THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2018

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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

17 July 2018

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FOREWORD

The Patient and Client Council (PCC) was set up by statute in 2009 to have an independent voice. Its purpose is to serve the priorities and concerns of the user public.

Once again in 2017/18, the PCC has championed the involvement of users at all levels in the development and delivery of health and social care services. Many get good care, but it is no secret that the whole of the Health and Social Care System needs change to make good care universal. The continuing financial constraints on our health and social care services make that a major challenge and make it even more urgent that the user voice is heard.

There are a number of system wide initiatives either underway or about to commence that will help to strengthen the patient and citizen voice. Many of these initiatives, the Patient Portal, HSC Online and Real Time Feedback have been championed by the PCC over many years and we are pleased to see that progress, however slow, is happening.

The PCC also welcomes the Department of Health Future Search initiative *Delivering the Future with People at the Heart of Health and Wellbeing.* The report provides the stimulus for a more robust, consistent, transparent and integrated approach to user engagement.

This year the PCC published a report called "*Our lived experience of waiting for healthcare: People in Northern Ireland share their story*." The participants identified a number of immediate steps that could be taken to improve the experience of those who are waiting. These included honest conversations, ongoing communication, better use of technology and regular updating of waiting lists so they are an accurate reflection of the situation. While this timely report makes recommendations to improve the current situation, it is not a substitute for urgent action on waiting list reduction.

This year we expressed the views of 4,200 users. We have used the voice of the people to inform and influence decision makers in order to get service provision for those without access and to improve existing services.

Sadly the Complaints Support Service has been in even greater demand (a 13.8% increase in supporting formal complaints) as pressure and delays have negatively impacted the lives of too many.

Public sector spend per head of population is £10,985 per annum yet only 75p of that is made available to listen to the user voice on the health and social care services that they care so much about.

Nothing would be achieved without the dedicated staff team committed to seek out the unheard, listen to them and feed their voice into the system. Thank you to every one of them and to Board colleagues who set the strategy, steward the resources, scrutinise the work and stretch, yet support, the team. Much has been achieved, but there is so much more to do and we look forward to facilitating even more user engagement and influence in the next year.

Maureen Edmondson
Chair
The Patient and Client Council
19th June 2018

Maeve Hully
Chief Executive
The Patient and Client Council
19th June 2018

PERFORMANCE REPORT

The Performance Report provides information on the PCC, its main objectives and strategies and the principal risks that it faces.

The Performance Report of the Patient and Client Council (PCC) is presented in two sections:

- A Performance Overview, setting out the purpose of the PCC and the Chief Executive's perspective on its performance against its objectives and the risks to those objectives.

- A Performance Analysis providing a balanced and comprehensive analysis of the organisation's performance during the year.

PERFORMANCE OVERVIEW

Performance

The organisation has delivered on all its approved Business Plan objectives for the year 2017/2018. Central to achieving this has been the provision of forums, both local and regional, to enable people to have their voices heard. Among others, we have heard views on:

- The care experience of younger people with dementia and their carers
- Concerns about nursing home care
- The experience of people with a learning disability regarding mental health services
- Dental services
- Family and childcare social work
- Waiting times for health care, and
- Our complaints support service.

The organisation has also delivered a programme on the Bamford Review. Members of the Bamford Monitoring Group are contributing to the draft Programme for Government priorities and has contributed to the following issues:

- Mental Capacity Act, Department of Health (including submission of scenario's by members for final Act);
- Access to concessionary fares for people with mental health illness and/or a learning disability, Department for Infrastructure;
- Lack of supported living arrangements for people with mental health illness and/or a learning disability, Northern Ireland Housing Executive.
- An update on how the Western Health and Social Care Trust is working in partnership with service users and carers to identify corrective action in light of identified underspend in that area.

In addition the Bamford Monitoring Group has Health and Social Care Board (HSCB) representation ensuring effective alignment to the strategic direction of the DOH. The group meet 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 Influences

This year some key strategic influences have influenced how Health and Social Care organisations plan and deliver their work.

These include the following:

The lack of a Northern Ireland Assembly
Some initiatives have been paused because there is no Minister for Health and key decisions that affect people's lives have not been taken.

Health and Well Being 2026: Delivering Together

Following on from the Health and Well Being 2026: Delivering Together report issued in October 2016, the PCC has worked with colleagues in other HSC bodies to develop the initial building blocks to realise this vision. In particular the PCC has provided critical input to the principles and workings of Co-production Guidance for all HSC.

Staff and Board members from the PCC participated in a regional Future Search event – January 2018. This event aimed to bring the 'whole system' together to determine how best to:

- put citizens at the center of health and social care delivery;
- embody the values of co-production;
- ascertain a common agenda; and
- identify the way forward to make this happen.

As the statutory voice for the public on health and social care issues, the PCC will continue to promote and support the patient voice in these developments.

Power to People

November 2017 saw the publication of Power to People, the report of the Expert Advisory panel on Adult Care and Support. This report outlines proposals to reboot adult care and support in Northern Ireland. The PCC welcomed this report which was informed by the Expert Advisory panel working with the Adult Care and Support reference group, facilitated by the PCC.

PERFORMANCE ANALYSIS

Introduction

This report outlines the key operational achievements of the PCC throughout 2017/18.

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. The impact of increasing waiting times on individual lives was a central feature of the work of our Helpline.

All DoH agreed business plan objectives were achieved.

Throughout 2017/18, the PCC work included the following activities:

2017/18	2016/17
Speaking directly to approximately 4,200 to hear their views on health and social care services	Speaking directly to over 4,800 to hear their views on health and social care services
3,529 people contributing to our published reports	4,248 people contributing to our published reports
900 people supported by the complaints support service for a formal complaint or issue/concern	749 people supported through the formal complaints support service
903 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires	1,198 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 15 health and social care consultations
625 new members were recruited to our Membership Scheme	1,150 new members were recruited to our Membership Scheme
13,229 members in our Membership Scheme	12,727 members in our Membership Scheme
61,396 visits to its website	21,315 visits to its website
4,155 followers on Twitter	2,538 followers on Twitter
1,985 followers on Facebook	1,662 followers on Facebook
183 comments on our weekly blog	276 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;

- 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 is by no means the limit of the PCC's contribution to the HSC agenda. PCC staff continue each year to undertake a range of tasks within its limited resources not included in our Business Plan but in keeping with our statutory remit.

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 12 consultation requests using evidence from service users and patients;
- responded to issues raised by the public and the DoH where appropriate to our remit and available resources; these issues include group advocacy for patients concerned about mesh implants; and
- Engaged with the media which has resulted in 116 media interviews and newspaper mentions. It should be noted that this year also included an election with associated restrictions on media activity.

Staff

The success of the PCC is rooted in its staff. Their commitment and performance is reflected in retaining an Investors in People accreditation. The organisation first attained this accreditation in April / May 2014.

The PCC team is small but they strive to make a difference for people in a large and complex system. Staff are our most important resource and their development is fundamental to the success of the organisation. This year staff continued and completed undergraduate and post-graduate training and the Complaints Officers completed City and Guilds Level Three in Independent Advocacy training.

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. In 2017/18 the PCC set up an internal communications group (made up of staff) to enhance the flow of information throughout the organisation.

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
- 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 seek to understand what the HSC issues are for young people and their carers living with Dementia.

The Patient and Client Council will follow up on its 2016-17 scoping exercise to understand what the health and social care issues are for young people and their carers living with Dementia. This will be done in partnership with Dementia NI.

In 2017/18 the PCC explored the issues experienced by people living with early onset dementia as this was a key finding from the work completed in 2016/17.

People who took part in this project emphasised the need for a specific service with a defined care pathway for younger people with dementia. Particular recommendations include the need for:

- improved awareness of the signs and symptoms among the wider health and social care workforce to ensure timely diagnosis and care,
- personalised health and care information to be available to all people living with early onset dementia,
- streamlined processes to support people to access immediate and appropriate support following diagnosis, and
- dedicated attention to be given to address the significant negative impact on the mental well-being resulting from this diagnosis.

The findings have been shared with key stakeholders in the HSCB and Public Health Agency (PHA) who have provided positive feedback. A poster highlighting the findings was also presented at a conference in May 2018.

1.2 The PCC will seek to understand the experience of people with Diabetes who are accessing allied health professional services.

- *The Patient and Client Council will collate the experience of Type I/Type II Diabetes patients accessing allied health professional care, specifically dietician, optometry and podiatry services.*
- *The Patient and Client Council will share the experiences with the Department of Health and other HSC stakeholders*

Panels were held between September and November 2017 to discuss with people who have diabetes, their experience of accessing allied health professional services. This project was completed in January 2018, with the PCC sharing the findings with interested stakeholders including Diabetes Network, Diabetes UK NI, HSC Trusts, HSC Board, PHA and Community and Voluntary Sector organisations. A number of common themes emerged including issues around:

- Annual foot checks. These should be more easily available to people with diabetes;
- Opportunities for referral back into dietetic services did not appear to be clear to participants;
- Participants highlighted that greater access to support is needed to enable people living with diabetes to effectively self-manage their condition.

1.3 The Patient and Client Council will seek to understand the experience of residents of care in nursing homes.

- *The Patient and Client Council will scope evidence available on residents care experience including previous Patient and Client Council engagement work and complaints support and the work of other organisations.*
- *The Patient and Client Council will work with the Regulation and Quality Improvement Authority (RQIA) to complete this project.*
- *The Patient and Client Council will share the outcomes with key stakeholders in HSC and nursing home management.*

The PCC undertook a review of published literature on residents' experience of nursing home care. The review highlighted a number of significant themes. The overarching theme of all the literature reviewed was 'dignity and respect' - ensuring that people living in nursing homes are given the opportunities and support necessary to enable them to live a full and dignified life.

Discussions were held with RQIA to explore whether they held any data which could be included in the project. While review of complaints received by Nursing Homes is a part of routine inspection, RQIA does not get involved in individual complaints which are the responsibility of the Nursing Home and HSC Trusts. As such RQIA do not hold information on the cause of complaints and were unable to partner in the project.

A review of PCC 2015/16 and 2016/17 complaints data was undertaken to identify cases relating to nursing home care, 48 cases were included in the final analysis.

While cases often raised more than one issue or concern, complaints were reviewed to determine the core problem. The most common issues/concerns were: medication and health care, personal care, ability of staff to meet the needs of residents, financial issues, decision making, and social contact and stimulation.

Recommendations were made with regard to: concern around termination of contract clauses, the need to facilitate people to raise issues/concerns about nursing home care, the need for openness and transparency in the nursing homes complaints process, and the need to deal with complexity of next of kin issues. The findings were written up as a formal report which was approved by the PCC Board in March 2018.

1.4 The Patient and Client Council will follow up on the projects listed below to determine progress against the project report recommendations.
Follow up and completion will include a full HSC response and include feedback from those service users and carers who worked on the project.

- *End of Life Care*
- *Miscarriage*
- *Future Planning (support for older carers to plan future care of their adult dependents)*
- *Myalgic encephalomyelitis*
- *Fibromyalgia*
- *Endometriosis*
- *Real time Feedback*

Effective follow-up to determine progress against these seven specific areas of work was ongoing throughout the year. Individual service user and carer reference groups are aligned to miscarriage; myalgic encephalomyelitis; fibromyalgia and endometriosis specifically. All of the outcomes outlined below have been as a direct result of the work that the PCC has completed in partnership with services users. A report was provided to the PCC Board in March 2018 to provide an update on the delivery of outcomes across each project. Key outcomes from each project are highlighted below:

End of Life
This report and findings were presented to the Regional Palliative Care Steering Group where it was agreed the recommendations would be considered in the regional palliative care work plan for 2018. The report was also presented to the Regional Complaints Learning Event in June 2017 and follow up work is underway. The report was part of the PCC input to a regional 10,000 Voices workshop to plan a project on bereavement which is ongoing.

Miscarriage
The Steering Group has co-produced Regional Bereavement Guidance on evidence-based, holistic care of parents and their families after the experience of miscarriage, stillbirth or neonatal death. The group has also supported the development of corresponding pathways.

Future Planning
Future planning for older people caring for adult dependents with a learning disability is now a policy and commissioning priority. As a result, a number of outcomes have been achieved including recurrent funding of £1 million in 2015/16, rising to £2 million in 2016/17 to support older carers across Northern Ireland to plan for the future of their dependents.

Myalgic Encephalomyelitis
The HSCB Commissioning Plan 2017/2018 confirms commitment to develop a medically led regional diagnostic service for patients with Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome (CFS). The job description for a Specialist Consultant was co-designed with reference group members and recruitment across appropriate channels including the British Medical Journal (BMJ) will take place in the next few months.

Fibromyalgia
The HSCB Commissioning Plan 2017/18 identified support for the implementation of the fibromyalgia care pathway, which was co-produced with services users and carers. Belfast and Western HSC Trusts have been confirmed as two pilot areas for the new pathway.

Endometriosis
One specialist nurse has been recruited to the Belfast HSC Trust and plans are advanced to recruit another in the Western HSC Trust. A key part of this role will include the education of GPs and to support the development of accredited services for Northern Ireland.

Real time Feedback
The PCC continue to campaign for the implementation of a Real time Feedback System and are working constructively with the DoH to support efforts.

1.5 The Patient and Client Council, through the work of the Bamford Monitoring Group, will seek to hear from people with a learning disability who have a mental illness about their experiences of health and social care.
The Patient and Client Council will hold an event with community and voluntary organisations, carers and service users (including both older people and young people) that have a learning disability who live with or have had experience of a mental illness.

A Healthy Minds event was held 29 June 2017. 130 delegates attended made up mostly of learning disability service users joined by some carers, support staff and HSCB colleagues. The event focused on the importance of good mental health, accessing mental health services and the important role annual health checks can play. The feedback from the engagement session demonstrated that there was mixed awareness of mental health problems/mental illness, and the associated health and social care services available. A number of participants with a learning disability reported having experienced poor mental health and were able to identify circumstances that worsened their mental health, such as at a time of bereavement. Participants were also able to highlight key sources of support, for example, family members, carers and their GP who they would turn to if experiencing a mental health problem. These findings have been shared across HSC and in particular with Trusts. Outputs from this project have helped inform future business plan priorities for 2018/19.

1.6 The PCC will gather people's views on their experience of access to Sexual Health Services.
- *The Patient and Client Council will gather people's views on access to Sexual Health Services.*
- *The Patient and Client Council will report accordingly, to ensure people's experience of Sexual Health Services shape future service provision.*

This project follows on from work done with service users several years ago. At that time service users reported difficulty finding information on how to access sexual health services.

This small exercise revealed that since then information and advice services regarding sexual health services have been comprehensively developed across Northern Ireland. Information and advice is being provided through the PHA website and by all five HSC Trusts. The range of information is fairly comprehensive across all Trusts and it is easy to get advice through the PHA website.

There is an issue, however, with easily accessing NI Direct in this context. None of the searches undertaken by participants took them to the page on the NI Direct Information Portal which provides links to all the relevant sites. This will be raised with the HSC On-Line Project Team.

1.7 The Patient and Client Council will gather people's views on dental services.

- *The Patient and Client Council will facilitate people sharing their views on dental services.*
- *The Patient and Client Council will work with relevant stakeholders to ensure people's views on services shape future service provision.*

The PCC worked in partnership with the DoH Chief Dental Officer to complete this project. A total of 771 people from across Northern Ireland took part in this study.

The findings from this project support previous research that has shown that most people are generally satisfied with Health Service dental care and treatment.

Regarding access to Health Service dental care participants rated their top priorities as: high quality treatment, affordable care, ability to get an appointment quickly, appointment availability, easy access, emergency appointments when in pain and friendly staff.

Regular access to basic treatment when required, greater access to emergency treatment and denture work were the top three areas which were seen as a priority in Health Service dental care. Crownwork, orthodontic treatment, bridgework and home visits by dentists in certain special needs circumstances were still considered important but not as highly as the top three.

Free treatment was considered as important particularly for those under 18, retired people, expectant mothers and low income groups.

This report was shared with the Chief Dental Officer who will be able to use the findings to inform future contractual models for primary dental care.

1. 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 2017-18.

Throughout the year the PCC continued to promote the involvement of service users, carers and communities in health and social care discussions and consultations. The PCC itself responded to 12 consultations during the year on the basis of evidence gathered from service users. Examples of responses include:

- The PCC responded to a DoH consultation on the future provision of HSC Continuing Care in Northern Ireland. This response drew on the experience of several clients of the Complaints Support Service. Our clients had raised concerns over decision making as to eligibility for NHS Continuing Care and an apparent lack of clarity on criteria for assessment and approval in Northern Ireland. The clients were usually family members of an older person who had been charged for aspects of their care in nursing homes. The consultation was intended to resolve the lack of clarity on this matter at policy level.
- A response to the draft regional dementia care pathway was provided by the PCC based on the findings from our dementia projects.

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

The Patient and Client Council will work with Department of Health to ensure that the service user and carer voice is embedded in the development of processes, proposals and ongoing evaluation to ensure effective co-design and co-production of services.

The PCC work in partnership with HSC colleagues to ensure that the service user and carer voice is a key feature of consideration in all work.

Ongoing support and servicing of the following service user groups demonstrate the effective delivery of this statutory duty as a daily business priority:

- Reform of Adult Social Care and Support;
- NI Regional Pain Forum;
- ME and Fibromyalgia Service User and Carer Reference Group;
- Miscarriage Steering Group;
- Bamford Monitoring Group;
- Individual Funding Request Advisory Group;
- Stroke Network;
- Long Term Conditions Alliance; and
- Nutrition Steering Group.

2.3 The Patient and Client Council will work with the Department of Health to ensure effective co-design and co-production in the following specific projects.

- *The Patient and Client Council will work with the Department of Health to co-produce proposals for adult social care reform.*
- *The Patient and Client Council will follow up its work on the Medicines Optimisation Innovation Lab and work with the Department of Health to ensure effective co-design and co-production in the development of services.*

- *The Patient and Client Council will work with the Department of Health and HSCB to ensure the service user voice is heard in an evaluation of the Mental Health Care Pathway.*

Reform of Adult Care and Support

The PCC supported the effective engagement on the Reform of Adult Care and Support through:

- Recruitment of a Service User and Carer Reference Group;
- Facilitated workshop discussion with members of the Service User and Carer Reference Group;
- Expert Panel and Reference Group meetings to inform the 'Power to People' report;
- Involvement at a strategic level across Project Board and Project Team contributing to overall strategic direction of project, project deliverables and critical path.

Colleagues continue to work in partnership with the DoH to support the effective delivery of this co-production work stream providing advice and direction regarding an appropriate response to the Expert Panel report and consequent public consultation on the way forward.

Medicines Optimisation

Following on from the Department of Health's Medicines Optimisation Programme and the PCCs involvement in the Medicines Optimisation Innovation Lab, a number of regional projects are being developed with the aim of redesigning services to improve patient experience and improve efficiency. The PCC participated as required in the work plan and currently this is focused in the area of medicines for self-care conditions and medicines with a low evidence base on prescription in primary care. The aim of the group is to design a system that helps people to treat conditions that are self-limiting or those that lend themselves to self-care without the need for a prescription. This work is ongoing.

Mental Health Care Pathway

This project was unable to proceed as departmental work on the Mental Health Care pathway was postponed.

2.4 The PCC will continue to develop the Membership Scheme as a key resource to co-design and co-production.

- *The Patient and Client Council will work in partnership with the Innovation Lab to further develop the Membership Scheme as a key resource to co-design and co-production.*
- *The Patient and Client Council will follow up on recommendations from its review of the Membership Scheme in 2016/17.*

The PCC commissioned The Democratic Society to review engagement and communications practices within the Membership Scheme to identify ways and means of encouraging members to become more involved and be more proactive in setting the agenda for the Membership Scheme. This review was received at the start of 2018 and the PCC is engaging with the Innovation Lab to test some of the recommendations in the report. This work will continue through summer 2018.

2. 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 Complaints Service offers both the Helpline (advice and information) and Case Management (formal complaint and actionable issue/concern) support. Helpline activity is restricted to advice, quick resolution and the provision of information. Case Management activity refers to all substantial and ongoing work with clients to the resolution of their complaint. Downloads refer to independent downloads of the Complaints Support Service Self Help pack from the PCC website.

Activity overall is down by a small percentage. There is marginally less Helpline activity and an increase in Case Management activity. There is a small decrease in self-help pack downloads.

N.B. The figures for 2017/18 are subject to validation and may change.

Type	2017/2018	2016/2017	Difference	Percentage
Formal complaint	**678**	**596**	**+82**	**13.8%**
Actionable issue/concern	**222**	**137**	**+85**	**62.0%**
Advice and information	**903**	**1038**	**-135**	**13.0%**
Downloads of self-help pack	**581**	**664**	**-83**	**12.5%**
Total	**2384**	**2435**	**-51**	**2.1%**

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 PCC published its 2016/17 annual complaints report in the autumn of 2017. The themes and issues arising from the report informed the organisations business planning agenda for 2018/2019 particularly in that it identified an increased number of calls about discharge planning and domiciliary care. The PCC has identified adult social care as a priority in 2018/2019 in part as a result of the evidence provided by contacts within the Complaints Support Service.

The Complaints Support Service encourages learning from complaints by identifying themes and issues arising from complaints and its experience of complaints management and using this as an agenda for engagement with key stakeholders.

3.3 The Patient and Client Council will seek to understand the experience of families engaging with social workers.

- *The Patient and Client Council will work with Northern Ireland Social Care Council (NISCC)and Queens University Belfast on people's understanding of the role of social workers and their experience of engaging with social workers.*
- *The Patient and Client Council will report to key stakeholders in HSC on the experience of families of social worker support and their understanding of the role.*

A report based on complaints data on family experiences of social workers was produced in year in partnership with the NISCC and Northern Ireland Association of Social Workers. The report includes recommendations to improve training for social workers and information and support for families dealing with social workers.

3.4 The Patient and Client Council will develop new tools to assist people who may wish to make a complaint about health and social care services

The Patient and Client Council will develop new online tools to inform and assist people wishing to make a complaint about health and social care services, including how to make a complaint and who to go to.

The PCC developed a short video describing the complaints process and the role of the Complaints Support Service in assisting people to complain.

3.5 The Patient and Client Council will identify and develop strategic partnerships with other organisations that have expert knowledge in areas including human rights, equality and disability in NI.

The Patient and Client Council will carry out a scoping exercise to identify organisations with expertise in areas including human rights, equality and disability to complement its complaints support work.

The PCC developed a directory of organisations providing specialist advocacy and support for key groups including those groups identified by Section 75 of the Northern Ireland Act 1998. The PCC also developed a general Memorandum of Understanding for use in developing working relationships with such groups.

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 contribute to the development of a web based information portal by ensuring the voice of citizens across Northern Ireland is part of the process.

The PCC is supporting 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.

Following submission for PHA innovation funding the PCC secured £3k and subsequently delivered a Hackathon (3 June 2017) in partnership with the PHA. A number of outcomes are now being taken forward including website development, information delivery and support for PhD candidates funded through Ulster University on Chronic Pain, and supporting the inclusion of Pain information on the MYNI website. The role of MYNI is to enhance public engagement with government services by making information more accessible and converting users to online methods of doing business with government agencies. An important part of this is communicating public health information.

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

The PCC continue to champion efforts across the service for the provision of high quality advice and information provision in a user friendly format, including leaflets, apps and information on websites.

4.3 The Patient and Client Council will seek to understand the experience of people waiting longer than Ministerial waiting time targets.
The Patient and Client Council will gather a number of case studies to understand the experience and impact on patients waiting longer than the Ministerial target for treatment and care, with a focus on the information available to people to enable them to make informed decisions.

During 2017/18 the PCC completed a project exploring the experience of people on waiting lists for healthcare in Northern Ireland. A report was produced and approved by the PCC Board in February 2018. The report details the findings from 692 completed questionnaires and nine in-depth interviews with participants.

Patients are in crisis due to the waiting times for treatment in Northern Ireland. Waiting for treatment is a worrying and frustrating time for people who are unable to make decisions or plans while they are waiting. Life is on hold physically, financially and socially and many people will not return to their full health potential because the treatment they have been waiting on has been delayed for too long.

Through this study we heard from people who clearly needed access to better pain management while waiting for procedures, those who had fallen between the cracks when transitioning between services, and those who have been left wondering whether earlier intervention could have resulted in better prognosis and in some cases life expectancy.

People who participated in the PCC project highlighted concerns in relation to inequality in access to healthcare, particularly between those who are able to access private healthcare and those who are not; and, the waste of healthcare resources especially in relation to medication and burden on GP services while people remain on waiting lists. The majority of participants in the project also felt that the current approach to information provision around waiting lists is inefficient and inadequate and highlighted that communication processes need to be improved to enable the flow of accessible and accurate information.

People who participated in this report identified a number of actions that could be taken immediately to address and improve the experience of those who are currently waiting. These included:

- Honest conversations about the length of time people will wait so they can make informed decisions about their care,
- Ongoing communication with people to keep them informed of their waiting status,
- Regular updating of waiting lists so that they are an accurate reflection of the situation, and
- Better use of technology to improve communication between patients and professionals and professional to professional.

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 useful.

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.

Diminishing Resources

Diminishing resources is a challenge facing all public sector organisations. Internally the 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 but no appointments have been made to date.

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. The increased public concern has put increased demands on the PCC help and complaints services.

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 has looked to improve its communications and to better manage expectations on the services it provides.

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	£1,561,682
Other income	£1,059
Sub total	**£1,562,741**
Expenditure*	
Staff	£1,146,073
Other expenditure	£408,017
Sub total	**£1,554,090**
Surplus	£8,651

*Expenditure in the above table does not include non cash items of £15,525, refer to note 3 on page 68 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 2017/2018.

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 FD (DoF) 03/17.

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.

Maeve Hully
Chief Executive
Date 19th June 2018

ACCOUNTABILITY REPORT

The Accountability Report for the Patient and Client Council is presented in three main sections, set out as below:

1. **Corporate Governance Report**

   The purpose of the Corporate Governance Report is to explain the make-up of the PCC, its governance structures and how they support the achievement of the PCC's objectives. The Corporate Governance Report is comprised of:

   a) Directors Report

   b) Statement of Accounting Officer Responsibilities

   c) Governance Statement

2. **Remuneration and Staff report**

   The remuneration and staff report sets out the PCC's remuneration policy for its Non- Executive Directors, reports on how that policy has been implemented and sets out the amounts awarded to its directors and those senior staff key to the organisation's accountability.

3. **Accountability and Audit report comprising**

   The Accountability and Audit report brings together key accountability documents on PCC funding, expenditure and accountability disclosures as set out in Managing Public Money Northern Ireland. The Accountability and Audit report is comprised of:

   a) Funding Report

   b) Certificate of the Comptroller and Auditor General

1. CORPORATE GOVERNANCE REPORT

a) Director's report

Statutory background

The Patient and Client Council (PCC) was established under legislation (Health and Social Care (Reform) Act (Northern Ireland) 2009) on the 1st April 2009 as part of the reform of Health and Social Care in Northern Ireland, replacing the Health and Social Service Councils.

Principle activities

The overarching objective of the PCC is to provide a powerful, independent voice for patients, clients, carers, and communities on health and social care issues through the exercise of the following functions:

- 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.

Chair and Chief Executive

The Chair is responsible to the Minister of the Department of Health (DoH), formerly known as the Department of Health and Social Services and Public Safety for Northern Ireland. The Chair is Dr. Maureen Edmondson.

The Chief Executive is an officer of the PCC and not a member of the Board. The Chief Executive is responsible to the Board, through the Chair, for managing the PCC. As the designated Accounting Officer the post-holder has specific financial responsibilities and duties for which he or she is accountable to the Permanent Secretary of the DoH in his or her role as the Accounting Officer of the PCC's sponsor department. The Chief Executive for the period was Maeve Hully and she has responsibility for the Annual Report and Accounts for the whole of the financial year to 31st March 2018.

The Patient and Client Council Board

The following appointments by the Minister formed the Board of the Patient and Client Council as at the 31st March 2018:

Dr Maureen Edmondson (Chair)
Mr Brian Compston
Mrs Elizabeth Cuddy
Mr William Halliday
Mr Garret Martin
Dr May McCann
Mrs Joan McEwan
Prof Hugh McKenna
Cllr Martin Reilly
Mrs Seana Talbot

The Board has six key functions for which they are held accountable by the DoH on behalf of the Minister:

- To set the *strategic direction* of the organisation within the overall policies and priorities of Health and Personal Social Services, define its annual and longer term objectives and agree plans to achieve them;
- To oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary;

- To ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy;
- To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation;
- To put in place systems to appoint, appraise senior officers and appraise non-executive Directors (adapted for PCC); and
- To ensure that there is *effective engagement between the organisation and the local communities* on its plans and performance and that these are influenced by and responsive to community needs.

Board Committee structure

The Patient and Client Council has appointed a Governance and Audit Committee.

Governance and Audit Committee members at the 31st March 2018 were:

- Mrs Joan McEwan (Chair)
- Mr Brian Compston
- Mr William Halliday
- Mrs Elizabeth Cuddy

The Board has appointed a Research Committee to provide advice, input and direction to PCC projects that involve asking patients and clients about issues in health and social care**.** This committee does not have any delegated authority.

Research Committee members at the 31st March 2018 were:

- Prof Hugh McKenna
- Mrs Seana Talbot
- Dr May McCann

Register of Interests

The PCC maintains a register of interests. This register details interests which may conflict with the management responsibilities of Board members and is recorded as necessary. Information on the register can be found on the PCC website at www.patientclientcouncil.hscni.net

Each Board meeting includes an agenda item asking Board members to declare any conflicts of interest in the meeting business. There were no conflicts of interest identified by members during the period of this report.

Pension Scheme for All Staff

Details of the pension scheme for staff and the treatment of pension liabilities in the accounts are included in the 'Remuneration Report and Staff Report' section of this document.

Auditors

Under Schedule 4, paragraph 10 (4) of *The Health and Social Care (Reform) Act (Northern Ireland) Act 2009*, the Comptroller and Auditor General has been appointed as auditor of the PCC.

The notional cost of the audit of the 2017-18 annual accounts was £5,750.

The Business Services Organisation provides an internal audit service to the PCC. The cost for 2017-18 was £6,364.

All reports by internal and external audit are considered by the Governance and Audit Committee.

There was no remuneration paid to the Auditors for non-audit work. No audit services were purchased during 2017-18 in support of the National Fraud Initiative.

Prompt payments

The PCC has sought to observe the principles of the "CBI Better Payments Practice Code". The code advocates:

- Explaining payment procedures to suppliers;
- Agreeing payment terms at the outset and sticking to them;
- Paying bills in accordance with agreed terms, or as agreed by law;
- Telling suppliers without delay when an invoice is contested; and
- Settling quickly when a contested invoice gets a satisfactory response.

The code also seeks payment to be made within 30 days of the receipt of goods or valid invoice. In the course of the year a review of payments found that 96.2% of payments were made within the timeframe, against a target of 95%. It should be noted that 78.4% of invoices were paid within 10 days against a target of 70%.

The Council's compliance with this can be found in Note 14 of the accounts on page 77.

Personal data related incidents

There were no reported incidents of loss of personal data during the 2017-18 year.

Fraud

The PCC has a Fraud Policy and Fraud Response Plan in place and an appointed Fraud Liaison Officer. There were no reported incidents of Fraud within the year 2017-18.

Whistleblowing

The PCC has a Whistleblowing Policy in place. There were no reported incidents under the Whistleblowing Policy within the year 2017-18.

Charitable donations

The PCC did not receive or make any charitable donations within the year 2017-18.

Post balance sheet events

There are no post balance events.

Resource Revenue Allocation Surplus

The PCC recognised an £8,651 surplus in its operations against its Revenue Resource Limit of £1,561,682 for the year 2017-18

b) Statement of Accounting Officer Responsibilities

Under the Health and Social Care (Reform) Act (Northern Ireland) 2009, the Department of Health (formerly known as the Department of Health, Social Services and Public Safety) has directed the Patient and Client Council 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 Patient and Client Council, of its income and expenditure, changes in taxpayers' equity and cash flows for the financial year.

In 2017/18, all relevant information was made available to the auditor. The Chief Executive and Board members have confirmed there is no relevant audit information of which the auditors are unaware. They have taken all steps required to make themselves aware of any relevant audit information and to establish that PCC's auditor is aware of that information.

The Chief Executive has confirmed that the annual report and accounts as a whole is fair, balanced and understandable and that she takes personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

There are no events occurring after the balance sheet date that would have a material effect on the accounts.

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 judgments 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 Patient and Client Council will continue in operation;

- Keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the Patient and Client Council; and

- Pursue and demonstrate value for money in the services the Patient and Client Council provides and in its use of public assets and the resources it controls.

The Permanent Secretary of the Department of Health, formerly known as Department of Health Social Services and Public Safety for Northern Ireland, as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland, has designated Maeve Hully of the Patient and Client Council as the Accounting Officer for the Patient and Client Council. 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 Patient and Client Council's assets are set out in the Accountable Officer Memorandum, issued by the Department of Health.

c) Governance Statement

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 on the discharge of his/her responsibilities in respect of the PCC. The Directorate also supports the Departmental Accounting Officer on his/her 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 assesses and reports on its effectiveness annually. In February and March 2018 the Board undertook a full self-assessment of its effectiveness.

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 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 (approved on the 1st April 2009);
- 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 2018 the Board has seven vacancies. The Board holds its Board Meetings in public and the average attendance in the year was 77%.

There were 7 Board meetings in the year and attendance is set out below for the year 2017-18:

Board Member	Board Meetings attended
Dr Maureen Edmondson (Chair)	7
Mr Brian Compston	7
Mrs Elizabeth Cuddy	5
Mr William Halliday	5
Mr Garret Martin	5
Dr May McCann	6
Mrs Joan McEwan	6
Prof Hugh McKenna	4
Cllr Martin Reilly	4
Mrs Seana Talbot	5

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. Co-production – optimising on the patient/user/carer voice;
b. Planning for Future Search;
c. Business Planning;
d. Board Self-Assessment; and
e. GDPR & Risk Management.

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 four times in the twelve month period and provided assurance to the Board that governance standards were met.

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:

- Risk Management policy;
- Freedom of Information policy;
- Data Protection policy;
- Information Security Policy
- Information Governance Policy

- Information Risk Policy
- Data Protection Impact Assessment policy
- Partial Retirement Policy
- Health and Safety at Work policy;
- Whistleblowing Policy;
- Reporting Adverse incidents;
- Fire Policy;
- Fraud Policy and Response Plan; and
- Engagement Policy (Involving You).

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

The following training was delivered during 2017-18 to all Board Members:

- Whistleblowing and
- General Data Protection Regulation (GDPR).

4. Business Planning and Risk Management

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

The PCC reviewed the format and content of the Corporate Risk Register in 2017/18 and as a result the document is more concise and user friendly.

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 strategy for achieving those objectives; 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 2018-19 is increasingly constrained, particularly in respect of resource funding.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work is ongoing to support the 2018-19 financial plan between the Patient and Client Council and the Department of Health (DOH). However, as with other financial years 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 and this therefore will 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;
- 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
- Ensuring an appropriate business continuity plan is in place and reviewed to maintain the organisation's activities.

Risk Registers are held at corporate and local office levels to record all forms of risk. The Risk Registers 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 manage 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.

Information Risk

Information risk management is an essential part of good management. The PCC ensures that information risk management is considered in its 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 has considered and recommended a number of PCC's policies to the Board. 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.

The PCC has a number of policies in place that support its risk management in this area. These are:

- Strategy and Policy for Information Governance;
- ICT security policy;
- Records management policy;
- Use of ICT Equipment;
- Use of the Internet;
- Use of Electronic Mail; and
- Guidance on the Use of Social Networking.

There were no data losses in the 2017-18 year.

The PCC received two Data Access Requests and responded to two Freedom of Information requests within the year. 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

The Northern Ireland Assembly was dissolved from 26 January 2017 with an election taking place on 2 March 2017, on which date Ministers ceased to hold office. An Executive was not formed following the 2 March 2017 election. As a consequence, the Northern Ireland Budget Act 2017 was progressed through Westminster, receiving Royal Assent on 16 November 2017, followed by the Northern Ireland Budget (Anticipation and Adjustments) Act 2018 which received Royal Assent on 28th March 2018. The authorisations, appropriations and limits in these Acts provide the authority for the 2017-18 financial year and a vote on account for the early months of the 2018-19 financial year as if they were Acts of the Northern Ireland Assembly.

BREXIT

The PCC is actively scoping the potential impact of a 'no deal' outcome from the UK-EU negotiations on the services it provides, in line with the information provided by the Department. The process will continue to be refined as more clarity emerges on the detail of the final agreement.

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, "Involving You", which was informed by service users, subject to public consultation and approved by the Board.

Based on its experience of working with patients, service users, carers and communities (people) and listening closely to what they have said, the PCC has the following principles underpinning all its work:

Principle 1 - People will be involved in a way that is appropriate;
Principle 2 - People will be involved in ways that are accessible;
Principle 3 - People will be kept informed;
Principle 4 - Involving people will make a positive difference; and
Principle 5 - In partnership with people the Patient and Client Council will continually review what it does.

The policy was reviewed, equality screened and updated in 2017-18. The revised policy was reviewed by the Governance and Audit Committee.

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 maintains 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, as approved by the PCC Board on the 1st April 2009.

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 scrutinise and question 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

The PCC assessed its compliance with the applicable Controls Assurance Standards which were defined by the DoH per the HSC manual, and against which a degree of progress is expected in 2018/19.

Standard	**DoH Expected Level of Compliance**	**PCC Level of Compliance**	**Verified by Internal Audit**
Financial Management *(Core Standard)*	75% - 99% (Substantive)	**81%**	√
Fire safety	75% - 99% (Substantive)	**82%**	√
Governance *(Core Standard)*	75% - 99% (Substantive)	**82%**	√
Health & Safety	75% - 99% (Substantive)	**81%**	
Human Resources	75% - 99% (Substantive)	**86%**	
Information Communication Technology	75% - 99% (Substantive)	**93%**	
Management of Purchasing and Supply	75% - 99% (Substantive)	**87%**	
Information Management	75% - 99% (Substantive)	**82%**	
Research Governance	75% - 99% (Substantive)	**88%**	
Risk Management *(Core Standard)*	75% - 99% (Substantive)	**86%**	√
Security Management	75% - 99% (Substantive)	**80%**	

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 2017-18 Internal Audit reviewed the following systems:

- Financial Management;
- Risk Management; and
- Performance Management and Reporting.

Overall 'Satisfactory' assurance systems on all of the above systems was achieved. No findings were identified within the Performance Management and Reporting review. Management and staff have addressed the findings with regard to Financial and Risk Management reviews.

In 2017-18 Internal Audit also reviewed the following systems within the Controls Assurance framework:

- Risk Management, verifying substantive assurance;
- Governance, verifying substantive assurance;
- Financial Management, verifying substantive assurance; and
- Fire Safety, verifying substantive assurance.

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 Shared Service	Limited
Accounts Payable Shared Service	Satisfactory
Shared Service Governance	Satisfactory

The recommendations in these 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. The committee took the opportunity in year to challenge Senior BSO representatives, including the Head of BSO about their concerns. They 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 and Logistics and Human Resources, Pay 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 from 2016/17

There were no significant Internal Control issues identified for the PCC in the year 2016/17.

Internal Control issues from 2017/18

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

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 2017-18.

2. REMUNERATION REPORT AND STAFF REPORT

Remuneration report for the year ended 31 March 2018

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 an extension until September 2018.

The Non-Executive Directors of the PCC as at the 31st March 2018 are listed below.

Mr Brian Compston (appointed 1st April 2009, reappointed 15th October 2012 with an extension until September 2018).
Dr May McCann (appointed 1st April 2009, reappointed 15th October 2012 with an extension until September 2018).
Prof Hugh McKenna (appointed 1st April 2009, reappointed 25th October 2012 with an extension until September 2018).
Cllr Martin Reilly (appointed 2nd August 2010, reappointed 5th August 2014).
Mr Garret Martin (appointed 10th December 2012, reappointed 24th October 2017).
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. 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;
- The Head of Operations, appointed 10th March 2009; and
- The Head of Development and Corporate Services (interim), 1 September 2017.

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:

	2017-18					2016-17				
Name	**Salary £000**	**Bonus / Performance Pay £000**	**Benefits in kind (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	**15-20**	**0**	**0**	**0**	**15-20**	**15-20**	**0**	**0**	**0**	**15-20**
Brian Compston	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Sheila Kelly*	**-**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
May McCann	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Hugh McKenna	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Martin Reilly	**0-5**	**0**	**0**	**0**	**0-5**	**0-5**	**0**	**0**	**0**	**0-5**
Colin McGrath**	**-**	**0**	**0**	**0**	**-**	**0-5**	**0**	**0**	**0**	**0-5**
Garret Martin	**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**
Liz 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**
Senior Staff										
Maeve Hully, Chief Executive	**70-75**	**0**	**400**	**5**	**75-80**	**70-75**	**0**	**200**	**8**	**80-85**
Sean Brown, Head of Corporate Services* (FTE 55-60)**	**25-30**	**0**	**0**	**-**	**25-30**	**55-60**	**0**	**0**	**15**	**70-75**
Louise Skelly, Head of Operations	**55-60**	**0**	**300**	**4**	**60-65**	**45-50**	**0**	**100**	**11**	**55-60**
Jackie McNeill, Head of Corporate Services (interim) (FTE 45-50)	**25-30**	**0**	**0**	**32**	**55-60**	**-**	**-**	**-**	**-**	**-**

*Sheila Kelly's term of office expired on 31 March 2017.

** Colin McGrath stepped down on 20 April 2016.

***Sean Brown resigned on 24/9/2017.

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 as at 31/03/18 £000s	CETV at 31/03/18 £000s	CETV at 31/03/17 £000s	Real increase in CETV £000s
Senior Staff					
Maeve Hully	0-2.5 plus lump sum of 0-2.5	25-30 plus lump sum of 80-85	588	553	13
Louise Skelly	0-2.5 plus lump sum of 0.2-5	25-30 plus lump sum of 75-80	521	411	10
Jackie McNeill (appointed 1/9/17)	0-2.5 plus lump sum of 2.5-5	10-15 plus lump sum of 25-30	180	-	23

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

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:

	2017-18	2016-17
Band of Highest Paid Director's Total Remuneration (£000's)	70-75	70-75
Median Total Remuneration (£s)	25,297	22,236
Ratio	2.8	3.2

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 2018

The Chief Executive of the PCC is Mrs. Maeve Hully. Mrs. Hully 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)

	2018			2017 Restated
Staff costs comprise:	**Permanently employed staff**	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages and salaries	896,779	37,105	933,884	937,313
Social security costs	83,548	-	83,548	82,372
Other pension costs*	128,641	-	128,641	127,871
Sub-Total	1,108,968	37,105	1,146,073	1,147,556
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	1,108,968	37,105	1,146,073	1,147,556
Less recoveries in respect of outward secondments			-	-
Total net costs			1,146,073	1,147,556

Wages and salaries includes £68,817 costs relating to VES (2016/17: £44,014).

*The 2016/17 pension costs have been restated and adjusted by £10,100.

Staff Costs exclude £nil charged to capital projects during the year (2017£Nil).

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 2017-18 accounts.

Average number of persons employed

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

	2018			2017
	Permanently employed staff No.	**Others No.**	**Total No.**	**Total No.**
Administrative and clerical	40	1	41	43
Total net average number of persons employed	**40**	**1**	**41**	**43**
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	**40**	**1**	**41**	**43**

Staff Composition

The following table gives an outline of permanently employed staff and Board composition based on gender over the year ended 31st March 2018.

	Male No.	**Female No.**
Board	5	5
Senior Management Team	1	3
Administrative and clerical	6	20
Total	**12**	**28**

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 2.65% against a target of 3.24%**.**

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

During 2017/18 the PCC had two exit packages.

Exit package cost band	*Number of compulsory redundancies		*Number of other departures agreed		Total number of exit packages by cost band	
	2018	2017	2018	2017	2018	2017
£10,000 - £25,000	0	0	1	0	1	0
£25,001 - £50,000	0	0	1	1	1	1
Total number of exit packages by type	0	0	2	1	2	1
	£000s	£000s	£000s	£000s	£000s	£000s
Total resource cost	0	0	69	44	69	44

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 2017/18 the PCC had two members of staff who took 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
- 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

There were two in year exit packages. The packages were under a Voluntary Exit Scheme and amounted to £68,817.

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 page 40.

Retirements due to ill-health

During 2017/18 and 2016/17 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 2017-18.

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.

3. 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 2018 or 31 March 2017.

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 2017-18.

Losses and Special Payments (Audited)

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

Losses
There were no losses during the year.

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

Maeve Hully
Chief Executive
The Patient and Client Council
DATE 19th June 2018

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 2018 under the Health and 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. 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's affairs as at 31 March 2018 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 and 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 and 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 and report on the financial statements in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009.

I am required 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 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 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

5 July 2018

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Contents

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2018

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	2018 £	2017 £
Income			
Other Income (Excluding interest)	4.2	1,059	-
Total operating income		1,059	-
Expenditure			
Staff costs	3	(1,146,073)	(1,147,556)
Depreciation, amortisation and impairment charges	3	(6,458)	(5,906)
Other expenditure	3	(417,084)	(452,544)
Total operating expenditure		**(1,569,615)**	**(1,606,006)**
Net expenditure for the year		**(1,568,556)**	**(1,606,006)**
Revenue Resource Limit (RRL) received from DoH	24.1	1,577,207	1,612,412
Surplus/(deficit) against RRL		**8,651**	**6,406**
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2018		**(1,568,556)**	**(1,606,006)**

The notes on pages 58 to 82 form part of these accounts.

There were no items of other comprehensive expenditure during 2017/18 (2016/17: none).

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2018

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.

		2018		2017	
	NOTE	**£**	**£**	**£**	**£**
Non Current Assets					
Property, plant and equipment	5.1/5.2	17,893		27,668	
Total Non Current Assets			17,893		27,668
Current Assets					
Trade and other receivables	12	17,744		25,257	
Other current assets	12	12,787		29,851	
Cash and cash equivalents	11	23,158		23,268	
Total Current Assets			53,689		78,376
Total Assets			**71,582**		**106,044**
Current Liabilities					
Trade and other payables	13	(176,059)		(148,308)	
Total Current Liabilities			(176,059)		(148,308)
Total assets less current liabilities			**(104,477)**		**(42,264)**
Taxpayers' Equity and other reserves					
SoCNE Reserve		(104,477)		(42,264)	
Total equity			**(104,477)**		**(42,264)**

The financial statements were approved by the Board on 19th June 2018 and were signed on its behalf by;

Signed _____ (Chairman) Date _____

Signed _____ (Chief Executive) Date _____

The notes on pages 58 to 82 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2018

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	2018 £	2017 £
Net surplus after interest/Net operating expenditure			
Net surplus after interest/Net operating cost		(1,568,556)	(1,606,006)
Adjustments for non cash costs		15,525	12,397
(Increase)/decrease in trade & other receivables		24,577	(9,675)
Increase/(decrease) in trade payables		27,751	20,479
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	(21,247)
Net cash inflow/(outflow) from operating activities		(1,479,456)	(1,604,052)
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		1,500,593	1,604,250
Net financing		1,500,593	1,604,250
Net increase (decrease) in cash & cash equivalents in the period		(110)	198
Cash & cash equivalents at the beginning of the period	11	23,268	23,070
Cash & cash equivalents at the end of the period	11	23,158	23,268

The notes on pages 58 to 82 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2018

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 2016		**(47,258)**	**1,000**	**(46,258)**
Changes in Taxpayers Equity 2016-17				
Grant from DoH		1,604,250	-	1,604,250
Other reserves movements including transfers		1,000	(1,000)	-
(Comprehensive expenditure for the year)		(1,606,006)	-	(1,606,006)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	5,750	-	5,750
Balance at 31 March 2017		**(42,264)**	**-**	**(42,264)**
Changes in Taxpayers Equity 2017-18				
Grant from DoH		1,500,593	-	1,500,593
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(1,568,556)	-	(1,568,556)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	5,750	-	5,750
Balance at 31 March 2018		**(104,477)**	**-**	**(104,477)**

The notes on pages 58 to 82 form part of these accounts.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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 2015 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 ALB'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

Operating Income relates directly to the operating activities of the ALB and is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

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 balance sheet 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.

- Financial liabilities

Financial liabilities are recognised on the balance sheet 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 ALBs are not exposed to the degree of financial risk faced by business entities.

ALBs have 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 HSC is exposed to little credit, liquidity or market risk.

- Currency risk

The ALB 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 ALB 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 2018 or 31 March 2017.

1.18 Contingencies

The PCC had no contingent assets or liabilities at either 31 March 2018 or 31 March 2017.

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 2018. 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 ALB participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the ALB 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) will be used in 2017-18 accounts.

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 ALB 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.

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 but a decision has yet to be made by the Executive. Should the Executive agree to the recommendations, 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 2018

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 2018

NOTE 3 EXPENDITURE

	2018	*Restated 2017
	£	£
Staff costs[1]:		
Wages and Salaries	933,884	937,313
Social security costs	83,548	82,372
Other pension costs	128,641	127,871
Establishment	209,629	209,660
Transport	52,125	44,519
Premises	83,590	72,619
Rentals under operating leases	27,313	88,623
Miscellaneous expenditure	35,360	30,632
Total Operating Expenses	1,554,090	1,593,609
Non Cash items		
Depreciation	6,458	5,905
Amortisation	-	1
Loss on disposal of property, plant & equipment (including land)	3,317	741
Auditors remuneration	5,750	5,750
Total non cash items		
	15,525	12,397
Total	**1,569,615**	**1,606,006**

[1]Further detailed analysis of staff costs is located in the Staff Report commencing on page 38 within the Accountability Report.

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2017: £NIL)

*Refer to Staff report of page 43 for further details.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 4 INCOME

4.1 Income from Activities

The PCC had no income from activities in 2017-18 and 2016-17.

4.2 Other Operating Income

	2018	2017
	£	£
Other income from non-patient services	1,059	-
TOTAL INCOME	**1,059**	**-**

4.3 Deferred income

The PCC had no income released from conditional grants in 2017-18 and 2016-17.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Note 5.1 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 31 March 2017	**27,668**	**27,668**
Asset financing		
Owned	17,893	17,893
Carrying Amount		
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 (2017: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Note 5.2 Property, plant and equipment – year ended 31 March 2017

	Information Technology (IT) £	Total £
Cost or Valuation		
At 1 April 2016	**33,323**	**33,323**
Additions	21,247	21,247
Disposals	(6,756)	(6,756)
At 31 March 2017	**47,814**	**47,814**
Depreciation		
At 1 April 2016	**20,256**	**20,256**
Disposals	(6,015)	(6,015)
Provided during the year	5,905	5,905
At 31 March 2017	**20,146**	**20,146**
Carrying Amount		
At 31 March 2017	**27,668**	**27,668**
At 1 April 2016	**13,067**	**13,067**
Asset financing		
Owned	27,668	27,668
Carrying Amount		
At 31 March 2017	**27,668**	**27,668**
Asset financing		
Owned	13,067	13,067
Carrying Amount		
At 1 April 2016	**13,067**	**13,067**

Information technology are the only assets owned by the PCC.

The balances are net of a provision for bad debts of £Nil (2016 £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Note 6.1 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.

Any fall in value through negative indexation or revaluation is shown as impairment.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

Note 6.2 Intangible assets – year ended 31 March 2017

	Information Technology £	Total £
Cost or Valuation		
At 1 April 2016	14,516	14,516
At 31 March 2017	**14,516**	**14,516**
Amortisation		
At 1 April 2016	14,515	14,515
Provided during the year	1	1
At 31 March 2017	**14,516**	**14,516**
Carrying Amount		
At 31 March 2017		
At 1 April 2016	**1**	**1**
Asset Financing		
Owned	1	1
Carrying Amount		
At 31 March 2017		
At 1 April 2016	**1**	**1**

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 2018 or 31 March 2017.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2018 or 31 March 2017.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 10 INVENTORIES

The PCC held no inventories at either 31 March 2018 or 31 March 2017.

NOTE 11 CASH AND CASH EQUIVALENTS

	2018	2017
	£	£
Balance at 1st April	23,268	23,070
Net change in cash and cash equivalents	(110)	198
Balance at 31st March	**23,158**	**23,268**

The following balances at 31 March were held at	**2018**	**2017**
	£	£
Commercial Banks and cash in hand	23,158	23,268
Balance at 31st March	**23,158**	**23,268**

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NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2018 £	2017 £
Amounts falling due within one year		
Trade receivables	12,929	13,232
VAT receivable	4,815	12,025
Total trade and other receivables	**17,744**	**25,257**
Prepayments	12,787	29,851
Total other current assets	**12,787**	**29,851**
TOTAL TRADE AND OTHER RECEIVABLES	**17,744**	**25,257**
TOTAL OTHER CURRENT ASSETS	**12,787**	**29,851**
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**30,531**	**55,108**

The balances are net of a provision for bad debts of £Nil (2017: £Nil).

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NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2018 £	2017 £
Amounts falling due within one year		
Trade capital payables – property, plant and equipment	-	21,247
Trade revenue payables	4,852	25,783
BSO payables	79	37
Other payables	58,350	-
Accruals	112,778	101,241
Total trade and other payables falling due within one year	**176,059**	**148,308**
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**176,059**	**148,308**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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:

	2018 Number	2018 Value £	2017 Number	2017 Value £
Total bills paid	653	590,392	712	840,163
Total bills paid within 30 day target	628	576,520	694	830,394
% of bills paid within 30 day target	**96%**	**97%**	**97%**	**99%**
Total bills paid within 10 day target	512	513,920	633	793,825
% of bills paid within 10 day target	**78%**	**87%**	**89%**	**94%**

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 2018

NOTE 15 PROVSISONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2018 or 31 March 2017.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2018 or 31 March 2017.

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.

	2018	2017
	£	£
Buildings		
Not later than one year	26,000	20,500
Later than one year but not later than five years	53,917	54,542
	79,917	**75,042**

17.2 Finance Leases

The PCC had no finance leases at either 31 March 2018 or 31 March 2017.

17.3 Operating Leases – commitments under lessor arrangements

The PCC did not have any operating leases at either 31 March 2018 or 31 March 2017.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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 2018 or 31 March 2017.

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 2018 or 31 March 2017.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at either 31 March 2018 or 31 March 2017.

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 2018 or 31 March 2017.

NOTE 21 CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at either 31 March 2018 or 31 March 2017.

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 16-17

In both 17-18 and 16-17, 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 17-18 and 16-17, 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 2016-17 the related party transaction position is the same as that disclosed above for 2017-18.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

NOTE 23 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2018 or 31 March 2017 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:

	2018 Total £	2017 Total £
DoH (excludes non cash)	1,561,682	1,600,015
Non cash RRL (from DoH)	15,525	12,397
Total agreed RRL	**1,577,207**	**1,612,412**
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,577,207**	**1,612,434**

24.2 Capital Resource Limit

The PCC is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2018 £	2017 £
Gross Capital Expenditure by PCC	-	21,247
Net capital expenditure	-	21,247
Capital Resource Limit	-	21,274
Overspend/(Underspend) against CRL	-	(27)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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.

	2017-18 £	2016-17 £
Net Expenditure	(1,568,556)	(1,606,006)
RRL	1,577,207	1,612,412
Surplus/(Deficit) against RRL	8,651	6,406
Break Even cumulative position (opening)	239,859	233,453
Break Even Cumulative position (closing)	248,510	239,859

Materiality Test:

	2017-18 %	2016-17 %
Break Even in year position as % of RRL	0.55%	0.40%
Break Even cumulative position as % of RRL	15.76%	14.88%

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NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2018

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 5 July 2018.

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