THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2016

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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

26th August 2016

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FOREWORD

The Patient and Client Council (PCC) has a unique role within Health and Social Care in Northern Ireland. Set up under the Health and Social Care (Reform) Act (NI) 2009 its functions are to:

- Listen and act on people's views;
- Encourage people to get involved;
- Help people make a complaint; and
- Promote provision of advice and information.

In exercising these functions during 2015-2016, the PCC focused once again on ensuring that the voice of the service user is heard by the providers of Health and Social Care in order to gain access to or improve services. The continuing financial constraints on our health and social care services have made the user voice more important than ever.

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

This year 876 people have contributed their views to our reports and we have spoken to even more people in order to understand their views on, and priorities for, health and social care in Northern Ireland. We have also enhanced our capacity to gain local and regional intelligence about services. We have used the voice of the people to inform and influence decision makers at all levels within the health and social care system to get service provision for those who have had no previous access or to improve services for many. Sadly the Complaints Support Service has been in even greater demand as pressure and delays have dogged the delivery of health care in the province.

In year we have welcomed the Ministerial launch of stage one of the HSC advice and information portal which will provide essential help for service users and providers. Our work to raise awareness of the issues around access to health and social care services for people who are homeless presents some tough challenges for the service which will need to be addressed across Government.

Without the dedication of Board members and staff of the PCC, and the many thousands of people we work with on an annual basis, none of this work would be possible. Achieving Investors in People status reflected the organisational commitment to valuing the staff contribution and without their hard work little would be achieved.

This Annual Report and Accounts outlines the work of the PCC over its seventh year. We are privileged to present it to you.

Maureen Edmondson	**Maeve Hully**
Chair	**Chief Executive**
The Patient and Client Council	**The Patient and Client Council**
21 June 2016	**21 June 2016**

PERFORMANCE REPORT

The following Performance Report of the PCC is presented in two sections:

- A Performance Overview, including the Chief Executive's perspective on the organisation's performance during the year.

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

PERFORMANCE OVERVIEW

Our Purpose

The PCC was established on the 1st April 2009 to provide a powerful and independent voice for the public in health and social care. This is a unique vehicle to inform policy makers, commissioners and providers of health and social care services about the experiences of patients, clients, carers and communities in Northern Ireland.

Our purpose is to be an influential and independent voice that makes a positive difference to the health and social care experience of people across Northern Ireland.

The PCC has four main statutory duties. They are:

- To represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- To provide assistance to individuals making or intending to make a complaint relating to health and social care;
- To promote the provision of advice and information to the public about the design, commissioning and delivery of health and social care services.

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

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

As part of the Health and Social Care Framework for Northern Ireland the PCC seeks to support the Department of Health's (DoH), formerly the Department of Health, Social Services and Public Safety for Northern Ireland, overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people of Northern Ireland. The PCC seeks to do this by providing a powerful, independent voice for patients, clients, carers, and communities on health and social care issues.

The PCC's performance framework is determined by the DoH in the light of its wider strategic aims and of current Public Service Agreement (PSA) objectives and targets. The priorities and objectives for meeting the PCC's overall aim are set out in its annual Business Plan, the key objectives of which are subject to approval by its Sponsor Branch in the DoH. In common with all Arms-Length Bodies (ALBs), on issues of governance and assurance, the PCC is directly accountable to the DoH.

All Health and Social Care (HSC) bodies must co-operate with the PCC in the exercise of its functions. This means that HSC bodies must consult the PCC on matters relevant to its role and must furnish the PCC with the information necessary for the discharge of its functions. Furthermore, HSC bodies must have regard to advice provided by the PCC about best methods and practices for consulting and involving the public in health and social care matters.

The PCC's relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from HSC bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, 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's functions do not include a duty to consult on behalf of the HSC. Each HSC body is required to put in place its own arrangements for engagement and consultation.

Performance

All DoH agreed Business Plan objectives were achieved. In its Business Plan objectives and its work, the organisation has sought to provide a forum for people to have their voices heard by health and social care services on high profile issues and where the patient's voice has not been audible. This has included the views of:

- Homeless people on health and social care services;
- Carers on priorities in health and social care;
- People who have myalgic encephalomyelitis / fibromyalgia;
- Women who have experience of miscarriage; and
- People on the End Of Life care experience.

The organisation has also delivered a programme of work in regard to the Bamford Review. This has included understanding:

- The needs of carers who are caring for dependants with enduring mental health illness; and
- What is working well and not working well in learning disability services.

Throughout the year PCC staff have provided a responsive complaints support service to people wishing to make a complaint about health and social care organisations in Northern Ireland. This has included work to examine mechanisms available to children and young people to support them to make a complaint about health and social care services, with the aim of improving access to these services.

A more detailed account of the work of the organisation can be found in the Performance Analysis on page 12.

Staffing

The success of the PCC is in its staff. The small staff complement is passionate in making a difference to the health and social care agenda. That commitment and the high performance has been reflected in attaining Investors In People accreditation in May 2015. The accompanying report noted the following headline strengths of the team:

- Strong values and purpose;
- An inclusive culture which includes the views of all stakeholders when developing strategic plans;
- Team and personal ownership of plans, through consultation and joint objective setting;
- View to continuous improvement;
- Managers who are close to the team encouraging regular discussion regarding performance and individual contribution;
- Strong commitment to learning and development;
- Positive focus on involvement where everybody feels encouraged to participate and share their ideas; and
- A strong team culture where people support each other and pull together in difficult times.

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

Sickness absence data

The Patient and Client Council sickness absence rate over the year was 3.36% against target of 4.03%. The reported figure for 2014/15 was 4.14%.

Training and Development

The PCC values its staff and is committed to enhancing their skills and improving their contribution to the organisation's goals. In year the PCC validated its approach by attaining Investors In People status. The accompanying report noted:
"There is a structured approach to meeting the learning and development needs of the organisation and its projects. Training is identified to meet project aims or business plans objectives, and collated into a high-level plan. Individuals are encouraged to complete a Personal Development Plan (PDP) as part of the appraisal process. Mandatory provision is managed through e-learning modules. Overall, needs are very much focused on service

delivery with outcomes that relate to performance against business plan goals and project objectives."

Specific courses aimed at the professional development of the Complaints Support Service have included all Complaints Support Officers being supported through the City and Guilds Level 3 Diploma in Independent Advocacy. This is the "industry standard" for the provision of advocacy and recognised as such by the DoH.

Sustainable Development

The PCC has a Sustainable Development Plan. The plan supports the Northern Ireland Executive' Sustainable Development Strategy entitled "Everyone's involved", dated May 2010.

Complaints about the Patient and Client Council

The PCC received three complaints about its services in the course of the year. The complaints were resolved to the client's satisfaction and in each case staff have continued to support the clients in their primary concerns about health and social care. The PCC takes all feedback very seriously and is constantly reviewing the service it offers to improve the experience of our clients.

Risk Management

The PCC maintains a Corporate Risk Register which is formally reviewed by the Board twice a year and receives quarterly updates on issues which may impact on the organisation. During the year the Board identified a number of key sectoral risks and issues which the PCC monitored closely for possible impact on the achievement of its Business Plan objectives.

Diminishing resources is a challenge facing all public sector organisations. Internally, the PCC has grown in its efficiency by finding new ways to do its work, particularly in its engagement with people to learn their views on health and social care issues, with a reduced budget. This has included online engagement on a weekly basis and meeting people face to face in small groups and at large public events.

However, the Board was also mindful of the impact reduced resources had on Health and Social Care providers. The resourcing challenge facing Health and Social Care providers has seen increased public concern about patient safety, increased waiting times, and information not being readily available about services. The PCC has a pivotal role in representing the views of the public, helping people to have concerns addressed and being informed appropriately about their services. The increased public concern has seen the demands placed on this role increase.

The Donaldson Report – Right Time Right Place, published in December 2014, set out a series of recommendations for assuring and improving the quality and safety of care in Northern Ireland. The PCC Board welcomed the report and its recommendations as a major contribution to a safe and efficient service, an improved patient experience and a strengthening of the patient voice in shaping and developing services. The initial service response to the report will see changes to commissioning processes and structures in the system. The bedding in of these changes, accompanied by the work of the Ministerial

appointed Expert Panel to consider, and lead debate on, the best configuration of Health and Social Care services in Northern Ireland, will pose challenges for all health and social care stakeholders. As the statutory voice for the public on health and social care issues, the PCC will continue to promote and support the patient voice in these developments.

Finance Summary

The PCC receives its funding from the DoH in the form of a Revenue Resource Limit. The monies fund the work of the PCC Business Plan, including its work on the Bamford agenda. The Financial Statements for the year-end 31st March 2016 can be found on pages 52 - 91. The following table summarises the year's finances.

Income	£
Revenue Resource Limit	1,612,434
Other income	36,885
Expenditure	
Staff costs	1,179,754
Other expenditure	458,565
Surplus revenue	11,000

In year the PCC received a small capital funding allocation of £945 for the purchase of replacement ICT equipment. There was a small capital surplus of £30 once the requisite equipment was purchased.

The Board of the PCC received regular updates on expenditure and year end forecasting to ensure the organisation met its statutory breakeven requirements in 2015-16. The breakeven target was met.

Going Concern

As illustrated in our Statement of Financial Position, the PCC operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, the PCC is funded through the DoH. As the 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 the DoH under the Health and Social Care (Reform) Act (Northern Ireland) 2009. Management are not aware of any conditions or events, currently or in the future, that would bring this assumption into question.

PERFORMANCE ANALYSIS

Introduction

This report outlines the key operational achievements of the PCC throughout 2015/16.

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

All DoH agreed Business Plan objectives were achieved with the exception of one objective (2.3) which has not been progressed at the request of the DoH.

Throughout 2015/16, PCC work included the following:

- Around 6,311 people were involved in our work:
    - 864 people used our complaints support service;
    - 909 people used our helpline for advice and information, signposting or immediate resolution on queries/enquires; and
    - 4,558 people took part in our events and project work. We obtained 2,890 new members to our Membership Scheme through this work;
- 12,500 members on our Membership Scheme;
- 39,604 website visits;
- 2,897 followers on Twitter;
- 1,374 followers on Facebook; and
- 610 views expressed through the weekly blog.

Business Plan

The work undertaken by the PCC to achieve its Business Plan objectives on its statutory functions is detailed below under the following PCC corporate goals.

1. The Patient and Client Council is an independent and reliable voice for people using health and social care services.
2. There is an improved health and social care system.
3. Decisions in health and social care are made in partnership between the public and health and social care organisations.

It should be noted that this does not reflect the entirety of the work of the PCC. In addition to the Business Plan the PCC has:

- Responded to 15 consultation requests using evidence from service users and patients;
- Responded to issues raised by the public and the DoH where appropriate to our remit and available resources; and
- Engaged with the media which has resulted in 102 newspaper mentions and 43 radio and television interviews.

Goal 1: The Patient and Client Council is an independent and reliable voice for people using health and social care services.

1.1 The Patient and Client Council will take forward its work on understanding the experience of health and social care services for homeless people. This will be done in conjunction with community and voluntary organisations involved in the care of people who are homeless. Success will be demonstrated by:

a) The Patient and Client Council will hold an event with community and voluntary sector organisations and people who have experience of being homeless.
b) The Patient and Client Council will produce a report on the event which will inform the work going forward.

This objective was achieved. In partnership with the Council for The Homeless Northern Ireland, the PCC organised a cross-sectoral and interdepartmental event on healthcare and homelessness in Belfast City Hall on 30 November 2015 hosted by the Lord Mayor. The aim of the event was to highlight issues which people who are homeless face in accessing health and social care and take forward the recommendations of our report published in 2015, *Issues faced by people who are homeless in accessing health and social care services.*

Over 100 people attended including people who were homeless, community and voluntary sector representatives, MLAs, the Lord Mayor, government Ministers, and representatives from stakeholder organisations. In order to advance this work, following PCC Board approval the final report will be shared with stakeholders who attended the event and with the Public Health Agency (PHA), who have a responsibility for homelessness.

1.2 The Patient and Client Council will continue to monitor the experiences of people affected by the implementation of the Bamford Review. Success will be demonstrated by:

a) *Consolidate work commenced in 2014 regarding the needs of carers who are caring for dependants with enduring mental health illness.*

As part of the PCC's project on future planning, the Bamford Monitoring Group (BMG) met with the five Trusts to discuss issues raised by carers of someone with a mental health illness. These discussions were informed by BMG members and engagement work undertaken with carers in 2014/15. Responses from the Trusts were collated in a summary paper covering issues on communication, information for carers, training of staff, and the need for local cross-sectoral engagement on the topic of future planning.

An event entitled 'Planning Ahead' was held in January 2016 for both learning disability and mental health carers, providing an opportunity to engage with key stakeholders across health and social care. 77 carers from across Northern Ireland were in attendance. Key points raised by carers at the event were shared with the DoH and each Trust. This information will help shape the formal evaluation of the Bamford Action Plan. The Trusts have now agreed to establish local forums for direct engagement with carers to agree service arrangements to support carers to plan for the future. The first of these has been established in the Northern Trust area.

This work follows on from the work that the PCC has been doing over the last few years to raise awareness of the need to support older carers caring for adult dependents with a learning disability at home, to plan for their future. This has resulted in two needs assessment exercises being undertaken by the Regional Health and Social Care Board (HSCB) and the five HSC Trusts and there is now recognition at the DoH level that this is a need which must be addressed. As a result of this work, funding has now been identified on a recurrent basis, to support future planning for carers of people with a mental health illness and this is being rolled out to all Trusts.

This is beginning to make a major difference to family life. For example, in the case of one family with two adult dependents that we have been supporting, the Trust is piloting a new partnership involving the purchase of a three bedroom bungalow and two voluntary sector care providers to deliver a tailored package of independent living with intensive support close to the family home. This will enable the parents to be involved in developing a permanent solution for their adult children before they become unable to care for them. This is a significant breakthrough at policy, commissioning and service delivery level.

b) *The Patient and Client Council will seek to understand what is working well and not working well in learning disability services. A report will be produced giving service users and carer's perspectives.*

The BMG provided guidance on a project aimed at understanding what was working well and what was not working well in health and social care for people with a learning disability and their carers. A series of small focus groups were held in each Trust area

and findings were documented in a PCC report entitled 'What Matters to Me'. The report was launched in the autumn of 2015 by 20 service users from The Hive project in Belfast and it was widely circulated to relevant stakeholders for their consideration and action as appropriate.

c) *The Patient and Client Council will work with the DoH to shape the delivery of an Evaluation of the Bamford Action Plan 2012-2015.*

Throughout this year the Personal and Public Involvement (PPI) team and research officers provided extensive guidance and support to enable DoH officials to engage directly with service users and carers on a wide range of topics emanating from the Bamford Action Plan (*Delivering the Bamford Vision – Action Plan 2012/2015).*

PCC staff hosted and facilitated a series of focus groups across Northern Ireland to inform this evaluation. These were attended by both service users and carers. In addition, DoH representatives participated in the 'Planning Ahead' workshop to gather views and engage directly with the BMG. This process is continuing into 2016/17.

1.3 The Patient and Client Council will gather the views of carers on priorities for health and social care, so that these views can influence policy, commissioning and service delivery. Success will be demonstrated by:

The Patient and Client Council will produce the Carers' Priorities report.

The PCC undertook a project aimed at understanding the priorities which carers had for health and social care. The PPI team engaged with over 600 carers through focus groups, interviews and the use of a questionnaire. A report was produced in September 2015 and launched widely with stakeholders entitled *Carers' Priorities*. The PCC met with the DoH and the HSCB to discuss the findings and their implications for policy and service delivery. The key findings were also summarised on a YouTube video and shared extensively via social media. The findings and recommendations will continue to be followed up in the work of the PCC.

Goal 2: There is an improved health and social care system.

2.1 The Patient and Client Council will commence work to understand the end of life care experience. Success will be demonstrated by:

The Patient and Client Council will seek to understand the key issues in relation to the end of life care experience, including people's views on planning for end of life care decisions. This will be the first year of a two year project. Success will be demonstrated by completion of a literature review which will set parameters for year two of the project.

Based on our work with service users we understood that many people, patients and carers do not have a positive experience of end of life care. We also recognise that there are many stakeholders working in this area and it is important that there is a joined up approach to resolving the issues. The PCC undertook a scoping exercise in the form of

a literature review to understand where, if any, the gaps were. This was presented to the PCC Board in September 2015. The literature review was shared widely with stakeholders and will form the foundation for a second piece of work aimed at understanding people's experience of end of life care in Northern Ireland.

2.2 The Patient and Client Council will seek to understand the views of people who have myalgic encephalomyelitis / fibromyalgia. Success will be demonstrated by:

The Patient and Client Council will undertake a study to understand people's experience of myalgia encephalomyelitis (ME) and fibromyalgia (FM or FMS). This work will seek to improve the patient experience.

This study looked at ME and FM separately.

Myalgia encephalomyelitis (ME)
A workshop was held on 29 May 2015 which was specifically aimed at progressing the need for secondary care medical support for ME patients. While the lead Commissioner did agree to progress this request, it is disappointing to note that as of 31 March 2016 there has been no progress on this issue. The PCC are continuing to work to progress this matter.

Fibromyalgia (FM)
While some patients have a dual diagnosis of ME and FM, there had been little work documented on the needs of patients with FM. The steering group agreed to undertake a study to better understand the experience of people living with FM. This report was completed and presented to the PCC Board in September 2015, *A hidden condition: Ten people living with fibromyalgia tell their story*.

While the findings and recommendations have been shared with some key staff the report will not be officially launched until Fibromyalgia Awareness Week in September 2016.

2.3 The Patient and Client Council will seek to provide effective feedback opportunities for people on health and social care issues. Success will be demonstrated by:

The Patient and Client Council will work with health and social care providers to implement a real time feedback system for patients and service users. This will enable them to give their opinion of health and social care services and to receive feedback from providers. This will be subject to the DoH providing budgeted resources.

The DoH have requested that work on this project be put on hold until they complete a formal review of patient experience work across health and social care.

2.4 The Patient and Client Council will provide a responsive complaints support service to people wishing to make a complaint about health and social care organisations in Northern Ireland. Success will be demonstrated by:

a) *The Patient and Client Council will provide a responsive, complaints service and will produce and publish complaints data in an annual complaints report which will be used to influence change in health and social care services.*

The PCC published its 2014/15 Annual Complaints Report in June 2015 and this was provided to stakeholders.

The work of the Complaints Support Service often results in positive outcomes for individual clients. These outcomes are illustrated by case studies in the Annual Complaints Report 2014/15. The PCC also wishes to influence change based on a thematic review of complaints and in 2015/16 this on-going work was accomplished by:

- **PCC Board Workshop**: In August 2015 the PCC Board met with senior executives of each Trust and, taking the Annual Complaints Report 2014/15 as its starting point, discussed the initiatives being taken forward by them to promote a culture of transparency and learning from complaints.

- **Regional Forum of Health and Social Care Trust Complaints Managers**: In January 2016, the Complaints Support Service Manager and Head of Operations attended each Trusts regional meeting with Complaints Managers and agreed with them the means by which the PCC would establish and maintain on-going dialogue with the Trusts on the management of complaints and the learning from them.

- **Regional Complaints Monitoring Group:** Throughout the year, the Complaints Support Service has maintained its membership of this regional committee of the HSCB which reviews complaints returns and undertakes reviews on key areas.

- **Complaints Policy Review Committee:** The Complaints Support Service has maintained its membership of this DoH committee. In 2015/16, this gave the PCC the opportunity to contribute to the discussions prompted by the review of Sir Liam Donaldson which made recommendations on the future management of complaints.

b) The Patient and Client Council will engage with the people it has supported through the complaints process to understand their experience of the health and social care complaints process.

The PCC undertook a series of interviews with people who had experience of the health and social care complaints process to understand their experience. The resulting report, *Twelve PCC clients share their experiences of the HSC complaints process,* which makes a number of recommendations was approved by the PCC Board in February 2016 and will form the basis of engagement with health and social care stakeholders in 2016/17, with a view to improving the experience of complainants.

c) *The Patient and Client Council will hold a workshop to examine mechanisms available to children and young people to support them to make a complaint about health and social care services.*

In June 2015, the PCC held a workshop with key stakeholders and organisations with a responsibility for supporting children such as the office of the Northern Ireland Commissioner for Children and Young People and the charity Voice of Young People in Care. The key findings from the workshop were presented to the PCC Board in December 2015 and will form the foundation for a report to be published in 2016/17. Other achievements in 2015/16 included a review of the PCC complaint information database, including upgrading and development of the quarterly dashboard and staff training.

2.5 The Patient and Client Council will seek to understand the experiences of women who have experience of miscarriage. Success will be demonstrated by:

The Patient and Client Council will host an event for women, their partners, decision makers and relevant stakeholders with a view to improving existing support mechanisms in Northern Ireland. This work will seek to improve the patients experience.

The PCC held an event titled '*1 in 4 – Putting Miscarriage on the Agenda'* on 20th October 2015. The purpose of this event was to increase awareness of the gaps in services for women and families in Northern Ireland following a miscarriage.

The key messages from this event identified the need for:

- Psychological support for women and their families who have experienced early pregnancy loss; and
- A dedicated bereavement service for women who experience recurrent early pregnancy loss.

The PCC has written to all key stakeholders with these key messages and will continue to monitor the progress of service development.

The PCC set up a Pregnancy Loss Steering Group which comprised of women who had experience of recurrent miscarriage. We supported the women to lead on a number of initiatives, including the following:

- Development of the Bereavement Pathways which are currently being implemented into the five Trusts;
- A new regional early pregnancy loss information leaflet for service users to be issued to Trusts by summer 2016;
- Rewording of a regional histopathology consent form; and
- To develop the role of the Miscarriage Association in Northern Ireland.

2.6 The Patient and Client Council will follow through on previous work on, chronic pain ('The Painful Truth'), access to GP services and urgent care services (Care When I Need It)' to ensure the recommendations have been implemented and service change has been made. Success will be demonstrated by:

a) Working in partnership with the Pain Alliance for Northern Ireland (PANI) we will advocate to bring an international conference on the "Societal Impact of Pain" (SIP) to Belfast.

The PCC in partnership with PANI hosted a Pain Summit in November 2015, bringing together service users, carers, and leading thinkers from the UK and Ireland to celebrate progress since our last Pain Summit in 2012 and also to highlight the key items which must be addressed. Key outcomes from the summit were presented to the PCC Board and have subsequently been shared with key stakeholders across health and social care.

c) The Patient and Client Council will follow up with health and social care bodies on how they have responded to the recommendations as contained in the 'Urgent Care', 'Access to GP Services' and 'The Painful Truth' reports.

The PCC continues to follow up on the recommendations made in its various reports and seeks feedback from decision makers. In respect of these three specific reports a summary was presented to the PCC Board in September 2015. However, it should be noted that engagement continues through our external relations plan, with a view to influencing further positive outcomes for people. For example, in recent months we have seen the launch of the average waiting times data for emergency departments on NI Direct.

There have also been the following additional significant outcomes from the PCC work on chronic pain:

- Eight out of the ten recommendations from 'The Painful Truth' have been accepted for implementation by the Minister for Health;
- The HSCB and PHA have commenced work to implement the recommendations of 'The Painful Truth' report. An implementation project team has been established supported by a service user forum;
- 'The Painful Truth' report has been made available on the Societal Impact of Pain (SIP) website;
- Mr Jay Flood-Coleman, service user, wrote an article on chronic pain published by the World Health Organisation, in their magazine dedicated to the Voice of Patients and Carers; and
- Training on pain management is to be included in year 4 under graduate medical training.

The Northern Ireland Centre for Pharmacy Learning and Development at Queens University are using an online pain management training module for pharmacists as part of their training materials. This was developed by using 'The Painful Truth' alongside the Pain Toolkit and guidelines from the HSCB, the Guidelines and Audit Implementation Network (GAIN), the National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN).

Pain management has been also confirmed as a priority area for Integrated Care Partnerships (ICPs).

Goal 3: Decisions in health and social care are made in partnership between the public and health and social care organisations.

3.1 The Patient and Client Council will seek to understand the experience of service users involved in the development of Integrated Care Partnerships (ICPs). Success will be demonstrated by:

a) *The Patient and Client Council will host a workshop with service users involved in the development of ICPs to learn from their experience with a view to further developing service users as co-designers of health and social care.*

The PCC hosted a workshop in June 2015 with service user representatives on the ICPs. The findings from this workshop were shared with the PCC Board in December 2015 and with the ICP Partnership Board, and helped to shape the subsequent "local service user panels" which were held in the final quarter of 2015/16.

b) *The Patient and Client Council will work with the HSCB to evaluate patient's experience of ICPs. Achieving this objective will be determined by the HSCB's timetable for this work.*

In recent months the first "local service user panels" were held across the five Trust areas. The subject of this first round of panels mirrored the work of the ICPs, for example diabetes, stroke and respiratory care. The initial work of the panels was presented to the PCC Board in February 2016 and a full report of the findings will be collated in 2016/17. Early findings are being shared with the DoH to inform the ongoing review of ICPs.

3.2 The Patient and Client Council will seek to further understand the public's priorities for patient and client safety and quality of care in health and social care. Success will be demonstrated by:

Discussions which originated at the Patient and Client Council Safety Conference in October 2014 will continue with the Trusts. The PCC will work with other organisations to promote opportunities for a public debate into quality and patient safety.

The PCC's Chief Executive and Head of Operations met with all Trust Chief Executives and some Executive Directors during the year and as part of these discussions the outputs from the conference were discussed. These discussions were subsequently followed up in writing with a view to the Trusts taking forward the key issues raised.

3.3 The Patient and Client Council will seek to have accredited information provided to the public in Northern Ireland on health and social care services. Success will be demonstrated by:

The Patient and Client Council will work with the HSCB and PHA to deliver a web based information portal.

PCC staff have continued throughout the year to work in partnership with the PHA and the HSCB with a view to achieving a single information and advice service for people in Northern Ireland. This year we continued to make steady progress to achieving our vision of an accredited information and advice service:

- A pilot of information for mental health service users has been launched;
- An extensive information resource for chronic pain patients has been developed in readiness for the system going live;
- Service users have been involved in a number of discovery clinics aimed at agreeing the "look and feel" of the service; and
- It is now envisaged that Phase 1 (syndicated information from NHS Choices) will be launched in May 2016.

3.4 The Patient and Client Council will implement findings from the Local Advisory Committee (LAC) Review and Membership Scheme Review completed in 2014/15 to maximise service user input at a local and national level. Success will be demonstrated by:

The Patient and Client Council will implement findings from the LAC Review and Membership Scheme Review completed in 2014/15 to maximise service user input at a local and national level.

The PCC undertook a review of the LAC's review and agreed to implement an alternative mechanism to gather local views. The local service user panels will be a more flexible, organic mechanism for gathering the views of service users. The first series of Panels met in 2015/16.

In addition, the PCC made a number of significant changes to the Membership Scheme including cleansing the database of inactive members (approximately 3,000 people). We have continued to recruit members in those areas of the population which are under-represented in the scheme, for example men and people of working age.

We held our first ever "members only" event in March 2016. This was an opportunity to say thank you to members for their considerable involvement in the scheme since it was established in 2011 and to set the scene for how the Membership Scheme will be

involved in some of the tough decisions which lie ahead for us all. Over 200 members attended and feedback from attendees was very positive.

3.5 The Patient and Client Council will host six events to promote personal and public involvement in health and social care decision making. Success will be demonstrated by:

The Patient and Client Council will host six events to allow people to engage with a panel of health and social care decision makers.

Throughout the year the PCC hosted many events which have been referred to above and included:

- Planning Ahead;
- Pain Summit;
- ‘1 in 4’ event on recurrent miscarriage;
- Health and homelessness;
- Members only event; and
- Workshop for ME patients.

Maeve Hully
Chief Executive
Date 21 June 2016

ACCOUNTABILITY REPORT

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

1. Corporate Governance Report
    a) Directors Report
    b) Statement of Accounting Officer Responsibilities
    c) Governance Statement
2. Remuneration and Staff report
3. Accountability and Audit report
    a) Funding Report
    b) Certificate of the Comptroller and Auditor General

1. CORPORATE GOVERNANCE REPORT

a) Director's report

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

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

- to represent the interests of the public by engaging with the public to obtain their views on services and engaging with Health and Social Care (HSC) organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- to promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- to provide assistance to individuals making or intending to make a complaint relating to health and social care; and
- to promote the provision of advice and information to the public by the HSC about the design, commissioning and delivery of health and social care services.

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

The Chief Executive is an officer of the PCC and not a member of the Board. The Chief Executive is responsible to the Board, through the Chair, for managing the PCC. As the designated Accounting Officer the post-holder has specific financial responsibilities and duties for which he or she is accountable to the Permanent Secretary of the DoH in his or her role as the Accounting Officer of the PCC's sponsor department. The Chief Executive for the period was Maeve Hully and she has responsibility for the Annual Report and Accounts for the whole of the financial year to 31st March 2016.

The Patient and Client Council Board
The following appointments by the Minister formed the Board of the Patient and Client Council as at the 31st March 2016:

Dr Maureen Edmondson (Chair)
Cllr Elizabeth Adger
Mr Brian Compston
Mrs Elizabeth Cuddy
Mr William Halliday
Dr Sheila Kelly
Mr Garret Martin
Dr May McCann

Mrs Joan McEwan
Cllr Colin McGrath
Prof Hugh McKenna
Cllr Martin Reilly
Cllr Marion Smith
Mrs Seana Talbot

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

- To set the *strategic direction* of the organisation within the overall policies and priorities of Health and Personal Social Services, define its annual and longer term objectives and agree plans to achieve them;
- To oversee the delivery of planned results by *monitoring performance* against objectives and ensuring corrective action is taken as necessary;
- To ensure effective *financial stewardship* through value for money, financial control and financial planning and strategy;
- To ensure that high standards of *corporate governance* and personal behaviour are maintained in the conduct of the business of the whole organisation;
- To put in place systems to appoint, appraise senior officers and appraise non-executive Directors (adapted for PCC); and
- To ensure that there is *effective engagement between the organisation and the local communities* on its plans and performance and that these are influenced by and responsive to community needs.

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

Governance and Audit Committee members at the 31st March 2016 were:

- Mrs Elizabeth Cuddy (Chair)
- Mr Brian Compston
- Cllr Elizabeth Adger
- Mrs Joan McEwan

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

Research Committee members at the 31st March 2016 were:

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

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

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

Pension Scheme for All Staff

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

Auditors

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

The Accounting Officer has taken all the steps that she ought to have taken to make herself aware of any relevant audit information and to establish that it is made known to the PCC's auditors. So far as the Accounting Officer is aware, there is no relevant audit information of which the PCC's auditors have not been advised.

The notional cost of the audit of the 2015-16 annual accounts was £5,750.

The Business Services Organisation provides an internal audit service to the PCC. The cost for 2015-16 was £6,349.

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

There was no remuneration paid to the Auditors for non-audit work. No audit services were purchased during 2015-16 in support of the National Fraud Initiative.

Prompt payments

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

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

The code also seeks payment to be made within 30 days of the receipt of goods or valid invoice. In the course of the year a review of payments found that 96% of payments were made within the timeframe, against a target of 95%. It should be noted that 87% of invoices were paid within 10 days.

The Council's compliance with this can be found in Note 14 of the accounts on page 86.

Personal data related incidents
There were no reported incidents of loss of personal data during the 2015-16 year.

Fraud
The PCC has a Fraud Policy and Fraud Response Plan in place and an appointed Fraud Liaison Officer. There were no reported incidents of Fraud within the year 2015-16.

Whistleblowing
The PCC has a Whistleblowing Policy in place. There were no reported incidents under the Whistleblowing Policy within the year 2015-16.

Charitable donations
The PCC did not receive or make any charitable donations within the year 2015-16.

Post balance sheet events
There are no post balance events.

Resource Revenue Allocation Surplus
The PCC recognised an £11,000 surplus in its operations against its Revenue Resource Limit of £1,612,434 for the year 2015-16.

b) Statement of Accounting Officer Responsibilities

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

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

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

- Make judgments and estimates on a reasonable basis;

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

- Prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Patient and Client Council will continue in operation;

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

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

The Permanent Secretary of the Department of Health, formerly known as Department of Health Social Services and Public Safety for Northern Ireland, as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland, has designated Maeve Hully of the Patient and Client Council as the Accounting Officer for the Patient and Client Council. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Patient and Client Council's assets are set out in the Accountable Officer Memorandum, issued by the Department of Health, Social Services and Public Safety.

c) Governance Statement

1. Introduction / Scope of Responsibility

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

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

(a) Representing the interests of the public;

(b) Promoting involvement of the public;

(c) Providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which a body to which this section applies is responsible; and

(d) Promoting the provision by bodies to which this section applies of advice and information to the public about the design, commissioning and delivery of health and social care.

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

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

2. Compliance with Corporate Governance Best Practice

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

The Board assesses and reports on its effectiveness annually. In February 2016 the Board undertook a full self-assessment of its effectiveness through a workshop for Board Members. The Board has judged itself as having a satisfactory "Green" rating against the assessment criteria. It has however identified a number of areas to improve its effectiveness and agreed an action plan to deliver these.

3. Governance Framework

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

- A schedule of matters reserved for Board decisions approved on the 1st April 2009;
- Standing orders and standing financial instructions approved on the 1st April 2009;
- A scheme of delegation, which delegated decision making authority to the Chief Executive and others approved on the 1st April 2009;
- The PCC held its Board meetings in public. The attendance at such meetings is recorded and minutes of the meeting published on the PCC website; and
- The appointment of a Governance and Audit Committee.

At full complement the Board is made up of 16 Non-Executive Board Members and a Chair, all appointed under the Public Appointments process. As at 31st March 2016 the Board has three vacancies. The Board holds its Board Meetings in public and the average attendance in the year was 79%. There were 8 Board meetings in the year and attendance is set out below for the year 2015-16:

Board Member	Board Meetings attended
Dr Maureen Edmondson (Chair)	8
Cllr Elizabeth Adger	7
Mr Brian Compston	8
Mrs Elizabeth Cuddy	5
Mr William Halliday	7
Dr Sheila Kelly	7
Mr Garret Martin	6
Dr May McCann	6
Mrs Joan McEwan	8
Cllr Colin McGrath	5
Prof Hugh McKenna	5
Cllr Martin Reilly	6
Cllr Marion Smith	5
Mrs Seana Talbot	6

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

The remit of the Governance and Audit Committee includes an integrated governance approach encompassing financial governance and organisational governance, both underpinned by sound systems of risk management. The Committee met formally five times in the twelve month period and provided assurance to the Board that governance standards were met.

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

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

- Consultation guidelines;
- Declaration of Interests;
- Risk Appetite;
- PCC Assurance Framework;
- PCC Mid-Year Assurance Statement; and
- PCC Corporate Governance Handbook.

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

At the request of the Governance and Audit Committee, the following training was delivered during 2015-16:

- To Committee members, "Maximising the Value of the Audit Committee"; and
- To all Non-Executive Board members, "Refresher On Board" training.

4. Business Planning and Risk Management

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

Business Planning

The PCC has produced a Corporate Plan for the period 2015-18. The plan sets out the high level goals as agreed by the Board which will deliver on the statutory functions and obligations of the organisation. The Corporate Plan is subject to PCC Board and DoH approval. The Corporate Plan is issued for formal consultation and input is sought from key stakeholders. The Corporate Plan is presented to the Board on an annual basis for noting as part of the business planning cycle. The corporate planning process is led by the Head of Development and Corporate Services. Delivery of the Corporate Plan is the responsibility of the Chief Executive, supported by the Heads of Function.

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

The plan includes;

- Key objectives and associated key performance targets (financial and non-financial) for the forward years, and the strategy for achieving those objectives;
- Alternative scenarios to take account of factors which may significantly affect the execution of the plan, but which cannot be accurately forecast; and
- A forecast of expenditure and income, taking account of guidance on resource assumptions and policies provided by the Sponsor Department.

The business planning process is led by the Head of Development and Corporate Services. The Business Plan is subject to PCC Board and DoH approval. The organisation and its Business Plan are funded by the DoH on an annual basis. Funding has been confirmed for the Business Plan 2016-2017.

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

Risk Management

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

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

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

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

The PCC manages risk by:

- Undertaking assessments to identify the principal risks to the PCC and reporting these to the Board through a Corporate Risk Register;
- Monitoring and reviewing the effectiveness of the Assurance Framework. This is undertaken by the Governance and Audit Committee and informed by information from internal and external audit review activities. The Assurance framework is formally presented to the Board annually;
- Ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;

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

Risk Registers are held at corporate and local office levels to record all forms of risk. The Risk Registers describe the risk in enough detail for it to be understood and assess the impact and/or consequences and likelihood of realisation of the risk as well as the action necessary to manage the risk. Identification of the officers responsible for ensuring that the risk management actions are completed is also detailed in the registers.

The Board has held a workshop in year to review the risks facing the organisation and assure itself of their relevance and possible impact to the activities of the PCC.

Leadership is provided on risk management through the Governance and Audit Committee and the Head of Development and Corporate Services. The risk management process seeks to identify risks in accordance with best practice as well as providing a system for embedding risk management in the organisation. The Board has a Non-Executive Director designated as "Champion" for Risk Management.

All staff receive an induction training programme on joining the organisation, including an e-learning module on risk management. Any ad hoc training is cascaded from the Head of Development and Corporate Services, through Line Managers to all staff.

5. Information Risk

Information risk management is an essential part of good management. The PCC ensures that information risk management is considered in its procedures and policies. Information risk management is managed within the context of the organisation's risk management strategy. The PCC has achieved substantive compliance in its Information Management Controls Assurance Standard Self-Assessment and has an approved a Strategy and Policy for Information Governance.

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

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

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

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

The Board have received training from the Information Commissioner's Office on the organisation's information governance responsibilities.

There have been no data losses in the 2015-16 year.

The PCC has not received any Data Access Requests but responded to two Freedom of Information requests within the year. Both requests were responded to within timescale and no data was withheld.

6. Public Stakeholder Involvement

Central to the work of the PCC is engaging with the public. The PCC has a Personal and Public Involvement Policy, "Involving You", which was informed by service users, subject to public consultation and approved by the Board.

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

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

As part of the 2015-16 Internal Audit Annual Plan a review was undertaken of the organisation's personal and public involvement arrangements. Internal Audit provided satisfactory assurance in relation to the organisations's Personal and Public Involvement and considered that overall there is an adequate and effective system of governance, risk management and control in regard to Personal & Public Involvement arrangements.

7. Assurance

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

The Standing Orders of the Patient and Client Council require the setting up of a Governance and Audit Committee, as directed by *HSS(PDD)8/94* to reassure the Board that financial stewardship and corporate governance standards are being met. The Governance and Audit Committee maintains and reviews the effectiveness of the system of internal control for the PCC. Full details of the Committee, its role, terms of reference and responsibilities can be found in the Standing Orders as approved by the PCC Board on the 1st April 2009.

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

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

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

Controls Assurance Standards

The PCC assessed its compliance with the applicable Controls Assurance Standards which were defined by the DoH. Out of the twenty two controls assurance standards defined by the DoH, eleven are applicable to the PCC. The organisation achieved the following levels of compliance for 2015/16, and against which a degree of progress is expected in 2016/17.

Standard	**DHSS&PS Expected Level of Compliance**	**PCC Level of Compliance**	**Verified by Internal Audit**
Financial Management ***(Core Standard)***	75% - 99% (Substantive)	**81%**	√
Fire safety	75% - 99% (Substantive)	**80%**	
Governance ***(Core Standard)***	75% - 99% (Substantive)	**82%**	√
Health & Safety	75% - 99% (Substantive)	**79%**	
Human Resources	75% - 99% (Substantive)	**80%**	
Information Communication Technology	75% - 99% (Substantive)	**93%**	
Management of Purchasing and Supply	75% - 99% (Substantive)	**87%**	
Information Management	75% - 99% (Substantive)	**77%**	√
Research Governance	75% - 99% (Substantive)	**88%**	
Risk Management ***(Core Standard)***	75% - 99% (Substantive)	**82%**	√
Security Management	75% - 99% (Substantive)	**80%**	

8. Sources of Independent Assurance

Internal Audit

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

In 2015-16 Internal Audit reviewed the following systems;

- Financial Review;
- Risk Management; and
- Personal and Public Involvement.

Satisfactory Assurance was provided on each area.

In 2015-16 Internal Audit reviewed the following systems within the Controls Assurance framework;

- Risk Management, verifying substantive assurance;
- Governance, verifying substantive assurance;
- Finance Management, verifying substantive assurance; and
- Information Management, verifying substantive assurance.

In their annual report the Internal Auditor reported that the PCC's system of internal control was adequate and effective.

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

- Payroll Shared Services – Limited assurance
- Recruitment Shared Services – Unacceptable assurance

The recommendations in these BSO Shared Service audit reports are the responsibility of BSO Management to take forward. As a client of the BSO, the PCC Governance and Audit Committee has been briefed on the reports, and the Head of Development and Corporate Services will continue to monitor these through the assurance process in place to accompany the Service Level Agreement between the BSO and the PCC.

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

Northern Ireland Audit Office

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

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

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

9. Review of Effectiveness of the System of Internal Governance

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

effectiveness of the system of internal control by the Governance and Audit Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

10. Internal Governance Divergences

Internal Control issues from 2014/15

There were no significant Internal Control issues identified for the PCC in the year 2014/15.

Internal Control issues from 2015/16

There were no significant Internal Control issues identified for the PCC in the year 2015/16.

11. 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 2015-16.

2. Remuneration Report and Staff Report

Remuneration report for the year ended 31 March 2016

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

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

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

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

Dr Maureen Edmondson was appointed Chair on the 7th March 2011 and reappointed on the 7th March 2015.

The Non-Executive Directors of the PCC as at the 31st March 2016 are listed below.

Cllr Elizabeth Adger (appointed 1st April 2009, reappointed 1st April 2013)
Mr Brian Compston (appointed 1st April 2009, reappointed 1st April 2013)
Dr May McCann (appointed 1st April 2009, reappointed 1st April 2013)
Prof Hugh McKenna (appointed 1st April 2009, reappointed 1st April 2013)
Cllr Marion Smith (appointed 1st April 2009, reappointed 1st April 2013)
Dr Sheila Kelly (appointed 1st May 2009, reappointed 1st April 2013)
Cllr Martin Reilly (appointed 2nd August 2010, reappointed 2nd August 2014)
Cllr Colin McGrath (appointed 10th December 2012)
Mr Garret Martin (appointed 10th December 2012)
Mrs Seana Talbot (appointed 2nd December 2014)
Mrs Elizabeth Cuddy (appointed 2nd December 2014)
Mr William Halliday (appointed 2nd December 2014)
Mrs Joan McEwan (appointed 13th December 2014)

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

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

The Senior Management Team consists of:

- The Chief Executive, appointed 1st February 2009;
- The Head of Operations, appointed 10th March 2009; and
- The Head of Development and Corporate Services, 11th March 2009.

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

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

Retirement age
Currently, employees are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. 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.

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

Senior Employees' Remuneration (Audited)

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

Name	2015-16 Salary £000	2015-16 Bonus / Performance Pay £000	2015-16 Benefits in kind (to nearest £100)	2015-16 Pension Benefits £000	2015-16 Total Remuneration £000	2014-15 Salary	2014-15 Bonus / Performance Pay £000	2014-15 Benefits in kind (to nearest £100)	2014-15 Pension Benefits £000	2014-15 Total Remuneration £000
Non-Executive Members										
Maureen Edmondson	15-20	0	0	0	15-20	15-20	0	300	0	15-20
Elizabeth Adger	0-5	0	0	0	0-5	0-5	0	100	0	0-5
Brian Compston	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Elaine Sheridan (nee Kelly)*	-	-	-	-	-	0-5	0	0	0	0-5
Sheila Kelly	0-5	0	0	0	0-5	0-5	0	100	0	0-5
May McCann	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Hugh McKenna	0-5	0	0	0	0-5	0-5	0	100	0	0-5
Martin Reilly	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Marion Smith	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Koulla Yiasouma*	-	-	-	-	-	0-5	0	100	0	0-5
Colin McGrath	0-5	0	0	0	0-5	0-5	0	100	0	0-5
Garret Martin	0-5	0	0	0	0-5	0-5	0	200	0	0-5
Seana Talbot	0-5	0	0	0	0-5	0-5	0	100	0	0-5
Liz Cuddy	0-5	0	0	0	0-5	0-5	0	100	0	0-5
Joan McEwan	0-5	0	0	0	0-5	0-5	0	0	0	0-5
William Halliday	0-5	0	0	0	0-5	0-5	0	200	0	0-5
Senior Staff										
Maeve Hully, Chief Executive	70-75	0	300	8	75-80	70-75	0	500	14	85-90
Sean Brown, Head of Corporate Services	50-55	0	100	17	70-75	50-55	0	100	22	70-75
Louise Skelly, Head of Operations	45-50	0	100	7	50-55	45-50	0	600	7	50-55

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

*Board Members stood down in year 2014/15 - Ms Koulla Yiasouma (31st January 2015) and Elaine Sheridan (nee Kelly) (31st March 2015)

Pensions Entitlements (Audited)

Name	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum as at 31/03/16 £000s	CETV at 31/03/15 £000s	CETV at 31/03/16 £000s	Real increase in CETV £000s
Senior Staff					
Maeve Hully	0-2.5 plus lump sum of 0-2.5	25-30 plus lump sum of 75-80	475	507	15
Sean Brown	2.5-5.0 plus lump sum of 2.5-5.0	5-10 plus lump sum of 20-25	127	150	19
Louise Skelly	0-2.5 plus lump sum of 0-2.5	15-20 plus lump sum of 55-60	352	373	9

As Non-Executive Directors members do not receive pensionable remuneration, there are entries in respect of pensions for Non-Executive Directors.

Disclosure of Highest paid Director and the Median remuneration

	2015-16	2014-15
Band of Highest Paid Director's Total Remuneration (£000's)	70-75	70-75
Median Total Remuneration (£s)	21,388	21,388
Ratio	3	3

Cash Equivalent Transfer Value

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

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

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

Premature retirement costs

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

- Efficiency of the service
- Redundancy
- Organisational change

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

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

retirement) and a lump sum redundancy payment of up to 30 weeks pay (reduced by 30% for each year of additional service over 6 2/3 years).

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

Exit Packages
There were no in year exit packages.

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

Staff Report for the year ended 31 March 2016

The Chief Executive of the PCC is Mrs. Maeve Hully. Mrs. Hully is responsible to the Board through the Chair for managing the PCC as a corporate body and as Accounting Officer to the Permanent Secretary of the DoH.

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

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

Staff Costs (Audited)

Staff costs comprise:		2016		2015
	Permanently employed staff	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages & Salaries	945,127	30,734	975,861	1,054,868
Social security costs	69,167	-	69,167	70,527
Other pension costs	134,726	-	134,726	106,235
Sub-Total	**1,149,020**	**30,734**	**1,179,754**	**1,231,630**
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,149,020**	**30,734**	**1,179,754**	**1,231,630**
Less recoveries in respect of outward secondments			(30,627)	(32,581)
Total net costs			**1,149,127**	**1,199,049**

Staff costs charged to capital projects during the year were £Nil (2015 £Nil).

Actuarial Valuation

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.

As per the requirements of lAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2015/16 accounts.

Early retirement and other compensation scheme – exit packages
During 2015/16 and 2014/15 the PCC had no early retirements or other compensation schemes.

Staff Benefits
Refer to Senior Employees' Remuneration (Audited) on page 41.

Retirements due to ill-health
During 2015/16 and 2014/15 there were no early retirements from the PCC on the grounds of ill-health.

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

	Permanently employed staff No.	2016 Others No.	Total No.	2015 Total No.
Professions allied to medicine	-	-	-	-
Administrative and clerical	32	2	34	37
Works	-	-	-	-
Other Professional and technical	-	-	-	-
Other	-	-	-	-
Total net average number of persons employed	**32**	**2**	**34**	**37**
Less average staff number relating to capitalised staff costs	-	-	-	-
Less average staff number in respect of outward secondments	(1)	-	(1)	(1)
Total net average number of persons employed	**31**	**2**	**33**	**36**

Staff Composition
The following table gives an outline of permanently employed staff and Board composition based on gender over the year ended 31st March 2016.

	Male No.	Female No.
Board	6	8
Senior Management Team	1	2
Administrative and clerical	7	23
Total	**14**	**33**

Sickness absence data
The Patient and Client Council sickness absence rate over the year was 3.36% against a target of 4.03%. The reported figure for 2014/15 was 4.14%.

Consultancy
The PCC has not engaged any consultants over the period.

Off Payroll engagements
There were no off payroll engagements during the year 2015-16.

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

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

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

3. ACCOUNTABILITY AND AUDIT REPORT

Funding Report

Funding

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

Regularity of Expenditure (Audited)

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

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

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

Fees and Charges (Audited)

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

Remote Contingent Liabilities

The PCC did not have any contingent liabilities at either 31 March 2016 or 31 March 2015.

Long Term Expenditure Plans

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

Financial Targets

There is a strict requirement for the PCC to contain expenditure within approved budget allocations, which are issued during the course of the year as formal Revenue Resource Limits (RRL). The PCC has an annual breakeven target against its Revenue Resource Limit allocation. Breakeven is a surplus of 0.25% of allocation or £20,000, whichever is the greater. The PCC achieved this target for 2015-16.

Investment Strategy and Plans

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

Losses and Special Payments (Audited)

Type of loss and special payment	2015-16 Number of Cases	2015-16 £	2014-15 £
Cash losses			
Cash Losses - Theft, fraud etc	-	-	-
Cash Losses - Overpayments of salaries, wages and allowances	-	-	-
Cash Losses - Other causes	-	-	-
Claims abandoned			
Waived or abandoned claims	-	-	-
Administrative write-offs			
Bad debts	-	-	-
Other	-	-	-
Fruitless payments			
Late Payment of Commercial Debt	-	-	-
Other fruitless payments and constructive losses	-	-	-
Stores losses			
Losses of accountable stores through any deliberate act	-	-	-
Other stores losses	-	-	-
Special Payments			
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
TOTAL	-	-	-

Maeve Hully
Chief Executive
The Patient and Client Council
21 June 2016

PATIENT AND CLIENT COUNCIL

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

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2016 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. These comprise the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration and Staff Report and the Accountability and Audit Report that is described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. My responsibility is to examine, certify and report on the financial statements in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009. I conducted my audit in accordance with International Standards on Auditing (UK and Ireland). Those standards require me and my staff to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Patient and Client Council's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Patient and Client Council; and the overall presentation of the financial statements.

In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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.

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.

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of the Patient and Client Council's affairs as at 31 March 2016 and of the net expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and the Department of Health (formerly the Department of Health, Social Services and Public Safety) directions issued thereunder.

Opinion on other matters

In my opinion:

- the parts of the Remuneration and Staff Report and the Accountability and Audit 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 the 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

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 Remuneration and Staff Report and the Accountability and Audit Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance (formerly the Department of Finance and Personnel) guidance.

Report

I have no observations to make on these financial statements.

K J Donnelly

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

27th June 2016

PATIENT AND CLIENT COUNCIL

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

Laid before the Northern Ireland Assembly
under the Health and Social Care (Reform) Act (Northern Ireland) 2009 by the Department of Health (formerly Department of Health Social Services and Public Safety for Northern Ireland) and the Comptroller & Auditor General for Northern Ireland
26 August 2016

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

FOREWORD

These accounts for the year ended 31 March 2016 have been prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009, in a form directed by the Department of Health (formerly known as the Department of Health, Social Services and Public Safety for Northern Ireland).

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

CERTIFICATE OF THE CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 57 to 91) which I am required to prepare on behalf of the Patient and Client Council have been compiled from and are in accordance with the accounts and financial records maintained by the Patient and Client Council and with the accounting standards and policies for HSC bodies approved by the DoH.

____Chief Executive

21 June 2016 ________________________Date

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 57 to 91) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

____Chairman

21 June 2016 ________________________Date

____Chief Executive

21 June 2016 ________________________Date

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

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PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2016

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. 2014/15 figures have been reclassified to include amortisation charges separately from operating expenditure.

	NOTE	2016 £	2015 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	36,885	32,581
Deferred income	4.3	-	-
Total operating income		**36,885**	**32,581**
Expenditure			
Staff costs	3.1	(1,179,754)	(1,231,630)
Purchase of goods and services	3.2	-	-
Depreciation, amortisation and impairment charges	3.2	(8,814)	(9,229)
Provision expense	3.2	-	-
Other expenditure	3.2	(449,751)	(529,130)
Total operating expenditure		**(1,638,319)**	**(1,769,989)**
Net Expenditure		**(1,601,434)**	**(1,737,408)**
Finance income	4.2	-	-
Finance expense	3.2	-	-
Net expenditure for the year		**(1,601,434)**	**(1,737,408)**
Revenue Resource Limit (RRL) received from DoH	24.1	1,612,434	1,749,121
Surplus/(deficit) against RRL		**11,000**	**11,713**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2016 £	2015 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	-	-
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
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 2016		**(1,601,434)**	**(1,737,408)**

The notes on pages 61 to 91 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2016

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.

		2016		2015	
	NOTE	**£**	**£**	**£**	**£**
Non Current Assets					
Property, plant and equipment	5.1/5.2	13,067		18,063	
Intangible assets	6.1/6.2	1		2,904	
Financial assets	7	-		-	
Trade and other receivables	12	-		-	
Other current assets	12	-		-	
Total Non Current Assets			13,068		20,967
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	10	-		-	
Trade and other receivables	12	32,216		48,358	
Other current assets	12	13,217		10,033	
Intangible current assets	12	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	11	23,070		22,135	
Total Current Assets			68,503		80,526
Total Assets			**81,571**		**101,493**
Current Liabilities					
Trade and other payables	13	(127,829)		(169,067)	
Other liabilities	13	-		-	
Intangible current liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(127,829)		(169,067)
Total assets less current liabilities			**(46,258)**		**(67,574)**
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	13	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			**(46,258)**		**(67,574)**
Taxpayers' Equity and other reserves					
Revaluation reserve		1,000		1,000	
SoCNE Reserve		(47,258)		(68,574)	
Total equity			**(46,258)**		**(67,574)**

The notes on pages 61 to 91 form part of these accounts.

The financial statements on pages 57 to 91 were approved by the Board on 21 June 2016 and were signed on its behalf by;

Signed ______________________ (Chairman) Date 21 June 2016

Signed ______________________ (Chief Executive) Date 21 June 2016

STATEMENT of CASH FLOWS for the year ended 31 March 2016

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	2016 £	2015 £
Cash flows from operating activities			
Net surplus after interest/Net operating cost		(1,601,434)	(1,737,408)
Adjustments for non cash costs		14,564	15,499
(Increase)/decrease in trade & other receivables		12,958	9,316
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		(41,238)	(137,686)
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 outflow from operating activities		(1,615,150)	(1,850,279)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(915)	(2,636)
(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		(915)	(2,636)
Cash flows from financing activities			
Grant in aid		1,617,000	1,850,500
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		1,617,000	1,850,500
Net increase (decrease) in cash & cash equivalents in the period		935	(2,415)
Cash & cash equivalents at the beginning of the period	11	22,135	24,550
Cash & cash equivalents at the end of the period	11	23,070	22,135

The notes on pages 61 to 91 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2016

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2014		**(193,828)**	**1,000**	**(192,828)**
Changes in Taxpayers Equity 2014-15				
Grant from DoH		1,850,500	-	1,850,500
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(1,737,408)	-	(1,737,408)
Transfer of asset ownership		5,892	-	5,892
Non cash charges - auditors remuneration	3.2	6,270	-	6,270
Balance at 31 March 2015		**(68,574)**	**1,000**	**(67,574)**
Changes in Taxpayers Equity 2015-16				
Grant from DoH		1,617,000	-	1,617,000
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(1,601,434)	-	(1,601,434)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3.2	5,750	-	5,750
Balance at 31 March 2016		**(47,258)**	**1,000**	**(46,258)**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting convention

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

1.2 Currency

These accounts are presented in UK Pounds sterling.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

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

Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.

Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

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

Revaluation Reserve

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

1.4 Depreciation

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

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

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

1.5 Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its

original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

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

1.7 Intangible assets

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

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

Recognition

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

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

1.8 Non-current assets held for sale

The PCC has no Assets Held for Sale.

1.9 Inventories

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

1.10 Income

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

Grant in aid

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

1.11 Investments

The PCC does not have any investments.

1.12 Other expenses

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

1.13 Cash and cash equivalents

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

1.14 Leases

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

The PCC as lessee

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

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

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

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

The PCC as lessor

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

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

1.15 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC

Commissioners, and the manner in which they are funded, financial instruments play a more limited role within the PCC in creating risk than would apply to a non public sector body of a similar size, therefore the ALBs are not exposed to the degree of financial risk faced by business entities.

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.17 Provisions

The PCC had no provisions at either 31 March 2016 or 31 March 2015.

1.18 Contingencies

The PCC had no contingent assets or liabilities at either 31 March 2016 or 31 March 2015.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2016. It is not anticipated that the level of unused leave will vary significantly from year to year. Unused flexi leave is estimated to be immaterial to the PCC and has not been included.

Retirement benefit costs

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

The ALB participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the ALB and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. The PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension scheme will be used in the 2015-16 accounts.

1.20 Reserves

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

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

1.21 Value Added Tax

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

1.22 Third party assets

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

1.23 Government Grants

Government assistance for capital projects whether from UK, or Europe, were treated as a Government grant even where there were no conditions specifically relating to the operating activities of the entity other than the requirement to operate in certain regions or industry sectors. Such grants (does not include grant-in-aid) were previously credited to a government grant reserve and were released to income over the useful life of the asset.

DFP issued new guidance effective from 1 April 2011. Government grant reserves are no longer permitted. Income is generally recognised when it is received. In exceptional cases where there are conditions attached to the use of the grant, which, if not met, would mean the grant is repayable, the income should be deferred and released when obligations are met. This is a change in accounting policy and the 2010-11 Statement of Comprehensive Net Expenditure and Statement of Financial Position were restated.

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

1.24 Losses and Special Payments

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

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

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

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

The IASB have issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards have an effective date of 1st January 2013, and EU adoption is due from 1st January 2014.

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A review of the NI financial process is currently under discussion with the Executive, which will bring NI departments under the same adaptation. Should this go ahead, the impact on DoH and its Arms length bodies is expected to focus around the disclosure requirements under IFRS 12 ‘Disclosure of Interests in other entities’.

The impact on the consolidation boundary of NDPB's and trading funds will be subject to review, in particular, where control could be determined to exist due to exposure to variable returns (IFRS 10), and where joint arrangements need reassessing

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

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

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

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 3.1 STAFF COSTS

	2016			2015
Staff costs comprise:	**Permanently employed staff**	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages and salaries	945,127	30,734	975,861	1,054,868
Social security costs	69,167	-	69,167	70,527
Other pension costs	134,726	-	134,726	106,235
Sub-Total	**1,149,020**	**30,734**	**1,179,754**	**1,231,630**
Capitalised staff costs	-	-	**-**	**-**
Total staff costs reported in Statement of Comprehensive Expenditure	**1,149,020**	**30,734**	**1,179,754**	**1,231,630**
Less recoveries in respect of outward secondments			(30,627)	(32,581)
Total net costs			**1,149,127**	**1,199,049**

There were no staff costs charged to capital projects during the year (2015: £Nil).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation as at 31 March 2012 was certified in February 2015 and is used in the Pensions Scheme’s 2015-16 accounts.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 3.2 OPERATING EXPENSES

	2016	2015
Operating Expenses are as follows:-	**£**	**£**
Establishment	234,755	279,150
Transport	52,080	75,784
Premises	121,759	139,497
Miscellaneous	35,407	28,429
Total Operating Expenses	444,001	522,860
Non cash items		
Depreciation	5,911	6,326
Amortisation	2,903	2,903
Impairments	-	-
(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	-	-
Provisions provided for in year	-	-
Cost of borrowing provisions (unwinding of discount on provisions)	-	-
Auditors remuneration	5,750	6,270
Total non cash items	14,564	15,499
Total	**458,565**	**538,359**

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2015: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 4 INCOME

4.1 Income from Activities

The PCC had no income from activities in 2015-16 and 2014-15.

4.2 Other Operating Income

	2016	2015
	£	£
Other income from non-patient services	6,258	-
Seconded staff	30,627	32,581
Interest receivable	-	-
TOTAL INCOME	**36,885**	**32,581**

4.3 Deferred income

The PCC had no deferred income or income released from conditional grants at either 31 March 2016 or 31 March 2015.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 5.1 Property, plant & equipment - year ended 31 March 2016

	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 2015	-	-	-	-	-	-	32,408	-	32,408
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	915	-	915
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2016	**-**	**-**	**-**	**-**	**-**	**-**	**33,323**	**-**	**33,323**
Depreciation									
At 1 April 2015	-	-	-	-	-	-	14,345	-	14,345
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	5,911	-	5,911
At 31 March 2016	**-**	**-**	**-**	**-**	**-**	**-**	**20,256**	**-**	**20,256**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2016

	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 2016	**-**	**-**	**-**	**-**	**-**	**-**	**13,067**	**-**	**13,067**
At 31 March 2015	**-**	**-**	**-**	**-**	**-**	**-**	**18,063**	**-**	**18,063**
Asset financing									
Owned	-	-	-	-	-	-	13,067	-	13,067
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2016	**-**	**-**	**-**	**-**	**-**	**-**	**13,067**	**-**	**13,067**

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 (2015: £Nil).

The PCC had no assets funded from Donations, Government Grants or Lottery Funding during the year.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 5.2 Property, plant & equipment - year ended 31 March 2015

	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 2014	-	-	-	-	-	-	18,335	-	18,335
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	2,636	-	2,636
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	11,437	-	11,437
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2015	**-**	**-**	**-**	**-**	**-**	**-**	**32,408**	**-**	**32,408**
Depreciation									
At 1 April 2014	-	-	-	-	-	-	2,474	-	2,474
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	5,545	-	5,545
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	6,326	-	6,326
At 31 March 2015	**-**	**-**	**-**	**-**	**-**	**-**	**14,345**	**-**	**14,345**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2015

	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 2015	**-**	**-**	**-**	**-**	**-**	**-**	**18,063**	**-**	**18,063**
At 1 April 2014	**-**	**-**	**-**	**-**	**-**	**-**	**15,861**	**-**	**15,861**
Asset financing									
Owned	-	-	-	-	-	-	18,063	-	18,063
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2015	**-**	**-**	**-**	**-**	**-**	**-**	**18,063**	**-**	**18,063**
Asset financing									
Owned	-	-	-	-	-	-	15,861	-	15,861
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2014	**-**	**-**	**-**	**-**	**-**	**-**	**15,861**	**-**	**15,861**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.1 Intangible assets - year ended 31 March 2016

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Cost or Valuation									
At 1 April 2015	-	14,516	-	-	-	-	-	-	14,516
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2016	**-**	**14,516**	**-**	**-**	**-**	**-**	**-**	**-**	**14,516**
Amortisation									
At 1 April 2015	-	11,612	-	-	-	-	-	-	11,612
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	2,903	-	-	-	-	-	-	2,903
At 31 March 2016	**-**	**14,515**	**-**	**-**	**-**	**-**	**-**	**-**	**14,515**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.1 (continued) Intangible assets - year ended 31 March 2016

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount									
At 31 March 2016	**-**	**1**	**-**	**-**	**-**	**-**	**-**	**-**	**1**
At 31 March 2015	**-**	**2,904**	**-**	**-**	**-**	**-**	**-**	**-**	**2,904**

Asset financing									
Owned	-	1	-	-	-	-	-	-	1
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2016	**-**	**1**	**-**	**-**	**-**	**-**	**-**	**-**	**1**

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

The PCC had no assets funded from Donations, Government Grants or Lottery Funding during the year.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.2 Intangible assets - year ended 31 March 2015

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Cost or Valuation									
At 1 April 2014	-	14,516	-	-	-	-	-	-	14,516
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2015	**-**	**14,516**	**-**	**-**	**-**	**-**	**-**	**-**	**14,516**
Amortisation									
At 1 April 2014	-	8,709	-	-	-	-	-	-	8,709
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	2,903	-	-	-	-	-	-	2,903
At 31 March 2015	**-**	**11,612**	**-**	**-**	**-**	**-**	**-**	**-**	**11,612**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 6.2 (continued) Intangible assets - year ended 31 March 2015

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount									
At 31 March 2015	**-**	**2,904**	**-**	**-**	**-**	**-**	**-**	**-**	**2,904**
At 1 April 2014	**-**	**5,807**	**-**	**-**	**-**	**-**	**-**	**-**	**5,807**
Asset financing									
Owned	-	2,904	-	-	-	-	-	-	2,904
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2015	**-**	**2,904**	**-**	**-**	**-**	**-**	**-**	**-**	**2,904**
Asset financing									
Owned	-	5,807	-	-	-	-	-	-	5,807
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2014	**-**	**5,807**	**-**	**-**	**-**	**-**	**-**	**-**	**5,807**

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 IMPAIRMENTS

The PCC had no impairments at either 31 March 2016 or 31 March 2015.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2016 or 31 March 2015.

NOTE 10 INVENTORIES

The PCC held no inventories at either 31 March 2016 or 31 March 2015.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 11 CASH AND CASH EQUIVALENTS

	2016	2015
	£	£
Balance at 1st April	22,135	24,550
Net change in cash and cash equivalents	935	(2,415)
Balance at 31st March	**23,070**	**22,135**

The following balances at 31 March were held at	2016	2015
	£	£
Commercial Banks and cash in hand	23,070	22,135
Balance at 31st March	**23,070**	**22,135**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2016	2015
	£	**£**
Amounts falling due within one year		
Trade receivables	15,547	39,754
Deposits and advances	-	-
VAT receivable	16,669	8,604
Other receivables – not relating to fixed assets	-	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**32,216**	**48,358**
Prepayments and accrued income	13,217	10,033
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**13,217**	**10,033**
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	**32,216**	**48,358**
TOTAL OTHER CURRENT ASSETS	**13,217**	**10,033**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**45,433**	**58,391**

The balances are net of a provision for bad debts of £Nil (2015: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2016	2015
	£	£
Amounts falling due within one year		
Other taxation and social security	-	22,937
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	29,789	32,593
Payroll payables	-	-
Clinical Negligence payables	-	-
BSO payables	4,217	2
Other payables	1,852	16,097
Accruals and deferred income	91,971	97,438
Accruals and deferred income – relating to property, plant and equipment	-	-
Accruals and deferred income – relating to intangibles	-	-
Trade and other payables	**127,829**	**169,067**
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Other current liabilities	-	-
Total payables falling due within one year	**127,829**	**169,067**
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 on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**127,829**	**169,067**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

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

	2016 Number	2016 Value £	2015 Number	2015 Value £
Total bills paid	714	906,116	854	474,571
Total bills paid within 30 day target	684	861,351	814	456,169
% of bills paid within 30 day target	**96%**	**95%**	**95%**	**96%**
Total bills paid within 10 day target	622	808,632	596	301,458
% of bills paid within 10 day target	**87%**	**89%**	**70%**	**64%**

14.2 The Late Payment of Commercial Debts Regulations 2002

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 15 PROVISIONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2016 or 31 March 2015.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2016 or 31 March 2015.

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.

	2016	2015
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	24,250	24,250
Later than one year but not later than five years	75,042	83,667
Later than five years	-	16,042
	99,292	**123,959**
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 2016 or 31 March 2015.

17.3 Operating Leases – commitments under lessor arrangements

The PCC did not have any operating leases where it was the lessor at either 31 March 2016 or 31 March 2015.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

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

The PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2016 or 31 March 2015.

18.2 On balance sheet (SoFP) PFI Schemes

The PCC had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at either 31 March 2016 or 31 March 2015.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at either 31 March 2016 or 31 March 2015.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial guarantees, indemnities and letters of comfort at 31 March 2016 or 31 March 2015.

NOTE 21 CONTINGENT LIABILITIES

The PCC did not have any contingent liabilities at either 31 March 2016 or 31 March 2015.

NOTE 22 RELATED PARTY TRANSACTIONS

The PCC is an arm’s length body of the Department of Health, (Formerly known as the Department of Health Social Services and Public Safety, and as such the Department is a related party with which the PCC has had various material transactions during the year.

During the year, none of the Board members, members of the key management staff or other related parties has undertaken any material transactions with the PCC or the Business Services Organisation.

NOTE 23 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2016 or 31 March 2015 belonging to third parties.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

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

The Revenue Resource Limit for PCC is calculated as follows:

	2016 Total £	2015 Total £
DoH (excludes non cash)	1,597,870	1,733,622
Other Government Department	-	-
Non cash RRL (from DoH)	14,564	15,499
Total agreed RRL	**1,612,434**	**1,749,121**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,612,434**	**1,749,121**

24.2 Capital Resource Limit

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

	2016 £	2015 £
Gross Capital Expenditure by PCC	915	2,636
FTC issued to third parties	-	-
(FTC received from third parties)	-	-
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	915	2,636
Capital Resource Limit	945	3,030
Overspend/(Underspend) against CRL	(30)	(394)

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

24.3 Financial Performance Targets

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

	2015-16 £	2014-15 £
Net Expenditure	(1,601,434)	(1,737,408)
RRL	1,612,434	1,749,121
Surplus/(Deficit) against RRL	11,000	11,713
Break Even cumulative position (opening)	222,453	210,740
Break Even Cumulative position (closing)	233,453	222,453

Materiality Test:

	2015-16 %	2014-15 %
Break Even in year position as % of RRL	0.68%	0.67%
Break Even cumulative position as % of RRL	14.48%	12.72%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2016

NOTE 25 POST BALANCE SHEET EVENTS

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

DATE OF AUTHORISED ISSUE

The Accounting Officer authorised these financial statements for issue on 26 August 2016.

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