ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED
31 MARCH 2020

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We welcome feedback on this Report. Please contact us on info.pcc@pcc-ni.net or call/write to us at the address above.

PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Laid before the Northern Ireland Assembly under the Health and Social Care (Reform) Act (Northern Ireland) 2009 by the Department of Health for Northern Ireland

5 August 2020

OUR PURPOSE

The Patient and Client Council (PCC) was created on 1 April 2009 as part of the reform of Health and Social Care (HSC) in Northern Ireland.

We are an independent, informed and influential voice that advocates for people across Northern Ireland on Health and Social Care.

OUR VISION

Our vision is of a world class Health and Social Care service that looks for, respects, and learns from the experiences and views of patients, clients, carers and communities.

OUR MISSION

Our Mission is to:

- listen to people, throughout Northern Ireland, to understand their views and priorities;
- help people to raise concerns, and to seek resolutions to problems and issues they have encountered in using Health and Social Care Services; and
- work to make sure all these experiences inform policy; improve service delivery and shape future service provision.

OUR VALUES

The PCC share the Health and Social Care values:

- Working together;
- Excellence;
- Compassion; and
- Openness and honesty.

In our work we express these as:

- Putting people at the centre of all we do;
- Using evidence from people to guide our work;
- Speaking independently;
- Working in partnership; and
- Being open and transparent about our work.

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Foreword and Council Members' Report

This is the Annual Report of the Council, prepared in accordance with section 16 of, and paragraph 11 of Schedule 4 to, the Health and Social Care (Reform) Act (NI) 2009.

The PCC was established by the Health and Social Care (Reform) Act (NI) 2009 to ensure that the 'voice of patients, clients, carers and communities is valued, heard and acted upon' in the development of policy on, and provision of, Health and Social Care services. This statutory role gives the PCC a unique place within the Health and Social Care sector in Northern Ireland. At this time not only of major change, but now of unprecedented and unexpected pressures on the whole Health and Social Care (HSC) system, it is vital to maintain focus on listening to, and respecting the voices of, patients and service users; and on ensuring that resources are deployed to the best effect possible.

The PCC's 10th anniversary year started with a new leadership team, including a new Chair and 3 Council Members; new Chief Executive (CEO); Acting Head of Operations; Head of Development and Corporate Services; Research Manager; and Communications Manager. All these staff were new entrants or had taken up the new roles in the PCC in the previous few months. The new CEO, Ms Vivian McConvey joined the PCC on 10 April 2019. Qualified as a social worker in 1987, Ms McConvey previously worked with vulnerable children and families predominately within the 3rd Sector. The Acting Head of Operations left on secondment in July 2019. The next management level had two key vacancies: Involvement Services Programme Manager; and External Relations and Policy Manager. Over the 2-year period 2017/2019, the PCC sustained substantial staffing instability, impacting on staff morale. Given the complex processes and the time required to recruit staff, the role and tasks of Acting Head of Operations and External Relations and Policy Manager were taken on, as an interim measure, by the CEO. The Council Members wish to take this opportunity to record their thanks to Ms McConvey and her team for her leadership, and all the hard work put in over the whole year; and especially since the arrival of the COVID-19 virus in Northern Ireland in February 2020.

Internally, the PCC started a process of renewing and refreshing its organisational systems and processes, with the initiation of the Investors in People Programme; and the commissioning of an independent Organisational Review, led by Paula O'Kelly from the HSCNI Leadership Centre. These processes will continue, in order to make sure that our greatest resource, our people, are equipped, managed and inspired to give of their best in working for patients and service users, and their families.

A clear vision for the strategic direction of the PCC, building on its established foundations and aligned with the Northern Ireland Executive's vision of "Delivering

Together" as described by Professor Charlotte McArdle, Chief Nursing Officer, was set by Ms Vivian McConvey in her address to the PCC's Annual Conference. This was held in Belfast City Hall in October 2019, and launched the "Make Change Together" programme. Make Change Together, developed in partnership with the Department of Health (DOH), the Public Health Agency, and most importantly with members of the PCC's Membership Scheme, will be the way in which the experience, knowledge and skills of patients, service users, and their families and carers can shape policy development, and service delivery and planning.

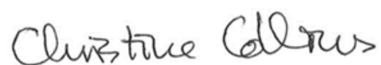
In accordance with this refreshed vision, the PCC has contributed to work on the Transformation Programme; the Implementation Programme following the Report into Hyponatremia related Deaths; the Review of Neurology; and Muckamore Abbey, and the Care Homes; as well as substantially increasing its involvement in supporting patients and families in Serious Adverse Incident processes. Alongside this, the PCC's research programme has continued, with reports published on adult social care services for people with physical disabilities and psychological support accessed through primary care (see full list at Appendix A).

Our Involvement and Client Support activities have been fully engaged, in providing opportunities for people to have their say for example on the draft Five year plan for Mental Health Services for Northern Ireland, culminating in 3 public events held in Dungannon, Derry/Londonderry and Belfast. We also supported public engagement in the review of Urgent and Emergency Care, enabling over 500 people using this vital service to have their say, in the Emergency Departments themselves, and holding 2 further workshops, with DOH officials, in Omagh and Belfast. Furthermore, people with a learning disability and their Carers also had opportunity to engage with service providers at a workshop in Lisburn in September 2019 exploring issues of importance to them. These included "Future Planning" and a new Learning Disability Service Model for Northern Ireland.

Our Communications work has expanded too, with the Communications Team reaching out through social media and through a revamped website; endeavouring to make sure that all parts of the community are aware of and can access the help that the PCC offers.

As the year drew to a close, all this reform and change was brought into sharp focus and given added urgency and impetus by the inception of the COVID19 Pandemic. This crisis, with impacts not only on health and social care but on the whole of society, locally, nationally, and globally, demanded a total reform of the way in which the PCC, along with the whole of the HSC, operates. It has triggered a move to "working from home" and rapid growth in partnership relationships both within the HSC itself and more generally, aimed at ensuring that the best possible information and support is readily available to patients, service users and their families and carers, despite the Lockdown measures.

It is clear that even in the most optimistic scenarios, the effects of COVID-19 will continue to be felt for years to come. We cannot yet tell exactly what all these impacts will be; but we must be alert for them, and ready to act. Systems will need to be “rebuilt” to reap the benefits of new ways of working, and to make sure that the long term support that all those affected will need is available to them. This is both a challenge, and an opportunity. It is one which we can assure you, without hesitation, that the PCC is determined to meet.



Christine Collins MBE
Chair
Patient and Client Council

30 June 2020

Performance Overview

The Performance Overview provides information on the PCC, its main objectives for 2019-20 and the principal risks that it faces. It sets out the purpose of the PCC, including the Board's and the CEO's perspective on its performance against its objectives and the risks to those objectives.

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

Chief Executive's Statement

In my first year as CEO for the PCC, I am pleased to report we delivered on all our objectives for the year 2019-20, apart from objective 3.1.2, Review of the Complaints Support Service. This Review included commissioning external resources to consider serious adverse incidents and support for those in nursing and residential homes. Owing to the exceptional circumstances created by the COVID19 Pandemic, this Review could not be completed as planned. This objective is being carried over into 2020-21 and will be recommenced post COVID-19.

The past year was not without its challenges including a limited and reducing budget, staff sickness and staff vacancies.

One of the key events in 2019-20 was the 10th anniversary Conference in Belfast City Hall on the 23rd October 2019. We are grateful to the Belfast City Council for their generosity in allowing us to use their magnificent facility. The Conference was enjoyed by around 100 people, including colleagues within the HSC, voluntary and community sector and the general public. We were delighted to be addressed by the Chief Nursing Officer, Professor Charlotte McArdle, who set the strategic background to Health and Social Care; and inspired by the work showcased by the Co-production Awards, the launch of the Make Change Together initiative. I was delighted to be able to set out the PCC's vision for the future before such an illustrious audience.

Throughout the 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 reduced staffing levels.

We also continued to work to advocate for and support those who have experienced difficulties with their care or treatment. This area is one where cases with a high degree of complexity and sensitivity are becoming more common; and where we are conscious of a pressing need to move from a paper based and bureaucratic process to a problem solving and mediation approach. The PCC is working to build partnerships with Trusts, other service providers and the new Care Opinion system.

(Launched in NI in April 2020, Care Opinion will provide a safe and simple way for people to share their experience- good or bad- online; and where service providers will publish their response. Viewers can see how such experiences are leading to change.) All of these networks are being used to make sure that patients, service users, families and carers can raise concerns, issues and experiences and be supported to find appropriate resolutions.

Background and Context

The PCC was established in 2009 to provide a powerful, independent voice for people. The PCC has five main statutory functions and 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; and

- to undertake research and conduct investigations into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care; and provide advice regarding those methods and practices.

Strategic drivers

In the last 12 months, the PCC has undertaken public engagement in key areas of the transformation of our health and social care services. The strategic drivers, some of which are listed below, informed our focus. Planning how to continue to do this, and to expand the engagement of the public will be a continuing challenge given the pace of change in HSC, our constrained budget, and the impact of COVID19.
The Northern Ireland Context: *New Decade, New Approach*

Three years of Assembly absence were ended on 11 January 2019 after details of a draft deal were published. The New Decade, New Approach deal outlines a series of priorities and ambitions for the reformed Northern Ireland Executive and Assembly. The deal outlines a desire for the Executive to introduce an action plan on many health and social care issues including, waiting times, mental health and cancer services.

The absence of a devolved Assembly since 26 January 2017 has delayed decision making; and the need to transform health and social care services is urgent.

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

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

Power to People:
The report of the Expert Advisory panel on Adult Care and Support was published December 2017. The PCC recruited and facilitated the service user and carer reference group which co-produced this work. The report outlines sixteen proposals to reboot adult care and support in Northern Ireland. The PCC have supported and continue to support the DOH as they take forward this work, which is so essential to many citizens of Northern Ireland.

Staff

The PCC has experienced significant change within staff and Board Membership over the past 3 years. On appointment in April 2019, the new CEOI set out to stabilise the workforce, and to deliver on the immediate Operational Plan objectives. To this end, a recruitment campaign was initiated in the summer of 2019 to fill six vacant posts. However, recruitment to two posts was halted when it became clear that the PCC's projected budget for the 2020 -21 year could not support the existing organisational structure.

In July 2019, the Leadership Centre were commissioned to undertake an independent Organisational Review, to give options for the fundamental restructuring of the PCC. This will assist the Board and staff to embark on an inclusive strategic planning process, shaping the future focus of our work.

In addition, work commenced to benchmark against Investors in People (IIP) standards; with the goal of working to achieve IIP Accreditation. Whilst we did not succeed in gaining this award at our first attempt, an action plan is now in place. We plan to re-apply in 2020-21.

The PCC team is small (23 staff; and 8 part time non-executive Board Members as at end of 2019-20) but they strive to make a difference for patients, service users, their families and carers, in a very large and complex HSC system (68,222 employees[1]).

The success of the PCC is rooted in our staff; and their development, management and motivation is key to success. In addition to participating in the eLearning programme, an online tool managed by the Leadership Centre, where PCC staff can avail of training courses and resources on a variety of topics, further courses were specifically commissioned in year to meet our needs. These include:

- Writing effective minutes;
- Handling difficult telephone calls;
- First aid;
- Fire Safety training;
- Coaching; and
- Information Governance.

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In addition, to develop our Managers, some of whom are new to the role, a series of Human Resources training sessions for the Leadership Team were arranged, along with Risk Management training.

We keep staff informed on all aspects of our work, including our annual Operational Plan, our performance against objectives, and policy developments, through e-mail and through regular team meetings, as well as through Staff Days, involving all members of staff in facilitated discussion/workshops.

This year 5 Staff Days were held; these were used to provide training, share information, discuss developments and celebrate achievements. Most recently, the PCC set up a What's App Group for PCC staff (including those on maternity or sick

[1] Figure based on DOH December 2019 survey: https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-2019.pdf

leave) to ensure everyone was kept involved and up to date, especially with the COVID19 developments.

The PCC supported three PCC staff members who achieved the 25 years of HSC service (and over) award in 2019-20.

PERFORMANCE ANALYSIS

The following comparison statistics reflect the re focusing of PCC work and objectives in 2019-20. The table does not include new initiatives undertaken as detailed on page 15. Appendix B also provides details on activity outputs for 2019-20.

Statistics demonstrating PCC work throughout 2019-20 compared to 2018-19

2018-19	2019-20
716 people supported through the formal complaints support service	860 people received advocacy support to raise their concerns formally and informally about Health and Social Care
667 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires	720 people were given advice and information through our Call Support Service
33,400 visits to its website	20,059 visits to our revised website (since its launch in July 2019)
4,839 followers on Twitter	5,434 followers on Twitter
2,343 followers on Facebook	2,654 followers on Facebook
219 comments on our weekly blog	131 comments on weekly blog (since July 2019)
Speaking directly to approximately 3,600 to hear their views on health and social care services	Speaking directly to approximately 1,300 people to hear their views on health and social care services
2,279 people contributed to our published reports	440 people contributed to our published reports
Responded formally to 8 health and social care consultations	Responded formally to 1 health and social care consultation
831 new members were recruited to our Membership Scheme	367 new members were recruited to our Membership Scheme
The PCC membership Scheme had a total of 13,479 members	The PCC membership Scheme had a total of 12,466 members

Operational Plan

Throughout 2019-20 the PCC heard views and shared insights across a number of areas including:

- Access to and quality of Community Continence Services;
- Make Change Together initiative, including work on Elective and Urgent Care and the Cancer Strategy;
- Borderline Personality Disorder;
- Health Literacy and the importance of providing high quality, meaningful health information;
- Serious Adverse Incidents; and
- Our Client Support Service.

In the last 12 months, the PCC has undertaken key areas of public engagement/support work, which will continue into the next 3-5 years. This critical strategic work includes:

- Supporting the public to engage in the Transformation of our Health and Social Care system and services;
- Supporting the strategic agendas related to Power to People;
- Seeking people's experiences about access to continence services;
- Promoting the need for a Health Literacy policy in Northern Ireland;
- Reviewing the effectiveness of our complaints/advocacy support process, moving towards a relationship based, solution focused approach;
- Supporting IHRD implementation, particularly with regard to regional developments in the Serious Adverse Incident process; in Advocacy and patient support; and in implementing the O'Hara recommendations for a statutory Duty of Candour, reinforcing an open and honest HSC culture; and
- Setting out how to support advocacy models of practice in Nursing and Care Homes.

Central to achieving this level of Operational Plan delivery has been the provision of forums, both local and regional, to enable people to have their voices heard. In turn, people's views have been shared and used to support effective partnership and service improvement working with colleagues across Health and Social Care bodies and in the DOH.

Relationships

The appointment of a new Chair and CEO gave the opportunity to reach out to leaders across the HSC sector in early 2019-20. Foundations were laid with the

intention to build networks and partnerships for the future. We acknowledge and value the partnerships we have with government, health and social care bodies and community and voluntary sector organisations. These links are vital to the delivery of change, and improved service for patients, service users, carers and families. We will strive to develop these further in the years ahead. We are appreciative of the welcome given to this refreshed approach.

However, these examples do not capture the entirety of the PCC's work and contribution across the HSC, in support of the Northern Ireland Executive's democratically agreed priorities. The PCC works throughout the year, using its limited resources to carry out not only the letter but the spirit of our statutory remit. We pride ourselves on our ability and commitment to support our citizens, and the Executive's priorities:

- Supporting the public to engage constructively in the ambitious plan set out in New Decade, New Approach;
- Supporting patients and families in Muckamore Abbey Hospital;
- Commencing work to re-structure and re-build the PCC through co-producing our new strategic plan and vision, to have the public contributing constructively at the heart of all HSC reform;
- Reviewing how best to establish locality based community forums to comply with statutory requirements;
- Enhancing the visibility and independence of the PCC, by changing our PCC email address to - @pcc-ni.net;
- Responding to a consultation using evidence from service users and patients. This is in addition to providing direct service user and carer involvement to the Department's Transformation programme, through the PCC's Make Change Together initiative;
- Working cross departmentally to contribute to the development a new digital platform (MYNI) running a supported self-management campaign, developed and delivered with service users and professionals in partnership;
- Responding to the COVID-19 outbreak by implementing a contingency plan and developing a system to help the public with queries and concerns; and
- Engaging with the media which has so far resulted in 32 requests for media appearances, 13 of which were deemed appropriate to respond to: in 1 television appearance, 4 radio interviews and 8 responses given to print media.

Progress on the objectives set out in the Operational Plan 2019-20 is detailed below, categorised by the PCC's five Corporate Goals:

1.0 Representing The Interests Of The Public

In exercising its statutory function the PCC shall:

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

1.1 Transformation Implementation Group Work

The PCC continued to work with the Department across a number of Transformation Implementation Group work streams and projects, offering opportunities for strategic level involvement and the public to have their say on service development and planning. These included:

- Service Reconfiguration Reviews within the Hospital Services Reform Directorate;
- Urgent and Emergency Care;
- Day Procedure Services ("Elective Care Services");
- Regional Obesity Management Service;
- Nursing and AHP;
- Reform of Adult Social Care;
- Encompass; and
- Cancer Strategy.

This work has been made possible through the PCC's 'Make Change Together' programme. This Transformation Programme initiative enabled the PCC to work collaboratively with HSC partner organisations and DoH policy leads to implement effective engagement of the public in, and where possible the co-production of, Transformation projects. Public engagement took the form of workshops, panel meetings and, with citizens sitting around the table as key stakeholders, planning and informing processes for the Transformation agenda. To date 748 people have participated in the 'Make Change Together' Programme, which in a short time has become recognised as a key involvement mechanism, producing valued and respected input into the transformation of our Health Service.

Excellent Communication strategies have been key to informing people about, and attracting them to participate in these new opportunities. In addition the PCC used all its channels to promote consultations and involvement opportunities. These

included the PCC website; our social media platforms; our Membership Newsletter and verbally and face to face, through PCC Involvement Officers' engagement work.

1.2 Care at End of Life

The Patient and Client Council will work in partnership with NACEL (National Audit of Care at End of Life), HSCB, service users and carers to ensure the views of the dying person and carers inform future policy.

The PCC worked in partnership with NI Palliative Care, the Partnership Programme Board, NHS Benchmarking and the Health and Social Care Trusts to support NACEL (National Audit of Care at End of Life). This project aims to ensure that the views and experiences of the dying person and their loved ones inform future policy and practice around end of life care in hospitals. The PCC provided local research expertise for a survey of recently bereaved people, specifically advising on research design, ethical/sensitive practice, information governance and the content of the questionnaire and other documentation.

1.3 Bamford Monitoring Group (BMG)

A substantial programme of work was undertaken within the remit of the BMG in 2019-20. This work has a strong emphasis on working in partnership with colleagues from DOH, HSCB, the wider health family and the Community Voluntary sector - building connections to support our future work.

In year, a review was commenced of the work of the BMG, with an external facilitator commissioned to engage with members and external stakeholders to inform future work and direction in the areas of Mental Health and Learning Disability, which we recognise to be of crucial importance.

Key areas of work undertaken in 2019-20 are:

Future Planning
A workshop was held in September 2019 to provide an opportunity for carers and people with a Learning Disability to engage with their local HSC Trust on the specific issue of Future Planning. 83 people attended the event in held in Lisburn Civic Centre. PCC also worked in partnership with the HSCB to provide a further engagement session at this workshop. This focused on developing a collective carer perspective on a Regional Learning Disability Service Model.

Personality Disorder
This year, the PCC completed the analysis and reporting on the Borderline Personality Disorder scoping research carried out during 2018-19. This involved engagement with service users; and significant further engagement with those working in Personality Disorder services (through the NI Regional Personality Disorder Network) to incorporate perspectives of commissioners and service staff alongside those of service users. The scoping paper will be published and shared with participants and other relevant stakeholders.

Mental Health Five Year Review Strategy
This year PCC also facilitated patients, families and carers inclusion in the development of the draft 'Mental Health Five Year Action Plan'. Working collaboratively with DoH policy leads and the Community and Voluntary Sector, four workshops were held in Derry/Londonderry, Dungannon and Belfast. An additional workshop specifically for children and young people was also held, in Belfast. This constructive public engagement has been welcomed by policy leads, and we look forward to further involvement in development and implementation of a Mental Health Strategy for Northern Ireland, to meet commitments made in the 'New Decade – New Approach' document,

1.4 Accessibility and Quality of Continence Services

The PCC completed Year 1 of a two-year project to seek and report on the views of current users of adult Community Continence Services. Continence is a widespread and "hidden" problem which can impact severely on dignity, and on quality of life. Our research focused on the accessibility and quality of these services. It was co-produced with a Project Steering Group, the membership of which included service users, service staff and management, and an Assistant Director from the PHA. We carried out semi-structured interviews with service users across all five Trust areas as well as an online survey of Service staff. Findings were analysed, written up and developed into evidence-based conclusions and recommendations, which have been endorsed by service users and service staff. The report has been shared with relevant stakeholders including HSC decision makers.

The insights gleaned from the project, alongside discussion within the Project Steering Group, have informed the planned focus for Year 2, which will explore the experiences and perceptions of patients and staff around continence in primary care settings.

2.0 Promoting Involvement Of the Public

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

2.1 Implement Changes to Membership Scheme

The PCC have worked throughout this year in partnership with members of our Membership Scheme to refine the Scheme, and to implement changes. Our new PCC website has been key to this and supports a more robust application process. These enhancements will allow us in future to direct relevant involvement opportunities to members, as we will know more about their experience, skills and interests. We hope that the Membership Scheme will become a source of “lived experience” and wide expertise, available through the PCC to the HSC, and fulfil its potential in informing decision makers about the impacts proposals may have on the health and wellbeing of the public.

Existing Scheme members have been asked through both the Updates Newsletter and separately to complete the new registration process, which also allows members to choose their preference for the types and styles of engagement they would like to be involved in. Members have begun to migrate but further action will be required to support as many current members as possible to complete this action.

The PCC’s ‘Make Change Together’ programme has developed to build upon and neatly fit with our new, enhanced Membership Scheme. Going forward, this will provide a unique opportunity for people to be involved in how their Health and Social Care services and systems are developed and delivered at all levels of the process.

We are working to prepare a Business Case for funding to continue to develop, on a sustainable basis, this key area of our statutory functions.

2.2 Effective Co-production

A major step forward this year has been recruitment of a service user/client and carer Reference Group, to embed co-production across the work of the PCC’s Involvement Services. A recruitment process has been undertaken; and it was anticipated that the first meeting of the Group would be held in March 2020. This has unfortunately been postponed due to the COVID19 Pandemic. However, we are looking forward to working with this Group to further improve and enhance how we co-productively do our business. We will be working to establish how the Group can be set up and facilitated using remote means, as these technologies become scaled up and robust across HSC systems.

2.3 Inquiry into Hyponatremia Related Deaths (IHRD)

Throughout the year, the PCC has very actively supported the implementation of the recommendations of the Inquiry of Hyponatremia Related Deaths (IHRD). This work will continue into the coming year.

There is current PCC participation in the following work streams:

- Implementation Programme Management Group;
- Duty of Candour and Being Open;
- Serious Adverse Incidents;
- User Experience and Advocacy;
- Death Certification Working Group; and
- Preparation for Inquests.

The PCC has participated in the work of the Duty of Candour Work stream, and its Being Open Group, and provided and supported workshops with patients, families and carers and the public, and with Health and Social Care staff, on the vital issues around the introduction of a statutory Duty of Candour and its underpinning culture of openness.

The Advocacy and Patient Experience work stream of the Hyponatraemia Implementation Programme recognises the vital role of independent advocacy in supporting and enable patients and families to have their voice heard. We are an active part of this debate and hope to take a leading role in supporting and enabling advocacy in Health and Social Care.

The PCC will continue to support actively the implementation of the involvement strategy for the Hyponatraemia Implementation Programme in particular through publicising events and information through its Membership Scheme and wider networks and by facilitating focus groups and similar planned activities designed to secure the input of patients and the public to this far reaching and transformative Programme of Work.

We will continue to support strong service user/carer input; with a particular focus on Duty of Candour/Being Open, Serious Adverse Incidents and Advocacy and Patient Experience.

3.0 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 Complaints Support Service Delivery:

Throughout 2019-2020, the PCC has continued to deliver advocacy support for people with concerns about Health and Social Care. During the year the organisation has also begun the work of developing its service to patients, families and carers. We have looked in particular for opportunities to seek early local resolution - without resort to formal processes – whenever this better serves the needs of clients. In 2019-2020 the proportion of concerns resolved by these means increased to 36% from 18% in 2018-2019.

3.2 Client Support Service Activity in 2019-2020

Overall activity is up by 7.2% overall, reversing a downward trend in activity noted in previous reports. As the organisation continues to develop in 2020-21, it is hoped that this upward trend in the numbers seeking and benefitting from our advocacy support will continue.

The following table describes the overall activity level of the Client Support Service and compares this with activity in the previous year.

	April to March 2018-19	April to March 2019-20	Difference
Formal complaint	590	550	-40
Issue or concern*	131	315	+184
Advice and Information	785	749	-36
Total activity	1506	1614	+108

*Issue or concern refers to supported advocacy to assist in resolving a matter.

NB The figures for 2019-20 are subject to validation and may change.

Complaints Support Service Report

The PCC will produce a 2019-20 Client Support Service Report. This report is widely anticipated across Health and Social Care and is a means by which we identify trends and common themes. We use this data to inform our engagement with HSC providers on service improvement.

3.3 Helpline Review & Care Homes

The PCC will review and develop its Freephone Call Answering Support Service with particular reference to supporting residents of Care Homes and their families.

During 2019-2020 the PCC made significant changes to the manner in which it answered calls, aiming to ensure a greater number of callers could speak immediately to someone who can help. The investment made in this reorganisation has greatly enabled us to move rapidly in response to the COVID 19 Pandemic and to offer support to other HSC organisations, as a route to expert help for people with worries and concerns.

In addition, the PCC commissioned an independent Consultant to undertake a review of advocacy in Care Homes and to explore with providers, residents and their families how we might best help to make sure that residents and their families are aware of our services and feel comfortable and confident in raising concerns. This work has been delayed by the COVID19 pandemic as it relied on meeting with residents and their families "face to face"; but will resume as soon as possible.

3.4 Additional Unplanned Activity

Aside from the planned activity contained within its Operational Plan, the PCC was involved in other significant activity over the year, supporting families and patients, which highlights the importance of developing the role of the advocate in Health and Social Care:

- **3.4.1 Muckamore Abbey Hospital** – the PCC has undertaken significant work in year to engage with families and patients of Muckamore Abbey Hospital, alongside other advocacy providers on the site, and with Management of the Trust. All of this work is aimed at the development of an Advocacy Strategy for the Hospital. As it relied very much on meeting with families and patients, this work has been slowed by the impact of COVID19. However, this crucial work will continue as soon as the risk from COVID19 has declined sufficiently to allow the current restrictions to be eased.

- **3.4.2 Neurology Inquiry** – the PCC was invited to submit its intelligence and evidence to the Inquiry and invited to speak to it. Through this engagement we anticipate in 2020/2021 working with the HSC Trusts on securing improvements in the management of clinical complaints; benefiting service providers, patients and the public. In addition, the PCC is working with the Department on mechanisms for redress for those affected.

4.0 Promoting the provision of information 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 Health Literacy

The PCC have worked with Belfast Healthy Cities to progress work on bringing together key stakeholders to engage on Health Literacy and agree a common understanding. To this end, we produced a scoping paper during 2019-10 which sought to:

- Establish the current context of Health Literacy in Northern Ireland and in the UK;
- Collate evidence on the importance of Health Literacy;
- Evidence the scale of the issue for different sections of the population; and
- Review specific interventions for improving Health Literacy.

The objective is to inform thinking and discussion around Health Literacy, and to form an initial evidence base and stimulus for an action plan for Health Literacy in Northern Ireland. It is hoped that the delivery of this will be co-led by Belfast Healthy Cities and the PCC in 2020-21.

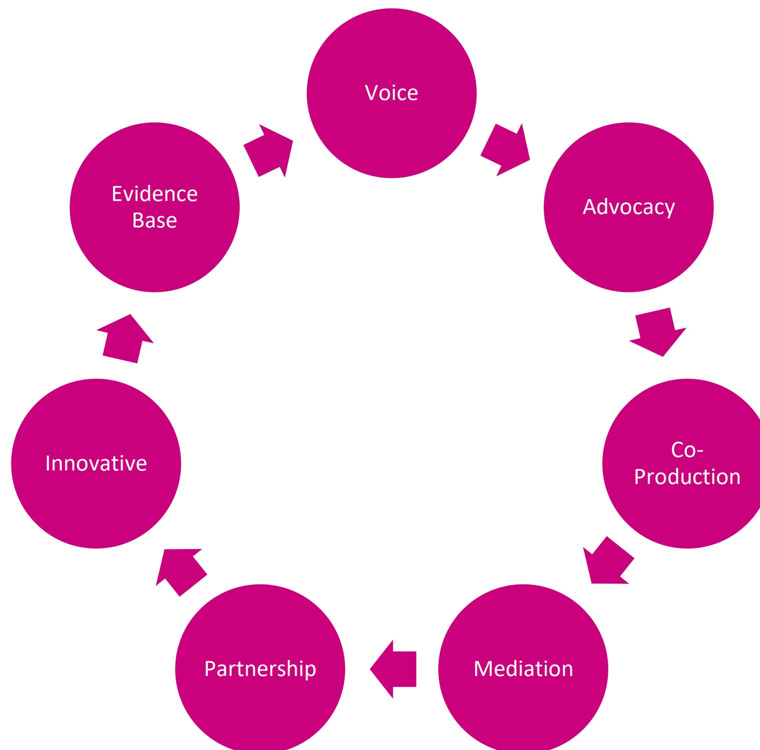
5.0 The PCC is an effective organisation

5.1 "10 Year Anniversary"

We marked our 10 year anniversary in 2019 through an effective social media campaign during April 2019, with engagement statistics of over 981. We then held a Conference in Belfast City Hall on Wednesday 27 October 2019. The Conference was opened by the Deputy Lord Mayor, Councillor Peter McReynolds, and the PCC Chair, Christine Collins MBE. Professor Charlotte McArdle, Chief Nursing Officer gave an impressive strategic overview of the context for health and social care in

Northern Ireland; and the priorities which have to be addressed in providing high quality health and social care for all. Our CEO, Vivian McConvey gave an inspiring vision for the future of the PCC, pledging the organisation to work in partnership to support patients and service users, and to ensure their voices were heard and respected.

Foundations for the PCC's Vision



Attendees included individual members of the public; staff members from throughout the health and social care sector; the community and voluntary sector; as well as PCC Members and staff. The Conference marked the launch of 'Make Change Together', our recruitment, training and support programme, inviting and supporting people to get involved in shaping the transformation of Northern Ireland's health and social care system. This launch received coverage in the press and included radio on Downtown, UTV and Citybeat radio stations.

Launching the PCC's 10th Anniversary Event – September 2020

Charlotte McArdle - Chief Nursing Officer, Christine Collins - PCC Chair, Vivian McConvey - PCC CEO and Jean Dunlop - Service User Representative

This event also provided a platform for the PCC's annual Excellence in Co-Production award ceremony - recognising and celebrating the best examples of Health and Social Care staff and the public working together to plan, design and deliver services.

Entries were received from all six Trusts across Northern Ireland, and were shortlisted by a panel of 6 members from the PCC's membership scheme. The three shortlisted entries were asked to provide a short presentation or video to be shown at two Membership events in Belfast and Derry/Londonderry, where PCC members voted for the project that demonstrated effective co-production with positive outcomes.

The PCC are delighted to announce that the winner was the Northern Trust with their project, 'Committed to Carer Support'. This project focussed on developing support for carers so they can continue to care for their loved one and included working with the Carer Pathway Steering Group to co-produce a support programme with over 100 events ranging from yoga to crafts.

Congratulations also goes to the runners up for the award Southern Trust 'Daisy Hill Pathfinder Project' and South Eastern Trust 'Carers Conversation'.

Other entrants included:

- Western Health and Social Care Trust - 10,000 Voices: Hospital Eye Care Services;
- Belfast Health and Social Care Trust – Guidelines for the Management of Home Births; and
- NI Ambulance Service Trust - Meeting the Needs of Frequent Callers and Reducing Demand on Services.

Patient and Client Council Excellence in Co-Production Award 2019-20 Winners

Edith Shaw - PCC Member, Claire Campbell -Carer Coordinator for Northern HSC Trust, Gail Workman - Carer’s Representative, Christine Collins - PCC Chair and Vivian McConvey - PCC CEO

Diminishing Resource

Diminishing resource is a challenge in financial and staffing terms. Over the past six years, the PCC's budget has been reduced by 20% in cash terms. In response, we have grown our efficiency and effectiveness by finding new ways to do our work, particularly in our engagement with people. This has included a focus on making active, purposeful and constructive links between interested individuals and groups, aligned to the Transformation programme. We have moved to training and supporting people to get involved actively in policy formation and service planning; and away from simply generalised public information stands. However, it is not possible for a very small organisation to absorb such financial reductions without serious impacts and risks to operational activities, service provision to the public, and our ability to meet our statutory duties to serve the public.

We are working closely with the Department to ensure that not only are we equipped to carry our legislative mandate, but that we have sustainable financial resources to carry out our role as the statutory patient's voice in Northern Ireland. Properly structured, and adequately resourced, the PCC can play a vital role, as envisaged in our founding legislation, in enabling people to shape, build support for and drive forward necessary changes in health and social care.

The PCC is acutely aware of the adverse impact resource constraints have had on all Health and Social Care providers. These constraints, and the delay in necessary reforms, have led to increased waiting times, well beyond the limits of what is regarded as "unacceptable" elsewhere in the UK, and greatly increased public concern about patient safety. These factors will inevitably be exacerbated by the impact of COVID19. Urgent and continuing action is required to address them.

Complaints about the Patient and Client Council

The PCC received nine complaints about its services in the course of the year. A number of these related to the telephony system and delayed response times to queries. We take all feedback very seriously and constantly review the service we offer to improve the experience of our clients. We have set up a new telephony model to address these concerns; and we will continue to monitor this service to ensure consistent and sustained improvement.

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 Operational Plan, including its work on Bamford.

The following table summarises the year’s finances:

Income	
Revenue Resource Limit	£1,563,483
Other income	£766
Sub total	**£1,564,249**
Expenditure*	
Staff	£1,089,167
Other expenditure	£459,800
Sub total	**£1,548,967**
Surplus	**15,282**

*Expenditure in the above table does not include non-cash items of £13,157.
In year the PCC received £4,760 capital funding for additional IT equipment

The Board of the PCC received regular updates to ensure we met our statutory break even requirements in 2019-2020.

PROMPT PAYMENT - Public Sector Payment Policy - Measure of Compliance

The DOH 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:

	2020 Number	2020 Value £	2019 Number	2019 Value £
Total bills paid	701	663,915	535	467,608
Total bills paid within 30 day target	645	579,294	518	441,821
% of bills paid within 30 day target	**92%**	**87%**	**97%**	**94%**
Total bills paid within 10 day target	486	444,390	443	387,157
% of bills paid within 10 day target	**69%**	**67%**	**83%**	**83%**

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	-

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, 99.65% of the PCC's budget is funded through the DoH. As DoH funding is expected to continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis.

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

Investment Strategy and Plans

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

Accounts

The Accounts have been prepared under a direction issued by the Department of Finance under circular HSC (F) 07-2020.

Property

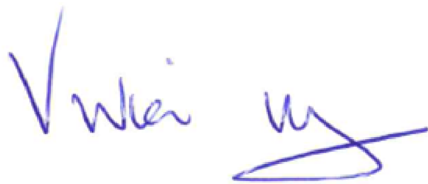
The PCC estate consists of four office bases:

Office	Status	Annual rental
Centre House, Belfast	Shared offices with NIPEC until end of February 2020. Memorandum of Understanding (MOU) was in place.	£27,500
BT Tower, Belfast	Shared offices with RQIA (as of 1 March 2020). This is a temporary move until new premises at Great Victoria Street (GVS) are ready.	-
Quaker Buildings, Lurgan	Leasehold expires 5 January 2021. New business case under development for post 5 January 2021.	£21,000
Wellington Court, Ballymena	Leasehold expires 30/6/20. New extended two year lease in process.	£5,000
Hilltop, Tyrone Hospital, Omagh	Owned by Western Health Social Care Trust – MOU	£1,440

Plans are underway to move to a new, Belfast office facility (Great Victoria Street, (GVS)) in the autumn of 2020. The anticipated rental for the new facility in GVS is £27,500/annum.

Audit Information

The Executive and Non- Executive Directors have taken steps to ensure all of relevant audit information was made available to the auditors. The Directors can also confirm that there is no relevant audit information of which the auditors for the PCC are unaware.



Vivian McConvey
Chief Executive
Date 30 June 2020

ACCOUNTABILITY REPORT

The Accountability Report for the PCC is presented in three sections:

a) Corporate Governance Report;
   - Statement of Accounting Officer Responsibilities; and
   - Governance Statement.

b) Remuneration and Staff Report; and

c) Accountability and Audit Report.

a) Corporate Governance Report

Statement of Accounting Officer Responsibilities

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

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

- observe the Accounts Direction issued by the DOH including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;

- make judgements and estimates on a reasonable basis;

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

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

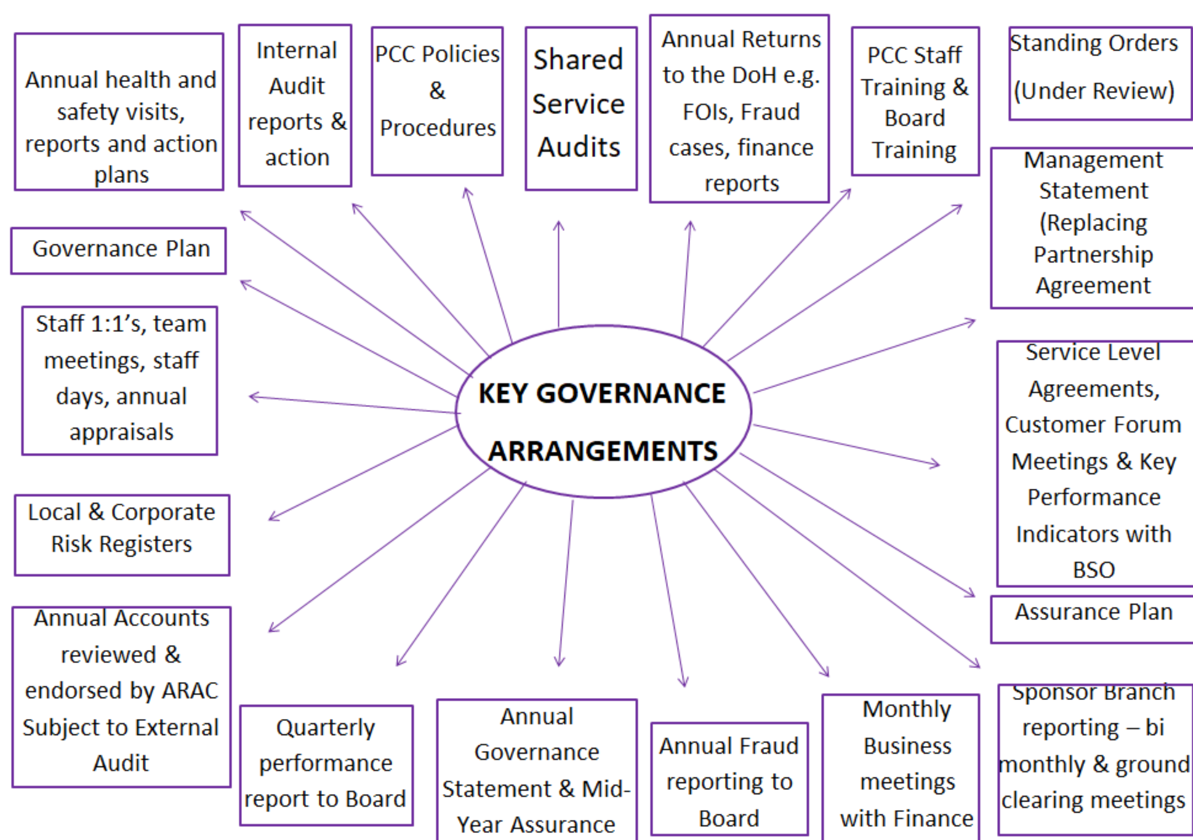
- keep proper accounting records which disclose with reasonable accuracy at any time the financial position of the PCC; and

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

The Permanent Secretary of the DOH as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Vivian McConvey as the Accounting Officer for the PCC. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PCC's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the DOH, and in Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

Governance Statement

As CEO of the PCC and as its designated Accounting Officer, I am responsible for its internal governance. Throughout the past year I have reviewed, maintained and improved internal systems. I believe these are the foundation stones required to support the achievement of the organisation's policies, aims and objective. In so doing, I also safeguarded the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the DoH. The graphic below summarises the key internal governance arrangements which run throughout the PCC.



The CEO is accountable to the Minister for Health, through the Permanent Secretary; and is responsible for keeping proper accounts and records, for preparing a statement of accounts in respect of each financial year; and for submitting those accounts and an Annual Report to the Department.

The Chair and Members of the PCC are appointed by the DOH (DoH) and constitute the Board of the PCC. The PCC is an arms-length body within the health and social care architecture. The PCC works in partnership with all health and social care organisations to fulfil its statutory functions and duties. This year, I took the opportunity to develop and embed new relationships and networks across the HSC family and other sectors, including Commissioners and Political representatives, recognising the value of partnership working as we move forward.

The PCC's Management Statement and Financial Memorandum (MSFM) establishes the framework agreed with the DoH within which the PCC operates. The PCC understand Partnership Agreements will be introduced from 1 April, 2020 replacing MSFM's.

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. It is the primary source of advice to the Minister on the discharge of his responsibilities in respect of the PCC. This Directorate also supports the Permanent Secretary as Departmental Accounting Officer on his responsibilities towards the PCC.

1. Compliance with Corporate Governance Best Practice

The Board of the PCC applies the principles of good practice in Corporate Governance and continues to work to strengthen its governance arrangements. The Board of the PCC undertakes continuous assessment of its compliance with governance best practice through its Governance and Audit Committee, its training and development actions and regular assessment of the PCC's processes, including progressing through the Investors In People programme (not yet received), and the Organisational Review. The Board's approach is underpinned by compliance with *"Corporate governance in central government departments: Code of good practice NI 2013"*.

In a period of considerable organisational change, including a new Chair and 3 new Board members, and the staff, which involved a completely new Executive Team, the use of the formal "Board Assessment Tool" has been considered and a modified variant of the Tool may be utilised as part of the ongoing Organisational Review.

The Governance and Audit Committee completed their assessment in March 2020 with no significant outcomes, as reported to Board in the Committee's Annual Update, May 2020.

All Members received a copy of the HSC Code of Conduct 2019.

2. Governance Framework

The Board

The PCC Board exercise strategic control through a framework of corporate governance which includes:

- A schedule of matters reserved for Board decisions and a scheme of delegation (approved on the 1st April 2009); (these are currently being reviewed);
- Standing orders and standing financial instructions (initially approved on the 1st April 2009; minor amendments were approved on the 19th March 2019; a further review is currently under way);
- The appointment of a Governance and Audit Committee;
- The appointment of a Research Committee; and
- The appointment of a Business Committee (incorporating The Appointments and Remuneration Committee).

The Chair and Members of the PCC, appointed by the Minister under the Public Appointments process, constitute the PCC Board. As at 31st March 2020 the Board has eight members. The Board holds its quarterly Board Meetings in public, and in the 2019-20 year rotated meetings across Northern Ireland, in an effort to improve accessibility. During the year, the PCC supported the Board Apprentice Scheme, which is hosted by Strictly Boardroom, and endorsed by the Department of Finance. It is designed to widen participation in public sector boards by offering an intensive training and mentoring programme to selected participants from under-represented groups. The PCC welcomed "Board Apprentice" Ms Fiona McLaughlin, to sit as an Observer at Board Meetings.

In 2019-20 there were 4 formal Board meetings. Members' attendance is set out below

Board Member	Board Meetings attended
Ms Christine Collins MBE (Chair)	4
Mrs Elizabeth Cuddy	2
Mr William Halliday	3
Mrs Joan McEwan	3
Cllr Martin Reilly	4
Mrs Seana Talbot (resigned on 31 January 2020)	3
Mr Alan Hanna	4
Mr Paul Douglas	3
Mr Patrick Farry	4

A Register of Members' interests is maintained and formally updated annually. Board Members are asked to declare any possible conflicts of interest at the start of each Board Meeting. There were no conflicts of interest identified during the year.

During the year, the Board also considered a number of key strategic issues, including:

- Mapping the environment and key stakeholders for PCC;
- Co-Production - Make Change Together initiative;
- PCC Organisational Review;
- Change Starts Now – 10 Year Event;
- Implementation of recommendations of the Report into the Inquiry on Hyponatraemia Related Deaths & the PCC's Advocacy role;
- Risk Management processes;
- Business Planning 2020-21; and
- Strategic Planning Process for period 2021 to 2025.

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.

As at March 31st March 2020 the Committee membership consisted of:

- Mr Patrick Farry (Chair as of March 2020);
- Mrs Joan McEwan (Chair from May 2016-February 2020);
- Mrs Elizabeth Cuddy;
- Mr William Halliday;
- Cllr Martin Reilly; and
- Ms Fiona McLaughlin (observer).

The Committee welcomed new members in 2019-20. Mr Farry and Cllr Reilly were proposed in June 2019, with Ms McLaughlin attending from March 2020 as an observer under a Board Apprentice Scheme.

Whilst the Committee welcomes Mr Farry into the role as Chair, the Committee pays tribute to Mrs McEwan, past chair, for her time, skills and devotion shown over the past 4 years. The Committee are also grateful that Mrs McEwan will stay on as a Committee member.

The Committee met formally three 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:

- Lone Working Policy;
- Conflict, Bullying and Harassment Policy; and
- Use of electronic mail policy.

The Governance and Audit Committee used the National Audit Office Audit Committee Self-assessment Checklist to review its good practice in January 2020. The Committee self- assessed that it met the five Good Practice Principles of the checklist.

3. Business Planning and Risk Management

Business planning and risk management are 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 Board recognises that the management of risk is an essential element of good governance and the effective stewardship and administration of the Council. To improve its risk management arrangements the Board focussed on revamping its Corporate Risk Register throughout 2019-20. In so doing, we engaged the services of Mr Philip Basham from Amberwing Limited, a specialist in governance, risk and assurance, who has advised numerous organisations over the past two decades, including many in health and social care. Through his work with the Board, existing frameworks have been built upon and enhanced, with revisions made to both systems and processes. The principal risks to the Council's key objectives have been confirmed, appropriate mitigation actions have been identified and the Council's strategic risk register has been revised and realigned. On-going review of this will form a central part of the Board agenda. Further training will be undertaken, both as part of continuing Board development and in order to further embed sound risk management practices throughout the PCC. Plans to hold a further risk workshop with the DOH in 2020 are on hold due to the COVID19 situation.

Business Planning

The PCC's Corporate Plan for 2017-2021 took its lead from the draft Programme for Government and using an Outcomes Based Accountability approach. Setting the Corporate ("Strategic") Plan is the responsibility of the Board; and delivery, through annual Business (Operational) Plans is the responsibility of the CEO, supported by the Leadership Team. As the Corporate Plan entered its final phase, the Board decided that it was timely to refresh both the Business (Operational) and the Corporate Plan. This process commenced with a workshop in 2019-20 focussing on environmental and stakeholder mapping. Work on preparing a new Strategic Plan for 2021 to 2025 has commenced; but progress has been paused due to the COVID19 situation.

The Annual Operational Plan details how the Corporate Plan goals will be achieved and demonstrated. The Operational Plan objectives are based on the public engagement programme undertaken by the PCC in the previous year; on engagement with policy leads; and input from the DoH, through the PCC's Sponsor Branch. The objectives are set out under each of the PCC's corporate goals, within its statutory functions. This operational planning process is led by the Head of Development and Corporate Services.

The Board receives a Performance Report giving a formal quarterly update on the Operational Plan, with progress and completion of objectives measured through agreed specific deliverables. This is supplemented by the Annual Report on Performance. These Reports are available to the public through the PCC website. The Operational Plan is subject to approval by the PCC Board and the DoH. Progress against the Operational Plan is discussed at biannual meetings between the Department and the Chair supported by myself as CEO.

The PCC and its work is funded by the DoH on an annual basis through a grant in aid; over recent years the PCC grant in aid has decreased. In 2012-13, the PCC budget was £1.8 million and by 2019-20, this had reduced to a budget of £1.4 million. This is insufficient to sustain the PCC's work with its current complement of 23 staff. It is only to be expected that the significant financial challenges will continue and will intensify across the whole HSC.

Recognising the impending challenge for the PCC, I have written to the Chief Nursing Officer as our Sponsor within DoH, and to the Deputy Secretary, Resources and Performance Management (DoH), to outline the financial pressures; and I am working with stakeholders and with the PCC Board to identify options, preferably in terms of identifying additional funding, but alternatively in restructuring and reducing services, in order to "live within our means".

Risk Management

Central to managing risk is the Corporate Risk Register. At the outset of the year the Board agreed to review the format of the register and assess the key risks facing the PCC; assuring itself of their relevance and possible impact to the activities of the PCC. Two workshops were facilitated in the year, one of which incorporated a training session. A third workshop, organised for March 2020 was cancelled due to the COVID19 outbreak. Development of the new register will continue into 2020-21.

The PCC's risk management policy was updated in 2019-20 and remains under review.

Risk management is embedded in the activities of the PCC. Executive responsibility for risk management lies with me as CEO; and I delegate day to day management to the Head of Development and Corporate Services.

The Board has reviewed and agreed its approach to risk in 2019-20. Given that it is publicly funded and that it is part of Northern Ireland's health and social care system, the Board has determined that the PCC's overall risk appetite will be "cautious".

This means that it will contain risks to a generally low level in order to:
• protect public investment;
• safeguard sensitive and confidential information;
• ensure the continuity and quality of its service delivery;
• protect and enhance its reputation, and
• avoid harm to the environment.

Notwithstanding the above, in two key areas the PCC's risk appetite will be averse, which means that risks will be eliminated or reduced to the lowest practical level should they impact negatively upon:

• the PCC's compliance with law, regulation, quality/professional standards or Audit findings/requirements; and
• the health, safety and welfare of any person affected by the PCC.

The PCC manages risk by:

- Undertaking assessments to identify the principal risks and reporting these to the Board through a Corporate Risk Register;
- Monitoring and reviewing the effectiveness of the Assurance Framework. This is undertaken by the Governance and Audit Committee and informed by information from internal and external audit review activities;

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

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;
- assess the impact and/or consequences and likelihood of realisation of the risk;
- detail the action necessary to manage the risk; and
- Identify the officers responsible for ensuring that the risk management actions are completed.

Leadership is provided on risk management through the Governance and Audit Committee and by 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 designated one of its Members, Mr Bill Halliday 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. A training session on risk was organised for staff in March 2020; this had to be postponed due to the COVID19 outbreak.

Staff

The PCC has experienced considerable staff issues including staff sickness and staff vacancies. Some stability was achieved through my permanent appointment as CEO in April 2019; however the Head of Operations post has remained vacant for the entire year. Significant loss of corporate memory across the Executive Team reiterates the need for effective succession planning; and the need for swift and effective recruitment processes. Other challenges included sickness and absenteeism leading to back filling of posts at all management levels, and usage of agency staff in key areas of business. Despite these challenges, the PCC has continued to operate in pursuit of its Operational Plan and core objectives.

Information Risk

Information risk management is an essential part of good management. The PCC ensures that information risk management is integrated into the procedures and policies. Information risk management is managed within the context of the PCC's risk management strategy and policies. The BSO's Data Protection Officer (DPO) and Information Governance Manager (IGM) completed a series of fact-finding informal interviews with a range of staff at the start of 2020. The aim was to assess policy against practice on the following areas:

- Lawfulness, fairness and transparency of processing personal data;
- Accuracy of data held;
- Upholding rights of individuals;
- Information Security;
- Transfer of information;
- Incident management;
- Records Management; and
- Accountability & Governance.

Initial findings were positive, however, issues around the timely disposal of records and the security and structure of on-line folders were identified. An action plan to address these matters is being developed.

In addition to a suite of policies and procedures relating to information governance, PCC staff received training from the Business Services Organisation's (BSO) Data Protection Manager in September 2019; covering Freedom of Information legislation, data protection matters and staff responsibilities should an information breach arise.

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

- Personal Data Guardian;
- Data Protection Officer;
- Freedom of Information Practitioner;
- Senior Information Risk Owner; and
- Information Asset Owners.

All members of the Leadership Team have completed the Information Asset Owner eLearning module.

There were no personnel data breaches reported to the Information Commissioner in the 2019-20 year.

The PCC received six Data Access Requests and responded to three Freedom of Information requests within the year. These compare to four and seven received respectively in the 2018-19 year.

When the PCC is required to share data with third parties e.g. a mailing company used to disseminate newsletters to PCC Members the third party will agree and sign a data agreement in advance.

Cyber security is managed by BSO under an agreed Service Level Agreement. Assurances are sought through Internal Audit reports and a yearly assurance letter from BSO.

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 Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support to the Anti-Fraud Policy and Fraud Response Plan. A further training awareness session for all PCC staff was cancelled in March 2020 due to the COVID 19 outbreak. The Head of Development and Corporate Services attends the quarterly Fraud Liaison Officer meetings co-ordinated by BSO.

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2020 in March 2020 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2019-20 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2020 also authorised a Vote on Account to authorise departments' access to cash and use of resources for the early months of the 2020-21 financial year. While it would be normal for this to be followed by the 2020-21 Main Estimates and the associated Budget (No. 2) Bill before the summer recess, the COVID-19 emergency and the unprecedented level of allocations which the Executive has agreed in response, has necessitated that the Budget (No. 2) Bill is instead authorising a further Vote on Account to ensure departments and their Arms' Length Bodies have access to the cash and resources through to the end of October 2020, when the Main Estimates will be brought to the Assembly and the public expenditure position is more stable.

European Union (EU) Exit

On 29 March 2017, the UK Government submitted its notification to leave the EU in accordance with Article 50. On 31 January 2020, the Withdrawal Agreement between the UK and the EU became legally binding and the UK left the EU. The future relationship between the EU and the UK will be determined by negotiations taking place during the transition period ending 31 December 2020. As uncertainty still exists regarding the Northern Ireland Protocol, this is under review in conjunction with key stakeholders. The PCC continues to work closely with colleagues across the HSC system and attend Departmental EU Exit meetings to prepare and plan, ensuring minimal impact on PCC business, and ensuring that concerns raised by citizens are fed into the planning.

Links to Frequently Asked Questions, regarding the EU Exit and what it meant for patients and carers, was promoted on Facebook and the PCC web site in 2019-20. 'Exit Day and You' guidance was also issued to all PCC staff to support during the Transitional period.

COVID 19

The World Health Organisation (WHO) declared the outbreak of Coronavirus disease (COVID 19) a global pandemic on 11 March 2020. Following which the Department and the PCC immediately enacted emergency response plans across the NI Health sector. There is UK-wide coordinated approach guided by the scientific and medical advice from respective Chief Medical Officers and Chief Scientific Advisers informed by the emergent evidence nationally and internationally. Evidence-based UK-wide policies and guidelines continue to be carefully followed in conjunction with the PHA issuing local guidelines and ensuring readily accessible and continually updated

advice. The pandemic has had extensive impact on the health of the population, all health services and the way business is conducted across the public sector. Protecting the population, particularly the most vulnerable, ensuring that health and social care service were not overwhelmed, saving lives through mitigating the impact of the pandemic and patient and staff safety has remained at the forefront throughout health's emergency response. This has required a number of measures to urgently repurpose and temporarily reconfigure the provision of services, and to identify additional capacity including the need to ensure availability of appropriate Personal Protective Equipment. This included the restructuring of a new call support service within the PCC to support the public with advice and information.

Financial measures have been put in place by the NI Executive to enable NI to tackle the response to COVID-19 and Health has obtained essential financial support from this package of measures to assist in the ongoing fight against COVID 19.

Contingency arrangements have been in operation including the establishment of an Emergency Operations Centre within the Department to support HSC colleagues' frontline response to the pandemic. The PCC temporarily redeployed 4 staff to support front line services within the system.

Social distancing measures were implemented in line with The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020 and the health sector played an important part in ensuring the NI population were aware of the need to adhere to the measures to reduce risk of transmission. The actions of the health sector throughout the continued response to the pandemic are based on the ongoing assessment of three key criteria: the most up-to-date scientific evidence; the ability of the health service to cope; and the wider impacts on our health, society and the economy. Across healthcare, leading on the testing of COVID 19 in NI has and continues to be a key priority with testing centres being set up across the country including mobile testing. The Department's Expert Advisory Group has overseen the strategic approach to testing in NI. The Minister of Health is a member of the Ministerial Testing Taskforce, chaired by the Secretary of State for Health, and so NI is fully engaged with the strategy for testing at a national level. NI testing capacity has also been increased through Health's facilitation of the UK Coronavirus National Testing Programme. Northern Ireland Contact Tracing Service began contact tracing all confirmed cases of COVID 19 on 18 May 2020. The Department has prepared a COVID 19 Test, Trace and Protect Strategy which sets out the public health approach to minimising COVID 19 transmission in the community in Northern Ireland. The Chief Medical Officer has established a Strategic Oversight Board for the NI COVID 19 strategy which will bring all of the key elements together – namely testing, contact tracing, information and advice, and support - working together with colleagues across the HSC to endeavour to maintain community transmission at a low level and respond to clusters of infection localised in NI. The early outcome is more favourable than the modelling of the reasonable worst case scenario and the

Department and HSC are no longer in emergency response mode, some areas have been able to be stood down in recent times although there is a need to continue to remain vigilant and in a state of operational readiness to react should a resurgence occur.

Alongside the ongoing and changing needs of response to COVID 19 there is an urgent need to seek to rebuild wider healthcare services and confidence in the community. Officials have over recent weeks carried out an urgent project to assess the impact of COVID 19 on HSC services delivery. On 9 June 2020 a new Strategic Framework was launched aimed at rebuilding health and social care services. The key aim will be to incrementally increase HSC service capacity as quickly as possible across all programmes of care, within the prevailing COVID 19 conditions. COVID-19 has had a profound impact on the delivery of health and social care services and across the HSC plans are incrementally being enacted to begin recovery whilst planning for a potential second wave. The Department is continuing to work closely across the HSC to support and define the requirements and opportunities to meet continuing and rapidly changing pressures in these unprecedented and challenging times. The impending impact of COVID19 became known at the start of 2020. By 23 March 2020 all PCC staff were relocated to work from home.

The full effect of COVID 19 is not yet known but it is expected to have a knock-on effect on services including:

- mental health;
- bereavement;
- Serious Adverse Incidents;
- waiting times for elective treatments of all kinds;
- logistical impacts on Information Technology;
- cyber security;
- business continuity; and
- work around processes.

These are all being reviewed by the PCC. These are incorporated into the Corporate Risk Register and the strategic planning process; and used to inform discussions with policy leads and service planners in the wider HSC.

4. Public Stakeholder Involvement

Engaging with the public is central to the work of the PCC. The PCC has a Personal and Public Involvement Policy, “*Working Together”,* which was informed by service users, subject to public consultation and approved by the Board in 2018-19.

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

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

During 2019-20 the PCC commenced work to adopt co-production methodologies across all sections of the PCC. At a staff day in January 2020, officers discussed ways in which the public could participate actively in our work. These include:

- Two stakeholder panels made up of PCC Members now act as reference groups to advise on projects on how we capture views and experiences from service users and carers and client support work;
- The PCC had its first volunteer in place this year: a PCC member provides valuable specialist support to the Research Team;
- Recruiting and training PCC members to participate with PCC staff and Board Members to short list and interview applicants for posts within the PCC. Six members were selected and trained alongside PCC staff and non-Executive members – this was a first for Human Resources, BSO, in that they had never trained members of the public in such processes before; and
- Setting up a payment system to reward members for their time and out of pocket expenses for specific HSC initiatives.

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The DOH's Co-production Guidelines, issued in 2018 details that those who give of their time to work at strategic levels of health and social care should be paid. The PCC have worked with the PHA, BSO and other stakeholders to explore a payment system within the HSC framework. There is an opportunity to break new boundaries as we progress this work into 2020-21.

5. 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 PCC 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, initially approved by the PCC Board on the 1st April 2009 and are currently under review.

A comprehensive review of the Standing Orders commenced in 2019-20 and will continue into 2020-21.

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 Research Committee membership changed significantly during 2019-20. Most notably, the Chair, Seána Talbot, left the Committee in January 2020. The Committee was joined by two new Board members: Paul Douglas (who joined the committee in May 2019 and stepped into the role of Chair in January 2020) and Alan Hanna (who joined in September 2019). Prof Hugh McKenna and Dr May McCann remain as co-opted members of the Committee.

In March 2020, the Board moved to establish a Business Committee, to focus on Human Resources and other issues falling outside the remit of the Governance and Audit Committee.

All Board papers are reviewed and quality assured by myself as CEO and the Chair before submission to the Board for consideration. The Board scrutinises and questions the Executive 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 (IA) service for the PCC is provided by the BSO.

Internal Audit carries out its role by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

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

Controls Assurance Standards

In 2017/18 the DOH announced that Controls Assurances (CAS), in their current format, would cease to operate as of the 1st April 2018. The Small Agency Group of Arms Lengths Bodies held a workshop to develop a consistent and proportionate approach to replaces the CAS questionnaires, as recommended by IA. The PCC produced an Assurances Template for the Governance and Audit Committee. They were content there was adequate internal governance assurance controls, through the review and scrutiny of key documents such as the Governance Plan, Assurance Statement and the annual Governance Statement.

6. 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 2019-20 IA reviewed the following systems:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE PROVIDED
Finance Audits:	
Financial Review	Satisfactory
Governance:	
Risk Management	Limited
Board Effectiveness	Satisfactory

All reports were considered by the Governance and Audit Committee and the PCC Board. Disappointment was noted against the 'Limited' assurance awarded to the Risk Management audit. The audit identified material weaknesses in the current Corporate Risk Register. Auditors also recommended that the Assurance Framework, which is directly linked to the Register's risks, needs to be much more specific in terms of what the assurance is and how it relates to the specific risk area identified. Other key findings included:

- The Risk Management Strategy and Policy require a review and update.
- Terms of reference of the Governance and Audit Committee are outdated.

The Head of Development and Corporate Services outlined the underlying causes and mitigating actions taken. The Committee and Board are content with management responses and the action plan developed against the IA's recommendations, particularly the engagement of a risk consultant to provide

additional risk and governance training to staff and facilitation for the review of the Corporate Risk Register.

The Committee found the other reports provided assurance on a satisfactory system of Internal Control within the PCC.

It should be noted that a number of audits have been conducted on BSO Shared Services functions, as part of the BSO IA Plan, which raise concerns on BSO's internal control systems, specifically:

Shared Service Audit	Assurance
Payroll Service Centre: Follow Up Review September 2019 Payroll Service Centre – Year End March 2020	 Limited Satisfactory – Elementary Payroll Processes: Limited –Timesheets, Management of Overpayments and RTI Data HMRC/SAP
Recruitment Shared Service Centre	Satisfactory – RSSC Recruitment Processes Limited – eRecruit System Functionality
Accounts Receivable	Satisfactory
Accounts Payable	Satisfactory

The recommendations in the BSO Shared Service audit reports are the responsibility of BSO Management to take forward. As a client of the BSO, the PCC's Governance and Audit Committee welcome progress made regarding some aspects of payroll services however, concerns remain regarding the 'Limited' assurance, particularly for some payroll services and the eRecruit system functionality. The experience of the PCC of recruitment processes for new posts in 2019-20 involved considerable delays in a getting new staff appointed and in post. 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.

In their annual report the Internal Auditor, for the year ended 31 March 2020, the Head of IA provided a satisfactory assurance on the adequacy and effectiveness of the PCC's framework of governance, risk management and control.

Northern Ireland Audit Office (NIAO)

The financial statements are audited by NIAO and the certificate and report to the Northern Ireland Assembly is included on page 65. The NIAO provides a Report to Those Charged With Governance with recommendations and these are acted upon.

7. 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 Executive 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.

8. Internal Governance Divergences

Internal Control issues from 2018-19

There were no significant Internal Control issues identified for the PCC in the year 2018-19.

Internal Control issues from 2019-20

There were no significant Internal Control issues identified for the PCC in the year 2019-20.

9. 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 IA, I am content that the PCC has operated a sound system of internal governance during the period 2019-20.

b. Remuneration and Staff Report

Scope of the report

The Remuneration Report summarises the remuneration policy of the PCC and particularly its application in connection with senior staff and Non-Executive Directors.

The Appointments and Remuneration Committee

At the end of the year the Chair will recommend and conduct an appraisal for the one Senior Executive of the PCC, the CEO.

The Appointments and Remuneration Committee for 2019-20 is made up of:

- Mrs Liz Cuddy; and
- Mr Alan Hanna.

The Committee considers the remuneration policy as directed by Circular HSS (SM) 3/2001 issued by DoH in respect of Senior Executives which specifies that they are subject to the HSC Individual Performance Review system. Within this system, each participant agrees objectives with the CEO and the CEO agrees hers with the Chair. At the end of each year performance is assessed by the Chair and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Board's Appointments and Remuneration Committee for endorsement, and to the Board for approval. There are no elements of senior executives' remuneration that are not subject to performance conditions.

The Appointment and Remuneration Committee Role and Performance

The main functions of the Committee are:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the CEO. This will include the basic pay principles and overall approach to remuneration including governance and disclosure; and
- To take account of all factors, which it decides are necessary, including the provisions of any national agreements for staff where appropriate.

The Committee's objectives shall be to ensure that the senior management of PCC are:

- remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose;
- provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation;
- Consider and recommend to PCC Board, the framework or broad policy for the pay (remuneration) of staff below senior management, including the policy or broad approach for pay uplifts for PCC staff and pension policies;
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout PCC;
- Monitor and evaluate the performance of the CEO and agree targets for pay progression and any performance related pay schemes operated by PCC. Considering and endorsing performance pay and submitting to Board for approval; and
- Consider and recommend to the Board any disciplinary and grievance procedures applicable to, and possible disciplinary action involving, the CEO including the dismissal of the post-holder.

Non-Executive Directors

The PCC Board is made up of Members, appointed by the DOH in accordance with the Public Appointments process. All Members are Non-Executive Directors. In accordance with the provisions of the Health and Social Care (Reform) Act (Northern Ireland) 2009 the PCC has no Executive Directors.

Ms Christine Collins, MBE was appointed Chair on the 1 March 2019.

The Members and Non-Executive Directors of the PCC as at the 31 March 2020 are listed below:

- Cllr Martin Reilly (appointed 2nd August 2010, reappointed 5 August 2014, extended to 31 July 2020);
- Mrs Elizabeth Cuddy (appointed 16 December 2013, reappointed 16 December 2017);
- Mr William Halliday (appointed 9th December 2013, reappointed 9 December 2017);
- Mrs Joan McEwan (appointed 2nd December 2013, reappointed 2 December 2017);
- Mr Patrick Farry (appointed 1 April 2019);
- Mr Alan Hanna (appointed 1 April 2019);
- Mr Paul Douglas (appointed 1 April 2019); and

- Ms Seana Talbot (appointed 2 December, 2013, reappointed 2 December 2017) resigned on 31 January 2020 on her appointment to a post within the Belfast Trust.

A short profile of each board member is included at Appendix C.

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

Contracts of employees

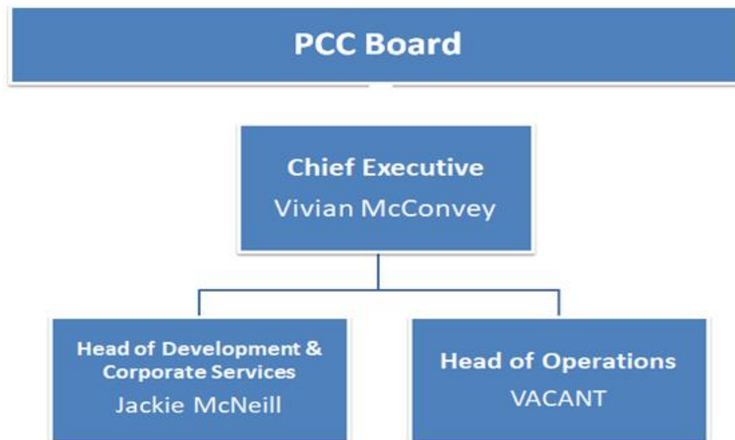
HSC appointments are made on the basis of the merit principle in fair and open competition and in accordance with all relevant legislation. Unless otherwise stated the employees covered by this report are appointed on a permanent basis, subject to satisfactory performance.

The Senior Management Team consists of:

- An Interim CEO was appointed from 22 October 2018 until the 5 April, 2019. The current CEO was appointed 8 April 2019;
- The Head of Operations post has been vacant since the 31 March 2019. A successful recruitment process will see this post being filled in May 2020; and
- The Head of Development and Corporate Services was appointed 1 February, 2019.

Senior members of staff had no significant interests which would conflict with their management responsibilities to report for 2019-20. The register of interests can be found on the PCC website by clicking here https://patientclientcouncil.hscni.net/who-are-we/key-people/

Structure of the Senior Management Team



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).

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

In respect of the PCC, there are no provisions for the cost of early retirement included in the 2019-20 accounts.

Last year's VES is disclosed in the 2018-19 report; detailing one exit package being awarded. Wages and salaries include £nil costs relating to VES in 2019-20 (2018-19: £22,380).

Where the PCC has agreed early retirements, the additional costs are met by the PCC and not by the HSC pension scheme. Costs relating to one ill health retirement in May 2020 will be met by the pension scheme and are not included in the table.

Disclosure of Salary Benefits in kind can be found in the next page.

Benefits in kind

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument.

Retirement benefit costs

The PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PCC and employees pay specified percentages of pensionable 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. 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 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 2019-20 accounts.

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 (Northern Ireland) Order 1972.

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REMUNERATION (INCLUDING SALARY) AND PENSION ENTITLEMENTS (Audited information)

The following section provides details of the remuneration and pension interests for PCC Members.

Non-Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19
Christine Collins (b)	15-20	0-5	-	-	-	-	15-20	0-5
Maureen Edmondson (c)	0-5	15-20	1	-	-	-	0-5	15-20
Martin Reilly	0-5	0-5	1	-	-	-	0-5	0-5
Patrick Farry(d)	0-5	-	-	-	-	-	0-5	-
Paul Douglas(d)	0-5	-	-	-	-	-	0-5	-
Alan Hanna (d)	0-5	-	-	-	-	-	0-5	-
William Halliday	0-5	0-5	1	-	-	-	0-5	0-5
Joan McEwan	0-5	0-5	1	-	-	-	0-5	0-5
Elizabeth Cuddy	0-5	0-5	-	-	-	-	0-5	0-5
Seana Talbot (a)	0-5	0-5	-	-	-	-	0-5	0-5
Hugh McKenna (a)	0-5	0-5	-	-	-	-	0-5	0-5
George Compston (a)	0-5	0-5	-	-	-	-	0-5	0-5
Garret Martin (a)	0-5	0-5	-	-	-	-	0-5	0-5
May McCann (a)	0-5	0-5	-	-	-	-	0-5	0-5

(a)There was a pay award for the Board during 19-20 dating back to April 2018. The above table includes payments to leavers in the 18-19 and 19-20 financial years as follows:

Seana Talbot left 31/01/2020

George Compston left 31/03/2019

May McCann left 31/03/2019

Prof Hugh McKenna left 31/03/2019

(b) Christine Collins took up post of Chairman 01/03/2019

(c) Maureen Edmundson left 28/02/2019

(d) Patrick Farry, Paul Douglas and Alan Hanna started took up their posts on 01/04/2019

SENIOR EMPLOYEES' REMUNERATION AND PENSION ENTITLEMENTS (Audited information)

Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits (rounded to nearest £1,000)		Total £000s	
	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19	2019-20	2018-19
Vivian McConvey (i)	60-65	-	4	-	(8)	-	50-55	-
Jackie McNeill	50-55	45-50	-	-	13	29	60-65	75-80
Maeve Hully (ii)	-	35-40	-	-	-	-	-	35-40
Louise Skelly (iii)	-	55-60	-	-	-	-	-	55-60
Glynis Henry (iv)	-	25-30 (Full Time Equivalent 40-45)	-	-	-	-	-	25-30
Karen Cheyne (v)	-	45-50	-	-	-	17	-	65-70
Joanne McKissick(vi)	15-20 (Full Time Equivalent 50-55)	40-45	-	-	(2)	17	45-50	55-60

(i) Vivian McConvey started 08/04/2019
(ii) Maeve Hully resigned 19/10/2018
(iii) Louise Skelly resigned 31/03/2019
(iv) Glynis Henry acted as Interim Chief Executive until 05/04/2019
(v) Karen Cheyne in post from 22/10/2018 to 31/03/2019
(vi) Joanne McKissick left for a secondment 30/07/2019

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.

REMUNERATION REPORT

Pensions of Senior Managers (Audited information)

Name	Accrued pension at pension age as at 31/3/20 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/20	CETV at 31/03/19	Real increase in CETV
Executive Members					
*Vivian McConvey	0-2.5 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	-	-	-
Jackie McNeill	15-20 Plus lump sum of 30-35	0-2.5 Plus lump sum of 0-2.5	261	237	12
Joanne McKissick	0-2.5 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	-	51	-
Karen Cheyne	-	-	-	91	-

*Ms McConvey's previous employment was with a voluntary organisation, which doesn't form part of the HSC or its directional bodies, hence no start value at 01.04.2019 was obtained. No growth can be reported against a value of nil.

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

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

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

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

Fair Pay Statement (Audited Information)

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 issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid employee in the organisation and the median remuneration of the organisation's workforce. Following application of the guidance contained in Circular (F) 23/2013, the following can be reported:

	2019-20	**2018-19**
Band of Highest Paid Employee's Total Remuneration (£000s):	60-65	75-80
Median Total Remuneration (£s):	30,401	34,969
Ratio:	2.1	2.2
Range	21-62	23-59

Total remuneration includes salary, non-consolidated performance-related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

STAFF REPORT

Staff Numbers and Related Costs (Audited Information)

The CEO of the PCC was Mrs. Glynis Henry until 5 April, 2019. Ms Vivian McConvey was appointed as the permanent CEO on the 8 April 2019. The CEO 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 an Executive Management Team made up of the CEO, 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 Operational Plan, performance against objectives and policy developments through e-mail communications, team meetings and staff days.

Staff Costs (Audited information)

Staff costs comprise:	2020 Permanently employed staff	2020 Others	2020 Total	2019 Total
	£000s	£000s	£000s	£000s
Wages and salaries	804	58	862	979
Social security costs	72	-	72	71
Other pension costs	155	-	155	114
Sub-Total	1,031	58	1,089	1,164
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,031**	**58**	**1,089**	**1,164**
Less recoveries in respect of outward secondments			-	-
Total net costs			**1,089**	**1,164**

Average number of persons employed (Audited Information)

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

	2020			*Restated 2019
	Permanently employed staff No.	Others No.	Total No.	Total No.
Administrative and clerical	22	4	26	30
Total average number of persons employed	**22**	**4**	**26**	**30**
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			**26**	**30**

*The restated figures do not include Board members. Included within salaries and wages is £ 48,956 relating to eight Board members.

The staff numbers disclosed as 'Others' relate to temporary members of staff in 2019-20.

One PCC staff member transferred employment to another HSC organisation, in July 2019, where their salary will not be recharged through a secondment arrangement. They are due to return in October 2021.

Staff Composition

The following table gives an outline of permanently employed staff based on gender over the year ended 31 March 2020.

	Male No.	Female No.
Senior Management Team	0	4
Administrative and clerical	5	18
Total	**5**	**22**

Sickness Absence Data

The PCC sickness absence rate over the year was 11.19% against a target of 5.35%. During 2019-20 four members of staff were absent on long term sick. As a small organisation, the overall absence rate for the PCC has negative impacts. The PCC's Human Resources partner is working with Leadership Team Managers to tackle these issues.

PCC Policies

The PCC operates under a suite of policies and procedures. See Appendix D for further details.

Before new policies are considered by the G&A Committee and recommended to the Board for approval they are equality screened and agreed with Unions.

Payments to past non-executive directors

Two past non-executive directors were remunerated for their out of pocket expenses and time dedicated to the Research Committee during the year.

c. Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited)

As a non-departmental public body, the PCC is mainly funded through DoH.

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 BSO 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.

Please see Note 19 to the accounts, for long term expenditure plans.

i Losses and Special Payments (Audited information)

The PCC have no losses or special payments to report during the year.

Other Payments (Audited information)

There were no other gifts made during the year.

ii Fees and Charges (Audited information)

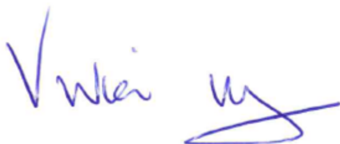
There were no other fees and charges during the year.

iii Remote Contingent Liabilities (Audited information)

In addition to contingent liabilities reported within the meaning of IAS37, the PCC also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. The PCC had no remote contingent liabilities.

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



Vivian McConvey
Chief Executive
Patient and Client Council
DATE 30 June 2020

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 2020 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 including significant accounting policies. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council's affairs as at 31 March 2020 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.

Conclusions relating to going concern

I have nothing to report in respect of the following matters in relation to which the ISAs(UK) require me to report to you where:

- the Patient and Client Council's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Patient and Client Council have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Patient and Client Council's ability to continue to adopt the going concern basis.

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 Report 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.

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

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

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

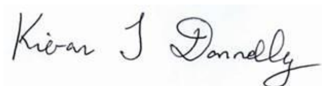
Matters on which I report by exception

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report 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

10 July 2020

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2020

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	2020 £	2019 £
Income			
Other Income (Excluding interest)	4.1	5,542	285
Total operating income		5,542	285
Expenditure			
Staff costs	3	(1,089,167)	(1,163,946)
Depreciation, amortisation and impairment charges	3	(4,857)	(4,698)
Other expenditure	3	(468,100)	(423,362)
Total operating expenditure		**(1,562,124)**	**(1,592,006)**
Net Expenditure		**(1,556,582)**	**(1,591,721)**
Net expenditure for the year		**(1,556,582)**	**(1,591,721)**
Revenue Resource Limit (RRL) received from DoH	23.1	1,571,864	1,606,017
Surplus/(deficit) against RRL		**15,282**	**14,296**
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2020		**(1,556,582)**	**(1,591,721)**

The notes on pages 74-98 form part of these accounts.

There were no items of other comprehensive expenditure during 2019/20 (2018/19: none).

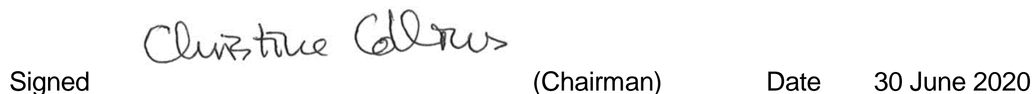
PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2020

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.

	NOTE	2020 £	2020 £	2019 £	2019 £
Non-Current Assets					
Property, plant and equipment	5.1/5.2	13,098		13,195	
Total Non-Current Assets			13,098		13,195
Current Assets					
Trade and other receivables	13	26,790		18,979	
Other current assets	13	12,512		13,687	
Cash and cash equivalents	12	28,495		23,787	
Total Current Assets			67,797		56,453
Total Assets			**80,895**		**69,648**
Current Liabilities					
Trade and other payables	14	(241,835)		(260,722)	
Total Current Liabilities			(241,835)		(260,722)
Total assets less current liabilities			**(160,940)**		**(191,074)**
Non-Current Liabilities					
Total assets less total liabilities			**(160,940)**		**(191,074)**
Taxpayers' Equity and other reserves					
SoCNE Reserve		(160,940)		(191,074)	
Total equity			**(160,940)**		**(191,074)**

The financial statements were approved by the Board on 30 June 2020 and were signed on its behalf by:



Signed (Chairman) Date 30 June 2020

Signed (Chief Executive) Date 30 June 2020

The notes on pages 74-98 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2020

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	2020 £	2019 £
Net surplus after interest/Net operating expenditure only			
Net surplus after interest/Net operating cost		(1,556,582)	(1,591,721)
Adjustments for non-cash transactions	3	13,157	12,398
(Increase)/Decrease in trade & other receivables		(6,636)	(2,135)
Increase/(Decrease) in trade payables		(18,887)	84,663
Net cash inflow/(outflow) from operating activities		(1,568,948)	(1,496,795)
Cash flows from investing activities			
Purchase of property, plant & equipment	5	(4,760)	-
Net cash inflow (outflow) from investing activities		(4,760)	-
Cash flows from financing activities			
Grants from DOH		1,578,416	1,497,424
Capital element of payments - finance leases and on balance			
Net financing		1,578,416	1,497,424
Net increase (decrease) in cash & cash equivalents in the period		4,708	629
Cash & cash equivalents at the beginning of the period	12	23,787	23,158
Cash & cash equivalents at the end of the period	12	28,495	23,787

The notes on pages 74-98 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2020

This statement shows the movement in the year on the different reserves held by PCC, analysed into 'Statement of Comprehensive Net Expenditure Reserve' (SoCNE 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 2018		**(104,477)**	**-**	**(104,477)**
Changes in Taxpayers Equity 2018-19				
Grant from DoH		1,497,424	-	1,497,424
Other reserves movements including transfers				
Comprehensive Net Expenditure for the year		(1,591,721)	-	(1,591,721)
Non cash charges	3			
Auditor remuneration		7,700	-	7,700
Balance at 31 March 2019		**(191,074)**	**-**	**(191,074)**
Changes in Taxpayers Equity 2019-20				
Grant from DoH		1,578,416	-	1,578,416
Other reserves movements including transfers				
Comprehensive Net Expenditure for the year		(1,556,582)	-	(1,556,582)
Non cash charges	3			
Auditor remuneration		8,300	-	8,300
Balance at 31 March 2020		**(160,940)**	**-**	**(160,940)**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Patient and Client Council (the ''PCC'') for the purpose of giving a true and fair view has been selected. The particular policies adopted by the PCC are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

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 £ 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;

1.3 Property, Plant and Equipment (cont'd)

- 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

The PCC have no land or buildings.

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.

1.3 Property, Plant and Equipment (cont'd)

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.

1.7 Intangible assets cont'd

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

The PCC has no non-current assets held for sale.

1.9 Inventories

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

1.10 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector.

STATEMENT OF ACCOUNTING POLICIES

Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract. Income relates directly to the activities of the PCC and is recognised when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

In year of initial application, the introduction of IFRS 15 has not impacted on the timing of satisfying performance obligations of contracts in existence therefore the transaction price determined has not changed as a result of its introduction. The current impact of its introduction has resulted in reclassification of income based on consideration of whether there is a written, oral or implied contract in existence. Note 4 Income provides initial application disclosures in line with HM Treasury application guidance on transition to IFRS 15.

1.10 Income cont'd

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.

1.14 Leases cont'd

The PCC as lessee

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

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

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

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

The PCC as lessor

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

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

1.15 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

1.16 Financial instruments cont'd

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

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within the PCC in creating risk than would apply to a non-public sector body of a similar size, therefore the 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

1.16 Financial instruments cont'd

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 2020 or 31 March 2019.

1.18 Contingencies

The PCC had no contingent assets or liabilities at either 31 March 2020 or 31 March 2019.

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 2020. 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.

STATEMENT OF ACCOUNTING POLICIES

1.19 Employee benefits cont'd

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 2019-20 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 22 to the accounts.

1.23 Government Grants

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

1.24 Losses and Special Payments

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

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

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

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

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the latest advice from HM Treasury and the Financial Reporting Advisory Board, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2021. Management consideration of the impact on introduction of IFRS 16 on initial application remains under consideration and will be fully determined in 2020-21.

The IASB 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 were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2021-22, 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.

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's 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 2020

NOTE 3 EXPENDITURE

	2020	2019
	£	£
Staff costs[1]:		
Wages and Salaries	862,594	978,721
Social security costs	71,528	70,709
Other pension costs	155,045	114,516
Establishment	300,820	253,810
Transport	34,071	44,295
Premises	79,381	65,947
Rentals under operating leases	27,442	27,442
Miscellaneous expenditure	18,086	24,168
Total Operating Expenses	1,548,967	1,579,608
Non Cash items		
Depreciation	4,857	4,698
Auditors remuneration	8,300	7,700
Total non cash items		
	13,157	12,398
Total	**1,562,124**	**1,592,006**

[1]Further detailed analysis of staff costs is located in the Staff Report on page 61 within the Accountability Report.
During the year the PCC purchased no non audit services from its external auditor (NIAO) (2019: £NIL)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 4 INCOME

4.1 Other Operating Income

	2020	2019
	£	£
Other income from non-patient services	5,542	285
TOTAL INCOME	**5,542**	**285**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Note 5.1 Property, plant and equipment

	Information Technology (IT) £	Total £
Cost or Valuation		
At 1 April 2019	24,275	24,275
Additions	4,760	4,760
At 31 March 2020	**29,035**	**29,035**
Depreciation		
At 1 April 2019	11,080	11,080
Provided during the year	4,857	4,857
At 31 March 2020	**15,937**	**15,937**
Carrying Amount		
At 31 March 2020	13,098	13,098
At 31 March 2019	**13,195**	**13,195**

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 (2019 £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

Note 5.2 Property, plant and equipment – year ended 31 March 2020

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

Information technology are the only assets owned by the PCC.

NOTE 6 INTANGIBLE ASSETS

There were no intangible assets for the year ended 31 March 2020 or 31 March 2019.

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 INVESTMENTS AND LOANS

PCC had no investments or loans at either 31 March 2020 or 31 March 2019.

NOTE 9 IMPAIRMENTS

The PCC had no impairments at either 31 March 2020 or 31 March 2019.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2020 or 31 March 2019.

NOTE 11 INVENTORIES

The PCC held no inventories at either 31 March 2020 or 31 March 2019.

NOTE 12 CASH AND CASH EQUIVALENTS

	2020	2019
	£	£
Balance at 1 April	23,787	23,158
Net change in cash and cash equivalents	4,708	629
Balance at 31 March	**28,495**	**23,787**

The following balances at 31 March were held at	**2020**	**2019**
	£	£
Commercial Banks and cash in hand	28,495	23,787
Balance at 31 March	**28,495**	**23,787**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2020 £	2019 £
Amounts falling due within one year		
Trade receivables	13,093	8,898
VAT receivable	13,697	9,507
Other receivables – not relating to fixed assets	-	574
Trade and other receivables	**26,790**	**18,979**
Prepayments	12,512	13,687
Other current assets	**12,512**	**13,687**

The balances are net of a provision for bad debts of £Nil (2019: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2020 £	2019 £
Amounts falling due within one year		
Other taxation and social security	56,895	36,949
Trade revenue payables	15,894	22,947
BSO payables	6,142	4
Other payables	-	64
Accruals	162,904	200,758
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**241,835**	**260,722**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2020 or 31 March 2019.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2020 or 31 March 2019.

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.

Obligations under operating leases comprise	2020 £	2019 £
Buildings		
Not later than one year	22,250	26,000
Later than one year but not later than five years	5,250	27,500
	27,500	**53,500**

17.2 Finance Leases

The PCC had no finance leases at either 31 March 2020 or 31 March 2019.

17.3 Operating Leases – Commitments Under Lessor Arrangements

The PCC did not have any operating leases where it acts as the lessor at either 31 March 2020 or 31 March 2019.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

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 2020 or 31 March 2019.

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 2020 or 31 March 2019.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC continued to share offices with NIPEC until end of February 2020. A Memorandum of Understanding (MOU) was in place. The PCC moved to shared office space with the RQIA as of 1 March 2020. This was a temporary move until new premises at Great Victoria Street (GVS) were renovated.

Due to COVID-19 renovations have been delayed and a new indicative date to move to GVS is September 2020. Future rent costs for the GVS accommodation is estimated at £27,500/annum. The PCC have negotiated with the RQIA an extension to their temporary move within BT Tower, at no cost. An MOU is being developed for this agreement.

NOTE 20 CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at either 31 March 2020 or 31 March 2019.

The Working Time (Coronavirus) (Amendment) Regulations (Northern Ireland) 2020 came into operation on 24 April 2020 and allows those workers who are unable to take annual leave as result of the pandemic to carry over up to four weeks' annual leave into the next two leave years. Any exemption will apply only to circumstances where workers are unable to take their leave as a result of the outbreak, and carry over of annual leave will be limited to the next two leave years. The change in regulations may lead to an increase in the value of accrued annual leave carried over in the next two years by the PCC. It is not possible for the PCC to give a reasonable estimate of the impact at this time.

NOTE 20.1 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial guarantees, indemnities and letters of comfort at 31 March 2020 or 31 March 2019.

NOTE 21 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 18-19.

In both 19-20 and 18-19 there were material transactions throughout the year with the Business Services Organisation who are a related party by virtue of being an arm’s length body with the Department of Health.

In both 19-20 and 18-19, none of the Board members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 21 RELATED PARTY TRANSACTIONS CONT'D

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

During 2018-19, the related party transaction position is the same as that disclosed above for 2019-20.

No PCC Board member or senior manager has undertaken any material transaction with the PCC.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 22 THIRD PARTY ASSETS

The PCC held no third party assets at either 31 March 2020 or 31 March 2019 belonging to third parties.

NOTE 23 Financial Performance Targets

23.1 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:

	2020 Total £	2019 Total £
DoH (excludes non cash)	1,558,707	1,553,619
Other Government Department	-	40,000
Non cash RRL (from DoH)	13,157	12,398
Total agreed RRL	**1,571,864**	**1,606,017**
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,571,864**	**1,606,017**

23.2 Capital Resource Limit

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

	2020 Total £	2019 Total £
Gross capital expenditure by PCC	4,760	-
Net capital expenditure	4,760	-
Capital Resource Limit	4,760	-

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

23.3 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.

	2019-20	2018-19
	£	£
Net Expenditure	(1,556,582)	(1,591,721)
RRL	1,571,864	1,606,017
Surplus/(Deficit) against RRL	15,282	14,296
Break Even cumulative position (opening)	262,806	248,510
Break Even Cumulative position (closing)	278,088	262,806

Materiality Test:

	2019-20	2018-19
	%	%
Break Even in year position as % of RRL	0.97%	0.89%
Break Even cumulative position as % of RRL	17.69%	16.36%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2020

NOTE 24 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period date having material effect on the accounts.

Date of authorisation for issue
The Accounting Officer authorised these financial statements for issue on 10 July 2020.

Appendix A: Patient and Client Council Reports published in 2019-20

Physical Disability Panels: Service users discuss their experiences of living with a physical disability and using adult social care services	10/07/2019	https://patientclientcouncil.hscni.net/download/19/reports/943/physical-disability-panels-2019.pdf
Talking Therapies: The experience of people accessing emotional/psychological support through their GP	04/09/2019	https://patientclientcouncil.hscni.net/download/19/reports/1252/talking-therapies-report-2019.pdf
Patient and Client Council Annual Complaints Report 2018-2019	17/01/2020	https://patientclientcouncil.hscni.net/download/19/reports/1643/annual-complaints-report-2018-2019.pdf
'You Said, We Did' Project Follow-Up Summaries	23/01/2020	https://patientclientcouncil.hscni.net/download/19/reports/1647/you-said-we-did.pdf

Appendix B: Explanation narrative regarding downturn in some areas of performance

2019-20 performance figures	Note
Speaking directly to approximately 1,300 people to hear their views on health and social care services.	Output down from 3,600 people in 2018-19 In line with the new direction for the PCC, the Involvement Team targeted their efforts into building on relationships with our PCC Members. This new approach allowed the patient's and carer's voice to better inform a) the DOH transformational programme and b) the PCC projects within its Operational Plan. High level of sickness absenteeism and other planned leave for the involvement team also impacted performance in 2019-20.
440 people contributed to our published reports	Output down from 2,279 people in 2018-19. The focus of PCC objectives in 2019-20 leant to more qualitative research work involving limited numbers. Staff also reported difficulty in attracting participants due to the sensitive nature of topic areas eg continence services and those who used psychological services.
Responded formally to 1 health and social care consultation	Output down from 8 in 2018-19. As per note above – PCC focussed efforts in working alongside the DOH, bringing the service user and carer voice to their transformational programme; also, due to COVID there were fewer consultations issued in Health and Social Care in 2019-20.
367 new members were recruited to our Membership Scheme	Output down from 831 in 2018-19. PCC's resources were diverted into reviewing and enhancing the quality of engagements with current Members in 2019-20. High level of sickness absenteeism and other planned leave for the involvement team also impacted performance in 2019-20.
The PCC membership Scheme had a total of 12,466 members	As per above point.

Appendix C: PCC Board Members' Profiles (as at 31 March 2020)

Christine Collins MBE (Chair) retired from the Civil Service in 2005 and since this time has immersed herself in the world of human rights, equality and advocacy; with a particular focus on those living with disability and/or rare disease. Christine was the founding Chair of the Northern Ireland Rare Disease Partnership; and a Patient Public Voice representative on the UK Rare Disease Advisory Group from its inception until April 2018. She is a Northern Ireland Member of the UK Rare Disease Forum. Christine has been involved in rare disease for many years and is actively involved in the development and implementation of both the UK and Northern Ireland Rare Disease plans. Christine was a Commissioner at the Northern Ireland Human Rights Commission from 2011 to 2017. She is currently a member of the Duty of Candour Work Stream, part of the Inquiry into Hyponatremia Related Deaths Implementation programme.

Mrs Elizabeth (Liz) Cuddy OBE DL lives in Dungannon. She is a qualified nurse. Mrs Cuddy is Chief Executive of the Southern Area Hospice Services (since July 2017). She was a Director of Radius Housing to June 2018 and prior to its formation was Chair of Helm Housing from 2012-2017.Mrs Cuddy has many years of experience in the health and social care sector. She was the Director of Planning and Governance at the NI Fire and Rescue Service (NIFRS) from 2013-2017. She was Director of the NI Council for Voluntary Action (NICVA) until December 2015. She also served as an Independent Assessor for the Commissioner for Public Appointments NI (CPANI) from 2012-2017. She is a qualified executive and non-executive coach and mentor. She has a Masters in Management and Governance, Business Administration and Education. She previously held the position of CEO of Extern from 2005 – 2012. Mrs Cuddy holds no other public appointments.

Alan Hanna has taken up a Non-Executive Director position with the PCC from the 1 April 2019. Alan has held several senior management positions in the voluntary sector. He is currently the NI Director of Home-Start UK. He has also served on a number of public boards as a Non-Executive Director including the HSC Business Services Organisation and the NI Fire and Rescue Service. Much of Alan's work has been in the area of learning disability and he has long personal experience of supporting a close family member with autism and learning disability. Alan has an honours degree in Modern History and an MSc in Organisation and Management. For the past several years he has undertaken a range of interim Executive appointments with voluntary organisations including Diabetes UK and Belfast Community Circus.

Mr William Halliday lives in Killinchy, Co Down. He was the Chief Executive of Mindwise, a local mental health charity, until June 2013. He has been very active in the area of raising awareness of mental health issues and Chaired the Human Rights and Equality strand of the Bamford Review on mental health and learning disability. During his time with Mindwise the organisation developed services for young people with mental health issues and older people requiring community support.
Mr Halliday has previous board room experience, having worked in the Southern Health and Social Services Board between1986 – 2000. During this time he led a multi-disciplinary team which implemented the Community Care Reforms for adult services. He has also been a Board Member with the Belfast Carers Centre. Mr Halliday was appointed as an Independent Assessor for the Commissioner of Public Appointments in January 2018 and is on the board of Belfast Central Mission. Mr Halliday holds no other public appointments.

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Mr Patrick (Paddy) Farry graduated from Queens University Belfast with a degree in Business Administration. Following Post Graduate studies, he qualified as a Chartered Certified Accountant in 1987 and has worked in professional practice ever since. Since 1992 Patrick has been a partner in HLB McGuire + Farry, Chartered Certified Accountants and business advisors based in Carryduff, Belfast. Patrick specialises in taxation and general business advisory across a wide spectrum of business sectors.
He is a Non-Executive Director of Keys Premium Finance Limited, a finance company operating throughout UK and Ireland. From 1994 to 2017 Patrick was Honorary Treasurer of NIACRO, a voluntary organisation working to reduce crime and its impact on people and communities. For six years, retiring in 2016, Patrick was a member of the Audit and Risk Committee of the Commission for Victims and Survivors. He is a Director of Craigowen Housing Association which provides housing and related amenities for adults with learning difficulties. He holds no other public appointments.

Mrs Joan McEwan currently works with Marie Curie in Northern Ireland as Head of Policy and Public Affairs. She has experience in the field of health and social care especially within the area of end of life care. She has experience of working in partnership with the public and third sectors to meet the needs of patients. Through Marie Curie, Mrs McEwan Chairs a subgroup within the Cancer Strategy and is a member of the Lisburn Integrated Care Partnership (ICP) Committee.
Mrs McEwan’s background in banking has provided her with extensive financial management skills in managing budgets, investment programmes as well as governance and risk management. She is also a Board member for the Department of Education and is Chair of its Audit and Risk Assurance Committee.

Mr Paul Douglas has 15 years' experience as a senior manager within the Police Service of Northern Ireland prior to his retirement in 2010.
He has extensive experience in developing strategic partnerships and change management within various organisations. He currently serves as a Lay Commissioner with the Northern Ireland Judicial Appointments Commission, is a Non-Executive Director with the Probation Board for Northern Ireland and a Non-Executive Director within the Northern Ireland Environment Agency.

Cllr Martin Reilly is originally from County Fermanagh and now lives in Derry. He is an elected representative of Derry City and Strabane District Council. Cllr Reilly first joined Derry City Council in 2004 and was Mayor of Derry in 2013-2014, during the City of Culture celebrations. He is currently SDLP Group Leader on Council and has chaired various Council committees and represents the Council on a number of outside bodies. In 2016 he was the National Chair of the Association of Public Sector Excellence (APSE). He currently works for the Alzheimer's Society as their NI Public Affairs and Campaigns Officer.

Cllr Reilly graduated from Queen's University Belfast in 2000 with a BA Hons in History and Politics. He was elected by his fellow students as a Sabbatical Officer for Education. A survivor of Hodgkin's Lymphoma, Cllr Reilly retains a keen interest in improving cancer services for people across Northern Ireland. Cllr Reilly is a member of the SDLP and holds no other public appointments.

Fiona McLaughlin – Board Apprentice
lives in Belfast with her family, a cairn mix terrier, and Myalgic Encephalomyelitis (M.E.) She had to give up work in the voluntary sector in 2007, and has been volunteering when able since then. Fiona's late mother had a rare neurological illness, which meant she a lot knowledge and experience about how our health and care systems work. She has been involved with the PCC since 2010, working on issues around rare disease, neurology and M.E. She is a former Chair of Northern Ireland Rare Disease Partnership (NIRDP). Patient involvement in improving services has been her focus, so she is pleased to be placed with PCC as part of her Boardroom Apprentice training.

APPENDIX D

PCC Policies and Key Procedures Applied in 2019-20

Policies	Procedures
Adverse Incident Policy	Adverse Weather Protocol
Attendance at Work Policy	Appraisal Guidance
Conflict Bullying and Harassment in the Workplace	Capability Procedure
Data Protection Impact Assessment Policy	Use of ICT Equipment
Data Protection Policy	Disciplinary Procedure
Drugs, Alcohol and Substance Policy	Employment Investigation Guidance
Employment Equality of Opportunity Policy	Grievance Procedure
Family Pack	Managing Stress Toolkit for Managers
Fire Safety Policy	Petty Cash Policy
Fraud Policy	Recruitment and Selection Framework
Freedom of Information Policy	Supervision Guidance
Gender Identity and Expression Employment Policy	Travel and Accommodation Approval Template
Gift and Hospitality Policy	We welcome your views - Handling Feedback on the PCC
Health and Safety Policy	
Information Governance Policy	
Information Risk Policy	
Leave Pack	
Partial Retirement Policy	
Privacy Policy	
Security Policy	
Social Media Policy	
Whistleblowing Policy	
Zero Tolerance Policy	

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