PCC

PATIENT & CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

2022-2023

PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

Laid before the Northern Ireland Assembly

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

by the Department of Health for Northern Ireland

on

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We welcome feedback on this report. To do so, please contact us via:

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Letter: at the address above.

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT

Chair's Foreword

On behalf of the Patient and Client Council, I am pleased to present this, the Annual Report of the Council, prepared in accordance with Section 16 of, and paragraph 11 of Schedule 4 to, the Health and Social Care (Reform) Act (NI) 2009.

PCC was established by the Health and Social Care (Reform) Act (NI) 2009 to ensure that the 'voice of patients, clients, carers and communities is valued, heard and acted upon' in the development of policy on, and provision of, health and social care services in Northern Ireland. This statutory role gives PCC a unique place within the Health and Social Care sector in Northern Ireland.

During the past year, 2022 to 2023, PCC's role in supporting the voices of people and in ensuring that those voices are heard and acted upon, has been strengthened by clarifying the organisation's strategic direction. I believe this has been achieved through our **Statement of Strategic Intent**, which describes what we want to see for people in the future, along with our purpose and role in achieving that. As an organisation led by its values and with new ways of working, we aim to describe the difference we want to make within the Heath and Social Care System. The Statement was developed following widespread engagement and consultation, we believe it will support our vision of Health and Social Care Services that are actively shaped by the needs and experience of patients, clients, carers, and communities, enabling them to live the best lives they can.

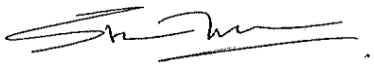
We value our independence, while recognising the importance of accountability within the statutes that govern our work. During the year considerable efforts have been made to develop a Partnership Agreement, with our Department of Heath Sponsor Body. When finalised, this will support our work and underpin our relationships with all stakeholders. Key to this will be strengthening Council membership and representation, much has been progressed in this area and we hope to see the benefits of this through the incoming year.

Our Health and Social Care System is under unprecedented pressure, staffing levels and financial challenges compound unrelenting demand. At such times as outlined by PCC's outgoing Chair Christine Collins, "*the voices of patients, clients, carers and communities must be heard, and their knowledge and experience harnessed if the changes that are needed to ensure equitable access to high quality health and social care are to be delivered."* We continue to champion those voices in these difficult times.

On behalf of all at PCC I would like to record our thanks to Christine and our retiring CEO Vivian McConvey. Together they worked tenaciously and with determination to take PCC forward with a shared vision, responding to the expectations and demands of the individuals, families and different stakeholders who depend on PCC to support them. Much of what is reflected in this report is the result of their leadership.

We also welcome Meadhbha Monaghan our new CEO, who as previous Head of Operations led the operational changes that now shape how we deliver our services in support of our vision and purpose. We wish her well and I know the staff team and Council members, while realistic of the challenges ahead, are looking forward to the future with confidence under Meadhbha's leadership.

Thank you to the wider staff team and my Council colleagues for your commitment and professionalism. Finally, I would like to take this opportunity to thank all those who have worked with PCC over the year, engaging with us when they are often at their lowest and under the most challenging of circumstances.



Stephen Mathews OBE

Interim Chair

19 July 2023

SECTION 1: PERFORMANCE REPORT

Chief Executive's Statement

I am delighted to present the PCC Annual Report and Accounts, through which you will read about the impact PCC has made in 2022-23, working with, and on behalf of, individuals and the wider public. This report celebrates the journey of change the PCC has been on and builds to the future.

As we came to the end of our PCC Corporate Plan in 2021, as an organisation we sought to articulate a direction of travel for the PCC which was **clear and accessible**, **ambitious**, and which would **stand the test of time** given the context of a challenging and rapidly changing service delivery, and policy environment, within health and social care in Northern Ireland. Key to this was placing the public at the centre, both of the process we undertook to shape this direction and of what we produced. The **PCC's Statement of Strategic Intent 2022-2025,** which we launched this year following public consultation, sets out our vision for a health and social care service that is **actively shaped** by the needs and experience of the public, to enable them to live the best lives they can. To ensure PCC are able to support the public and the wider HSC system in achieving this vision, we have developed a Strategic Outline Case which sets out the strategic case for change and innovation in the PCC. This will enable the PCC to continue to fulfil its functions on behalf of the public, both now and over the coming years, and we are committed to working with our Department of Health Sponsor Branch to make this strategic case for change a reality.

We have continued to develop and embed our new practice model. Based on listening and learning, we seek to develop an approach which fully maximises the resource we have, to be responsive and to deliver flexibly on behalf of the public and the system. A key question for us at PCC is: *how do we address issues by working together and leveraging the relationships we have with one another, whilst emphasising the centrality of public voice and giving people a heightened sense of agency and input into their health and social care services*? In 2022-23, this led us to introduce our '**positive passporting initiative'**, which aims to prevent people falling through gaps in services. To date, we have met with 23 partner organisations to discuss establishing referral pathways. Whilst we are very much at the starting point of its development, our hope is that this initiative may contribute to building a lasting framework of support for service users that exists within, and beyond, health and social care, and improves access to services, service development, user experience and maximises value for money.

In year, we have continued to meet the increasing demand for PCC services. This is reflected in the 4,145 calls to our PCC Connect Freephone service. It has resulted in PCC responding to 2,674 contacts to our Duty Practitioners, supporting 837 people with advice and information and providing advocacy in 569 new cases. 45% of cases were resolved prior to formal complaint. The increased complexity of our work continues to be reflected in the increasing numbers of Serious Adverse Incidents in which we have provided support. In the current climate, we recognise that there are courageous conversations that need to be had in health and social care, and with the public in

Northern Ireland about health and social care. It has never been more important to ensure a focus on, and to invest in, engagement.

To help people understand as simply as possible what PCC do, how PCC can help and what impact PCC make, we have structured our work under the pillars of **PCC Connect, PCC Engage, PCC Support and PCC Impact.** A key focus for us going forward will be how we measure, demonstrate and communicate the impact PCC has across these key areas.

In response to the greater demand for our services, we will continue to strive to increase our resources and work in partnership with the public, community and voluntary sector. We thank you for your ongoing support and as we build to the future, I hope that you will come with PCC on this journey, working in partnership with us to build the health care system that ensures we can live long, healthy active lives.

Meadhbha Monaghan

Chief Executive

19 July 2023

Performance Overview

The Performance Overview provides information on the Patient and Client Council (PCC), its main objectives for 2022-23 and the principal risks that it faces. It also sets out an overview of PCC operational performance across the financial year 2022-23.

The performance report is structured under four broad pillars**: PCC Connect, PCC Engage, PCC Support and PCC Impact,** summarising the advocacy, engagement and policy impact activity PCC delivered against our Operational Plan 2022-23 and demonstrating PCC delivery against the outcomes we set out to achieve in this plan. The performance overview is followed by a performance analysis, providing a balanced and comprehensive account of the organisation's performance during the year structured under these four broad pillars, setting out delivery against the nine key outcomes we aimed to achieve:

❶Improved service quality

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

❸Increased brand awareness within the HSC & public

❹Increased public participation in designing the transformation of HSC

❺Increased staff morale

❻Regional approaches across all HSC bodies

❼Improved communication experience for those making a complaint about HSC

❽DoH has a better understanding of public perception

❾Improved health literacy

Council Purpose and Activities

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

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

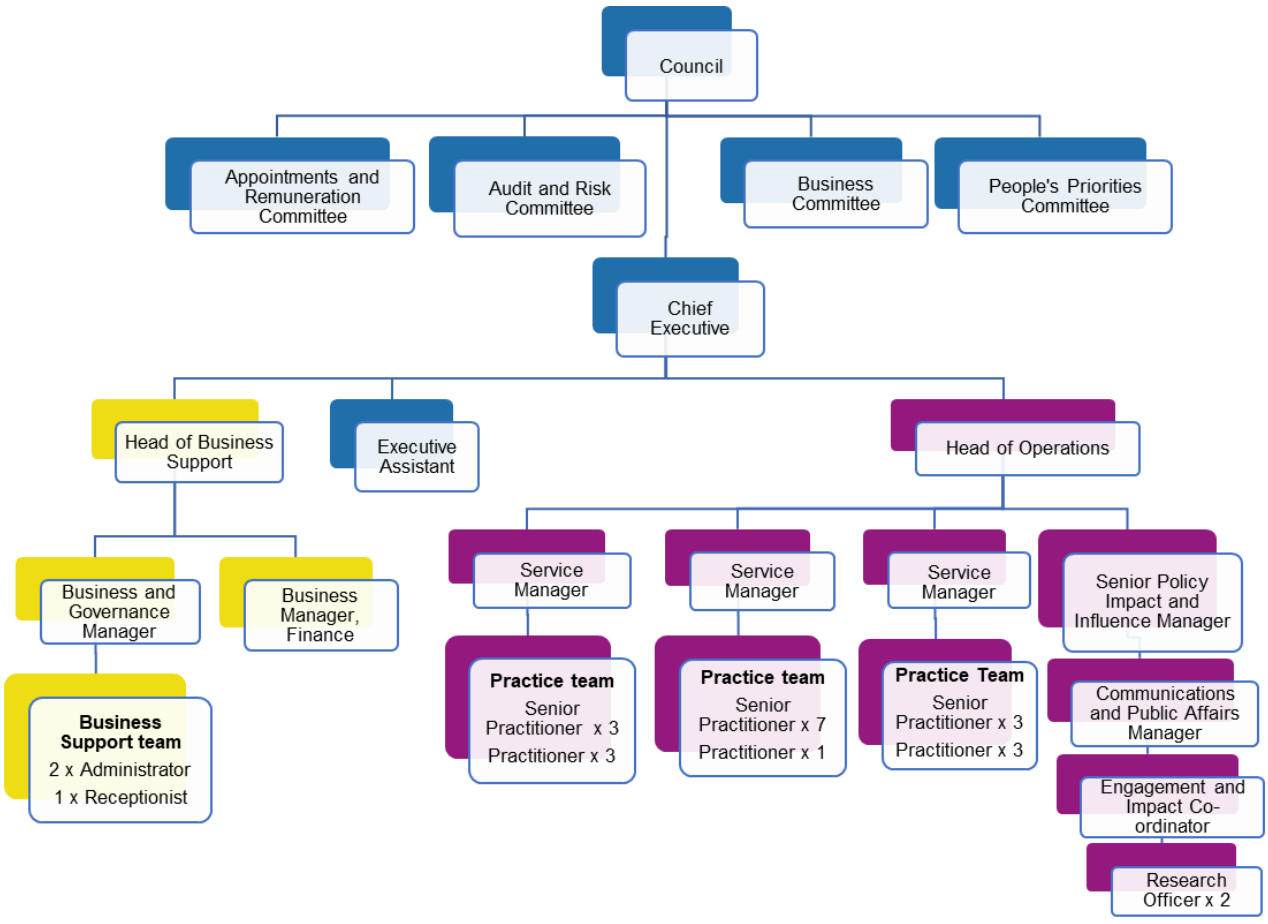
*(NISRA 22 September 2022)

The PCC has an annual budget of £2.1m employing 37 members of staff*. *(See page 84 for Staff Composition)

Offices are located in; Ballymena, Belfast, Lurgan and Omagh. Opening hours are; Monday to Friday 9:00am – 5:00pm, with phonelines open from 9:00am – 4:00pm, closed Bank Holidays.

Map demonstrating PCC office locations

The PCC organisational structure is as follows:



The Role of the PCC is to:

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

How we work

Throughout 2022-23 we continued to embed our new model of practice through which PCC delivers on its statutory role and functions as set out above. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual, focusing on early resolution and a partnership approach. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.

Strategic Context

As stated in the PCC's Operational plan for 2022-23, the health, social and economic impact of COVID 19 came at a time of significant challenge and opportunity for our health services in Northern Ireland. The longer-term impacts of the pandemic are still unfolding and will likely continue to influence the health and social care environment for some time into the future.

It was with this in mind that the PCC developed our Statement of Strategic Intent 2022-2025, setting out the strategic direction of the organisation over the next three years. It describes what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. In the long term we hope to see two big differences:

Strategic Objective One: Through our engagement and impact work, *the public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care*

Strategic Objective Two: Through our work in advocacy, engagement and impact, *the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care*

Key policies and drivers for change also include:

- New Decade, New Approach and the draft Programme for Government, in particular: Outcome 4: *We help people live long, healthy, active lives, by ensuring satisfaction with health and social care*.
- Health and Wellbeing 2021: Delivering Together;
- Mental Health Strategy 2021-31;
- Future Planning;
- No More Silos; and
- HSC Rebuild Programme.

Within this broader strategic context, PCC set out our priorities and key focus areas for the year in the **2022-23 Operational Plan**. These were:

We are pleased to report that in 2022-23 the PCC met or exceeded 71% of the outputs against the indicative targets set out in our Operational Plan. At year-end, one target was rated amber and seven targets rated red, against our indicative outputs. These were as follows:

- Number of participants of citizen hub meetings (Red RAG rating)
- Number of coproduction associate hours (Red RAG rating)
- Number of coproduction associates recruited (Red RAG rating)
- Number of coproduction associates trained (Red RAG rating)

- Number of new PCC members (Red RAG rating)
- Diversity of PCC members (Red RAG rating)
- Percentage of evaluation feedback from people supported or engaged with PCC (Red RAG rating)
- Number of respondents to Policy research campaign (Amber RAG rating)

This was only the second year that PCC adopted an outcomes-based approach to monitoring and evaluating the performance of the organisation across key areas of work. We are still learning what outputs best enable us to measure performance and impact. Across the areas where we have ended the year below our indicative targets, we are adopting a *'plan, do, review'* approach; in particular reviewing some methods of delivery, or impact measurement and assessing whether initial targets were appropriately set. Further detail is provided in the Performance Analysis section.

PCC Connect

PCC Connect is about connecting the right person at the right time to the right information. It is the foundation of PCC Support; in particular our PCC Connect Freephone service, often the first point of entry to the PCC, and is the underlying ethos behind PCC Engage. PCC Connect captures the initial stages of PCC engagement structures; particularly our Membership Scheme and our 'Make Change Together' involvement methodology, supported by a 'network of networks' approach and the development of 'positive passporting'.

PCC Connect Freephone service

In 2022-23, through our PCC Connect Freephone service, we answered 4,145 calls from members of the public and supported 837 with advice and information on issues right across health and social care.

PCC Membership and 'Make Change Together'

Our engagement structures offer the public a range of opportunities to get involved, locally and regionally, according to their interest in health and social care. The foundation for PCC engagement is our PCC Membership Scheme, for those interested in regular updates about more general information and developments in health and social care.

The next level of our engagement model is our PCC Citizen Hubs. A total of 32 citizen hub meetings were held in 2022-23, with 109 attendees in total. Themes for discussion and key issues arising included; Reform of Adult Social Care, South Eastern HSCT's consultation on the temporary changes to the urgent and emergency care services at Lagan Valley Hospital, and a Review of Assistive Technology Services, as well as A&E waiting times, staff shortages, and people using private healthcare because of pressures on the system.

Through PCC 'Make Change Together', members of the public have been recruited to engage in specific areas of work across health and social care. Individuals apply and are selected on the basis of their experiences and interest within Health and Social Care. The PCC manage the promotion, stakeholder mapping, recruitment, training and coaching of participants in readiness for and during their involvement in a programme of work. Many of the programmes supported through 'Make Change Together' align with our 2022-23 Operational Plan priority to support service user and carer engagement in HSC Rebuild and Recovery. In 2022-23 we have involved 243 members of the public across a range of programmes of work as shown in the accompanying graphic.

‘Positive Passporting’ through a ‘Network of Networks’

PCC Connect relies on a ‘**network of networks’** approach to extend the service we offer to the public and connect them to the right person, at the right time, for the right information; whether this is to have their voice heard, or to get support with an issue.

With this in mind, in 2022-23 PCC developed the ‘positive passporting’ initiative and have worked to establish a *‘positive passporting’* approach as the core foundation across our practice. This stemmed from PCC recognising the need to develop an approach that meets the holistic needs of people who come to PCC for support and who may require services that PCC may not provide. This approach aims to go beyond signposting and to stop people falling through gaps in services.

PCC recognise the wealth of knowledge and expertise across the statutory, voluntary and community sectors. In leveraging this expertise from the vast networks and connections that already exist, PCC will be enabled to ensure the service offer to the public across the breadth of our work is greatly enhanced. Adopting **‘positive passporting’** methodology means that PCC take time to explore the needs of people engaging with the PCC, identify what action is possible through the PCC and identify the additional services needed that PCC may not be able to provide. The aim then is for PCC to connect individuals to those other services through a ‘positive passport’ into those services.

In relation to partner organisations, the same is also true. Whilst PCC will refer to external organisations, we will also receive referrals from our partners. Key to positive passporting, is the use of mediation, partnership and a relationship-based approach to working in partnership with other agencies.

From November 2022 to March 2023, The Positive Passporting Initiative has had 35 meetings with 23 partner organisations to discuss establishing a referral pathway. Their logos are included here:

PCC Engage

PCC Engage reflects the stage at which our work through PCC engagement structures becomes more focused. Themed engagement platforms under PCC Engage provide members of the public with a forum for engagement on specific areas of work and connect them with representatives across health and social care and voluntary and community sectors. This is critical in fulfilling our statutory functions of *promoting the involvement of the public* and *representing their interests.*

In 2022-23 we continued to develop our engagement structures, working alongside the public and our partners, and building on the learning from 2021-22 when these structures were first introduced.

This is in line with our statutory function to *undertake research into the best methods and practices for consulting and engaging the public.*

PCC facilitated seven Engagement Platforms in 2022-23. The work undertaken along with key achievements this year is summarised below.

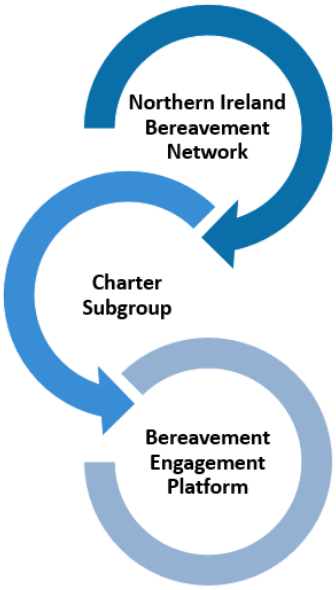
An Engagement Platform is a space to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts with the PCC, as well as being able to share their views directly with decision-makers in health and social care.

This year we held 69 meetings with 139 participants. Further information on our PCC Engage work across each of the Engagement Platforms can be found in the Performance Analysis section.

1 GRIEF AND BEREAVEMENT
2 NEUROLOGY
3 MENTAL HEALTH
4 LEARNING DISABILITY
5 CARE OF OLDER PEOPLE
6 ADULT PROTECTION
7 CLINICAL EXTREMELY VULNERABLE

Grief and Bereavement

In 2022-23, PCC, in partnership with the Northern Ireland Bereavement Network (NIBN), led the development of a Bereavement Charter for Northern Ireland. PCC chair the Bereavement Charter subgroup and facilitate an engagement platform on grief and bereavement. Building on engagement from 2021-22, this year the platform drafted Charter Statements and presented these at NIBN World Bereavement Café Event in February 2023 for broader engagement and consultation.



We also published a summary paper on the Engagement Platform's work since its establishment, which set out key messages of what we heard from the public about their experience of grief and bereavement, what is important to them and how they would like society in Northern Ireland to respond to people who are bereaved.

"It's about the tragedy of the life lost not what brought them there"

Bereavement Engagement Platform Member

"This is the beginning of something exciting ... Society needs to see this process as natural and conversations need to happen within households"

NIBN Bereavement Network World Café Attendee

Adult Protection

This year the focus of the engagement platform on the theme of Adult Protection was on the Adult Safeguarding Bill. The platform met with the Chief Social Worker and Bill team and were updated on the progress of the Bill. During this period the platform also responded to the consultation on 'Responding to Raising a Concern in the Interests of the Public (Whistleblowing)'.

- 29 meetings held in 18 months
- 4 meetings in 2022 with Bill Team at DoH
- 2 meetings with Chief Social Worker
- Engagement Platform members given a seat at the table
- Platform members are committed to using their lived experience to effect positive change
- PCC's advocacy service worked alongside Engagement Platform providing 1-1 support

Platform members attended an Interim Adult Protection Board (IAPB) reboot workshop and provided feedback on the workshop. The PCC also spoke at the Northern Trust's Adult Safeguarding Conference about the work of the Engagement Platform.

> "I think the Platform itself is a really good idea, and the PCC are to be commended on how they have managed it to this point"
>
> Adult Protection Engagement Platform Member

> "Thank-you for your involvement in this work. On reflection back to November 2016 I can't believe we have come this far with the hope of making changes for the better and legislation to ensure they are carried through"
>
> Adult Protection Engagement Platform Member

Care of Older People

In 2022-23, the Care of Older People Engagement Platform members, facilitated through PCC, contributed to the Regional Falls in Care Homes Project, Pre-Admission Assessment and Rockwood Frailty Model, Deterioration Assessments, and the Regional Urinary Catheter Care Pathway. We also collaborated with PHA on the 'Visiting with Care – Snapshot' survey, which received 1046 responses. Platform members, along with PCC and PHA staff, presented at the Northern Ireland Confederation for Health and Social Care (NICON) conference in October.

As the first Engagement Platform established in 2020 under PCC's new model of practice, in 22-23 we hosted a 'Review and Reflect' workshop to evaluate the work of the platform. With support from an independent facilitator, a report was produced in February 2023, based on discussion with members of the Platform and PCC staff. The report explored the

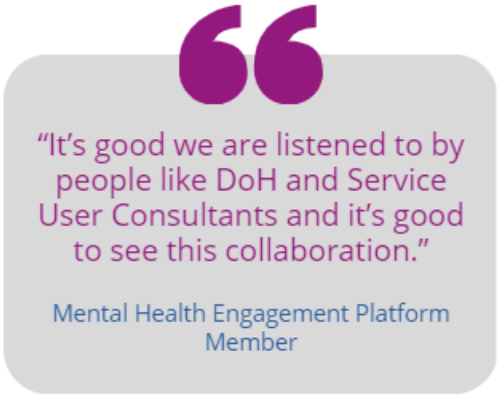
effectiveness of the Platform, key achievements and made suggestions for the future, including extending the scope of the work to cover Care of Older People across care settings.

Learning Disability

The Learning Disability engagement platform is made up of two groups, carers and service users. The carers platform is made up of individuals with lived experience of being a carer of a person with a learning disability. The service user platform is made up of a group of adults with a learning disability. This year, carers met with the Department of Health (DoH) and were informed of the implementation of the *Remobilisation Pathway of Adult Day Care, Short Breaks and HSC Transport*, to which they had made key contributions in 2021-22. The platform has connected into the Regional Service Model for Learning Disability, opened communication with Trust Transport Managers and consulted on Terms of Reference related to coproduction and group contracts with the Community and Voluntary Sector. The service user platform worked alongside statutory and community and voluntary organisations to see what supports are available and inform best practice in these organisations from the view of those with a lived experience.

Mental Health

In 2022-23 the platform was identified as a persons with lived experience forum for Regional Mental Health Services (RMHS). The Co-Chairs of the RMHS worked in partnership with the platform on Action 31 of the Mental Health Strategy 21-31 to develop a Regional Mental Health service. The platform also contributed at the Mental Health Delivery Unit Workshop, and commented on the delivery plan which will inform the direction of the strategy.



The platform formed links with the Service User Consultants across the Trusts during this period. The Community Development Health Network (CDHN) over four sessions provided training for capacity-building and co-production with the platform.

Neurology

The PCC Neurology Stakeholder Engagement Platform has been operating since 2020. This platform includes representatives of the three main patient groups with a combined network of approximately 246 affected patients and families directly impacted by the Neurology Recall. The Platform has engaged patients in policy developments relating to the neurology recall, public inquiry and most recently the modernisation of neurology services. In 2022-23, the Engagement Platform met with DoH who explained the neurology recalls claims process to platform members. Further meetings are planned between the platform and the General Medical Council (GMC) and the DoH.

PCC Support

PCC Support is our advocacy and support model. Our model focuses on **relationship building** and a **partnership approach**, putting the voice of the patient and client at the centre of our work. This approach uses **advocacy and mediation skills** on an individual and group basis, to enable us to *provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care in the most effective way.*

Under PCC Connect, our advocacy and support begins with provision of advice and information to the public. Our focus is on finding early resolution of issues. We do this through conversation, engagement and connection to appropriate services to meet immediate need. Where early resolution cannot be achieved, our advocacy and support carries through to individual and group advocacy casework under PCC Support.

> "Can I take this opportunity to thank you for all your exceptional support throughout what has been such a challenging experience for me, and I am hopeful that my circumstances will improve in the not-too-distant future."
>
> Advocacy Service Client

In some cases, this support and advocacy will progress to a formal complaint process. This can involve independent advocacy support in serious adverse incidents (SAIs) and Public Inquiries.

Throughout 2022-23, PCC has continued to deliver advocacy support for people with concerns across Health and Social Care. In 2022-23 the PCC Advocacy Service has supported 529 people through advocacy alongside providing advice and information to 837 people. We opened 569 new cases in 2022-23. 45% of all cases closed in 2022-23 were resolved prior to formal complaint stage.

In 2022-23, the two largest Programmes of Care under which 61% of cases fell were Acute (39%) and Primary Health and Adult Community (22%). The top five service areas within new cases opened in 2022-23 were GP Services, Social Services, Mental Health, Residential and Nursing Home and A&E.

Top 5 Service Areas (New Cases)

GP Services remain the top service area that people contact PCC Support about. However, the proportion of contact regarding GP services has decreased from 26% in 2021-22 to 15% in 2022-23. Social Services is new to the top five service areas that people contact PCC about and Mental Health has decreased from 16% in 2021-22 to 11% in 2022-23. Further information on the concerns raised relating to the top five service areas can be found in the Performance Analysis section.

Top 5 Areas of Concern (New Cases)

The top five areas of concern have remained exactly the same this year as in 2021-22 and they retain the same ranking. However, concerns about treatment and care quality have increased from 24% in 2021-22 to 52% in 2022-23.

"Without your support, advice, knowledge, courtesy, sympathy, kindness and encouragement I couldn't have taken this matter to an acceptable conclusion"

Client whose husband passed away from cancer where a Do not Resuscitate order had been placed without consultation

Under PCC Support, we continue to provide independent advocacy support in significant adverse incidents (SAIs) and to support people, both individually and on a group advocacy basis.

The demand for independent advocacy support from the PCC in Serious Adverse Incidents has increased in 2022-23, with an increase of 32% on last year (33 new cases in 2022-23, compared to 25 in 2021-22). Within these 33 cases referred to PCC for support in 22-23, a total of 63 individuals have been supported.

PCC Impact

PCC Impact focuses on measuring and demonstrating the impact of our work, and communicating this externally. Through PCC Impact we seek to bring change on an individual, collective and systems level. Our role is to secure a 'seat at the table' for the public. Our goal is to connect the evidence gathered through our advocacy and engagement work under PCC Connect, Engage and Support to influence change. Central to this is an emphasis on innovations across our practice, in order to maximise the policy impact and influence function of the PCC. Under PCC Impact, we aim to ensure a focus on the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care.

"[I] found it very worthwhile and hopefully will help plan the way ahead"

Participant at the Engagement on the Public Consultation on the Future of Muckamore Abbey Hospital

In 2022-23 we facilitated conversations with the public across a number of consultations and produced five reports on people's lived experiences. We brought the public to DoH decision makers to help influence policy decisions. These included work on the Autism Strategy, Advanced Care Planning and the Engagement on the Public Consultation on the Future of Muckamore Abbey Hospital. In this year PCC met with the Regulation and Quality Improvement Authority (RQIA) Inspection Teams for Maternity Services and Prison Health Care to highlight people's experience in these areas and any issues in care.

Our Co-production Associates project grew in strength in 22-23, developing systems and processes for a recruitment and remuneration model for members of the public to be remunerated for contributing their time and lived experience at a strategic level across health and social care. In year one the projects' outputs have included the PCC becoming a Learning Centre with the Open College Network (OCN) - an educational charity and UK recognised Awarding Organisation, and the design of a bespoke Level 2 endorsed training course on *'The Role of Lived Experience in HSC'*.

We brought seven people from our Membership Scheme to the NHS Confederation NI Conference (NICON). At NICON the Care of Older People Engagement Platform members alongside PCC and PHA presented and co-delivered a workshop outlining the impact made from involving patients and service users in the last two

years to influence policy and practice within care homes. We engaged 45 times to influence policy and actions with departmental and statutory bodies. Some of the bodies we engaged with included; DoH, RQIA, NIHR Palliative & End of life Care (QUB), Scottish Care, GMC, and the NI Bereavement Network. Further detail about our impact can be found in the Performance Analysis section.

Principal risks and uncertainties

The health, social and economic impact of COVID-19 continue to be felt, along with significant financial and service delivery pressures across the system. This presents uncertainties for the public and thus for PCC as we responded to provide the support required by the public to navigate health and social care services, in what was already overstretched system. The principal risks and uncertainties for the PCC resulting from this are:

- Financial resource required to provide the level of service/staffing
- Increased demand for PCC services
- Increased complexity in nature of work

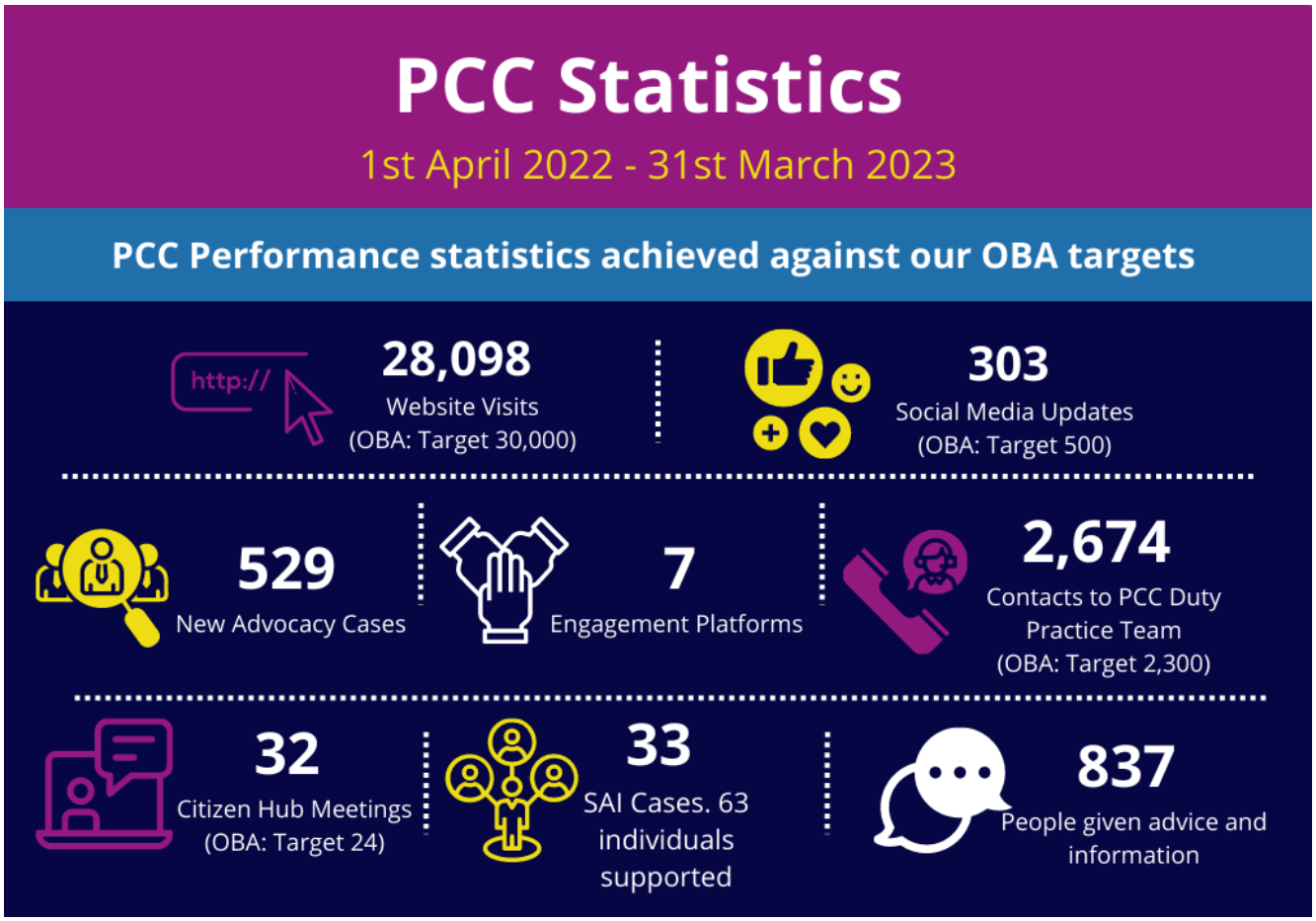
An ongoing principal risk for PCC continues to be the level of funding within its core allocation, despite having secured additional recurrent funding in 2022-2023. Whilst PCC have so far avoided significant reductions to its core allocation, the significant funding gap within the Department of Health and in Northern Ireland public services more broadly is well-documented. Any reduction in funding to PCC would have a high impact. Coupled with an increase demand for PCC services, and an increase complexity in the nature of the casework and support required from the public this poses an ongoing challenge for PCC in delivering on its statutory functions within existing resources.

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

Performance Analysis

The Performance Analysis provides a more detailed look at the PCC's performance across the core functional areas of engagement, advocacy and impact. The performance analysis is again structured under the pillars of **PCC Connect, PCC Engage, PCC Support and PCC Impact,** providing a balanced and comprehensive overview of the PCC's performance against the indicative targets we set out to achieve as detailed in our Operational Plan 2022-23, and delivery against our 9 key outcomes. In the tables under each pillar demonstrating our performance against indicative targets, a red RAG rating indicates where PCC have significantly under-delivered on indicative targets, an amber RAG rating indicates where we have moderately underdelivered on targets, and a green RAG rating indicates where we have met or exceeded targets.

As set out in the Performance Overview, this is only the second year that PCC adopted an outcomes-based approach to monitoring and evaluating the performance of the organisation across key areas of work. We are still learning what outputs best enable us to measure performance and impact. Where possible, indicative targets were estimated at the start of the year based on prior year performance. New areas of measurement were added, which resulted in no indicative target being set as there was no baseline data against which to measure. In our analysis, where possible, prior year comparative data is included.



PCC Connect

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2021-22 for comparison has been provided where possible:

Outputs	Indicative Targets	2022 – 23 Outturn	2021 – 22 Outturn
Number of citizen hub meetings	24	32	51
Number of participants of citizen hubs	480	109	295
Number of new PCC members	500	111	393
Number of PCC member engagement events	4	2	-
Diversity of PCC members	10%	1%	-
Number of calls to PCC freephone	4,000	4,145	-
Number of people given advice and information	500	837	446
Number of people recruited under PCC 'Make Change Together'	*	243	-

*New output therefore no indicative target was set for 2022-23

As the figures above demonstrate, we have delivered against the majority of indicative targets we set out to achieve this year. In particular, we have over delivered in areas such as the number of calls to PCC Freephone and the number of people given advice and information, indicating an increased demand for our Connect service. This may reflect a greater awareness of PCC services, when considered in the context of our social media output and website visits, detailed under PCC Impact later in this analysis.

We finished the year below target in three areas – the number of participants attending citizen hubs, the number of new PCC members recruited and the diversity of PCC members. Taking a *'plan, do, review'* approach, we are considering what we measure, how we measure it, and whether the targets are appropriate. In the case of new members, we have been below our target over the last two years. Whilst we will continue to develop our membership going forward and explore how to better engage and attract new members through our network of network approach and positive passporting project, we recognise that the annual target for new members is very ambitious. This has therefore been revised for the forthcoming year. To assist with the monitoring of the diversity of our PCC Members, a new Section 75 Monitoring Form and process for collating this data across PCC services has been developed. This will also assist us in seeking to reach communities and groups that may be under-represented in our membership.

A total of 32 citizen hub meetings were held in 2022-23 which met the target for the year, however, the number of participants of these hubs was below target and received a red RAG rating (109 participants compared to 480 anticipated). Some of the conversations which took place in the citizen hub meetings in 2022-23 focused on care homes, Reform of Adult Social Care, GMC *Good Medical Practice,* and a Review of Assistance Technology Services. From September onwards, the citizen

hubs did not have a set topic of conversation and were left open to facilitate engagement and discussion on issues that mattered most to members of the public in their local Trust area.

The topics discussed during these local conversations generally focussed on GPs (discussed at all 4 local conversation sessions) and the difficulties people had getting through on the phone and accessing appointments, A&E waiting times, staff shortages and people using private healthcare because of pressures on the system. In January 2023, we decided to halt the citizen hubs in order to review how well they were working and to make changes where necessary to get the most out of these sessions in the future. Looking ahead, we want to adapt the current concept of local Citizen Hubs to facilitate PCC's statutory requirement to have local authority committees, and to embed a 'network of networks' approach at a local level.

Under PCC 'Make Change Together' we successfully recruited 243 individuals to support the transformation of health and social care programmes under HSC Rebuild and Reform. These programmes and key highlights in each of these areas of work were as follows:

Consultation on the Reform of Adult Social Care

In addition to the work undertaken by our Adult Protection Engagement Platform in relation to the Reform of Adult Social Care consultation, PCC facilitated two virtual focus group in June 2022 as an alternative way to respond to the consultation paper survey. 12 people were successfully recruited to attend these sessions.

GMC *Good Medical Practice* Consultation

PCC facilitated two virtual engagement sessions in June 2022 as an opportunity for Members and health and social care service users and carers to influence the content of the GMC's *Good Medical Practice* guidance as an alternative to their Consultation survey. 15 people were successfully recruited to attend these sessions.

Understanding User Involvement

PCC in conjunction with a placement student from Ulster University facilitated an online focus group and survey to gain an understanding of user involvement, and how it influences Health and Social Care services in Northern Ireland, and how service users and carers are represented. 13 people participated to share feedback via the survey or focus group. The target demographic was service users and carers with lived experience of using HSC services. Key recommendations from this work were that PCC should widen their representation, such as gender, age and socio-economic background and continue to develop approaches to engagement activity to promote and influence change in HSC. Key findings also indicated that the term 'service user' does not represent everyone.

Regional Review of Assistive Technologies

The PCC held a number of consultation events on the Regional Review of Assistive Technologies and this was the subject of the citizen hubs in July 2022. The DoH carried out a survey supported by PCC and these results are currently being analysed. The results and potential recommendations will reflect service user involvement facilitated by the PCC.

Encompass

The PCC were asked by the Encompass programme to support engagement with the public. PCC recruited 35 people and a number of people attended one of two introductory sessions. The participants were asked which subgroups they would like to be part of and if they would like to act

as Chair. An Encompass staff member then appointed the Chair and Co-Chair based on their lived experience. Following PCC advice, Encompass approached the Regional Disability Forum, a forum that the PCC also recruited members for, to ask if they would like to participate in engagement on Encompass.

Communication of Waiting Times

As the DoH's Waiting List Management Unit recognise the importance of sharing outpatient waiting times they were developing a platform to allow patients and GPs to understand average waiting times by speciality type. The platform would also be developed to include information and guidance on what to do before an operation or what to expect on the day of a procedure. With support from PCC, the DoH's Waiting List Management Unit wished to engage and consult with service users through a virtual focus group, facilitated by PCC. A total of 8 members and service users attended the virtual focus group facilitated by PCC in November 2022 to share their views, feedback and opinions on the proposed communication of waiting times initiative and platform. The feedback is currently being analysed by the Department of Health.

Regional falls in Care Homes project

The Regional Falls in Care Homes Project (mandated under the DOH "Enhancing Clinical Care Framework" and led by the Frailty Network) invited residents, families, carers and friends to a follow-up virtual workshop, facilitated by PCC in November 2022. This workshop was an opportunity for the Project to update those who attended the initial workshop in the previous year. The 29 participants were also encouraged to share their views regarding improving safer mobility at this workshop.

New PCC website concepts

In the process of redesigning the PCC website, we received two new concepts from the website designers for consideration. We shared the concepts with staff for feedback regarding accessibility and ease of use as well as with 3 participants at virtual engagement sessions in December 2022/January 2023. Based on this engagement, it was agreed that the final website layout should be a mix of the two initial concepts. This was fed back to the website designers who are now working to build the final website.

SEHSCT Urgent and Emergency Care consultation in Ards/North Down

As part of the SEHSCT's public consultation on the future provision of urgent and emergency care services in the Ards and North Down area, the PCC facilitated two online listening events to offer an opportunity for attendees to hear more about the proposed changes and provide their feedback. 13 participants attended these sessions. The consultation will end 3 May 2023.

Engagement on the Autism Strategy Consultation

The DoH had been working with people with autism, their families and carers on the development of the strategy throughout 2022 to identify key priorities to be included in the new Autism Strategy. The PCC virtually facilitated two group engagement sessions, in February 2022, for families, carers and people with autism to ensure the strategy is responsive to their needs within society. The

views and opinions shared at these sessions have been shared with the DoH to contribute to the overall consultation.

Integrated Care System for NI

The DoH is currently designing and implementing a new Integrated Care System for Northern Ireland – ICS NI. This system signals a new way of planning, managing and delivering our health and social care services based on the specific needs of the population. The PCC previously hosted a series of interactive workshops centred around 'what matters most' in terms of health and wellbeing needs. The PCC facilitated a further virtual group engagement session in February 2023, with 26 attendees, where the DoH provided an update on progress to date.

Enhancing Clinical Care Framework

In 2020, the then Chief Nursing Officer for NI was tasked with coproducing a new framework for enhancing clinical care for people living in care home, working in partnership with the Independent Sector. The framework would describe what good would look like for the clinical services people in care homes should have equitable access to, and that will enable continuing safe, high quality and person-centred clinical care within care homes. PCC facilitated an update online session for 31 attendees, in March 2023, to hear about the progress of the project and to share what they believe best practise would look like for their loved ones.

Medication Safety Awareness Group

A PCC Practitioner sits on this group. The aim is to increase medication safety across the province. To aid this awareness the *'Know, Check, Ask'* campaign was launched

Advance Care Planning

Last year the PCC facilitated extensive engagement with the public on Advance Care Planning and the development of new policy for NI. The PCC held a number of sessions to gain the views of the public. We also ran a dedicated phone line to assist the public in completing the consultation. In October 2022, following this extensive engagement, the regional Advance Care Planning policy was launched.

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

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

❸Increased brand awareness within the HSC & public

❹Increased public participation in designing the transformation of HSC

❻Regional approaches across all HSC bodies

❼Improved communication experience for those making a complaint about HSC

❽DoH has a better understanding of public perception

❾Improved health literacy

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

It also supports towards achieving our Strategic Outcomes in our Statement of Strategic Intent: ***The public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care*** *and* ***the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care***

PCC Engage

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2021-22 for comparison has been provided where possible:

Outputs	Indicative Targets	2022 – 23 Outturn	2021 – 22 Outturn
Number of engagement platforms	7	7	7
Number of engagement platform meetings	84	69	146
Number of engagement platform members	70	139	-

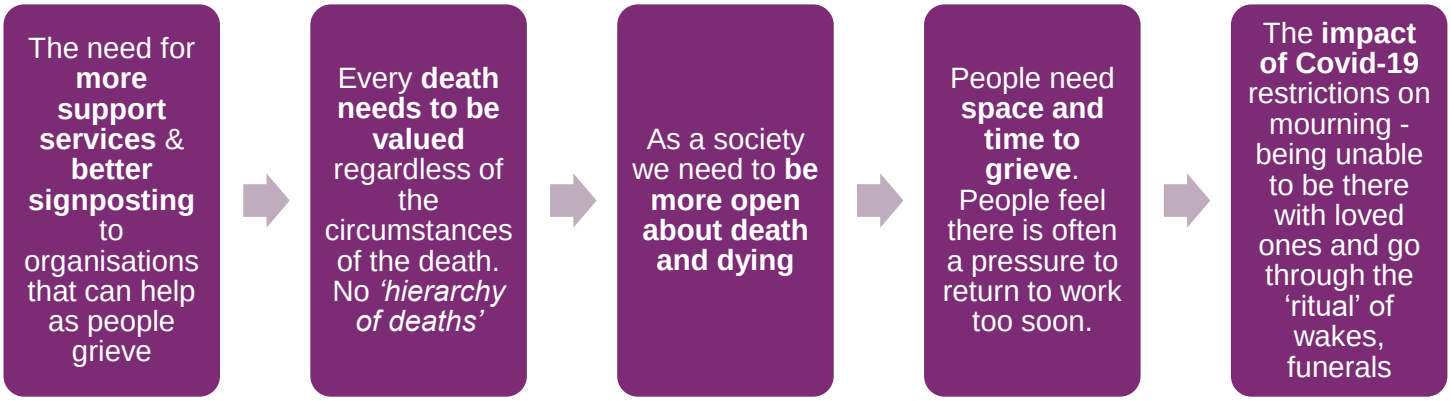
As seen from the figures in the table above, in 2022-23 we met all of our outputs under PCC Engage. The number of engagement platforms met its target output this year and last year. Whilst we held less engagement platform meetings than in 2021-22, the number of meetings we held was still within the range for meeting our indicative target. A decrease in meetings held may reflect the fact that activity on some engagement platforms reduced or was stood down throughout the year, such as in the areas of Grief and Bereavement or Clinically Extremely Vulnerable. The number of engagement platform members was a new output added for the 2022-23 year and we surpassed our indicative target for this area. In line with our *'plan, do, review'* and continuous service improvement approach, we are in the process of evaluating and reviewing how engagement platforms operate, which is timely as this was a new model of engagement for the PCC, first introduced and initiated in late 2020-2021. Learning from feedback from the public and other stakeholders, we are taking a quality improvement approach in this area, considering how we achieve consistency across the model and how we measure and evidence impact.

Grief and Bereavement

What we did

In this period PCC published a summary paper on the Engagement Platform's work since its establishment in November 2021. This included a summary of what we heard from participants about what grief and bereavement meant to them, and a survey which went out to the wider public. In the last year the PCC has also met with representatives in the community and voluntary sector to explain the work of the engagement platform and connect with their networks. In January 2023, we shared the survey which we ran in 2022 about what grief and bereavement means to people through COPNI to ensure the voice of older people was included in our work. As a result, we got 20 additional responses to our original 230. Some of the main findings from the survey included people wanting access to support throughout their grief, people in general being more open about death and dying, having time and space to grieve and that every death needs to be valued regardless of the circumstances of the death.

Figure 1: Key Themes from Summary Paper



Members began to draft possible statements that could be used in a Bereavement Charter for NI. In February 2023, PCC presented our draft Charter statements at the Northern Ireland Bereavement Network World Café Conversations event. Attendees at the event were given the opportunity to discuss these statements, highlight anything they felt was missing and suggest changes to the wording.

Image from Northern Ireland Bereavement Network World Café Conversations event. Source DoH Twitter

What we achieved

- Connections through COPNI in sharing survey
- Drafted charter statements
- Received feedback on charter statements.

Adult Protection

What we did

This platform continued to be active in 2022-23 focusing on the Reform of Adult Social Care. The main focus of the platform in 2022-23 has been the Adult Protection Bill. Platform members were able to bring their concerns to the decision-making table with the Chief Social Worker and other members of staff of the Adult Safeguarding Transformation Board. This allowed members to feel their voices were heard and their contribution validated, ensuring that they are considered active participants in effecting positive change. Whilst there is no Assembly to pass the Adult Protection Bill, the DoH team have assured members work is still ongoing to make sure the Bill is ready for approval when the Assembly returns.

The platform also responded to the draft Raising a Concern in the Interests of the Public (Whistleblowing) Framework and Model Policy. The platform met with SPPG to help plan the Interim Adult Protection Board (IAPB) reboot workshop which platform members were invited to attend. After the workshop the platform provided feedback on the workshop.

The PCC attended the Northern Trust's Adult Safeguarding Conference to present on the work of the Engagement Platform.

What we achieved

- Meetings with Adult Safeguarding Bill team
- Meeting with Chief Social Worker
- Responded to Raising a Concern in the Interests of the Public (Whistleblowing)
- Attended the IAPB reboot workshop
- Spoke at Northern Trusts Adult Safeguarding Conference

2022

23rd and 30th March
PCC meeting with Engagement Platform
22nd April
Met with Chief Social Worker Sean Holland
27th April
Follow up meeting with Engagement Platform
16th and 20th May
PCC meeting with Engagement Platform
24th June
Meeting with Bill team at DoH
27th June
EP meeting with SPPG to plan IAPB reboot workshop
1st July
Meeting with Chief Social Worker
24th July
Meeting with PCC and Bill team at DoH
3rd August
Reboot workshop at Dunsilly
24th August
Meeting with EP members on Raising a concern in the interests of the Public
26th August
Meeting EP members to provide feedback on Face to Face "reboot" workshop
6th September
Meeting with EP members, PCC and SPPG representative
5th October
EP members met to discuss new format of future meetings with DoH
7th October
EP meeting with DoH Adult Protection Bill team
17th November
EP members met to finalise ToR for the group and Expressions of Interest for IAPB 4 subgroups
1st December
Meeting of EP and DoH update on progress of Adult Protection Bill

2023

13th February
Meeting with Engagement Platform only
21st February
Meeting with EP and DoH for update on progress of the Adult Protection Bill
6th March
PCC met with SPPG to progress Engagement Hub model

Care of Older People

What we did

Building on the work from 2021-22, this year we engaged with members of the 'Care of Older People' engagement platform on a group and one to one basis to best understand the evolving needs of the group and how we can best support them to advocate and engage. PCC work in this area is aligned to the individual and collective needs of the group and informed by their emerging needs in terms of practice and policy issues.

In 2022-23, the Care of Older People Engagement Platform members contributed to work on the Enhanced Clinical Care Framework which focuses on how people who live in care homes are supported to lead the best life possible and exercise their right to access equitable healthcare provision. Members engaged within the Regional Falls in Care Homes Project to connect their lived experiences and provide guidance on the regional post-falls guidance for all care homes in NI. This resulted in the release of the Enhanced Clinical Care Regional Post Falls Guidance documentation.

2022

Monthly
Moving towards Normalised Visiting in CH
10th March
Visiting communication with families Strategy
23rd & 30th March
Adult Protection Board
30th June
Families meet with RQIA
7th Sep
Enhanced Clinical Care Framework update meeting with DoH
14th Nov
Families meet with RQIA
16th Nov
The Regional Falls in Care Homes Project Engagement with Families
14th Dec
Care Home Engagement Platform meeting with PCC

Members have also engaged and supported the following initiatives:

- Pre-Admission Assessment and Rockwood Frailty Model
- Deterioration Assessments
- Regional Urinary Catheter Care Pathway

2023

23rd February
Review, Reflect and Proceed workshop

Also this year, the Public Health Agency (PHA) and PCC collaborated to gather insight into visiting arrangements in Care Homes. A snapshot survey to gather the experience of residents, relatives and staff at a point in time was sent out. The results of this survey helped to inform the Visiting with Care -Pathway Guidance during restrictions and as the pandemic restrictions eased.

Following on from the reports that identified failings found at the Dunmurry Manor Care Home, the RQIA wanted to make improvements to prevent those failings from being repeated. Platform members attended an engagement event and used their lived experience to influence the methods undertaken to listen to and engage residents and their families during RQIA Inspections.

Platform members alongside PHA and PCC attended the NI NHS Confederation conference (NICON) and co-delivered a workshop showcasing the impact from involvement of patients and service users in policy and practice in care homes. In February 2023, the PCC engaged an independent facilitator to host a 'Review, Reflect and Proceed' workshop with staff, engagement platform participants and other stakeholders involved with the platform to review the function and achievements of the platform since it was established in October 2020. A draft report has been produced following this workshop and shared with participants for feedback. The report reflects discussion with members of the Platform and PCC staff who supported and facilitated the platform from 2020. The report discusses the effectiveness of the Platform and makes suggestions for the future, including extending the scope of the work to cover Care of Older People across Care settings.

What we achieved

- Engaged on:
  - Regional Falls in Care Homes Project
  - Pre-Admission Assessment and Rockwood Frailty Model
  - Deterioration Assessments – Restore 2 and Restore 2 Mini
  - Regional Urinary Catheter Care Pathway
- Collaborated with PHA on Visiting with Care - Snapshot survey
- Presented at NICON

Learning Disability

What we did

The learning disability carers platform continued to engage with the DoH around remobilizing of services post-pandemic. This year the DoH requested the group connect into the Regional Service Model for Learning Disability. The regional service model for learning disabilities in NI is a set of guidelines and procedures that determine the delivery of services for individuals with learning disabilities in the region. The model aims to provide high-quality, person-centred care and support for individuals with learning disabilities and their families.

Carers met with the DoH and were informed of the implementation of the *Remobilisation Pathway of Adult Day Care, Short Breaks and HSC Transport*, and the stage each Trust were with rebuild plans. The platform has extended an invitation to all Transport Managers across all five trusts to come and speak with the platform around current provision and future planning of transport. A member from the DoH, their Learning Disability Lead attends the platform to update the group monthly and respond to queries and concerns from members.

The service user platform looked at the terms of reference related to coproduction, group contracts and ways of working with Orchardville Society, MENCAP and CAN. They have worked alongside statutory and community and voluntary organisations to see what supports are available and inform best practice in these organisations from the view of those with a lived experience of learning disability.

What we achieved

- Connected into the Regional Service Model for Learning Disability
- Opened communication with Trust Transport Managers
- Consulted on terms of reference related to coproduction, group contracts with Community and Voluntary Sector

Mental Health

What we did

The platform was identified as the regional lived experience forum to contribute experience and insight into the 2023-24 delivery plan for the Mental Health Strategy by the Northern Ireland Mental Health Delivery Unit. This feedback was presented at the Mental Health Delivery Unit Workshop, and a member of the platform was asked to speak as the service user voice. The feedback was written into the delivery plan and will inform the direction of the strategy. A member from the Mental

Health Delivery team attends the platform to update the group and receive ongoing feedback for further consultation.

Four training sessions took place with the Community Development and Health Network (CDHN). These sessions focused on capacity building; making stronger connections as a group, understanding different kinds and levels of engagement, having a greater understanding of real experiences of co-production, awareness of opportunities and planning priorities for the coming year.

The Co-Chairs of the Regional Mental Health Service (RMHS) have worked in partnership with the platform on Action 31 of the *Mental Health Strategy 21-31*, to develop a Regional Mental Health Service. The PCC Mental Health Engagement Platform has been identified as a lived experience forum for the RMHS.

A number of Service User Consultants from different HSC Trusts sit on the Platform. One of these Consultants from the WHSCT has been a regular contributor to the platform with a focus on informing and working collaboratively to hear the platforms views on his work in peer support.

What we achieved

- Identified as a persons with lived experience forum for RMHS
- Contributed at the Mental Health Delivery Unit Workshop
- Supported capacity-building and embedding of the platform through four sessions delivered via the Community Development Health Network (CDHN)
- Received input from Co-Chairs of the Regional Mental Health Service (RMHS) work stream of the Mental Health Strategy, and Head of Adult Mental Health at the Department of Health
- Links with Service User Consultants

Neurology

What we did

The PCC Neurology Stakeholder Engagement Platform has been running since 2020. This platform includes representatives of the three main patient groups with a combined network of patients and families impacted by the Neurology Recall. Continuing on from our work in 2021-22 we have continued to meet with the Neurology Engagement Platform, supporting communication and engagement on policy developments relating to the neurology recall, public inquiry and most recently the modernisation of neurology services, as well as providing advocacy support on an individual basis as requested. Since, January 2023 the Platform has met with DoH who explained the neurology recalls claims process to platform members. Further meetings are planned between the platform and the General Medical Council (GMC) and the DoH.

What we achieved

- Meeting with DoH Neurology group to discuss the neurology recalls claims process
- Agreed with GMC that they will meet with Engagement Platform.

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

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

❸Increased brand awareness within the HSC & public

❹Increased public participation in designing the transformation of HSC

❻Regional approaches across all HSC bodies

❽DoH has a better understanding of public perception

❾Improved health literacy

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

It also supports towards achieving our Strategic Outcomes in our Statement of Strategic Intent: ***The public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care.***

PCC Support

> "I spoke with [PCC] about our concerns, and they were extremely helpful. I was comfortable discussing the issues that were raised in a complaint to the Trust".
>
> Advocacy Service Client

Throughout 2022-23, PCC has continued to deliver advocacy support for people with concerns across Health and Social Care. During the year the organisation has continued to develop its service to the public, focusing on a number of key outputs in this area. Our delivery against the targets we set out to achieve is shown in the table below:

Outputs	Indicative Targets	2022 – 23 Outturn	2021 – 22 Outturn
Number of new cases	615	569	794
Number of closed cases	506	633	512
Number of new SAI cases	25	33	25
Number of individuals supported with SAIs	50	63	105
Percentage of cases resolved prior to formal complaint stage	60%	45%	41%
Number of people supported through advocacy (Individual)	794	529	614

Number of contacts to PCC Duty Practice Team		2,674	2,372

As the figures above demonstrate, we have delivered against all of the indicative targets we set out to achieve in 2022-23 relating to PCC Support. In particular, we have over delivered in areas such as number of closed cases, number of new SAI cases, the number of individuals supported with SAIs and the number of contacts to PCC Duty Practice Team.

The number of new cases has declined from 794 in 2021-2022 to 569 in 2022-23, whilst the number of cases closed has increased. In line with our new advocacy model the percentage of cases resolved prior to formal complaint stage has increased from 41% in 2021-22 to 45% in 2022-23. We have had a slight increase in the number of contacts to the PCC Duty Practice Team.

In terms of our support with SAIs, we continue to support people, both individually and on a group advocacy basis. This continues to be an area of organisational growth for the PCC. The number of SAI cases has increased in 2022-2023 (33 cases compared to 25 new cases in 2021-2022).

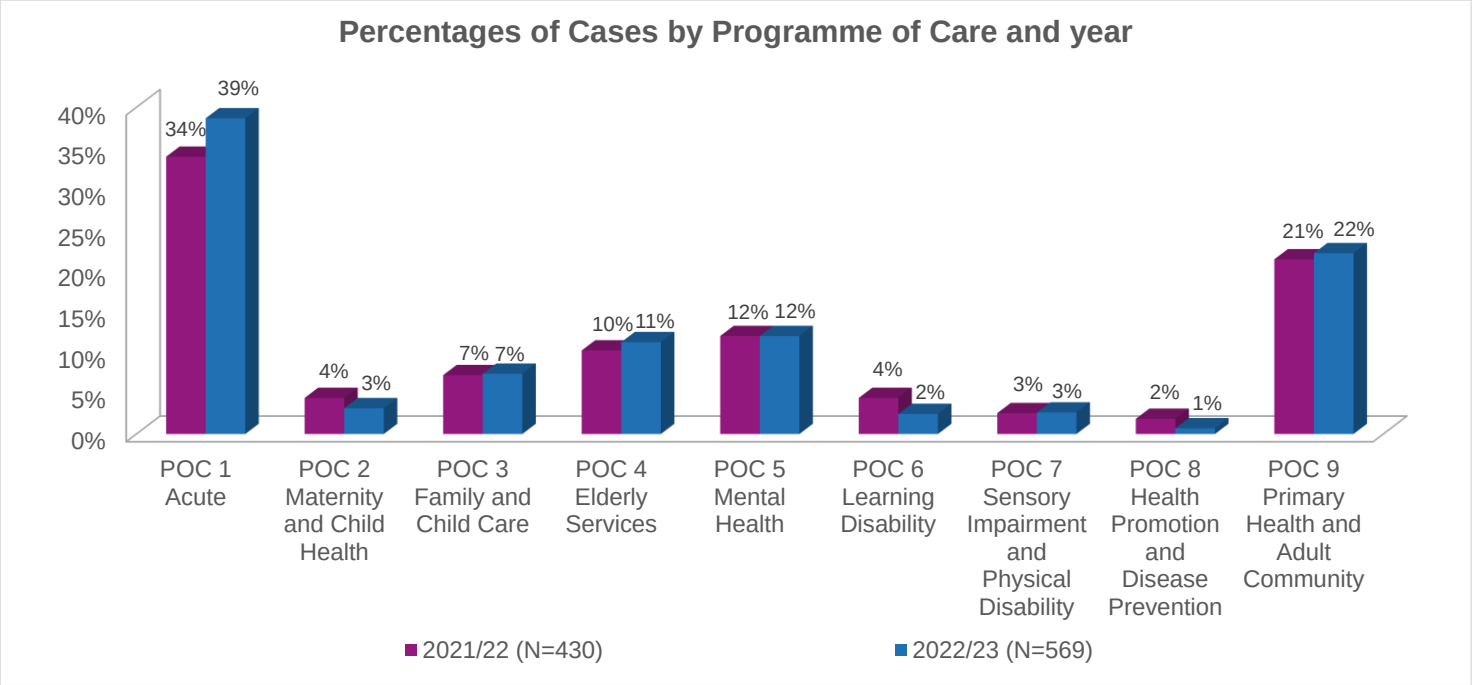
Analysis of Advocacy Casework under PCC Support

In 2022-23, the PCC had **569** new cases. A 'case' is defined as an issue the public need advocacy support to address, that cannot be resolved through advice or information, and which needs casework support from a member of the PCC practice team to try and resolve. A case can range from early resolution and individual advocacy through to engagement with the formal HSC complaints process and support in Inquiries.

Programme of Care

When a new client calls the PCC Connect helpline, their details are added to the PCC advocacy database and information collected on the Programme of Care, Service Area and Area of Concern that their issue relates to. The Practitioner can select up to three service areas and up to two advocacy areas (areas of concern).

The chart below shows the percentage of cases relating to each Programme of Care, with data from 2021-22 and 2022-23 for comparison.



In 2022-23, the two largest Programmes of Care under which 61% of all cases fall are 'Acute' (39%) and 'Primary Health and Adult Community' (22%). When compared to 2021-2022 data, percentages are similar across the board for all Programmes of Care, with a slight increase in Acute from 34% in 2021-22 to 39% in 2022-23.

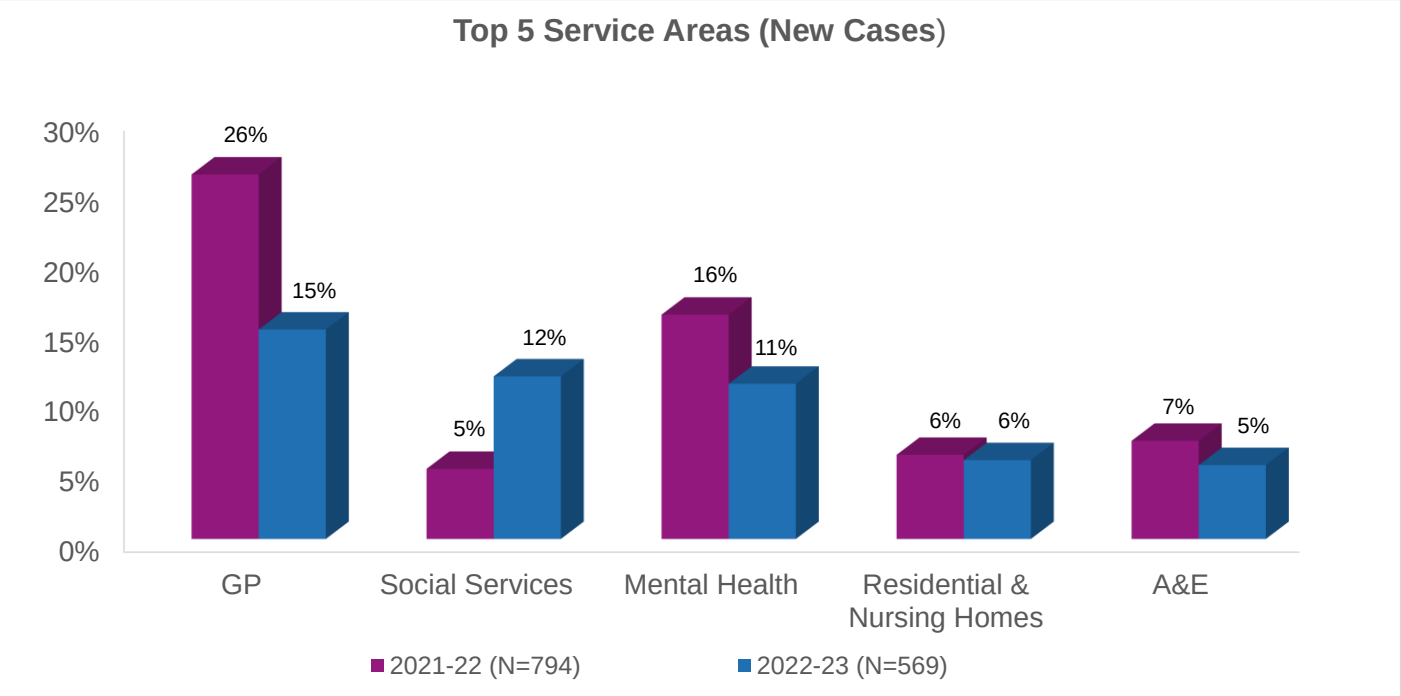
There were 220 Acute cases in 2022-23. However, looking at specific service areas within the Acute programme of care, there were a smaller number of calls to a greater range of different service areas rather than a larger number of calls to one particular service. The following were the top 5 Service areas that cases within Acute related to:

- A&E (27, 12%)
- Medical – General (20, 9%)
- Oncology (18, 8%)
- Neuromedicine / Neurosurgery (17, 8%)
- Elderly (15, 7%)

The second highest number of cases in relation to Programme of Care fell under 'Primary Health and Adult Community' which had a total of 126 cases. The majority of these cases (78, 62%) related to GP services. However, when we look at the service areas for the PCC contacts (calls to the helpline which are generally provided with advice and information or signposting or can be resolved early such that they don't need to become a case) and combine these with the number of cases, there were 283 contacts and cases relating to GPs in 2022-23. This equates to a fifth (20%) of all cases and contacts.

Service Area

The top five service areas that new cases opened in 2022-23 related to are shown in the chart below, with prior year data included for comparison:



The top five service areas that the public contacted the PCC requesting support in addressing have changed slightly since 2021-22. General Practice remains the top service area requiring support, however it has decreased from 26% in 2021-22 to 15% in 2022-23. Social Services is new to the top five, moving Mental Health from second to third position. Older People has been replaced with Residential and Nursing Homes, A&E remains but has moved from fourth to fifth position and Family and Childcare is no longer in the top five areas of concern.

In 2022-23, 45% of all cases were resolved prior to formal complaint stage. Over half (47, (55%)) of all GP cases, nearly two thirds (42, 64%) of Social Services cases and 52% (33) of Mental Health cases were resolved through advocacy.

Below we have given an overview of the concerns raised within each of the top five service areas.

GP Services

Looking at both contacts and cases relating to GP Services the main areas of concern raised over the past 12 months included:

- **Difficulty getting access to a GP** – trouble accessing an appointment i.e. calling numerous times and not getting through or spending a long time waiting to get through only to be told there are no appointments left;
- **Staff attitude** – GPs or practice staff e.g. receptionists or managers;
- **Concerns around medication** – medication being refused, reduced or given incorrect dosage;
- **Issues with care provided by the GP / Surgery** – including patients being given a misdiagnosis or a diagnosis being missed; and

- **Clients removed from GP lists –** a small number of cases related to clients who had been removed from the GP list.

Social Services

The main areas of concern raised by people who contacted us with issues with Social Services included:

- **Disagreeing with decisions** – they were unhappy with decisions that had been made about them or their loved one;
- **Issues with the Social Services Team –** communication issues, not being able to get in contact with the Social Worker or issues with their social worker; and
- **Treatment received –** unhappy with how they have been treated by Social Services and the quality of care they received.

Mental Health Services

The main areas of concern raised by people who contacted us with issues with Mental Health Services included:

- **Quality of treatment and care –** unhappy with the treatment and care individuals or their loved ones have received;
- **Issues with how individuals have been treated** – either by staff or situations on wards;
- **Help needed accessing Mental Health Support –** unable to access the support they need or an inpatient bed is required;
- **Issues with decisions made –** clients were unhappy with decisions made about their loved ones or the treatment they were / were not receiving; and
- **Lack of information / contact -** Little or no information provided to relatives and not being able to contact their loved one.

Residential and Nursing Homes

The main areas of concern raised by people who contacted us with issues in Residential and Nursing Homes included:

- **Treatment and Care** – poor quality of care, inappropriate treatment, falls;
- **The way in which homes are run –** e.g. lack of care towards residents, visiting hours;
- **Staff attitude;**
- **Discharge arrangements** – unhappy with plans to discharge from hospital to residential / nursing home or from residential / nursing home to home;

A&E

The main areas of concern raised by people who contacted us with issues with A&E included:

- **Treatment and Care** – clients had issues with the treatment and care they received in A&E e.g. misdiagnosis, missed diagnosis, discharged inappropriately, the quality of the care received;
- **Staff –** attitude and the way in which they treated patients;

- **Waiting times –** length of time waiting in A&E before being seen and before getting a bed if needed

CASE STUDY

A Client contacted the PCC over 5 years after the death of her husband with concerns about the care he received from the Trust on the day he died. She had issues with medical treatment, administrative and communication issues. The PCC Practitioner discussed the issues the client had and managed her expectations about possible barriers to getting a meaningful response given the time that had passed.

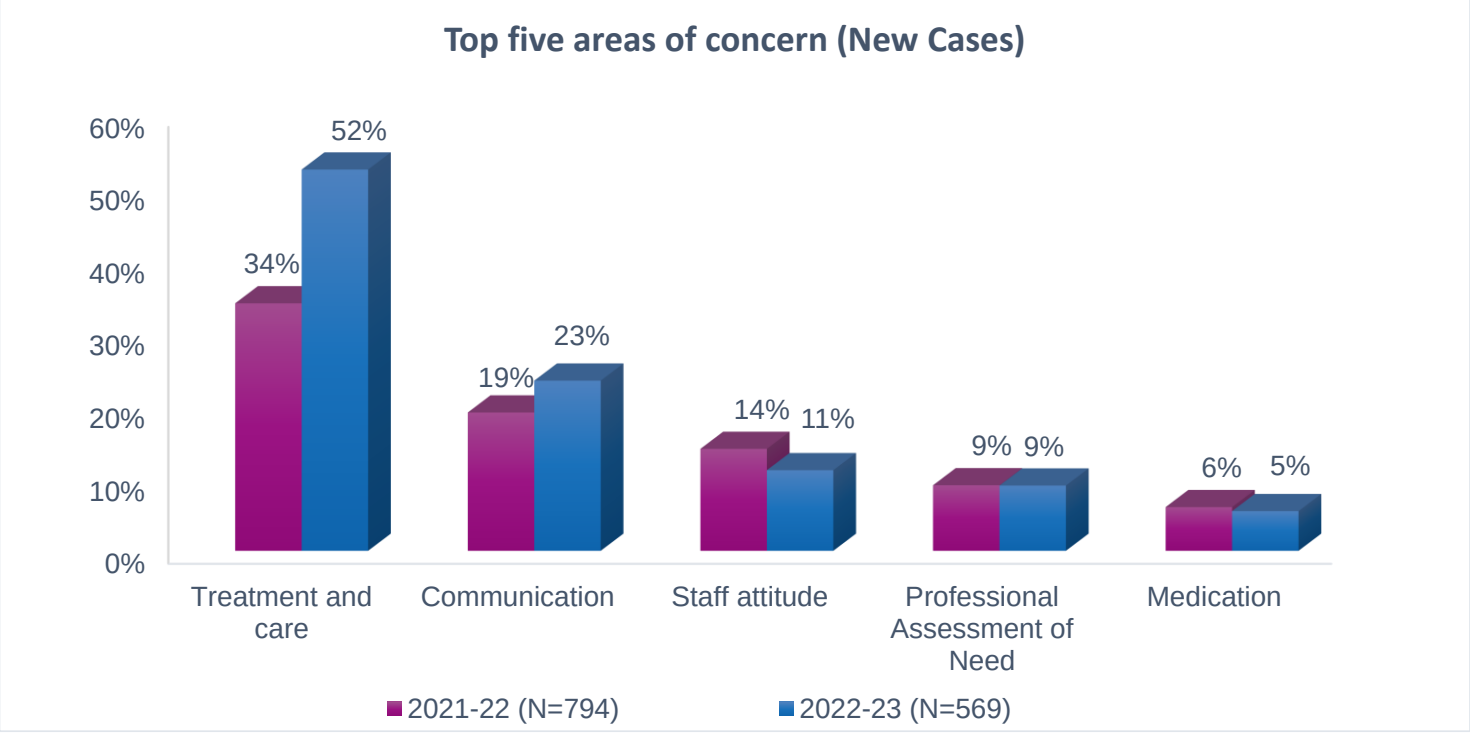
The PCC Practitioner established the outcome the client wanted and the focus of her questions, contacted the Trust and outlined the situation. As a result, a meeting was arranged with the Trust to help address the issues and help the client get some resolution even though the usual time limits had well passed.

The PCC Practitioner supported the client at the meeting and they were able to ask the questions that had gone unanswered since her husband's death. The consultant took time to answer her questions, and still remembered her husband. Our client felt her concerns were listened to and answered. She felt reassured that the outcome would not have been any different.

Our client felt great relief after the meeting and received answers to the questions that had prevented her from moving on from the day her husband died.

Areas of Concern

The top areas of concern raised within new cases in 2022-23 are detailed below, with prior year data for comparison:



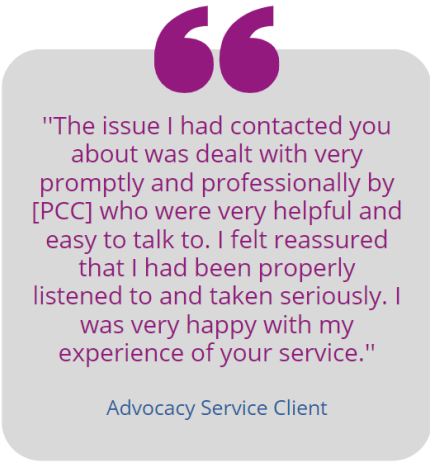
As shown above, the top five service areas have remained exactly the same as in 2021-22 and retain the same rankings. Treatment and care as a concern has increased from 34% in 2021-22 to 52% in 2022-23. Communication as a concern has also increased slightly, whilst staff attitude has decreased from 14% in 2021-22 to 11% in 2022-23.

Treatment and Care: Within treatment and care there are a further seven sub-categories including quality, diagnosis, inappropriate treatment, discharge, surgery, nursing care and quantity. The top two most frequently cited areas of concern within treatment and care are quality (48%) and diagnosis (22%).

Treatment and Care – quality: Concerns in this category focused on clients believing that they or loved ones did not receive the standard of care they should have. In many cases clients felt services failed to provide treatment or appropriate care. The highest number of treatment and care – quality cases related to GPs, Social Services, Mental Health and Elderly.

Treatment and Care – Diagnosis: Cases in this category mainly focused on perceived missed diagnosis or misdiagnosis, where patients were diagnosed incorrectly. Other cases related to no diagnosis or a lack of referral for further investigation. The highest number of treatment and care – diagnosis cases related to A&E, GPs, Mental Health and Medical – General.

Communication: The highest number of communication cases related to Social Services, GPs, and Mental Health. With regards to Social Services, communication issues included not being able to contact a Social Worker, clients reporting that they were not being listened to, inaccurate recording, or notes not being provided. Communication issues with GPs related to clients believing the GP was not listening, information was not being shared between different services and an inability to get through on the telephone.



Staff attitude: The highest number of staff attitude cases related to GPs and Mental Health. Cases relating to staff attitude were mainly around patients not being treated or spoken to in a positive or professional manner or staff not listening to them.

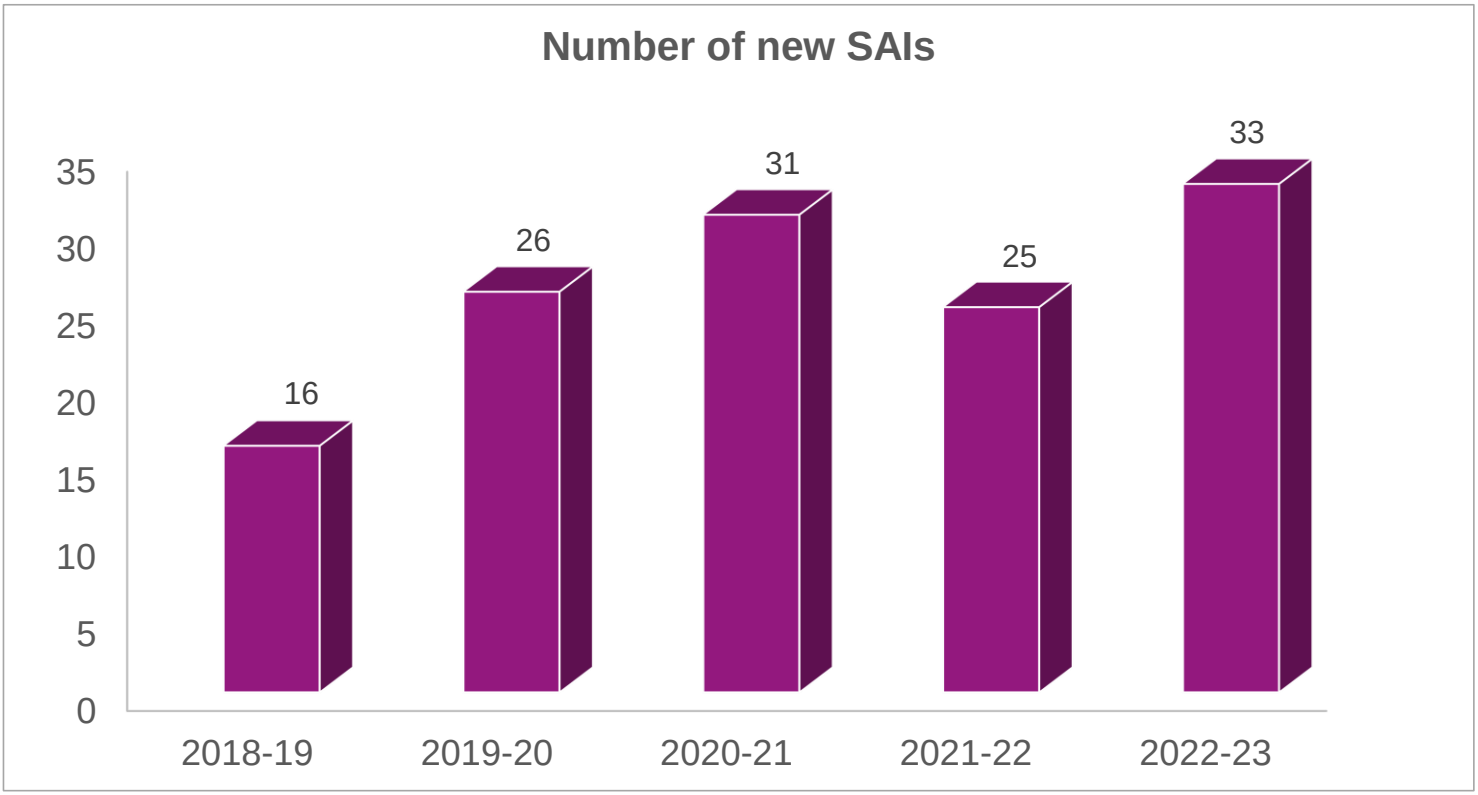
Professional assessment of need: This refers to concerns made by patients, carers and families over decisions made by professionals on the type of, and amount of, service they should receive. The highest number of 'professional assessment of need' cases related to Social Services and Mental Health. Issues were similar across Social Services and Mental Health with clients challenging a decision/ assessment that had been made by a professional e.g. services being removed/ reduced/ refused.

Medication: The highest number of staff attitude cases related to GPs, Mental Health and Prison Healthcare. Issues raised regarding medication included GPs refusing to prescribe medication, medication being reduced without consulting the patient or an incorrect dosage being prescribed. Medication issues relating to Mental Health also focused on medication being refused and medication prescribed that the patient did not think was right for them. Cases relating to Prison Healthcare focused on the removal of medication which the patient was unhappy about.

Serious Adverse Incidents

The demand for independent advocacy support from the PCC in Serious Adverse Incidents has increased in 2022-23, with an increase of 32% on last year. A total of 33 SAIs were referred to the PCC in 2022-23.

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

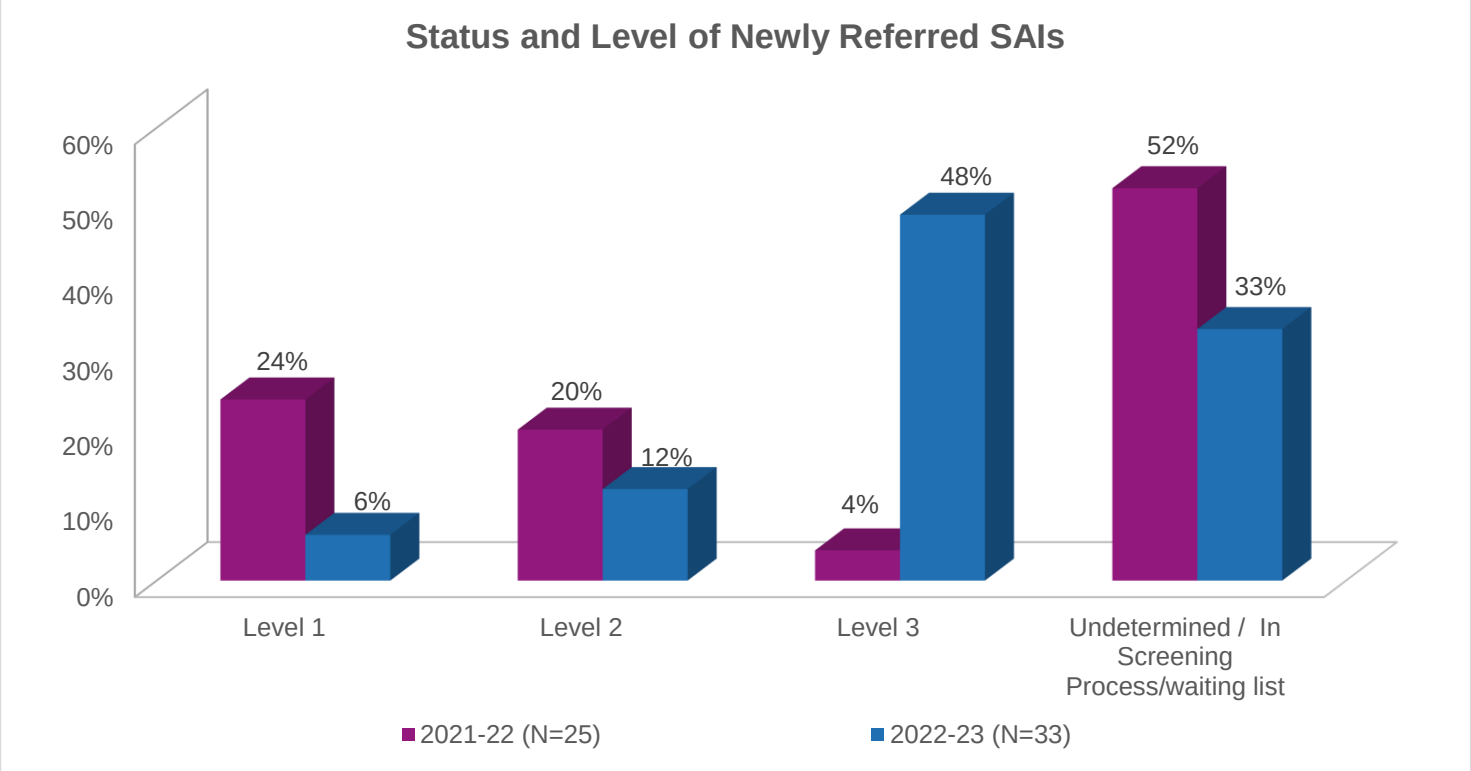


Learning from previous experience, we decided that in 2022-23 the allocation of support to families in an SAI process should be provided by a specific group of Senior Practitioners within the PCC who have the experience required, and knowledge of the SAI process, to support the families involved. The PCC's continued development, in 2022-23, of working relationships with colleagues in the five HSC Trusts have also served to improve the support to families and indeed to having case issues escalated to Senior Managers in Trusts if the SAI process is not running to the satisfaction of the families involved. Complex case meetings chaired by a Service Manager in the PCC allowed Senior Practitioners an opportunity to discuss these particular cases, seek advice and peer support as well as seek escalation both within the PCC and within Trusts if they were encountering challenges.

"I contacted this service after being severely traumatised by unacceptable behaviour from medical staff. [PCC] listened patiently and acknowledged how difficult it was for me to speak about it. I didn't want anyone else to experience what I had gone through but I felt bad, raising a concern about NHS staff. Follow up calls from [PCC] helped me to realise that raising my concern was positive feedback for the NHS."

Advocacy Service Client (SAI)

The chart below demonstrates the status, and level, of the 33 SAIs newly referred to the PCC in 2022-23 compared to the 25 SAIs in 2021-22.



Just under half (48%) of all SAIs in 2022-23 were Level 3 SAIs compared to 4% in 2021-22. However, Level 1 and Level 2 SAIs have decreased.

The nature of support to families navigating the SAI process is such that one case can involve support to multiple members of a family. Of the 33 new SAIs in 2022-23, this represented 63 individuals seeking support from the PCC. Whilst there were 33 new SAI cases opened in 2022-23 there are currently 39 SAI cases open to PCC for support which represents a total of 77 individuals supported by the PCC in 2022-23.

There continues to be an increasing demand for advocacy and support to families involved in SAIs. Within 2022-23 we also responded to the need to support a group of families involved in a collective SAI related to a review of Radiology in the Northern Trust.

Radiology Review

What we did:

The Northern Health and Social Care Trust established a Serious Adverse Incident (SAI) Radiology Review Panel and in doing so emphasised their commitment to being open and honest and to recognise the importance of effective communication, engagement and support to all families, carers and patients who have been affected by the Review.

The PCC are currently engaged with seven families directly regarding radiology (which includes 14 individuals). The PCC had some peripheral involvement in the SAI process, however, on its completion the NHSCT invited the PCC to attend the presentation of the report to all 16 families. From that event seven families approached the PCC for specific independent advocacy support, which resulted in the PCC facilitating a meeting with the seven families.

While there continues to be a waiting time for support from PCC, any SAI cases with a time constraint are allocated immediately. At year end, 8 SAI cases were awaiting allocation as soon as resources

CASE STUDY

The PCC was approached by an MLA on behalf of a family whose mother had appeared to suffer a brain injury as a consequence of being given the wrong dose of a medication whilst in hospital. The MLA was confident that 'something had gone wrong' but also felt the family would benefit from speaking to the PCC, to help them navigate the complaint process. The PCC practitioner met the family face-to-face, and helped them construct a detailed timeline of events and create a list of key concerns/questions.

A draft report had been issued to the family and the PCC Practitioner helped the family draft a written response to the report. This case is still ongoing and the PCC Practitioner will attend face to face meetings with the family and Trust when the time comes.

This is a difficult situation for this family – their mother remains permanently affected and the PCC Practitioner has also played a role in trying to negotiate on-going support/treatment for their mother in the short-term, i.e. Physio, Occupational Therapy etc. When the family members initially approached the PCC they seemed very overwhelmed and intimidated by the whole process, felt their concerns were being ignored and that no-one was listening. They felt that what happened to their mother was being down-played.

Since engaging with the PCC, the family members have become more confident. They feel reassured that whilst they have no control over what answers come back, the PCC Practitioner will help them get their questions raised with the right people, in the right way. The family are relieved that their mother's case will be reviewed, and believe this would not have happened if they had to try and navigate the process by themselves.

were available. In all cases the families had been in contact with the PCC, had a conversation with a PCC practitioner and were aware they would be supported.

Through our work in PCC Support, we have been able to meet a number of our organisational outcomes:

❶Improved service quality

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

❸Increased brand awareness within the HSC & public

❹Increased public participation in designing the transformation of HSC

❻Regional approaches across all HSC bodies

❼Improved communication experience for those making a complaint about HSC

❽DoH has a better understanding of public perception

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

It also supports towards achieving our Strategic Outcomes in our Statement of Strategic Intent principally: ***the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care***

PCC Impact

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2021-22 for comparison has been provided where possible:

Outputs	Indicative Targets	2022 – 23 Outturn	2021 – 22 Outturn
Number of coproduction associate hours	50	0	0
Number of coproduction associates recruited	3	0	0
Number of coproduction associates trained	3	0	0

Percentage of evaluation feedback from people supported or engaged with PCC	60%	8.6%	*
Number of policy impact and influence workshops convened (internal)		26	15
Number of policy impact and influence workshops convened (external)		30	25
Number of engagements with Departmental and statutory bodies to influence policy /action		45	28
Number of equality assessments at early stage of project work		12	6
Number of evidence-based recommendations / reports that influence health service improvement		5	4
Number of respondents to policy research campaign		554	778
Number of social media updates		303	838
Number of visits to PCC website		28,098	31,116
Number of website updates		110	151

*New output added in 2022-23

As demonstrated above, we met our indicative targets across most of our outputs for 2022-23. This year we surpassed a number of indicative targets and built on our outputs from the previous year. We convened more policy impact and influence workshops both internally and externally and grew the number of engagements with Departmental and statutory bodies to influence change.

Whilst significant work was progressed on the development of a paid remuneration model for lived experience under the *'Coproduction Associate Project'*, we were unable to move to recruit associates in 2022-23 due to matters outside PCC control. Therefore, we did not meet any of the indicative targets we set against this area of work. This has highlighted the importance of ensuring that what we measure and how we measure it, is appropriate and captures progress and impact. Further information on progress in 2022-23 on the Coproduction Associate Model is available below.

We added a new output this year which was the percentage of evaluation feedback from people supported or engaged with PCC. We did not meet the indicative target this year as we were developing our methods of seeking, recording and collating feedback. Therefore, the output for 2022-23 above reflects only feedback from those to whom we provided advocacy through PCC Support in the final quarter of this year (cases closed between Dec-Feb). Going forward PCC will be seeking feedback on a monthly basis from those we supported, as well as promoting Care Opinion as a platform to provide feedback on PCC services and embedding a system of consistent feedback and evaluation across our engagement work in PCC.

In keeping with our *'plan, do, review'* approach, and the development of our policy impact function, we are replacing our target of 'the number of respondents to policy research campaign' to 'the number of reports on lived experience' produced. This reflects our learning from not meeting the target in this area in consecutive years, and is better aligned to the PCC's statutory functions.

Key areas of work under PCC Impact in 2022-23 included:

Autism Strategy Consultation

In March 2021 the then Health Minister, Robin Swann, published an Autism – Interim Strategy for the years 2021 and 2022 with a commitment to commence development of a longer-term autism strategy later in 2021. The DoH wanted the strategy to be influenced and shaped by people who have lived experience of autism, their families and carers, to ensure that the strategy can continue to build on support to respond to people's needs.

Accordingly, the DoH launched a consultation and approached the PCC to request our support in engaging the public. In February 2023, the PCC facilitated two consultation sessions for people with autism, carers or a parent or family member of a person with autism. These sessions gave an insight into the concerns and worries of people with autism and/or their family or carers. Concerns included waiting times for assessment, transitions, referrals, employment and respite were all raised. Those who engaged had the opportunity to avail of support through PCC and their experiences and views were shared directly with DoH to be considered in the consultation.

Engagement on the Public Consultation on the Future of Muckamore Abbey Hospital

In October 2022, the then Health Minister, Robin Swann, launched a public consultation on the proposed closure of Muckamore Abbey Hospital as a regional specialist learning disability hospital. The DoH met with families, carers and advocates of current hospital patients to advise them of the launch of the public consultation. Participants at this meeting advised it would be helpful to hold an engagement event on the public consultation in addition to the survey and written response options. The PCC agreed to facilitate engagement on this consultation.

The consultation process consisted of:

- an **online survey** for responses from the general public including individual written responses.
- **two group engagement events** (via zoom) facilitated by PCC, for families, carers and advocates or representatives of former and current residents of Muckamore Abbey Hospital to share their views on the consultation.
- **Individual engagement conversations**, facilitated by PCC, through a dedicated phone line.

The PCC combined the responses from the group and individual conversations, reflecting a total of 19 participants, and produced a report summarising what we heard. This report was sent to the DoH to be used, alongside the online survey and responses from the overall consultation, to help decision makers determine if the proposed closure of Muckamore Abbey Hospital is the right decision.

RQIA Maternity Services Review

In 2022-23, the PCC Practice Team engaged directly with the Maternity Services Inspection team to highlight the concerns that had come to the attention of the PCC over the past five years in relation

to maternity services. The PCC undertook thematic analysis of all cases involving Maternity Services and Early Pregnancy services, where support had been provided for 158 clients. The analysis identified that the top five concerns were: poor quality treatment and care, poor communication, staff attitude, inappropriate treatment, nursing care and concerns about the diagnosis of complications in pregnancy. We were also able to identify some Serious Adverse Incidents that the inspection team were not aware of concerning Maternity Services. The information provided by the PCC helped guide the inspection team to address the issues of concern that the PCC raised and as a result represented the voice of the individuals who identified these concerns in the first instance.

RQIA Prison Health Care

The PCC are available to support the Prison population who have concerns regarding their health care provision. During 2022-23 the PCC Service Manager Team engaged directly with the RQIA Prison Health Care Inspection Team. We shared with the Inspection Team that we had engaged in a recent pilot project within prisons. Our feedback to the pilot team resulted in changes to how prisoners can lodge queries/comments/concerns about their health care at local level and to have these concerns resolved. We highlighted to the inspection team that the PCC have strong links with the South East Prison Health Care Service, with the PCC having an identified link person within the PCC practice team.

During the engagement with the RQIA Inspection Team the PCC were able to highlight some ongoing concerns that prisoners have and outlined how the PCC seek to achieve resolution to these issues. The Inspection Team were provided with examples of current concerns from prisoners and the PCC asked for support from the Inspection Team in improving the way in which the PCC can contact prisoners directly when required. Direct contact to prisoners would allow the PCC to provide a more comprehensive support service to the prison community. The Inspection Team agreed to raise this issue within the inspection.

Co-production Associates

In December 2021 a Project Coordinator was recruited to develop systems and processes for a recruitment and payment system for members of the public to be paid for their involvement work. It was hoped the programme would;

1. Address the current barriers to engagement;
2. Recruit, train and remunerate participants in conjunction with stakeholders;
3. Coach and engage a wider demographic of people within health and social care with added quality assurance.

This project will deliver regional guidance on service user and carer remuneration, design of PCC paid involvement role and payment model, supporting policies and procedures, design and delivery of a capacity building training programme, pilot of payment model and evaluation of a pilot for paid involvement.

In 2022-23 the project outputs have included the PCC becoming a Learning Centre with the Open College Network (OCN) - an educational charity and UK recognised Awarding Organisation, and the design of a bespoke Level 2 endorsed training course on *'The Role of Lived Experience in HSC'*. Ensuring it is of a high standard, participants will benefit from being awarded an OCN NI Endorsed Course Certificate to recognise their achievement. The design of our *'Coproduction Associates Model'* has been completed with supporting operational policies and procedures as well as jointly leading the codesign of Regional Guidance and Procedures for Recognition Payments for Service Users and Carers in the DoH and Health and Social Care Organisations. PCC also held a focus

group discussion on the Regional Guidance & Procedures for Reimbursement of Service Users and Carers in DoH and HSC Organisations. A total of 8 attended the session. This was to evaluate the accessibility and the understanding of the target audience of key parts of the guidance to aid its development. Key findings included positive comments on the guidance's readability, it's benefits and the potential impact that paid involvement could have. They also said all information should be up to date and key bodies aware, and that we need to be clear on what reimbursement is. There were also comments on the implementation; that there needs to be consistency across HSC on how it's applied and that the right people are involved and receiving recognition payments, for the right reasons.

NI NHS Confederation Conference (NICON)

In October 2022, Care of Older People Engagement Platform members alongside, PHA and PCC attended NICON and co-delivered a workshop outlining the impact made from involving patients and service users in the last two years to influence policy and practice within care homes evidencing individual and collective engagement. This was highlighted as a benchmark for mobilising user involvement to impact policy and practice change.

Ann-Marie Doone, Practitioner PCC, Donna Duffy, Carer, Julie-Ann McNally, Carer, Ruth Barry, Senior Policy Impact and Influence Manager, PCC and Linda Craig, Regional Lead for Patient Client Experience, Public Health Agency at NICON Conference 2022.

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

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

❸Increased brand awareness within the HSC & public

❹Increased public participation in designing the transformation of HSC

❻Regional approaches across all HSC bodies

❽DoH has a better understanding of public perception

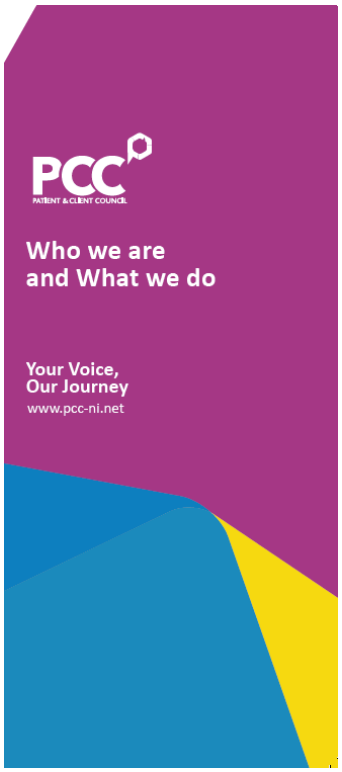
❾Improved health literacy

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

It also contributes to achieving our Strategic Outcomes in our Statement of Strategic Intent: ***The public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care*** *and* ***the health and social care system responds regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care***

Development of a Business Support Function

In line with the recommendations from the PCC's organisational review, work has continued during 2022-23 to strengthen the Business Support Function within the PCC. Staffing stability was attained through the recruitment of a receptionist, Executive Assistant for the CEO and Council Chair, Business and Governance Manager, Finance Manager and a Head of Business Support. We have undertaken a review of our governance and financial procedures to ensure that the PCC has robust systems in place to operate effectively and represent value for the public. Implementation of improvements identified by these reviews continued through 2022-23.



Developing the PCC Brand

We have continued to work on raising public awareness of the PCC by launching and implementing our new branding throughout 2022-23. In particular, we have been redesigning our communications materials. We have finalised our 'Who we are and What we do' leaflet, exhibition and pop-up stands, A3 posters to display PCC impact and a promotional items. Further work to finalise remaining materials in our new brand is planned for 2023-24. This includes report templates, letter heads, business cards, compliment slips, email signatures, presentation templates and templates for social media posts.

As part of rolling out our new brand, work is ongoing to redesign the website. We have taken feedback from the public and staff and this has been incorporated by the web designers who designed the concept which has been approved by EMT. The new website will be implemented in 2023-24.

IT and Communications

In 2021-22 the PCC upgraded the Alemba case management system, the primary system for data gathering and casework management in the PCC. This was required to ensure continuity of support for the system and presented an opportunity to more closely align the system's functionality to the PCC's new practice model. A key development was building in functionality to allow the PCC to monitor its collection of Section 75 data, which will enable us to monitor equality of service delivery to different groups going forward. Monitoring of the upgraded system has been critical in 2022-23. This has highlighted the need for a review of the PCC's IT infrastructure to ensure the organisation keeps pace with technological developments and maximises opportunities for robust data collection and management. This is critical as it provides the evidential basis for our work. A review of the PCC's IT infrastructure and casework management system will be progressed over the next 2 years.

Staffing stability

During 2022-23, the PCC has secured recurrent funding which has enabled the organisation to stabilise the workforce, reduce the reliance on temporary agency staff and help retain suitably qualified and experienced staff. This has helped the PCC meet its statutory functions in the provision of assistance to those who have an issue with HSC services and involvement of the public.

Governance

Throughout 2022-23, the PCC completed a review of its governance and information governance policies and procedures. This has included amendments to the PCC assurance framework to strengthen the effectiveness of our systems of internal control, including the assessment and management of risk. It sets out the reporting and monitoring mechanisms required to provide the necessary assurances to the PCC Council.

In order to ensure that all information is effectively managed within a robust framework, incorporating policies, procedures and management accountability, in accordance with best practice and legislative requirements, the PCC established an Information Governance Group in 2022-23, with the first meeting in March 2022. The Leadership Team from PCC and the Data Protection Officer from BSO attend and meetings are planned quarterly.

Key documents that were reviewed and updated include the Information Governance Strategy and Framework, Risk Management Strategy and Policy and Assurance Framework. Extensive work was also completed on the PCC's Corporate Risk Register and work started on the adaptation of Local Risk Registers to reflect changes in how PCC delivers its functions.

The Head of Business Support provides quarterly updates on Information Governance to the Business Committee and Governance updates to the ARAC quarterly. The PCC Staff Days have also been used to highlight trends and develop all staff awareness in this area.

Service Improvement

In line with PCC's commitment to continuous improvement, and in response to feedback from the public, complaints, audits, reviews and inquiries, the PCC established a service improvement tracker in 2022-23.

This service improvement tracker enables PCC to streamline and effectively monitor service improvement. In 2022-23 this has led to:

- Increased efficiency in how work coming into PCC is managed and responded to through a new system, PCC Connect
- A review of key policies and procedures
- More robust information governance and record management systems

Strategic Outline Case

In October 2022, the PCC undertook work to prepare a Strategic Outline Case (SOC) on behalf of the Council which made a strategic case for change and innovation in the PCC. This plan is to enable the PCC to more effectively fulfil its functions for patients and clients, both now and over the coming years, and as it continues to provide independent assurance to the Department of Health and the Minister. After several workshops during Q3 and Q4, a comprehensive Strategic Outline Case was produced which includes a detailed options appraisal. The PCC Council approved a preferred strategic option and the SOC was submitted by the Council to PCC's Sponsor Branch at DOH.

Partnership agreement

During 2022-23, the PCC worked with the DoH to replace the Management Statement and Financial Memorandum (MSFM) with a Partnership Agreement. This document sets out the partnership arrangements between PCC and the DOH. In particular, it explains the overall governance

framework within which PCC operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. The Partnership Agreement is awaiting approval by the Department of Health's Governance Unit, with implementation planned early 2023-24.

As indicated in the performance overview section, there are a number of principal risks and uncertainties emerging for the PCC in 2022-23:

- **Level of funding within core allocation**

An ongoing principal risk for PCC is the level of funding within its core allocation. Despite having secured additional recurrent funding in 2022-23 which has enabled PCC to stabilise our staffing, we operate in a significantly challenging fiscal environment, with significant funding gaps at a Departmental and NI level. As pay costs account for a large proportion of our budget, any reduction in funding to PCC would have a high impact. This risk is reflected in the PCC's Corporate Risk Register.

- **Increased demand for PCC services and increased complexity in nature of work**

The impact of COVID-19 and a health system under significant strain has resulted in both a significant increase in demand for PCC services, and a noted increase in the complexity of cases requiring PCC input, particularly in the area of independent advocacy. Whilst the number of new cases opened by PCC in 2022-23 is lower than in 2021-22, demand in 2021-22 sat at a delivery of 30% above the annual target for the year, and the number of calls to our PCC Connect Freephone continues to rise. In 2022-23, the number of new Significant Adverse Incidents (SAIs) referred to PCC for support has again increased, and the proportion of these determined at the highest level of complexity (Level 3) sits at 48%. This ongoing increase in the number of SAIs referred to the PCC for support (which has doubled since 2019-2020), continues to highlight demand in this area. In 2022-23 PCC has mitigated this risk by working to stabilise staffing, develop internal escalation and review processes and develop our practice model to include initiatives such as 'positive passporting'; where greater partnership working between agencies maximises expertise and resource across services to respond to demand and complexity. However, increasing demand and complexity continues to pose a risk which may ultimately impact on PCC's future performance and delivery against operational plans and statutory functions.

Estate Strategy

The PCC's Head Office has been based in Great Victoria Street from the 1 April 2021.

Property

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

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

The PCC also has a hot desk facility in 'Advice North West', Derry/Londonderry. The PCC will commence an Estate Strategy plan in 2023-24 to ensure we have the appropriate accommodation to service the needs of the public across NI.

Sustainability Report

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

- Increasing the use of digital and electronic records hence reducing the use of 'paper' records to a minimum.
- Digitisation project commenced with a high volume of paper records made electronic.
- Continuing the use of video-conferencing for meetings, reducing the amount of travel to and between meetings. Whilst face to face meetings increased during 2022-23, video conferencing is being used for meetings at all levels including Council, Council committees, internal staff meetings, meetings with other organisations and membership/user engagement meetings.
- Piloting a Hybrid Working Scheme during 2022-23 which allows staff to continue with a blended approach of part home / part office. Again, this way of working has a significant impact on the carbon footprint through reducing the amount of travel between home and the workplace; and
- As a result of agile working, and greater reliance on technology, printing and photocopying continues to reduce.
- Regular reviews of PCC office energy usage to identify areas of waste/improvement.

Personal data related incidents

During 2022-23 there was 1 personal data related incident reported to the Information Commissioner's Office (1 in 2020-21). A data breach incident concerning confidential waste management was reported to the PCC by BSO during the January 2023. The PCC also reported a potential data breach to the Data Protection Officer regarding payroll information being shared with a staff member in error.

Further information is outlined in the 'Information Risk' section of the Governance Statement in this report.

Information Requests

PCC received 23 Data Access Requests in the 2022-23 year. These were broken down as follows:

- 12 Subject Access requests;
- 8 Freedom of Information requests; and
- 3 information requests from the NI Assembly

96% of all information requests were responded to within 20 working days. The remaining 4% of information requests had their response times extended past 20 days due to further information/clarification being sought from the client. Please note that these requests were then completed within the extended timeframe.

All Freedom of Information requests are available to view on the website: https://pcc-ni.net/contact-us/freedom-of-information-requests/

Complaints

PCC saw a rise in the complaints received in the 2022-23 year, with 8 being received versus 3 in 2021-22. 63% of these complaints involved dissatisfaction with how the PCC handled their case.

Four of the complaints are still being investigated and the PCC continue to engage with the client to seek a positive resolution.

In 2022-23, in line with our commitment to openness and continuous improvement, the PCC engaged an external associate, through the HSC Leadership Centre to investigate the more complex cases and compile independent reports on each case. These reports have identified areas of learning for the PCC and a Service Improvement Tracker is being devised to track, manage and ensure implementation of the recommendations. It is anticipated that the PCC will continue to retain the support of the associate as needed during 2023/24 to assist with more complex complaints.

The independent reports have also identified the need to implement a clearer and more detailed Complaints Policy for PCC which will assist/guide the PCC on handling complaints going forward. The Head of Business Support will take this action forward with the support of the external associate.

Fees Paid to NI Audit Office

The estimated cost of the audit for the year ended 31 March 2022 which pertained solely to the audit of the accounts is £9,850.

Equality

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

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

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

During 2022-23, our work in this area has been wide ranging to ensure the PCC maximises the opportunity to engage and involve diverse groups in society, including those that would be considered hard to reach or for whom there exist barriers to engagement. Work continued to ensure those with sensory and physical disability and those from minority ethnics groups are able to avail of our literature and programmes of work:

- The PCC's Statement of Strategic Intent was translated into 3 languages and an easy to read version (ERV) produced.
- While the website is primarily in English, it translates into 26 languages to maximise accessibility from those for whom English is not their first language;

- The PCC have a phone line system supporting the Big Word remote translation service;
- Specialist Learning Disability Service User Engagement Platform has been established to support those with learning disability and communication issues to inform and influence programmes of health and social care; and
- The PCC supported the Advance Care Planning programme of work, issuing alternative formats to the public on request including 9 different languages, braille, sign language and video.

The PCC are committed to ensuring that equality of access for all is common place within health and social care and will continue to develop our reach to ensure that we actively seek engagement from those perceived as hard to reach. The PCC ensure that all new policies and published reports are screened and passed by the Equality Unit.

Finance Summary

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

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

Income	£
Revenue Resource Limit	2,076,532
Other Income	3,333
Sub Total	2,079,865
Expenditure	
Staff	1,728,112
Other	385,925
Sub Total	2,114,037
Non cash items	(46,698)
Surplus	**12,526**

The DoH provided PCC with one ring-fenced budget during 2022-23 to fund services in relation to learning disability and mental health under the PCC's 'Beyond Bamford' project and with further resource to fund Inquiry-related services.

The Chair and Members of the PCC received monthly financial reports advising of the ongoing Management action throughout the year to ensure that the statutory breakeven requirements in 2022-23 were met.

Investment Strategy and Plans

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

Long Term Expenditure Trends and Plans

PCC receives almost 100% of its funding from the Department of Health via the Revenue Resource Limit. Funding decreased slightly in 2022-23 compared to 2021-22 (£2m) primarily due to funding of pay awards and non-pay inflation.

PROMPT PAYMENT POLICY - Public Sector Payment Policy - Measure of Compliance

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

	2023 Number	2023 Value £	2022 Number	2022 Value £
Total bills paid	678	905,631	992	1,193,423
Total bills paid within 30 day target	675	903,014	991	1,193,402
% of bills paid within 30 day target	**100%**	**100%**	**100%**	**100%**
Total bills paid within 10 day target	614	838,021	968	1,177,490
% of bills paid within 10 day target	**91%**	**93%**	**98%**	**99%**

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	NIL

Anti-Bribery and Anti-Corruption

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

Going Concern

As illustrated in our Statement of Financial Position, PCC operates with a net liability position, largely generated by our trade and other payables liability compared to a small capital asset base. As a non-departmental public body, 100% of PCC's budget is funded through the DoH. As DoH funding is expected to continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis.

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

Accounts Direction

PCC accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirement of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

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

Meadhbha Monaghan

Chief Executive Officer

19 July 2023

SECTION 2: ACCOUNTABILITY REPORT

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

a) Corporate Governance Report which is comprised of:

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

b) Remuneration and Staff Report; and
c) Accountability and Audit Report.

Corporate Governance Report

Directors' Report

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

Mr Stephen Mathews, was appointed as the Interim Chair of the Patient and Client Council from 1 October 2022 to 14 May 2023. The new permanent Chair, Ruth Sutherland commences 15 May 2023.

Patient and Client Council are listed below:

- Cllr Martin Reilly (appointed 2 August 2010, reappointed 5 August 2014, extended to 31 July 2020, extended to 31 July 2021 and co-opted to 30 June 2023)
- Mr Patrick Farry (appointed 1 April 2019 to 31 March 2027)
- Mr Alan Hanna (appointed 1 April 2019 to 31 March 2027)
- Mr Paul Douglas (appointed 1 April 2019 to 31 March 2027)
- Mr Tom Irvine (appointed 12 September 2022 to 11 September 2026)
- Mr Stephen Mathews (appointed 12 September 2022 to 11 September 2026)

During 2022-2023 four members appointments ended:

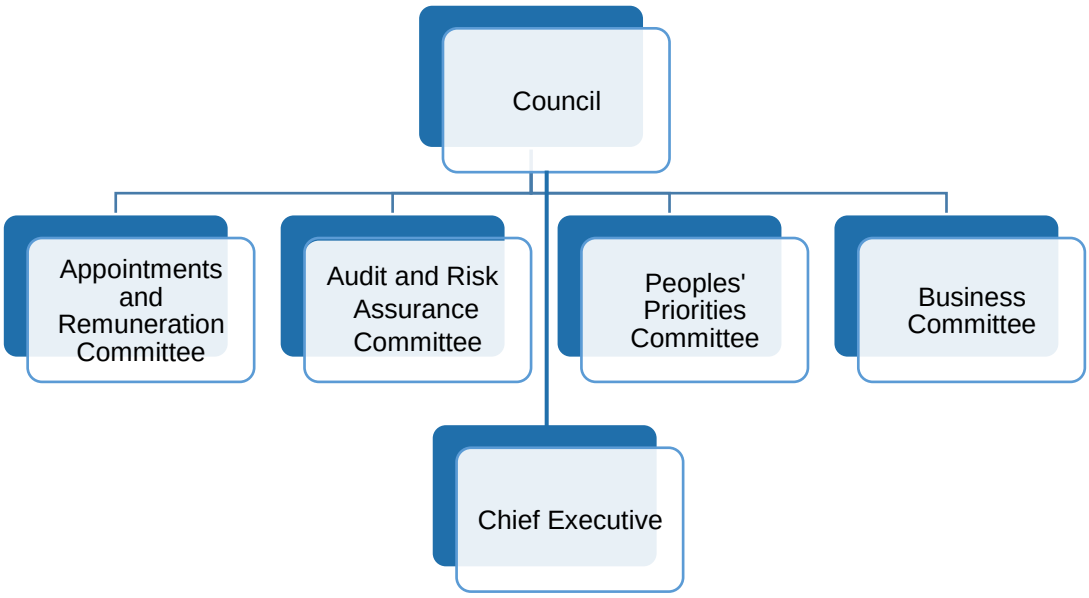
- Ms Christine Collins MBE, Chair (appointed as the Chairperson of the Patient and Client Council from 1 March 2019 to 30 September 2022.)
- Mrs Elizabeth Cuddy (appointed 16 December 2013, reappointed 16 December 2017; extended to 15 April 2022)
- Mr William Halliday (appointed 9 December 2013, reappointed 9 December 2017; extended to 8 April 2022, with a further extension to 8 October 2022)
- Mrs Joan McEwan (appointed 2 December 2013, reappointed 2 December 2017, extended to 1 December 2021, and extended to 31 March 2022 with a further extension to 1 October 2022)

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

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

The diagram below shows the structure of the Council:

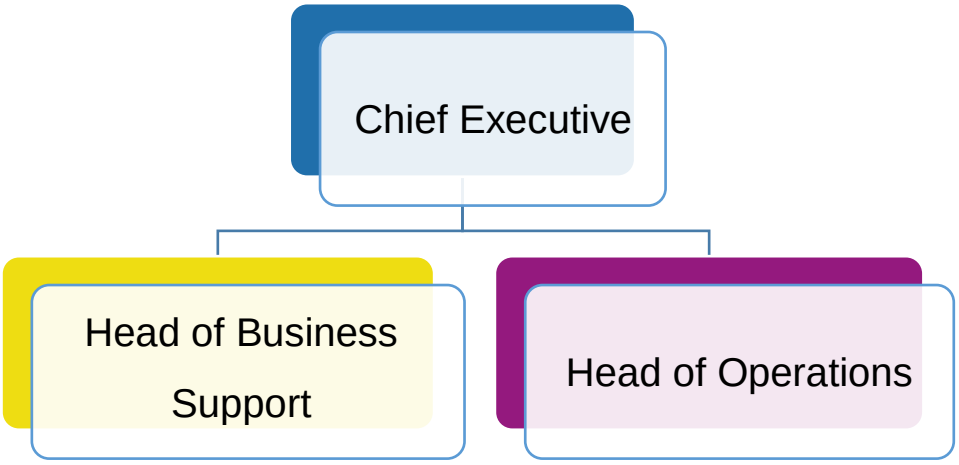
Under the PCC's legislation and Standing Orders, the Chief Executive and Executive Management Team have delegated responsibility for the day to day activities of PCC.



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

- Chief Executive Vivian McConvey (appointed on 8 April 2019 and retiring 7 June 2023);
- Chief Executive, Meadhbha Monaghan (appointed Chief Executive on 13 March 2023, previously Head of Operations from 15 May 2020 to 12 March 2023); and
- Head of Business Support, Carol Collins (appointed on 6 February 2023)

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



Interests held by Council and Senior Staff

Senior members of staff or Council Members had no significant interests, which would conflict with their management responsibilities to report for 2022-23. The Declaration and Register of Interests, where applicable, can be found on PCC website: https://pcc-ni.net/who-are-we/leadership-team/

Statement of Accounting Officer Responsibilities

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

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

- Observe the Accounts Direction issued by the Department of Health, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in FReM have been followed, and disclose and explain any material departures in the accounts;
- Prepare the accounts on a going concern basis, unless it is inappropriate to presume that the HSC body will continue in operation; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the DOH as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Meadhbha Monaghan of PCC as the Accounting Officer for the PCC. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for

keeping proper records and for safeguarding the PCC's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the DOH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

GOVERNANCE STATEMENT

1. Introduction/Scope of Responsibility

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

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

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

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

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

2. Compliance with Corporate Governance Best Practice

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

The Council completed a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit in early 2022. Overall it showed that the Council functions well, however it also

identified areas for improvement, that have been worked on during the year. A further self-assessment will be scheduled with the commencement of the new permanent Chair.

The Audit and Risk Assurance Committee also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist at its meeting held on the 16 May 2023.

Annual Declaration of Interests by Council members and senior staff has been completed and the register is publicly available on request.

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

3. Governance Framework

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

The PCC is a Body Corporate incorporated by Section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. It consists of a Chair and members, appointed by the Department of Health under the Public Appointments process. The Council constitutes the governing body of the PCC. As at 31 March 2023 the Council had 4 members (excluding the Interim Chair). The Patient and Client Council (Membership and Procedure) Regulation (Northern Ireland) 2009 stipulates that there shall be sixteen members and a Chair. The Public Appointments Unit (PAU) have recently undertaken a recruitment exercise to appoint a new Council Chair, who took up post on 15 May 2023. PAU are also undertaking a recruitment exercise to appoint new Council members.

The role and functions of the Council, as set out in the HSC Code of Conduct and Code of Accountability (March 2018), updated October 2022, are as follows:

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

The Council holds formal meetings, at least quarterly, with regular Council workshops to enable key issues to be considered in more depth. Due to lack of appropriate facilities and budget constraints, during 2022-23, the PCC Council held all of its Council meetings via Zoom. However, two Council workshops were completed face to face. It is the PCC's intention to have more Council meetings and workshops in person during 2023-24 and rotate these public meetings across Northern Ireland.

During 2022-23, three Council members appointments ended and two new Council members were appointed. In September 2022, the Council Chair resigned and an Interim Chair was appointed from the 1 October 2022 to the 14 May 2023. A new Chair has been appointed with effect from the 15

May 2023, which will take the PCC Council to 5 Non-Executive members with 11 vacancies (excluding the Chair). The DoH are currently recruiting for further Council members.

During 2022-23, there were 5 Council meetings and 6 Council workshops. One meeting was rescheduled to ensure quorum was met, ensuring all Council meetings during 2022-23 were quorate.

PCC Council Meeting Attendance Register 2022-23:

Name	Meetings Attended	Meetings Held during appointment
Mrs Christine Collins MBE (Chair to 30 September 2022)	3	3
Mr Stephen Mathews (interim chair from 1 October 2022 to 14 May 2023)**	3	3
Mr William Halliday (left 8 October 2022)	2	3
Mrs Joan McEwan (left 1 October 2022)	1	3
Mrs Elizabeth Cuddy (left 15 April 2022	0	0
Cllr Martin Reilly*	2	4
Mr Alan Hanna	6	6
Mr Paul Douglas	6	6
Mr Patrick Farry	6	6
Mr Tom Irvine (from 12 September 2022)	3	3

* Cllr Reilly continues as a co-opted member to 30 June 2023; during this period, he attended 2 of the 3 Council meetings.

**Mr Stephen Mathews was appointed as Council member on 12 September 2022 before being appointed as Interim Chair on 1 October 2022 to 14 May 2023.

The PCC has three fully functioning Council Committees (Audit and Risk Assurance Committee (ARAC), Business Committee and Appointments and Remuneration Committee with a fourth, People's Priorities Committee in development.

The purpose of the ARAC is to give an assurance to the Council and the Accounting Officer on the adequacy and effectiveness of the PCC's system of internal control. The ARAC has an integrated governance role, encompassing financial governance and organisational governance, all of which are underpinned by risk management systems. The ARAC meets, at least, four times a year and

currently comprises of 3 members. Representatives from Internal and External Audit are also in attendance. During 2022-23 the ARAC met on 4 occasions and all meetings were quorate

The Appointments and Remuneration Committee function is to advise the Council about appropriate remuneration and terms of service for the Chief Executive, taking account of performance, subject to the direction of the DoH. The Committee comprises of 3 members and meets once a year, with an additional meeting if necessary. During 2022-23 the Committee met once.

The Business Committee was established to scrutinise and provide advice to the Council across a number of business areas including activity and financial performance, complaints, adverse incidents, information governance and facilities. The Committee comprises 2 members and meets 4 times a year. The Committee was established in May 2021 and met 4 times during 2022-23.

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

The PCC has developed a 'thought paper' outlining our thinking about the potential remit, role and function of a People's Priorities Committee (PPC). In 2022-23 PCC undertook pre-consultation discussions with key stakeholders on this 'thought paper' to seek their thoughts and ideas, and contribution to shaping the People's Priorities Committee concept. Having taken on board this feedback, we plan to publish this 'thought paper' for public consultation later in the year and to develop the PPC based on what we hear from the public.

4. Business Planning and Risk Management

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

Business Planning

As the Health and Social Care system in Northern Ireland is going through major change and reform, the PCC want to make sure that our focus remains on listening to and acting on the voices of patients and service users. We want to use our resources in the best way possible and to do this, we need to make sure our vision reflects this.

The PCC meets its statutory obligations primarily through engagement with the public on a range of issues with a particular focus on any Ministerial priorities.

In September 2022, following public consultation with 100 people, the PCC published their Statement of Strategic Intent 2022-2025. The Statement of Strategic Intent describes what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference that we want to make to Health and Social Care Services in Northern Ireland.

In addition to this, the PCC has developed a Strategic Outline Case to make a

strategic case for change and innovation in the PCC, including options to enable the organisation to more effectively fulfil its functions for patients and clients, both now and over the coming years, and as it continues to provide independent assurance to the Department of Health and the Minister.

The PCC Annual Operational Plan 2022-23 details how progress towards the 'Statement of Strategic Intent' goals will be achieved and demonstrated. The Annual Operational Plan continues to better demonstrate impact and outcomes and alignment with draft Programme for Government, as well as with the PCC legislative mandate and the priorities highlighted by the public.

A performance report is presented at Council meeting every quarter, providing an update on the Operational Plan, setting out progress against objectives and explaining any variances. During 2022-23, PCC also introduced an advocacy report in response to audit recommendations which is presented to Council quarterly and provides more in-depth analysis of PCC performance in this area.

Risk Management

The PCC Risk Management Strategy and Policy was revised during 2022-23 and sets out the PCC risk management process, which is a five-stage approach as follows:

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

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

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

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

Third Stage: Risk Appetite
Given that the PCC is publicly funded and that it is part of Northern Ireland's health and social care system, Council has determined that the PCC's overall risk appetite will be 'cautious'. This means that it will contain risks to a generally low level in order to:

- Protect public investment;
- Safeguard sensitive and confidential information;
- Ensure the continuity and quality of its service delivery;
- Protect and enhance its reputation; and
- Avoid harm to the environment.

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

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

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

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

Processes are in place to discuss and review risk with functional leads at monthly meetings, feeding into the Corporate Risk Register. The Corporate Risk Register is then formally reviewed and updated on a quarterly basis, initially by the Executive Management Team (EMT) before it is brought to ARAC. The Corporate Risk Register is brought to a full Council meeting at least annually, most recently on 14 March 2023.

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

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

5. Information Risk

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

The Head of Business Support is the Senior Information Risk Officer (SIRO) for the PCC, and completed the SIRO training course during 2022-23. Members of the Leadership Management Team completed Information Asset Owner (IAO) training early in 2022-23. New members of the Leadership Management Team also complete an eLearning module and external IAO training as part of their induction.

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

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

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

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

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

The PCC referred 1 potential data breach to the Information Commissioners Office (ICO) during 2022-23. The ICO investigated the potential breach and concluded that the PCC had fully mitigated the potential risk and no further action was required. However, the PCC have recently been advised that on conclusion of an investigation related to a referral from 2021, the ICO are intending to issue the PCC with a reprimand in accordance with Article 58(2)(b) of the UK GDPR. The PCC have accepted the reprimand and will ensure that the recommendations are completed without delay.

The PCC were alerted to a data breach incident within BSO, which was related to the mismanagement of Waste Management in January 2023. The breach applied to the incorrect disposal of confidential information held by the 3 Health Trusts. The incident was reported to the ICO and an investigation is currently ongoing.

During March 2023, the PCC highlighted a payroll data breach to the BSO Data Protection Officer where BSO shared confidential staff information with a staff member of the PCC. The incident was reported to the Information Commissioners Officer and an investigation is currently ongoing.

6. Fraud

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

The PCC implemented the Regional HSC Framework on ‘Your Right to Raise a Concern – Whistleblowing’ in 2018, most recently updating the PCC Whistleblowing Policy, approved by Council in September 2020. The policy is available to all staff via the Sharepoint site. With new Council members having been appointed to the PCC Council, a member of the Council will be identified as the PCC Whistleblowing Champion.

7. Public Stakeholder Involvement

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

The PCC has worked throughout 2022-23 in partnership with the public and members from our Membership Scheme to develop and extend the membership base. The Citizen Hubs, a virtual monthly HSCT focussed engagement, continued to provide an opportunity for members to engage with the PCC on a locality basis. We are reviewing the structure and format of these to maximise their potential for engagement balanced with uptake and resource input. At a regional level the PCC have created theme-based engagement platforms which facilitate the engagement of a diverse range of public experience.

The PCC approach of a 'network of networks' has facilitated individuals, organisations and decision-makers to engage on HSC issues at both generalist levels through to more focused, specific work. Through 2022-23, we have further progressed and strengthened this approach through the PCC 'Positive Passporting Initiative.' This concept is anchored within the PCC service standards of mediation, partnership, co-production and relationship-based approach to working in partnership with other agencies to ensure the service user at point of contact with PCC, has an avenue of advocacy and support that PCC will positively passport the individual to.
During 2022-23, the PCC continued to work on a new project, The Coproduction Associate Project, which seeks to implement an innovative model for remunerating those with lived experience for their contribution in engagement and involvement in Health and Social Care. Project deliverables include; regional guidance on service user and carer remuneration, design of PCC paid involvement role and payment model, supporting policies and procedures, design and delivery of a capacity building training programme, design of pilot of payment model and evaluation of a pilot for paid involvement.

8. Assurance

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

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

The PCC Assurance Framework is the basis for providing effective assurances to the Council and its Committees. It was substantially reviewed early 2022-23, and approved by ARAC and the PCC Council. It is a 'live' document and continues to be reviewed annually by ARAC and the Council.

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

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

- Monitoring of performance against objectives;

- Organisation processes for information management; and
- Financial information being presented to Council.

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

The PCC continues to ensure that data quality assurance processes are in place across the range of data coming to the Council. Information presented to Council to support decision making, is firstly presented to and approved by the Executive Management Team (EMT), as part of the quality assurance process. The Council scrutinises and questions the EMT at Council meetings on the content and quality of the information provided. Relevant officers are also in attendance, where appropriate.

9. Sources of Independent Assurance

The PCC obtains independent assurance from:

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

9.1 Internal Audit

The PCC utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. During 2022-23 the following internal audit assignments were conducted:

Audit Assignment	**Level of Assurance received***
Risk Management	Satisfactory
Financial Review	Satisfactory
Engagement	Limited

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

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

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

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

Internal Audit provided limited assurance to the Engagement Audit, on the basis that there is a need to formalise and consolidate the engagement approaches taken, target outcomes and whether these are being achieved. The role and function of the PCC to involve the public in issues related to HSC services, service changes and service development is undertaken by the PCC in a number of ways which are described as Engagement. Engagement seeks to harness the experiences and views of the public and other stakeholders, collate these and share them for example within public consultations, service delivery programmes, service inspections or indeed the planning processes for new or changing legislation. The PCC Engagement Platform model has served to allow people with lived experiences interact with decision and policy makers in a bid to influence decision and policies that will benefit the whole community.

There was also a need identified to further develop corporate reporting on engagement, in particular documenting overall impact and outcomes and service change/improvement arising from the engagement. While Internal Audit provided limited assurance, they recognised that Management were aware of the need to develop the processes and reporting activity supporting PCC engagement practice and has been and is taking proactive action to address this over recent years. The PCC accepted all the recommendations, and a Service Improvement Tracker has been developed to monitor and track progress against recommendations. These recommendations are being progressed within agreed timelines for implementation.

Follow up on Previous Recommendations:

The Internal Audit End of Year Follow Up report on previous Internal Audit recommendations issued on 23 March 2023, identified that of the 28 recommendations with an implementation date of 31 March 2023 or earlier, 61% (17 recommendations) were fully implemented and 32% (9 recommendations) were partially implemented. Work will continue during 2023/24 to address those recommendations that have not yet been fully implemented.

Overall Opinion from the Head of Internal Audit:

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

*Overall for the year ended 31 March 2023, I can provide **satisfactory** assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.*

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

Shared Services Audit	**Level of Assurance Received**
Payroll Shared Service	Satisfactory - Elementary PSC processes Limited - SAP / HMRC Real Time Information (RTI) Reconciliation, Historic Sickness Absence, Net & Historic Overpayments Backlog, and Agenda for Change 13.9 and 14.4 (previously reported as holiday pay)
Recruitment Shared Service	Limited - Recruitment processes
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

9.2 External Audit

In her 'Report to Those Charged with Governance' for the year ending 31 March 2023, the Comptroller and Auditor General gave an unqualified audit opinion on the financial statements without modification.

9.3 Business Services Organisation

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

10. Review of Effectiveness of the System of Internal Governance

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

11. Internal Governance Divergences

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

Achieving Organisational Stability (Staffing Budget): Over the past 3 years the PCC has undertaken significant work to reorganise and refocus. As a result, it has experienced a greater demand for its services from the public seeking to access its advocacy services and those wishing to be engaged in decision making in reforming and rebuilding health service provision. This helped to ensure that HSC services were developed with meaningful involvement and input from patients, carers and the wider public. HSC organisations were also increasingly seeking to avail of the PCC expertise and knowledge to support patients and carers in SAI investigations / public inquiries and to engage in service design.

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

The PCC is a small organisation, with limited funding, that is primarily expended on staffing. Budget reductions and savings that the PCC had experienced over time had therefore had a disproportionate impact on staffing resources compared to other larger organisations. Throughout 2020 and 2021 PCC were successful in receiving in-year temporary funds through the monitoring rounds, enabling it to bring in some additional agency staff. While this allowed the PCC to be able to meet some of the additional demand in year, it did not provide security of service provision. Additionally, although a number of very good staff were brought in through agency contracts, because of the nature of the contracts, it was difficult to retain them.

Throughout 2022-23 PCC developed a clear PCC Practice Model, finalising a target organisational structure to achieve organisational stability and to support the delivery of the PCC Practice Model, and implemented a recruitment programme to deliver the target organisational structure.

During 2022-23 the PCC received confirmation that additional funding is recurrent, taking its allocation of recurrent funding from 1.4m to 1.9m (over a period of 5 years). This increase of recurrent funding has enabled PCC to stabilise the staffing structure and the target organisational structure to support the current practice model was achieved on 1 April 2023. The PCC has not engaged temporary or agency staff since that date.

Inquiry-related Services (Legal Representation): Following the establishment of the Muckamore Abbey Hospital Public Inquiry (MAHI), which *"will also examine the response of other relevant agencies, including ……. the Patient Client Council",* the PCC worked with the DoH, BSO and other relevant bodies to review the most appropriate model for the provision of independent legal support for its involvement with the MAHI, safeguarding the PCC's independence, and submitted a business case for the additional funds necessary to meet this inescapable cost pressure. In August 2022 the DoH approved funding for the remainder of 2022-23 to cover any inquiry related costs.

The PCC worked alongside BSO Procurement and entered into a tender competition to commission suitable legal support with the contract being awarded in December 2022. The DoH approved 2023-24 funding for Inquiry-related Services (including legal representation) in May 2023. The PCC have created a Financial Control Framework to ensure the contract is managed in line with the budget and governance guidelines.

Access to e-procurement system: The PCC reviewed and documented the processes for closing leavers' access to the e-procurement system and therefore preventing unauthorised access to the system.

Direct Award Contract approvals: The PCC updated its Direct Award Contracts register to ensure additional checks to ensure that all Direct Award Contracts are signed by the Accounting Officer.

HR and Payroll, Travel and Subsistence System: A managed service is provided for the HR, Payroll, Travel and Subsistence System (HRPTS) for HSCNI. This service is provided from servers hosted at data centres owned by a sub-contractor of the managed service supplier. This sub-contractor went into administration on 25 March 2022. By email on 1 April 2022, the supplier informed BSO that the sub-contract would continue to trade as normal while the Administrators explored options for the company's future, including re-negotiating contractual terms with its existing customers regarding power costs associated with increasing global supply issues. The Administrators confirmed by letter on 7 July 2022, that effective 7 July 2022, the sale of three data centres and all associated services delivered from these locations, completed successfully to a new sub-contractor. BSO/PCC services were not impacted. The contractual terms between the supplier and their sub-contractor were re-negotiated. BSO will continue to maintain a functioning disaster recovery site for HRPTS within the HSC Data Centre.

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

Budget Position and Authority: The Northern Ireland Budget Act 2023 was passed by Parliament and received Royal Assent on 8 February 2023 which authorised the cash and use of resources for all departments and other bodies for the full 2022-23 year, and also included a Vote on Account for the early months of the 2023-24 financial year. This will be followed by a further Budget Bill which the Secretary of State will bring to Parliament in due course, following the 2023-24 Northern Ireland Budget which he set in his Written Ministerial Statement on 27 April 2023.

The *Written Ministerial Statement* has enabled the Department of Health to issue opening allocations for 2023-24 which will enable essential services to continue. However, despite plans to deliver significant efficiencies, the budget allocation provided has resulted in a significant funding gap. The Department of Health and its Arm's Length Bodies are currently working on the development of further savings measures to bridge the gap. However, it is clear that, if the Department of Health does not receive significant additional funding, the implementation of high impact savings will be required, with adverse consequences for an already highly pressurised health and social care system which would be very damaging for service delivery.

11.3 New governance issues identified during 2022-23

Board Effectiveness: The PCC Council carried a number of vacancies during 2022-23, and while this situation posed a risk to diversity and quoracy of governance bodies, Council and Committee Chairs and members worked with PCC Management to mitigate this risk and to maintain effective standards of communication, reporting and governance throughout the year. The Public Appointments Unit are currently progressing a recruitment exercise to recruit additional Council members for the PCC.

Information Governance: The PCC commissioned an associate through the HSC Leadership Centre to assist the PCC with Inquiry related support, including identifying learning which could improve and enhance information governance in PCC. Following on from this work, in February 2023 the associate presented a report which highlighted key areas of focus which would strengthen information governance within the organisation. These recommendations included reviewing the PCC's electronic drive to clean and streamline, digitise all hard copy files and implement processes/procedures for records management within the organisation. These recommendations have been accepted and work will continue in 2023-24 to ensure these are implemented fully.

Property Asset Management: The PCC has a small office space in Wellington Court, Ballymena, which is used by 4 members of staff. The original lease was agreed in 2014 for 6 years up to July 2020. The value of the lease is £5,000 per annum. The lease was extended in July 2020 for a further 2 years (to July 2022), and again in July 2022 for a further year to July 2023. It was subsequently discovered that the required Business Case had not been submitted or approved by DoH Property Management Branch (PMB) in either 2020 or 2022.

Business Cases, which included an extension of one-year to July 2024 were subsequently submitted and PMB has now issued the PCC with retrospective approval for the business cases. PMB also issued the PCC with a Governance letter which highlighted the non-compliance due to the PCC not following the requirements of HSC(F)30-2022 in regard to business case submissions.

12. 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 2022-23.

Meadhbha Monaghan

Chief Executive Officer

19 July 2023

Remuneration and Staff Report

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

Senior managers include the Chief Executive Officer, the Head of Business Support and the Head of Operations.

Appointments and Remuneration Committee

At the end of the year, 31 March 2023, the Chair of the PCC will conduct an appraisal for the Chief Executive Officer, and make recommendations to the Appointments and Remuneration Committee. The Chief Executive Officer is the only senior manager who is employed on a Senior Executive Contract, which requires consideration by the Appointments and Remuneration Committee and approval by Council. The membership of the Appointments and Remuneration Committee is comprised exclusively of Council members. The Chief Executive and a nominated HR Officer (from BSO) shall provide information, advice and support to the Committee.

The Appointments and Remuneration Committee for 2022-23 membership is:

- Mr. Alan Hanna (Chair).
- Mr Stephen Mathews (Interim Council Chair)

Appointments and Remuneration Committee Role and Performance

The Committee considers the remuneration policy as directed by Circular HSS (SM) 1/2003 issued by DoH in respect of Senior Executives, which specifies that they be subject to the HSC Individual Performance Review System. Within this system, each participant agrees objectives with the CEO and the CEO agrees hers with the Chair. At the end of each year performance is assessed by the Chair and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Council's Appointments and Remuneration Committee for endorsement, and to the Council for approval. There are no elements of senior executives' remuneration that are not subject to performance conditions.

In 2022-23 the committee met once in May 2022. Matters addressed included the Chief Executive Officer's appraisal and pay award. The table below details Council Members' attendance at this meeting.

Members	Attendance
Alan Hanna	1
Christine Collins*	1

*Christine Collins was Chair from 1 March 2019 to 30 September 2022.

The main functions of the Committee are to:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the CEO. This will include the basic pay principles and overall approach to remuneration including governance and disclosure; and
- Take account of all factors, which it decides, is necessary, including the provisions of any national agreements for staff where appropriate.
- The Committee's objectives shall be to ensure that the senior management of PCC are:
- Remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose;
- Provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation;
- Consider and recommend to PCC Council, the framework or broad policy for the pay (remuneration) of staff below senior management, including the policy or broad approach for pay uplifts for PCC staff and pension policies;
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout PCC;
- Monitor and evaluate the performance of the CEO and agree targets for pay progression and any performance related pay schemes operated by PCC. Considering and endorsing performance pay and submitting to Council for approval; and
- Consider and recommend to the Council any disciplinary and grievance procedures applicable to, and possible disciplinary action involving, the CEO including the dismissal of the post-holder.

Service Contracts

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

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

Notice Periods

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

Retirement Age

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

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

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

Non-Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
Christine Collins (Chair)*	5-10	15-20	-	-	-	-	5-10	15-20
Stephen Matthews (Chair)	5-10	-					5-10	0
Martin Reilly (NED)	0-5	0-5	-	100	-	-	0-5	0-5
Patrick Farry (NED)	0-5	0-5	-	-	-	-	0-5	0-5
Paul Douglas (NED)	0-5	0-5	-	-	-	-	0-5	0-5
Alan Hanna (NED)	0-5	0-5	-	-	-	-	0-5	0-5
William Halliday (NED)***	0-5	0-5	-	-	-	-	0-5	0-5
Joan McEwan (NED)	0-5	0-5	-	100	-	-	0-5	0-5
Tom Irvine (NED)	0-5	-					0-5	-
Elizabeth Cuddy (NED)**	0-5	0-5	-	-	-	-	0-5	0-5

Non-Executive gross pay includes the 2020-21 and 2021-22 pay awards but excludes pay award circulars issued post year end

* Christine Collins left 30 September 2022,

**Elizabeth Cuddy left 15 April 2022,

*** William Halliday left 8 October 2022

Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22	2022-23	2021-22
Vivian McConvey	70-75	65-70	-	-	27	19	95-100	85-90
Jackie McNeill*	15-20 (FYE 55-60)	45-50	-	-	1	41	15-20	85-90
Meadhbha Monaghan**	55-60 (FYE 70-75)	55-60	-	-	22	15	75-80	70-75
Carol Collins ***	5-10 (FYE 55-60)	NA	-	-	2	NA	10-15	NA

SENIOR EMPLOYEES' REMUNERATION AND PENSION ENTITLEMENTS (Audited Information)

*Jackie McNeill left on 31 August 2022

****** Meadhbha Monaghan became CEO from 13 March 2023

*** Carol Collins took up post 6 February 2023. Prior to this, Carol was employed and paid through an agency. The agency costs have not been disclosed in this table.

Executive gross pay includes the 2022-23 pay award for the 2018-19 and 2019-20 years but excludes pay award circulars issued post year end. The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument and the table below documents further.

Pensions of Senior Management (Audited Information)

Name	Accrued pension at pension age as at 31/3/23 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/23	CETV at 31/03/22	Real increase in CETV
Executive Members					
Vivian McConvey (appointed 08/04/2020 to 07/06/2023)	5-10 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	78	55	12
Jackie McNeill (appointed 01/09/2017 to 31/08/2022)	15-20 Plus lump sum of 35-40	0-2.5 Plus lump sum of 2.5-5	350	341	-
Meadhbha Monaghan (appointed 15/05/2020)	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	26	16	2

Note: As set out above, Carol Collins took up post on 6 February 2023. The financial information for her post was not included on the CETV return submitted in January 2023 and no current disclosure is being made

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

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

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

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

Fair Pay Statement (Audited Information)

The Hutton Fair Pay Review recommended that, from 2011-12, all public service organisations publish their top to median pay multiples each year. The DoH issued Circular HSC (F) 23/2012 and subsequently issued Circular HSC (F) 23/2013, setting out a requirement to disclose the relationship between the remuneration of the most highly paid employee in the organisation and the median remuneration of the organisation's workforce. Following application of the guidance contained in Circular (F) 23/2013, the following can be reported:

Fair Pay	2022-23	2021-22
Band of Highest Paid Director's Total Remuneration (£000s):	70-75	65-70
75th Percentile Total Remuneration (£)	40,588	40,057
Median Total Remuneration (£)	35,572	34,172
25th Percentile Total Remuneration (£)	32,934	31,534
Ratio (75th/Median/25th)	1.8/2.0/2.2	1.7/2.0/2.1

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

The banded remuneration of the highest-paid director in PCC in the financial year 2022-23 was £70-£75k (2021-22 was £65-£70k). This was 2.2 times (2022; 2.1) the 25th percentile of the workforce which was £32,934 (2022; £31,534), 2.0 times (2022; 2.00) the median remuneration of the workforce, which was £35,572 (2022; £34,172), 1.8 times (2021-22; 1.7) the 75th percentile of the workforce in 2022-23 which was £40,588 (2022; £40,057). No employees received remuneration in excess of the highest-paid director. Remuneration ranged from £20,270 to £56,164 (2021-22; £18,546 to £54,764). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

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

Percentage Change for:	**2022-23 vs 2021-22**
Average employee salary and allowances	1.98%
Highest paid director's salary and allowances	8.10%

The average salary and highest paid director have increased from 2022-23 due to pay awards and additional hours worked during the financial year. No performance pay or bonuses were payable to PCC employees in these years.

Staff Report

Staff Numbers and Related Costs (Audited Information)

Staff Costs

Staff costs comprise:	2023 Permanently employed staff	2023 Others	2023 Total	2022 Total
	£000s	£000s	£000s	£000s
Wages and salaries	1,045,401	363,313	1,408,714	1,406,536
Social security costs	106,745		106,745	85,870
Other pension costs	212,653		212,653	176,452
Sub-Total	1,364,799	363,313	1,728,112	1,668,858
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,364,799**	**363,313**	**1,728,112**	**1,668,858**
Less recoveries in respect of outward secondments			-	-
Total net costs			**1,728,112**	**1,668,858**

Wages and salaries include £nil costs relating to VES (2022-23: £nil)

Pension Liabilities

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, to ensure that the amounts recognised in the financial

statements do not differ materially from those determined at the reporting period date. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. While the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

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

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

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

Annual pensionable earnings (full-time equivalent basis)	Contribution rate before tax relief from 1 April 2022 (phase 1)
Up to £13,246	**5.1%**
£13,247 to £16,831	**5.7%**
£16,832 to £22,878	**6.1%**
£22,879 to £23,948	**6.8%**
£23,949 to £28,223	**7.7%**
£28,224 to £29,179	**8.8%**
£29,180 to £43,805	**9.8%**
£43,806 to £49,245	**10.0**
£49,246 to £56,163	**11.6%**
£56,164 to £72,030	**12.5%**
£72,031 and above	**13.5%**

A NEST (National Employment Saving Trust) Scheme is also in operation for employees who are not eligible to the HSC Pension Scheme and the HSC Pension Scheme 2015, with a member contribution rate of 5% in 2022-23.

Average number of persons employed

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

	2023			2022
	Permanently employed staff	**Others**	**Total**	**Total**
	No.	**No.**	**No.**	**No.**
Administrative and clerical	26	7	33	33
Total average number of persons employed	**26**	**7**	**33**	**33**
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments			-	-
Total net average number of persons employed			**33**	**33**

The staff numbers disclosed as Others in 2022-23 relate to temporary members of staff.

The figures exclude the Chairman and NEDs of PCC.

*Permanent staff based on 12-month average. Other made up of 7 agency and 1 seconded staff member.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of packages by cost band	
	2023	2022	2023	2022	2023	2022
<£10,000	-	-	-	-	-	-
£10,000-£25,000	-	-	-	-	-	-
£25,000-£50,000	-	-	-	-	-	-
£50,000-£100,000	-	-	-	-	-	-
£100,000-£150,000	-	-	-	-	-	-
£150,000-£200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
Total number of exit packages by type	-	-	-	-	-	-
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total resource cost	-	-	-	-	-	-

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation (Northern Ireland) Order 1972.

The table above shows the total exit cost of exit packages agreed and accounted for in 2022-23 and 2021-22. £nil exit costs were paid in 2022-23. The previous year, 2021-22, £nil exit costs were paid. Where the PCC has agreed early retirements, the additional costs are met by the PCC and not by the HSC pension scheme. Ill health retirement costs are met by the pension scheme and are not included in the table. During 2022-23 there was no early retirements from the PCC (1 in 2021-22, agreed on the grounds of ill-health).

Staff Composition

	Male		Female	
	No.	%	No.	%
Council Members				
PCC Non-Exec	6	16%		
Council Members Total	**6**	**16%**		
Executive Management Team				
Chief Executive			2	5%
Admin & Clerical 8b			1	3%
Executive Management Team Total			**3**	**8%**
Leadership Team				
Admin & Clerical Band 8a			1	3%
Admin & Clerical Band 7			3	8%
Leadership Team Total			**4**	**11%**
Other Staff				
Admin & Clerical Band 6	2	5%	10	27%
Admin & Clerical Band 5	2	5%	7	19%
Admin & Clerical Band 4	1	3%	2	5%
Other Staff Total	**5**	**14%**	**19**	**51%**
Total	**11**	**30%**	**26**	**70%**

These figures do not include the HR Business Partner or agency workers.
The total number of staff, including PCC Council members is 37. The percentage of male and female staff is calculated using this figure.

The information in the above table is taken from the Human Resources, Payroll and Travel System (HRPTS) and reflects the position of staff in post on 31 March 2023.

When at full complement, the PCC should have an Executive Management Team made up of the CEO, Head of Operations and Head of Business Support. The Leadership Team should consist of Service Managers (3), Senior Policy Impact and Influence Manager, Communication & Public Affairs Manager, Finance Manager and a Business and Governance Manager. During 2022-23, the PCC worked with a HR Business Partner who was directly employed by Business Services Organisation (BSO). Please see page 9 for the PCC's organisational structure as at 31 March 2023.

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

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

The PCC is committed to promoting diversity and inclusion across our workforce, as set out in the PCC Employment Equality of Opportunity policy. This also includes a commitment to our responsibilities under the Disability Discrimination Act (1995) and our commitment to make all

reasonable adjustments as set out in the PCC Attendance at Work policy. For information governance and data protection purposes, the PCC are unable to disclose the exact number of employees in PCC who have disclosed they have a disability, however this number equates to less than 5% of the workforce.

Staff Absence Data

PCC sickness absence target for 2022-23, as agreed with the DoH, was 7.9% which was a reduction of 4.4% from 2021-22. The cumulative absence level at 31 March 2023 was 9.3% which represented a 2% increase on 2021-22 levels and was over the agreed target by 1.4%. This increase was largely due to long term absences which were being managed in accordance with the PCC Absence Management Policy.

PCC is committed to continuing to manage staff absence through a programme of Health and Wellbeing and attendance management training. The HR Business Partner met with the Leadership Team regularly to review and monitor staff absence. Going into 2023-24 the Head of Business Support will work with BSO HR to continue this work and support the Leadership Management Team. A suite of Health and Wellbeing initiatives will also be introduced.

Staff Turnover

The overall employee turnover figure for 2022-23 was 15.7% (2022-23 - 18.5%).

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

	Average Headcount	Leavers	% Turnover
Total (average total headcount over the year	29	7	24.13%
Permanent Only (average permanent headcount over the year	25.5	4	15.7%
Others (average temporary headcount over the year)	3.3	3	91%

Exit interview feedback

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2022-23 has been positive of the PCC, team morale, training and development opportunities and communication throughout the organisation. Workload and the office environment were identified as concerns and the PCC has taken steps to address these through the staff stability plan, hybrid working and estate strategy plan.

Investing in our Team

The Patient Client Council (PCC) remains committed to offering our staff stability as well maintaining our focus on development, compassionate and collaborative leadership and staff engagement and motivation. As a result of the learning identified through our organisational review regarding service provision and organisational responsiveness, it was evident that the PCC did not have the capacity and capability to deliver fully effective services and meet public demand within its current workforce structure. A new structure commencing in 2023-24 will ensure the PCC has the ability to deliver on these demands in the future, create workforce stability, maximise the potential of staff, and also create attractive opportunities and career pathways within the PCC.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in a significant programme of staff training and support in 2022-23 including:

- OCN Level 2 Advocacy;
- OCN Level 2 Mediation Theory and Practice;
- Adult Safeguarding;
- MS Teams;
- Having difficult conversations;
- Homeless Prevention Awareness Training;
- Mental Health First Aid; and
- Alemba Case Management database training

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

The PCC value staff wellbeing and believe that our staff are at the heart of what we do. This means that in order to deliver high quality services to the public we must look after our staff. We also recognised that as a result of the journey of significant organisational change we have been on, which has included a review of our practice model, the PCC teams have been dealing with more complexity in our practice over the last 12 months. In 2021-2022, as part of our ongoing commitment to support staff across the organisation, and in response to feedback from the teams, we put in place external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken. This support continued during 2022-23 and complements the PCC's existing internal supervision structures and takes place on both a group and individual basis.

Staff Engagement

We also held all-staff engagement days in October, December, February and March, aimed at improving communication and engagement across the organisation. The engagement days covered a wide range of topics including culture, the importance of good records management and, service improvement initiatives including positive passporting. The workshops were interactive with staff being given the opportunity to present on their areas of work and the progress made throughout the year. Each session also allowed reflective time to discuss next steps and moving forward with momentum.

Off Payroll Engagements

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

Expenditure on Consultancy

The PCC spent £nil on consultancy during the financial year (2022-23 £nil)

Accountability and Audit Report

Funding Report

Regularity of Expenditure (Audited Information)

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

The Management Statement and Financial Memorandum between the Department of Health and the Accounting Officer of the PCC sets out the control framework and lays down the main duties of the PCC.

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

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

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

See page 72 regarding Property Asset Management which identified an irregularity of spend.

Liquidity and Cash Flow

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

Long Term Expenditure Plans

See page 51 regarding long term expenditure plans.

Notation of Gifts (Audited Information)

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

Assembly Accountability Disclosure Notes

(i) Losses and Special Payments (Audited Information)

PCC have no losses to report during the year.

(ii) Fees and Charges

There were no other fees and charges during the year

(iii) Remote Contingent Liabilities (Audited Information)

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

M. Monaghan

Meadhbha Monaghan

Chief Executive Officer

19 July 2023

Certificate and Report of the Comptroller and Auditor General

PATIENT AND CLIENT COUNCIL

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

Opinion on financial statements

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2023 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes, including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council's affairs as at 31 March 2023 and of the Patient and Client Council's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on regularity

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

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate.

My staff and I are independent of the Patient and Client Council in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

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

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

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

Other Information

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

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

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

Matters on which I report by exception

In the light of the knowledge and understanding of the Patient and Client Council and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Council and Accounting Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in

the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Patient and Client Council through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Patient and Client Council's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Patient and Client Council's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading council and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
    - performing analytical procedures to identify unusual or unexpected relationships or movements;
    - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;

- assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
- investigating significant or unusual transactions made outside of the normal course of business.

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

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

Report

I have no observations to make on these financial statements.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU
1 August 2023

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2023

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

	NOTE	2023 £	2022 £
Income			
Income from activities	4.1	935	-
Other Income (Excluding interest)	4.2	2,398	1,221
Deferred income	4.3	-	-
Total operating income		3,333	1,221
Expenditure			
Staff costs	3	(1,728,112)	(1,668,858)
Purchase of goods and services	3	-	(4,694)
Depreciation, amortisation and impairment charges	3	(36,848)	(9,016)
Provision expense	3	-	-
Other expenditure	3	(349,077)	(538,909)
Total operating expenditure		**(2,114,037)**	**(2,221,477)**
Net Expenditure		**(2,110,704)**	**(2,220,256)**
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		**(2,110,704)**	**(2,220,256)**
Adjustment to Net Expenditure for Non Cash Items		46,698	18,366

Net expenditure funded by RRL		(2,064,006)	(2,201,890)
Revenue Resource Limit (RRL)	22.1	2,076,532	2,213,521
Surplus/(deficit) against RRL		**12,526**	**11,631**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2023 £	2022 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/9	-	-
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2023		**(2,110,704)**	**(2,220,256)**

The notes on pages 102 to 143 form part of these accounts.

STATEMENT of FINANCIAL POSITION as at 31 March 2023

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.

		2023		2022	
	NOTE	£	£	£	£
Non-Current Assets					
Property, plant and equipment	5.1/5.2	92,616		39,221	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non-Current Assets			92,616		39,221
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	13,740		28,446	
Other current assets	13	14,185		22,293	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	27,797		23,636	
Total Current Assets			55,722		74,375
Total Assets			**148,338**		**113,596**
Current Liabilities					
Trade and other payables	14	(239,302)		(309,553)	
Other liabilities	14	(25,515)		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(264,817)		(309,553)

Total assets less current liabilities			**(116,479)**		**(195,957)**
Non-Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	14	(39,431)		-	
Financial liabilities	7	-		-	
Total Non-Current Liabilities			(39,431)		-
Total assets less total liabilities			**(155,910)**		**(195,957)**
Taxpayers' Equity and other reserves					
Revaluation reserve		6,613		6,613	
SoCNE Reserve		(162,523)		(202,570)	
Total equity			**(155,910)**		**(195,957)**

The financial statements on pages 95 to 101 were approved by the Council on 19 July 2023 and were signed on its behalf by;

Signed _____ (Chair Date 19 July 2023

Signed _____ (Chief Executive) Date 19 July 2023

The notes on pages 102 to 143 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2023

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	2023 £	2022 £
Net surplus after interest/Net operating expenditure			
Net surplus after interest/Net operating cost		(2,110,704)	(2,220,256)
Adjustments for non cash costs	3	46,698	18,366
(Increase)/decrease in trade & other receivables		22,814	50,091
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		(5,305)	59,203
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		(64,946)	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash inflow/(outflow) from operating activities		(2,111,443)	(2,092,596)

Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(9,910)	(23,733)
(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		(90,243)	(23,733)
Cash flows from financing activities			
Grant in aid		2,140,901	2,116,735
Cap element of payments - finance leases and on balance		(15,387)	
sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		2,125,514	2,116,735
Net increase (decrease) in cash & cash equivalents in the period		4,161	406
Cash & cash equivalents at the beginning of the period	12	23,636	23,230
Cash & cash equivalents at the end of the period	12	27,797	23,636

The notes on pages 102 to 143 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2023

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2021		**(108,399)**	**-**	**(108,399)**
Changes in Taxpayers Equity 2021-22				
Grant from DoH		2,116,735	-	2,116,735
Other reserves movements including transfers		-	6,613	6,613
(Comprehensive expenditure for the year)		(2,220,256)	-	(2,220,256)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	9,350	-	9,350
Balance at 31 March 2022		**(202,570)**	**6,613**	**(195,957)**
Changes in Taxpayers Equity 2022-23				
Grant from DoH		2,140,901	-	2,140,901
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(2,110,704)	-	(2,110,704)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	9,850	-	9,850
Balance at 31 March 2023		**(162,523)**	**6,613**	**(155,910)**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

1. STATEMENT OF ACCOUNTING POLICIES

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

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

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

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities.

1.2 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;

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

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

Valuation of Land and Buildings

The PCC did not own any Land and Building in the current 2022-23 financial year, or in the 2021-22 financial year.

Modern Equivalent Asset

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

Assets Under Construction (AUC)

Assets classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

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

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

Revaluation Reserve

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

1.3 Depreciation

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

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

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

Impairment loss

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

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

1.4 Subsequent expenditure

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

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

1.5 Intangible assets

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

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

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the PCC's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only

when it is probable that future economic benefits will flow to, or service potential be provided to, the PCC; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

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

1.6 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

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

1.7 Inventories

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

1.8 Income

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

Income relates directly to the activities of the PCC and is recognised on an accruals basis when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

Income is stated net of VAT.

1.9 Grant in aid

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

1.10 Investments

The PCC does not have any investments.

1.11 Research and Development expenditure

PCC has no Research and Development expenditure under ESA 2010 at 31 March 2023 or 31 March 2022.

1.12 Cash and cash equivalents

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

1.13 Leases

Under IFRS 16 Leased Assets which the PCC has use/control over and which it does not necessarily legally own are to be recognised as a 'Right-Of-Use' (ROU) asset. There are only two exceptions:

- short term assets – with a life of up to one year; and
- low value assets – with a value equal to or below the Department's threshold limit which is currently £5,000.

Short term leases

Short term leases are defined as having a lease term of 12 months or less. Any lease with a purchase option cannot qualify as a short term lease. The lessee must not exercise an option to extend the lease beyond 12 months. No liability should be recognised in respect of short-term leases, and neither should the underlying asset be capitalised.

Lease agreements which contain a purchase option cannot qualify as short-term.

Examples of short term leases are software leases, specialised equipment, hire cars and some property leases.

Low value assets

An asset is considered “low value” if its value, when new, is less than the capitalisation threshold. The application of the exemption is independent of considerations of materiality. The low value assessment is performed on the underlying asset, which is the value of that underlying asset when new.

Examples of low value assets are, tablet and personal computers, small items of office furniture and telephones.

Separating lease and service components

Some contracts may contain both a lease element and a service element. DoH bodies can, at their own discretion, choose to combine lease and non-lease components of contracts, and account for the entire contract as a lease. If a contract contains both lease and service components IFRS 16 provides guidance on how to separate those components. If a lessee separates lease and service components, it should capitalise amounts related to the lease components and expense elements relating to the service elements. However, IFRS 16 also provides an option for lessees to combine lease and service components and account for them as a single lease. This option should help DoH bodies where it is time consuming or difficult to separate these components.

The PCC as lessee

The ROU asset lease liability will initially be measured at the present value of the unavoidable future lease payments. The future lease payments should include any amounts for:

- Indexation;
- amounts payable for residual value;
- purchase price options;
- payment of penalties for terminating the lease;
- any initial direct costs; and
- costs relating to restoration of the asset at the end of the lease.

The lease liability is discounted using the rate implicit in the lease.

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.

The difference between the carrying amount and the lease liability on transition is recognised as an adjustment to taxpayers equity. After transition the difference is recognised as income in accordance with IAS 20.

Subsequent measurement

After the commencement date (the date that the lessor makes the underlying asset available for use by the lessee) a lessee shall measure the liability by;

- Increasing the carrying amount to reflect interest;
- Reducing the carrying amount to reflect lease payments made; and
- Re-measuring the carrying amount to reflect any reassessments or lease modifications, or to reflect revised in substance fixed lease payments.

There is a need to reassess the lease liability in the future if there is:

- A change in lease term;
- change in assessment of purchase option;
- change in amounts expected to be payable under a residual value guarantee; or
- change in future payments resulting from change in index or rate.

Subsequent measurement of the ROU asset is measured in same way as other property, plant and equipment. Asset valuations should be measured at either 'fair value' or 'current value in existing use'.

Depreciation

Assets under a finance lease or ROU lease are depreciated over the shorter of the lease term and its useful life, unless there is a reasonable certainty the lessee will obtain ownership of the asset by the end of the lease term in which case it should be depreciated over its useful life.

The depreciation policy is that for other depreciable assets that are owned by the entity.

Leased assets under construction must also be depreciated.

The PCC as lessor

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

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

The PCC will classify subleases as follows:

- If the head lease is short term (up to 1 year), the sublease is classified as an operating lease;
- otherwise, the sublease is classified with reference to the right-of-use asset arising from the head lease, rather than with reference to the underlying asset.

1.14 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.15 Financial instruments

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

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

- Financial assets

Financial assets are recognised on the Statement of Financial Position when the PCC becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.
Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon NIPEC's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.
Financial assets are classified into the following categories:

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

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

- Financial liabilities

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

recognised when the liability has been discharged, that is, the liability has been paid or has expired.
Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore the PCC is not exposed to the degree of financial risk faced by business entities.
There are limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing its activities. Therefore the PCC is exposed to limited credit, liquidity or market risk.

- Currency risk

The PCC is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. . There is therefore low exposure to currency rate fluctuations.

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

Since the PCC receives the majority of its funding through its principal Commissioner which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.16 Provisions

The PCC had no provisions at either 31 March 2023 or 31 March 2022.

1.17 Contingent liabilities/assets

The PCC had no contingent assets or liabilities at either 31 March 2023 or 31 March 2022.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2023. It is not anticipated that the level of untaken leave will vary significantly from year to year.

However during the 2020/21 financial year the unused annual leave balances and therefore the cost of unused leave accounted for increased materially due to Covid-19 pressures resulting in staff being unable to take planned leave. To ensure staff didn't lose annual leave during the 2020/21 year, key workers were granted permission to carry over additional unused leave above the usual 5 days, to be taken within the next 2 financial years. PCC's employees have key worker status and thus were able to avail of this. Untaken flexi leave is estimated to be immaterial to the PCC and has not been included.

Retirement benefit costs

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

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

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

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2022-23 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that is being carried out as part of the 2020 valuation. Whilst the 2016 valuation remains the most recently completed valuation, the 2020 valuation is sufficiently progressed to use for setting the demographics assumptions.

1.19 Value Added Tax

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

1.20 Third party assets

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

1.21 Government Grants

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

1.22 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had 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.

1.23 Charitable Trust Account Consolidation

The PCC held no charitable trusts at 31 March 2023 or 31 March 2022

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

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

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2023.

Management currently assess that there will be minimal impact on application to the PCC's consolidated financial statement

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

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

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 3 EXPENDITURE

	2023	2022
	£	£
Staff costs[1]:		
Wages and Salaries	1,408,714	1,406,536
Social security costs	106,745	85,870
Other pension costs	212,653	176,452
Supplies and services - General	-	4,694
Establishment	212,258	376,564
Transport	10,651	5,648
Premises	75,433	101,463
Bad debts	-	-
Rentals under operating leases	-	26,000
Interest charges	703	-
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	40,182	19,884
Total Operating Expenses	2,067,339	2,203,111
Non Cash items		
Depreciation	36,848	9,016
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-

Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors remuneration	9,850	9,350
Total non cash items		
	46,698	18,366
Total	**2,114,037**	**2,221,477**

[1]Further detailed analysis of staff costs is located in the Staff Report on page 73 within the Accountability Report.

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2022: £NIL)

The PCC did not participate in the NFI during 2022-23

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 4 INCOME

4.1 Income from Activities

	2023	2022
	£	£
HSC Trusts	935	-
Non – HSC Private Patients	-	-
Non – HSC Other	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**935**	**-**

4.2 Other Operating Income

	2023	2022
	£	£
Other income from non-patient services	2,398	1,221
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL Other Operating Income	**2,398**	**1,221**

TOTAL INCOME	**3,333**	**1,221**

4.3 Deferred income

The PCC had no income released from conditional grants in 2022-23 and 2021-22.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.1 Property, plant & equipment

	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 2022	**-**	**-**	**-**	**-**	**-**	**-**	49,772	**-**	49,772
Opening Balance Adj	-	80,333	-	-	-	-	-	-	80,333
Additions	-	9,910	-	-	-	-	-	-	9,910
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 2023	**-**	**90,243**	**-**	**-**	**-**	**-**	**49,772**	**-**	**140,015**

Depreciation

At 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**	10,551	-	10,551
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	25,596	-	-	-	-	11,252	-	36,848
At 31 March 2023	**-**	**25,596**	**-**	**-**	**-**	**-**	**21,803**	**-**	**47,399**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.1 (continued) Property, plant & equipment

	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 2023	**-**	**64,647**	**-**	**-**	**-**	**-**	**27,969**	**-**	**92,616**
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**39,221**	**-**	**39,221**

Asset financing

Owned	-	64,647	-	-	-	-	27,969	-	92,616
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2023	**-**	**64,647**	**-**	**-**	**-**	**-**	**27,969**	**-**	**92,616**

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

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

	2023	**2022**
	£	**£**
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.2 Property, plant & equipment - year ended 31 March 2022

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

Depreciation

At 1 April 2021	**-**	**-**	**-**	**-**	**-**	**-**	18,892	-	18,892
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	1,966	-	1,966
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(19,323)	-	(19,323)
Provided during the year	-	-	-	-	-	-	9,016	-	9,016
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**10,551**	**-**	**10,551**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2022

	Land	Buildings (excluding dwellings)	Dwellings	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£	£	£	£	£
Carrying Amount									
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**39,221**	**-**	**39,221**
At 1 April 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**
Asset financing									
Owned	-	-	-	-	-	-	39,221	-	39,221
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2022	**-**	**-**	**-**	**-**	**-**	**-**	**39,221**	**-**	**39,221**

Asset financing

Owned	-	-	-	-	-	-	17,891	-	17,891
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2022	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6 INTANGIBLE ASSETS

There were no intangible assets for the year ended 31 March 2023 or 31 March 2022.

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 INVESTMENTS AND LOANS

PCC had no investments or loans at either 31 March 2023 or 31 March 2022.

NOTE 9 IMPAIRMENTS

The PCC had no impairments at either 31 March 2023 or 31 March 2022.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2023 or 31 March 2022.

NOTE 11 INVENTORIES

The PCC held no inventories at either 31 March 2023 or 31 March 2022.

NOTE 12 CASH AND CASH EQUIVALENTS

	2023	2022
	£	£
Balance at 1st April	23,636	23,230
Net change in cash and cash equivalents	4,161	406
Balance at 31st March	**27,797**	**23,636**

The following balances at 31 March were held at	**2023**	**2022**
	£	£
Commercial Banks and cash in hand	27,797	23,636
Balance at 31st March	**27,797**	**23,636**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

12.1 Reconciliation of liabilities arising from financing activities

	2022	Opening Balance Adjusted	Restated	Cash flows	Non-Cash Changes	2023
	£	£	£	£	£	£
Lease Liabilities	-	80,333	80,333	(25,297)	9,910	64,946
Total liabilities from financing activities	**-**	**80,333**	**80,333**	**(25,297)**	**9,910**	**64,946**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2023	2022
	£	£
Amounts falling due within one year		
Trade receivables	1,560	3,989
Deposits and advances	-	-
VAT receivable	12,180	24,457
Other receivables – not relating to fixed assets	-	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**13,740**	**28,446**
Prepayments	14,185	22,293
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**14,185**	**22,293**
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	**13,740**	**28,446**
TOTAL OTHER CURRENT ASSETS	**14,185**	**22,293**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**27,925**	**50,739**

The balances are net of a provision for bad debts of £Nil (2022: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2023	2022
	£	£
Amounts falling due within one year		
Other taxation and social security	84,682	49,486
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	25,377	54,467
Payroll payables	-	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	105	169
Other payables	-	-
Accruals	129,138	205,431
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	-	-
Trade and other payables	**239,302**	**309,553**
Current part of lease liabilities	25,515	-
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Other current liabilities	25,515	-

Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	**264,817**	**309,553**
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance Leases	39,431	-
Imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	39,431	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**304,248**	**309,553**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 15 PROVSISONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2023 or 31 March 2022.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2023 or 31 March 2022.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Quantitative disclosures around right of use assets

	Land and Buildings	Other	Total
	£	£	£
Cost or valuation	-	-	-
At 1 April 2022	80,333	-	80,333
Additions	9,910	-	9,910
Impairments	-	-	-
Transfers	-	-	-
Reclassifications	-	-	-
Revaluations (cost)	-	-	-
Derecognition	-	-	-
Remeasurement	-	-	-
At 31 March 2023	**90,243**	-	**90,243**
Depreciation expense			
At 1 April 2022	-	-	-
Recognition	-	-	-
Charged in year	25,596	-	25,596
Transfers	-	-	-
Reclassifications	-	-	-
Revaluations (cost)	-	-	-
Derecognition	-	-	-
At 31 March 2023	**25,596**	**-**	**25,596**
Carrying amount at 31 March 2023	**64,647**	**-**	**64,647**
Interest charged on IFRS 16 leases	703	-	703

17.2 Quantitative disclosures around Lease Liabilities

Maturity analysis

	31 March 2023	31 March 2022
	£	£
Buildings		
Not later than one year	26,000	26,000
Later than one year and not later than five years	39750	65,750
Later than five years		-
	65,750	91,750
Less interest element	(804)	(1,508)
Present value of obligations	64,946	90,242
Other		
Not later than one year	-	-
Later than one year and not later than five years	-	-
Later than five years	-	-
	-	-
Less interest element	-	-
Present value of obligations	-	-
Total present value of obligations	**64,946**	**90,242**
Current portion	**25,515**	**25,296**
Non-current portion	**39,431**	**64,946**

17.3 Quantitative disclosures around elements in the Statement of Comprehensive Net Expenditure

	31 March 2023	31 March 2022
	£	£
Variable lease payments not included in lease liabilities	-	-
Sub-leasing income	-	-
Expense related to short-term leases	-	-
Expense related to low-value asset leases (excluding short-term leases)	-	-

17.4 Quantitative disclosures around cash outflow for leases

	31 March 2023	31 March 2022
	£	£
Total cash outflow for lease	26,000	-

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

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

The PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2023 or 31 March 2022.

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

The PCC had no 'service' element of PFI and other service concession arrangements schemes deemed to be on-balance sheet at either 31 March 2023 or 31 March 2022.

NOTE 19 CONTINGENT LIABILITIES

The Patient & Client Council did not have any quantifiable contingent liabilities at 31 March 2023 or 31 March 2022.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 20 Related Party Transactions

PCC is an arms length body of the Department of Health and as such the Department is a related party with which the PCC has had various material transactions during the year and also during 2022-23

In addition there were material transactions throughout the year and in 2022-23 with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health.

During the year and 2022-23 also, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

NOTE 21 Third Party Assets

The PCC held no third part assets at either 31 March 2023 or 31 March 2022.

NOTE 22 Financial Performance Targets

22.1 Revenue Resource Limit

The PCC is allocated a Revenue Resource Limit (RRL) and a Capital Resource Limit (CRL) and must contain spending within these limits.

The resource limits for a body may be a combination of agreed funding allocated by commissioners, the Department of Health, other Departmental bodies or other departments. Bodies are required to report on any variation from the limit as set which is a financial target to be achieved and not part of the accounting systems.

Following the implementation of review of Financial Process, the format of Financial Performance Targets has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. In 2022-23 PCC has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL. PCC has also remained within the 2021-22 restated materiality threshold limit.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022	2022-23	2021-22 Restated
	£	£
Revenue Resource Limit (RRL)		
RRL Allocated From:	-	-
DoH (SPPG)	-	-
DoH (Other)	2,076,532	2,213,521
PHA	-	-
Other	-	-
Total	**2,076,532**	**2,213,521**
Less RRL Issued To:		
RRL Issued	-	-
RRL to be Accounted For	**2,076,532**	**2,213,521**
Revenue Resource Limit Expenditure		
Net Expenditure per SoCNE	(2,110,704)	(2,220,256)
Adjustments		
Capital Grants	-	-
Research and Development under ESA10	-	-
Depreciation/Amortisation	36,848	9,016
Impairments	-	-
Notional Charges	9,850	9,350
Movements in Provisions	-	-
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	-
Other (Specify)	-	-
Net Expenditure Funded from RRL	(2,064,006)	(2,201,890)
Surplus/(Deficit) against RRL	12,526	11,631

Break Even cumulative position (opening)	313,536	301,904
Break Even cumulative position (closing)	326,062	313,536

Materiality Test:

The PCC is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL limits

	2022-23	**2021-22**
	%	%
Break Even in year position as % of RRL	0.6%	0.53%
Break Even cumulative position as % of RRL	15.7%	14.16%

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2023

NOTE 22 Financial Performance Targets

22.2 Capital Resource Limit

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

	2023 Total £	2022 Total £
Gross capital expenditure by PCC	9,910	23,733
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	9,910	23,733
Capital Resource Limit	10,000	23,743
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	**(90)**	**(10)**

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

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

Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 3 August 2023.

APPENDIX A: COUNCIL MEMBER AND SENIOR STAFF PROFILES

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	Christine Collins, MBE Chairperson From: 1 March 2019 to 30 September 2022	Christine retired from the Civil Service in 2005 and since this time has immersed herself in the world of human rights, equality and advocacy; with a particular focus on those living with disability and/or rare disease. Christine was the founding Chair of the Northern Ireland Rare Disease Partnership; and a Patient Public Voice representative on the UK Rare Disease Advisory Group from its inception until April 2018. Christine has been involved in rare disease for many years and is actively involved in the development and implementation of both the UK and Northern Ireland Rare Disease plans. Christine was a Commissioner at the Northern Ireland Human Rights Commission from 2011 to 2017. She is currently a member of the Duty of Candour Work Stream, part of the Inquiry into Hyponatremia Related Deaths Implementation programme. She was appointed as the Interim Chair of Regulation and Quality Improvement Authority on 18 June 2020.
	Stephen Mathews, OBE Council Member From: 12 September 2022 to Present Day Interim Chairperson From 1 October 2022 to 14 May 2023	Stephen was Chief Executive of The Cedar Foundation, to October 2021, completing over 30 years' service. Cedar supports over 3000 individuals living with disability, autism and brain injury to live the lives they choose. At Cedar he oversaw the development of a range of specialisms, including Supported Community Living for people with complex needs. He was appointed OBE in 2010 for services to people with a disability. A graduate of the Universities of Ulster and Birmingham he is Chartered Institute of Personnel and Development qualified and a Fellow of the Chartered Management Institute. Stephen is a former Chair of CO3, He continues involvement as a CEO Mentor.

		Stephen was appointed an Equality Commissioner with the ECNI in 2019, completing his term in May 2022. Stephen was reappointed as an Equality Commissioner with the ECNI in February 2023. He is NI volunteer advisor to UK grant giving charitable foundation The Henry Smith's Charity, supporting the investment over £1m pa to NI 3rd Sector organisations.
	Alan Hanna Council Member From: 1 April 2019 to Present Day	Alan has held several senior management positions in the voluntary sector. He is currently a freelance Consultant working primarily in the voluntary sector. He has also served on a number of public boards as a Non-Executive Director including the HSC Business Services Organisation and the NI Fire and Rescue Service. Much of Alan's work has been in the area of learning disability and he has long personal experience of supporting a close family member with autism and learning disability. Alan has an honours degree in Modern History and an MSc in Organisation and Management. For the past several years he has undertaken a range of interim Executive appointments with voluntary organisations including Diabetes UK, Children's Heartbeat Trust and Belfast Community Circus.
	Tom Irvine Council Member From: 12 September 2022 to Present Day	Tom graduated from Queens University Belfast with a BSc. in physics. Joining Ford Motor Company 1974 he has extensive experience in finance, human resources and management development training. After spending 32 years with Ford, Tom took early retirement to work in the public sector as a part-time pension lecturer with the North West Regional College and the pension tutor for Unite the Union in Northern Ireland. He has 15 years NED experience in both private and public sectors with 7 years as a Trustee Director of the Ford/Visteon Pension Scheme and 8 years as a Board Member of the NI Local Government Pension Scheme (NILGOSC).

		Currently he is an Independent Assessor for Public Appointments in Northern Ireland. Tom holds no other public appointments.
	Patrick Farry Council Member From: 1 April 2019 to Present Day	Patrick (Paddy) graduated from Queens University Belfast with a degree in Business Administration. Following Post Graduate studies, he qualified as a Chartered Certified Accountant in 1987 and has worked in professional practice ever since. Since 1992 Patrick has been a partner in HLB McGuire + Farry, Chartered Certified Accountants and business advisors based in Carryduff, Belfast. Patrick specialises in taxation and general business advisory across a wide spectrum of business sectors. He is a Non-Executive Director of Keys Premium Finance Limited, a finance company operating throughout UK and Ireland. From 1994 to 2017 Patrick was Honorary Treasurer of NIACRO, a voluntary organisation working to reduce crime and its impact on people and communities. For six years, retiring in 2016, Patrick was a member of the Audit and Risk Committee of the Commission for Victims and Survivors. He is a Director of Craigowen Housing Association which provides housing and related amenities for adults with learning difficulties.
	Paul Douglas Council Member From: 1 April 2019 to Present Day	Paul has 15 years' experience as a senior manager within the Police Service of Northern Ireland prior to his retirement in 2010. He has extensive experience in developing strategic partnerships and change management within various organisations. He currently serves as a Lay Commissioner with the Northern Ireland Judicial Appointments Commission, is a Non-Executive Director within the Northern Ireland Environment Agency.

Council Member Profiles		
Photo	**Name & Position**	**Bio**
	Martin Reilly Co-opted Council Member From: 2 August 2010 to 30 June 2023	Councillor Reilly is an elected representative of Derry City and Strabane District Council. Cllr Reilly first joined Derry City Council in 2004 and was Mayor of Derry in 2013-2014, during the City of Culture celebrations. He has served as SDLP Group Leader on Council previously and has chaired various Council committees and continues to represent the Council on a number of outside bodies. In 2016 he was the National Chair of the Association of Public Sector Excellence (APSE). He currently works for the Alzheimer's Society as a Northern Ireland National Influencing Officer. Cllr Reilly graduated from Queen's University Belfast in 2000 with a BA Hons in History and Politics. He was elected by his fellow students as a Sabbatical Officer for Education. A survivor of Hodgkin's Lymphoma, Cllr Reilly retains a keen interest in improving cancer services for people across Northern Ireland.

Senior Staff Profiles		
Photo	**Name & Position**	**Contact Details**
	Meadhbha Monaghan Chief Executive and Accounting Officer (as of 13 March 2023)	Tel: 028 9536 3975 Email: Meadhbha.Monaghan@pcc-ni.net

	Vivian McConvey Chief Executive	Retiring 7 June 2023
	Carol Collins Head of Business Support	Tel: 028 9536 3995 Email: carol.collins@pcc-ni.net
Vacant	Senior Policy Impact and Influence Manager	
	Anna O'Brien Communications and Public Affairs Manager	Tel: 028 9536 8270 Email: anna.obrien@pcc-ni.net
	Katherine McElroy Service Manager Advocacy and Support Adult Safeguarding Champion	Tel: 028 9536 0810 Email: katherine.mcelroy@pcc-ni.net

	Allison McAreavey Service Manager	Tel: 028 9536 0789 Email: Alison.McAreavey@pcc-ni.net
	Ursula Murray Service Manager	Tel: 028 9536 3998 Email: Ursula.Murray@pcc-ni.net
	Gerry Crossan Finance Manager	Tel: 028 9536 0794 Email: Gerry.Crossan@pcc-ni.net

PCC
PATIENT & CLIENT COUNCIL

OUR JOURNEY
YOUR VOICE

FOR FURTHER INFORMATION ON OUR WORK PLEASE CONTACT US BY:

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