THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2017

This document is available on our website at http://www.patientclientcouncil.hscni.net/about-us/how-we-make-decisions.
Any enquiries regarding this document should be sent to us at
The Patient and Client Council
2nd Floor, Centre House
79 Chichester Street
BT1 4JE

PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

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

3rd July 2017

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FOREWORD

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

Once again in 2016-2017, the PCC has championed the involvement of users at all levels in the development and delivery of health and social care services. It is no secret that the whole of the Health and Social Care System needs change. The continuing financial constraints on our health and social care services make that a major challenge and make it even more urgent that the user voice is heard.

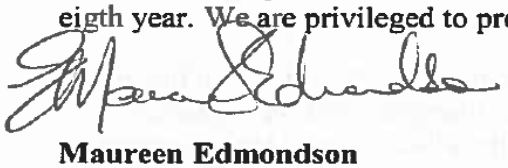
The PCC was pleased to welcome Health and Wellbeing 2026 with its emphasis on co-design and co-production of services. This alongside the first ever Northern Ireland Programme for Government target of 'Improving the Quality of the Healthcare Experience' shows that Patient Experience is now at the heart of Executive thinking. We continue to work towards a model where users are no longer seen as passive recipients of care but as those who fund the service through their taxes; are consumers who deserve a high quality service; could be active partners involved in shaping their healthy lifestyles; and be patients willing to manage their own health and self-care if adequately supported by caring professionals.

This year we have heard 4,248 user views expressed and published via our reports. We have used the voice of the people to inform and influence decision makers at all levels within the health and social care system to get service provision for those who have had no previous access and to improve services for many. Sadly the Complaints Support Service has been in even greater demand (a 4.4% increase in supported complaints) as pressure and delays have negatively impacted the lives of too many.

In year, PCC published The Patient Voice, which provided an outline of its seven-year journey from fighting to be heard, through to being invited to speak into the health and social care system. Managing on a small budget of 89p per citizen per year, the PCC and service users are grateful for those who have listened and who now eagerly include service users in their planning. The PCC calls on more to follow that good example and is determined to keep trumpeting the service user's case.

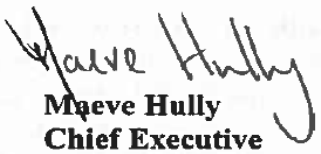
None of this would have been possible without the team of dedicated staff who work tirelessly to seek out the unheard, listen to them and feed their voice into the system. Thank you to every one of them and to my Board colleagues who set the strategy, steward the resources, scrutinise the work and stretch, yet support, the team.

This Annual Report and Accounts outlines the work of the Patient and Client Council over its eigth year. We are privileged to present it to you.



Maureen Edmondson
Chair
The Patient and Client Council

20 June 2017



Maeve Hully
Chief Executive
The Patient and Client Council

20 June 2017

PERFORMANCE REPORT

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

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

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

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

Our Purpose

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

As part of the Health and Social Care Framework for Northern Ireland the PCC seeks to support the Department of Health's (DoH) overall duty to promote an integrated system of health and social care designed to improve the health and social well-being of the people of Northern Ireland.

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

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

The PCC's relationship with the other HSC bodies is therefore characterised by, on the one hand, its independence from HSC bodies in representing the interests and promoting the involvement of the public in health and social care and, on the other, the need to engage with the wider HSC in a positive and constructive manner to ensure that it is able to efficiently and effectively discharge its statutory functions on behalf of patients, clients and carers. The PCC's functions do not include a duty to consult on behalf of the HSC. Each HSC body is required to put in place its own arrangements for engagement and consultation.

PERFORMANCE OVERVIEW

Performance

The organisation has delivered on all its approved Business Plan objectives for the year. Central to this has been providing a forum for people to have their voices heard by health and social care services on high profile issues and also experiences where the patient's voice has not been vocal. This has included views on;

- The care experience for people with dementia;
- People's priorities for health and social care services;
- Dental services;
- Our complaints support service;
- Integrated Care Partnerships;
- Medication;
- End of Life care experience; and
- Consultations.

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

- People's experience of Mental Health Acute Services; and
- The experiences of carers of people with mental ill-health and learning disability in relation to carer's assessments.

The work set out in the Business Plan was complemented by work on a number of key areas that were carried over from previous business plans or were new issues raised by patients, service users and groups of people through our operational work. Some examples include;

- Miscarriage services;
- Future Planning (support for older carers to plan future care of their adult dependents);
- Myalgic Encephalomyelitis;
- Fibromyalgia; and
- Endometriosis.

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

A more detailed account of the work of the organisation can be found in the Performance Analysis on page 11.

Strategic Influences

This year saw two main strategic influences challenge Health and Social Care organisations in how they plan and deliver their work. We welcome these strategic influences. They do not change our work but provide a refreshing context for it.

Outcomes Based Accountability
The Programme for Government has challenged all public sector bodies to move to an outcomes based approach in which their activities contribute to the overall wellbeing of our society. This will lead to the PCC setting out in its planning and activities how it supports and contributes to the DoH Programme for Government outcome of:

"We enjoy long, healthy, active lives"

Health and Well Being 2026: Delivering Together
The Ministerial vision for our health services was set out in October 2016 within "Health and Well Being 2026: Delivering Together". The PCC Board welcomed the vision and its direction as a major contribution to a safe and efficient service, an improved patient experience and a strengthening of the patient voice in shaping and developing services. The PCC has worked with colleagues in other HSC bodies to develop the initial building blocks to realise this vision. In particular the PCC has provided critical input to the principles and workings of "Co-Production" and the framework for the HSC Quality Improvement Institute. As the statutory voice for the public on health and social care issues, the PCC will continue to promote and support the patient voice in these developments.

Complaints about the Patient and Client Council

The PCC received two complaints about its services in the course of the year. Complaints are a valuable way to learn how to improve services. The PCC takes all feedback very seriously and is constantly reviewing the service it offers to improve the experience of our clients. Based on this feedback the PCC has looked to improve its communications and managing expectations on the services it provides.

Staff

The Patient and Client Council has a small team which strives to make a difference for people in a large and complex system. Our first staff survey showed that overall, staff are generally positive about their jobs:

- 86% of staff say that care of patients is their organisation's top priority;
- 76% of staff say that they feel their role makes a difference;
- 90% of staff say that they are able to do their job to a standard they are personally pleased with; and
- 86% of staff say the people they work with treat them with respect.

Risk Management

The PCC receives quarterly strategic updates on issues which may impact on the organisation. The Board also maintains a Corporate Risk Register which is formally reviewed on a quarterly basis.

Within the year the Board monitored closely a number of key sectoral risks and issues which it considered for possible impact on achievement of its Business Plan objectives.

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

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

These risks will continue to challenge the resolve of the PCC to deliver on its statutory functions for people in Northern Ireland.

Finance Summary

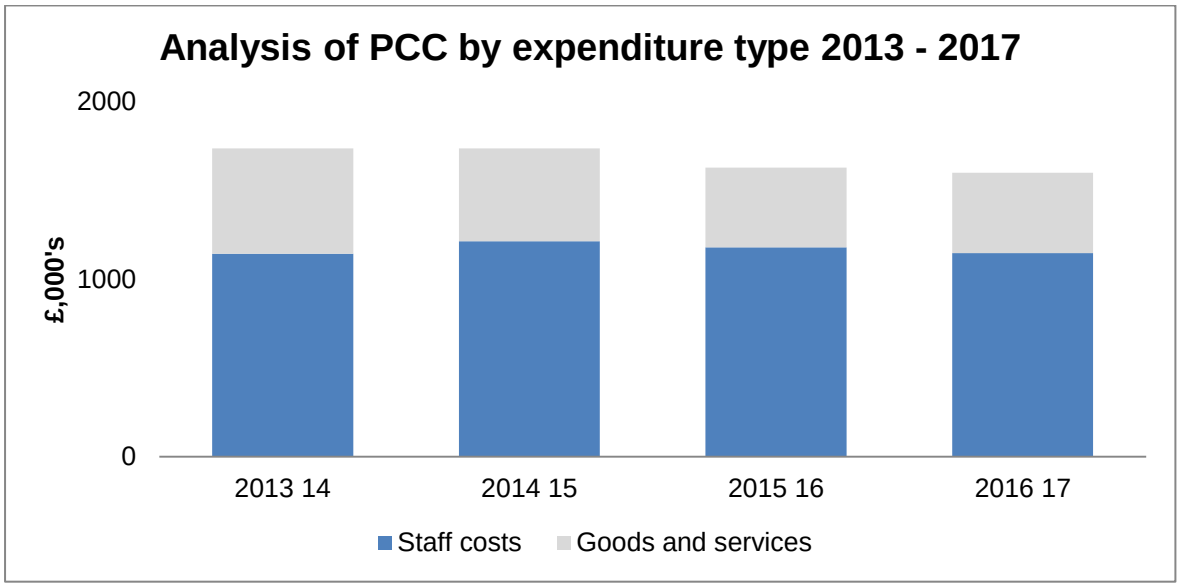
The PCC receives its funding from the DoH in the form of a Revenue Resource Limit. The monies fund the work of the PCC Business Plan, including its work on the implementation of the recommendations of the Bamford Review. The Financial Statements for the year-end 31st March 2017 can be found on pages 53 - 88. The following table summarises the year's finances.

Income	
Revenue Resource Limit	£1,612,412
Other incomes	£0
Expenditure	
Staff	£1,147,556
Other expenditure	£458,450
Surplus	£6,406

In year the PCC received a capital funding allocation of £21,274 for the purchase of replacement ICT equipment. There was a small surplus of £27 once the requisite equipment was purchased.

The Board of the PCC received regular updates on expenditure and year end forecasting to ensure the organisation met its statutory breakeven requirements in 2016-17.

The following table illustrates PCC expenditure for staff costs and goods and services costs in each of the past four years.



Going Concern

The PCC ended the year in a net liability position due to its holding minimum fixed assets and debtors and income from the DoH treated as financing through reserves.

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

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

Investment Strategy and Plans

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

Accounts

The Accounts have been prepared under a direction issued by the Department of Finance under circular FD (DoF) 03/17.

PERFORMANCE ANALYSIS

Introduction

This report outlines the key operational achievements of the Patient and Client Council (PCC) throughout 2016/17.

This year we continued to support service users, carers and their families to influence the health and social care system at all levels of decision making. Again this was particularly challenging given the increasing financial pressure on services and longer waiting times. The impact of increasing waiting times on individual lives was a central feature of the work of our Helpline.

All Department of Health agreed business plan objectives were achieved.

Throughout 2016/17, the PCC work included the following activities all directed towards achieving our goals of listening to and engaging with service users and the public:

- Speaking directly to over 4,800 to hear their views on health and social care services
- 749 people supported through the formal complaints support service;
- Responding formally to fifteen health and social care consultations;
- 198 people involved in our Panels;
- Helped 1,198 people via our helpline who sought advice and information, signposting or immediate resolution of their queries;
- 4,248 people contributed to our published reports
- 1,150 new members were recruited to our Membership Scheme
- 12, 727 members in our Membership Scheme;
- 21,315 visits to the PCC website;
- 2,538 followers on Twitter;
- 1,662 followers on Facebook; and
- 276 comments on our weekly blog.

Background and Context

The PCC was established to provide a powerful, independent voice for people. The PCC has four main statutory duties. They are:

1. To represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;

2. To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;

3. To provide assistance to individuals making or intending to make a complaint relating to health and social care;

4. To promote the provision by health bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.

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

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

Business Plan
The work undertaken by the PCC to achieve its business plan objectives is detailed below. The work is set out in objectives under the PCC statutory functions. It should be noted that this does not reflect the entirety of the work of the PCC.

Function 1:

The PCC will represent the interests of the public:

1.1 ***The PCC will seek to understand the care experience of people with Dementia. It is envisaged this project which will extend beyond 12 months. The PCC will conduct a scoping exercise to understand what the health and social care issues are for people living with Dementia. The PCC will report the findings of the scoping exercise.***.

A scoping exercise was conducted to determine the current context within Northern Ireland on the care experience of people with Dementia. Findings were shared at a joint meeting between the PCC and the PHA and prompted discussion about what future work could add most value in this area. A number of Panels were also hosted in 2016 to help shape the scoping exercise and in 2017-18 the PCC plans to host an event to highlight some of the key issues identified from this exercise, including the unique challenges faced by people with young onset dementia. Work has now commenced on a regional event to be held in the autumn of 2017. The focus of this event will be to highlight issues arising from the lived experience of people with dementia and their carers for consideration by HSC professionals and decision makers.

1.2 The PCC will contribute to DoH understanding of programmes delivered through Integrated Care Partnerships by determining and sharing the patient experience of service developments. The PCC will collate the experience of patients in stroke, diabetes and respiratory services and share this with the DoH and other HSC stakeholders.

A series of Panels were held across the five Health and Social Care Trust areas. These Panels comprised of service users and carers affected by the three disease groups. Information collated from the group discussions was agreed by the panellists and shared with HSC decision makers at all levels. This project was completed in May 2016, however work has continued throughout 2016/17, with the PCC sharing the findings with interested stakeholders including HSC Trusts, the HSC Board, community and voluntary sector organisations.

As well as specific issues relating to each of the disease groups, a number of common themes emerged including issues around:

- **Good Hospital Care** – acute care is good but needs better links into community care;
- **Aftercare -** maintenance classes, leisure centre classes, etc are of enormous benefit to patients and there is a strong preference for more of such initiatives;
- **Information needs** – need better signposting to third sector support groups; and
- **Access to GP service** – is a big issue for this group of patients.

1.3 The PCC will seek to understand the key issues in relation to the end of life care (EOLC) experience. This will be the second phase of a two year project which will explore people's recent experience of EOLC. The Patient and Client Council will report to key stakeholders in HSC on the key issues in relation to the EOLC experience.

A workshop was held in early 2016/17 with stakeholders to agree the way forward and to avoid duplication with other work being undertaken in HSC on EOLC. It was agreed that the PCC would undertake a review of complaints in this area. The Research Team undertook a review of PCC Complaints Support Service cases between April 2015 and March 2016 where the primary concern was end of life care. In total 56 cases were analysed. While there was considerable diversity between the cases with regard to the circumstances of how people had died and their illnesses, there seemed to be a core set of concerns that people were raising. The principal concern was about the quality of treatment and care in end of life care. Within this two key issues arose, the need for better coordinated care and the issue of perceived neglect/complacency. The issue of delayed diagnosis and misdiagnosis was also highlighted by clients, as was a lack of understanding of the actual cause of death. Finally, although fewer in number, there was a subset of complaints where the key issue was around pain management. A common thread which ran through all complaints was the issue of poor communication. The PCC will continue to work with HSC decision makers at all levels to try to address these issues. In particular the PCC welcomed the emphasis placed on pain management in the 2016/2017 HSC Commissioning Plan.

1.4 The PCC will gather the views of people regarding their priorities for health and social care services. The Patient and Client Council will gather People's Priorities for health and social care services, including asking people what has worked well for them. The PCC will share the report with key stakeholders in HSC.

Once again the PCC completed The People's Priorities. This year 1,604 people contributed their views and opinions on health and social care in Northern Ireland.

- 1,000 people completed a questionnaire across Northern Ireland;
- 491 members of the PCC Membership Scheme returned a questionnaire; and
- 113 people discussed their priorities in a focus group.

The report was shared extensively with HSC stakeholders and in more recent months with external stakeholders. A copy of the report can be found at: http://bit.ly/2rffumV

1.5 The PCC will seek to understand how patients want to be involved in decisions regarding their medication. The PCC will support and advise the DoH to gather independent views of people on how they wish to be involved in decisions about their medication, the type of information they wish to receive about their medicines and views on the new extended role of pharmacists. The PCC will ensure that information gathered is reflected in decisions about people's medication, the type of information they receive about their medicines and the new extended roles of pharmacist.

The PCC supported a diverse group of service users to participate in an Innovation Laboratory and the outcome of which is currently being implemented through the Medicines Optimisation Policy and Plan lead by the Department and the HSC Board respectively. A copy of the report can be found at: http://bit.ly/2qwVkE0

1.6 The PCC will gather people's views on dental services. The PCC will facilitate people sharing their views on dental services.

The Research Team worked in partnership with the Chief Dental Officer to produce a questionnaire which went out to PCC Members in March 2017. There was a huge response with approximately 800 returned questionnaires. The surveys will be reviewed by the Chief Dental Officer to identify the key issues peoples have raised in relation to dental care in Northern Ireland. The PCC Board will also be made aware of the findings.

1.7 The PCC will gather people's views on their experience of access to Sexual Health Services. The Patient and Client Council will gather people's views on access to Sexual Health Services.

This project will be completed by September 2017 as agreed in the approved Business Plan. The methodology will be informed by the DoH.

1.8 The PCC will seek to understand the experiences of carers of people with mental ill health and learning disability in relation to carer assessments. The PCC will gather the views of carers of people with mental ill health and learning disability in relation to carer assessments. This work will be informed by the Bamford Monitoring Group.

Between May 2016 and August 2016, we talked to individuals caring for a family member with a mental health condition or learning disability about the Carer's Support and Needs Assessment (CSNA). Key findings from these discussions were published in a report which has been shared across HSC stakeholders. Discussions are currently being held with key stakeholders to see if the outcomes for carers could be improved. A copy of the report can be found at: http://bit.ly/2qBgfF0

1.9 The PCC will seek to understand the experience of service users accessing Mental Health Acute Services. The PCC will hold a workshop for service users and service providers to understand their experience of people using Mental Health Acute Services. This work will be informed by the Bamford Monitoring Group. The PCC will report and share findings of the workshop.

Six discussion groups were held with 37 participants including: service users; family members/friends of service users; and, mental health service providers from the Trusts and the voluntary sector to explore participant's experience of Mental Health Home Treatment Crisis Response services.

A report was produced and shared across HSC stakeholders. This has led to ongoing discussion with HSC Trusts about how crisis response has been implemented across NI. A copy of the report can be found at: http://bit.ly/2riFBLI

Function 2:
The PCC will promote the involvement of patients, clients, carers and the public:

2.1 The PCC will seek to ensure the service user voice is embedded in the development of proposals for the 'Reform of Adult Care and Support'. It is envisaged as a project which will extend beyond 12 months. The PCC will work with the PCC on production of proposals for adult social care reform.

The PCC engaged with the DoH at both Project Board and Project Team level. Plans were put in place to establish a reference group in early 2016/17 however progress was delayed within the Department for several months. In December 2016 an Expert Panel was established. The PCC sought to have service user representation on the Expert Panel but the Department did not progress this. In March 2017 the PCC supported service users and carers to commence an engagement with the work of the Expert Panel.

The PCC intends to host a series of Panels on these reforms in 2017/18.

2.2 The PCC will work in partnership with the DoH to shape the delivery of an Evaluation of the Bamford Action Plan 2012-2015. This work will be informed by the Bamford Monitoring Group.

The PCC supported service users and carers under the Bamford Monitoring Group to participate in the Departmental evaluation of The Bamford Action Plan. The work is now complete and we await publication of the Department's findings.

2.3 The PCC will promote the involvement of the public in consultations and engagement processes in Health and Social Care. The PCC will promote opportunities for people to share their views on consultations by HSC bodies through its Membership Scheme and engagement work. This will be an ongoing objective for the Patient and Client Council throughout 2016-17.

Throughout the year the PCC continued to promote the involvement of service users, carers and communities in health and social care discussions and consultations. The PCC itself responded to 15 consultations during the year on the basis of evidence gathered from service users on the key issues involved.

2.4 The PCC will identify changes and agree a plan for its Membership Scheme to better inform and influence matters relating to health and social care. The Patient and Client Council will complete a review of its Membership Scheme and work in partnership with HSC bodies to enable its Membership Scheme to better influence health and social care services.

The PCC completed a review of its communication with participants in the Membership Scheme and this has led to a number of changes being implemented, including the use of texting, revisions to the newsletter and the establishment of 18 local events ('Coffee Connection') held with members of the Membership Scheme in October/November 2016. In addition plans are now in place to host an Innovation Lab with the members in early 2017/8 to consider how best to develop the Membership Scheme in the future.

In March 2017 the PCC hosted its Members' Event in Belfast City Hall (courtesy of the Lord Mayor) with a focus on co-production. Some 370 members attended the event and Members were given the opportunity to learn about co-production and to focus on the importance of their contribution to the future of health and social care.

2.5 The PCC will provide advice and information to health and social care organisations on the best methods and practices for consulting and involving the public in health and social care matters.

a) The PCC will jointly host a conference on how service user engagement is making a difference to services.

A conference was held in June 2016 in partnership with the PHA and QUB (Psychology Department). The purpose of the conference was to share best practice in Personal and Public Involvement across HSC.

b) The PCC will agree an action plan for the recommendations on the jointly commissioned report "Personal and Public Involvement (PPI) and its impact - Monitoring, measuring and evaluating the impact of Personal and Public Involvement (PPI) in Health and Social Care in Northern Ireland".

This Action Plan has now been agreed and the report was formally launched in the Spring of 2017. A copy of the report can be found at: http://bit.ly/2sgPdnO

Function 3:
The PCC shall provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care

3.1 The PCC will provide a support service for anyone wishing to make a complaint about health and social care services. This PCC will meet its service standards on responses to client contacts and carry out a satisfaction survey on the service it provides.

The Complaints Support Officers deliver the Helpline and Case Management functions of the service. Helpline activity is that restricted to advice, short resolution and the provision of information only. Case Management activity refers to all substantial and ongoing work with clients to the resolution of their complaint. Downloads refers to independent downloads of the Complaints Support Service Self Help pack from the Patient and Client Council website.

Activity overall is up by a small percentage. There is marginally less Helpline activity and an increase in Case Management activity. There is a small increase in self-help pack downloads. Historically we did not have a self-help pack and clients had to call the Helpline for information as to how to make a complaint.

Table 1 Complaints Support Service Activity

Type	16/17 Total	15/16 Total	Difference	Percentage
Helpline	1198	1235	-37	-2.9%
Case Management	749	717	+32	+4.4%
Downloads	664	645	+19	+2.9%
TOTAL	**2611**	**2597**	**+14**	**+0.5%**

An independent review of the service found there was widespread satisfaction with clients, relative to their satisfaction with the actual complaint outcome; 90% very or fairly satisfied with the service received, against just 40% very or fairly satisfied with the outcome of their complaint itself; and 70% of respondents claimed that they would not have been able to progress their complaint or achieved the outcome without the support of the PCC. The PCC provides clients with a range of support services including information, advice, assistance with drafting correspondence, advocacy support at meetings and follow-up, preparation of cases, including submissions to the Ombudsman and other regulatory bodies.

3.2 The Patient and Client Council will highlight the issues raised by people through its complaints support service. The Patient and Client Council will produce a 2015/16 PCC complaints support service report, including a three year trend analysis on complaint themes. The report will be shared with key stakeholders in Health and Social Care.

The PCC published its 2015/2016 annual complaints report in the Autumn of 2016 and this was provided to stakeholders. (*Annual Complaints Report 2015/16.* PCC 2016). The report was widely shared across health and social care organisations.

3.3 The PCC will seek to understand the experience of children and young people making a complaint about health and social care services.This is the second year of a two year project. The PCC will scope the mechanisms available to children and young people to support them to make a complaint about health and social care services.

A review was undertaken and revised guidance was agreed for the team of Complaints Support Officers in December 2016. This includes guidance on when to partner with other bodies to maximise support for young people and their families.

Function 4:
The PCC will promote the provision of advice and information by Health and Social Care organisations on Health and Social Care services.

4.1 The PCC will promote the provision of advice and information by Health and Social Care organisations on Health and Social Care services. This will include information being provided in a user friendly, easily understood format. The Patient and Client Council will continue to contribute to the development of a web based information portal by ensuring the voice of citizens across Northern Ireland is part of the process.

Development of the HSC Information Portal has continued throughout the year. PCC staff and service users continue to be actively engaged in this project. While there is still much to be done with this information service, progress has been made. This project will continue to need support from service users in its development for some time to come.

4.2 The Patient and Client Council will complete a review of its Helpline service and its value to the public and wider Health and Social Care. The Patient and Client Council will review its Helpline service. The Patient and Client Council will make recommendations on the future development and operation of the service.

This work was completed in the Autumn of 2016 and a number of revised arrangements have now been put in place which should improve the serve as well as make better use of staff time. The revised arrangements include a revised rota for staff and better use of telephony technology.

Other Areas Of Work

The Business Plan sets out the Board approved work of the PCC for the year. However this is by no means the limit of the PCC's contribution to the HSC agenda. PCC staff continue each year to undertake a range of tasks within its limited resources which are not included in our Business Plan but are in keeping with our statutory remit. These are issues raised with the PCC by the public via consultations and the DoH. We will address them where they are appropriate to our remit and where there are available resources. The list below provides some examples of such work undertaken during 2016/17:

- Prepared feedback on the District Nursing framework;
- Supported DoH personnel to develop a questionnaire regarding "Did Not Attend" missed appointments;
- Developed and hosted a questionnaire on the request of the DoH to determine people's views on community meals provided in their own home;
- In partnership with QUB provided and facilitated a focus group on patient and public involvement in medical student education;
- Worked with the DoH staff to develop and host a questionnaire exploring people's views on imaging services;
- Supported the National Midwifery Council to establish a user engagement forum for Northern Ireland;
- Supported service users to participate in the Northern Ireland Confederation for Health and Social Care (NICON) Conference;
- Responded to 15 consultation requests using evidence from service users, patients and carers; and
- Engagement with the media has resulted in 123 newspapers mentions and media interviews. It should be noted that the year also included two political elections with associated restrictions on media activity.

Outcomes / Successes

PCC staff strive to make a difference for the people we serve. There is a challenge for the PCC in seeking to ensure change happens after delivery of the initial Business Plan objective. Many successful outcomes come to fruition after several years of working with both patients and key stakeholders in HSC. The notes below provide some examples of specific outcomes in this year that have resulted from work in previous Business Plans. We are impatient for patients and concerned that some of these initiatives take so long to achieve the right outcomes.

Myalgia Encephalomyelitis (ME)

Agreement has now been reached to appoint a part time secondary care medical consultant to support ME patients. Patients have been actively engaged in the development of the Job Description and Specification. The PCC are continuing to work with these patients to progress this matter.

Fibromyalgia (FM)

Following on from the publication of the PCC Report "*A hidden condition: Ten people living with fibromyalgia tell their story.* PCC; 2016" a new regional care pathway has been developed by professionals and patients. This is currently in final draft form and

will be issued for use across the HSC in 2017/2018.

Endometriosis

Work continued this year to try to bring about improvements in services for women with Stage 4 endometriosis. This year the HSC Board agreed to fund the Belfast Trust for a Consultant Nurse Specialist for this disease group. We continue to support patients to engage with decision makers at all levels of decision making. One patient was a Lay Representative on the development of new NICE guidance for Endometriosis. This guidance was issued for consultation in March 2016 and the patient presented them at a regional workshop of clinicians from all five Trusts and the HSC Board. The outcome was agreement to adopt a regional approach for the diagnosis, management and treatment of patients with this illness. This is currently being written up by the HSC Board staff.

Kings Fund and Patient Experience Library

This year a number of PCC reports were accepted into the body of works referenced and available through the Kings Fund and Patient Experience Library. This has included PCC work on "Care at home : older people's experiences of domiciliary care", "Young people's priorities in health and social care" and "Issues faced by people who are homeless in accessing health and social care services".

Chronic Pain

The Head of Operations was invited by Arthritis Research UK to discuss the outcome of the PCC Report entitled "The Painful Truth". This was a roundtable discussion with 12 Academic institutions from the UK, Europe and Canada. They met for three days with a view to agreeing a ten year strategy for research in the field of Chronic Pain. They acknowledge that "The Painful Truth" was helping to set the context for their work.

Future Planning for Carers

Following on from our work on planning ahead for carers with adult dependants, the HSC Trusts have reported a number of specific developments / changes and these are summarised as follows:

- The SHSCT has introduced a 'Sharing Information' document to enable staff to have a clear understanding of how to communicate with carers, especially when consent to share information is withheld;

- The WHSCT has indicated that "Future Planning" is important for carers and training is being provided. This will form part of the service improvement process for community teams. HSCB has funded this future planning training for community teams and carers. Western trust is currently arranging dates to take this forward; and

- The NHSCT reported that the Service User/Carer engagement exercise culminated in a new Service User Forum that is currently developing its term of reference. Members of the Forum took part in a staff engagement event on 5 September 2016. They are currently developing an 'easy read' version of the

Service User Pathway in the Adult Learning Disability Team's Operational Policy.

Recurrent Miscarriage

Since 2014, the PCC has been supporting women in Northern Ireland who have suffered miscarriage to ensure that their voices are heard by decision makers. Of particular concern is the care provided to women and their partners who have experienced recurrent miscarriage. Our work aims to provide an overview of the current provision of recurrent miscarriage services in Northern Ireland.

Miscarriage was been identified in the Northern Ireland Health and Social Care Draft Commissioning Plan for 2016/2017 as a specific issue. Section 5.3 on Maternity and Child Health states: 'Effective arrangements should be in place to ensure that women with more complex pregnancies are offered the best possible care in line with national evidence-based guidelines.'

It recommended that HSC Trusts should work with the PHA and HSCB to clarify and standardise the referral and clinical pathways for women who have had recurrent miscarriages. The Maternity Strategy Implementation Group had also agreed to work on this issue and it is included in the Action Plan for 2016/17. The Patient and Client Council staff, with ladies from the Pregnancy Loss Steering Group, are working alongside statutory bodies to shape new pathways. A review of all Trust services is underway and we will continue to influence future provision.

At the Northern Ireland Assembly Health Committee meeting on 15 September 2016, the PCC gave a briefing to members, during which it highlighted the need for specialist recurrent miscarriage services and psychological help for those who needed it.

Following a review of perinatal mental health services, the RQIA recommends that each Trust has specialist perinatal mental health support services with psychological input. The PCC and members of the Pregnancy Loss Steering group fed into this review. Although this issue is being addressed the outcomes are not yet in place but significant progress has been made.

Staffing

The success of the PCC is rooted in its staff. The small staff complement is passionate in making a difference to the health and social care agenda and takes its direction from the Corporate Plan of the PCC. That commitment and the high performance is reflected in holding Investors In People accreditation. The accompanying report in May 2015 noted the following headline strengths of the team.

- Strong values and purpose;
- An inclusive culture which includes the views of all stakeholders when developing strategic plans;
- Team and personal ownership of plans, through consultation and joint objective setting;
- View to continuous improvement;

- Managers who are close to the team encouraging regular discussion regarding performance and individual contribution;
- Strong commitment to learning and development;
- Positive focus on involvement where everybody feels encouraged to participate and share their ideas; and
- A strong team culture where people support each other and pull together in difficult time.

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

Training and Development

The PCC values its staff and is committed to enhancing their skills and improving their contribution to the organisation's goals. Training is identified to meet project aims or business plans objectives, and collated into a high-level plan. Individuals are encouraged to complete a Personal Development Plan (PDP) as part of the appraisal process. Overall, needs are very much focused on service delivery with outcomes that relate to performance against business plan goals and project objectives.

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

Equality

The PCC has an approved policy on Equality of Opportunity, setting out its commitment to the promotion of equality of opportunity in, and by, the Patient and Client Council. The organisation has an approved Equality Scheme and reports annually to the Equality Commission on its activities and progress on this agenda. The PCC receives expert advice and support on its equality commitments through a Service Level Agreement with the Business Services Organisation.

Disability

The PCC has an approved Disability Action Plan setting out its commitment to promoting positive attitudes towards disabled people and encouraging participation by disabled people in public life. The organisation reports annually to the Equality Commission on its activities and progress on the Plan.

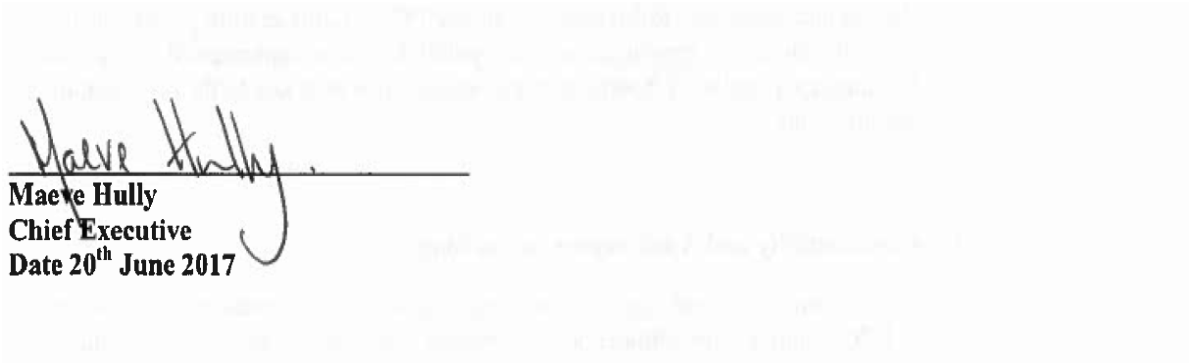
Health and Safety at Work

The PCC has an approved Health and Safety at Work Policy. The PCC complies with the requirements of the Health and Safety at work (NI) Order 1978 and all other relevant health and safety legislation and codes of practice. The PCC is committed to ensuring so far as is reasonably practicable the health, safety and welfare of its employees and of others who may be affected by its operations. The PCC receives expert advice and support on health and

safety legislation and codes of practice through a Service Level Agreement with the Business Services Organisation. There have been no reported accidents or cases of work-related ill health in year.

Sustainable Development

The Patient and Client Council has a Sustainable Development Plan. The plan supports the Northern Ireland Executive' Sustainable Development Strategy entitled "Everyone's involved", May 2010.



Maeve Hully
Chief Executive
Date 20th June 2017

ACCOUNTABILITY REPORT

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

1. **Corporate Governance Report**

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

   a) Directors Report;

   b) Statement of Accounting Officer Responsibilities; and

   c) Governance Statement.

2. **Remuneration and Staff report**

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

3. **Accountability and Audit report comprising**

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

   a) Funding Report; and

   b) Certificate of the Comptroller and Auditor General.

1. CORPORATE GOVERNANCE REPORT

a) Director's report

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

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

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

Chair and Chief Executive
The Chair is responsible to the Minister of the Department of Health (DoH). The Chair is Dr. Maureen Edmondson.

The Chief Executive is an officer of the PCC and not a member of the Board. The Chief Executive is responsible to the Board, through the Chair, for managing the PCC. As the designated Accounting Officer the post-holder has specific financial responsibilities and duties for which he or she is accountable to the Permanent Secretary of the DoH in his or her role as the Accounting Officer of the PCC's sponsor department. The Chief Executive for the period was Maeve Hully and she has responsibility for the Annual Report and Accounts for the whole of the financial year to 31st March 2017.

The Patient and Client Council Board
The following appointments by the Minister formed the Board of the Patient and Client Council as at 31st March 2017:

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

Mrs Seana Talbot

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

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

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

Governance and Audit Committee members at 31st March 2017 were:

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

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

Research Committee members at 31st March 2017 were:

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

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

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

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

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

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

The notional cost of the audit of the 2016-17 annual accounts was £5,750.

The Business Services Organisation provides an internal audit service to the PCC. The cost for 2016-17 was £6,412.

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

There was no remuneration paid to the Auditors for non-audit work during 2016-17.

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

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

The code also seeks payment to be made within 30 days of the receipt of goods or valid invoice. In the course of the year a review of payments found that 97% of payments were made within the timeframe, against a target of 95%. It should be noted that 89% of invoices were paid within 10 days against a target of 70%.

The Council's compliance with this can be found in Note 14 of the accounts on page 83.

Personal data related incidents
There were no reported incidents of loss of personal data during the 2016-17 year.

Fraud
The PCC has a Fraud Policy and Fraud Response Plan in place and an appointed Fraud Liaison Officer. There were no reported incidents of Fraud within the year 2016-17.

Whistleblowing
The PCC has a Whistleblowing Policy in place. There were no reported incidents under the Whistleblowing Policy within the year 2016-17.

Charitable donations
The PCC did not receive or make any charitable donations within the year 2016-17.

Post balance sheet events
There are no post balance events.

Resource Revenue Allocation Surplus
The PCC recognised an £6,406 surplus in its operations against its Revenue Resource Limit of £1,612,412 for the year 2016-17.

b) Statement of Accounting Officer Responsibilities

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

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

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

- Make judgments and estimates on a reasonable basis;

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

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

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

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

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Personal Social Services Resources in Northern Ireland, has designated Maeve Hully of the Patient and Client Council as the Accounting Officer for the Patient and Client Council. The responsibilities of an Accounting Officer, including responsibility for the

propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Patient and Client Council's assets are set out in the Accountable Officer Memorandum, issued by the Department of Health.

c) Governance Statement

1. Introduction / Scope of Responsibility

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

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

(a) Representing the interests of the public;

(b) Promoting involvement of the public;

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

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

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

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

2. Compliance with Corporate Governance Best Practice

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

The Board assesses and reports on its effectiveness annually. In February and March 2017 the Board undertook a full self-assessment of its effectiveness.

The Board has judged itself as having a satisfactory "Green" rating against the assessment criteria. It has however identified a number of areas to improve its effectiveness and agreed an action plan to deliver these.

All Board Members and PCC staff received a copy of the HSC Code of Conduct 2016.

3. Governance Framework

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

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

At full complement the Board is made up of 16 Non-Executive Board Members and a Chair, all appointed under the Public Appointments process. As at 31st March 2017 the Board has six vacancies. The Board holds its Board Meetings in public and the average attendance in the year was 78%. There were 7 Board meetings in the year and attendance is set out below for the year 2016-17:

Board Member	Board Meetings attended
Dr Maureen Edmondson (Chair)	7
Mr Brian Compston	7
Mrs Elizabeth Cuddy	0
Mr William Halliday	6
Dr Sheila Kelly	6
Mr Garret Martin	4
Dr May McCann	7
Mrs Joan McEwan	7
Prof Hugh McKenna	4
Cllr Martin Reilly	5
Mrs Seana Talbot	7

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

During the year the Board held a number of workshops which covered;

a. Risk Management;
b. Corporate Planning;
c. Business Planning; and
d. Board Self-Assessment.

Governance and Audit Committee

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

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

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

- Board Composition and skills mix;
- PCC Complaints Support Service;
- Code of Conduct policy;
- The policy for dealing with Complaints about the PCC;
- Risk Management policy;
- Freedom of Information policy;
- Data Protection policy;
- Health and Safety at Work policy;
- Anti-bribery policy; and
- Engagement Policy (Involving You).

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

The following training was delivered during 2016-17 to all Board Members:

- Outcomes Based Accountability; and
- Reviewing the Annual Report and Accounts.

4. Business Planning and Risk Management

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

Business Planning

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

The PCC has also drafted a new Corporate Plan for 2017-2021 which takes as its lead the Programme for Government and an Outcomes Based Accountability approach. The Corporate Plan will be subject to PCC Board and DoH approval and will supersede the 2015-18 plan.

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

The plan includes;

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

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

The Business Plan is subject to PCC Board and DoH approval. The organisation and its Business Plan are funded by the DoH on an annual basis. The outlook for 2017-18 is increasingly constrained, particularly in respect of resource funding. In a statement to the House of Commons on 24 April 2017 the Secretary of State for Northern Ireland outlined an indicative Budget position for NI departments. This position was based on the advice of the Head of the NI Civil Service (NICS) in conjunction with the NICS Board. The purpose of this statement was to provide clarity to departments as to the basis for departmental allocations in the absence of an Executive, so that Permanent Secretaries can plan and prepare to take more detailed decisions in that light. The departmental allocations set out by the Secretary of State provide the basis on which departments are now planning for 2017-18.

However, the Secretary of State was clear that the indicative budget position did not constrain the ability of an incoming Executive to adjust its priorities during the year. He also advised that some £42 million Resource DEL and £7 million Capital DEL was left unallocated in order to maintain flexibility for a new Executive to allocate resources to meet further priorities as they deem appropriate. Therefore, while there is the potential for an incoming Executive to adjust these plans and also to allocate the unallocated resources, individual departments cannot anticipate any additional funding at this stage until such decisions are made.

Across the HSC sector it is expected that the significant financial challenges faced will intensify and extensive budget planning work to support the 2017-18 financial plan is ongoing between the Patient and Client Council and the Department of Health (DOH). However, as with other financial years the Patient and Client Council remains committed to achieving financial break-even.

Risk Management

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

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

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

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

The PCC manages risk by:

- Undertaking assessments to identify the principal risks to the PCC and reporting these to the Board through a Corporate Risk Register;
- Monitoring and reviewing the effectiveness of the Assurance Framework. This is undertaken by the Governance and Audit Committee and informed by information from internal and external audit review activities;
- Ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;
- Integrating risk management into the annual planning process, ensuring that risks inform the planning process;
- Completing and annually reporting on compliance with DoH risk management requirements;
- Completing Controls Assurance Standards self-assessments, so as to provide evidence that the PCC is doing its "reasonable best" to manage itself in order to meet objectives and protect service users, staff and other stakeholders against risks of all kinds;

- Empowering staff at all levels in the organisation to identify, assess and notify risks;
- Developing and maintaining a "no blame" culture. In such a culture, staff are accountable for their actions, but it is recognised that individuals can and do make mistakes. The PCC Board is committed to having an open and honest approach in all matters and to be a supportive, open and learning organisation;
- Ensuring that its work is underpinned by an evidence base through its engagement with patients, clients and carers. This is reinforced through its Membership Scheme and the work of its Personal and Public Involvement Officers; and
- Ensuring an appropriate business continuity plan is in place and reviewed to maintain the organisation's activities.

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

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

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

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

5. Information Risk

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

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

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

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

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

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

There were no data losses in the 2016-17 year.

The PCC received two Data Access Requests and responded to four Freedom of Information requests within the year. All requests were responded to within timescale and no data was withheld.

6. Public Stakeholder Involvement

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

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

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

The policy was reviewed, consulted on with the public and updated in 2016-17. The policy was presented to the Board.

7. Assurance

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

The Standing Orders of the Patient and Client Council require the setting up of a Governance and Audit Committee, as directed by *HSS(PDD)8/94,* to reassure the Board that financial stewardship and corporate governance standards are being met. The Governance and Audit Committee maintains and reviews the effectiveness of the system of internal control for the

PCC. Full details of the Committee, its role, terms of reference and responsibilities can be found in the Standing Orders, as approved by the PCC Board on the 1st April 2009.

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

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

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

Controls Assurance Standards

The PCC assessed its compliance with the applicable Controls Assurance Standards which were defined by the DoH per the HSC manual, and against which a degree of progress is expected in 2017/18.

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

Risk Management *(Core Standard)*	75% - 99% (Substantive)	**82%**	√
Security Management	75% - 99% (Substantive)	**80%**	

8. Sources of Independent Assurance

Internal Audit

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

In 2016-17 Internal Audit reviewed the following systems;

- Board Composition and Skills Mix and Complaints Handling;
- Financial Review; and
- Risk Management.

Internal Audit identified one Priority One finding where 3 travel claims incorrectly included home to base miles, contrary to applicable guidance. The PCC has addressed this with management and staff and it will be reviewed again as part of the 2017/18 Internal Audit Plan.

Satisfactory Assurance was provided on each area.

In 2016-17 Internal Audit reviewed the following systems within the Controls Assurance framework;

- Risk Management, verifying substantive assurance;
- Governance, verifying substantive assurance;
- Financial Management, verifying substantive assurance; and
- Human Resources, verifying substantive assurance.

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

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

Shared Service Audit	**Assurance**
Payroll Shared Service (March 2017)	Unacceptable - Payroll System and Function stability Limited – Payroll Processing
Recruitment Shared Service (February 2017)	Limited

The recommendations in these BSO Shared Service audit reports are the responsibility of BSO Management to take forward. As a client of the BSO, the PCC Governance and Audit Committee has been briefed on the reports, and the Head of Development and Corporate

Services will continue to monitor these through the assurance process in place to accompany the Service Level Agreement between the BSO and the PCC.

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

Northern Ireland Audit Office

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

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

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

9. Review of Effectiveness of the System of Internal Governance

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

10. Internal Governance Divergences

Internal Control issues from 2015/16

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

Internal Control issues from 2016/17

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

11. Conclusion

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

Further to considering the accountability framework within the PCC and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the PCC has operated a sound system of internal governance during the period 2016-17.

2. REMUNERATION REPORT AND STAFF REPORT

Remuneration report for the year ended 31 March 2017

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

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

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

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

Dr Maureen Edmondson was appointed Chair on the 7th March 2011 and reappointed on the reappointed 24th January 2017.

The Non-Executive Directors of the PCC as at the 31st March 2017 are listed below.

Mr Brian Compston (appointed 1st April 2009, reappointed 24th January 2017)
Dr May McCann (appointed 1st April 2009, reappointed 24th January 2017)
Prof Hugh McKenna (appointed 1st April 2009, reappointed 24th January 2017)
Dr Sheila Kelly (appointed 1st May 2009, reappointed 1st April 2013)
Cllr Martin Reilly (appointed 2nd August 2010, reappointed 2nd August 2014)
Mr Garret Martin (appointed 10th December 2012, reappointed 21st December 2016)
Mrs Seana Talbot (appointed 2nd December 2014)
Mrs Elizabeth Cuddy (appointed 2nd December 2014)
Mr William Halliday (appointed 2nd December 2014)
Mrs Joan McEwan (appointed 13th December 2014)

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

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

The Senior Management Team consists of:

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

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

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

Retirement age
Currently, employees are required to retire at age 65 years; occupational pensions are normally effective from age 60 years. With effect from 1 October 2006 with the introduction of the Equality (Age) Regulations (Northern Ireland) 2006, employees can ask to work beyond age 65 years.

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

Senior Employees' Remuneration (Audited)

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

	2016-17					2015-16				
Name	**Salary £000**	**Bonus Payments £000**	**Benefits in kind (to nearest £100)**	**Pension Benefits £000**	**Total £000**	**Salary**	**Bonus Payments £000**	**Benefits in kind (to nearest £100)**	**Pension Benefits £000**	**Total £000**
Non-Executive Members										
Maureen Edmondson	15-20	0	0	0	15-20	15-20	0	0	0	15-20
Elizabeth Adger	-	-	-	-	-	0-5	0	0	0	0-5
Brian Compston	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Sheila Kelly	0-5	0	0	0	0-5	0-5	0	0	0	0-5
May McCann	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Hugh McKenna	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Martin Reilly	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Marion Smith	-	-	-	-	-	0-5	0	0	0	0-5
Colin McGrath*	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Garret Martin	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Seana Talbot	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Elizabeth Cuddy	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Joan McEwan	0-5	0	0	0	0-5	0-5	0	0	0	0-5
William Halliday	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Senior Staff										
Maeve Hully, Chief Executive	70-75	0	200	8	80-85	70-75	0	300	8	75-80
Sean Brown, Head of Corporate Services	55-60	0	0	15	70-75	50-55	0	100	17	70-75
Louise Skelly, Head of Operations	45-50	0	100	11	55-60	45-50	0	100	7	50-55

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

*Colin McGrath stepped down on 20th April 2016

Pensions Entitlements (Audited)

Name	Real increase in pension and related lump sum at pension age £000s	Accrued pension at pension age as at 31/03/17 and related lump sum £000s	CETV at 31/03/16 £000s	CETV at 31/03/17 £000s	Real increase in CETV £000s
Senior Staff					
Maeve Hully	0-2.5 plus lump sum of 0-2.5	25-30 plus lump sum of 75-80	521	553	16
Sean Brown	2.5-5.0 plus lump sum of 2.5-5.0	5-10 plus lump sum of 25-30	155	179	19
Louise Skelly	0-2.5 plus lump sum of 0-2.5	20-25 plus lump sum of 60-65	384	411	14

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

Disclosure of Highest paid Director and the Median remuneration

	2016-17	2015-16
Band of Highest Paid Director's Total Remuneration (£000's)	70-75	70-75
Median Total Remuneration (£s)	22,236	21,388
Ratio	3.3	3.4

Cash Equivalent Transfer Value

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

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

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

Exit Packages

There was one in year exit package. The package was under a Voluntary Exit Scheme and amounted to £43,938.

Payments to past non-executive directors

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

Staff Report for the year ended 31 March 2017

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

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

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

Staff Costs (Audited)

Staff costs comprise:	2017			2016
	Permanently employed staff	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages & Salaries	912,725	34,688	947,413	975,861
Social security costs	82,372	-	82,372	69,167
Other pension costs	117,771	-	117,771	134,726
Sub-Total	**1,112,868**	**34,688**	**1,147,556**	**1,179,754**
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,112,868**	**34,688**	**1,147,556**	**1,179,754**
Less recoveries in respect of outward secondments			0	(30,627)
Total net costs			**1,147,556**	**1,149,127**

Staff costs charged to capital projects during the year were £Nil (2016 £Nil).

Actuarial Valuation

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

As per the requirements of lAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most

recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was completed in 2015/16 and is used in the 2016/17 accounts.

Average number of persons employed

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

	2017			2016
	Permanently employed staff No.	**Others No.**	**Total No.**	**Total No.**
Professions allied to medicine	-	-	-	-
Administrative and clerical	41	2	43	47
Works	-	-	-	-
Other Professional and technical	-	-	-	-
Other	-	-	-	-
Total net average number of persons employed	**41**	**2**	**43**	**47**
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	**41**	**2**	**43**	**47**

The staff figures include PCC Non-Executive Directors.

Staff Composition

The following table gives an outline of permanently employed staff and Board composition based on gender over the year ended 31st March 2017.

	Male No.	**Female No.**
Board	5	6
Senior Management Team	1	2
Administrative and clerical	6	23
Total	**12**	**31**

Early retirement and other compensation scheme – exit packages

During 2016/17 the PCC had one exit package.

Exit package cost band	*Number of compulsory redundancies		*Number of other departures agreed		Total number of exit packages by cost band	
	2017	2016	2017	2016	2017	2016
<£10,000	0	0	0	0	0	0
£10,000 - £25,000	0	0	0	0	0	0
£25,001 - £50,000	0	0	1	0	1	0
£50,001 - £100,000	0	0	0	0	0	0
£100,001- £150,000	0	0	0	0	0	0
£150,001- £200,000	0	0	0	0	0	0
£200,001-£250,000	0	0	0	0	0	0
£250,001-£300,000	0	0	0	0	0	0
£300,001-£350,000	0	0	0	0	0	0
£350,001-£400,000	0	0	0	0	0	0
Total number of exit packages by type	0	0	1	0	1	0
	£000s	**£000s**	**£000s**	**£000s**	**£000s**	**£000s**
Total resource cost	0	0	44	0	44	0

Redundancy and other departure costs have been paid in accordance with the provisions of the HSC Pension Scheme Regulations and the Compensation for Premature Retirement Regulations, statutory provisions made under the Superannuation Act 1972. Exit costs are accounted for in full in the year in which the exit package is approved and agreed and are included as operating expenses at note 4. Where early retirements have been agreed, the additional costs are met by the employing authority and not by the HSC pension scheme. Ill-health retirement costs are met by the pension scheme and are not included in the table

During 2015/16 the PCC had no early retirements or other compensation schemes.

Staff Benefits
There were no Staff Benefits in this year.

Sickness absence data
The Patient and Client Council sickness absence rate over the year was 4.8 %. The reported figure for 2015/16 was 3.36%.

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

Off Payroll engagements
There were no off payroll engagements during the year 2016-17.

Retirements due to ill-health
During 2016/17 and 2015/16 there were no early retirements from the PCC on the grounds of ill-health.

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

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

3. ACCOUNTABILITY AND AUDIT REPORT

a) Funding Report

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

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

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

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

Fees and Charges (Audited)
The PCC did not incur any fees or charges during the year.

Remote Contingent Liabilities (Audited)
The PCC did not have any contingent liabilities at either 31 March 2017 or 31 March 2016.

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

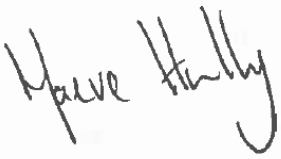
Financial Targets
There is a strict requirement for the PCC to contain expenditure within approved budget allocations, which are issued during the course of the year as formal Revenue Resource Limits (RRL). The PCC has an annual breakeven target against its Revenue Resource Limit allocation. Breakeven is a surplus of 0.25% of allocation or £20,000, whichever is the greater. The PCC achieved this target for 2016-17.

Losses and Special Payments (Audited)

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

Losses
There were no losses during the year.

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



Maeve Hully
Chief Executive
Date 20th June 2017

b) Certificate of the Comptroller and Auditor General

PATIENT AND CLIENT COUNCIL

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

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2017 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: the Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes. These financial statements have been prepared under the accounting policies set out within them. I have also audited the information in the Remuneration and Staff Report and the Assembly Accountability disclosures that are described in that report as having been audited.

Respective responsibilities of the Accounting Officer and auditor

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

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Patient and Client Council's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Patient and Client Council and the overall presentation of the financial statements. In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

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

Opinion on regularity

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

Opinion on financial statements

In my opinion:

- the financial statements give a true and fair view of the state of Patient and Client Council's affairs as at 31 March 2017 and of the net expenditure for the year then ended; and
- the financial statements have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

Opinion on other matters

In my opinion:

- the parts of the Remuneration and Staff Report and the Assembly Accountability disclosures 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

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

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Remuneration and Staff Report and the Assembly Accountability disclosures to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance's guidance.

Report

I have no observations to make on these financial statements.

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

29 June 2017

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

Contents

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2017

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	2017 £	2016 £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	-	36,885
Deferred income	4.3	-	-
Total operating income		**-**	**36,885**
Expenditure			
Staff costs	3	(1,147,556)	(1,179,754)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(5,906)	(8,814)
Provision expense	3	-	-
Other expenditure	3	(452,544)	(449,751)
Total operating expenditure		**(1,606,006)**	**(1,638,319)**
Net Expenditure		**(1,606,006)**	**(1,601,434)**
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		**(1,606,006)**	**(1,601,434)**
Revenue Resource Limit (RRL) received from DoH	24.1	1,612,412	1,612,434
Surplus/(deficit) against RRL		**6,406**	**11,000**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2017 £	2016 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/8/5.2/8	-	-
Net gain/(loss) on revaluation of intangibles	6.1/8/6.2/8	-	-
Net gain/(loss) on revaluation of financial instruments	7/8	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2017		**(1,606,006)**	**(1,601,434)**

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2017

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.

		2017		2016	
	NOTE	£	£	£	£
Non Current Assets					
Property, plant and equipment	5.1/5.2	27,668		13,067	
Intangible assets	6.1/6.2	-		1	
Financial assets	7	-		-	
Trade and other receivables	12	-		-	
Other current assets	12	-		-	
Total Non Current Assets			27,668		13,068
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	10	-		-	
Trade and other receivables	12	25,257		32,216	
Other current assets	12	29,851		13,217	
Intangible current assets	12	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	11	23,268		23,070	
Total Current Assets			78,376		68,503
Total Assets			**106,044**		**81,571**
Current Liabilities					
Trade and other payables	13	(148,308)		(127,829)	
Other liabilities	13	-		-	
Intangible current liabilities	13	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(148,308)		(127,829)
Total assets less current liabilities			**(42,264)**		**(46,258)**
Non Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	13	-		-	
Financial liabilities	7	-		-	
Total Non Current Liabilities			-		-
Total assets less total liabilities			**(42,264)**		**(46,258)**
Taxpayers' Equity and other reserves					
Revaluation reserve		-		1,000	
SoCNE Reserve		(42,264)		(47,258)	
Total equity			**(42,264)**		**(46,258)**

The financial statements on pages 55 to 88 were approved by the Board on 20 June 2017 and were signed on its behalf by;

Signed _____ (Chairman) Date 20/6/17

Signed _____ (Chief Executive) Date 20/6/2017

The notes on pages 59 to 88 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2017

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	2017 £	2016 £
Cash flows from operating financing activities			
Net surplus after interest/Net operating cost	3	(1,606,006)	(1,601,434)
Adjustments for non cash costs	3	12,397	14,564
(Increase)/decrease in trade & other receivables		(9,675)	12,958
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	13	-	-
Increase/(decrease) in trade payables		20,479	(41,238)
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant & equipment		(21,247)	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash outflow from operating activities		(1,604,052)	(1,615,150)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	-	(915)
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		-	(915)
Cash flows from financing activities			
Grant in aid		1,604,250	1,617,000
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		1,604,250	1,617,000
Net increase (decrease) in cash & cash equivalents in the period		198	935
Cash & cash equivalents at the beginning of the period	11	23,070	22,135
Cash & cash equivalents at the end of the period	11	23,268	23,070

The notes on pages 59 to 88 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS EQUITY for the year ended 31 March 2017

This statement shows the movement in the year on the different reserves held by PCC i.e. The Statement of Comprehensive Net Expenditure Reserve' (those reserves that reflect a contribution from the Department of Health) and revaluation reserve. 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 2015		**(68,574)**	**1,000**	**(67,574)**
Changes in Taxpayers Equity 2015-16				
Grant from DoH		1,617,000	-	1,617,000
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(1,601,434)	-	(1,601,434)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	5,750	-	5,750
Balance at 31 March 2016		**(47,258)**	**1,000**	**(46,258)**
Changes in Taxpayers Equity 2016-17				
Grant from DoH		1,604,250	-	1,604,250
Transfers between reserves		1,000	(1,000)	-
(Comprehensive expenditure for the year)		(1,606,006)	-	(1,606,006)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	5,750	-	5,750
Balance at 31 March 2017		**(42,264)**	**-**	**(42,264)**

The notes on pages 59 to 88 form part of these accounts.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

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

1.1 Accounting convention

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

1.2 Currency

These accounts are presented in UK Pounds sterling.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

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

- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

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

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is an independent executive body within the Department of Finance. The valuers are qualified to meet the 'Member of Royal Institution of Chartered Surveyors' (MRICS) standard.
Professional revaluations of land and buildings are undertaken at least once in every five year period and are revalued annually, between professional valuations, using indices provided by LPS.

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

Fair values are determined as follows:

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

Modern Equivalent Asset

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

Assets Under Construction (AUC)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

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

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

1.5 Impairment loss

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

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

1.6 Subsequent expenditure

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

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

1.7 Intangible assets

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

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

Recognition

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

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount. The profit from sale of land which is a non depreciating asset is recognised within income. The profit from sale of a depreciating asset is shown as a reduced expense. The loss from sale of land or from any depreciating assets is shown within operating expenses. On disposal, the balance for the asset on the revaluation reserve is transferred to the Statement of Comprehensive net Expenditure reserve.
Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.9 Inventories

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

1.10 Income

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

Grant in aid

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

1.11 Investments

The PCC does not have any investments.

1.12 Other expenses

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

1.13 Cash and cash equivalents

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

1.14 Leases

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

The PCC as lessee

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

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

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

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

The PCC as lessor

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

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

1.15 Private Finance Initiative (PFI) transactions

The PCC has had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role within the PCC in creating risk than would apply to a non public sector body of a similar size, therefore the ALBs are not exposed to the degree of financial risk faced by business entities.

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

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.17 Provisions

The PCC had no provisions at either 31 March 2017 or 31 March 2016.

1.18 Contingencies

The PCC had no contingent assets or liabilities at either 31 March 2017 or 31 March 2016.

1.19 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2017. It is not anticipated that the level of untaken leave will vary significantly from year to year. [Untaken flexi leave is estimated to be immaterial to the PCC and has not been included].

Retirement benefit costs

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

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

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2012 valuation for the HSC Pension scheme will be used in the 2016-17 accounts.

1.20 Reserves

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

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

1.21 Value Added Tax

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

1.22 Third party assets

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

1.23 Government Grants

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

1.24 Losses and Special Payments

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

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

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

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

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

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury. A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2020-21, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

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

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 3 OPERATING EXPENSES

	2017 £	2016 £
Staff costs[1]:		
Wages and Salaries	947,413	975,861
Social security costs	82,372	69,167
Other pension costs	117,771	134,726
Supplies and services - General	-	-
Establishment	209,660	234,755
Transport	44,519	52,080
Premises	161,242	121,759
Bad debts	-	-
Rentals under operating leases	-	-
Interest charges	-	-
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	30,632	35,407
Total Operating Expenses	1,593,609	1,623,755
Non Cash items		
Depreciation	5,905	5,911
Amortisation	1	2,903
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)	741	-
Loss on disposal of intangibles	-	-
Provisions provided for in year	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors remuneration	5,750	5,750
Total non cash items	12,397	14,564
Total	**1,606,006**	**1,638,319**

[1]Further detailed analysis of staff costs is located in the Staff Report on page 45 within the Accountability Report.

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2016: £NIL)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 4 INCOME

4.1 Income from Activities

The PCC had no income from activities in 2016-17 and 2015-16.

4.2 Other Operating Income

	2017	2016
	£	£
Other income from non-patient services	-	6,258
Seconded staff	-	30,627
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**-**	**36,885**

4.3 Deferred income

The PCC had no income released from conditional grants in 2016-17 and 2015-16.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.1 Property, plant & equipment - year ended 31 March 2017

	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 2016	-	-	-	-	-	-	**33,323**	-	**33,323**
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	21,247	-	21,247
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(6,756)	-	(6,756)
At 31 March 2017	**-**	**-**	**-**	**-**	**-**	**-**	**47,814**	**-**	**47,814**
Depreciation									
At 1 April 2016	-	-	-	-	-	-	**20,256**	-	**20,256**
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(6,015)	-	(6,015)
Provided during the year	-	-	-	-	-	-	5,905	-	5,905
At 31 March 2017	**-**	**-**	**-**	**-**	**-**	**-**	**20,146**	-	**20,146**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2017

	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 2017	-	-	-	-	-	-	**27,668**	-	**27,668**
At 31 March 2016	-	-	-	-	-	-	**13,067**	-	**13,067**
Asset financing									
Owned	-	-	-	-	-	-	27,668	-	27,668
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2017	-	-	-	-	-	-	**27,668**	-	**27,668**

Any fall in value through negative indexation or revaluation is shown as impairment.
The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2016: £Nil).

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

	2017 £	2016 £
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.2 Property, plant & equipment - year ended 31 March 2016

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2015	-	-	-	-	-	-	32,408	-	32,408
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	915	-	915
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2016	**-**	**-**	**-**	**-**	**-**	**-**	**33,323**	**-**	**33,323**
Depreciation									
At 1 April 2015	-	-	-	-	-	-	14,345	-	14,345
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	5,911	-	5,911
At 31 March 2016	**-**	**-**	**-**	**-**	**-**	**-**	**20,256**	**-**	**20,256**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2016

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2016	-	-	-	-	-	-	**13,067**	-	**13,067**
At 1 April 2015	-	-	-	-	-	-	**18,063**	-	**18,063**
Asset financing									
Owned	-	-	-	-	-	-	13,067	-	13,067
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2016	-	-	-	-	-	-	**13,067**	-	**13,067**
Asset financing									
Owned	-	-	-	-	-	-	18,063	-	18,063
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2015	-	-	-	-	-	-	**18,063**	-	**18,063**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.1 Intangible assets - year ended 31 March 2017

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Cost or Valuation									
At 1 April 2016	-	14,516	-	-	-	-	-	-	14,516
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	-	-	-
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2017	**-**	**14,516**	**-**	**-**	**-**	**-**	**-**	**-**	**14,516**
Amortisation									
At 1 April 2016	-	14,515	-	-	-	-	-	-	14,515
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	1	-	-	-	-	-	-	1
At 31 March 2017	**-**	**14,516**	**-**	**-**	**-**	**-**	**-**	**-**	**14,516**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.1 (continued) Intangible assets - year ended 31 March 2017

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount									
At 31 March 2017	-	-	-	-	-	-	-	-	-
At 31 March 2016	-	**1**	-	-	-	-	-	-	**1**
Asset financing									
Owned	-	-	-	-	-	-	-	-	-
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2017	-	-	-	-	-	-	-	-	-

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;

	2017 £	2016 £
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.2 Intangible assets - year ended 31 March 2016

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 6.2 (continued) Intangible assets - year ended 31 March 2016

	Software Licenses £	Information Technology £	Websites £	Development Expenditure £	Licences, Trademarks & Artistic Originals £	Patents £	Goodwill £	Payments on Account & Assets under Construction £	Total £
Carrying Amount									
At 31 March 2016	**-**	**1**	**-**	**-**	**-**	**-**	**-**	**-**	**1**
At 1 April 2015	**-**	**2,904**	**-**	**-**	**-**	**-**	**-**	**-**	**2,904**
Asset financing									
Owned	-	1	-	-	-	-	-	-	1
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2016	**-**	**1**	**-**	**-**	**-**	**-**	**-**	**-**	**1**
Asset financing									
Owned	-	2,904	-	-	-	-	-	-	2,904
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 1 April 2015	**-**	**2,904**	**-**	**-**	**-**	**-**	**-**	**-**	**2,904**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 IMPAIRMENTS

The PCC had no impairments at either 31 March 2017 or 31 March 2016.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The PCC did not hold any assets classified as held for sale at either 31 March 2017 or 31 March 2016.

NOTE 10 INVENTORIES

The PCC held no inventories at either 31 March 2017 or 31 March 2016.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 11 CASH AND CASH EQUIVALENTS

	2017	2016
	£	£
Balance at 1st April	23,070	22,135
Net change in cash and cash equivalents	198	935
Balance at 31st March	**23,268**	**23,070**

The following balances at 31 March were held at	**2017**	**2016**
	£	£
Commercial Banks and cash in hand	23,268	23,070
Balance at 31st March	**23,268**	**23,070**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2017 £	2016 £
Amounts falling due within one year		
Trade receivables	13,232	15,547
Deposits and advances	-	-
VAT receivable	12,025	16,669
Other receivables – not relating to fixed assets	-	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**25,257**	**32,216**
Prepayments and accrued income	29,851	13,217
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**29,851**	**13,217**
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	**25,257**	**32,216**
TOTAL OTHER CURRENT ASSETS	**29,851**	**13,217**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**55,108**	**45,433**

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 13 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2017 £	2016 £
Amounts falling due within one year		
Other taxation and social security	-	-
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	21,247	-
Trade capital payables – intangibles	-	-
Trade revenue payables	25,783	29,789
Payroll payables	-	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	37	4,217
Other payables	-	1,852
Accruals and deferred income	101,241	91,971
Accruals and deferred income – relating to property, plant and equipment	-	-
Accruals and deferred income – relating to intangibles	-	-
Trade and other payables	**148,308**	**127,829**
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Other current liabilities	-	-
Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	**148,308**	**127,829**
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**148,308**	**127,829**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 14 PROMPT PAYMENT POLICY

14.1 Public Sector Payment Policy - Measure of Compliance

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

	2017 Number	2017 Value £	2016 Number	2016 Value £
Total bills paid	712	840,163	714	906,116
Total bills paid within 30 day target	694	830,394	684	861,351
% of bills paid within 30 day target	**97%**	**99%**	**96%**	**95%**
Total bills paid within 10 day target	633	793,825	622	808,632
% of bills paid within 10 day target	**89%**	**94%**	**87%**	**89%**

14.2 The Late Payment of Commercial Debts Regulations 2002

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

NOTE 15 PROVSISONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2017 or 31 March 2016.

NOTE 16 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2017 or 31 March 2016.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

Total future minimum lease payments under operating leases are given in the table below for each of the following periods.

	2017	2016
Obligations under operating leases comprise	**£**	**£**
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	-
Buildings		
Not later than one year	20,500	24,250
Later than one year but not later than five years	54,542	75,042
Later than five years	-	-
	75,042	**99,292**
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	-

17.2 Finance Leases

The PCC had no finance leases at either 31 March 2017 or 31 March 2016.

17.3 Operating Leases– commitments under lessor arrangements

The PCC did not have any operating leases where it was the lessor at either 31 March 2017 or 31 March 2016.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

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

The PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2017 or 31 March 2016.

18.2 On balance sheet (SoFP) PFI Schemes

The PCC had no on balance sheet (SoFP) PFI and other service concession arrangements schemes at either 31 March 2017 or 31 March 2016.

NOTE 19 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at either 31 March 2017 or 31 March 2016.

NOTE 20 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial guarantees, indemnities and letters of comfort at 31 March 2017 or 31 March 2016.

NOTE 21 CONTINGENT LIABILITIES

The PCC did not have any quantifiable contingent liabilities at either 31 March 2017 or 31 March 2016.

NOTE 22 RELATED PARTY TRANSACTIONS

The PCC is an arm's length body of the Department of Health and as such the Department is a related party with which the PCC has had various material transactions during the year.

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

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

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

NOTE 23 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2017 or 31 March 2016 belonging to third parties.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 24 FINANCIAL PERFORMANCE TARGETS

24.1 Revenue Resource Limit

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

The Revenue Resource Limit for PCC is calculated as follows:

	2017 Total £	2016 Total £
DoH (excludes non cash)	1,600,015	1,597,870
Other Government Department	-	-
Non cash RRL (from DoH)	12,397	14,564
Total agreed RRL	**1,612,412**	**1,612,434**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,612,412**	**1,612,434**

24.2 Capital Resource Limit

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

	2017 £	2016 £
Gross Capital Expenditure by PCC	21,247	915
FTC issued to third parties	-	-
(FTC received from third parties)	-	-
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	21,247	915
Capital Resource Limit	21,274	945
Overspend/(Underspend) against CRL	(27)	(30)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

24.3 Financial Performance Targets

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

	2016-17 £	2015-16 £
Net Expenditure	(1,606,006)	(1,601,434)
RRL	1,612,412	1,612,434
Surplus/(Deficit) against RRL	6,406	11,000
Break Even cumulative position (opening)	233,453	222,453
Break Even Cumulative position (closing)	239,859	233,453

Materiality Test:

	2016-17 %	2015-16 %
Break Even in year position as % of RRL	0.40%	0.68%
Break Even cumulative position as % of RRL	14.88%	14.48%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2017

NOTE 25 POST BALANCE SHEET EVENTS

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

DATE OF AUTHORISED ISSUE

The Accounting Officer authorised these financial statements for issue on 30th June 2017

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