THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2019

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Any enquiries regarding this document should be sent to us at
The Patient and Client Council
2nd Floor, Centre House
79 Chichester Street
BT1 4JE

PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Laid before the Northern Ireland Assembly
under the Health and Social Care (Reform) Act (Northern Ireland) 2009 by the Department of Health Social Services and Public Safety for Northern Ireland and the Comptroller & Auditor General for Northern Ireland

19 July 2019

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FOREWORD AND NON EXECUTIVES' REPORT

This Annual Report and Accounts outlines the work of the Patient and Client Council over its ninth year and incorporates the Non Executives' report. We are privileged to present it to you.

Established by the Health and Social Care (Reform) Act (NI) 2009 to pursue the vision of ensuring that the 'voice of patients, clients, carers and communities is valued, heard and acted upon', this statutory basis gives the Patient and Client Council (PCC) a unique and important role within the Health and Social Care sector in Northern Ireland.

The ninth year of operation for the PCC has been a very full one, and from a personnel perspective one of unprecedented change amongst both Members and staff. We would like to record our appreciation, and that of Members and staff for the public service of Dr Maureen Edmondson as Chair, Dr May McCann, Mr Brian Compston, and Professor Hugh McKenna as Members; and of Maeve Hully (Chief Executive) and Louise Skelly (Head of Operations). We would also like to thank Dr Glynis Henry, who acted as interim Chief Executive from October 2018, until Ms McConvey took up the role in April 2019.

During 2018/19 the PCC has engaged with approximately 6000 patients, service users and carers on a wide range of health and social care issues through consultations, questionnaires and focus groups. The issues considered included the strategic 'Power to People' report, where learning from those who have a physical disability was used to inform the reform of adult social care policy. The PCC also worked with people who have a learning disability, capturing their views on annual health checks, and engaged with those who have accessed psychological therapies through their GP. In addition to this planned work the PCC responded to unforeseen developments throughout the year. These included concerns around residential home care and the enquiries into Hyponatremia related deaths, HIV infected blood, and Neurology services.

Looking to the future, it is well understood that Northern Ireland's Health and Social Care services face considerable challenges. It is imperative that changes are made. Listening and understanding public views is only one part of the process; our aim is to ensure that those views are fed to the policy makers and the service providers, and that solutions are developed through Co Production, as set out in the Department of Health's Guide. We recognise that the PCC itself needs to develop and change. As part of this, we are commencing an Investors in People Programme to build our greatest resource, our staff; and we will review our organisation to ensure it is fit for purpose.

We acknowledge and value the partnerships we have with Government, Health and Social Care bodies and community and voluntary sector organisations; and above all, with service users, carers, patients and families. We recognise that these links are vital to the delivery of improved and sustainable Health and Social Care services. We will be working energetically to strengthen and develop these links and partnerships over the months and years ahead.

Christine Collins MBE
Chair
Patient and Client Council **18th June, 2019**

PERFORMANCE OVERVIEW

The Performance Overview provides information on the PCC, its main objectives and strategies and the principal risks that it faces. It sets out the purpose of the PCC and the Chief Executive's perspective on its performance against its objectives and the risks to those objectives.

The Overview also includes a Performance Analysis providing a balanced and comprehensive analysis of the organisation's performance during the year.

The organisation has delivered on all its approved Business Plan objectives for the year 2018/19 apart from 1.1a, a project to seek people's views on how to progress the findings in the report, 'Power to People' including social isolation and the funding of domiciliary care. This objective is carried forward into the 201920 business plan owing to delays at the Department of Health outside our control. Central to achieving this level of delivery has been the provision of forums, both local and regional, to enable people to have their voices heard. This information has been shared and used to support effective partnership and service improvement working with colleagues across Health and Social Care bodies and in the Department of Health.

We have heard views and shared insights across a number of areas including:

- Self-directed support;
- Carer assessment for carers of people who have a mental illness and/or learning disability;
- Transformation Implementation Group (TIG) priorities including AHP workforce strategy;
- The importance of good quality information;
- How technology can help deliver supported self-management for pain;
- How best to support PCC membership through capacity training; and
- Our complaints support service.

The organisation has also delivered a programme on the Bamford Review. Members have contributed to Programme for Government priorities through ongoing workshop style presentation and discussion with relevant departments and organisations. Highlights in the year include presentations and discussions on the following areas with identified strategic recommendations made on current practice by the Bamford Monitoring Group (BMG):

- Mental Capacity Act, Department of Health (including submission of scenarios by members for final Act) this work is ongoing;
- Mental Health 5 Year Review (BMG are acting a reference group across this Department of Health led Review); and
- The Reform of Adult Social Care and Support (A TIG Workstream) BMG are acting as a reference group in this work led by Department of Health.

In addition, the Bamford Monitoring Group has Health and Social Care Board (HSCB) representation ensuring effective alignment to the strategic direction of the Department of Health. The group met monthly delivering against specific business plan objectives.

The work set out in the Business Plan was complemented by work on a number of key areas that had carried over from previous business plans or were new issues raised by patients, service users and groups of people through our operational work.

Throughout the year Patient and Client Council (PCC) staff have provided a responsive complaints support service to people wishing to make a complaint about Health and Social Care organisations in Northern Ireland.

A more detailed account of the work of the organisation can be found in the Performance Analysis section of this Performance Report.

Strategic drivers

Health and Social Care is impacted by a number of strategic drivers:

The Northern Ireland Context:
Northern Ireland has been without a devolved assembly since 26 January 2017. In that period legislation has been passed to allow civil servants enhanced powers to progress priorities. It has been a challenging period. Whilst services in the main continue to be maintained there is an inability to make the necessary changes needed to transform services as recommended in the absence of a Minister.

Population Profile:
Northern Ireland is facing similar pressures to counterparts across Europe and developed nations worldwide with an ever increasing ailing, aging population with multi-morbidities. Demands on our service have never been greater. With over half of the Northern Ireland budget allocated to health and social care at some £50bn it is clear that continuing to do things in the same way is no longer sustainable.

Health and Wellbeing 2026: Delivering Together:
Professor Bengoa's report outlined a new direction for Health and Social Care building on insights shared in both Transforming Your Care (2014) and The Right Time, The Right Place (2014). The report places the patient at the centre, highlighting the value of co-production and effective partnership with service users and carers to shape health systems. The Patient and Client Council have and will continue to work in effective partnership with citizens to ensure they are part of service transformation, supporting the Department of Health to effectively deliver co-production.

Power to People:
The report of the Expert Advisory panel on Adult Care and Support was published December 2017. The Patient and Client Council recruited and facilitated the service user and carer reference group which co-produced this work. The report outlines sixteen proposals to reboot adult care and support in Northern Ireland. The PCC have and continue to support the Department of Health as they take forward this work.

PERFORMANCE ANALYSIS

Introduction

This report outlines the key operational achievements of the PCC throughout 2018/19.

This year we continued to support service users, carers and their families to influence the health and social care system at all levels of decision making. This was particularly challenging given the increasing financial pressure on services and longer waiting times.

All Department of Health agreed business plan objectives were achieved apart from 1.1a 'A project to seek people's views on how to progress the findings in the report, 'Power to People' including social isolation and the funding of domiciliary care.' Due to a temporary delay at the Department of Health this project was unable to be delivered in the year. Board have been appraised throughout and agreed to carry this work forward to the 19/20 Business Plan.

Throughout 2018/19, the PCC work included the following activities:

2017/18	2018/19
Speaking directly to approximately 4,200 to hear their views on health and social care services	Speaking directly to approximately 3,600 to hear their views on health and social care services
3,529 people contributing to our published reports	2,279 people contributing to our published reports
900 people supported through the formal complaints support service	716 people supported through the formal complaints support service
903 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires	667 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires
Responding formally to 12 health and social care consultations	Responding formally to 8 health and social care consultations
625 new members were recruited to our Membership Scheme	831 new members were recruited to our Membership Scheme
13,229 members in our Membership Scheme	13,479 members in our Membership Scheme
61,396 visits to its website	33,400 visits to its website
4,155 followers on Twitter	4,839 followers on Twitter
1,985 followers on Facebook	2,343 followers on Facebook
183 comments on our weekly blog	219 comments on our weekly blog

Background and Context

The PCC was established to provide a powerful, independent voice for people. The PCC has four main statutory duties. They are:

- to represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;

- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;

- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and

- to promote the provision of advice and information to the public about the design, commissioning and delivery of health and social care services.

We acknowledge and value the partnerships we have with government, health and social care bodies and community and voluntary sector organisations. We recognise that these links are vital to the delivery of change for patients, service users, carers and families.

This year we have once again worked to remain close to people and understand their views on, and priorities for, health and social care in Northern Ireland. We have continued to champion the voice of the people to inform and influence decision makers at all levels within the health and social care system.

Business Plan

The Business Plan sets out the Board approved work of the PCC for the year. However, this does not reflect the entirety of the organisation's work and contribution across the HSC agenda and indeed in support of Programme for Government priorities. The PCC undertake a range of tasks throughout the year within its limited resources not included in our Business Plan but in keeping with our statutory remit. We pride ourselves on our ability to effectively respond as required to support the citizen agenda and government priorities.

The work undertaken by the PCC to achieve its business plan objectives is outlined in the following sections. In addition to the business plan the PCC has:

- responded to 8 consultation requests using evidence from service users and patients;
- responded to issues raised by the public and the Department of Health where appropriate to our remit and available resources; these issues include cross departmental working and of particular note is our work with Department of Finance developing a new digital platform (MYNI) running a supported self-management campaign, developed and delivered with service users and professionals in partnership; and
- engaged with the media which has resulted in a number media interviews and 53 newspaper mentions.

Staff

The success of the PCC is rooted in its staff. The team is small but they strive to make a difference for people in a large and complex system. Our staff are our most important resource and their development is fundamental to the success of the organisation. Staff across the organisation completed a series of training courses across the year. In particular PCC Complaints Support Officers undertook training which leads to the BTEC Level 5 Professional Award in Complaints Handling and Investigations.

The Patient and Client Council keeps its staff informed on all aspects of the organisation's work, including its annual Business Plan, performance against objectives and policy developments through e-mail communications and team meetings. In 2017/18 the PCC set up an internal communications group (made up of staff) to enhance the flow of information throughout the organisation. This group continues to work across the organisation now supplemented by a dedicated email address for information sharing and communication. The staff team meet regularly and team days are an important aspect of the organisation bi-annually, to share information, discuss developments and celebrate achievements together.

1. REPRESENTING THE INTERESTS OF THE PUBLIC

In exercising its statutory function the PCC shall:

- *consult the public about matters relating to health and social care; and*
- *report the views of those consulted to the DoH and to any other HSC body appearing to have an interest in the subject matter of the consultation, in accordance with legislation.*

1.1 The Patient and Client Council will undertake a project which will inform the ongoing work to reform adult social care. This project will comprise of the following:

1.1a A project to seek people's views on how to progress the findings in the report, 'Power to People' including social isolation and the funding of domiciliary care;

1.1b A series of panels with physically disabled adults to inform the reform process;

1.1c A targeted social media campaign to capture views on self-directed support; and

1.1d Work with the Department of Health to ensure the implementation plan is co-produced with service users and carers.

In 2017/18 the PCC supported a service user and carer group to co-produce 'Power to People' (December 2017) expert panel report to reform adult social care and support. This business plan priority and supporting actions was identified in response to this important area of work and service user appetite for continued engagement to support transformation.

1.1a A project to seek people's views on how to progress the findings in the report, 'Power to People' including social isolation and the funding of domiciliary care;

Owing to delays at the Department of Health this project was unable to be delivered in the year. The Board have been updated across the year as to the progress of this Transformation Implementation Group (TIG) work stream and agreed to carry this work into 2019/20 Business Plan.

1.1b A series of panels with physically disabled adults to inform the reform process;
The field work for this paper is complete and has been shared with the PCC Research Committee and Board. This work will be used to support ongoing involvement in adult social care reform at the Department of Health.

1.1c A targeted social media campaign to capture views on self-directed support;
'Power to People' (2017) placed much emphasis on the importance and self-directed support. We undertook a report to better understand uptake and peoples experiences of using the service. Recipients we spoke to confirmed that self-directed support improves their lives and applauded the control and flexibility it affords them. Many of the issues presented centred on lack of clear concise information and an understanding of how to use self-directed support. People told us that this lack of understanding put them off using the service. We made a number of recommendations and have shared these across the HSC family. We will also use these recommendations to support the reform of adult social care and support.

1.1d Work with the Department of Health to ensure the implementation plan is co-produced with service users and carers;
The PCC are continuing to business partner Department of Health across this programme of reform to ensure it is co-produced with service users and carers. This work will carry through to 2019/20.

1.2 The Patient and Client Council will use panels (where appropriate) to follow up on the projects listed and produce a progress report:

1.2a The Patient and Client Council will seek to understand the care experience of people with Dementia;

Dementia is recognised as a global health issue. The World Health Organisation has identified it as a public health priority and recognised the toll this illness has, not only on the people who have it, but also their families and caregivers. Following a scoping exercise conducted in 2016/2017, the PCC developed seven case studies. These studies identified the issues experienced by people with early onset dementia and their carers. The resulting report published in June 2018 made recommendations to improve the experience of this discrete group of patients. There has been specific progress identified based on follow-up across the system in early 2019 including:

- Dedicated staff to support patients across all Health and Social Care Trusts working as dementia navigators, dementia friendly coordinators, dementia companions and dementia champions;
- Dementia awareness training across Health and Social Care Trusts is ongoing;
- Monitoring of referrals in memory services has reported an evident increase in referrals, this is attributed to an increased awareness of signs and symptoms;

- A Learning and Development framework has been endorsed across Universities, training and development agencies and regulators taking a system wide approach;
- Patient portal training and a pilot with dementia patients in the Western Health and Social Care Trust is in place; and
- HSCB reported that 10 Dementia Service Improvement Leads (2 per Trust) were currently being recruited (March 2019) to be employed across both acute and community settings.

1.2b The Patient and Client Council will seek to understand the experience of families engaging with social workers;

In December 2018, the report "Relationships Matter" was published jointly by the Northern Ireland Social Care Council (NISCC), the British Association of Social Workers Northern Ireland (BASW NI), Queen's University Belfast (QUB) and the Patient and Client Council (PCC). The report was the product of research conducted into complaints made about social workers by service users to NISCC and to the PCC. A total of 56 cases managed by the Complaints Support Service informed this work.

The report identified three areas for further work aimed at addressing the issues identified by the research:

- that NISCC should continue to develop training materials and resources focussed on supporting relationship based practice;
- that BASW NI should continue to monitor and report on pressures and stresses on social workers and ensure that they have the time and capacity to build relationships and trust with service users; and
- that PCC should encourage the production of comprehensive written guidance and the provision of additional support for families involved with Family/Child Care Social Workers.

The report was launched at an event and discussion by the sponsors of the report including the PCC.

At a follow up meeting it was agreed that the PCC and the partners would present the report to a regular forum of the Directors of Children's Services of each of the HSC Trusts and seek support for co-production of new written materials, March 2019. We are aware that Queen's University has begun using the report as part of undergraduate social work training. In addition, BASW UK has picked up the report and will be using it to inform its wider work to ensure that social workers have the capacity and support to develop relationship and trust with service users**.**

Following the forum of Directors of Children's Services in March 2019, the PCC are seeking commitment to a co-production initiative to produce new written materials for families involved with social workers.

1.2c The Patient and Client Council will seek to understand the experience of people waiting longer than Ministerial waiting time targets;

In 2017 the Patient and Client Council (PCC) undertook an exercise to understand the experience of people waiting longer than the Ministerial waiting time targets. Through the use of a large scale questionnaire to which 700 individuals responded, followed by nine qualitative in depth case studies, the PCC gathered evidence of the experience of those currently waiting. This resulted in the report, "Our lived experience of waiting for healthcare – people in Northern Ireland share their story" which was published in March 2018. This report highlighted the negative impact long waits are having on the physical, emotional, social and financial wellbeing of patients, their families and carers. The report also identified that nearly half of the participants felt it had not been made clear how long they personally would be expected to wait when they first received a referral.

As a result of the report, to address the issues raised, the Department of Health established a Departmental-led Task and Finish group in May 2018, with the objective of producing proposals to improve communication with patients referred to an elective care waiting list.

After discussion and consideration by the group, a number of actions were proposed to improve communication with patients on waiting times including:

- The set of principles on communication developed by the group should be adopted by the HSC as the basis on which information is provided cantering on transparency; accessibility; efficiency; empowerment; consistency; deliverability;
- All Trusts should provide patients with an acknowledgement of their referral and there should be consistency of approach in the range of information provided;
- Patients should be advised where information on waiting times will be made available and how often this is updated;
- Consideration should be given to ways in which more general information on the referral system in Northern Ireland could be provided to patients to help them better understand how this works and their role and responsibility in this;
- Information should be provided on waiting times to provide patients with a realistic estimate of how long they will be expected to wait; and
- A patient friendly version of the Integrated Elective Access Protocol should be developed for patients.

The Department of Health are considering the groups proposals. The PCC will continue to support this work as required.

1.2d The Patient and Client Council will seek to understand residents' experience of care in nursing homes;

In June 2018 the PCC published its report "The Experience of Living in a Nursing Home". This report contained the results of a scoping exercise on available literature in this area and also the outcome of a detailed review of 48 complaints cases managed by the PCC Complaints Support Service over two years.

The report made eleven recommendations based on this intelligence following its launch at a round table event organised by the PCC at which key stakeholders were well represented. The launch closely followed the publication by the Older Peoples' Commissioner for Northern Ireland report on care provided at Dunmurry Manor Care Home. In response to the concerns identified, a robust action plan was put in place led by the Department of Health.

The PCC was an active participant in the implementation of this action plan.

Specifically:

- The PCC is working with the Belfast HSC Trust to engage in one nursing home with residents and families to ensure they feel able to raise concerns and are supported to do so. This work is ongoing and will be completed by June 2019. The Belfast HSC Trust intends to disseminate the learning and actions arising from this work across the HSC system;
- Representatives of the PCC gave evidence based on the report to the independent team appointed by the Department of Health to review the recommendations of the report on Dunmurry Manor Care Home and to make further – system wide – recommendations for action; and
- The PCC is taking forward changes to its Helpline to the intended benefit of nursing home residents and their families.

1.2e Carer's assessment for carers of people who have a mental illness and/or a learning disability;

In 2016/17 the Patient and Client Council spoke to ten carers about their experience of the Carer's Support and Needs Assessment (CSNA). This resulted in the PCC report, "Carer's Support and Needs Assessment". During these one to one interviews, the majority of carers said that their experience of the process of having a Carers Assessment was positive. However, most carers were disappointed in the outcome of their assessment. Carers told us they received little follow-up contact and little or no extra support as a result.

After sharing these findings with decision makers and those providing Health and Social Care services, we decided to talk to carers again to find out if anything has changed over the past two years. In 2018 a number of different organisations, which worked with carers, were contacted to set up a total of three panels and eight one to one interviews with mental health and learning disability carers.

Our findings highlighted that most of the issues from 2017 still existed, such as, a lack of information available to carers about the assessment; as well as carers wanting information on the purpose of CSNA and what the assessment would entail. However, there were also some positive outcomes:

- In 2017 it was only carers who had phoned and requested a copy of their CSNA that received it. In 2018 a few participants stated that they had received a copy of their CSNA, and a few people said that their Social Worker had offered to contact them again for further information. This partly addressed one of our recommendations from 2017 that carers should receive a copy of their assessment; and
- In the South Eastern Trust one person indicated that improvements have been made through the introduction of the 'Carers Conversation'. Previously, this individual had undertaken a carer's assessment and noted several improvements in the 'Carers Conversation' compared to the CSNA. Whilst this is a positive improvement it is

important to highlight that this is the experience of one carer and we did not receive any indication from those we spoke to that this is common practice.
As service users are reporting little change in the service since our previous report in 2017 we are making contact again with service providers to:

- share recommendations made;
- seek to better understand what the barriers are for service providers in relation to making improvements in this area; and
- share insights at the Department of Health to influence policy which is particularly apt with regard to the reform of Adult Care and Support.

1.3 The Patient and Client Council, through the work of the Bamford Monitoring Group, will hear from people who have used psychological services e.g. talking therapies;

The field work for this project has been completed and shared with PCC Research Committee and Board. The findings will be shared across the HSC family to inform psychological service provision across Northern Ireland.

1.4 The Patient and Client Council, through the work of the Bamford Monitoring Group, will engage with service users who have a learning disability and carers to understand their experience of annual health check:

Following Board approval for this report, it was launched at an event with Mencap on the 15 October 2018 during activism week.

Around 40 delegates from across the service, including Department of Health Directors and community and voluntary sector, attended alongside service users, carers and All Party Group members. Attendees heard from a carer who spoke of the value of this service to their loved one.

From this work it was clear that people value their relationship with their GP and the reported experience of annual health checks was positive. People told us that better information and communication about the process of annual health checks could improve the experience. We have shared this evidence to support service change.

1.5 The PCC will continue to work with the Department to ensure the involvement of service users and carers across a number of TIG work streams and projects, including:

- ***AHP Workforce Strategy;***
- ***HSC Online Patient Portal;***
- ***Stroke Services; and***
- ***Elective Care.***

AHP Workforce Strategy
The PCC have supported co-production efforts across the 12 professional groups from a strategic perspective contributing to the Workforce Review Programme Steering Group. We shared opportunities for involvement and information sharing with our members including a number of engagement sessions.

HSC Online Patient Portal
PCC are members of the HSC Online Project Board and have informed progress across this programme of work in year.

Stroke Services
The PCC have led in writing the engagement plan developed to support a planned public consultation on the modernisation of services following review of pre-consultation evaluation documentation in partnership with HSCB. The Department of Health are now taking the lead on public consultation and it is underway (May 2019).

Elective Care
A group has been set up at the Department of Health to take this work forward and PCC are members of this group.

2 PROMOTING INVOLVEMENT OF THE PUBLIC

The PCC will promote the involvement of patients, clients, carers and the public.

2.1 The Patient and Client Council will promote the involvement of the public in consultations and engagement processes in Health and Social Care:

The Patient and Client Council will promote opportunities for people to share their views on consultations by HSC bodies through its Membership Scheme and engagement work. This will be an ongoing objective for the Patient and Client Council throughout 2018-19;

The PCC involvement team have engaged with people and encouraged involvement by attending public events and making themselves available in public places across Northern Ireland.

The PCC have supported the involvement of the public in engagement and consultation processes throughout the year. We have supported the Department of Health to ensure effective engagement is undertaken. We have actively advertised and publicised public consultations and supported people to make a contribution. This year we have made 8 consultation submissions where we had an evidence base to do so, sharing citizen insights to inform decision-making.

2.2 The Patient and Client Council will work with the Department of Health to ensure effective co-design and co-production in the development of health and social care services:

The Patient and Client Council will work with the Department of Health to contribute to the implementation of the outcomes following the Future Search event. The PCC will ensure the patient's voice is strengthened in health and social care through capacity building with staff and services users and/or carers;

A ‘Partnership Network’ has been set up to progress the implementation of the Regional HSC co-production Guide and recommendations outlined in the Future Search report. To date this group has not met. The Head of Operations will represent PCC on this group.

The PCC has promoted opportunities for service users and carers to get involved at all levels of HSC. We have also provided advice on good practice to key decision makers based on PCC evidence.

2.3 The Patient and Client Council will continue to develop the Membership Scheme as a key resource to co-production. This will include:

Following up on reviews undertaken in 2017/18 by the Innovation Lab and the Democratic Society as well as a training exercise to develop the capacity of member’s knowledge and skills to have their voice heard on HSC matters piloted last year. Training events will be delivered by the Involvement Team across each Trust area for members;

A successful bid of £50,000 awarded in August 2018 has been used to commission the development of a digital solution including an improved website and an on-line engagement portal for the PCC, primarily to facilitate the ongoing development of the PCC’s Membership Scheme and promote the active engagement of the public in health and social care issues. The training has been offered to condition and support groups as well as members of the PCC Membership Scheme.

Membership scheme development is now being taken forward as part of a transformation portfolio at the PCC. It has evolved to support both transformation priorities at Department of Health and in response to citizen appetite.

3. PROVIDING ASSISTANCE (BY WAY OF REPRESENTATION OR OTHERWISE) TO INDIVIDUALS MAKING OR INTENDING TO MAKE A COMPLAINT RELATING TO HEALTH AND SOCIAL CARE

In exercising its function the Patient and Client Council shall; Arrange for the provision (by way of representation or otherwise) of assistance to individuals making or intending to make a complaint of a prescribed description relating to health and social care.

3.1 The Patient and Client Council will provide a support service for anyone wishing to make a complaint about health and social care services:

The PCC provide its Complaints Support Service throughout the year. Raw data – subject to validation – indicates that activity overall this year is down by 23% in comparison with last year. While activity overall is down in each category – advice; informal and formal complaint – the reduction in activity is the least in formal complaints at 10% in comparison with last year. This indicates a greater proportion of the work of the service being in the formal complaints element and this has been a trend in the last two years.

N.B. The figures for 2018/19 are subject to validation and may change.

	Apr to Mar 2018/2019 Subject to change	Apr to Mar 2017/2018	Difference
Formal complaint	613	662	-49
Issue or concern	141	219	-78
Advice and Information	756	934	-178
Total activity	1510	1815	-305

3.2 The Patient and Client Council will highlight the issues raised by people through its complaints support service:

- The Patient and Client Council will produce a 2017/18 PCC complaints support service report.

- The Patient and Client Council will share the report with key stakeholders in Health and Social Care with the aim of improving the quality of services and the healthcare experience;

The Complaints Annual Report for 2017/2018 was published in December 2018. The report was widely disseminated and has formed the agenda for discussion with the provider Trusts - by means of the relevant Complaints Monitoring Groups in those organisations – since that time. This work will continue through 2019/2020.

The Complaints Annual Report for 2017/2018 however emphasised the impact of the thematic reviews published by the service. These reports have in each case prompted important work likely to have impact in the areas that they addressed. Further work on themes arising from complaints seem likely to be of benefit in future.

3.3 The Patient and Client Council will commission a research project aimed at understanding the impact of the complaints advocacy service in terms of outcomes for individual service users and their carers:

A Masters student was commissioned to undertake a research project to understand the impact of the complaints advocacy service in terms of outcomes for service users and carers. However, when the report was received by the Patient and Client Council it was noted that a small number of participants took part. Given the sample size the value of the report is limited and does not provide the insight that was anticipated from this project. On this basis the Board have suggested additional work in this area in 2020/21 to explore impact and outcomes of the service.

3.4 The PCC will support the implementation of the relevant recommendations in the hyponatraemia reports in line with its statutory functions:

The PCC has ensured a very active participation by the organisation in the Hyponatraemia Implementation Programme. The PCC is represented on the overall Programme Board as well as on the work streams dealing with Serious Adverse Incidents; Duty of Candour, Being Open sub group and Advocacy and Patient Experience.

4 PROMOTING THE PROVISION BY HSC BODIES OF ADVICE AND INFORMATION TO THE PUBLIC ABOUT THE DESIGN, COMMISSIONING AND DELIVERY OF HEALTH AND SOCIAL CARE

Promote the provision of advice and information by HSC organisations to the public about the design, commissioning and delivery of health and social care.

4.1 The Patient and Client Council will promote the provision of advice and information by Health and Social Care organisations on Health and Social Care services. This will include information being provided in a user friendly, easily understood format:

The Patient and Client Council will continue to support service users and carers to contribute to the development of a range of information and advice services including self-management tool kits and the web based information portal.

The promotion of advice and information is a priority for the PCC across all areas of work, particularly provision is a user friendly, easily understood format. This includes consideration on new technology and new ways of working to support citizens. The PCC has supported the ongoing digital transformation agenda across Northern Ireland through attendance at HSC Online Project Board. The PCC have facilitated service user involvement in the continued development of this online platform through Membership Scheme recruitment for service user testing and user feedback.

Specific outcomes achieved in year include;

MY NI Digital Transformation Campaign on Supported Self-Management for Pain.
The PCC worked alongside PHA and Department of Finance Digital Transformation unit to deliver a supported self-management 'pain' campaign on 'My NI', a new government social web platform. The site presents an innovative approach to sharing government information.

A pain campaign ran on this site, 25 March – 29 August 2018. The content covered 6 key themes distilled and developed within an inter-professional working group which PCC instigated of service users; clinicians, AHP's and voluntary sector support group colleagues to assure quality and relevance in direct response to evidence cited and recommendations made in 'The Painful Truth' (February 2014).

The project team, which the PCC are part of, carried out a survey. Both quantitative and qualitative data captured identifies behaviour change among the target audience.

The PCC contributed to the final report presented to Permanent Secretaries Group on the 28 September. This suggested a pilot extension for a further 6 months with provision for a further 2 year extension with a £1.2m budget for 6 campaigns per year across Government agencies.

The project team and pain campaign itself won a number of awards including DL100 "Digital Team of the Year", and were finalists in the NICS Awards, "Digital Project of the Year" (2018).

4.2 The Patient and Client Council create an event with the focus on good quality information, showcasing best practice:

A Health Information Event was held in Crumlin Road Gaol, 12 June 2018 in partnership with Patient Information Forum (PIF).

Around forty delegates from across the sectors together with service users and carers explored the accessibility and availability of health information in Northern Ireland learning from experts across the UK and Northern Ireland. Delegates committed to taking forward a number of key actions to improve health information locally.

The PCC will run a follow-up event, Spring 2019 as part of 19/20 Business Plan to build on the actions identified above with a view to developing a health literacy plan for Northern Ireland.

4.3 The Patient and Client Council will work with the Department of Health and other stakeholders to promote the development of a real time feedback system to gather both positive and negative experiences of health and social care:

The Department of Health have set up a working group to take this work forward. The PCC secured three spaces for PCC members on this working group along with Head of Operations.

An initial meeting took place October 2018. Key actions from this meeting included:

- produce a draft Terms of Reference;
- invite key stakeholders from Primary Care to join the group; and
- invite representatives from Wales and Scotland to share experience of using their systems at a workshop.

A further meeting took place in December 2018 and those in attendance witnessed the demonstration session from suppliers and NHS organisations using similar systems were impressed and found it interesting.

The Deputy Chief Nursing Officer, Rodney Morton is leading on this work at the Department of Health. Speaking at the 19 February PCC Board Workshop he reported that a system has now been identified and will be purchased in year. As members of this group PCC will continue to support ongoing efforts to implement.

Risk Management

The PCC receives quarterly strategic updates on issues which may impact on the organisation. The Board also maintains a Corporate Risk Register which is not only formally reviewed on a quarterly basis, but in the past year was revamped to make it more fit for purpose and effective.

Within the year the Board monitored closely a number of key risks and issues which it considered had potential to impact on achievement of its Business Plan objectives. The PCC's Governance Framework provides full details of how risk is managed and is referred to in the PCC's accountability report.

Diminishing Resources

Diminishing resources is a challenge facing all public sector organisations. Internally PCC has grown in its efficiency by finding new ways to do its work, particularly in its engagement with people. This has included online engagement on a weekly basis alongside meeting people face to face in small groups, using larger public events and introducing text messaging to members.

Board membership has continued to impact on PCC Board and sub Board Committees which risk being non quorate. On-going liaison with Sponsor Branch and the Public Appointments Unit resulted in a late competition for new PCC Board Members and a Chair, with Dr Maureen Edmundson (Chair) stepping down on 28 February, 2019. Furthermore, three Board member's term of office ceased on 31 March 2019. On the 1 March, 2019, Ms Christine Collins joined the PCC as the new Chair and three new Board members were appointed on the 1 April, 2019.

The Board is mindful of the impact reduced resources have had on Health and Social Care providers resulting in increased public concern about patient safety, increased waiting times, and accurate information not being readily available to service users. These risks look set to increase in severity.

Complaints about the Patient and Client Council

The PCC received two complaints about its services in the course of the year. Complaints are a valuable way to learn how to improve services. The PCC takes all feedback very seriously and is constantly reviewing the service it offers to improve the experience of our clients. Based on this feedback the PCC revised its project work flow procedure, this included a greater emphasis on staff responsibilities.

Finance Summary

The PCC receives its funding from the DoH in the form of a Revenue Resource Limit. The monies fund the work of the PCC Business Plan, including its work on Bamford.

The following table summarises the year's finances:

Income	
Revenue Resource Limit	£1,553,619
Other income	£40,285
Sub total	**£1,593,904**
Expenditure*	
Staff	£1,163,946
Other expenditure	£415,662
Sub total	**£1,579,608**
Surplus	£14,296

*Expenditure in the above table does not include non-cash items of £12,398, refer to note 3 on page 69 for further details.

In year the PCC received no capital funding for additional IT equipment.

The Board of the PCC received regular updates on expenditure and year end forecasting to ensure the organisation met its statutory breakeven requirements in 2018/2019.

Going Concern

As illustrated in our Statement of Financial Position, the PCC operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, the PCC is mainly funded through DoH. As DoH funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis.

The accounts have been prepared on the going concern basis. Management are not aware of any conditions or events, currently or in the future, that would bring this assumption into question.

Investment Strategy and Plans

The PCC receives its funding on an annual basis and has no requirement for an Investment Strategy or Investment Plans.

Accounts

The Accounts have been prepared under a direction issued by the Department of Finance under circular HSC(F)12-2019.

Sustainable Development

The Patient and Client Council has a Sustainable Development Plan. The plan supports the Northern Ireland Executive' Sustainable Development Strategy entitled "Everyone's involved", May 2010.

Vivian McConvey
Chief Executive
Date 18th June 2019

ACCOUNTABILITY REPORT

a) STATEMENT OF ACCOUNTING OFFICER RESPONSIBILITIES

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health has directed the Patient and Client Council (PCC) to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the PCC of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements the Accounting Officer is required to comply with the requirements of Government Financial Reporting Manual (FReM) and in particular to :

- observe the Accounts Direction issued by the Department of Health including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.

- make judgements and estimates on a reasonable basis.

- state whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the financial statements.

- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the PCC will continue in operation.

- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the PCC.

- pursue and demonstrate value for money in the services the PCC provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Ms Vivian McConvey of the PCC as the Accounting Officer. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PCC's assets, are set out in the Accountable Officer Memorandum, issued by the Department of Health.

b) CORPORATE GOVERNANCE REPORT

1. Introduction / Scope of Responsibility

The Board of the PCC is accountable for internal control. As Accounting Officer and Chief Executive of the PCC I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH.

The PCC is an arms-length body within the health and social care architecture. The organisation works in partnership with all health and social care organisations to fulfil its statutory functions, namely:

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;

- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;

- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and

- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

The PCC's Management Statement establishes the framework agreed with the DoH within which the PCC operates.

The Nursing, Midwifery and Allied Health Professional Directorate within the DoH is the sponsoring team for the PCC, forming its primary point of contact with the DoH on non-financial management and performance and is the primary source of advice to the Minister (when in situ) on the discharge of his/her responsibilities in respect of the PCC. The Directorate also supports the Departmental Accounting Officer on his responsibilities towards the PCC.

2. Compliance with Corporate Governance Best Practice

The Board of the PCC applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of the PCC does this by undertaking continuous assessment of its compliance of governance best practice through its Governance and Audit Committee and its annual self-assessment exercise. The Board's approach is underpinned by compliance with *"Corporate governance in central government departments: Code of good practice NI 2013"*, reflected in its annual self-assessment.

The Board has judged itself as having a satisfactory "Green" rating against the assessment criteria. It has however identified a number of areas to improve its effectiveness and agreed an action plan to deliver these.

All Board Members and the Chair received a copy of the HSC Code of Conduct 2016.

3. Governance Framework

The Board

The Board of the PCC exercised strategic control over the organisation through a framework of corporate governance which includes:

- A schedule of matters reserved for Board decisions (approved on the 1st April 2009);
- Standing orders and standing financial instructions (initially approved on the 1st April 2009 with a further review and approval on the 19th March 2019);
- A scheme of delegation, which delegated decision making authority to the Chief Executive and others (approved on the 1st April 2009);
- Holding its Board meetings in public. Attendance at such meetings is recorded and minutes of the meeting published on the PCC website; and
- The appointment of a Governance and Audit Committee.

At full complement the Board is made up of 16 Non-Executive Board Members and a Chair, all appointed under the Public Appointments process. As at 31st March 2019 the Board has seven vacancies. The Board holds its Board Meetings in public and with 89% attendance of Board members.

There were 7 Board meetings in the year and attendance is set out below for the year 2018-19:

Board Member	**Board Meetings Attended**
Dr Maureen Edmondson (Chair) (Resigned 28 February, 2019)	6
Ms Christine Collins MBE (Chair-designate)	1
Mr Brian Compston (Term of office expired 31 March, 2019)	7
Mrs Elizabeth Cuddy	6
Mr William Halliday	6
Mr Garret Martin (Resigned 30 April, 2018)	1
Dr May McCann (Term of office expired 31 March, 2019)	6
Mrs Joan McEwan	6
Prof Hugh McKenna (Term of office expired 31 March, 2019)	7
Cllr Martin Reilly	5
Mrs Seana Talbot	6

The Board maintains a register of members' interests which is formally updated annually. At the outset of each Board meeting Board Members are asked to declare any conflicts of interest with the agenda. There were no declared conflicts of interest at Board meetings during the year.
During the year the Board held a number of workshops which covered:

a. Strategic Direction;
b. Review of PCC Standing Orders;
c. Outcomes of Future Search;
d. Business Planning;
e. GDPR;

f. Inquiry for Hyponatraemia Related Deaths;
g. Risk Assessment; and
h. Board Self-Assessment.

Governance and Audit Committee

The remit of the Governance and Audit Committee includes an integrated governance approach encompassing financial governance and organisational governance, both underpinned by sound systems of risk management. The Committee met formally three times in the twelve month period and provided assurance to the Board that governance standards were met. A fourth meeting was cancelled on the basis that it would not have been quorate.

The Governance and Audit Committee reviewed and approved the Internal Audit Plan for the year. Updates on progress and a review and interrogation of reports were addressed at each meeting.

In the course of the year the Governance and Audit Committee reviewed a number of policies, procedures and reports which have strengthened the organisation's controls and provided assurance to the Board on the governance arrangements for the organisation. These included:

- Engagement Policy (Working Together);
- Privacy Policy;
- Capability Procedure;
- Information Requests Procedure;
- Data Protection Policy;
- FOI Policy;
- Information Security Policy;
- Information Governance Policy;
- Information Risk Policy;
- Data Protection Impact Assessment Policy;
- Whistleblowing Policy;
- Risk Management Strategy and Policy;
- Adverse Incident Reporting; and
- Fire Safety Policy.

The Governance and Audit Committee used the National Audit Office Audit Committee Self-assessment Checklist to review its good practice in January 2019. The Committee self-assessed that it met the five Good Practice Principles of the checklist.

4. Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and Departmental priorities are properly reflected in the management of business at all levels within the PCC.

The PCC reviewed the Corporate Risk Register throughout 2018/19. The Board have agreed to hold a workshop with the Sponsor Branch to discuss the risks in 2019/20.

Business Planning

The PCC's Corporate Plan for 2017-2021 takes its lead from the Programme for Government and an Outcomes Based Accountability approach. The Corporate Plan was subject to PCC Board and DoH approval. The corporate planning process is led by the Head of Development and Corporate Services. Delivery of the Corporate Plan is the responsibility of the Chief Executive, supported by the Heads of Function.

Each year a set of objectives are set out in a Business Plan which details how the achievement of the Corporate Plan goals will be demonstrated. The objectives are based on the public engagement programme undertaken by the PCC in the previous year and engagement with policy leads and input from the DoH, through its Sponsor Branch. The objectives are clearly set out under each of the organisation's corporate goals, within its statutory functions.

The plan includes:

- Key objectives and associated key performance targets (financial and non-financial) for the forward year; and
- the PCC's annual budget.

The business planning process is led by the Head of Development and Corporate Services. The delivery of the Business Plan and all operational objectives is the responsibility of the Chief Executive, supported by the Heads of Function. The Board receives a formal quarterly update on the Business Plan, in the form of a Performance Report. This is supplemented by a six month and an annual report on performance. All Board papers are open to the public. The completion of objectives is confirmed at Board meetings through agreed deliverables. The Chair and Senior Management Team attend biannual meetings with the DoH to discuss progress against the approved Business Plan.

The Business Plan is subject to PCC Board and DoH approval. The organisation and its Business Plan are funded by the DoH on an annual basis. The outlook for 2019-20 is increasingly constrained; particularly in respect of a year on year reduced budget. It is becoming increasing more challenging for the PCC, which faces an extraordinary period of transition, to meet its business objectives within the funding envelope.

Across the HSC sector it is expected that the significant financial challenges will continue and will intensify. In response extensive budget planning work to support the 2019-20 financial plan is ongoing between the Patient and Client Council and the Department of Health (DOH). The Patient and Client Council remains committed to achieving financial break-even.

Risk Management

The PCC has a risk management policy, recommended by the Governance and Audit Committee to, and approved by, the Board.

Risk management is embedded in the activities of the PCC. Executive responsibility for risk management lies with the Chief Executive who delegates day to day management to the Head of Development and Corporate Services.

The Board has agreed a definition of its risk appetite. The PCC classifies itself as having an *'open'* risk appetite. This will inform and influence the behaviour of the decision makers when considering the various risks. An open risk appetite is defined as:

> *'Willing to consider all options and will choose the one that is most likely to result in successful delivery and acceptable level of reward whilst avoiding unacceptable levels of risk to the organisation.*'

The PCC manages risk by:

- Undertaking assessments to identify the principal risks to the PCC and reporting these to the Board through a Corporate Risk Register;
- Monitoring and reviewing the effectiveness of the Assurance Framework. This is undertaken by the Governance and Audit Committee and informed by information from internal and external audit review activities;
- Ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;
- Integrating risk management into the annual planning process, ensuring that risks inform the planning process;
- Completing and annually reporting on compliance with DoH risk management requirements;
- Completing Controls Assurance Standards self-assessments, so as to provide evidence that the PCC is doing its "*reasonable best"* to manage itself in order to meet objectives and protect service users, staff and other stakeholders against risks of all kinds;
- Empowering staff at all levels in the organisation to identify, assess and notify risks;
- Developing and maintaining a *"no blame"* culture. In such a culture, staff are accountable for their actions, but it is recognised that individuals can and do make mistakes. The PCC Board is committed to having an open and honest approach in all matters and to be a supportive, open and learning organisation; and
- Ensuring that its work is underpinned by an evidence base through its engagement with patients, clients and carers. This is reinforced through its Membership Scheme and the work of its Personal and Public Involvement Officers and Complaints Support Officers.

Risk Registers are held at corporate and local office levels to record all forms of risk. The Risk Register describe the risk in enough detail for it to be understood and assess the impact and/or consequences and likelihood of realisation of the risk as well as the action necessary to mitigate the risk. Identification of the officers responsible for ensuring that the risk management actions are completed is also detailed in the registers.
The Board has held a workshop in year to review the format of the register and assess the key risks facing the organisation; assuring itself of their relevance and possible impact to the activities of the PCC.

Leadership is provided on risk management through the Governance and Audit Committee and the Head of Development and Corporate Services. The risk management process seeks to identify risks in accordance with best practice as well as providing a system for embedding

risk management in the organisation. The Board has a Non-Executive Director designated as "Champion" for Risk Management.

All staff receive an induction training programme on joining the organisation, including an e-learning module on risk management. Any ad hoc training is cascaded from the Head of Development and Corporate Services, through Line Managers to all staff. Risk assessment training has been identified as a business need for 2019-20.

Board

Throughout 2018/19 the PCC Board raised concerns regarding non-compliance with the current legislation framework which underpins the size of the Board, with Sponsor Branch and the Public Appointments Unit. The Board sought legal advice regarding the composition of the Board which confirmed a statutory obligation on the Department to appoint 16 members.

As the Board were aware that a reduced Board membership of 8 members (out of the possible 16) may result in inquorate meetings mitigating plans were put in place; that being the co-option of past members onto committees. This was agreed at a Board meeting on 18 September 2018 and the standing orders have been duly updated. The PCC continues to work with the Public Appointments Unit and Sponsor Branch to resolve the issues relating to Board vacancies and the size of the Board.

Staff

The PCC has encountered an exceptional year with regard to staffing matters. In 2018/19 the Chair, Chief Executive and Head of Operations resigned from their posts. Furthermore, the permanent replacement of Head of Development and Corporate Services post (Vacant from September 2017) commenced in February 2019. This significant loss of corporate memory reiterates the need for effective succession planning. Other challenges regarding staffing included, staff resignations, the back filling of posts at all management levels, sickness, absenteeism and usage of agency staff in key areas of business. Despite this period of transition, the PCC determinately strived to fulfil its business plan objectives.

Information Risk

Information risk management is an essential part of good management. The PCC ensures that information risk management is integrated into the procedures and policies. Information risk management is managed within the context of the organisation's risk management strategy. In preparation of the new General Data Protection Regulations (GDPR), which came into effect from 25 May 2018, the Governance and Audit committee recommended a number of PCC's policies to the Board. All were all approved. All PCC staff and Board members have received training from the Business Service Organisation's Information Governance manager on GDPR.

The PCC holds limited personal and confidential data. Specific roles in the organisation look to manage the risk to the organisation of the information it may hold. These roles include:

- Personal Data Guardian;
- Data Protection Officer;

- Freedom of Information Practitioner;
- Senior Information Risk Owner; and
- Information Asset Owners.

There were no data breaches in the 2018/19 year.

The PCC received four external and eleven internal Data Access Requests and responded to seven Freedom of Information requests within the year. This is a significant rise on the previous year with two requests for each category in 2017/18. All requests were responded to within timescale and no data was withheld.

Fraud

The PCC takes a zero tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years.

Budget Position and Authority

In the continuing absence of an Executive and a sitting Assembly the Northern Ireland Budget Act 2018 was progressed through Westminster, receiving Royal Assent on 20th July 2018, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2019 which received Royal Assent on 15th March 2019. The authorisations, appropriations and limits in these Acts provide the authority for the 2018-19 financial year and a vote on account for the early months of the 2019-20 financial year as if they were Acts of the Northern Ireland Assembly.

BREXIT

The PCC continued through 2018/19 to scope the potential impact of a *'no deal'* outcome from the UK-EU negotiations on the services it provides.

Communication received from the Permanent Secretary on the 16th April 2019 confirmed the UK Government had agreed with the EU a further extension of the Article 50 period to 31st October 2019. If the Withdrawal Agreement is ratified by both sides before 31st October 2019, the UK will leave EU earlier but in that case it would leave with a deal. Throughout 2019/20, the PCC will be considering the EU Exit work programme and re-planning for the October date. Until a deal is agreed and ratified, there remains a risk of a no deal exit, and the PCC will review how best to prepare for this scenario. The PCC will continue to work closely with colleagues across the HSC system and attend Departmental EU Exit meetings.

5. Public Stakeholder Involvement

Central to the work of the PCC is engaging with the public. The PCC has a Personal and Public Involvement Policy, "*Working Together",* which was informed by service users, subject to public consultation and approved by the Board in 2018/19.

Based on its experience of working with patients, service users, carers and communities (people) and listening closely to what they have said the following values underpin the PCC policy for working together:

- **Value 1** – The six principles of co-production recommended by the Department of Health '*Co-production, A 'How To' Guide to Delivering Transformational Change Together'*, August 2018;
- **Value 2** - People will be involved in ways that are accessible;
- **Value 3** - People will be kept informed;
- **Value 4** - Involving people will make a positive difference; and
- **Value 5** - In partnership with you we will continually review what we do.

The policy was reviewed, equality screened, updated and approved by the PCC Board in 2018-19.

6. Assurance

As part of its Governance arrangements, the PCC considers the contents of both its Assurance Framework and Risk Register when identifying possible control issues.

The Standing Orders of the Patient and Client Council require the setting up of a Governance and Audit Committee, as directed by *HSS(PDD)8/94*, to reassure the Board that financial stewardship and corporate governance standards are being met. The Governance and Audit Committee seeks assurance on the adequacy, proportionality & effectiveness of the governance framework in place and reviews the effectiveness of the system of internal control for the PCC. Full details of the Committee, its role, terms of reference and responsibilities can be found in the Standing Orders, initially approved by the PCC Board on the 1st April 2009, The Orders were revised and updated at a February PCC workshop, followed by Board approval in March 2019.

All Board papers are reviewed and quality assured by the Chief Executive and the Chair before submission to the Board for consideration. In addition, the Board has established a Research Committee which provides advice, input and direction to PCC projects that involve asking patients and clients about issues in health and social care, including the quality of the data collected. The Board scrutinises and questions the Senior Management Team in Board meetings on the content of reports and the quality of the information provided. The Board finds this process and the quality of the information acceptable.

The Internal Audit service for the PCC is provided by the Business Services Organisation. Internal Audit carries out its role by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

- Establish, and monitor the achievement of, the organisation's objectives;
- Identify, assess and manage the risks to achieving the organisation's objectives;

- Ensure the economical, effective and efficient use of resources;
- Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations; and
- Safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption.

Controls Assurance Standards

In 2017/18 the Department of Health announced that Controls Assurances (CAS), in their current format, would cease to operate as of the 1st April 2018. The Small Agency Group of Arms Lengths Bodies has been liaising with the DoH throughout 2018/19 with regard to the replacement of the CAS. In the absence of an alternative DOH model, the PCC complied with existing arrangements in 2018/19. Going forward the PCC will implement Internal Audit recommendations, including working with other Small Agencies to replace the current CAS procedures. The Governance and Audit Committee and the Board agreed there was adequate internal governance assurance controls, through the review and scrutiny of key documents such as the Governance Plan, Assurance Statement and the annual Governance Statement.

In 2018-19 Internal Audit reviewed the process for assurance that replaced the Controls Assurance framework which achieved a satisfactory outcome.

7. Sources of Independent Assurance

Internal Audit

The PCC utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis. The associated reports are reviewed by the Governance and Audit Committee and findings presented to the Board of the PCC.

In 2018/19 Internal Audit reviewed the following systems:

Audit	Assurance
Financial Review	**Satisfactory**
Complaints/Advocacy	**Satisfactory**
Compliance with DoH Permanent Secretary's Instructions Regarding Travel (primarily travel outside Ireland and Britain)	**Satisfactory**
Assurance Processes Post Controls Assurance Standards	**Satisfactory**

Management and staff have either addressed or put in place an action plan regarding the findings.

In their annual report the Internal Auditor reported that the PCC's system of internal control was adequate and effective. It should be noted that a number of audits have been conducted on BSO Shared Services functions, as part of the BSO Internal Audit Plan, which raise concerns on BSO's internal control systems, specifically:

Shared Service Audit	Assurance
Payroll Service Centre - Substantive Audit (March 2019)	Limited
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

The recommendations in the BSO Shared Service audit reports are the responsibility of BSO Management to take forward. As a client of the BSO, the PCC Governance and Audit Committee remain concerned about the standard of services received. In September 2018, the Chair of the Governance and Audit Committee wrote to the Mr Liam McIvor, Chief Executive of BSO, to formally note the Committee's concerns about payroll services. The Committee received reassurance that plans are in place to address the internal audit's recommendations. The Head of Development and Corporate Services and the Governance and Audit Committee will continue to monitor these through the assurance process in place to accompany the Service Level Agreement between the BSO and the PCC.

The PCC has committed to continue working with the Business Services Organisation on full implementation of the Finance Procurement, Logistics and Human Resources, Payroll and Travel Systems.

Northern Ireland Audit Office

The Northern Ireland Audit Office provides the Northern Ireland Assembly with an opinion on the PCC's:

- Regularity of expenditure and income;
- Year-end Financial Statements; and
- Other matters such as the preparation of the Remuneration Report, and consistency of the Annual Report with the Year-end Financial Statements and the Governance Statement following Department of Finance guidance.

These issues are reported to the Governance and Audit Committee and the Board in the "Report To Those Charged With Governance" and affirmed in the Comptroller and Auditor General's Audit Certificate.

8. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the Senior Management Team within the PCC who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Governance and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

9. Internal Governance Divergences

Internal Control issues

There were no significant Internal Control issues identified for the PCC in 2017/18 and 2018/19.

10. Conclusion

The PCC has a rigorous system of accountability, which I can rely on as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI.

Further to considering the accountability framework within the PCC and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the PCC has operated a sound system of internal governance during the period 2018-19.

1. REMUNERATION REPORT AND STAFF REPORT

Remuneration report for the year ended 31 March 2019

Scope of the report

Section 421 of the Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summarises the remuneration policy of the PCC and particularly its application in connection with senior staff and Non-Executive Directors.

Remuneration policy

The Board has responsibility within its Standing Orders for the monitoring of the remuneration of senior executives in accordance with the guidance issued by the DoH.

The PCC does not have any discretionary authority to make salary increases to staff and does not have an associated Remuneration Committee. All salary increases are as directed by DoH circulars.

Non-Executive Directors

The PCC Board is made up of Non-Executive Directors and does not have any appointed Executive Directors.

Dr Maureen Edmondson was appointed Chair on the 7th March 2011 and reappointed on the 23rd December 2014 with extensions put in place until 28 February 2019. On 1 March 2018 Ms Christine Collins, MBE, became Chair of the PCC.

The Non-Executive Directors of the PCC as at the 31st March 2019 are listed below:

- Mr Brian Compston (appointed 1st April 2009, reappointed 15th October 2012 with extensions to 31 March 2019).
- Dr May McCann (appointed 1st April 2009, reappointed 15th October 2012 with extensions to 31 March 2019).
- Prof Hugh McKenna (appointed 1st April 2009, reappointed 25th October 2012 with extensions to 31 March 2019).
- Cllr Martin Reilly (appointed 2nd August 2010, reappointed 5th August 2014).
- Mr Garret Martin (appointed 10th December 2012, reappointed 24th October 2017 – stepped down 30th April 2018).
- Mrs Seana Talbot (appointed 2nd December 2014, reappointed 12th October 2017).
- Mrs Elizabeth Cuddy (appointed 2nd December 2014, reappointed 12th October 2017).
- Mr William Halliday (appointed 2nd December 2014, reappointed 12th October 2017).
- Mrs Joan McEwan (appointed 13th December 2014, reappointed 12th October 2017).

All appointments are for a period of four years. The maximum period that can be served for a public appointment is 10 years. Reappointment to the same post may be considered subject to an appropriate standard of performance having been achieved during the initial period of office, continued adherence to the Principles of Public Life and the approval of the Minister. However, reappointment is not guaranteed.

Contracts of employees

HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation. Unless otherwise stated the employees covered by this report are appointed on a permanent basis, subject to satisfactory performance.

The Senior Management Team consists of:

- The Chief Executive, appointed 1st February 2009 and resigned on 18 October, 2018. The Interim Chief Executive was appointed from 22nd October 2018;
- The Head of Operations, appointed 10th March 2009 and resigned on the 31st March 2019; and
- The Head of Development and Corporate Services, appointed 1st February, 2019.

The Senior Management Team members are employed on permanent contracts with the PCC.

Notice periods

Three months' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Retirement age

With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.
Occupational pensions now have an effective retirement age ranging between 55 years and State Pension Age (up to 68 years).

Retirement benefit costs

The PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Council and employees pay specified percentages of pensionable pay into the scheme and the liability to pay benefit falls to the DoH. The Council is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Pension Scheme Resource Account for the DoH. The costs of Agreed Early Retirements are met by the Council and charged to the Statement of Comprehensive Net Expenditure at the time the Council commits itself to the retirement.

Senior Employees' Remuneration (Audited)

The audited salary, pension entitlements and the value of any taxable benefits in kind of the most senior members of the PCC were as follows:

	2018-19					2017-18				
Name	**Salary £000**	**Bonus / Performance Pay £000**	**Benefits in kind*j (to nearest £100)**	**Pension Benefits £000**	**Total Remuneration £000**	**Salary (£'000)**	**Bonus / Performance Pay £000**	**Benefits in kind (to nearest £100)**	**Pension Benefits £000**	**Total Remuneration £000**
Non-Executive Members										
Maureen Edmondson*a	**15-20**	**0**	**0**	**0**	**15-20**	**15-20**	**0**	**0**	**0**	**15-20**
Christine Collins*b	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Martin Reilly	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Seana Talbot	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Elizabeth Cuddy	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Joan McEwan	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
William Halliday	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Past Members										
Brian Compston*c	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
May McCann*c	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Hugh McKenna*c	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Garrett Martin*d	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Sheila Kelly	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Colin McGrath	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Koulla Yiasouma	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Marian Smith	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Elizabeth Adger	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**
Elaine Sheridan	**0-5**	**0**	**0**	**0**	**0-5**	**0**	**0**	**0**	**0**	**0**

Senior Staff

	2018-19					2017-18				
Name	**Salary £000**	**Bonus / Performance Pay £000**	**Benefits in kind*j (to nearest £100)**	**Pension Benefits £000**	**Total Remuneration £000**	**Salary (£'000)**	**Bonus / Performance Pay £000**	**Benefits in kind (to nearest £100)**	**Pension Benefits £000**	**Total Remuneration £000**
Maeve Hully, Chief Executive*e	**35-40**	**0**	**0**	**0**	**35-40**	**70-75**	**0**	**400**	**5**	**75-80**
Jackie McNeill, Head of Corporate Services (FTE 45-50)	**45-50**	**0**	**0**	**29**	**75-80**	**25-30**	**0**	**0**	**32**	**75-80**
Louise Skelly, Head of Operations*f	**55-60**	**0**	**0**	**0**	**55-60**	**55-60**	**0**	**300**	**4**	**60-65**
Sean Brown *g	**0**	**0**	**0**	**0**	**0**	**25-30**	**0**	**0**	**0**	**25-30**
Glynis Henry, Interim Chief Executive*h (FTE 45-50)	**25-30**	**0**	**0**	**0**	**25-30**	**0**	**0**	**0**	**0**	**0**
Joanne McKissick, Head of Operations (Interim) (FTE 45-50)	**40-45**	**0**	**0**	**17**	**55-60**	**0**	**0**	**0**	**0**	**0**
Karen Cheyne*i	**45-50**	**0**	**0**	**17**	**65-70**	**0**	**0**	**0**	**0**	**0**

*a Dr Maureen Edmundson resigned on 28 February, 2018.
*b Ms Christine Collins' term of office commenced on the 1 March 2019.
*c Members whose term of office expired on 31 March 2019.
*d Garret Martin stepped down on 30 April 2018
*e Maeve Hully resigned on 19 October 2018.
*f Louise Skelly resigned on 31 March 2019.
*g Sean Brown resigned on 24 September 2017.
*h Glynis Henry was Interim Chief Executive from 22 October 2018 to 5 April 2019.
*i Karen Cheyne acted as Interim Head of Development and Corporate Services from 22 October 2018 to 31 March 2019.
*j Relates to profit on mileage payments.

There is a requirement for the Remuneration Report to include a Single Total Figure of Remuneration. The figure includes salary, bonus/performance pay, benefits in kind as well as pension benefits. The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

Pensions Entitlements (Audited)

Name	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/18 £000s	CETV at 31/03/19 £000s	Real increase in CETV £000s
Executive Members					
Maeve Hully (resigned 19 October 2018)	-	-	588	-	-
Louise Skelly (resigned 31 March 2019)	-	-	521	-	-
Karen Cheyne	0-2.5 Plus lump sum of 0-2.5	5-10 Plus lump sum of 5-10	98	91	14
Joanne McKissick	0-2.5 Plus lump sum of 0-2.5	5-10 Plus lump sum of 0-2.5	34	51	10
Jackie McNeill	0-2.5 Plus lump sum of 0-2.5	10-15 Plus lump sum of 30-35	180	237	26

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (Including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Fair Pay Statement (Audited)

The Hutton Fair Pay Review recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year.
The DoH subsequently issued Circular HSC (F) 23/2012, setting out a requirement to disclose the relationship between the remuneration of the most highly paid director in the organisation and the median remuneration of the organisation's workforce. Following application of the guidance contained in Circular (F) 23/2012, the disclosure of highest paid Director and the median remuneration can be reported:

	2018-19	**2017-18**
Band of Highest Paid Director's Total Remuneration (£000's)	75-80	70-75
Median Total Remuneration (£s)	34,969	25,297
Ratio	2.2	2.8
Range of Staff Remuneration (£000's)	23-59	19-71

Cash Equivalent Transfer Value

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV – This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Staff Report for the year ended 31 March 2019

The Chief Executive of the PCC was Mrs. Maeve Hully until the 19 October 2018, after which Mrs. Glynis Henry acted at interim Chief from the 22 October 2018 until 31 March 2019. The Chief Executive is responsible to the Board through the Chair for managing the PCC as a corporate body and as Accounting Officer to the Permanent Secretary of the DoH.

The PCC has a small staffing complement, structured into teams that plan, manage, coordinate and deliver on the corporate and business plans. The organisation has a Senior Management Team made up of the Chief Executive, Head of Operations and Head of Development and Corporate Services.

The PCC keeps its staff informed on all aspects of the organisation's work, including its annual Business Plan, performance against objectives and policy developments through e-mail communications and team meetings.

Staff Costs (Audited)

	2019			2018
Staff costs comprise:	**Permanently employed staff £**	**Others £**	**Total £000s**	**Total £000s**
Wages and salaries	905,714	73,007	978,721	933,884
Social security costs	70,709	-	70,709	83,548
Other pension costs	114,516	-	114,516	128,641
Sub-Total	1,090,939	73,007	1,163,946	1,146,073
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	1,090,939	73,007	1,163,946	1,146,073
Less recoveries in respect of outward secondments			-	-
Total net costs			1,163,946	1,146,073

Wages and salaries includes £22,380 costs relating to VES (2017/18: £68,817).

The PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PCC and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

Actuarial Valuation

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for

the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in the 2018-19 accounts.

Average number of persons employed (Audited)

The average number of whole time equivalent persons employed during the year was as follows:

	2019			2018
	Permanently employed staff No.	**Others No.**	**Total No.**	**Total No.**
Administrative and clerical	36	4	40	41
Total net average number of persons employed	**36**	**4**	**40**	**41**
Less average staff number relating to capitalised staff costs	-	-	-	-
Less average staff number in respect of outward secondments	-	-	-	-
Total net average number of persons employed	**36**	**4**	**40**	**41**

Staff Composition

The following table gives an outline of permanently employed staff and Board composition based on gender over the year ended 31st March 2019.

	Male No.	**Female No.**
Board	4	4
Senior Management Team	0	6
Administrative and clerical	5	15
Total	**9**	**25**

The PCC has one senior manager (defined as earning in excess of £68,000 p.a.) whose gender is female.

Sickness absence data

The Patient and Client Council sickness absence rate over the year was 5.63% against target of 2.63%.

Early retirement and other compensation scheme – exit packages (Audited)

During 2018/19 the PCC had one exit package.

Exit package cost band	*Number of compulsory redundancies		*Number of other departures agreed		Total number of exit packages by cost band	
	2019	2018	2019	2018	2019	2018
£10,000 - £25,000	0	0	1	1	1	1
£25,001 - £50,000	0	0	0	1	0	1
Total number of exit packages by type	0	0	1	2	1	2
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	22	69	22	69

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 3. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table.

During 2018/19 the PCC had one member of staff who opted for the voluntary exit scheme.

Premature retirement costs

In accordance with DoH circular HSS (S) 11/83 and subsequent supplements, there is provision within the HSC Superannuation Scheme for premature retirement with immediate payment of superannuation benefits and compensation for eligible employees on the grounds of:

- Efficiency of the service;
- Redundancy; and
- Organisational change.

Section 16 of the Agenda for Change Terms and Conditions Handbook (issued on 14 February 2007 under cover of the Department's Guidance Circular HSS (AfC) (4) 2007) sets out the arrangements for early retirement on the grounds of redundancy and in the interest of the service. Further Circulars were issued by the Department HSS (AfC) (6) 2007 and HSS (AfC) (5) 2008 setting out changes to the timescale for the operation of the transitional protection under these arrangements.

Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks pay (reduced by 30% for each year of additional service over 6 2/3 years).

Alternatively, staff made redundant who are members of the HSC Pension Scheme, have at least two years "continuous service" and two years "qualifying membership" and have reached the minimum pension age currently 50 years can opt to retire early without a reduction in their pension as an alternative to a lump sum redundancy payment of up to 24 months. In this case the cost of the early payment of the pension is paid from the lump sum redundancy payment. However if the redundancy payment is not sufficient to meet the early payment of pension cost, the employer is required to meet the additional cost.

Exit Packages

In 2018/19 there was one exit package amounting to £22,380.

Payments to past non-executive directors

There were no payments made to past non-executive directors during the year.

Staff Benefits

Refer to Senior Employees' Remuneration (Audited) on pages 37 and 38.

Retirements due to ill-health

During 2018/19 and 2017/18 there were no early retirements from the PCC on the grounds of ill-health.

Consultancy

The PCC has not engaged any consultants over the period.

Off Payroll engagements

There were no off payroll engagements during the year 2018-19.

Equality

The PCC has an approved Equality Action Plan, setting out its commitment to the promotion of equality of opportunity in, and by, the PCC.

Disability

The PCC has an approved Disability Action Plan setting out its commitment to promoting positive attitudes towards disabled people and encouraging participation by disabled people in public life.

Health and Safety at Work

The PCC has an approved Health and Safety at Work Policy. The PCC complies with the requirements of the Health and Safety at work (NI) Order 1978 and all other relevant health and safety legislation and codes of practice. The PCC is committed to ensuring so far as is reasonably practicable the health, safety and welfare of its employees and of others who may be affected by its operations. There have been no reported accidents or cases of work-related ill health in year.

2. ACCOUNTABILITY AND AUDIT REPORT

a) Funding Report

Funding

The PCC is funded by the DoH through an annual Revenue Resource Limit.

Regularity of Expenditure (Audited)

The PCC has a delegated Scheme of Authority which sets out the level of non-pay expenditure. The Scheme sets out who are authorised to place requisitions for the supply of goods and services and the maximum level of each requisition.

The PCC has a Service Level Agreement with the Business Services Organisation to provide professional advice regarding the supply of goods and services to ensure proper stewardship of public funds and assets. Under that Service Level Agreement, the Procurement and Logistics Service is a Centre of Procurement Excellence to provide assurance that the systems and processes used in procurement ensure appropriate probity and propriety.

The Head of Development and Corporate Services ensures that expenditure is in accordance with regulations and all necessary authorisations have been obtained.

Fees and Charges (Audited)

The PCC did not incur any fees or charges during the year.

Remote Contingent Liabilities (Audited)

The PCC did not have any contingent liabilities at either 31 March 2019 or 31 March 2018.

Long Term Expenditure Plans

The PCC receives its funding on an annual basis and has no long term expenditure plans.

Financial Targets

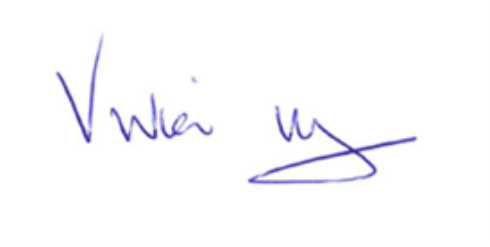
There is a strict requirement for the PCC to contain expenditure within approved budget allocations, which are issued during the course of the year as formal Revenue Resource Limits (RRL). The PCC has an annual breakeven target against its Revenue Resource Limit allocation. Breakeven is a surplus of 0.25% of allocation or £20,000, whichever is the greater. The PCC achieved this target for 2018-19.

Losses and Special Payments (Audited)

Special Payments
There were no special payments or gifts made during the year.

Losses and Special Payments over £250,000
The PCC had no losses or made no special payments below or over £250,000.

Other Payments and Estimates
There were no other payments made during the year.



Vivian McConvey
Chief Executive
Patient and Client Council
DATE 18th June 2019

b) Certificate of the Comptroller and Auditor General

PATIENT AND CLIENT COUNCIL

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Opinion on financial statements
I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2019 under the Health & Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council affairs as at 31 March 2019 and of the Patient and Client Council's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health & Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity
In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis of opinions
I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Patient and Client Council in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2016, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Other Information

The Board and the Accounting Officer are responsible for the other information included in the annual report. The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in the report as having been audited, and my audit certificate and report. My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Opinion on other matters

In my opinion:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health & Social Care (Reform) Act (Northern Ireland) 2009 and
- the information given in the Performance and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
-

Responsibilities of the Board and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify & report on the financial statements in accordance with the Health & Social Care (Reform) Act (Northern Ireland) 2009.

My objectives are to obtain evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Matters on which I report by exception

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report[3] to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
Belfast
BT7 1EU

Date 9 July 2019

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

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PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2019

This account summarises the expenditure and income generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2019 £	2018 £
Income			
Other Income (Excluding interest)	4.2	285	1,059
Total operating income		285	1,059
Expenditure			
Staff costs	3	(1,163,946)	(1,146,073)
Depreciation, amortisation and impairment charges	3	(4,698)	(6,458)
Other expenditure	3	(423,362)	(417,084)
Total operating expenditure		**(1,592,006)**	**(1,569,615)**
Net expenditure for the year		**(1,591,721)**	**(1,568,556)**
Revenue Resource Limit (RRL) received from DoH	24.1	1,606,017	1,577,207
Surplus/(deficit) against RRL		**14,296**	**8,651**
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2019		**(1,591,721)**	**(1,568,556)**

The notes on pages 58-83 form part of these accounts.

There were no items of other comprehensive expenditure during 2018/19 (2017/18: none).

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2019

This statement presents the financial position of the PCC. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

		2019		2018	
	NOTE	£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	13,195		17,893	
Total Non Current Assets			13,195		17,893
Current Assets					
Trade and other receivables	12	18,979		17,744	
Other current assets	12	13,687		12,787	
Cash and cash equivalents	11	23,787		23,158	
Total Current Assets			56,453		53,689
Total Assets			**69,648**		**71,582**
Current Liabilities					
Trade and other payables	13	(260,722)		(176,059)	
Total Current Liabilities			(260,722)		(176,059)
Total assets less current liabilities			**(191,074)**		**(104,477)**
Taxpayers' Equity and other reserves					
SoCNE Reserve		(191,074)		(104,477)	
Total equity			**(191,074)**		**(104,477)**

The financial statements were approved by the Board on 18th June 2019 and were signed on its behalf by;

Signed _____ (Chairman) Date 18 June 2019

Signed _____ (Chief Executive) Date 18 June 2019

The notes on pages 58-83 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2019

The Statement of Cash Flows shows the changes in cash and cash equivalents of the PCC during the reporting period. The statement shows how the PCC generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the PCC. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the PCC's future public service delivery.

	NOTE	2019 £	2018 £
Net surplus after interest/Net operating expenditure			
Net surplus after interest/Net operating cost		(1,591,721)	(1,568,556)
Adjustments for non cash costs		12,398	15,525
(Increase)/decrease in trade & other receivables		(2,135)	24,577
Increase/(decrease) in trade payables		84,663	27,751
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant & equipment		-	21,247
Net cash inflow/(outflow) from operating activities		(1,496,795)	(1,479,456)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	-	(21,247)
Net cash outflow from investing activities		-	(21,247)
Cash flows from financing activities			
Grant in aid		1,497,424	1,500,593
Net financing		1,497,424	1,500,593
Net increase (decrease) in cash & cash equivalents in the period		629	(110)
Cash & cash equivalents at the beginning of the period	11	23,158	23,268
Cash & cash equivalents at the end of the period	11	23,787	23,158

The notes on pages 58-83 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2019

This statement shows the movement in the year on the different reserves held by PCC, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (i.e. those reserves that reflect a contribution from the Department of Health). The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The Statement of Comprehensive Net Expenditure Reserve (SoCNE Reserve) represents the total assets less liabilities of the PCC, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2017		**(42,264)**	**-**	**(42,264)**
Changes in Taxpayers Equity 2017-18				
Grant from DoH		1,500,593	-	1,500,593
(Comprehensive expenditure for the year)		(1,568,556)	-	(1,568,556)
Non cash charges - auditors remuneration	3	5,750	-	5,750
Balance at 31 March 2018		**(104,477)**	**-**	**(104,477)**
Changes in Taxpayers Equity 2018-19				
Grant from DoH		1,497,424	-	1,497,424
(Comprehensive expenditure for the year)		(1,591,721)	-	(1,591,721)
Non cash charges - auditors remuneration	3	7,700	-	7,700
Balance at 31 March 2019		**(191,074)**	**-**	**(191,074)**

The notes on pages 58-83 form part of these accounts.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting manual (FReM) and in accordance with the requirements of Article 90(2) (a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies follow IFRS to the extent that it is meaningful and appropriate to the Patient and Client Council (the "PCC"). Where a choice of accounting policy is permitted, the accounting policy which has been judged to be most appropriate to the particular circumstances of the PCC for the purpose of giving a true and fair view has been selected. The PCC's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts, unless otherwise stated.

As illustrated in our Statement of Financial Position, the PCC operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, the PCC is mainly funded through DoH. As DoH funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis. The accounts have been prepared on the going concern basis and in accordance with the direction issued by DoH. Management are not aware of any conditions or events, currently or in the future, that would bring this assumption into question.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment.

1.2 Currency

These accounts are presented in UK Pounds sterling, rounded to the nearest pound.

1.3 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Dwellings, Transport Equipment, Plant & Machinery, Information Technology, Furniture & Fittings, and Assets under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or

- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation of Land and Buildings

Land and buildings are carried at the last professional valuation, in accordance with the Royal Institute of Chartered Surveyors (Statement of Asset Valuation Practice) Appraisal and Valuation Standards in so far as these are consistent with the specific needs of the HSC.

The last valuation was carried out on 31 January 2016 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard. Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

Land and buildings used for the Arms Length Body (ALB) services or for administrative purposes are stated in the statement of financial position at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Assets are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.
Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.4 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of "non-current assets held for sale" are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly, amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the terms of the lease. The estimated useful life of an asset is the period over which the ALB expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	**Asset Life**
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT Assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently

reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the PCC's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PCC's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the PCC; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. In order to meet this definition IFRS 5 requires that the asset must be immediately available for sale in its current condition and that the sale is highly probable. A sale is regarded as highly probable where an active plan is in place to find a buyer for the asset and the sale is considered likely to be concluded within one year. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value, less any material directly attributable selling costs. Fair value is open market value, where one is available, including alternative uses.

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive net Expenditure reserve.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the HSC body and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

In year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on

consideration of whether there is a written, oral or implied contract in existence. Note 4 Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

Grant in aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.11 Investments

The PCC does not have any investments.

1.12 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.14 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The PCC as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the ALB's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated. Leased land may be either an operating lease or a finance lease depending on the conditions in the lease agreement and following the general guidance set out in IAS 17. Leased buildings are assessed as to whether they are operating or finance leases.

The PCC as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the ALB's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the ALB's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset.

1.15 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

Financial assets are recognised on the Statement of Financial Position when the PCC becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 introduces the requirement to consider the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the PCC becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within the PCC in creating risk than would apply to a non public sector body of a similar size, therefore the PCC is not exposed to the degree of financial risk faced by business entities.

The PCC has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing the ALBs in undertaking activities. Therefore the PCC is exposed to little credit, liquidity or market risk.

- Currency risk

The PCC is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The PCC has no overseas operations. The PCC therefore has low exposure to currency rate fluctuations.

- Interest rate risk

The PCC has limited powers to borrow or invest and therefore has low exposure to interest rate fluctuations.

- Credit risk

Because the majority of the PCC's income comes from contracts with other public sector bodies, the PCC has low exposure to credit risk.

- Liquidity risk

Since the PCC receives the majority of its funding through its principal Commissioner which is voted through the Assembly, it is therefore not exposed to significant liquidity risks.

1.17 Provisions

The PCC had no provisions at either 31 March 2019 or 31 March 2018.

1.18 Contingencies

The PCC had no contingent assets or liabilities at either 31 March 2019 or 31 March 2018.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2019. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the PCC and has not been included.

Retirement benefit costs

Past and present employees are covered by the provisions of the HSC Superannuation Scheme.

The PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PCC and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements are met by the PCC and charged to the Statement of Comprehensive Net Expenditure at the time the PCC commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology).

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve
Accumulated surpluses are accounted for in the Statement of Comprehensive Net Expenditure Reserve.

Revaluation Reserve
The Revaluation Reserve reflects the unrealised balance of cumulative indexation and revaluation adjustments to assets other than donated assets.

1.21 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.22 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the PCC has no beneficial interest in them. Details of third party assets are given in Note 23 to the accounts.

1.23 Government Grants

The note to the financial statements distinguishes between grants from UK government entities and grants from European Union.

1.24 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.25 Accounting Standards that have been issued but have not yet been adopted

Under IAS 8 there is a requirement to disclose those standards issued but not yet adopted.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2020.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards are effective with EU adoption from 1st January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

Management consider that any other new accounting policies issued but not yet adopted are unlikely to have a significant impact on the accounts in the period of the initial application.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

The core business and strategic direction of the Patient and Client Council is to ensure a strong patient and client voice at both regional and local level to improve the way that people are involved in decisions about health and social care services.

The Council Board is responsible for ensuring effective financial stewardship through value for money, financial control and financial planning and strategy. Hence, it is appropriate that the Council reports on a single operational segment basis.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 3 EXPENDITURE

	2019 £	2018 £
Staff costs[1]:		
Wages and Salaries	978,721	933,884
Social security costs	70,709	83,548
Other pension costs	114,516	128,641
Establishment	253,810	209,629
Transport	44,295	52,125
Premises	65,947	83,590
Rentals under operating leases	27,442	27,313
Miscellaneous expenditure	24,168	35,360
Total Operating Expenses	1,579,608	1,554,090
Non Cash items		
Depreciation	4,698	6,458
Loss on disposal of property, plant & equipment (including land)	-	3,317
Auditors remuneration	7,700	5,750
Total non cash items	12,398	15,525
Total	**1,592,006**	**1,569,615**

[1]Further detailed analysis of staff costs is located in the Staff Report commencing on page 42 within the Accountability Report.

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2018: £NIL)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 4 INCOME

4.1 Income from Activities

The PCC had no income from activities in 2018-19 and 2017-18.

4.2 Other Operating Income

	2019	2018
	£	£
Other income from non-patient services	285	1,059
TOTAL INCOME	**285**	**1,059**

4.3 Deferred income

The PCC had no income released from conditional grants in 2018-19 and 2017-18.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Note 5.1 Property, plant and equipment – year ended 31 March 2019

	Information Technology (IT) £	Total £
Cost or Valuation		
At 1 April 2018	**24,275**	**24,275**
At 31 March 2019	**24,275**	**24,275**
Depreciation		
At 1 April 2018	**6,382**	**6,382**
Provided during the year	4,698	4,698
At 31 March 2019	**11,080**	**11,080**
Carrying Amount		
At 31 March 2019	**13,195**	**13,195**
At 31 March 2018	**17,893**	**17,893**

Information technology are the only assets owned by the PCC.

Any fall in value through negative indexation or revaluation is shown as impairment.
The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2018: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Note 5.2 Property, plant and equipment – year ended 31 March 2018

	Information Technology (IT) £	Total £
Cost or Valuation		
At 1 April 2017	**47,814**	**47,814**
Disposals	(23,539)	(23,539)
At 31 March 2018	**24,275**	**24,275**
Depreciation		
At 1 April 2017	**20,146**	**20,146**
Disposals	(20,222)	(20,222)
Provided during the year	6,458	6,458
At 31 March 2018	**6,382**	**6,382**
Carrying Amount		
At 31 March 2018	**17,893**	**17,893**
At 1 April 2017	**27,668**	**27,668**

Information technology are the only assets owned by the PCC.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Note 6.1 Intangible assets – year ended 31 March 2019

There were no intangible assets for the year ended 31 March 2019.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

Note 6.2 Intangible assets – year ended 31 March 2018

	Information Technology £	Total £
Cost or Valuation		
At 1 April 2017	14,516	14,516
Disposals	(14,516)	(14,516)
At 31 March 2018	-	-
Amortisation		
At 1 April 2017	14,516	14,516
Disposals	(14,516)	(14,516)
At 31 March 2018	-	-

Information technology assets are wholly owned by the PCC.

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements of The PCC are met through Grant-in-Aid provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body.

The majority of financial instruments relate to contracts to buy non-financial items in line with the PCC's expected purchase and usage requirements and the PCC is therefore exposed to little credit, liquidity or market risk.

NOTE 8 IMPAIRMENTS

The PCC had no impairments at either 31 March 2019 or 31 March 2018.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2019 or 31 March 2018.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 10 INVENTORIES

The PCC held no inventories at either 31 March 2019 or 31 March 2018.

NOTE 11 CASH AND CASH EQUIVALENTS

	2019	2018
	£	£
Balance at 1st April	23,158	23,268
Net change in cash and cash equivalents	629	(110)
Balance at 31st March	**23,787**	**23,158**

The following balances at 31 March were held at	**2019**	**2018**
	£	**£**
Commercial Banks and cash in hand	23,787	23,158
Balance at 31st March	**23,787**	**23,158**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2019 £	2018 £
Amounts falling due within one year		
Trade receivables	8,898	12,929
VAT receivable	9,507	4,815
Other receivables – not relating to fixed assets	574	-
Total trade and other receivables	**18,979**	**17,744**
Prepayments	13,687	12,787
Total other current assets	**13,687**	**12,787**
TOTAL TRADE AND OTHER RECEIVABLES	**18,979**	**17,744**
TOTAL OTHER CURRENT ASSETS	**13,687**	**12,787**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**32,666**	**30,531**

The balances are net of a provision for bad debts of £Nil (2018: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2019 £	2018 £
Amounts falling due within one year		
Other taxation and social security	36,949	-
Trade revenue payables	22,947	4,852
BSO payables	4	79
Other payables	64	58,350
Accruals	200,758	112,778
Total trade and other payables	**260,722**	**176,059**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**260,722**	**176,059**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

The Department requires that PCC pay their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. The PCC's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2019 Number	2019 Value £	2018 Number	2018 Value £
Total bills paid	535	467,608	653	590,392
Total bills paid within 30 day target	518	441,821	628	576,520
% of bills paid within 30 day target	**97%**	**94%**	**96%**	**97%**
Total bills paid within 10 day target	443	387,157	512	513,920
% of bills paid within 10 day target	**83%**	**83%**	**78%**	**87%**

14.2 The Late Payment of Commercial Debts Regulations 2002

	£
Amount of compensation paid for payment(s) being late	-
Amount of interest paid for payment(s) being late	-
Total	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 15 PROVSISONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2019 or 31 March 2018.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2019 or 31 March 2018.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2019	2018
	£	£
Buildings		
Not later than one year	26,000	26,000
Later than one year but not later than five years	27,500	53,917
	53,500	**79,917**

17.2 Finance Leases

The PCC had no finance leases at either 31 March 2019 or 31 March 2018.

17.3 Operating Leases – commitments under lessor arrangements

PCC did not issue any operating leases at either 31 March 2019 or 31 March 2018.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 Off balance sheet PFI and other service concession arrangement schemes.

The PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2019 or 31 March 2018.

18.2 On balance sheet (SoFP) PFI Schemes

The PCC had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at either 31 March 2019 or 31 March 2018.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at either 31 March 2019 or 31 March 2018.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial guarantees, indemnities and letters of comfort at 31 March 2019 or 31 March 2018.

NOTE 21 CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at either 31 March 2019 or 31 March 2018.

NOTE 22 RELATED PARTY TRANSACTIONS

The PCC is an arm's length body of the Department of Health and as such the Department is a related party with which the PCC has had various material transactions during the year and also during 17-18.

In both 18-19 and 17-18, there were material transactions throughout the year with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health.

In both 18-19 and 17-18, none of the Board members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

Council members Registered of Interests' completed. All board meetings commenced with request for Council members 'Declaration of Interests'. There were no declared interests.

During 2017-18, the related party transaction position was the same as that disclosed above for 2018-19.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 23 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2019 or 31 March 2018 belonging to third parties.

NOTE 24 Financial Performance Targets

24.1 Revenue Resource Limit

The PCC is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit for PCC is calculated as follows:

	2019 Total £	2018 Total £
DoH (excludes non cash)	1,553,619	1,561,682
Other Government Department	40,000	-
Non cash RRL (from DoH)	12,398	15,525
Total agreed RRL	**1,606,017**	**1,577,207**
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,606,017**	**1,577,207**

24.2 Capital Resource Limit

The PCC did not have a Capital Resource Limit (CRL) at either 31 March 2019 or 31 March 2018

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

24.3 Financial Performance Targets

The PCC is required to ensure that it breaks even on an annual basis by containing its surplus to within 0.25% of RRL or £20,000, whichever is greater.

	2018-19 £	2017-18 £
Net Expenditure	(1,591,721)	(1,568,556)
RRL	1,606,017	1,577,207
Surplus/(Deficit) against RRL	14,296	8,651
Break Even cumulative position (opening)	248,510	239,859
Break Even Cumulative position (closing)	262,806	248,510

Materiality Test:

	2018-19 %	2017-18 %
Break Even in year position as % of RRL	0.89%	0.55%
Break Even cumulative position as % of RRL	16.36%	15.76%

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NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2019

NOTE 25 EVENTS AFTER THE REPORTING PERIOD

There are no post balance sheet events having material effect on the accounts.

Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 9 July 2019.

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