model of Care a conversation PCC has had is how digital can support our approach. We called it a "People's Portal" to capture conversations. It could be an online form that people can add their opinion into. PCC are having conversations on how My Care could be enabled to do so. There are also conversations ongoing on how the workforce can provide insights too e.g. NISCC's members.

The culture of the systemic approach, as we have explored with our Big Discussion work, we determined that once the partner organisation identifies the asset the partner organisation has the responsibility to deliver the insights from their asset not the PCC. M. Monaghan shared that she has not decided on membership from workforce as many nominations are from the Trusts and M. Monaghan is keen to have representation from Community and Voluntary. Regarding timescales M. Monaghan has informed the CPO that they may need to be extended. M. Monaghan acknowledged we may yet need additional resource but no Neighbourhood workstream has received any additional resources yet.

P. Hutchinson regarding T. Sullivan's point, said PCC have had conversations about and are aware of this. Within the workstream work PCC have asked if we are to keep the fidelity of the workstream, can we manage with systems as they are currently and what needs to shift to enable the workstream to function?

G. Gildernew queried what is the community and voluntary groups role? She expressed that in rural areas these groups are often people's main link and that Local Councils hold names of many local groups.

A. Hanna said the PCC Council do support this work, but expressed concern over PCC's workload.

M. Monaghan said that resource and capacity is something we are considering. M. Monaghan shared she has received nominations from community and voluntary, and the NI Health Collective have been seeking nominations. M. Monaghan acknowledged that we need connection into community planning which she will raise at the next workstream meeting. M. Monaghan welcomed a conversation with you G. Gildernew and others on councils mapping of organisations.

7. POLICY AND INFLUENCE COMMITTEE

P. Hutchinson gave an update on PCC's raising awareness campaign.

Key points included:

- A third (33%) of respondents had heard of the PCC. An increase of 8% since 2025. Approximately 209,000 more members of the public are aware of the PCC compared with previous year;
- Awareness increased in demographics who were less aware of PCC in 2025;
- Awareness of work of PCC, there was higher awareness of advocacy and engagement role;
- 38% of respondents who had heard of the Patient and Client Council indicated that the PCC was an organisation the public can depend on. This is an increase in dependability from 34% in 2025;
- Most had heard of PCC through working in HSC or voluntary and community sector, word of mouth, HSC Trust websites.

P. Hutchinson also made Council aware that Committee for Health had requested briefings from PCC on Waiting Lists and Serious Adverse Incidents procedures and Committee have indicated that they will request more in future.

P. Bradley felt the percentage of those who felt PCC was an organisation the public can depend was likely because the public perceive that PCC is linked with Health and Social Care and not independent. She said PCC need to ensure the public know we are independent.

R. Sutherland said regarding the higher awareness amongst women it is common knowledge that women are the ones who seek knowledge and act on behalf of the men in their lives.

G. Gildernew asked about the PCC Membership Scheme.

P. Hutchinson explained it is a weekly newsletter that gives updates on PCC work, promotes involvement and engagement opportunities and HSC news. He explained we have the ability to do bespoke emails to HSC Trust areas and demographics. PCC are seeking to use our membership scheme better for example providing specific sessions on subject areas e.g. Cancer Services or Learning Disability Services.

Action: PCC to send membership scheme sign up information.

S. Matthews asked, given the challenge regarding resources do PCC have an idea of what was the biggest impact or activities that have raised awareness this year and can we continue these activities?

P. Hutchinson said we asked the fourth question to understand that. Whilst we can't compare from last year we can look at the qualitative free text responses, e.g. tv and newspapers linked to specific articles for more information. If we repeat the survey next year we can compare the results and provide analysis.

Regarding our leaflets and posters P. Hutchinson stated that PCC have helped raise awareness with professionals and their ability to link the PCC to

the public. PCC are trying to be tactful to reach communities with lower awareness and utilising free adverts when we can.

M. Monaghan said it is hard to separate the Lucidtalk survey and increased awareness due to PCC impact such as providing evidence to the Committee for Health, Chair and Chief Executive meetings and other opportunities. M. Monaghan also shared PCC undertook the raising awareness campaign with no additional budget.

P. Bradley gave an update regarding Policy and Influence Committee. At the last meeting of the Committee on 29th April, they received presentations from P. Hutchinson and M. Monaghan. The Committee looked at the Terms of Reference which and P. Hutchinson will consider and revise. They intend to accept Terms of Reference at the next meeting. They also looked at committee objectives:

- Assisting PCC to clarify and articulate its role in relation to campaigns and external policy asks;
- Developing the Ambassadorial role for PCC Council Members;
- Supporting PCC body corporate's strategic policy influencing/legislative change work plan.

It is proposed that delegated authority be given to the Policy and Influence Committee to approve Advocacy Policy paper. The Council agreed that Policy and Influence Committee can approve Advocacy thought paper and full Council approval is not needed.

8. BUSINESS SUPPORT AND GOVERNANCE

U. McKernan updated Council on the last Business Support and Governance meeting. Regarding the Draft Financial Plan 2026-27 PCC have still not received resource allocation for this financial year. PCC have based the draft plan on flat cash and are hopeful to not receive additional cuts.

U. McKernan has shared the letter explaining the position of PCC to the Financial Director in the DoH. PCC are hoping in July to give an update on the plan. Additionally, U. McKernan has shared financial plan with ARAC for review.

PCC are undergoing recruitment for posts and are awaiting dilapidation costs from the former Lurgan office. PCC understand the position and concerns around the budget from Council. PCC have maintained our training and associate budget. This budget is flexible and can be used if needed in other areas.

A. Hanna said they considered how money can be saved, for example you can have vacancy control and bank their salary or try to increase income. Business Committee are optimistic where savings will kick in but it will be clearer where savings can be made in the coming months.

M. Monaghan, U. McKernan and A. Hanna met before Business Committee about budget and linked with P. Farry to identify risk. PCC currently don't have Finance Manager but receive support from BSO. PCC have acquired an associate from the HSC Leadership Centre to provide support on finance.

U. McKernan updated Council that the Draft Governance statement will go to Audit Committee and has shared concerns around demand and capacity issues within PCC in the statement. PCC are confident that we can meet objectives in plan. PCC can't quantify policy and impact work as we can't always predict demand, but can fulfil our advocacy and engagement objectives and targets.

R. Sutherland said it is hard to find the balance between opportunity and 'day to day' work but having impact can lead to PCC getting more funds, and we won't know unless take opportunities.

S. Matthews said there are areas of control PCC can utilize to bring about balance of budget, such as not filling posts. One area of concern identified was staff cost and the failure to take up pension. It is a position of concern that this could change quickly.

T. Irvine shared concerns over how PCC save money. Whilst PCC can save money through less staff, we are missing business support roles. He appraised U. McKernan's letter to DoH and expressed that she made the case well for PCC.

R. Sutherland expressed we are under close scrutiny but can rely on Council to support PCC.

9. SUMMARY RISK MANAGEMENT

Risk Register

U. McKernan updated Council on the Corporate Risk Register. It covers to the end of the financial year. U. McKernan is working on updating the current risk register and has included it in the financial situation report and scenario planning. Cyber security will be on the new risk register. PCC have received a letter from BSO ITS regarding increased threats. PCC have restated with staff their responsibilities to undertake training and to keep vigilant. PCC will discuss with BSO ITS what should be included in risk register regarding cyber security.

S. Matthews attended the ALB non-executive cyber security training. He said BSO manage it effectively but PCC staff and Council need to make sure we are undertaking cybersecure training and can demonstrate willingness to be compliant.

Action: Council to ensure they are up to date with cyber security training

T. Irvine asked if PCC could look to negotiating a reduction in BSO costs?

U. McKernan stated she is satisfied that service level agreement with BSO and believes it is value for money as it includes legal, Human Resources, finance and ITS, however there are areas PCC could look at that could be reconfigured and developed too.

Information Governance
U. McKernan stated new Information Management System will go live 1st June which BSO ITS have developed. PCC can still view previous records from the Alemba system.

PCC are in the process of working with an associate regarding the disposal schedule and good management of records. We plan to only bring live records to new Information Management System.

Accommodation
U. McKernan updated Council that the Lurgan office has now closed and will now be taken off the risk register. Staff have moved to the Belfast Office which can now accommodate existing Belfast staff and former Lurgan staff.

Reputational
PCC have raised our awareness over last three years.

R. Sutherland stated that regarding financial resources PCC have discussed more widely management of resources without burning out. She asked the Council to reflect on the risk register and how our conversation today could be reflected in risk register.

Action: Council to reflect on the risk register.

10. BUSINESS COMMITTEE

A. Hanna updated Council on the Business Committee papers that have been shared:

- PCC Q4 Operational Plan end of year Performance Report;
- Quarterly Advocacy Dashboard;
- Safeguarding Report;
- Health Champions Report;
- Information Requests;
- Workforce Information Report;
- Service Improvement Tracker;
- Q4 Information Governance Action Plan.

A. Hanna noted the impact on staff of supporting, advocating and how they deal with difficult issues. Two members of staff are Health Champions and share information on improving mental and physical health.

Information requests from the Assembly mainly dealt with all ALBs not PCC specifically e.g. amount spent by ALBs on taxis.

Whilst there has been an increase in absences in the workforce, PCC is a small organisation so one staff member off increases absence percentage greatly.

With regards to the Safeguarding Report, R. Sutherland asked if the report could include the percentage of staff who raise a safeguarding concern but don't formally proceed to safeguarding referral, as it would be good to know that PCC staff understand and query if concerns should be referred for safeguarding. R. Sutherland also highlighted the work of the Samaritans and said PCC can refer or ask client if they wish to be referred to regarding safeguarding concern on risk to life. K. McElroy stated that PCC has also strengthened link with Inspire to have a referral pathway for people to Inspire.

J. Aiken stated some of the language was graphic in detail on the Safeguarding Report and is happy to share feedback on language.

Action: K. McElroy to consider if the Safeguarding Report can include the number of referrals.
Action: R. Sutherland to share Samaritan third party referral.
Action: K. McElroy to share Samaritans information to Practice Team.
Action: J. Aiken to share suggested wording.

R. Sutherland asked for approval of operational plan.

Committee approved.

12. AOB

R. Sutherland wrote to the Growth Fund, their reply has been circulated with Council.

R. Sutherland shared an encompass update and confirmed PCC are still intending to invite Paul Rice Chief Digital Officer to an upcoming Council meeting.

13. DATE OF NEXT COUNCIL MEETING

Next Council meeting will take place on Wednesday 8th July and a Workshop on Wednesday 17th June.