PCC

PATIENT & CLIENT COUNCIL

ANNUAL REPORT

2021-2022

PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS
FOR THE YEAR ENDED 31 MARCH 2022

Laid before the Northern Ireland Assembly

under the Health and Social Care (Reform) Act (Northern Ireland) 2009

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT

On behalf of the Patient and Client Council, I have the honour to present this, 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.

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 in Northern Ireland. This statutory role gives PCC a unique place within the Health and Social Care sector in Northern Ireland.

During the past year, 2021 to 2022, PCC's role in supporting the voices of people and in ensuring that those voices are heard and acted upon, has become re-energised and taken on additional relevance and force. The Organisational Review of the staff and operations of the PCC which commenced in 2019, and the hard work of adjusting services at the beginning of the COVID-19 Pandemic, have paid dividends as we learnt how to use modern technology to extend our reach, whilst recognising its limitations and the dangers of the "digital divide" replacing geographical constraints.

The detailed consideration of our legislative form (a Council; not a Unitary Board) and of our internal structures led to reform of our Standing Orders and of our Committee structures, and clarification of our reporting and governance systems. Our thinking about how best to achieve our mandate has advanced considerably; and the response to our new practice models, both from the public, patients, and families and from the wider HSC system, has been generally positive.

But we are not complacent. Our Health and Social Care system is in crisis; services are under pressure as never before. The voices of patients, clients, carers and communities must be heard, and their knowledge and experience harnessed if the changes that are needed to ensure equitable access to high quality health and social care are to be delivered. We in the Patient and Client Council remain committed to making this a reality, working with the HSC system. This sometimes demands that we hear messages that we ourselves do not like; or that we have to "speak unwelcome truth to power", (Bayard Rustin in 1942).

We will deal unflinchingly and honestly with both scenarios; and do our best to find constructive solutions, as we face into a year of continuing and increasing pressures. We will continue to work to make sure that the gruelling experiences of the Pandemic bring positive changes, as the best possible legacy from such a period of hardship.

I would like to take this opportunity to thank all those who have worked with PCC; including especially those who have given us the privilege of supporting them in the

most difficult of times and situations. As Chair, I would like to thank my Council colleagues for their unstinting support and service; and look forward to welcoming new Council Members in coming months.

Christine Collins MBE

Chair

19 July 2022

SECTION 1: PERFORMANCE REPORT

Chief Executive's Statement

I am delighted to present the PCC Annual Report and Accounts, through which you will read about our journey of learning and change. Over the past 2 years the PCC has undertaken significant work to reorganise and refocus. As the final year of the PCC Corporate Plan 2017-21 was reached, we undertook a significant review of our practice model ('how we work') in late 2020 and we have been developing this throughout 2021-22. Throughout this time we tested and developed our thinking and practice. In view of the exceptional circumstances created by COVID-19, the decision was taken to create a high level draft ***'Statement of Strategic Intent'*** setting out the new practice model which ensures that 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. The draft 'Statement of Strategic Intent' was developed working with the PCC membership and other stakeholders. Following approval by the PCC Council, the draft document was issued for public consultation with the consultation responses currently being analysed in order to refine and finalise the 'Statement of Strategic Intent' during 2022-23.

The proposed new PCC model places an emphasis on relationship building as the basis of change processes in advocacy and public engagement in decision-making. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, has given us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.

The impact of COVID-19 on an already stretched health system has resulted in both a significant increase in demand for PCC advocacy services, and a noted increase in the complexity of cases requiring PCC input. This increase is reflected in the ***794 new advocacy cases*** in 2021-22, a ***delivery of 30% above*** the annual target. In addition, the emerging need for group advocacy and the significant increase in the number of people, ***105, supported*** through the Significant Adverse Incidents process represented nearly the doubling of service provision year on year.

Given the ongoing impact of COVID-19, it is more important than ever to ensure that the voice of patients, clients, carers and members of the public is heard and harnessed. The PCC approach of a '***network of networks'*** has facilitated individuals, organisations and decision-makers to engage on HSC issues at both generalist levels through to more focused, specific work. We continued to develop and strengthen our public stakeholder involvement, utilising digital platforms and virtual meeting tools and techniques to ensure that the voice of our public stakeholders could continue to be

heard and contribute to improving health and social care. Through ***Make Change Together***, we recruited ***1,155 service users and carers*** to support the transformation of health and care programmes.

In response to the greater demand for our services, we will continue to strive to increase our resources and work in partnership with the public, community and voluntary sector. We thank you for your ongoing support and look forward to working together to build the health care system that ensures we can live long, healthy active lives.

Vivian McConvey

Chief Executive

19 July 2022

Performance Overview

The Performance Overview provides information on the Patient and Client Council (PCC), its main objectives for 2021-22 and the principal risks that it faces. It also sets out an overview of PCC operational performance across the financial year 2021-22.

This was the first year that PCC adopted an outcomes based approach to monitoring and evaluating the performance of the organisation across key areas of work. The performance overview is structured by areas of work, summarising the advocacy, engagement and policy research activity in each area and demonstrating PCC delivery against the outcomes we set out to achieve. This is followed by a performance analysis, providing a balanced and comprehensive overview of the organisation's performance during the year structured by practice area, including advocacy and engagement, and our policy impact and influence function, setting out delivery against the 9 key outcomes we aimed to achieve:

1. Improved service quality
2. Increased public awareness of rights & entitlements within health care sector
3. Increased brand awareness within the HSC & public
4. Increased public participation in designing the transformation of HSC
5. Increased staff morale
6. Regional approaches across all HSC bodies
7. Improved communication experience for those making a complaint about HSC
8. DoH has a better understanding of public perception
9. Improved health literacy

Council Purpose and Activities

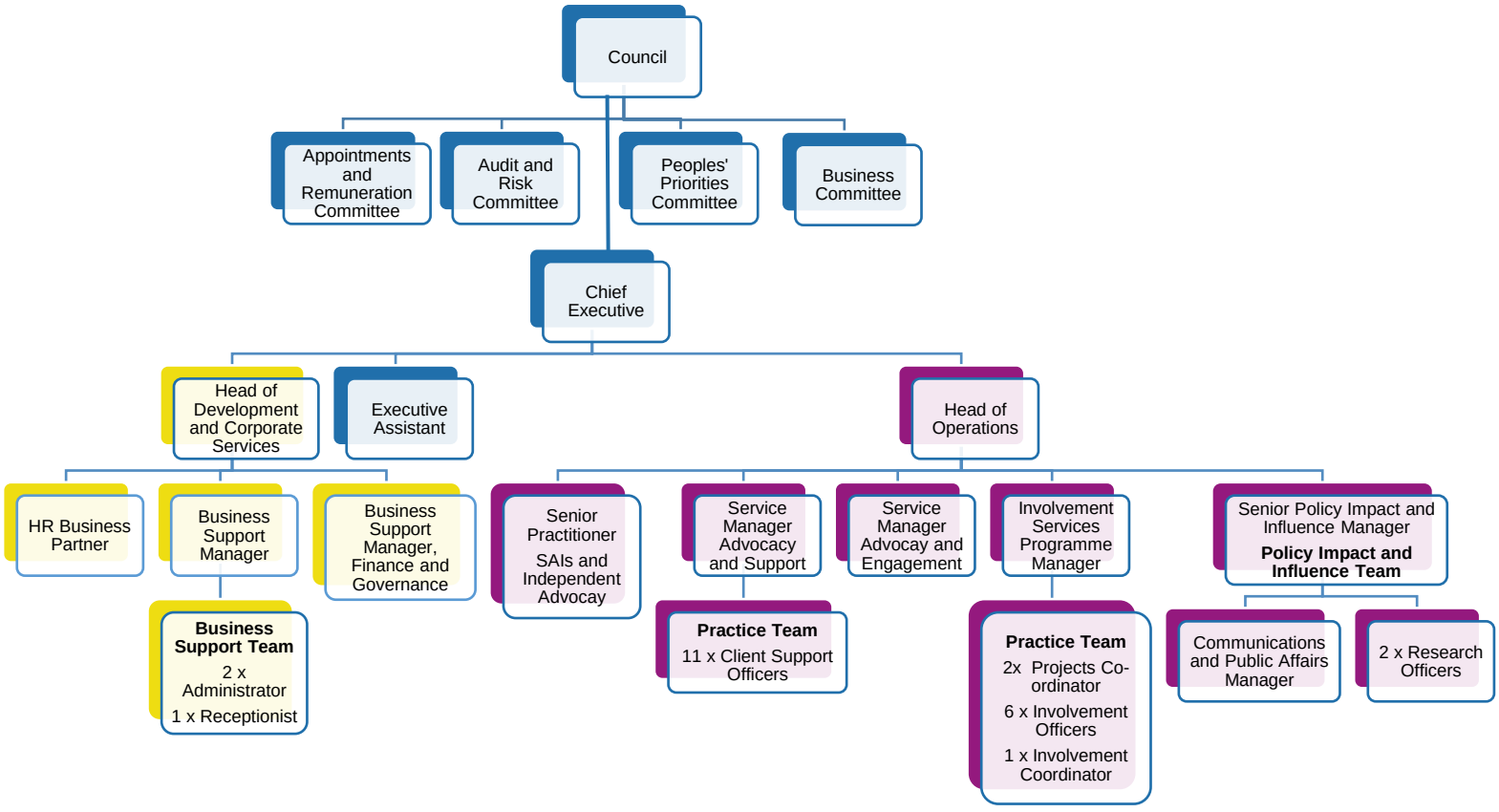
The Patient and Client Council (PCC) is an independent, influential voice that connects people to Health and Social Care (HSC) services, so that they can effectively influence these services.

The PCC was established in April 2009 as part of the reform of Health and Social Care (HSC) and provides support to a population of approximately 1.9million* across Northern Ireland. *(NISRA 25 June 2021)

The PCC has an annual budget of £2.2m employing 37 members of staff*. *(See page 74 Staff Composition)

Offices are located in; Ballymena, Belfast, Derry/L'Derry, Lurgan and Omagh. Opening hours are; Monday to Friday 9:00am – 5:00pm, Closed Bank Holidays.

The PCC organisational structure is as follows:



The Role of the PCC is to:

- Represent the interests of the public;
- Promote the involvement of the public;
- Provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care;
- Promote the provision of advice and information by HSC bodies to the public about the design, commissioning and delivery of services;
- Undertake research into the best methods and practices for consulting and engaging the public and provide advice regarding those methods and practices to HSC bodies.

How we work

The PCC undertook a significant review of its practice model ('how we work') in late 2020 and we have been developing this throughout 2021-22, along with our 'Statement of Strategic Intent'. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual, focusing on early resolution and a partnership approach. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.

Values

Strategic Context

As stated in the PCC's Operational Plan for 2021-22, the health, social and economic impact of COVID-19 (coronavirus) cannot be understated and our lives have had to change significantly as a result. This has occurred during a time of significant challenge and opportunity for our health services in Northern Ireland.

The PCC's work in 2021-22 and the outcomes we set out to achieve were positioned within the overarching framework dictated by the New Decade, New Approach agreement and the draft Programme for Government, in particular:

Outcome 4: *We help people live long, healthy, active lives, by ensuring satisfaction with health and social care*.

Key policies and drivers for change that informed the PCC's work included:

- Health and Wellbeing 2021: Delivering Together;
- Mental Health Action Plan (MHAP) and Mental Health Strategy 2021-31;
- Future Planning;
- No More Silos; and
- HSC Rebuild Programme.

It was within this broader strategic context that we set out our priorities and key focus areas for the year in the **2021-22 Operational Plan**. These were as follows:

- Care of Older People;
- Significant Adverse Incidents (SAIs) and Public Inquiries;
- Mental Health;
- Learning Disability;
- Bereavement;
- HSC Rebuild and Recovery;
- Individual and Group Advocacy;
- Make Change Together; and
- Communication and Engagement

The Performance Overview below summarises the advocacy, engagement and policy research activity in some of these main areas, demonstrating PCC delivery against the outcomes we set out to achieve. We are pleased to report that in 2021-22 the PCC met or exceeded 80% of the outputs against indicative targets set out in our Operational Plan. At year-end, four targets were rated amber and one target rated red, against our indicative outputs. These were as follows:

- Average response time from open - closed complaints (Red RAG rating)
- Percentage of cases resolved prior to formal complaint stage (Amber RAG rating)
- Number of participants of citizen hubs(Amber RAG rating)
- Number of Make Change Together training events for public (Amber RAG rating)
- Number of new PCC members(Amber RAG rating)

Further detail is provided in the Performance Analysis section.

Care of Older People

The PCC wants to ensure that the voice and lived experience of older people is heard and actioned across all elements of policy and practice. We have done this by listening to families, gathering evidence through surveys and 'constant conversations' and using what we have heard to influence policy and practice.

You said, we did: The PCC established a Care Home Engagement Platform in early 2021 as a consequence of the challenges faced during the COVID-19 pandemic by those living within care homes and their families.

Since April 2021, we have facilitated 27 engagement meetings with families of residents within care homes. They told us their difficulties in relation to; visitation, COVID-19 infection control, communications, safeguarding and quality of treatment and care.

The PCC reached out to a number of stakeholder groups, families and carers to establish this platform, through which the views and experiences of participants inform and influence policy. The platform provides a structured way to work through both individual and collective issues regarding care homes. We invited onto the platform colleagues across Health and Social Care (HSC), the Regulation and Quality Improvement Authority (RQIA), Public Health Agency (PHA) and Department of Health (DoH), bringing members of the public into direct conversation with decision makers.

Families have contributed to a range of initiatives that will influence the care of older people, such as engagement on Integrated Care Systems, Intermediate Care and consultations on the Duty of Candour (2021) and the Adult Protection Bill (2021). Participants have also contributed to work on the Enhanced Clinical Care Framework which focuses on how people who live in care homes are supported to lead the best life possible and exercise their right to access equitable healthcare provision.

Key highlights include:

- **Influencing** the Visiting Guidance Pathway;
- **Informing** guidance and implementation of Care Partners; and
- **Advocating** on issues preventing access to care homes, quality treatment and care and the wellbeing of residents.

Through our work within Care of Older People, the PCC has been able to meet a number of our organisational outcomes: ❷❸❹❻❽ (Reference Page 5)

Serious Adverse Incidents and Public Inquiries

Serious Adverse Incidents

The PCC significantly increased the level of engagement with families involved in Serious Adverse Incidents (SAIs) during 2021-22, working on a total of 52 SAIs that had been referred to the PCC.

The increase in SAI specific referrals can be attributed to a number of factors including:

- Increased public awareness and enhanced profile of the PCC; through its advocacy role in SAIs and proactive involvement in a range of regional Inquiries, reviews and engagement platforms in recent years;
- The PCC's engagement with Trusts and the Department of Health, via Advocacy work with families involved in the SAI process; and
- Dissatisfaction with the Trust's SAI process and outcomes, with families wishing to seek support and answers to unresolved questions.

The SAI engagement process is complex, sensitive work and requires skilled practitioners who are attuned to the emotional experiences of individual family members while navigating communication networks across health care systems.

What we did:

- Employed a Specialist Independent Advocate dedicated to Serious Adverse Incidents;
- Facilitated 6 Governance Engagement Workshops and meetings with Trusts between August and December 2021;
- Explored improved ways of working to support families and individuals navigating the SAI processes;
- Established collaborative working arrangements with HSC Trusts to achieve better outcomes for families; and
- Actions agreed support the developments arising from the Review of the HSCB's SAI Regional Policy.

Public Inquiries

The PCC's statutory functions in engaging the public, and assisting them to address issues (through representation or otherwise), has led to the PCC's increasing involvement in supporting the public to engage with Public Inquiries ongoing in relation to Health and Social Care in Northern Ireland. This has included to date:

- the Neurology Inquiry;
- the Muckamore Abbey Hospital Inquiry; and
- the Urology Inquiry.

This is a developing area of work for the PCC in line with our new practice model. Each Inquiry is different, and subsequently the support the PCC provides to the public with regard to each Inquiry is different. Maintaining the independence of the PCC's role and function, and that of each Inquiry Team is paramount. In 2021-2022, this work has taken three main forms:

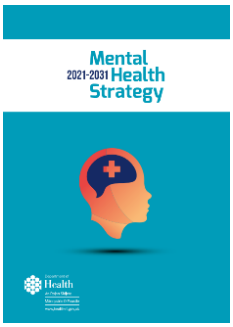
- **Supporting opportunities for communication to the public and engagement with the public** from the Inquiry Team
    - Examples include: establishing a dedicated section for each Inquiry on the PCC's website, where key updates and communication is shared, and where members of the public can link to the Inquiry websites, learn more about the PCC's role or seek advocacy support
- **Ensuring opportunities for engagement between the public and the Inquiry team is maximised**, and ensuring the public feel appropriately supported
    - Examples include: the establishment of an Engagement Platform to support individuals affected by the Neurology Inquiry and engagement on the development of the Terms of Reference for the Muckamore Inquiry
- **Providing independent advocacy support** to those engaging in an Inquiry

- Examples include: the provision of independent advocacy support to individuals and families engaged with the Muckamore Inquiry

Further detail on the PCC's work in this area is set out in the performance analysis section of this report.

Through our work with SAIs and Public Inquiries, the PCC has been able to meet a number of our organisational outcomes: ❶❷❸❹❻❼❽ (Reference Page 5)

Mental Health



The Mental Health Strategy 2021 – 2031 was published on 29 June 2021. In support of actions detailed in the Mental Health Action Plan of 2019 the PCC led on developing structures to support and embed co-production. This resulted in the PCC establishing a Mental Health Engagement Platform.

MENTAL HEALTH ENGAGEMENT PLATFORM

Purpose: For individuals with lived experience of mental health services, and for carers, to come together as a collective voice for service improvement in mental health to embed and integrate a model of co-production. The HSC Service User Consultants and the DoH Adult Mental Health Team regularly link into the Engagement Platform

Facilitated by: PCC Projects Co-ordinator supported by the Policy, Impact and Influence Team

What we did: Since July 2021, the PCC has:

- Facilitated 9 meetings with up to 30 individuals and carers;
- Invited input from Co-Chairs of the Regional Mental Health Service (RMHS) work stream of the Mental Health Strategy, and Head of Adult Mental Health at the Department of Health; and
- Supported 15 participants through one to one sessions to identify specific individual issues and areas of interests.

What we heard: Through the one to one sessions and the engagement platform, participants shared key issues of concern with us:

- Workforce: assisting with the planned workforce review, appropriate staff training, reducing systemic pressure (Action 32);
- Pharmacy (Medication);
- Options for early and alternative interventions (e.g. social prescribing);
- Trauma and Recovery;
- GP interface and mental health crisis within Urgent and Emergency Care;
- Support for Carers;

- Loneliness and isolation;
- Dual Diagnosis;
- Women's Mental Health; and
- Mental Health & Autism.

What we will do going forward:

- Support capacity-building and embedding of the platform through 4 sessions to be delivered via the Community Development Health Network (CDHN);
- Develop the 'forum of people with lived experience' as part of the draft Proposal for a Regional Mental Health Service for NI. This enables participants to be a key and fundamental part of driving the Mental Health Strategy alongside the Department of Health; and
- Identify, alongside the work with the Regional Mental Health Service, areas for brief work streams lasting 4 to 6 weeks, where realistic and measureable outcomes for that work stream are identified and participants can begin to see how the collective voice can influence system change.

Learning Disability

The PCC established the Learning Disability Engagement Platform in August 2021. It supports the requirement for regional involvement infrastructures within the Mental Health Action Plan of 2019. The Mental Health Action Plan incorporates service developments for Adults with Learning Disabilities.

LEARNING DISABILITY ENGAGEMENT PLATFORM

Purpose: To engage with families, parents and carers of adults with learning disabilities and ensure their views are heard to inform future planning for learning disability.

Facilitated by: PCC Projects Co-ordinator supported by the Policy, Impact and Influence Team and a PCC advocate.

What we did: Since August 2021 the PCC has:

- Facilitated 10 meetings with up to 30 families, parents and carers; and
- Held 4 meetings with 10 adult service users

What we heard: Through the engagement platform, participants shared key areas of concern with us:

- Remobilising of day care and short break services following the COVID-19 pandemic;
- Discussions regarding the remobilising pathways and how the guidance around testing/isolation can impact service users and their families; and

- The impact on restricted transport provision due to social distancing and how transport services can support service users, families and carers going forward.

These areas of discussion reflect the impact the COVID-19 Pandemic has had on service delivery and the impact restrictions on service delivery have had on service users, families and carers. However, when the remobilisation occurs, the focus of the engagement platform will be to consider the Learning Disability Service Framework. Consideration of the framework will ensure the voices of service users, families, carers and parents are heard and will help shape future service improvement planning.

Bereavement

The Department of Health developed and finalised the report 'COVID-19 Guidance: Bereavement Advice and Support' in 2021. One of the key recommendations from this report was: *"That the HSC Bereavement Network membership is expanded to become the Northern Ireland Bereavement Network, with responsibility for developing and leading the strategic bereavement plan for the next 10 years"*

As a first stage in this work, the PCC are taking forward in partnership, work on the development of a Bereavement Charter for NI as part of the NI Bereavement Network. A Bereavement Charter sets out pledges to bereaved individuals and loved ones about the standards of service and care they should expect to receive following the death of a loved one.

BEREAVEMENT ENGAGEMENT PLATFORM

Purpose: A centralised forum for engagement with a focus on the broad theme of death, dying, grief and bereavement, with the development of a Charter as a first step in this work. This platform allows interested parties to come together and discuss bereavement with a view to informing decision-making on a regional, departmental level in relation to bereavement and bereavement support

Facilitated by: PCC Practice staff supported by the Policy, Impact and Influence Team

The Engagement Platform membership is made up of members of the public, representatives of the community and voluntary sector, and others with an interest in bereavement. These include:

- Individuals with lived experience of bereavement;
- Carers and families of those with lived experience of bereavement;
- Advocacy organisations;
- Community and voluntary sector; and
- Individuals and collectives of the public who have an interest in Bereavement, Health and Social Care and arm's length bodies (ALBs)

What we did: Between November 2021 and March 2022, the PCC & the engagement platform:

- Held 6 sessions of the engagement platform;
- Discussed defining what bereavement means to participants and what a bereavement charter should look like - what format it should take and what its foundation, function and role should be; and
- Co-designed and published a survey exploring the experience of death, bereavement and grief in order to engage the views of the broader public in order to contribute to the development of a Bereavement Charter for Northern Ireland.

What we heard: There were several key themes emerging from engagement on the topic of death, dying, grief and bereavement across the Engagement Platform meetings and wider public survey. This included:

- The need for more support services and better signposting;
- Every death needs to be valued regardless of the circumstances of the death;
- As a society we need to be more open about death and dying;
- People need space and time to grieve; and
- The impact of COVID-19 restrictions on mourning and funerals

What we will do going forward: The PCC will continue to work with members of the Engagement Platform and the NI Bereavement Network to develop draft Charter statements and will continue to support the development of the Bereavement Strategy for NI through the work of the platform

Rebuilding HSC Services

To date, the PCC has recruited service users and have supported a number of programmes connected to the Rebuild of HSC. Our work transcends many programmes within the Rebuild and includes, but is not limited to, work on the cancer strategy, elective day case, urgent and emergency care and mental health. Developments are ongoing in relation to day case elective model and orthopaedics with further involvement within the scope of the Rebuilding HSC strategy.

Cancer Services

What we did: Service users with lived experience of cancer from all five HSCT localities were recruited through PCC's Membership Scheme to become involved within the Cancer Strategy for Northern Ireland. This work focused on seven key areas of work including; prevention, diagnosis and screening, treatment, living well, palliative and end of life care, care and support, children, teenagers and young adults.

Service users had an instrumental role and latterly were involved in developing the draft recommendations developed prior to public consultation.

The new Cancer Strategy for Northern Ireland and its Funding Plan 2022-32 were launched by the Health Minister Robin Swann on 22 March 2022 setting the direction of travel for cancer services for the next 10 years.

Primary Care - Elective Day Case

The concept of elective day procedure centres, and the importance of protecting day procedures, has been recognised as critical to addressing waiting lists. In 2019, plans were announced to extend this approach across a wide range of surgical specialities, including General Surgery and Endoscopy, Urology, Gynaecology, Orthopaedics, ENT, Paediatrics and Neurology.

What we did: The PCC has:

- Recruited and supported a total of 19 service users to work with Department of Health and HSC Trusts to plan and design the formation of Elective Care Centres, known as Day Case Surgery Hubs; and
- Service users were consulted on proposals to transform elective care / day surgery, from a service user and/or carer perspective. This work will continue in 2021-22 under the broader HSC Rebuild agenda.

Regional Review of Elective Orthopaedics

Waiting times in Northern Ireland for Orthopaedic Surgery are amongst the worst in the UK, with patients waiting up to 5 years for operations such as hip replacements. There is also considerable variation in practice regionally; therefore patients in some Trust areas are subject to much longer waiting lists than patients in others.

The Health Minister announced the establishment of a Regional Orthopaedic Network group to take this work forward, consisting of clinical and managerial leads across the Health and Social Care Sector.

Eight workstreams were established. Each work stream focuses on a particular aspect of elective orthopaedics.

What we did: The PCC has supported the engagement with service users and carers to test the pathways that the work streams are working to transform. The plan is to gather feedback on the development of any proposals which will go to wider public consultation.

Gender Identity

What we did: The PCC has:

- Recruited a total of 17 service users as members of a Liaison Panel that is supporting the establishment of a Regional Gender Identity Service (RGIS) pathway programme (HSCB) in NI; and
- Recruited a Chair and Co-Chair of the panel to support the development of a set of fourteen draft objectives for the service. Once agreed, these objectives will

provide the baseline from which proposals can be developed and considered as to where, when and how a reconfigured RGIS service can be delivered to citizens within NI which addresses existing need and is capable of meeting increasing demand.

The work of the Liaison Panel has led to a draft Review of Gender Identity Services being submitted to the Department of Health in March 2022. Following the Minister's consideration, the Department intends to conduct a consultation which will further inform the outworking's of the review.

Hospital Services - Urgent and Emergency Care

There is clear evidence that our urgent and emergency care services have been under significant pressure for a number of years. In response, the Health Minister Robin Swann published an Urgent and Emergency Care Action plan – 'No More Silos' in October 2020 to maintain and improve urgent and emergency care services through the pandemic and beyond.

The Department of Health is undertaking a review of Urgent and Emergency Care in Northern Ireland. The review will aim to establish a new Regional Care Model, providing the best, appropriate care for people of all ages.

What we did: The PCC supported service users to engage in the review, co-producing a survey to understand how and for what reasons the public use our urgent and emergency services at present. The presenting data from this survey will be compared against the results of an initial 2019 review, to assess and understand why and how people use urgent and emergency services currently and gain insight as to the impact of the COVID-19 pandemic on these services.

Lagan Valley Hospital Emergency Department

In October 2021, opening hours at the Lagan Valley Hospital Emergency Department were temporarily reduced by two hours per day and a 'Phone First' service was introduced.

What we did: The PCC recruited service users to engage in a Listening Event in March 2022. The event provided an opportunity for participants to understand why the changes were implemented and the need for public consultation on the temporary changes to Urgent and Emergency Care services in response to extreme workforce challenges at Lagan Valley Hospital. Equally, it provided an opportunity for participants to share their lived of the service and to seek clarity around the process.

Review of General Surgery

What we did: The PCC facilitated the recruitment of service users to engage in the Review of General Surgery. Participants engaged with Departmental officials and the Chair of the Review of General Surgery to understand progress to date and the subsequent work streams with a focus on:

- General and paediatric surgery;
- Activity levels; and
- Waiting lists; inpatient, day case and outpatients.

This work will progress into 2022-23.

Social Care - Regional Disability Forum

In December 2021, to ensure an approach of co-design and co-production, a Regional Physical and Sensory Disability Forum was established for people with a physical/sensory disability and communication difficulty.

The Forum will provide feedback at a strategic level to the Department of Health on current, new and emerging policy initiatives. The Forum will contribute to improving the experience and outcomes of people with a disability living in Northern Ireland.

What we did:

- Recruited 26 participants (August to September 2021)
- Held induction sessions with participants in November and December 2021
- Conducted stakeholder analysis / mapping of individuals, collectives, community and voluntary sector and health and social care to promote the recruitment of service users / carers to support the programme.
- Used the PCC membership, social media and local involvement networks to facilitate wider engagement

Regional Obesity

In 2021, The Department of Health, through the Health Development Policy Branch established a project board for the development of the next strategy for tackling obesity, to replace the current '[A fitter future for all 2012-2022]' obesity prevention strategic framework.

What we did: The PCC recruited service users living with obesity to join the project board to represent people with lived experience. Their role will inform the new Strategy linking into the Programme for Government outcome 'We all enjoy healthy, active lives'. The project will provide the following outcomes:

- Identify key areas for improvement in obesity prevention policy and services in Northern Ireland;

- Create a common direction and focus through a co-produced obesity prevention strategy in Northern Ireland; and
- Achieve and deliver improvements in obesity prevention policy, services and governance in Northern Ireland.

Through our engagement work across all key focus areas (Mental Health, Learning Disability, Bereavement and HSC Rebuild and Recovery), the PCC has been able to meet a number of our organisational outcomes:

❷❸❹❻❽❾(Reference Page 5)

Emerging Themes

Feedback from the public has indicated that they wish the PCC to continue our work across the key focus areas outlined above, in 2022-23. However it has also indicated a number of emerging themes that they wish the PCC to engage in, and these included GP Access and Primary Care, as well as chronic and long-term pain.

Principal risks and uncertainties

The health, social and economic impact of COVID-19 cannot be understated, presenting significant uncertainties for the public and thus for PCC as we responded to provide the support required by the public to navigate health and social services, in what was already overstretched system. The principal risks and uncertainties for the PCC resulting from this are:

- Financial resource required to provide the level of service/staffing
- Increase demand for PCC services
- Increase complexity in nature of work
- Staffing stability resulting from short-term funding
- Accommodation and managing staff remotely

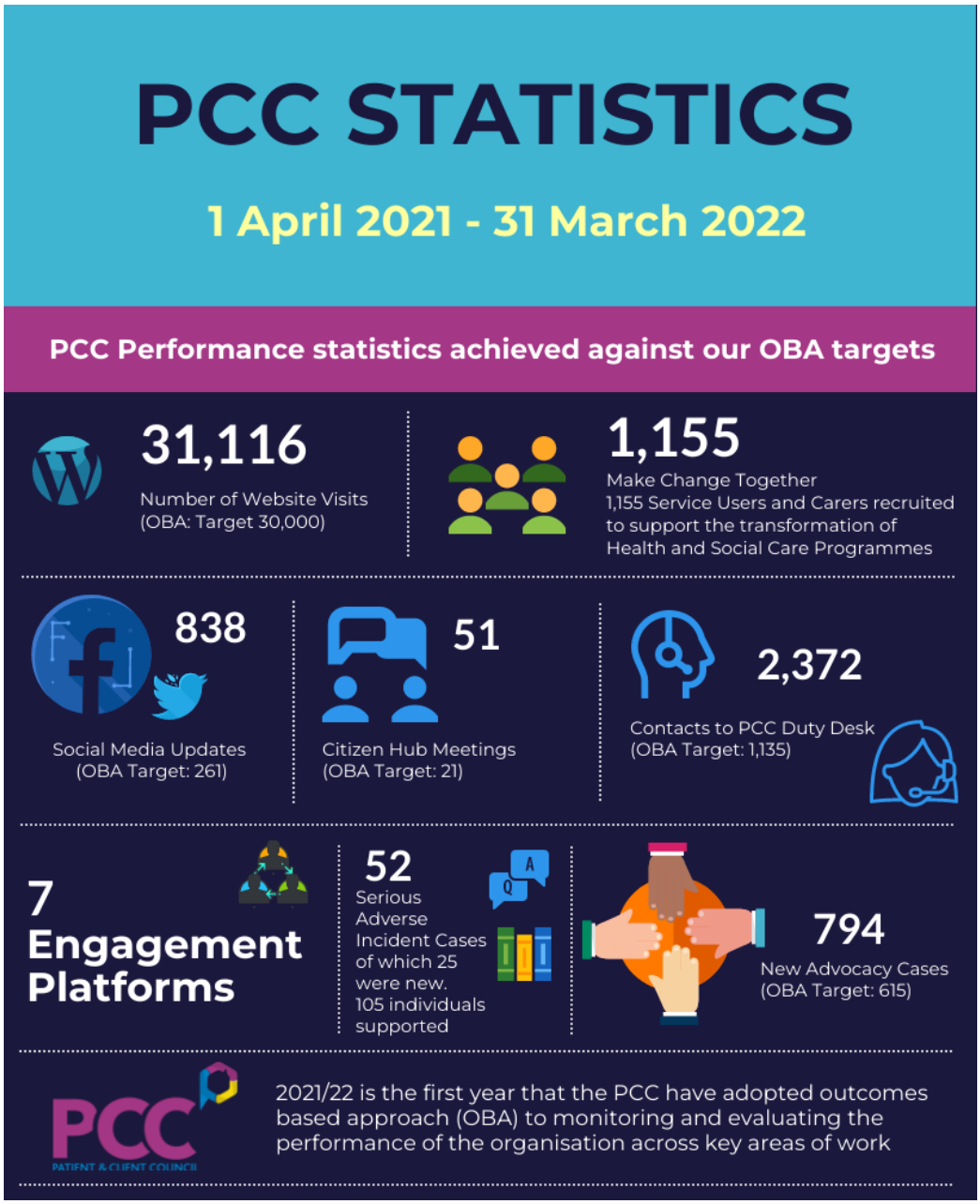
An ongoing principal risk for PCC continues to be the level of funding within its core allocation, having endured year on year budget cuts until 2020-2021. Coupled with an increase demand for PCC services, and an increase complexity in the nature of the casework and support required from the public poses a risk of the PCC being unable to deliver on its statutory functions unless sustainable funding is secured. Whilst the PCC has been in a position to increase staffing in-year, this has largely been through the recruitment of agency staff due to the nature of short term financial allocation. An inability to stabilise staffing, which is subsequently dependent on security of funding, further presents a risk to the PCC's ability to provide consistent support to the public to the standard and quality expected.

Further context to these risks and uncertainties is provided in the Performance Analysis section of this report.

Performance Analysis

The Performance Analysis provides a more detailed look at the PCC's performance across the core functional areas of **advocacy**, **engagement** and **policy impact**. The performance analysis is structured by practice area, providing a balanced and comprehensive overview of the PCC's performance against the indicative targets we set out to achieve as detailed in our Operational Plan 2021-22, and delivery against our 9 key outcomes.

This was the first year that PCC adopted an outcomes based approach to monitoring and evaluating the performance of the organisation. As such, indicative targets were estimated at the start of the year and this led to some targets being revised in year. This first year provides baseline data to set measurements for future years. Consequently, it has also not been possible to provide prior year comparative data.



Advocacy

PCC offer a continuum of advocacy and support in meeting our core statutory function of providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care.

This continuum begins with the first point of entry to PCC, which can often involve the provision of advice and information to the public, followed by signposting and 'supportive passporting' to appropriate services to meet immediate need. The continuum of our advocacy and support carries through to individual and group advocacy work, with a focus on early resolution. In some cases, this support and advocacy will, of necessity, progress to formal complaint processes and the provision of independent advocacy services within SAIs (serious adverse incidents), and Public Inquiries as detailed in the performance overview section of this report.

Throughout 2021-22, PCC has continued to deliver advocacy support for people with concerns across Health and Social Care. During the year the organisation has continued to develop its service to the public, focusing on a number of key outputs in this area. Our delivery against the targets we set out to achieve is shown in the table below. Red RAG rating indicates where PCC have significantly under-delivered on indicative targets, amber RAG rating indicates where we have moderately under-delivered on targets, and a green RAG rating indicates where we have met or exceeded targets:

Advocacy: Outputs against Outcomes Based Accountability (OBA)

Outputs	Indicative Targets	Year Outturn
Number of new cases	615	794
Average response time from open - closed complaints	125 days	171 days
Number of closed cases	506	512
Percentage of cases resolved prior to formal complaint stage	60%	41%
Number of people supported through advocacy (Individual)	214	614
Number of people given advice and information	527	446

Outputs	Indicative Targets	Year Outturn
Number of contacts to PCC Duty Practice Team	1135	2372
Number of individuals supported with SAIs	11	105

As the figures above demonstrate, we have delivered against the majority of indicative targets we set out to achieve in 2021-22. In particular, we have over delivered in areas such as number of new cases, number of contacts to PCC Duty Practice Team and number of individuals supported with SAIs. Learning from not meeting the target on average response time from open to close of complaints highlighted how the PCC advocacy process is impacted by external organisations and their timescales in the processes we engage with, namely the HSC Complaints process.

In terms of our support with SAIs, we are significantly delivering against target, supporting 105 individuals throughout the year. This continues to be an area of organisational growth for the PCC. In response we secured short-term funding and appointed a dedicated senior practitioner for SAIs to support this work going forward.

In 2021-22, we developed an early resolutions team and a reception triage process. This new approach has facilitated more early resolution work, and where appropriate, enabled more cases to be resolved prior to formal complaints stage.

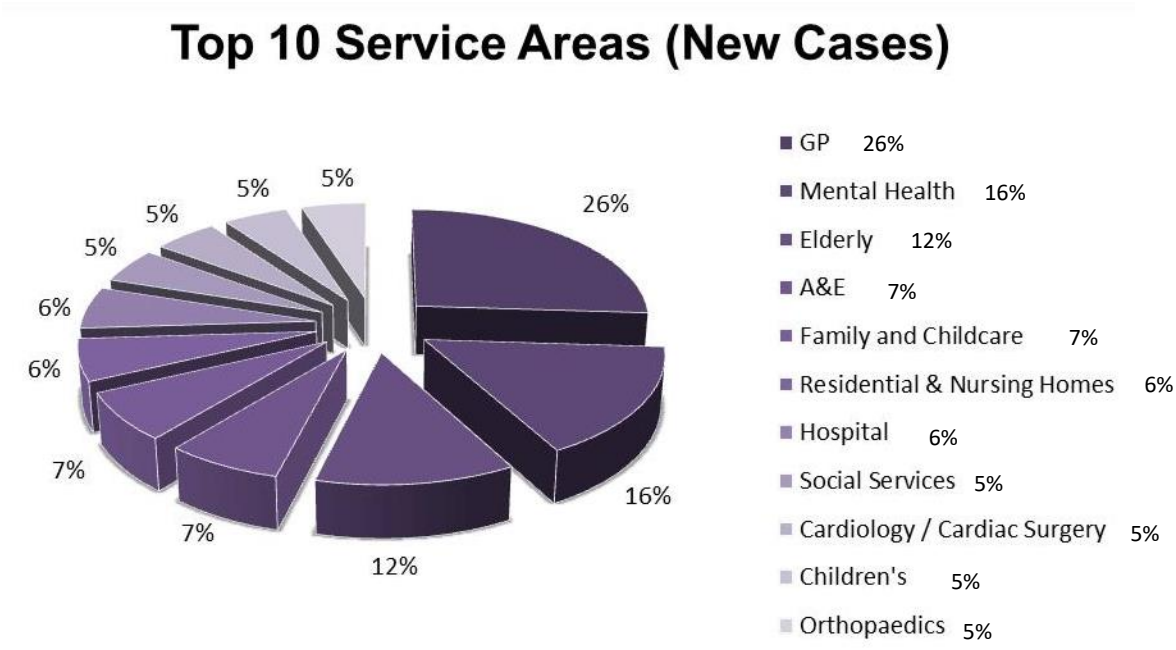
Two new measures were also introduced to our practice model this year. The first was group advocacy, which emerged as a new model of practice. The second was the introduction of a waiting list for advocacy support, necessitated as the demand for service support increased and we were unable to respond immediately.

In addition to using OBA, we have adopted a new model of practice and have amended the way in which we record and monitor our advocacy casework, including how we record 'new cases.' We have also undertaken significant work to upgrade our case management recording system in 2021-22, and adapting this system to better align to our new model of practice.

Analysis of Advocacy Casework

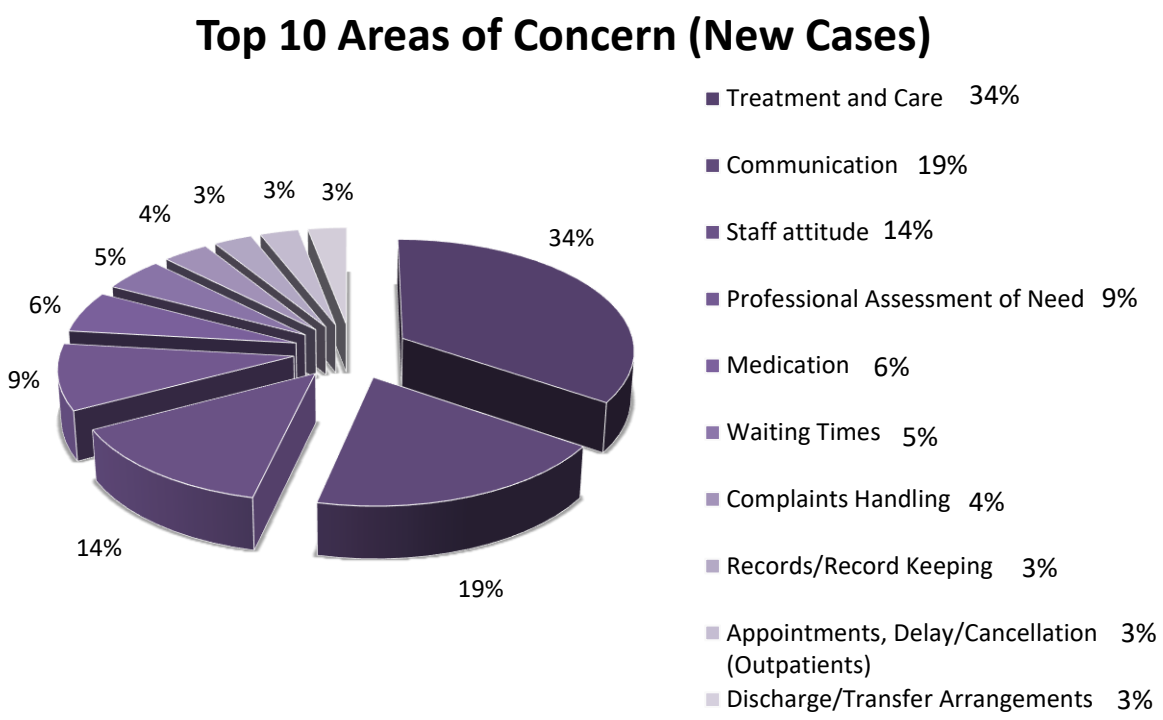
In 2021-22, the PCC had **794** new cases. A 'case' is defined as an issue the public need advocacy support to address, that cannot be resolved through advice or information, and which needs casework support from a member of the PCC practice team to try and resolve. A case can range from early resolution and individual advocacy through to engagement with the formal HSC complaints process.

The top 10 service areas of concern within the new cases referred to the PCC for advocacy support in 2021-22 were as follows:



The top five service areas of concern that the public contacted PCC requesting support in addressing have not changed from those evidenced in 2020-21.

The top areas of concern raised with our advocacy service are detailed below:



In 2021-22 the top 5 areas of concern are:

This is broadly similar to the top five areas of 2020-21 however in 2021-22 medication is now one of the top five issues of concern. Treatment and care and communication continue to be key areas of concern. When clients request assistance, they may have multiple issues that require attention.

Treatment and care: Treatment and care complaints are split into a further seven sub-categories including quality, diagnosis, inappropriate treatment, nursing care, surgery, discharge and extent. The top two areas of concern within treatment and care are quality (43%) and diagnosis (20%).

Treatment and care – quality: Concerns raised in this category mainly focused on: operations or procedures which had not gone to plan or clients believing that they or their loved one/s did not receive a standard of care they should have.

Other concerns raised by patients/clients in this area:

- Lack of support;
- Lack of treatment/ inappropriate treatment; and
- Unhappy/disagreement with medical decisions made

Treatment and care – diagnosis: Concerns raised in this category mainly focused on:

- Non-diagnosis of conditions or perceived failure to refer for further investigation;
- Misdiagnosis, where patients were diagnosed incorrectly or where there was missed diagnosis; and
- Lack of communication of diagnosis between relevant people/departments resulting in delay

Communication: One of the most common issues arising was a lack of communication or miscommunication to patients / the patients' family, followed by a lack of communication between hospital departments or with other services. In addition, concerns were raised around patients/clients feeling that medical information could have been communicated in a better way and patients having difficulty getting through to GP surgeries by telephone.

Staff attitude: Concerns were raised about staff attitude across a variety of service settings including GP, mental health, family & childcare, A&E and care of older people. They focused mainly on patients feeling that they had experienced not being treated in a positive or professional way and/or that they were not being listened to by staff.

Professional Assessment of Need: This refers to concerns made by patients, carers and families over decisions made by professionals on the type of, and amount of, service they should receive. Issues within this category focused on:

- Clients querying / challenging a decision/ assessment made by a professional;
- Challenging a decision which had been made via an assessment, for a person to either remain in a care home or have them removed to alternative accommodation with which clients were in disagreement; and
- Delays in getting assessed; discharge from hospital or care homes being delayed due to assessments not being carried out or lack of services or support because of an assessment/ decision made by a professional.

Medication: Concerns around medication included issues accessing repeat prescriptions or repeat prescriptions being delayed; medication being prescribed

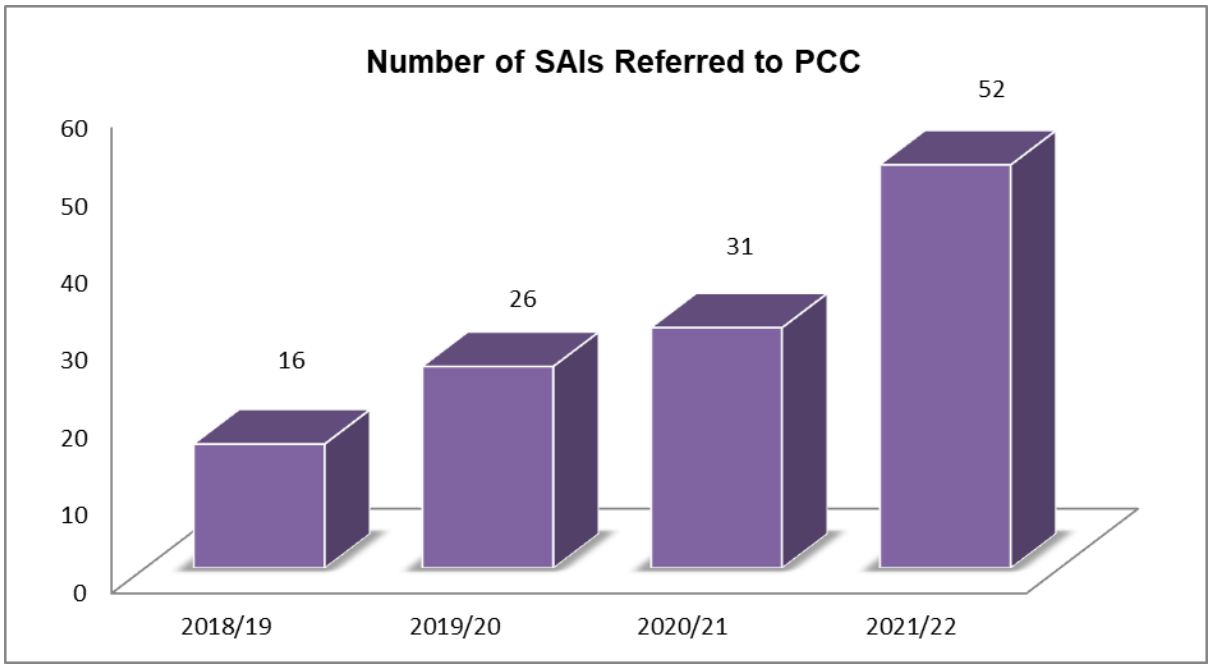
which the patient believed caused them harm; and medication being changed without the patient being consulted.

Serious Adverse Incidents

As noted in the Performance Overview, the demand for independent advocacy support from the PCC in Serious Adverse Incidents has increased significantly in 2021-22, with an increase of 67% on last year. A total of 52 SAIs were referred to the PCC.

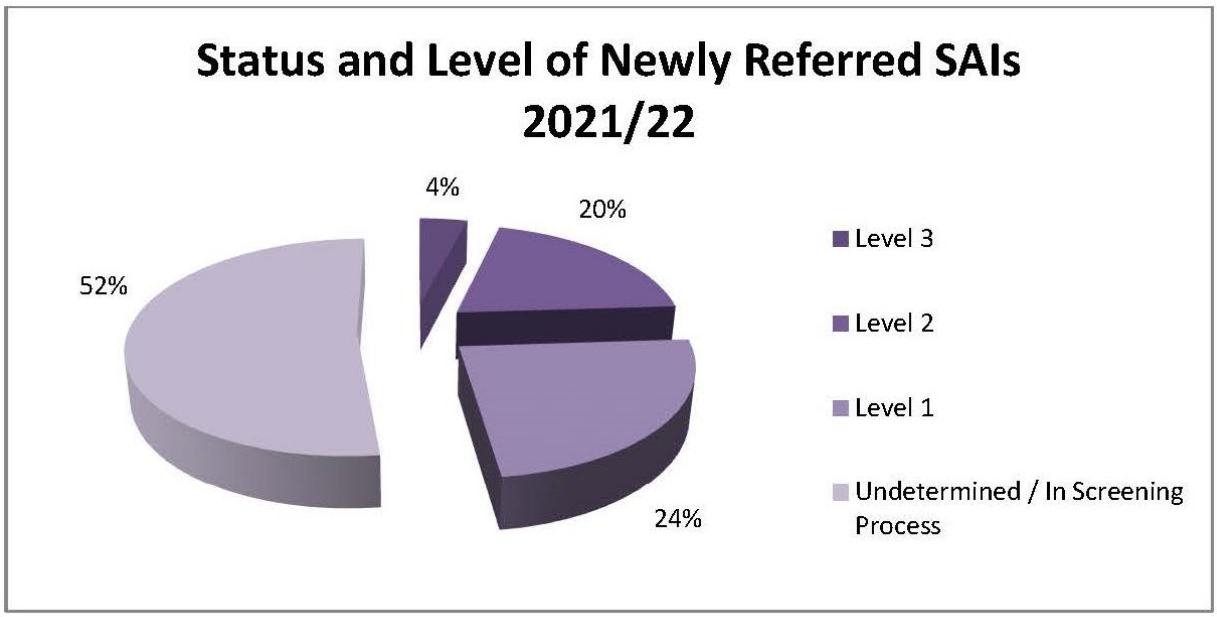
Of these, 25 SAIs were **new** cases to the PCC in 2021-22.

The chart below evidences the increase in PCC support in relation to Serious Adverse Incidents over recent years. Support to families may extend over a number of years, providing advocacy support to assist families to engage with the Trusts as the matters raised by the SAI are addressed.



Learning in 2021-22 has identified the need to support families in the initial SAI screening process, thus every engagement is critical. Through the advocacy process, families seeking support for a complaint have been guided to request the HSC Trust address their matter through the SAI process given the seriousness of the concerns identified.

The chart below demonstrates the status, and level, of the 25 SAIs newly referred to the PCC in 2021-22.



The nature of support to families navigating the SAI process is such that one case can involve support to multiple members of a family. Of these 25 SAIs newly referred to the PCC in 2021-22, this represented 34 individuals seeking support from the PCC. The 52 cases currently open to the PCC in 2021-22 represents a total of 105 individuals supported by the PCC.

Due to the increased level of demand for independent advocacy support in SAIs, the PCC has had to open a waiting list for SAI support. There are currently 10 cases on the PCC's waiting list. This list is proactively managed.

"I AM SO GRATEFUL FOR THE SUPPORT I RECEIVED FROM THE PCC AS I DON'T BELIEVE I WOULD HAVE ACTUALLY KNOWN WHAT WAS GOING ON FOLLOWING THE TRAUMATIC EVENTS THAT UNFOLDED IN OUR FAMILY HAD THE PROCESSES NOT HAVE BEEN EXPLAINED TO ME. EXPLAINED BY SOMEONE WHO I COULD TRUST. I HAVE FELT DURING SOME STAGES OF THE SAI THAT I COULDN'T FACE EVEN A SIMPLE EMAIL BUT THE KNOWLEDGEABLE ACTIONS OF MY REPRESENTATIVE MEANT I COULD GRIEVE BUT STILL MOVE FORWARD WITH VALUABLE PAPERWORK THAT NEEDED TO BE DONE REGARDLESS OF MY COPING SKILLS BECAUSE MY REPRESENTATIVE ACTED IMMEDIATELY ON MY BEHALF. TO HAVE THE PCC ON MY 'SIDE' WAS THE STRENGTH I NEEDED TO GET THROUGH HARD MOMENTS OF THE INVESTIGATION AS IT CAN BE VERY DAUNTING TO BE FACED WITH A GROUP OF PEOPLE WITH IMPORTANT TITLES OR EVEN JUST A GROUP OF PEOPLE IN ITSELF. I AM GLAD THIS SERVICE IS AVAILABLE TO ME AND AS THE CASE UNFOLDS I RELY HEAVILY ON THE ADVICE, DIRECTION AND GUIDANCE OF MY REPRESENTATIVE AND APPRECIATE IT GREATLY."

SAI FAMILY PARTICIPANT

Public Inquiries

Supporting the public through engagement and advocacy in Public Inquiries is a developing area of work for the PCC.

Muckamore Abbey Hospital (MAH)

What we did: In 2021-22, the PCC's designated advocate for Muckamore Abbey Hospital (MAH) has provided individual advocacy support to four current MAH patients, and 16 former patients and their carers. This has included supporting carers and patients with: formal and informal complaints proceedings, information requests, NIPSO complaints, and Serious Adverse Incident Reviews in relation to developments in the hospital and community settings. The PCC's advocate has also assisted patients and carers to raise historic and/or ongoing adult safeguarding concerns in the hospital and the community, and they have provided ongoing advocacy support to patients and carers throughout the adult safeguarding investigation process. In addition to complaints and adult safeguarding work, the PCC advocate has assisted service users and carers to become involved in care planning for individuals who are moving from hospital to community settings or who have experienced a breakdown in care in the community.

Outside of individual advocacy work, the PCC's advocate supports family engagement at the Muckamore Carers Forum, which took place monthly until October 2021, and is now held every six weeks. They have also worked closely with the Belfast Trust's Carer Involvement and PPI Lead for Learning Disability in order to promote alternative methods of carer involvement in Muckamore Abbey Hospital, including an information session in which carers shared their views on the hospital with RQIA inspectors in December 2021.

Neurology Public Inquiry

What we did: In September 2020, a virtual introductory meeting was hosted by PCC with patients impacted by the Belfast Health and Social Care Trust Neurology Recall. This was a first opportunity for patients, individuals and organisations affected by the Neurology Recall and Inquiry to meet collectively, share their experiences, key challenges and barriers of engagement.

Following a series of meetings with the Department of Health (DoH), Health and Social Care Board, Belfast Health and Social Care Trust and Patient Representatives a commitment was made to strengthen communication, supported by PCC. The PCC set up a Neurology Stakeholder Engagement Platform which included alliances, community and voluntary sector, individuals, lobbying and advocacy groups.

The purpose of this engagement platform is to be a central point for communications, engagement, and information to address issues and support the patient groups relating to the recall, Inquiry and wider neurology service improvements.

How we did this: The PCC held monthly communication meetings from April 2021 to November 2021 with representatives of the three main patient groups with a combined

network of approximately 246 affected patients and families directly impacted by the Neurology Recall.

We worked together to co-produce a structure and Terms of Reference for the Neurology Patient and Stakeholder Engagement Platform. Involvement included the Patient Groups, Northern Ireland Neurological Charities Alliance, Health and Social Care Board, Department of Health, Belfast Trust and General Medical Council. In total, 24 representatives agreed to be part of the engagement platform moving forward.

The neurology engagement platform has engaged patients within policy developments relating to the neurology recall, public inquiry and most recently the modernisation of neurology.

Through our work in Advocacy and providing support to the public in Serious Adverse Incidents (SAIs) and Public Inquiries, the PCC has been able to meet a number of our organisational outcomes:

1. ***Improved service quality***
2. ***Increased public awareness of rights & entitlements within health care sector***
3. ***Increased brand awareness within the HSC & public***
4. ***Increased public participation in designing the transformation of HSC***
6. ***Regional approaches across all HSC bodies***
7. ***Improved communication experience for those making a complaint about HSC***
8. ***DoH have a better understanding of public perception***

This work, supporting the public to address issues and concerns they have with Health and Social Care and connecting this learning into the system to improve service quality, contributes to achieving the overall draft Programme for Government Outcome 4*:* **We help people live long, healthy, active lives by ensuring satisfaction with health and social care.**

Engagement and Involvement

The PCC worked to overcome the challenges that the COVID-19 pandemic brought in relation to the ongoing involvement of service users. We recognise and championed the public's role and contribution, ensuring engagement in the transformation agenda which we believed to be critical during this time. Whilst developing our practice model in 2021-22, we worked to reconfigure the PCC's engagement programmes and structures during this time. We tried to move quickly to facilitate our engagement programmes remotely. This involved initiating online user involvement strategies using virtual platforms. From an early stage, we saw the merit in this methodology; recognising how the public could be involved at pace and in an environment where

caring responsibilities; locality or communication abilities had previously placed restrictions on participation.

Digital methods provided an opportunity to reconfigure how and who we engaged with. We shifted our approach to our work in order to maximise contribution, engage with those marginalised or hard to reach and to ensure that we effectively involved the public. It provided us with further opportunity to align our involvement with social determinants and population demography in order to truly involve those with lived experience in relevant programmes of work.

We were able to arrange events to accommodate involvement outside of statutory norms, pre and post the usual 9-5pm business hours. This remains part of our structure currently in order to maximise engagement and to accommodate other responsibilities that carers and service users face. This has been most evident within our Engagement Platforms and in support of public consultations.

During the year the organisation has focused on key outputs in this area. Our delivery against the targets we set out to achieve is as follows:

Engagement: Outputs against Outcomes Based Accountability (OBA)

Outputs	Indicative Targets	Year Outturn
Number of citizen hub meetings	24	51
Number of participants of citizen hubs	480	295
Number of engagement platforms	4	7
Number of engagement platform meetings	48	146
Number of new PCC members	435	393
Number of Make Change Together training events for the public	6	3
Number of PCC member engagement events	5	21

As the figures above demonstrate, we have delivered against the majority of indicative targets we set out to achieve in 2021-22. In particular, we have over delivered in areas such as the number of engagement platform meetings held, indicating an area of organisational growth for the PCC and the importance of ensuring adequate resourcing going forward to support this work.

We finished the year below our targets in two areas – the number of participants attending citizen hubs and the number of new PCC members recruited. As we work to increase awareness of the PCC and of our programmes through diversifying our communication methods we hope to increase the number of new PCC members. This includes reaching communities and groups that may be under-represented in our membership. A comparison of participation levels at citizen hubs with those at our engagement platforms, where we exceeded our targets, indicates that there may be a

greater level of interest from the public in regional, theme-based work. However we also recognise that a high level of drop-off in attendance of citizen hubs on the day compared to levels of registered interest impacted our ability to meet targets. Going forward we plan to introduce a quarterly schedule for programmes to allow better advertisement of hubs and will introduce registration targets in addition to measuring actual attendance.

Co-production and Collaboration Project

During 2021-22, the PCC began to develop a new project, The Co-production and Collaboration Project. This project will focus on a paid employment model for involvement (remunerated involvement). It will seek to establish and implement a remunerated model of involvement. This will include training and support to members of the public and HSC services users with relevant experience, enabling participation in co-production and collaboration activities for specific areas of work.

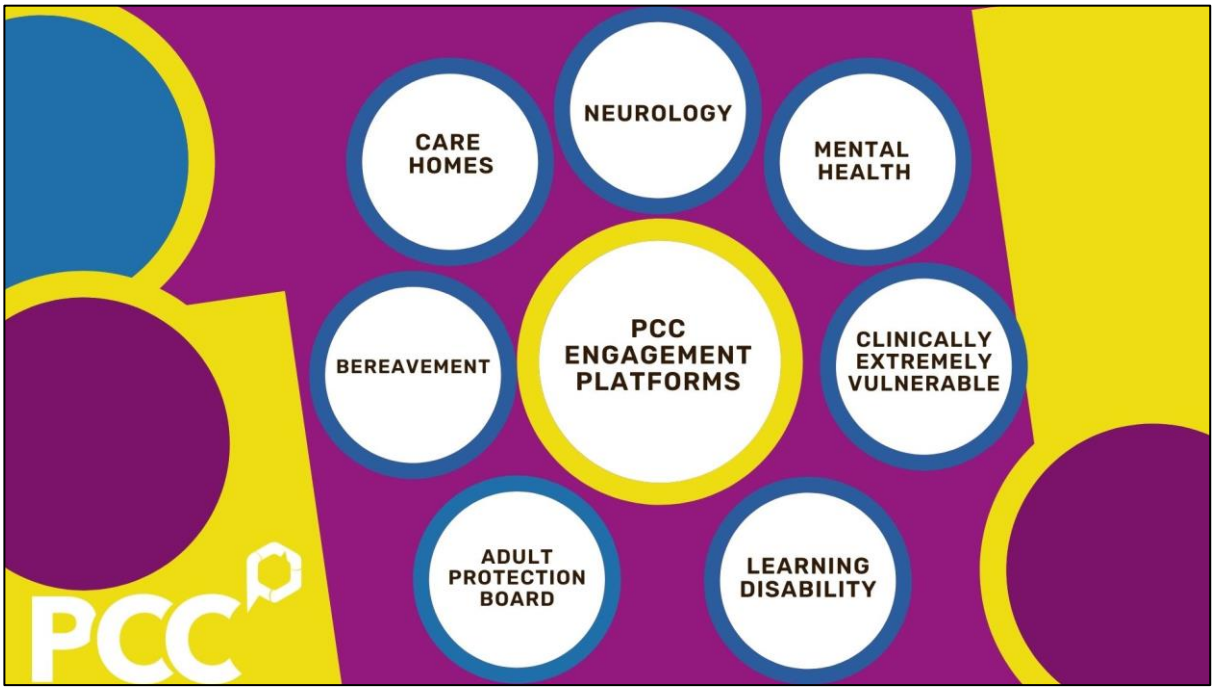
The project is still at an early stage. In October 2021, we appointed a dedicated Co-production and Collaboration Project Co-ordinator, who will support and develop the project going forward into 2022-23.

Make Change Together

Through the PCC's 'Make Change Together', services users have been recruited for specific areas of work. Individuals will apply and be selected on the basis of their experiences and interest within Health and Social Care. The PCC manage the promotion, stakeholder mapping, recruitment, training and coaching of service users in readiness for and during their term on the programme of work.

Engagement Platforms

In this reporting period, the PCC has implemented seven Engagement Platforms:



Each has a dedicated way of working and communicating on matters relating to an area of work and connecting this to decision-making, practice and public awareness. Through its implementation the PCC can evidence:

- Increased engagement and collective action reflecting community development approach and challenging standards and practice;
- Establishment of new and innovative ideas for involvement that address the limitations and challenges of existing practice;
- Extension beyond individual involvement and consideration of the cumulative effect of involvement on thematic programmes; and
- Positive accounts of the dyadic interplay between users as partners.

The Engagement Platforms are composed of representation that reflects individual and collective lived experience and offers the opportunity to engage in theme-based, task oriented work at a more strategic level, with representation from the public, as well as the health and social care, and voluntary and community sectors. It aims to:

- Serve as an overarching platform, drive and support other specific and time-bound work streams aligned to the overall theme of work;
- Provide a centralised process for engagement;
- Identify opportunities to influence and inform public and policy discourse on the theme; and
- Connect and communicate issues on policy, practice and provide an area for resolution focus;
- Provide peer support and serve as a vehicle for collective action;

- Facilitate the involvement process and connect with decision makers;
- Offer real time engagement with Health and Social Care, Departmental officials and Arms Lengths Bodies and other relevant agencies;
- Support programmes of work relevant to the issues.

Through our engagement work across all key focus areas, the PCC has been able to meet a number of our organisational outcomes:

❷ ***Increased public awareness of rights & entitlements within health care sector***

❸ ***Increased brand awareness within the HSC & public***

❹ ***Increased public participation in designing the transformation of HSC***

❻ ***Regional approaches across all HSC bodies***

❽ ***DoH has a better understanding of public perception***

❾ **Improved health literacy**

Our engagement work involving the public in the design and delivery of health and social care evidenced by the outputs above, and the outcomes achieved as a result, contributes to a realisation of the draft Programme for Government Outcome 4: ***We help people live long, healthy, active lives by ensuring satisfaction with health and social care***

Policy, Impact and Influence

Through the PCC's organisational review, the research, communications and external affairs functions of the PCC have been reconfigured to develop a Policy Impact and Influence (PII) function. This team has undergone significant change over the past 6 months with the recruitment of a Senior Policy, Impact and Influence Manager, and a Communications and Public Affairs Manager, both new roles within PCC.

The role of the Policy Impact and Influence Team is to:

- Work across all practice teams to harness what the public are saying across our advocacy and engagement activities, using the evidence as the foundation for policy impact and influence efforts;
- Support the public to have 'constant conversations' with key decision-makers across health and social care, using their experience to make positive policy and systems change; and
- Find new ways to involve people in decisions about their Health and Social Care services.

This involves exploring new mediums through which to engage and connect with the public, developing the PCC's communications and digital capacity and maximising the PCC's reach online, through our website and through social media.

PII: Outputs against Outcomes Based Accountability (OBA)

Outputs	Indicative Targets	Year outturn
Number of policy impact and influence workshops convened (internal)	13	15
Number of policy impact and influence workshops convened (external)	6	25
Number of engagements with Departmental and statutory bodies to influence policy /action	4	28
Number of equality assessments at early stage of project work	4	6
Number of evidence-based recommendations / reports that influence health service improvement	4	4
Number of respondents to policy research campaign	572	778
Number of social media updates	261	838
Number of visits to PCC website	30,000	31,116
Number of website updates	48	151

We have delivered against all of the indicative targets we set out to achieve in 2021-22.

Through our policy impact and influence work across all key focus areas, the PCC has been able to meet a number of our organisational outcomes:

❷ ***Increased public awareness of rights & entitlements within health care sector***

❸ ***Increased brand awareness within the HSC & public***

❹ ***Increased public participation in designing the transformation of HSC***

❻ ***Regional approaches across all HSC bodies***

❽ ***DoH has a better understanding of public perception***

❾ **Improved health literacy**

Our policy impact and influence work connects the information we hear from 'constant conversations' to create systemic change, recognising the importance of bringing the public voice to the decision-making table. This contributes to achieving the draft Programme for Government Outcome 4***: We help people live long, healthy, active lives, by ensuring satisfaction with health and social care*.**

Business Support

Development of a Business Support Function

In line with the recommendations from the PCC's organisational review, work has been ongoing in 2021-22 to develop a Business Support Function within the PCC, with the introduction of business support and finance management roles. Work is ongoing to bring staffing stability to this department, with the recruitment of a receptionist, administration support role and Executive Assistant for the CEO and Council. We have undertaken a review of our governance and financial procedures to ensure that the PCC has robust systems in place to operate effectively and represent value for the public. Implementation of improvements identified by these reviews will be ongoing in 2022-23.

Development of the Statement of Strategic Intent

Our statutory role gives the Patient Client Council a unique place within the Health and Social Care sector and it is one we take very seriously. In 2021-22 the PCC developed a draft Statement of Strategic Intent 2022-25. This sets out our strategic direction for the next three years, recognising the evolving nature of the health and social care environment. At this time of major change and pressure across the Health and Social Care system as a whole, it is vital that the PCC maintain our focus in listening to, and acting on, the voices of the public, patients and service users; ensuring our resources are used to the best effect possible. We created the draft Strategic Statement of Intent through reviewing our work, surveying our membership and other stakeholders and then tested this with the public through consultation. We are in the process of integrating the consultation feedback to produce the final version for publication.

Developing the PCC Brand

We have continued to work on raising public awareness of the PCC throughout 2021-22. Key has been finalising the rebranding of the PCC following public consultation to choose the preferred brand option in late 2021. Alongside this we have been reviewing our communications material and how we engage with the public about what we do, and how we can help. This has involved progress against the actions outlined in the PCC Digital Strategy developed in 2021, which provide a roadmap to embed digital communications in order to enable the PCC to better meet its statutory functions, and keep pace with developments in this digital age. The PCC website has been adapted and moved to a new domain Patient Client Council Northern Ireland - Your voice in Health & Social Care (pcc-ni.net). Further work to upgrade the website is planned for 2022-23

IT and Communications

In 2021-22 significant work was undertaken to upgrade PCC's Alemba case management system, the primary system for data gathering and casework management in the PCC. This was required to ensure continuity of support for the system and presented an opportunity to more closely align the system's functionality to the PCC's new practice model. A key development was building in functionality to allow the PCC to monitor its collection of s75 data, which will enable us to monitor equality of service delivery to different groups going forward. However it also highlighted the need for a review of the PCC's IT infrastructure to ensure the organisation keeps pace with technological developments and maximises opportunities for robust data collection and management. This is critical as it provides the evidential basis for our work. A review will be progressed in 2022-23.

PCC also introduced a new call handling system in 2021-22 which went live in January 2022. The aim was to improve access to the PCC via a single, centralised point of entry ensuring people are responded to at their point of need. This innovation enables us to generate statistical reports on total calls answered, average waiting time and the time spent on calls. Work is ongoing to develop automated messages and queue handling system

As indicated in the performance overview section, there are a number of principal risks and uncertainties emerging for the PCC in 2021-22;

- **Level of funding within core allocation**

An ongoing principal risk for PCC is the level of funding within its core allocation, having endured year on year budget cuts until 2020-21 where the same allocation was made from 2019-20. Pay costs account for 75% of the budget. This risk is reflected in the PCC's Corporate Risk Register.

- **Increase demand for PCC services and increase complexity in nature of work**

The impact of COVID-19 on an already stretched health system has resulted in both a significant increase in demand for PCC services, and a noted increase in the complexity of cases requiring PCC input, particularly in the area of independent advocacy. This increase in demand is reflected in the 794 new cases referred to the PCC for advocacy support in 2021-22, a delivery of 30% above the annual target for the year. In addition, the emerging need for group advocacy and the significant increase in the number of Significant Adverse Incidents referred to the PCC for support (which has doubled since 2019-2020), further highlights demand in this area. In 2021-22 PCC has mitigated this risk by bringing additional practice staff on through agency however this is not a sustainable position and contributes to further risk regarding staff stability which may ultimately impact on PCC's future performance and delivery against operational plans and statutory functions.

- **Staffing stability**

Whilst the PCC has been fortunate to have secured non-recurrent funding in 2021-22 to employ additional practice staff to assist with the increased demand for services, this does not present a long-term solution unless recurrent funding is secured. Therefore principle risks arise in the PCC's ability to meet its statutory functions in the provision of assistance to those who have an issue with HSC services, if additional funding is not secured. A further risk arises if the PCC is not able to stabilise its staffing, both from a funding perspective, and in the recruitment and retention of suitably qualified and experienced staff.

- **Accommodation and managing staff remotely**

As a result of the COVID-19 pandemic, the introduction of social distancing and the implementation of 'work from home' guidance, the PCC throughout 2021-22 has had to explore and innovate how we delivered services to ensure that the PCC was accessible to the public. In addition to the challenge posed in developing a new practice model; working from home, managing staff, staff sickness and turnover, as well as inducting new staff at a distance have all presented risks in relation to achieving the corporate objectives and legislative mandate of the PCC. This has been carefully managed but continues to be an ongoing challenge. Additionally, the PCC has struggled to secure stable office accommodation in the Belfast area that is of sufficient size for the PCC staff team and which meets the needs of front-facing services we provide to the public. We are currently working on a business case to the Department of Health to mitigate this risk however failure to address this may affect the PCC's ability to deliver quality services to the public going forward including maximising the PCC's accessibility to a diverse cross-section of the Northern Ireland community.

Estate Strategy

The PCC moved from BT Tower, Belfast, BT1 3BT, to new premises in Great Victoria Street on the 1 April 2021.

Property

The PCC estate comprises of 4 locality offices including bases in:

- Great Victoria Street, Belfast;
- Quaker Buildings, Lurgan;
- Wellington Court, Ballymena; and
- Hilltop Tyrone and Fermanagh Hospital, Omagh

The PCC also has a hot desk facility in 'Advice North West', Derry/Londonderry.

Sustainability Report

The PCC is committed to protecting the environment and to sustainability, both in how it does its business and through using its influence where possible and appropriate. Sustainability initiatives that have been implemented include:

- Increasing the use of digital and electronic records, reducing the use of 'paper' records, and also reducing the amount of storage required for manual records;
- Continuing to use video-conferencing for meetings where possible, reducing the amount of travel to and between meetings. This is being used for meetings at all levels including Council, Council committees, internal staff meetings, meetings with other organisations and membership/user engagement meetings. While it is expected that with the ending of COVID-19 restrictions more essential face to face meetings will resume, the PCC will continue to host meetings through video-conferencing where possible and applicable;
- Agile working – COVID-19 restrictions meant that the PCC, along with other organisations quickly improved its technology to enable all staff to work remotely. While over the past year, some staff have moved to a more blended approach of part home / part office, the majority of staff are still working remotely for the majority of time. Again, this way of working has a significant impact on the carbon footprint through reducing the amount of travel between home and the workplace; and
- As a result of agile working, and greater reliance on technology, printing and photocopying has reduced significantly.

Personal data related incidents

During 2021-22 there were 0 (1 in 2020-21) personal data related incidents reported to the Information Commissioner's Office.

A data breach incident concerning payroll data processed by the BSO Payroll Service Centre (PSC) during 2021/22 has been identified during the first weeks of April 2022. Further information is outlined in the 'Information Risk' section of the Governance Statement in this report.

Information Requests

PCC received 14 Data Access Request in the 2021-22 year. These were broken down as follows:

- 7 Freedom of Information requests;
- 3 Subject Access requests; and
- 4 information requests from the NI Assembly

86% of all information requests were responded to within 20 working days. 14% of all information requests had their response times extended past 20 days due to further

information/clarification being sought from the client. Please note that these requests were then completed within the extended timeframe.

All Freedom of Information requests are available to view on the website Patient Client Council Northern Ireland - Your voice in Health & Social Care (pcc-ni.net).

Complaints

PCC received 6 complaints in the 2021-22 year. The majority of these complaints involved client dissatisfaction with third party organisations and it was necessary for the PCC to conduct meetings and investigations with said parties, meaning the complaints could not be fully investigated and resolved within the desired 20 working days. However, where the timeframes were extended, clients were advised accordingly and given a new timeframe for resolution.

Due to the complex nature of 2 of the complaints, they are still being investigated and the PCC continue to engage with the client for a positive resolution.

Fees Paid to NI Audit Office

The estimated cost of the audit for the year ended 31 March 2022 which pertained solely to the audit of the accounts is £9,350.

Equality

The PCC is committed to promoting equality of opportunity, diversity, inclusion and good relations across the organisation and in its work with the public.

Like all public bodies, The Patient Client Council (PCC) has committed to reviewing its Equality Scheme under Section 75 of the Northern Ireland Act (1998) every five years. Ultimately, the purpose of the review is to take learning and set direction for the coming years by critically evaluating the way the organization has implemented Section 75 over the past five years. The review involves looking at what has been achieved, what remains to be done, and what lessons have been learnt.

The PCC's Annual Progress Report focuses on the implementation of Section 75 and reviews progress against action plans including the Equality and Disability action plans. The PCC's Equality and Disability Plans and Equality Scheme can be found at: Patient Client Council Northern Ireland - Your voice in Health & Social Care (pcc-ni.net)

During 2021-22, our work in this area has been wide ranging to ensure the PCC maximises the opportunity to engage and involve diverse groups in society, including those that would be considered hard to reach or for whom there exist barriers to engagement. These include those with sensory and physical disability and those from minority ethnics groups. Actions we have taken include:

- The PCC's draft Statement of Strategic Intent was translated into 3 languages and an easy to read version (ERV) produced;
- While the website is primarily in English, it translates into 26 languages to maximise accessibility from those for whom English is not their first language;
- The PCC have a phone line system supporting the Big Word remote translation service;
- Specialist Learning Disability Service User Engagement Platform has been established to support those with learning disability and communication issues to inform and influence programmes of health and social care; and
- The PCC supported the Advance Care Planning programme of work, issuing alternative formats to the public on request including 9 different languages, braille, sign language and video.

Whilst there is continued work to be undertaken in this area, the PCC are committed to ensuring that equality of access for all is common place within health and social care and will continue to develop our reach to ensure that we actively seek engagement from those perceived as hard to reach. During 2021-22, the PCC worked with the Equality Unit to ensure that new policies and published reports were screened and passed by the Equality Unit.

Finance Summary

PCC receives its revenue funding from the DoH in the form of a Revenue Resource Limit.

The following table summarises the year's financial outturn, which reports a breakeven position for PCC. (A breakeven position is defined as a surplus or deficit not exceeding £20,000)

Income	**£**
Revenue Resource Limit	2,231,887
Other Income	1,221
Sub Total	2,233,108
Expenditure	
Staff	1,668,858
Other	552,619
Sub Total	2,221,477
Surplus	**11,631**

During the year the PCC received ring-fenced funding of £131,000 related to COVID-19.

In year PCC received £23,743 capital funding for additional IT equipment and contained expenditure within the Capital Resource Limit.

The Chair and Members of the PCC received regular updates to ensure that the statutory breakeven requirements in 2021-22 were met.

Investment Strategy and Plans

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

Long Term Expenditure Trends and Plans

PCC receives almost 100% of its funding from the Department of Health via the Revenue Resource Limit. Funding increased in 2021-22 compared to 2020-21 (£2m) primarily due to funding of pay awards and non-pay inflation.

PROMPT 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:

	2022 Number	2022 Value £	2021 Number	2021 Value £
Total bills paid	992	1,193,423	824	1,097,280
Total bills paid within 30 day target	991	1,193,402	813	1,071,076
% of bills paid within 30 day target	**100%**	**100%**	**99%**	**98%**
Total bills paid within 10 day target	968	1,177,490	797	1,050,311
% of bills paid within 10 day target	**98%**	**99%**	**97%**	**96%**

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	-

Anti-Bribery and Anti-Corruption

PCC has an Anti-Bribery Policy in place, which sets out the position on bribery and context for ensuring that all activities are carried out in an honest and ethical environment. PCC is committed to maintaining an anti-bribery culture and will adopt a zero tolerance approach to bribery and corruption where it is discovered.

Going Concern

As illustrated in our Statement of Financial Position, 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, 100% of 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.

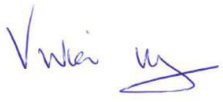
The accounts have been prepared on the going concern basis. Management are not aware of any conditions or events, currently or in the future, that would bring this assumption into question.

Accounts Direction

PCC 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 requirement of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

The accounting policies follow International Financial Reporting Standards to the extent that it is meaningful and appropriate to PCC. Where a choice of accounting policy is permitted, the accounting policy, which has been judged to be most appropriate to the particular circumstances of PCC for the purpose of giving a true and fair view has been selected. PCC's accounting policies have been applied consistently in dealing with items considered material in relation to the accounts. There have been no significant changes to accounting policies in the year.



Vivian McConvey

Chief Executive Officer

19 July 2022

SECTION 2: ACCOUNTABILITY REPORT

The Accountability Report for the PCC is presented in 3 sections and is consistent with corporate governance requirements and accountabilities:

a) Corporate Governance Report which is comprised of:

- Directors' Report;
- Statement of Accounting Officer Responsibilities; and
- Governance Statement.

b) Remuneration and Staff Report; and

c) Accountability and Audit Report.

Corporate Governance Report

Directors' Report

The Patient and Client Council is made up of Members appointed by the Department of Health in accordance with the Public Appointments Process, who constitute its governing body. In accordance with the provisions of the Health and Social Care Reform Act Northern Ireland 2009, no members of staff sit on the governing body. (Unlike the position in service delivery organisations such as the Health Care Trusts and the Health and Social Care Board, Public Health Agency).

Ms Christine Collins MBE, was appointed as the Chairperson of the Patient and Client Council from 1 March 2019 to 28 February 2023.

Patient and Client Council Members (as at 31 March 2022) are listed below:

- Cllr Martin Reilly (appointed 2 August 2010, reappointed 5 August 2014, extended to 31 July 2020, extended to 31 July 2021 and co-opted to 31 March 2022)
- Mrs Elizabeth Cuddy (appointed 16 December 2013, reappointed 16 December 2017; extended to 8 April 2022)
- Mr William Halliday (appointed 9 December 2013, reappointed 9 December 2017; extended to 8 April 2022, with a further extension to 8 October 2022)
- Mrs Joan McEwan (appointed 2 December 2013, reappointed 2 December 2017, extended to 1 December 2021, and extended to 31 March 2022 with a further extension to 1 October 2022)
- Mr Patrick Farry (appointed 1 April 2019 to 31 March 2023)
- Mr Alan Hanna (appointed 1 April 2019 to 31 March 2023)
- Mr Paul Douglas (appointed 1 April 2019 to 31 March 2023)

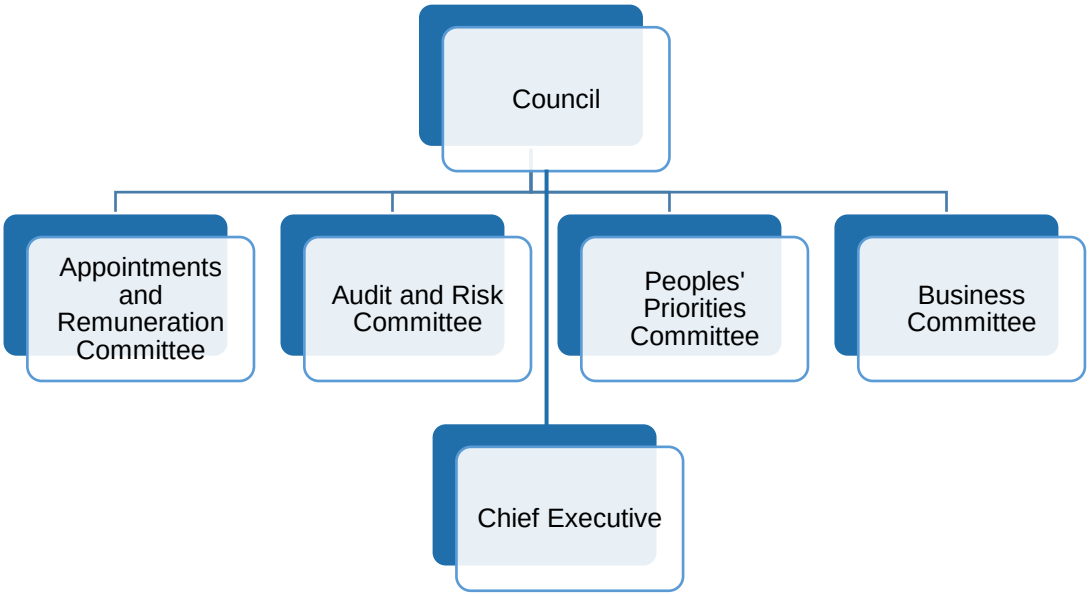
A short profile of each Council Member is included at Appendix A.

All Council Member appointments are for a period of four years. Reappointment to the same post may be considered by the Minister, subject to an appropriate standard of

performance having been achieved during the initial period of office, continued adherence to the Principles of Public Life. However, reappointment is not guaranteed. The maximum period that can be served is 10 years.

The diagram below shows the structure of the Council:

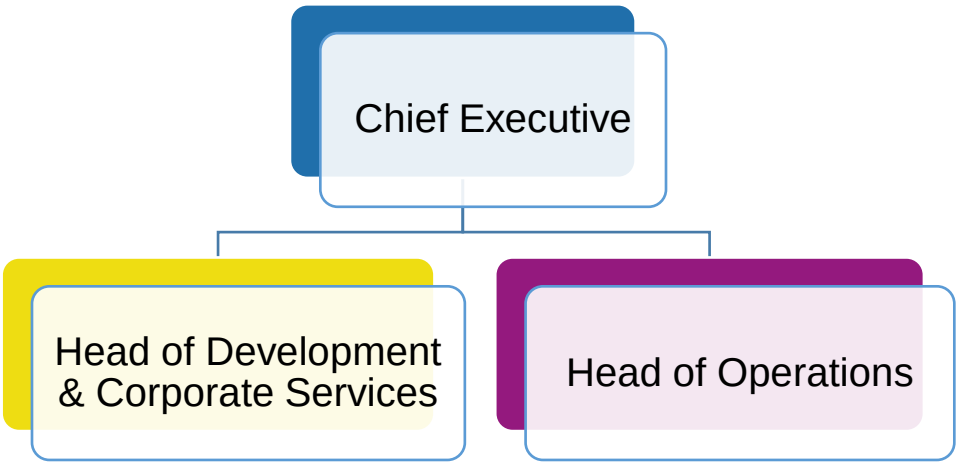
Under the PCC's legislation and Standing Orders, the Chief Executive and Executive Management Team have delegated responsibility for the day to day activities of PCC.



They report to the Council on their discharge of these duties. The Chief Executive and Senior Management Team consist of:

- Chief Executive Vivian McConvey (appointed on 8 April 2019);
- Head of Operations, Meadhbha Monaghan (appointed on 15 May 2020); and
- Head of Development and Corporate Services, Jackie McNeill (appointed 1 February 2019)

The diagram below shows the structure of the Executive Management Team.



Interests held by Council and Senior Staff

Senior members of staff or Council Members had no significant interests, which would conflict with their management responsibilities to report for 2021-22. The register of interests can be found on PCC website by clicking here https://patientclientcouncil.hscni.net/who-are-we/key-people/

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 and of its income and expenditure, changes in tax-payers equity and cash flows for the financial year.

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

- Observe the Accounts Direction issued by the Department of Health, including the 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 accounts;
- Prepare the accounts on a going concern basis, unless it is inappropriate to presume that the HSC body will continue in operation; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the DOH as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Vivian McConvey of PCC 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, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps I ought to have taken to make myself aware of any relevant audit information and to establish that PCC's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

GOVERNANCE STATEMENT

Introduction/Scope of Responsibility

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

As Accounting Officer, I exercise my responsibility by ensuring that an adequate system for the identification, assessment and management of risk is in place. I have a range of organisational controls in place, commensurate with officers' current assessment of risk, designed to ensure the efficient and effective discharge of PCC business in accordance with the law and Departmental direction. Every effort is made to ensure that the objectives of the PCC are pursued in accordance with the recognised and accepted standards of public administration.

The PCC works closely with the other Health and Social Care (HSC) organisations. As set out in the Health and Social Care Framework Document, the PCC's relationship with other HSC bodies is characterised by, on the one hand, its independence from these bodies in representing the interests and promoting the involvement of the public in health and social care, and on the other hand, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers. The PCC continues to develop and embed new relationships and networks across the HSC family and other sectors, including commissioners, regulators, providers and the community and voluntary sector, recognising the value of partnership working.

The Business Services Organisation (BSO) provides a range of essential services to the PCC, through a Service Level Agreement (SLA).

Systems are also in place to support the inter-relationship between the PCC and the Department of Health (DoH), through regular meetings and by providing regular reports.

Compliance with Corporate Governance Best Practice

The Council of the PCC ('the Council') applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Council does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by internal and external audits and through the operation of the Audit and Risk Assurance Committee (ARAC), with regular reports to the full Council.

The Council has also completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit. Overall this shows that the Council

functions well, however it also identifies areas for improvement. An action plan has been developed to take these forward.

The Audit and Risk Assurance Committee also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist.

Arrangements are in place for an annual declaration of interests by Council members and senior staff; the register is publically available on request.

Members are also required to declare any potential conflict of interest at Council or Committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

Governance Framework

The key organisational structures which support good governance in the PCC are the Council and its Committees.

The PCC is a Body Corporate incorporated by Section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. It consists of a Chair and members, appointed by the Department of Health under the Public Appointments process. The Council constitutes the governing body of the PCC. As at 31 March 2022 the Council has 7 members (including the Chair). The Patient and Client Council (Membership and Procedure) Regulation (Northern Ireland) 2009 stipulates that there shall be sixteen members. The Public Appointments Unit are currently undertaking a recruitment exercise to appoint new Council members.

The role and functions of the Council, as set out in the HSC Code of Conduct and Code of Accountability (April 2011), issued by the Department of Health 18 July 2012, are as follows:

- To establish the overall strategic direction of the PCC within the policy and resources framework determined by the DoH and Minister;
- To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken as necessary;
- To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;
- To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;
- To appoint, appraise and remunerate senior executives;
- To ensure that there is effective dialogue between the PCC and the local community on its plans and performance and that these are responsive to the community's needs; and
- To ensure that there are robust and effective arrangements in place for risk management.

The Council holds formal meetings, at least quarterly, with regular Council workshops to enable key issues to be considered in more depth. While the PCC

would normally have rotated these public meetings across Northern Ireland, all Council meetings have had to be conducted via Zoom during 2021-22 as a result of the continuing COVID 19 restrictions. During 2021-22, there were 6 Council meetings and 8 Council workshops,

All Council meetings during 2021-22 were quorate.

PCC Council Meeting Attendance Register 2021-22:

Name	Meetings Attended	Meetings Held
Mrs Christine Collins MBE (Chair)	6	6
Mrs Elizabeth Cuddy	3	6
Mr William Halliday	6	6
Mrs Joan McEwan	3	6
Cllr Martin Reilly*	2	2
Mr Alan Hanna	6	6
Mr Paul Douglas	6	6
Mr Patrick Farry	5	6

* Cllr Reilly was a Member until his term of office expired 31 July 2021. Following this he was co-opted to 31 March 2022; during this period he attended all four of the remaining four Council meetings.

During 2021-22 the Council reviewed its committee structure, moving from three Council Committees (Governance and Audit Committee, Research Committee and Appointments and Remuneration Committee) to four Council Committees (Audit and Risk Assurance Committee, Business Committee, People's Priorities Committee and Appointments and Remuneration Committee). The key aim of the reorganisation was to ensure that the work of the Council could be conducted more effectively and timeously and would better reflect the purpose and priorities of the PCC.

The Audit and Risk Assurance Committee's (ARAC) purpose is to give an assurance to the Council and the Accounting Officer on the adequacy and effectiveness of the PCC's system of internal control. The ARAC has an integrated governance role, encompassing financial governance and organisational governance, all of which are underpinned by risk management systems. The ARAC meets, at least, four times a year and currently comprises of 4 members. Representatives from Internal and External Audit are also in attendance. During 2021-22 the ARAC met on 5 occasions and all meetings were quorate

The Appointments and Remuneration Committee function is to advise the Council about appropriate remuneration and terms of service for the Chief Executive, taking account of performance, subject to the direction of the DoH. The Committee comprises 4 members and normally meets 2 times a year. During 2021-22 the Committee met once.

The Business Committee was established to scrutinise and provide advice to the Council across a number of business areas including activity and financial performance, complaints, adverse incidents, information governance and facilities.

The Committee comprises 4 members and meets 4 times a year. The Committee was established in May 2021 and met 4 times during 2021-22.

A People's Priorities Committee is currently being established, in line with the PCC's recent organisational review and the creation of a new policy impact and influence function. The purpose of the Committee will be to provide a strategic forum to critically assess the connections across PCC practice work in engagement, advocacy and policy, within the broader Health and Social Care environment. The Committee will also contribute to good governance through their scrutiny and approval of reports produced by the PCC. Work is currently underway to develop the Terms of Reference for the Committee and establish its membership.

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.

Business Planning

As the final year of the PCC Corporate Plan 2017 – 2021 was reached, the PCC undertook a review of delivery. In view of the exceptional circumstances created by COVID 19 the decision was taken to create a high level draft 'Statement of Strategic Intent' to reflect our work in ensuring 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.

The draft 'Statement of Strategic Intent' was developed working with a sample of the PCC membership and other stakeholders. Following approval by Council the draft document was issued for public consultation. Consultation responses are being analysed and will be used to refine and finalise the 'Statement of Strategic Intent' during 2022/23.

The PCC Annual Operational Plan 2021-22 details how progress towards the draft 'Statement of Strategic Intent' goals will be achieved and demonstrated. Following a substantial development programme to train the Leadership Team on Outcomes Based Accountability (OBA) during 2020-21, the Annual Operational Plan for 2021-22 was written to better demonstrate impact and outcomes and alignment with draft Programme for Government, as well as with the PCC legislative mandate and the priorities highlighted by the public.

A performance report is presented at Council meeting every quarter, providing an update on the Operational Plan, setting out progress against objectives and explaining any variances.

Risk Management

The PCC Risk Management Strategy and Policy sets out the PCC risk management process, which is a five stage approach as follows:

First Stage: Identifying Risks
Risks are identified in a number of ways and at all levels of the PCC. Risks can present as both external and internal factors, impacting on what the organisation does and how it does it.

Second Stage: Evaluating Risks
Each risk is evaluated in terms of both:

- The impact that the risk would have on the business should it occur, and
- The likelihood of the risk materialising.

The PCC is committed to adhering to best practice in the management of risk and works to the principles and framework for risk management as contained in ISO 31000: 2018 and also adheres to the HSC Regional Risk Matrix (April 2013; updated June 2016 and August 2018).

Third Stage: Risk Appetite
Given that the PCC is publicly funded and that it is part of Northern Ireland's health and social care system, Council 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.

However, in two key areas the PCC's risk appetite is 'averse'; these relate to:

- 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.

Fourth Stage: Managing Risks
There are five potential responses to risk (transfer, tolerate, treat, terminate and take the opportunity); however the majority of risks are managed by treating or tolerating. This is underpinned by the development of action plans setting out how the risks will be reduced and where possible eliminated.

Fifth Stage: Risk Monitoring and Review
The management of risk in the PCC is recorded and monitored via the Corporate Risk Register.

Processes are in place to discuss and review risk with functional leads at the monthly business meeting, feeding into the Corporate Risk Register. The Corporate Risk Register is then formally reviewed and updated on a quarterly basis, initially by the Executive Management Team (EMT) before it is brought to ARAC. The

Corporate Risk Register is brought to a full Council meeting at least annually, most recently on 18 January 2022.

Responsibility for risk management in the PCC rests with the Chief Executive, with operational management delegated to the Head of Operations. The risk management process is monitored, and where appropriate revised and updated, by the EMT and ARAC, to ensure that it remains effective.

All PCC staff are made aware of their responsibilities in respect of risk management, through their functional leads and completion of the risk management e-learning programme. Policies and procedures in respect of risk management are available to all staff through the PCC sharepoint site.

Information Risk

Information risk management is an essential part of good governance and good management. As well as being integrated into the risk management processes set out above, there are also a suite of information governance policies and procedures. The PCC Information Governance Policy sets out the overarching information governance framework, supported by a range of more specific policies and procedures dealing with, for example, data protection and confidentiality, Freedom of Information and IT security.

The Head of Operations is acting as the interim Senior Information Risk Officer (SIRO) for the PCC, and completed the SIRO training course during 2021-22. Members of the Leadership Team completed Information Asset Owner (IAO) training early in 2021-22.

Information governance reports are brought by the SIRO to the Business Committee. Additionally, information risks identified on the Corporate Risk Register will also be brought to the ARAC. The interface between the two Committees is documented, with agreed processes in place to minimise duplication and ensure that there are no gaps. Both Committees report to the Council.

The PCC receives practical information governance support from the Business Services Organisation (BSO), through the SLA, including the services of the Data Protection Officer. The BSO also represents the PCC on the Regional Information Governance Advisory Group, ensuring that the PCC is kept up to date and made aware of all key information governance issues and developments.

The PCC is also represented on the regional HSC Cyber Security Programme Board by the BSO, and the organisation continues to work with BSO ITS, as our IT provider, to take necessary measures in relation to cyber security risks, and ensure that staff are made aware of risks and actions.

These policies and processes set out the mechanisms to ensure that data used for operational and reporting purposes is managed appropriately by the PCC. Additionally data sharing agreements, or relevant contracts, are in place for data that is shared or used by any third party organisation.

All PCC staff have access to the information governance policies and procedures through the PCC sharepoint site. All staff are also required to complete the regional HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security/cyber security.

A data breach incident concerning payroll data processed by the BSO Payroll Service Centre (PSC) during 2021/22 has been identified during the first weeks of April 2022. The incident was reported to the Information Commissioners Officer and an investigation was undertaken. The ICO notified BSO in May 2022 that no further action is necessary by the ICO on this occasion.

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 co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response Plan, which are kept under review and updated as appropriate.

The PCC implemented the Regional HSC Framework on 'Your Right to Raise a Concern – Whistleblowing' in 2018, most recently updating the PCC Whistleblowing Policy, approved by Council in September 2020. The policy is available to all staff via the sharepoint site. A member of the Council has been identified as the PCC Whistleblowing Champion.

Public Stakeholder Involvement

Engaging with the public is central to the work of the PCC, and as such it recognises the importance of the involvement of service users and stakeholders in identifying and managing risk.

The PCC Personal and Public Involvement Policy '*Working Together*' was informed by service users. During 2021-22 the PCC continued to develop and strengthen our public stakeholder involvement, utilising digital platforms and virtual meeting tools and techniques to ensure that the voice of our public stakeholders across Northern Ireland could continue to be heard and contribute to improving health and social care, even with COVID 19 restrictions. Indeed, given the ongoing impact of COVID 19 it is more important than ever to ensure that the voice of patients, clients, carers and members of the public is heard and harnessed.

The PCC has worked throughout 2021-22 in partnership with members from our Membership Scheme to develop and extend the membership base. The Health and

Social Care Hubs, a virtual monthly HSCT focussed engagement, have continued to provide an opportunity for members to engage with the PCC on a locality basis. The 'network of networks' approach has also allowed individuals, organisations and decision-makers to engage on HSC issues at both generalist levels through to more focused, specific work. At a regional level the PCC have created theme based engagement platforms which facilitate the engagement of a diverse range of public experience.

During the year the PCC also undertook further work on co-production and collaboration, including the development of the draft PCC Statement of Intent.

Assurance

The Audit and Risk Assurance Committee provides oversight on the adequacy and effectiveness of the system of internal control in operation within the PCC. It assists the Council in the discharge of its functions by providing independent and objective views on:

- Systems of governance, risk management and internal control;
- Financial and information systems;
- Compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions; and
- Adequacy of policies and procedures in respect of work to counter fraud and corruption.

The PCC Assurance Framework is reviewed by the ARAC and at least annually by the Council. The Assurance Framework is currently undergoing a substantial review to ensure that it continues to be the basis for providing effective assurances to Council and its Committees.

Internal Audit has a key role in providing assurance on the effectiveness of the system of internal control. External Audit provides an opinion on the financial statements for the organisation. The ARAC receives reviews and monitors reports from both Internal and External Audit. Representatives from Internal and External Audit are in attendance at all ARAC meetings.

The Business Committee assists Council through the provision of advice and assurance on:

- Monitoring of performance against objectives;
- Organisation processes for information management; and
- Financial information being presented to Council.

The Chairs of both the ARAC and the Business Committee report to the Council on a regular basis on the work of their Committees.

The PCC continues to ensure that data quality assurance processes are in place across the range of data coming to the Council. Information presented to Council to support decision making, is firstly presented to and approved by the Executive Management Team (EMT), as part of the quality assurance process. The Council

scrutinises and questions the EMT at Council meetings on the content and quality of the information provided. Relevant officers are also in attendance, where appropriate.

Sources of Independent Assurance

The PCC obtains independent assurance from:

- Internal Audit (provided by Business Services Organisation), and
- Northern Ireland Audit Office (External Audit)
- Business Services Organisation

Internal Audit

The PCC utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. During 2021-22 the following internal audit assignments were conducted:

Audit Assignment	Level of Assurance received*
Financial Review	Satisfactory
Management of Use of Agency Staff	Limited
Advocacy Services	Satisfactory

** Internal Audit's definition of levels of assurance:*

***Satisfactory**: Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.*

***Limited**: There are significant weaknesses within the governance, risk management and control framework which, if not addressed, could lead to the system objectives not being achieved.*

***Unacceptable**: The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.*

Internal Audit provided limited assurance in relation to the systems of internal control over the management of agency staff. Limited assurance was provided on the basis that records to support recruitment of agency staff were not available for review. Agencies were also not being contacted in the correct order in line with the HSC Agency Staff Framework. The PCC accepted all the recommendations, which have now all been fully implemented.

<u>Follow up on Previous Recommendations:</u>

The Internal Audit End of Year Follow Up report on previous Internal Audit recommendations issued on 21 March 2022, identified that of the 37 recommendations with an implementation date of 31 March 2022 or earlier, 92%

were fully implemented and 8% (3 recommendations) were partially implemented. Work will continue during 2022-23 to address those recommendations that have not yet been fully implemented.

Overall Opinion from the Head of Internal Audit:

In their annual report, the Internal Auditor provided the following opinion on the PCC's system of internal control:

Overall for the year ended 31 March 2022, I can provide **satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

External Audit

In his 'Report to Those Charged with Governance' for the year ending 31 March 2021, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements without modification. No priority one recommendations were identified in relation to regularity and the internal control environment.

However one priority two recommendation was made in respect of a breach of EU procurement thresholds. This has been fully implemented.

Business Services Organisation

The Business Services Organisation (BSO) provides a range of business services to the PCC. The services are set out in an annually agreed Service Level Agreement, and are monitored through a combination of in-year performance reports and meetings. Additionally the BSO provides an end of year assurance report, confirming that the BSO has the necessary processes and procedures in place to manage the elements of the service for which the BSO is responsible, and providing assurance that the BSO, as an organisation, is compliant with relevant guidance, regulations and legislation.

A number of audits were conducted on BSO Shared Services functions, as part of the BSO Internal Audit Plan. While the recommendations in these Shared Services Audit reports are the responsibility of BSO Management to take forward, the PCC, as a customer of the BSO, receives assurances from the BSO on the outcomes of these audits and progress on addressing recommendations.

Shared Services Audit	**Level of Assurance Received***
Payroll Shared Service	Satisfactory - Elementary PSC processes Limited - End-to-End Manual Timesheet Processing, SAP / HMRC RTI

Shared Services Audit	Level of Assurance Received*
	Reconciliation, Overpayments and Holiday Pay
Recruitment Shared Service	Satisfactory - RSSC Processing Activities Limited - HSC Recruitment processes *(It is appreciated that the HSC Recruitment process and therefore this assurance, is outside BSO's sole responsibility and is relevant to all HSC organisations)*
Accounts Payable Shared Service	Satisfactory
Accounts Receivable Shared Service	Satisfactory

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 Audit and Risk Assurance Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

Internal Governance Divergences

Update on prior year governance issues which have now been resolved and are no longer considered to be governance issues

Review of PCC Financial Management Processes

In February 2021, I commissioned a review by an independent consultant from the HSC Leadership Centre of the financial management processes operating within the PCC. This review highlighted a number of internal control weaknesses relating to financial management and an action plan has been developed to take forward the 16 recommendations.

The Audit and Risk Assurance Committee have oversight of the progress being made on implementation of the recommendations. All recommendations have now been implemented.

Direct Award Contracts

In the financial year 2020-2021 a Direct Award Contract (DAC) breached the procurement limit threshold of £122,976 by £2,024. As a result of this breach (Public Contracts Regulations 2016), I have reviewed our internal processes regarding the management of DAC's and taken steps to ensure that no further breaches regarding DAC's happen in the future. Training on Direct Award Contracts was completed in February 2022 for all staff involved in the procurement process. All Direct Award Contracts are routinely reported to the Audit and Risk Assurance Committee.

Update on prior year governance issues which continue to be considered governance issues

Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments' and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022-23 financial year. The cash and resource balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget.

In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

New governance issues identified during 2021-22

Staffing Budget

Over the past 2 years the PCC has undertaken significant work to reorganise and refocus. As a result it is experiencing a greater demand for its services from the public seeking to access its advocacy services and those wishing to be engaged in decision making in response to COVID 19, reforming and rebuilding health service provision, helping to ensure that HSC services are developed with meaningful involvement and input from patients, carers and the wider public. HSC organisations are also increasingly seeking to avail of the PCC expertise and knowledge to support patients and carers in SAI investigations / public inquiries and to engage in service design.

There is therefore an increasing demand for the services of the PCC at the same time as the organisation is relying on a significant number of temporary / recruitment agency staff. As the PCC does not have the budget to appoint the additional permanent staff, there is a risk that it will not be able to meet the increasing demand, and therefore will be unable to fulfil its statutory functions and obligations.

The PCC is, however, only a small organisation, with limited funding, that is primarily expended on staffing. Budget reductions and savings that the PCC has experienced over recent years have therefore had a disproportionate impact on staffing resources compared to other larger organisations.

The PCC has been successful in receiving in-year temporary funds through the monitoring rounds, enabling it to bring in some additional agency staff. While this has allowed the PCC to be able to meet some of the additional demand in year, it is not a sustainable position. Additionally, although a number of very good staff have been brought in through temporary agency contracts, because of the nature of the contracts, it is difficult to retain them.

Working with DoH sponsor branch, the PCC was successful in confirming several funding sources as ***'Assumed Recurrent'*** funding in 2021-22. However, this was limited, and is insufficient to fully meet the increasing volume of work. There is therefore still the potential impact that the inability to recruit an adequate number of permanent staff will restrict and limit the work of the PCC and its ability to carry out its statutory functions and support service users/carers in NI.

The PCC will continue to work with sponsor branch in the DoH, both to ensure that they are fully apprised of the risks and impact on the PCC business, and to consider options for securing additional recurrent funding to cover the required staffing resource. The PCC will also continue to closely monitor its staffing position, and seek to make best use of its limited resources.

HR and Payroll, Travel and Subsistence System

The Business Services Organisation (BSO) has a contractual relationship with a supplier providing the managed service for the HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI. A sub-contractor of this supplier provides a service incorporating servers hosted at data centres owned by this subcontractor. The sub-contractor went into administration in late March 2022. BSO were advised of the position by the supplier in early April 2022 and have been advised that the sub-contractor will continue to trade and operate their business as normal while their Administrators are exploring options for the company's future, including re-negotiating contractual terms with its existing customers. BSO has invoked its business and technical contingency plans and set up Bronze Command. BSO has met with the Minister, Permanent Secretary, Trade Unions and all stakeholders have been informed of the situation and the contingency plans to address this issue.

Legal Representation

The PCC receives legal services, like other HSC organisations, from the BSO Directorate of Legal Services, as set out in the Service Level Agreement between the BSO and the PCC. Based on previous usage, this includes a minimal level of support.

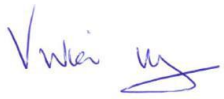
Following the establishment of the Muckamore Abbey Hospital Public Inquiry (MAHI), which "*will also examine the response of other relevant agencies, including ……. the Patient Client Council",* it is clear that the PCC will require significantly more legal support from its legal services providers. Consequently, a potential issue has emerged in respect of the perception of the PCC in its role as independent patient advocate, as separate from the role of other HSC organisations as service commissioners and providers.

The PCC is currently working with the DoH, BSO and other relevant bodies to review the most appropriate model for the provision of independent legal support for its involvement with the MAHI, safeguarding the PCC's independence, and is preparing a business case for the additional funds necessary to meet this inescapable cost pressure.

Conclusion

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

Further to considering the accountability framework within the PCC and in conjunction with assurances given to me by the Head of Internal Audit I am content that the PCC has operated a sound system of internal governance during the period 2021-22.



Vivian McConvey

Chief Executive Officer

19 July 2022

Remuneration and Staff Report

Section 421 of The Companies Act 2006, as interpreted for the public sector requires HSC bodies to prepare a Remuneration Report containing information about directors' remuneration. The Remuneration Report summaries the remuneration policy for the PCC and its application to the senior managers. The report also describes how the PCC applies principles of good corporate governance in relation to senior managers' remuneration.

Senior managers include the Chief Executive Officer, the Head of Development and Corporate Services and the Head of Operations.

Appointments and Remuneration Committee

At the end of the year, 31 March 2022, the Chair of the PCC will conduct an appraisal for the Chief Executive Officer, and make recommendations to the Appointments and Remuneration Committee. The Chief Executive Officer is the only senior manager who is employed on a Senior Executive Contract, which requires consideration by the Appointments and Remuneration Committee and approval by Council. The membership of the Appointments and Remuneration Committee is comprised exclusively of Council members.

The Appointments and Remuneration Committee for 2021-22 membership is:

- Mr. Alan Hanna (Chair).
- Mrs Christine Collins
- Mr William Halliday
- Cllr Martin Reilly

Appointments and Remuneration Committee Role and Performance

The Committee considers the remuneration policy as directed by Circular HSS (SM) 1/2003 issued by DoH in respect of Senior Executives, which specifies that they be 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 Council's Appointments and Remuneration Committee for endorsement, and to the Council for approval. There are no elements of senior executives' remuneration that are not subject to performance conditions.

In 2021-22 the committee met once in March 2022. Matters addressed included the Chief Executive Officer's appraisal and pay award. The table below details Council Members' attendance at this meeting.

Members	Attendance
Alan Hanna	1
Christine Collins	1
William Halliday	0
Martin Reilly	1

The main functions of the Committee are to:

- 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
- Take account of all factors, which it decides, is 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 Council, 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 Council for approval; and
- Consider and recommend to the Council any disciplinary and grievance procedures applicable to, and possible disciplinary action involving, the CEO including the dismissal of the post-holder.

Service Contracts

The Chief Executive Officer is employed on a Senior Executive Contract with the other members of the Executive Management Team being paid in accordance with the Agenda for Change pay scales.

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.

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).

REMUNERATION (INCLUDING SALARY) AND PENSION ENTITLEMENTS (Audited)

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 £000s		Total £000s	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
Christine Collins	15-20	15-20	-	-	-	-	15-20	15-20
Martin Reilly	0-5	0-5	-	100	-	-	0-5	0-5
Patrick Farry	0-5	0-5	-	-	-	-	0-5	0-5
Paul Douglas	0-5	0-5	-	-	-	-	0-5	0-5
Alan Hanna	0-5	0-5	-	-	-	-	0-5	0-5
William Halliday	0-5	0-5	-	-	-	-	0-5	0-5
Joan McEwan	0-5	0-5	-	100	-	-	0-5	0-5
Elizabeth Cuddy	0-5	0-5	-	-	-	-	0-5	0-5

Senior Management Remuneration and Pension Entitlements (Audited)

Executive Members	Salary £000s		Benefits in kind* (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21	2021-22	2020-21
Vivian McConvey	65-70	60-65	-	100	19	16	85-90	75-80
Jackie McNeill	45-50	50-55	-	-	41	68	85-90	120-125
Meadhbha Monaghan	55-60	45-50	100	-	15	-	70-75	45-50

* Executive gross pay includes the 2016-17 and 2017-18 pay award but excludes pay award circulars issued post year end. 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 and the table below documents further.

Pensions of Senior Management (Audited)

Name	Accrued pension at pension age as at 31/3/22 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/22	CETV at 31/03/21	Real increase in CETV
Executive Members					
Vivian McConvey (appointed 08/04/2020)	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	55	34	20
Jackie McNeill (appointed 01/09/2017)	15-20 Plus lump sum of 35-40	0-2.5 Plus lump sum of 2.5-5	341	298	34
Meadhbha Monaghan (appointed 15/05/2020)	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	16	7	9

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. In addition, no entries are provided in respect of pensions for senior managers who either leave the PCC's employment or reach the applicable pensionable age during the financial year.

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 HSC 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 does not include 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.

In some cases, the real increase in CETV and the pension benefits accrued for the single total figure of remuneration can be negative – that is, there can be a real decrease. This is particularly likely to happen during periods of pay restraint and/or where inflation is higher than pay increases. The final salary pension of a person in employment is calculated by reference to their pay and length of service. The pension will increase from one year to the next by virtue of them having an extra year's service and by virtue of any pay rise during the year. Where there is no pay rise, the increase in pension due to extra service may not be sufficient to offset the inflation increase – that is, in real terms, the pension value can reduce hence the negative values.

Fair Pay Statement (Audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

In accordance with circular reference HSC(F) 23-2013 Amendment on Disclosure of Highest Paid Director and Median Remuneration (Hutton Fair Pay Review Disclosure) staff pay in March (excluding severance payments) should be annualized, and the

salary of the highest paid Director is taken at the mid-point of the remuneration band as disclosed in the Senior Employees' Remuneration table.

The table below outlines this relationship:

Fair Pay	2021-22	2020-21
Band of Highest Paid Director's Total Remuneration (£000s):	65-70	60-65
75th Percentile Total Remuneration (£)	40,057	37,890
Median Total Remuneration (£)	34,172	31,365
25th Percentile Total Remuneration (£)	31,534	27,416
Ratio (75th/Median/25th)	1.7/2.0/2.1	1.6/2.0/2.3

**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. Agency costs were not included in the calculations for the 75th, median and 25th percentile.*

The banded remuneration of the highest-paid director in PCC in the financial year 2021-22 was £65-£70k (2020-21 was £60-£65k). This was 2.1 times (2021; 2.3) the 25th percentile of the workforce, which was £31,534 (2021; £27,416), 2.0 times (2021; 2.00) the median remuneration of the workforce, which was £34,172 (2021; £31,365), 1.7 times (2020-21; 1.6) the 75th percentile of the workforce in 2021-22 which was £40,057 (2021; £37,890). No employees received remuneration in excess of the highest-paid director. Remuneration ranged from £18,546 to £54,764 (2020-21; £18,005 to £55,450). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

Reporting bodies are also required to disclose the percentage change from the previous financial year in the salary and allowances and the performance pay and bonuses of the highest paid director and their employees as a whole.

The percentage change in respect of PCC are shown in the following table:

Percentage change for:	**2021-22 versus 2020-21**
Average employee salary and allowances *	11.70%
Highest paid director's salary and allowances	7.19%

No performance pay or bonuses were payable to PCC employees in these years. The average salary for 2021-22 was £37,195 (in 2020-21this was £33,300) and was due to pay award, regradings and filling of middle to senior posts.

Staff Report

Staff Numbers and Related Costs

The Chief Executive Officer (CEO) of PCC is Vivian McConvey who is responsible to the Council through the Chair for managing PCC as a corporate body and as Accounting Officer to the Permanent Secretary of the DoH.

PCC has a small staffing complement, structured into teams that plan, manage, coordinate and deliver on the corporate and business plans.

Staff Costs (Audited)

Staff costs comprise:	Permanently employed staff	Others	2022 Total	2021 Total
	£000s	£000s	£000s	£000s
Wages and salaries	958,363	448,173	1,406,536	1,200,853
Social security costs	85,870		85,870	76,585
Other pension costs	176,452		176,452	172,372
Sub-Total	1,220,685	448,173	1,668,858	1,449,810
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,220,685**	**448,173**	**1,668,858**	**1,449,810**
Less recoveries in respect of outward secondments			-	-
Total net costs			**1,668,858**	**1,449,810**

Wages and salaries include £nil costs relating to Voluntary Exit Scheme (2020-21: £nil)

Pension Liabilities

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting

period date. FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. The 2021-22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

Pension benefits are administered by BSO HSC Pension Service. Two schemes are in operation, HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections to the HSC Pension Scheme (1995 and 2008) which was closed with effect from 1 April 2015 except for some members entitled to continue in this Scheme through 'protection' arrangements. On 1 April 2015 a new HSC Pension Scheme was introduced. This new scheme covers all former members of the 1995/2008 scheme not eligible to continue in that scheme as well as new HSC employees on or after 1 April 2015. The 2015 scheme is a Career Average Revalued Earnings (CARE) scheme.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the DoH. It is expected, that in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relate to the different HSC Pension Schemes ie 1995 Section, 2008 Section and 2015 Scheme and is not the monetary benefits received. This is known as the 'McCloud Remedy' and will impact many aspects of the HSC Pension Schemes including the scheme valuation outcomes. Further information on this will be included in the HSC Pension Schemes accounts.

The Scheme member's contributions are based on their full year whole time equivalent (WTE) pensionable pay.

Full- Time Pensionable Pay used to determine contribution rate	**Contribution Rate (before tax relief – gross) 1 April 2015 to 31 March 2021**
Up to £15,431.99	5.0%
£15,432.00 to £21,477.99	5.6%
£21,478.00 to £26,823.99	7.1%
£26,824.00 to £47,845.99	9.3%

£47,846.00 to £70,630.99	12.5%
£70,631.00 to £111,376.99	13.5%
£111,377.00 and over	14.5%

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2020-21.

Average number of persons employed (Audited)

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

	2022			2021
	Permanently employed staff	**Others**	**Total**	**Total**
	No.	**No.**	**No.**	**No.**
Administrative and clerical	23	10	33	31
Total average number of persons employed	**23**	**10**	**33**	**31**
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			**33**	**31**

The staff numbers disclosed as Others in 2021-22 relate to temporary members of staff.

The figures exclude the Chairman and NEDs of PCC.

Reporting of early retirement and other compensation scheme – exit packages (Audited)

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of packages by cost band	
	2022	2021	2022	2021	2022	2021
<£10,000	-	-	-	-	-	-
£10,000-£25,000	-	-	-	-	-	-
£25,000-£50,000	-	-	-	-	-	-
£50,000-£100,000	-	-	-	-	-	-
£100,000-£150,000	-	-	-	-	-	-
£150,000-£200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	-	-	-	-	-	-
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total resource cost	-	-	-	-	-	-

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.

The table above shows the total exit cost of exit packages agreed and accounted for in 2021-22 and 2020-21. £nil exit costs were paid in 2021-22. The previous year, 2020-21, £nil exit costs were paid. Where the PCC has agreed early retirements, the additional costs are met by the PCC and not by the HSC pension scheme. Ill health retirement costs are met by the pension scheme and are not included in the table. During 2021-22 there was no early retirements from the PCC (1 in 2020-21, agreed on the grounds of ill-health).

Staff Composition

	Council Members		Executive Management Team		Leadership Team		Other Staff		Total	
	No	%	**No**	%	**No**	%	**No**	%	**No**	%
Male	5	62	0	0	1	20	5	24	11	30
Female	3	38	3	100	4	80	16	76	26	70
Total	**8**		**3**		**5**		**21**		**37**	

These figures do not include the BSO HR Business Partner or agency workers.

The information in the above table is taken from the Human Resources, Payroll and Travel System (HRPTS) and reflects the position of staff in post on 31 March 2022.

PCC has an Executive Management Team made up of the CEO, Head of Operations and Head of Development and Corporate Services. The Leadership Team consists of Client Support Managers (2), Involvement Manager, Senior Policy Impact and Influence Manager, Communication & Public Affairs Manager, HR Business Partner, Senior Practitioner (SAIs and Independent Advocacy) and Business Support Manager. The PCC HR Business Partner is directly employed by Business Services Organisation (BSO) and two members of the Leadership Team are agency workers. 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.

In line with recommendations from the PCC's organisational review (2019), a practice team encompassing advocacy, engagement and policy impact functions has been developed under the Leadership Team. This includes staff with a diverse range of professional backgrounds and experience, including social work, psychology, youth and community, law, health and social care and project management experience. All staff employed by the PCC fall into non-medical categories.

The PCC is committed to promoting diversity and inclusion across our workforce, as set out in the PCC Employment Equality of Opportunity policy. This also includes a commitment to our responsibilities under the Disability Discrimination Act (1995) and our commitment to make all reasonable adjustments as set out in the PCC Attendance at Work policy. For information governance and data protection purposes, the PCC are unable to disclose the exact number of employees in PCC who have disclosed they have a disability, however this number equates to less than 30% of the workforce.

Staff Absence Data

PCC sickness absence target for 2021-22, as agreed with the DoH, was 12.31%. The cumulative absence level at March 2022 was 7.61% which represented a 5% reduction on 2020-21 levels.

PCC is committed to continuing to manage staff absence through a programme of health and wellbeing and attendance management training. The HR Business Partner meets with the Leadership Team regularly to review and monitor staff absence.

In line with DoH guidance, staff absence due to COVID-19 is recorded and reported separately.

Staff Turnover

The overall employee turnover figure for 2021-22 was 18.5% (2020-21 16%).

Three people chose a career change and/or career development opportunity. The figures below do not include agency workers

	Average Headcount	Leavers	% Turnover
Total	27	5	18.5
Permanent Only	22.5	2	8.9
Others (temporary)	4.5	3	66.7

Exit interview feedback

A revised exit interview process was introduced in June 2021 as a method of gauging how well the PCC is performing as an employer and on employment practices.

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2021-22 has been positive of the PCC, the Leadership and Executive Management Teams, the nature of the work, training and development opportunities, work-life balance and communication throughout the organisation. Job security and career development were identified as concerns and the PCC has taken steps to address these through the staff stability plan.

Investing in our Team

The Patient Client Council (PCC) remains committed to offering our staff stability as well maintaining our focus on development, compassionate and collaborative leadership and staff engagement and motivation. As a result of the learning identified through our organisational review regarding service provision and organisational

responsiveness, it was evident that the PCC did not have the capacity and capability to deliver fully effective services and meet public demand within its current workforce structure. It is anticipated that the new structure proposed will ensure the PCC has the ability to deliver on these demands in the future, create workforce stability, maximise the potential of staff, and also create attractive opportunities and career pathways within the PCC.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in a significant programme of staff training and support in 2021-22 including:

- OCN Level 2 Advocacy;
- OCN Level 2 Mediation Theory and Practice;
- Adult Safeguarding
- Mental Health First Aid;
- Alemba Case Management database training;
- NICVA 'Introduction to Effective Lobbying and Campaigning'; and
- 'Insight into the Health Committee: Assembly Engage' training with Health Committee staff and Assembly Connects team

We also commissioned a number of workshops with the Leadership Team focusing on developing a collective leadership model and the coaching skills of the leadership team.

The PCC value staff wellbeing and believe that our staff are at the heart of what we do. This means that in order to deliver high quality services to the public we must look after our staff. We also recognised that as a result of the journey of significant organisational change we have been on, which has included a review of our practice model, the PCC teams have been dealing with more complexity in our practice over the last 12 months. In 2021-2022, as part of our ongoing commitment to support staff across the organisation, and in response to feedback from the teams, we put in place external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken. This support complements the PCC's existing internal supervision structures and takes place on both a group and individual basis.

Staff Engagement

We also held all-staff engagement days in April, November and January of 2021-22, aimed at improving communication and engagement across the organisation, as well as two additional staff engagement days on specific programmes of work that required cross-organisational input. In January 2022, we also repeated a staff satisfaction survey that was originally sent out to all staff in June 2020 in order to gauge the 'temperature/pulse' of the organisation. A comparison of how responses have changed since the initial survey has shown a positive increase in staff satisfaction however we continue to consider feedback and suggestions arising from the survey carefully.

Off Payroll Engagements

The PCC had no off-payroll engagements during the year.

Expenditure on Consultancy

The PCC spent £nil on consultancy during the financial year (2020-21 £nil)

Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited Information)

PCC is a non-departmental public body, which is directly funded by the DoH and the Chief Executive Officer, as Accounting Officer is responsible for the propriety and regularity of this public funding. The Chief Executive Officer discharges these responsibilities through a governance framework, which is tested regularly and on which annual independent assurances are obtained.

The Comptroller and Auditor General provide an annual opinion to the Northern Ireland Assembly which includes an opinion on regularity.

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.

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.

No issues of regularity of expenditure have been identified.

Liquidity and Cash Flow

PCC in common with other HSC organisations draws down cash directly from the DoH to cover both revenue and capital expenditure. Cash deposits held by PCC are minimal and none of the bank accounts earn interest. The Business Services Organisation manages the bank accounts on the PCC's behalf. The cash position during the year is summarised in the Statement of Cash Flows in the Accounts at Section 3 of this document.

Long Term Expenditure Plans

See page 41 of the Performance Analysis on long term expenditure plans.

Notation of Gifts (Audited Information)

No notation of gifts over the limits prescribed in Managing Public Money Northern Ireland were made.

Assembly Accountability Disclosure Notes

(i) Losses and Special Payments (Audited Information)

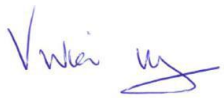
PCC have no losses to report during the year.

(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, 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. PCC had no remote contingent liabilities.



Vivian McConvey

Chief Executive Officer

19 July 2022

Certificate and Report of the Comptroller and Auditor General

PATIENT AND CLIENT COUNCIL

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

Opinion on financial statements

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2022 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.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council affairs as at 31 March 2022 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 for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies 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 Patient and Client Council in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, 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

In auditing the financial statements, I have concluded that Patient and Client Council's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Patient and Client Council's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for Patient and Client Council is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Patient and Client Council and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

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

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 I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. 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, based on the work undertaken in the course of the audit:

- 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.

Matters on which I report by exception

In the light of the knowledge and understanding of the Patient and Client Council and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; 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.

Responsibilities of the Patient and Client Council and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Patient and Client Council and the Accounting Officer are responsible for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- assessing the Patient and Client Council's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by Patient and Client Council will not continue to be provided in the future.

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 reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. 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.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Patient and Client Council through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on Patient and Client Council's compliance with laws and regulations;

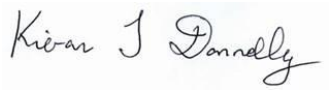
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of Patient and Client Council's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition, posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
    - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
    - investigating significant or unusual transactions made outside of the normal course of business.

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.

Report

I have no observations to make on these financial statements.



KJ Donnelly

Comptroller and Auditor General

Northern Ireland Audit Office

1 Bradford Court, Galwally

BELFAST

BT8 6RB

22 July 2022

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

SECTION 3: ANNUAL ACCOUNTS

Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

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	2022 £	2021 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	1,221	2,212
Deferred income	4.3	-	-
Total operating income		1,221	2,212
Expenditure			
Staff costs	3	(1,668,858)	(1,449,810)
Purchase of goods and services	3	(4,694)	(9,020)
Depreciation, amortisation and impairment charges	3	(9,016)	(5,201)
Provision expense	3	-	-
Other expenditure	3	(538,909)	(558,654)
Total operating expenditure		(2,221,477)	**(2,022,685)**
Net Expenditure		**(2,220,256)**	**(2,020,473)**
Finance income	4.2	-	-
Finance expense	3	-	-

Net expenditure for the year		**(2,220,256)**	**(2,020,473)**
Revenue Resource Limit (RRL) received from DoH	22.1	2,231,887	2,032,658
Surplus against RRL		**11,631**	**12,185**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	**2022 £**	**2021 £**
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/9	-	-
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2022		**(2,220,256)**	**(2,020,473)**

Statement of Financial Position as at 31 March 2022

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.

		2022		2021	
	NOTE	£	£	£	£
Non-Current Assets					
Property, plant and equipment	5.1/5.2	39,221		17,891	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non-Current Assets			39,221		17,891
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	28,446		71,979	
Other current assets	13	22,293		28,851	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	23,636		23,230	
Total Current Assets			74,375		124,060
Total Assets			**113,596**		**141,951**
Current Liabilities					
Trade and other payables	14	-309,553		-250,350	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			-309,553		-250,350
Total assets less current liabilities			**-195,957**		**-108,399**
Non-Current Liabilities					
Provisions	15	-		-	

Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non-Current Liabilities			-		-
Total assets less total liabilities			**- 195,957**		**-108,399**
Taxpayers' Equity and other reserves					
Revaluation reserve		6,613		-	
SoCNE Reserve		-202,570		- 108,399	
Total equity			**- 195,957**		**-108,399**

The financial statements on pages 85 to 91 were approved by the Council on 19 July 2022 and were signed on its behalf by;

Signed Christine Collins (Chair) Date 19 July 2022

Signed (Chief Executive) Date 19 July 2022

Statement of Cash Flows for the year ended 31 March 2022

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	2022 £	2021 £
Cash flows from operating activities			
Net surplus after interest/Net operating expenditure		(2,220,256)	(2,020,473)
Adjustments for non cash costs	3	18,366	14,201
(Increase)/decrease in trade & other receivables		50,091	(61,528)
Less movements in receivables relating to items not passing through the NEA			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase/(decrease) in trade payables		59,203	8,515
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant & equipment		-	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-

Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash inflow/(outflow) from operating activities		(2,092,596)	(2,059,285)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(23,733)	(9,994)
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		(23,733)	(9,994)
Cash flows from financing activities			
Grant in aid		2,116,735	2,064,014
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		2,116,735	2,064,014
Net increase (decrease) in cash & cash equivalents in the period		406	(5,265)
Cash & cash equivalents at the beginning of the period	12	23,230	28,495
Cash & cash equivalents at the end of the period	12	23,636	23,230

Statement of Changes in Taxpayers Equity for the year ended 31 March 2022

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 2020		**(160,940)**	**-**	**(160,940)**
Changes in Taxpayers Equity 2020-21				
Grant from DoH		2,064,014	-	2,064,014
Other reserves movements including transfers			-	
(Comprehensive expenditure for the year)		(2,020,473)	-	(2,020,473)
Transfer of asset ownership			-	
Non cash charges - auditors remuneration	3	9,000	-	9,000
Balance at 31 March 2021		**(108,399)**	**-**	**(108,399)**
Changes in Taxpayers Equity 2021-22				
Grant from DoH		2,116,735	-	2,116,735
Other reserves movements including transfers		-	6,613	6,613
(Comprehensive expenditure for the year)		(2,220,256)	-	(2,220,256)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	9,350	-	9,350
Balance at 31 March 2022		**(202,570)**	**6,613**	**(195,957)**

NOTES TO THE ACCOUNTS

Note 1: Statement of Accounting Policies

1. Authority

These financial statements 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, intangible assets, inventories and certain financial assets and liabilities.

1.2 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. This includes donated assets.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

The PCC did not own any Land and Building in the current 2021-22 financial year, or in the 2020-21 financial year.

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)

Assets 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. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is

not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

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

1.3 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 PCC 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

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.

1.4 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.

1.5 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 non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;

- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.6 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

the asset on the revaluation reserve is transferred to the Statement of Comprehensive net Expenditure reserve.

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

1.7 Inventories

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

1.8 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed necessary in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the 5 essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the PCC and is recognised on an accruals basis 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.

Income is stated net of VAT.

1.9 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.

1.10 Investments

The PCC does not have any investments.

1.11 Research and Development expenditure

PCC has no Research and Development expenditure at 31 March 2022 or 31 March 2021.

1.12 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.

1.13 Leases

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

The PCC as lessee:

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

1.14 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.15 Financial instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

The PCC has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

- Financial assets

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

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon PCC'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, where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

- 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 in creating risk than would apply to a non-public sector body of a similar size, therefore the PCC is not exposed to the degree of financial risk faced by business entities.

There are 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 its activities. Therefore the PCC is exposed to limited credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

Because the majority of the PCC's income comes from contracts with other public sector bodies, there is 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, there is low exposure to significant liquidity risks.

1.16 Provisions

The PCC had no provisions at either 31 March 2022 or 31 March 2021.

1.17 Contingent liabilities/assets

The PCC had no contingent assets or liabilities at either 31 March 2022 or 31 March 2021.

1.18 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 2022. It is not anticipated that the level of untaken leave will vary significantly from year to year.

However during the 2021-22 financial year the unused annual leave balances and therefore the cost of unused leave accounted for increased due to COVID-19 pressures resulting in staff being unable to take planned leave. To ensure staff didn't lose annual leave during the 2021-22 year, key workers were granted permission to carry over additional unused leave above the usual 5 days, to be taken within the next 2 financial years. PCC's employees have key worker status and thus were able to avail of this. [Untaken flexi leave is estimated to be immaterial to the PCC and has not been included].

Retirement benefit costs

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

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be 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 scheme valuation data provided for the

2020 actuarial valuation that is currently underway will be used in the 2021-22 accounts. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

1.19 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.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the PCC has no beneficial interest in them. Details of third party assets are given in Note 21 to the accounts.

1.21 Government Grants

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

1.22 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 DoH 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.

1.23 Charitable Trust Account Consolidation

The PCC had no charitable trusts at either 31 March 2022 or 31 March 2021.

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

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards 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 Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, 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.

IFRS 16 Leases:

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current ‘off-balance sheet’ treatment of operating leases under IAS 17. A lessee is now required to recognise a “right-of-use” asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

The PCC has set the low value financial threshold at £5k and from the lease agreement can determine the non-cancellable periods for which the PCC has the right to use the underlying asset. One key consideration is calculating the implicit interest rate within the lease agreement.

Based on the PCC’s review to date of operating leases associated with buildings, equipment and other assets there is likely to be minimal financial impact on the 22/23 financial statements.

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with

the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

Management currently assess that there will be minimal impact on application to the PPC’s consolidated financial statements.

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 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.

Note 3: Expenditure

	2022 £	2021 £
Staff costs		
- Wages and Salaries	1,406,536	1,200,853
- Social security costs	85,870	76,585
- Other pension costs	176,452	172,372
Supplies and services - General	4,694	9,020
Establishment	376,564	439,276
Transport	5,648	6,358
Premises	101,463	64,042
Bad debts	-	-
Rentals under operating leases	26,000	26,000
Interest charges	-	-
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	19,884	13,978
Total Operating Expenses	2,203,111	2,008,484
Non Cash items		
Depreciation	9,016	5,201
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-
Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors remuneration	9,350	9,000
Total non-cash items	18,366	14,201
Total	**2,221,477**	**2,022,685**

Note 4: Income

4.1: Income from Activities

The PCC had no income from activities in 2021-22 and 2020-21.

4.2: Other Operating Income

	2022	2021
	£	£
Other income from non-patient services	1,221	2,212
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**1,221**	**2,212**

4.3: Deferred income

The PCC had no income released from conditional grants in 2021-22 and 2020-21.

NOTE 5.1: Property, plant & equipment - year ended 31 March 2022

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2021	**-**	**-**	**-**	**-**	**-**	**-**	36,783	-	36,783
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	23,733	-	23,733
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	8,579	-	8,579
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(19,323)	-	(19,323)
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**49,772**	**-**	**49,772**
Depreciation									
At 1 April 2021	**-**	**-**	**-**	**-**	**-**	**-**	18,892	-	18,892
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	1,966	-	1,966
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(19,323)	-	(19,323)-
Provided during the year	-	-	-	-	-	-	9,016	-	9,016-
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**10,551**	**-**	**10,551**

NOTE 5.1: (continued) Property, plant & equipment- year ended 31 March 2022

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**39,221**	**-**	**39,221**
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**
Asset financing									
Owned	-	-	-	-	-	-	39,221	-	39,221
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**39,221**	**-**	**39,221**

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 (2021: £Nil).

The fair value of assets funded from the following sources during the year was:

	2022 £	2021 £
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

NOTE 5.2: Property, plant & equipment- year ended 31 March 2021

	Land	Buildings (excluding dwellings)	Dwellings	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£	£	£	£	£
Cost or Valuation									
At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	29,035	-	29,035
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	9,994	-	9,994
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(2,246)	-	(2,246)
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**36,783**	**-**	**36,783**

Depreciation

At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	15,937	-	15,937
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(2,246)	-	(2,246)
Provided during the year	-	-	-	-	-	-	5,201	-	5,201
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**18,892**	**-**	**18,892**

NOTE 5.2: (continued) Property, plant & equipment- year ended 31 March 2021

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**
At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	**13,098**	**-**	**13,098**
Asset financing									
Owned	-	-	-	-	-	-	17,891	-	17,891
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**
Asset financing									
Owned	-	-	-	-	-	-	13,098	-	13,098
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	**13,098**	**-**	**13,098**

NOTE 6: INTANGIBLE ASSETS

There were no intangible assets for the year ended 31 March 2022 or 31 March 2021.

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 2022 or 31 March 2021.

NOTE 9: IMPAIRMENTS

The PCC had no impairments at either 31 March 2022 or 31 March 2021.

NOTE 10: ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2022 or 31 March 2021.

NOTE 11: INVENTORIES

The PCC held no inventories at either 31 March 2022 or 31 March 2021.

NOTE 12: CASH AND CASH EQUIVALENTS

	2022	2021
	£	£
Balance at 1st April	23,230	28,495
Net change in cash and cash equivalents	406	(5,265)
Balance at 31st March	**23,636**	**23,230**

The following balances at 31 March were held at	**2022**	**2021**
	£	£
Commercial Banks and cash in hand	23,636	23,230
Balance at 31st March	**23,636**	**23,230**

NOTE 13: TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2022 £	2021 £
Amounts falling due within one year		
Trade receivables	3,989	13,053
Deposits and advances	-	-
VAT receivable	24,457	58,926
Other receivables – not relating to fixed assets	-	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	28,446	**71,979**
Prepayments	22,293	28,851
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**22,293**	**28,851**
Carbon reduction commitment	-	-
Intangible current assets	-	-
Amounts falling due after more than one year		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
Trade and other Receivables	-	-
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	-	-
TOTAL TRADE AND OTHER RECEIVABLES	**28,446**	**71,979**
TOTAL OTHER CURRENT ASSETS	**22,293**	**28,851**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**50,739**	**100,830**

The balances are net of a provision for bad debts of £Nil (2021: £Nil).

NOTE 14: TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2022	2021
	£	£
Amounts falling due within one year		
Other taxation and social security	49,486	41,950
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	54,467	70,974
Payroll payables	-	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	169	417
Other payables	-	-
Accruals	205,431	137,009
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	-	-
Trade and other payables	**309,553**	**250,350**
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Other current liabilities	-	-

Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	**309,553**	**250,350**
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**309,553**	**250,350**

NOTE 15: PROVISONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2022 or 31 March 2021

NOTE 16: CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2022 or 31 March 2021

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

	2022	2021
Obligations under operating leases comprise	**£**	**£**
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	**-**
Buildings		
Not later than one year	22,250	10,250
Later than one year but not later than five years	59,500	1,250
Later than five years	-	-
	81, 750	**11,500**
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	**-**

17.2 Finance Leases

The PCC had no finance leases at either 31 March 2022 or 31 March 2021.

17.3 Operating Leases – commitments under lessor arrangements

The PCC did not have any operating leases at either 31 March 2022 or 31 March 2021.

NOTE 18: COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

18.1 PFI and other service concession arrangement schemes deemed to be off-balance sheet (SoFP)

The PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2022 or 31 March 2021.

18.2 'Service' element of PFI and other service concession arrangement schemes deemed to be on-balance sheet (SoFP)

The PCC had no 'service' element of PFI and other service concession arrangements schemes deemed to be on-balance sheet at either 31 March 2022 or 31 March 2021.

NOTE 19: CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at either 31 March 2022 or 31 March 2021.

19.1 Financial Guarantees, Indemnities and Letters of Comfort

The PCC had no financial guarantees, indemnities or letters of comfort at either 31 March 2022 or 31 March 2021.

NOTE 20: Related Party Transactions

PCC is an arms 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 2021-22.

In addition there were material transactions throughout the year and in 2021-22 with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health.

During the year and 2021-22 also, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

NOTE 21: Third Party Assets

The PCC held no third party assets at either 31 March 2022 or 31 March 2021.

NOTE 22: Financial Performance Targets

22.1 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:

	2022 Total £	2021 Total £
DoH (excludes non cash)	2,201,061	1,981,863
Other Government Departments - PHA	-	21,853
Other Government Departments - HSCB	12,460	14,741
Non cash RRL (from DoH)	18,366	14,201
Total agreed RRL	**2,231,887**	**2,032,658**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**2,231,887**	**2,032,658**

22.2 Capital Resource Limit

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

	2022 Total £	2021 Total £
Gross capital expenditure by PCC	23,733	9,994
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	23,733	9,994

Capital Resource Limit	23,743	9,994
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	**(10)**	**-**

22.3 Financial Performance Targets

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

	2021-22	**2020-21**
	£	**£**
Net Expenditure	(2,220,256)	(2,020,473)
RRL	2,231,887	2,032,658
Surplus against RRL	11,631	12,185
Break Even cumulative position(opening)	290,273	278,088
Break Even cumulative position (closing)	301,904	290,273

Materiality Test:

	2021-22	**2020-21**
	%	**%**
Break Even in year position as % of RRL and Income	0.52%	0.60%
Break Even cumulative position as % of RRL and Income	13.53%	14.28%

NOTE 23: 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 22 July 2022.

APPENDIX A: COUNCIL MEMBER AND SENIOR STAFF PROFILES

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	Christine Collins, MBE Chairperson From: 1 March 2019 – Present Day	Christine 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.. 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. She was appointed as the Interim Chair of Regulation and Quality Improvement Authority on 18 June 2020.
	Alan Hanna Council Member From: 1 April 2019 – Present Day	Alan has held several senior management positions in the voluntary sector. He is currently a freelance Consultant working primarily in the voluntary sector. 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, Children's Heartbeat Trust and Belfast Community Circus.

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	William Halliday Council Member From: 9 December 2013 – Present Day	William was the Chief Executive Officer 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.
	Patrick Farry Council Member From: 1 April 2019 – Present Day	Patrick (Paddy) 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.
	Joan McEwan Council Member From: 2 December 2013 – Present Day	Joan currently works with Marie Curie in Northern Ireland as Associate Director 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 Chaired a subgroup within the

Council Member Profiles		
Photo	**Name & Position**	**Bio**
		Cancer Strategy and is a board member of Engage with Age. 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
	Paul Douglas Council Member From: 1 April 2019 – Present Day	Paul 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.
	Elizabeth Cuddy OBE DL Council Member From: 16 December 2013 - 8 April 2022	Elizabeth is a qualified nurse. Mrs Cuddy is Chief Executive Officer 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.
	Martin Reilly Council Member From: 2 August 2010 - 31 March 2022.	Councillor Reilly 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.

Council Member Profiles		
Photo	**Name & Position**	**Bio**
		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.

Senior Staff Profiles		
Photo	**Name & Position**	**Contact Details**
	Vivian McConvey Chief Executive	Tel: 028 9536 8271 Email: Vivian.mcconvey@pcc-ni.net
	Meadhbha Monaghan Head of Operations	Tel: 028 9536 3975 Email: Meadhbha.Monaghan@pcc-ni.net
	Jackie McNeill Head of Development and Corporate Services	Email: Jackie.McNeill@pcc-ni.net
	Ruth Barry Senior Policy Impact and Influence Manager	Tel: 028 9536 0362 Email: ruth.barry@pcc-ni.net

Senior Staff Profiles		
Photo	**Name & Position**	**Contact Details**
	Anna O'Brien Communications and Public Affairs Manager	Tel: 028 9536 8270 Email: anna.obrien@pcc-ni.net
	Carol Collins Business Support Manager	Tel: 028 9536 3995 Email: carol.collins@pcc-ni.net
	Deirdre McGrenaghan Senior Practitioner - Serious Adverse Incidents & Independent Advocacy	Tel: 028 9536 1581 Email: deirdre.mcgrenaghan@pcc-ni.net
	Denise Kelly Service Manager Advocacy and Engagement Adult Safeguarding Champion	Tel: 028 9536 3998 Email: denise.kelly@pcc-ni.net
	Johny Turnbull Involvement Services Programme Manager	Tel: 028 9536 3990 Email: johny.turnbull@pcc-ni.net

Senior Staff Profiles		
Photo	**Name & Position**	**Contact Details**
	Katherine McElroy Service Manager Advocacy and Support Adult Safeguarding Champion	Tel: 028 9536 0810 Email: katherine.mcelroy@pcc-ni.net
	Barbara White HR Business Partner, BSO / PCC	Tel: 028 9536 8108 Email: Barbara.White@hscni.net

PCC
PATIENT & CLIENT COUNCIL

OUR JOURNEY
YOUR VOICE

FOR FURTHER INFORMATION ON OUR INTENT OR ANY OTHER ASPECT OF OUR WORK PLEASE CONTACT US BY:

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