THE PATIENT AND CLIENT COUNCIL

ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2015

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

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

31st July 2015

ANNUAL ACCOUNTS AND REPORT 2014/15

Our Purpose

The Patient and Client Council (PCC) was established on 1st April 2009 to provide a powerful independent voice for people in Northern Ireland on health and social care issues.

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

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

The PCC's performance framework is determined by the 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.

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FOREWORD

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

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

In exercising these functions during 2014-2015, the PCC focused once again on ensuring that the voice of the service user was heard in improving existing or gaining access to services. The continuing financial constraints on our health and social care services have made the user voice more important than ever.

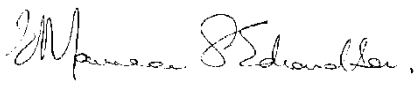
We acknowledge and value the partnerships we have with government, health and social care bodies and community and voluntary sector organisations. We recognise that these links are vital to our delivery of change for patients, service users, carers and families.

This year we have heard from even more people in order to understand their views on, and priorities for health and social care in Northern Ireland. We have used the voice of the people to inform and influence decision makers at all levels within the health and social care system.

Without the dedication of Board members and staff of the Patient and Client Council, as advised by members of the Local Advisory Committees, none of this work would be possible.

The publication of the Donaldson Report has challenged health and social care services to have a stronger patient voice evident in their work. As an organisation representing service users and the wider public, we agree on the importance of meaningful, informed public engagement about any evidence based change to services. People need to be reassured that any change will bring safer and better care. Many organisations and individuals throughout the Health and Social Care system have welcomed the voice of the service user at all levels of decision making and made changes to their services as a result. We appreciate that.

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



23/06/2015
Maureen Edmondson
Chair
The Patient and Client Council

23/06/2015
Maeve Hully
Chief Executive
The Patient and Client Council

INTRODUCTION

This annual report presents an overview of the main activities of the Patient and Client Council during the period 1st April 2014 to 31st March 2015. The Patient and Client Council ended the year in a net liability position due to its holding minimum fixed assets and debtors and income from the DHSSPSNI treated as financing through reserves.

The Patient and Client Council 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.

Patient and Client Council Board

The Patient and Client Council full Board complement is made up of 16 Non-Executive Directors. It is chaired by Dr. Maureen Edmondson. Each Board member is appointed by the Minister of Health Social Services and Public Safety (the Minister), for a term of four years.

Staff

The Chief Executive of the Patient and Client Council is Mrs. Maeve Hully. Mrs. Hully is responsible to the Board through the Chair for managing the Patient and Client Council as a corporate body and as Accounting Officer to the Permanent Secretary of the Department of Health, Social Services and Public Safety.

The staff of the Patient and Client Council are key to the delivery of the organisation's corporate objectives. Over the year ending 31st March 2015, there was an average of 36 staff working across four sites; Belfast, Ballymena, Lurgan and Omagh.

The Patient and Client Council 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.

The Patient and Client Council 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 Patient and Client Council 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.

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.

Complaints about the Patient and Client Council

The Patient and Client Council received one complaint about its services in the course of the year. The complaint was resolved to the client's satisfaction.

Risk Management

The Patient and Client Council maintains a Corporate Risk Register which is formally reviewed by the Board.

Finance Summary

The Patient and Client Council receives its funding from the DHSSPSNI. The Financial Statements for the year-end 31st March 2015 can be found on pages 32 - 83. The following table summarises the year's finances.

Income	
Revenue Resource Limit	£1,749,121
Other Income (secondments)	£32,581
Expenditure	
Staff	£1,231,630
Other expenditure	£538,359
Surplus	£11,713

In year the Patient and Client Council received a small capital funding allocation of £3,030 for the purchase of replacement ICT equipment. There was a small surplus of £394 once the requisite equipment was purchased.

The Board of the Patient and Client Council received regular updates on expenditure and year end forecasting to ensure the organisation met its statutory breakeven requirements in 2014-15.

As illustrated in our Statement of Financial Position, the Patient and Client Council 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 Patient and Client Council is mainly funded through DHSSPSNI. As DHSSPSNI funding will continue for the foreseeable future this ensures that the preparation of our accounts as a going concern is the correct basis.

Accounts

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.

MANAGEMENT COMMENTARY 2014/15

1.0 Introduction

This report outlines the key operational achievements of the Patient and Client Council (PCC) throughout 2014/15. Reference is made to key reports, a full list of which can be found on page 18.

Progress against the Business Plan objectives and the work of the Patient and Client Council is monitored at the Board Meetings which are held in public. At the outset the engagement methods, activities and data collected for objectives are quality assured by the Research Committee. The Senior Management Team reviews all reports, including data quality, prior to recommendation to the Board.

This year we continued to work at a challenging pace supporting service users, carers and their families at all levels of decision making. This was particularly challenging given increasing financial uncertainty and increasing waiting times. We completed facilitation of the public facing accountability meetings for the Minister for Health and responded to concerns around the implementation of changes to services, and began to provide advocacy support for service users and carers who were involved in Serious Adverse Incidents (SAIs) in a number of Health and Social Care Trusts.

Nevertheless all business plan objectives were achieved with the exception of the Personal and Public Involvement (PPI) research project which was delayed due to problems with procurement of researchers to undertake the work. This was beyond the control of the PCC. The development of a mobile app was not progressed following a budget reduction in year.

There were a number of key successes throughout the year. The most notable being, that the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) commenced work on the roll out of the recommendations made in the PCC report entitled "The Painful Truth[1]". In addition, a number of the PCC recommendations were endorsed in the HSCB's Annual Commissioning Plan 2014/2015[2]. This is significant because it demonstrates that the service is involving people in the commissioning, planning and delivery of services. A short list of outcomes/successes is attached in Appendix 1.

Throughout 2014/15:

- 2,308 people contacted the PCC for help with complaints. Of those, 1,112 got support to make a formal complaint and 1,196 people were offered a range of support including advice and information, signposting and immediate resolution
- Our staff attended 86 larger public events to speak to people and gather their views on health and social care; as well as over 300 small community and voluntary sector events;
- We increased the Membership Scheme from 12,061 to 14,000 members; and
- We developed a helpline for complaints and signposting.

Background and Context

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

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

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

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

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

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

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

Business Plan

In March 2014 the PCC Board approved the Business Plan for the 2014/2015[3] year. The objectives agreed in the plan have been delivered and what follows is an overview of that achievement. It should be noted that this does not reflect the entirety of the work of the PCC and its staff, particularly in response to issues raised by the public and the Department of Health, Social Services and Public Safety (DHSSPSNI) in the course of the year.

Goal 1: The voice of all people on health and social care is sought, listened to and acted upon.

1.1 The Patient and Client Council will provide feedback on the service user experience on the implementation of the Bamford Action Plan 2012/2015[4].

The Bamford Monitoring Group (BMG) focused on three key business objectives this year:

Consolidate work commenced regarding the needs of carers who are caring for dependants with enduring mental health illness. This year we held an Interdepartmental Workshop in June 2014, two focus groups with carers from Mindwise and a meeting with carer advocates from CAUSE. This work will be completed by December 2015.

In addition work continues with the HSCB on further developing the outcome of a similar project carried out in 2013/14 on future planning for those with a learning disability. Learning and outcomes from this work will help shape the mental health project.

The Bamford Monitoring Group has developed a three year action plan for the work of the group for 2014/2017. The Group has set out a list of objectives for each year to deliver on its remit and function, which will be reflected in PCC Annual Business Plans.

The Patient and Client Council will work with the DHSSPSNI to shape the delivery of an evaluation of the Bamford Action Plan 2012/2015[4]. The PCC have recently been notified by the Minister for Health that due to financial constraints, the evaluation will proceed but it will be performed in-house and it will be led by the DHSSPSNI. We have been assured that the BMG will be engaged in this process and we will continue to seek assurance that the process will be independent of those delivering the services.

1.2 The Patient and Client Council will seek to understand the public's priorities for patient and client safety in health and social care.

The PCC held a Patient Safety Conference on 1st October 2014. The aim of the conference was to initiate a dialogue on priorities for patient safety. The conference also aimed to highlight the awareness and expectation of patient safety (and other related) issues from members of the public.

The key objectives of the conference were:

- To identify the public's priorities for patient safety;
- To better inform the public on the 'statutory duty of candour' and how that fits into an open and transparent health and social care service;
- To highlight (broad) current development and safety improvement initiatives in health and social care through the work of the safety forum; and
- To discuss and gather views on the role of the patient, client, carer and family in relation to patient safety issues including how duty of candour may/will impact on health and social care service users.

Almost 100 attendees took part in small group exercises and the outcome from the conference was presented to the PCC Board in March 2015.

1.3 The Patient and Client Council will gather the views of people on priorities in health and social care so that they can influence policy, commissioning and service delivery.

The PCC published its latest 'People's Priorities[5]' report in November 2014, outlining people's views on what the future priorities for their health and social care system should be. Lack of frontline health and social care staff was the most frequently identified issue by both the general population and PCC Membership Scheme questionnaire respondents. Other issues and concerns people raised included waiting times, quality of care, care of older people and A&E services; people also told us that they wanted these issues to be made a priority and for improvements to be made.

The 'People's Priorities' have largely remained consistent since 2010. Waiting times, health and social care staff and care of older people continue to be important to people. Quality of care and access to services are also recurring priorities. Specific services such as mental health services, cancer services, and primary care, particularly GP services, have been identified as top priorities for people in every 'People's Priorities' report to date.

Previous 'People's Priorities' reports have influenced the HSCB/PHA commissioning plans and the PCC will seek to ensure that the latest report is also influential in ensuring that commissioning decisions are made based on the issues which people have told us about.

1.4 The Patient and Client Council will work in partnership with the DHSSPSNI to ensure that the views of service users and carers are included in the implementation of the Quality 2020 Strategy[6].

In 2011, the DHSSPSNI launched Quality 2020: A 10 Year Strategy to protect and improve quality in Health and Social Care in Northern Ireland[6]. As part of that strategy the PCC, in partnership with the Regulation and Quality Improvement Authority (RQIA), was asked to establish a stakeholder forum to take forward the work. The forum held its first meeting on World Quality Day on 13th November 2014. Attendees at the meeting included representatives from health and social care organisations, regulatory bodies, the community and voluntary sector, and service users and carers. The development and role of the Stakeholder Forum will now be taken forward by the DHSSPSNI.

1.5 The Patient and Client Council will undertake a project to understand the experience of health and social care services for homeless people.

Throughout 2014/15 the PCC undertook new work activity looking at the particular issues facing people who are homeless in accessing health and social care services; this project was led by the research team. The aim of the project was to understand the particular, complex, needs of a group in society who find it difficult to access the health and social care services they need. The reasons for not being able to access these services were sometimes attributed to the chaotic lifestyles that homeless people lead, but more often because health and social care services are not set up to meet their particular needs. This work culminated in a PCC report "Issues faced by people who are homeless in accessing health and social care services"[7], published in March 2015, The PCC will continue to work in this area by partnering those with particular expertise and facilitating a conference to help to further highlight issues and seek change. This is the first phase of a two phase project.

Goal 2: The Patient and Client Council is making a positive difference for people.

2.1 The Patient and Client Council will seek to understand the implications for carers of Transforming Your Care (TYC)[8].

In June 2014, the PCC organised a Carers Conference which was developed and designed by carers from each of the five Local Advisory Committees (LACs). The conference focused on key issues of importance to carers including planning for the future, access to support in the

community, supported housing and advice and information. Those in attendance suggested that the PCC should undertake a specific carers priorities project. This is in the 2015/16 Business Plan[9].

2.2 The Patient and Client Council will provide a complaints support service to people wishing to make a complaint about health and social care organisations in Northern Ireland.

The Complaints Support Service has managed 1,112 complaints and 1,196 contacts in 2014/2015, an increase of (19%) on total activity last year when there were 1,143 complaints and 792 contacts. This increase was in relation to complaints and contacts which are managed by the helpline. The PCC will be publishing a full Complaints Annual Report for 2014/2015 in September 2015.

The Head of Operations and the Complaints Support Service Manager delivered the first round of six monthly meetings with all HSC Trusts. While Complaints Support Officers are in daily contact with the HSC Trusts when advocating for their clients, these meetings give the PCC the opportunity to raise and discuss issues arising from complaints and how learning from complaints is applied in each HSC Trust. Issues raised in this first round of meetings included management of family involvement in SAIs, complaints about the attitude and behaviour of staff and complaints about poor communication by HSC Trusts with patients on waiting lists.

Information on the PCC Complaints Support Service is now standard in all HSC Trust complaints correspondence and is available in hospitals, prisons and community care facilities.

All prisoners in Northern Ireland receive the same access to the Complaints Support Service as any patient in Northern Ireland. This work is supported by the Independent Monitoring Boards of each prison establishment through visits made to each Independent Monitoring Board by PCC staff. In addition, PCC staff visited HMP Maghaberry this year to better understand the prison and prison healthcare environment for prisoners.

2.3 The Patient and Client Council will promote Personal and Public Involvement (PPI).

The PCC in conjunction with the Leadership Centre continued to monitor the uptake of the e-learning toolkit on PPI in health and social care until July 2014. A decision was then taken by the Regional PPI Forum for the PHA to assume responsibility for further developing this initiative as part of a suite of training packages to support involvement across health and social care in Northern Ireland.

The PCC is working in partnership with the PHA on a research project into effective PPI in health and social care in Northern Ireland. A tender has been awarded and fieldwork is currently being undertaken. The final report will be presented to both organisations by 30th September 2015.

The PCC has hosted many public events this year to promote personal and public involvement. These include:

- six public road shows held in the autumn;
- Carers Conference in June; and
- Patient Safety Conference in October.

In addition, PCC Personal and Public Involvement Officers attend events on an almost daily basis reaching new audiences "where they are at". This year we had a specific emphasis on increasing the involvement of men and we specifically targeted factories and men's events.

This year we worked in partnership with service users and the HSCB to design a development programme to build capacity in service users to enable them to be more effectively involved in decision making. As a result the Leadership in Partnership Programme was launched and 12 service users will complete the programme in May 2015.

Goal 3: The Patient and Client Council will promote the provision of information and advice to the public about health and social care.

3.1 The Patient and Client Council will raise awareness of its work and services.

PCC staff work continuously to raise awareness of its work through its outreach programme. The PCC does not have a promotional budget and relies on raising its profile through face to face engagement, attendance at events, social media and its online presence. We undertook an omnibus survey to gauge public awareness of the PCC and we found that 20% of people in Northern Ireland are aware of the organisation compared to 16% in 2012. That awareness rises to 25% amongst those aged 35 to 64.

In June 2014, as part of complaints awareness month, PCC staff hand delivered leaflets and posters giving details of the Complaints Support Service to every health and social care facility in Northern Ireland.

In addition, Complaints Support Officers took part in several initiatives to raise awareness of the work of the service in supporting people with complaints. This included lectures to nursing and medical students at Queen's University, presentations to the Royal College of Nursing's Regional Conference on district nursing and to GP Practice Managers.

PPI Officers continue to raise awareness at events which they both host and attend. This is also supported by the Communications and Events Manager through the use of Facebook, Twitter, the weekly blog and other media.

In addition the Membership Scheme now has over 14,000 members.

This year the PCC also reviewed the mechanisms it used for its work including the LACs and Membership Scheme. A review paper was presented to the PCC Board in March 2015 and it was agreed to make changes in order to enhance local engagement.

3.2 The Patient and Client Council will seek to have accredited information provided to the public in Northern Ireland on health and social care services.

PCC staff have continued to work in partnership with the PHA and the HSCB with a view to achieving a single information and advice service for people in Northern Ireland. This year we made good progress:

- A pilot of information for mental health service users has now been launched by the Minister for Health; and
- Phase 1 (syndicated information from NHS Choices) was launched in May 2015.

Operational Work Over and Above the Business Plan

In addition to key business plan objectives the operational team undertake and contribute to a wide range of initiatives which are required to support the needs of service users and carers. The notes which follow provide a flavour of some of the work undertaken:

Articles Published
During 2014/15 the Research Team published two articles, one in the Northern Ireland Healthcare Review and one in the British Pain Society's Pain News. Both articles provided an overview of research findings and recommendations from 'The Painful Truth' study. In addition, the Research Team shared the findings of the 'The Painful Truth[1]' report at the British Pain Society's Annual Conference 2015.

Consultations
The operational team played a key role in 14 consultation exercises including the following consultations:

- Review of the Minimum Standards for Nursing Homes; views of residents, their relatives and carers (DHSSPSNI);
- eHealth and Social Care Strategy for Northern Ireland (HSCB);
- Use of Personal Data for Secondary Purposes (DHSSPSNI);
- Future Delivery of Congenital Cardiac Surgery and Interventional Cardiology for the Population of Northern Ireland (DHSSPSNI);
- Patient Travel Policy (HSCB); and
- Donaldson Report – The Right Time, The Right Place (DHSSPSNI).

Both the Donaldson Report consultation exercise and the Review of Minimum Standards for Nursing Homes consultation involved discreet data collection exercises which were successfully planned, delivered and subsequently analysed and reported on with key input from the Research Team at all stages to ensure that the PCC accurately reported the views of the public on these important issues. As requested by the Permanent Secretary, in 2014 the PCC submitted a business case to the Chief Nursing Officer, DHSSPSNI, for funding for the HSC Feedback System. In 2014/15, officers from the DHSSPSNI, and the Department of Finance and Personnel (DFP) raised a series of questions on the business case at various stages throughout the year. No decision has as yet been made and the DHSSPSNI has now instigated a review of all "experience" pieces and a decision will not be made until this review is complete.

Involvement in Serious Adverse Incidents (SAIs) and Coroner's Inquests
The Complaints Support Service extended its range of services to patients and the public by offering support to families involved in SAI investigations and complaints leading to/or occasioned by a Coroner's Inquest. The service is aiming to establish a principle of continuous support to people who have raised a complaint or a concern, regardless of the process of investigation by health and social care. Developing work in these areas has included training for staff, input from service users to the Donaldson Review[10] and a meeting with the Coroner's Office to better understand their operations.

Communications
The PCC has delivered a number of high profile public events in 2014/15. Highlights include Invisible ME, an event helping ME and Fibromyalgia patients and their families share their

views with decision makers and, a series of road shows held across Northern Ireland, for people to put questions to a panel of senior decision makers.

The organisation continues to build its profile among members of the public, and this year we visited 630 health and social care facilities in Northern Ireland, as well as pharmacists and GP Practices, to provide information for the public about our services. In addition to this, we have been raising awareness of how we can help people at over 300 events which took place over the year, notably the Balmoral Show, Festival of Light and Belfast Pride.

Media engagement provides a valuable outlet for the PCC to convey the themes and concerns people are sharing in their engagement with us. Whilst we have had daily mentions in print media (including the News Letter, Belfast Telegraph, Irish News and local newspapers) it is notable that the PCC is now established as a credible voice to comment on health and social care stories, with the Chief Executive and Head of Operations providing more than 50 interviews on radio and television.

The PCC blog continues to attract a growing weekly following with a distribution list of over 7,000 people viewing it and many providing comment on the subjects which matter to them. The website received more than 20,000 visitors during the course of the year.

The PCC has pioneered the use of social media by health and social care organisations in Northern Ireland. Some key figures from our online and social media presence during 2014/15 include:

- Growing from 1,400 Twitter followers, to 2,287
- Increasing from 730 Facebook followers to 1,076

Staff Training and Development
The operational team has worked to ensure that staff have access to all the relevant training they need to function effectively in their role. This has included:

- Ensuring that relevant staff receive training in suicide intervention (ASIST) and dealing with people affected by poor mental health (MHFA);

- Ensuring specific training in SAIs, bereavement and vulnerable adults training;

- Developing the professional delivery of the Complaints Support Service through sponsoring a member of staff through the City and Guilds Level 3 Diploma in Independent Advocacy (currently the gold standard for professional advocacy training in Northern Ireland); and

- Five members of staff were also supported to undertake relevant post-entry training including both undergraduate and post graduate degrees.

Helpline
In order to ensure that the increasing number of people with issues and complaints get straight through to a Complaints Support Officer we established a dedicated helpline manned within working hours Monday to Friday. This is proving to be a more effective way of working as staff on the helpline work to resolve issues at an early stage.

A new "Complaints Support Officers Handbook" was produced in 2014/15 detailing the roles, responsibilities and the service in all of its aspects. The handbook is complemented by a "Complaints Support Service Directory" which supports the Helpline Complaints Support Officer in providing effective advice, information and signposting to callers.

Clinic

In September 2014, the PCC launched its complaints clinic in its new Ballymena office. This clinic adds to those provided in Downpatrick and in Derry/Londonderry designed to ensure local face to face access to Complaints Support Officers by patients and the public throughout Northern Ireland.

References

1. Patient and Client Council. *The Painful Truth.* February 2014
2. Health and Social Care Board (HSCB). *Annual Commissioning Plan 2014/2015.* January 2015
3. Patient and Client Council. *Business Plan 2014/2015*. March 2014
4. Department of Health, Social Services and Public Safety NI (DHSSPSNI). *Delivering the Bamford Vision Action Plan 2012/2015.* November 2012
5. Patient and Client Council. *Peoples Priorities 2014.* November 2014
6. DHSSPSNI. *Quality 2020 – 10 Year Strategy to protect and improve quality in Health and Social Care in NI.* November 2011
7. Patient and Client Council. *Issues faced by people who are homeless in accessing health and social care services.* March 2015
8. DHSSPSNI. *Transforming Your Care. A Review of Health and Social Care in NI.* December 2011
9. Patient and Client Council. *Business Plan 2015/2016.* March 2015
10. DHSSPSNI. *Donaldson Report. The Right Time, the Right Place.* December 2014.

Appendix 1

Some Examples of Outcomes from Operational Work from 1st April 2014 to 31st March 2015

1. Letter received from the Minister for Health stating the DHSSPSNI will take forward a number of recommendations made in 'The Painful Truth[1]' report including chronic pain being recognised for the first time as a long term condition.

2. PCC were invited to the Societal Impact of Pain 2014 conference at the European Parliament in Brussels. It is held under the auspices of the European Federation of IASP Chapters (EFIC) and is supported by Grunenthal. The Italian Minister for Health played a leading role in this event in the past and in the second semester of 2014 the EU council will list pain therapy and palliative care as a healthcare priority under the Italian Presidency. This was an opportunity to promote 'The Painful Truth[1],

3. Progress on endometriosis – The Belfast HSC Trust has been asked to bring forward an investment proposal template (IPT) which would aim to provide an endometriosis centre for the treatment and care of women suffering from Stage 4 endometriosis. The initial draft IPT has been reviewed by the PHA and HSCB. The HSCB wrote to the Trust on 11th August 2014, requesting that they consider a number of revisions and refinements to the IPT. The revised IPT was received by the HSCB and is currently being reviewed. The HSCB and PHA will meet with the Trust again to discuss the revised IPT in detail. Improvements to the wider service will then be considered in light of this discussion and subject to issues of affordability.

4. Elderly Carers – As a result of our work on future planning for elderly carers the HSCB undertook a needs assessment for carers with adult dependants aged 35 and over.

5. Mental Health Information Online – As an outcome of issues raised by the BMG, the HSCB have developed a single mental health information online portal. It was launched by the Health Minister in April 2015. This was developed to be compatible with the developing single advice and information portal for HSCNI.

6. Throughout the year we have had many outcomes based on individual complaints and SAI investigations including the following:

    a) As a result of a complaint and a meeting between the client and Northern Ireland Ambulance Service (NIAS), NIAS thoroughly reviewed its protocols and training on the management of patients with complications resulting from cancer treatment and in particular the management of patients with spinal complications. In addition the protocols for ensuring cancer patients are taken to the appropriate centre for treatment and care was reviewed and relevant refresher training put in place. The revised and updated protocols were shared at the regional forum and will be cascaded through training to all NIAS personnel.

A Health and Social Care Trust carried out an SAI investigation on the overall management of the care in a maternity case and made a number of recommendations including more effective and timely provision of information, review and training on protocols for treatment and care, the maintenance of adequate staff in induction bays as well as in birthing rooms, and advice to expectant mothers on the use of paracetamol. In addition, there will be an "alert" system where a concerned mother makes multiple contacts with the service raising issues with her pregnancy. Additional staff were sourced by the Trust to help to ensure the enactment of these protocols.

Maeve Hully
Chief Executive
Date 23/06/2015

DIRECTORS' REPORT

Statutory background

The Patient and Client Council 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 Patient and Client Council 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 Health and Social Services and Public Safety. The Chair is Dr. Maureen Edmondson.

The Chief Executive is an officer of the Patient and Client Council and not a member of the Board. The Chief Executive is responsible to the Board through the Chair, for managing the Patient and Client Council as a corporate body. 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 DHSSPSNI in his or her role as the Accounting Officer of the Patient and Client Council'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 2015.

The Patient and Client Council Board

The following appointments by the Minister form the Board of the Patient and Client Council as at the 31st March 2015.

Dr Maureen Edmondson (Chair)
Cllr Elizabeth Adger
Mr Brian Compston
Mrs Elizabeth Cuddy
Mr William Halliday
Mrs Elaine Sheridan

Dr Sheila Kelly
Mr Garret Martin
Dr May McCann
Mrs Joan McEwan
Cllr Colin McGrath
Prof Hugh McKenna
Cllr Martin Reilly
Cllr Marion Smith
Mrs Seana Talbot

Board Committee structure

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

Audit Committee members are

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

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

The Board has appointed 5 Local Advisory Committees to enhance engagement between the organisation and local communities. These committees do not have any delegated authority.

The Board has six key functions for which they are held accountable by the Department of Health, Social Services and Public Safety 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

Register of Interests

The Patient and Client Council 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 Patient and Client Council web site 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 in the period of this report.

Pension Scheme for All Staff

Details of the scheme for staff and the treatment of pension liabilities in the accounts are included in the 'Remuneration 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 Patient and Client Council.

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 Patient and Client Council's auditors. So far as the Accounting Officer is aware, there is no relevant audit information of which the Patient and Client Council's auditors have not been advised.

The notional cost of the audit of the 2014-15 annual accounts was £6,270.

The Business Services Organisation provides the internal audit service to the Patient and Client Council. The cost for 2014-15 was £6,240.

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.

The Patient and Client Council has a Fraud Policy and Response Plan in place and an appointed Fraud Liaison Officer. No audit services were purchased in support of the National Fraud Initiative.

Prompt payments

The Patient and Client Council 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 95.3% of payments were made within the timeframe, against a target of 95.0%. It should be noted that 69.8% of invoices were paid within 10 days.

The Council's compliance with this can be found in Note 15 of the accounts.

Sickness absence data
The Patient and Client Council sickness absence rate over the year was 4.14% (9.7 days absence per FTE for the year) against a target of 5.0%**.** The reported figure for 2013/14 was 8.11%.

Personal data related incidents
There were no reported incidents of loss of personal data.

Charitable donations
The Patient and Client Council did not receive or make any charitable donations.

Post balance sheet events
There were no post balance events.

Resource Revenue Allocation Surplus
The Patient and Client Council delivered a surplus in its operations against its Revenue Resource Limit of £11,713 for the year.

Maeve Hully
Chief Executive
The Patient and Client Council

Date 23/06/15

Remuneration Report

Remuneration report for the year ended 31 March 2015

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 Patient and Client Council (the "Council") 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 DHSSPSNI.

The Patient and Client Council 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 Department of Health Social Services and Public Safety for Northern Ireland (DHSSPSNI) circulars.

Non-Executive Directors

The Patient and Client Council 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.

The Non-Executive Directors of the Patient and Client Council as at the 31st March 2015 are listed below.

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

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

The following Board Members stood down during the year;
Ms Koulla Yiasouma (31st January 2015)

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.

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 Council 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 DHSSPSNI. 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 Department of Health, Social Services and Public Safety. The costs of early retirements are met by the Council and charged to the Statement of Comprehensive Net Expenditure at the time the Council commits itself to the retirement.

Senior Employees' Remuneration (Audited)

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

Name	2014-15					2013-14				
	Salary £000	Bonus / Performance Pay £000	Benefits in kind (to nearest £100)	Pension Benefits £000	Total Remuneration £000	Salary	Bonus / Performance Pay £000	Benefits in kind (to nearest £100)	Pension Benefits £000	Total Remuneration £000
Non-Executive Members										
Maureen Edmondson	16-20	0	300	0	16-20	16-20	0	800	0	16-20
Elizabeth Adger	0-5	0	100	0	0-5	0-5	0	0	0	0-5
Brian Compston	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Paul Coulter*	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Margaret Harte*	0-5	0	0	0	-0-5	0-5	0	0	0	0-5
Elaine Sheridan (nee Kelly)	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Sheila Kelly	0-5	0	100	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	100	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
Rena Shepherd*	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Marion Smith	0-5	0	0	0	0-5	0-5	0	0	0	0-5
Koulla Yiasouma	0-5	0	100	0	0-5	0-5	0	0	0	0-5
Colin McGrath	0-5	0	100	0	0-5	0-5	0	0	0	0-5
Garret Martin	0-5	0	200	0	0-5	0-5	0	0	0	0-5
Seana Talbot	0-5	0	100	0	0-5	0-5	0	0	0	0-5
Liz Cuddy	0-5	0	100	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	200	0	0-5	0-5	0	0	0	0-5
Senior Staff										
Maeve Hully	70-75	0	500	14	85-90	70-75	0	700	7	75-80
Sean Brown	50-55	0	100	22	70-75	45-50	0	100	11	55-60
Louise Skelly	45-50	0	600	7	50-55	45-50	0	700	6	50-55

Pensions Entitlements (Audited)

Name	Real increase in pension and related lump sum at age 60 £000s	Total accrued pension at age 60 and related lump sum £000s	CETV at 31/03/15 £000s	CETV at 31/03/14 £000s	Real increase in CETV £000s	Employer contributions to partnership pension account
Senior Staff						
Maeve Hully	2.5-5.0 2.5-5.0	95-100 95-100	485	449	20	0
Sean Brown	2.5-5.0 2.5-5.0	25-30 25-30	130	103	23	0
Louise Skelly	0-2.5 0-2.5	75-80 75-80	358	337	9	0

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

Disclosure of Highest paid Director and the Median remuneration

	2014-15 £000s	**2013-14** £000s
Band of Highest Paid Directors		
Total Remuneration	70-75	70-75
Median Total Remuneration	25	25
Ratio	2.9	2.9

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. This is also included on the previous page.

*Board Members stood down in year 2013/14

Dr Paul Coulter stood down 31st December 2013

Mrs Margaret Harte stood down 30th June 2013

Mrs Rena Shepherd stood down 30th April 2013

Actuarial Valuation

As per the requirements of lAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

Premature retirement costs

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

- Efficiency of the service
- Redundancy
- Organisational change

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

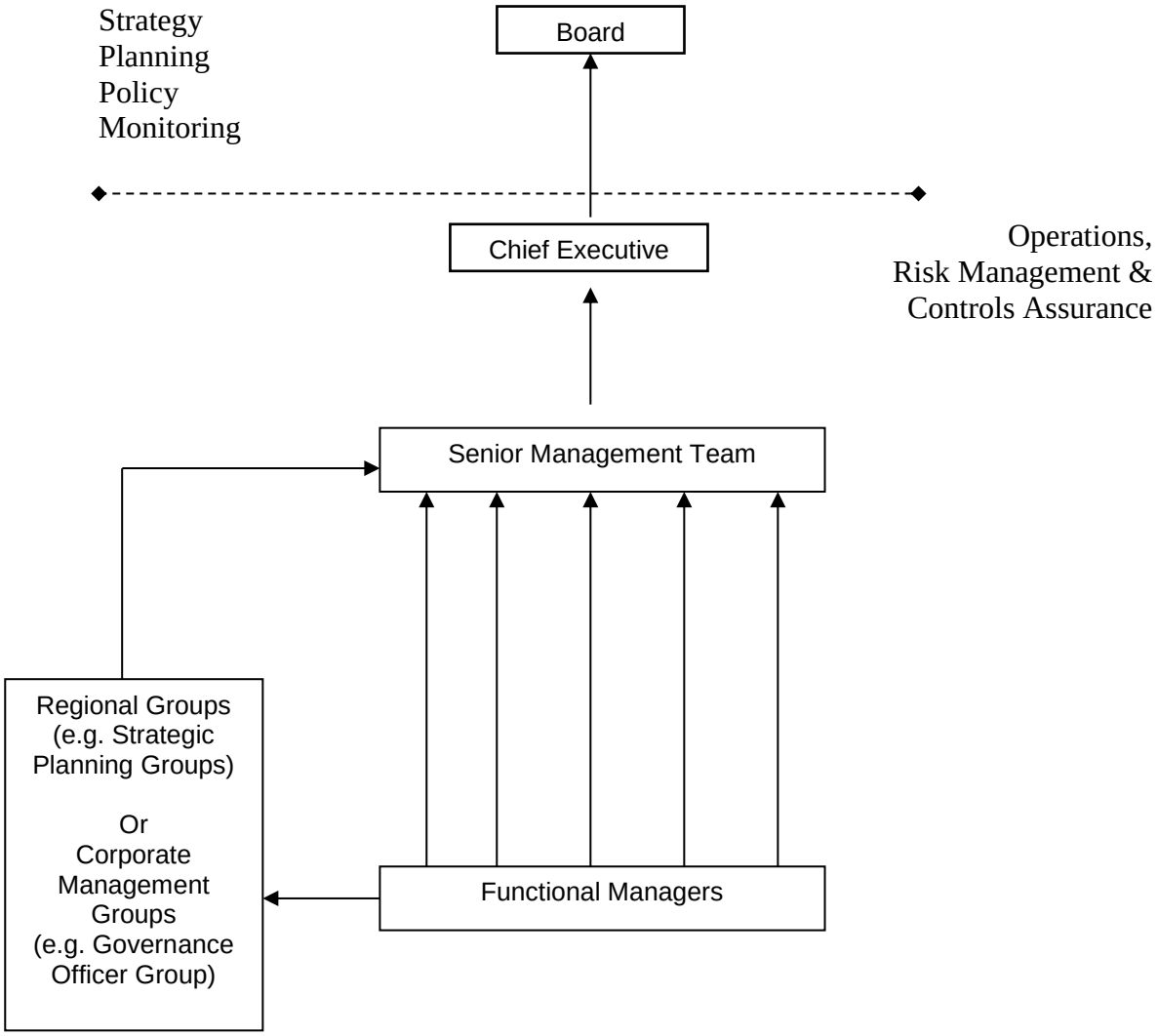
Under the terms of Section 16 of the Agenda for Change Terms and Conditions Handbook individuals who were members of the HSC Superannuation Scheme prior to 1 October 2006, are over 50 years of age and have at least 5 years membership of the HSC Superannuation Scheme qualify for transitional protection. Staff who qualify for transitional protection are entitled to receive what they would have received by way of pension and redundancy payment had they taken redundancy retirement on 30 September 2006. This includes enhancement of up to 10 years additional service (reduced by the number of years between September 2006 and the actual date of retirement) and a lump sum redundancy payment of up to 30 weeks pay (reduced by 30% for each year of additional service over 6 2/3 years)

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

Exit Packages

There were no in year exit packages.

PCC ACCOUNTABILITY STRUCTURES



PATIENT AND CLIENT COUNCIL

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2015

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
31st July 2015

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PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

FOREWORD

These accounts for the year ended 31 March 2015 have been prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009, in a form directed by the Department of Health, Social Services and Public Safety.

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

STATEMENT OF RESPONSIBILITIES

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

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

- observe the Accounts Direction issued by the Department of Health, Social Services and Public Safety 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.

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

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

CERTIFICATES OF CHAIRMAN AND CHIEF EXECUTIVE

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 51 to 83) which I am required to prepare on behalf of the Patient and Client Council have been compiled from and are in accordance with the accounts and financial records maintained by the Patient and Client Council and with the accounting standards and policies for HSC bodies approved by the DHSSPS.

.....Chief Executive

23rd June 2015

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 51 to 83) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.

…….Chairman

23rd June 2015

……..Chief Executive

23rd June 2015

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

GOVERNANCE STATEMENT

1. Introduction / Scope of Responsibility

As Accounting Officer and Chief Executive of the Patient and Client Council 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 Department of Health, Social Services and Public Safety.

The Patient and Client Council is an independent organisation 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 Patient and Client Council's Management Statement establishes the framework agreed with the Department of Health, Social Services and Public Safety within which the Patient and Client Council operates.

The Planning & Performance Management Directorate within the Department of Health, Social Services and Public Safety is the sponsoring team for the Patient and Client Council, forming its primary point of contact with the Department on non-financial management and performance and the primary source of advice to the Minister on the discharge of his/her responsibilities in respect of the Patient and Client Council. It also supports the Departmental Accounting Officer on his/her responsibilities towards the Patient and Client Council.

2. Compliance with Corporate Governance Best Practice

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

The Board assesses and reports on its effectiveness annually. In February 2014 the Board undertook a full self-assessment of its effectiveness through a workshop for Board Members. A review was made of the full self-assessment and the Board has judged improvement in a number of key areas including;

- An independent assessment of its best practice as a Board; and
- An evaluation of the work of the Patient and Client Council to gauge its impact on Health and Social Care Services.

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. Internal Audit reviewed the Board Effectiveness process and findings and provided satisfactory assurance in its report.

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 2015 the Board has two vacancies. The Board meets on a monthly basis and the attendance in the year was 76%, with one fully attended Board Meeting.

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 in the year's Board meetings.

3. Governance Framework

The Board of the Patient and Client Council exercised strategic control over the organisation through a framework of corporate governance which includes:

- A schedule of matters reserved for Board decisions approved on the 1st April 2009;
- Standing orders and standing financial instructions approved on the 1st April 2009;
- A scheme of delegation, which delegated decision making authority to the Chief Executive and others approved on the 1st April 2009;
- The Patient and Client Council held its Board meetings in public. The attendance at such meetings is recorded and minutes of the meeting published on the Patient and Client Council website; and
- The appointment of a Governance and Audit Committee. The remit of the 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 at the subsequent Board meetings provided assurance to the Board that governance standards were met. The Committee also held two workshops to review its strategy and complete its self-assessment.

The accountability structures of the organisation as above are set out in detail in the organisation's Standing Orders which were reviewed and re-approved by the board in March 2015.

4. Governance and Audit Committee

In line with Patient and Client Council Standing Orders the Governance and Audit Committee convened formally on four occasions within this financial year. The 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. All reports were subsequently brought to the Board for consideration. Internal Audit reports were brought forward for the PCC's Board on:

- Board Effectiveness
- Risk Management;
- Financial Management; and

- Controls Assurances;

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

- Information Governance Strategy and Policy;
- Board Self-Assessment;
- Governance and Audit Committee Self-Assessment; and
- PCC Corporate Governance Handbook.

5. 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 organisation.

Business Planning

The Patient and Client Council produces a Corporate Plan for a period of three years. 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 plan is subject to Department of Health, Social Services and Public Safety approval. The Corporate Plan is issued for formal consultation and input is sought from key stakeholders. The 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 period of this statement is covered by a plan for 2012-2015. The Board has approved a new Corporate Plan for the period 2015-2018.

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 engagement programme undertaken by the Patient and Client Council in the previous year and "requirements" as set out by the Department of Health, Social Services and Public Safety. The objectives are clearly set out under each of the organisation's corporate goals.
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 plan is approved by the Board at the start of the financial year. The organisation and its Business Plan are funded by the DHSSPSNI on an annual basis. Funding has been confirmed for the Business Plan 2015-2016.

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 an update at each public meeting on its business plan. This is in the form of a roadmap. 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 Department of Health, Social Services and Public Safety to discuss progress against the approved Business Plan.

Risk management

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.

The risk and control framework

The Patient and Client Council 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 Patient and Client Council. 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 Patient and Client Council manages risk by:

- undertaking assessments to identify the principal risks to the Patient and Client Council 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 review activities. The Assurance framework is formally presented to the Board annually;
- ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;
- integrating risk management into the annual planning process, ensuring that risks inform the planning process;
- completing and annually reporting on compliance with DHSSPS requirements;
- completing Controls Assurance Standards self assessments, so as to provide evidence that the Patient and Client Council 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 Patient and Client Council 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 and the expected completion dates are also detailed in the registers.

In year the Board identified a risk in the organisation in not being recognised as a primary source for people seeking support in making a complaint about health and social care services. After discussion with health and social care bodies, the services of the Patient and Client Council are now included on correspondence to all complainants.

6. Information Risk

Information risk management is an essential part of good management. The Patient and Client Council 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 Patient and Client Council has completed its Information Management Controls Assurance Self Assessment and approved a Strategy and Policy for Information Governance.

The Patient and Client Council has 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 Patient and Client Council 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 received training in year from the Information Commissioner on the organisation's information governance responsibilities.

There have been no data losses in year.

The Patient and Client Council has not received any Data Access Request in year and responded to 7 Freedom Of Information requests within the year. All requests were responded to within timescale and no data was withheld.

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 scrutinize 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.

7. Public Stakeholder Involvement

Central to the work of the Patient and Client Council is engaging with the public. The Patient and Client Council 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 Patient and Client Council 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.

8. Assurance

As part of its Governance arrangements, the Patient and Client Council 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 Patient and Client Council. 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 and updated in March 2015.

The Internal Audit service for the Patient and Client Council 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 Patient and Client Council assessed its compliance with the applicable Controls Assurance Standards which were defined by the DHSSPSNI. The organisation achieved the following levels of compliance for 2014/15, and against which a degree of progress is expected in 2015/16.

Standard	**DHSS&PS Expected Level of Compliance**	**PCC Level of Compliance**	**Verified by Internal Audit**
Buildings, land, plant and non-medical equipment	75% - 99% (Substantive)	**n/a**	
Decontamination of medical devices	75% - 99% (Substantive)	**n/a**	
Emergency Planning	75% - 99% (Substantive)	**n/a**	
Environmental Cleanliness	75% - 99% (Substantive)	**n/a**	
Environment Management	75% - 99% (Substantive)	**n/a**	
Financial Management *(Core Standard)*	75% - 99% (Substantive)	**80%**	√
Fire safety	75% - 99% (Substantive)	**80%**	
Fleet and Transport Management	75% - 99% (Substantive)	**n/a**	
Food Hygiene	75% - 99% (Substantive)	**n/a**	
Governance *(Core Standard)*	75% - 99% (Substantive)	**82%**	√
Health & Safety	75% - 99% (Substantive)	**79%**	
Human Resources	75% - 99% (Substantive)	**80%**	
Infection Control	75% - 99% (Substantive)	**n/a**	
Information Communication Technology	75% - 99% (Substantive)	**93%**	
Management of Purchasing and Supply	75% - 99% (Substantive)	**87%**	
Medical Devices and Equipment Management	75% - 99% (Substantive)	**n/a**	
Medicines Management	75% - 99% (Substantive)	**n/a**	
Information Management	75% - 99% (Substantive)	**78%**	
Research Governance	75% - 99% (Substantive)	**88%**	√
Risk Management *(Core Standard)*	75% - 99% (Substantive)	**80%**	√
Security Management	75% - 99% (Substantive)	**80%**	
Waste Management	75% - 99% (Substantive)	**n/a**	

9. Sources of Independent Assurance

The Patient and Client Council obtains Independent Assurance from Internal Audit, as provided under a Service Level Agreement with the Business Services Organisation;

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

Internal Audit provided a review under the following headings;

- Financial Review;
- Board Effectiveness and performance management; and
- Risk Management.

Satisfactory Assurance was provided on each area.

In 2014-15 Internal Audit reviewed the following systems within the Controls Assurance framework;

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

The opinion of the Head of Internal Audit for the year ended 31 March 2015 is that there is a **satisfactory** system of internal control designed to meet the organisation's objectives.

10. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the Senior Management Team within the Patient and Client Council 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.

11. Internal Governance Divergences

Internal Control issues from 2013/14
There were no significant Internal Control issues identified for the Patient and Client Council in the year 2013/14.

The Patient and Client Council has committed to continue working with the Business Services Organisation on full implementation of the FPM and HRPTS systems. This includes;

- Service improvement on meeting prompt payments targets; and
- Developing the reporting functionality and requirements required of the HRPTS system.

Internal Control issues from 2014/15
There were no significant Internal Control issues identified for the Patient and Client Council in the year 2014/15.

However, it should be noted that a number of audits have been conducted in BSO Shared Services, as part of the BSO Internal Audit Plan, which provided "limited" assurance on Payroll Shared Service Centre and Payments Shared Service Centre. The recommendations in these Shared Service audit reports are the responsibility of BSO Management to take forward. The Patient and Client Council 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.

12. Conclusion

The Patient and Client Council 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 Body and in conjunction with assurances given to me by the Head of Internal Audit, I am content that the Patient and Client Council has operated a sound system of internal governance during the period 2014 -15.

Maeve Hully
Chief Executive
The Patient and Client Council
23rd June 2015

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

AUDIT CERTIFICATE

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 2015 under the Health and Social Care (Reform) Act (Northern Ireland) 2009.The financial statements comprise the Statements of Comprehensive Net Expenditure, Financial Position, Changes in Taxpayers' Equity, Cash Flows, 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 Report that is described in that report as having been audited.

Respective responsibilities of the Patient and Client Council, Accounting Officer and auditor

As explained more fully in the Statement of Patient and Client Council 's and 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 the Patient and Client Council 's affairs as at 31 March 2015 and of the net expenditure, cash flows and changes in taxpayers' equity 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, Social Services and Public Safety directions issued thereunder.

Opinion on other matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with Department of Health, Social Services and Public Safety directions made under the Health and Social Care (Reform) Act (Northern Ireland) 2009; and
- the information given in Annual 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 part of the Remuneration Report to be audited are not in agreement with the accounting records; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with Department of Finance and Personnel's guidance.

Report

I have no observations to make on these financial statements.

KJ Donnelly

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

3 *July 2015*

PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2015

	NOTE	2015 £	2014 £
Expenditure			
Staff costs	3.1	(1,231,630)	(1,143,003)
Depreciation	4	(6,326)	(3,675)
Other expenditures	4	(532,033)	(594,252)
		(1,769,989)	(1,740,930)
Income			
Income from activities	5.1	-	-
Other Income	5.2	32,581	9,626
Deferred income	5.3	-	-
		32,581	9,626
Net Expenditure		**(1,737,408)**	**(1,731,304)**
Revenue Resource Limit (RRL)	25.1	1,749,121	1,735,761
Surplus against RRL		**11,713**	**4,457**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2015 £	2014 £
Net gain/(loss) on revaluation of property, plant & equipment	6.1/10/6.2/10	-	-
Net gain/(loss) on revaluation of intangibles	7.1/10/7.2/10	-	-
Net gain/(loss) on revaluation of available for sale financial assets		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2015		**(1,737,408)**	**(1,731,304)**

The notes on pages 51 to 83 form part of these accounts

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2015

		2015		2014	
	NOTE	£	£	£	£
Non Current Assets					
Property, plant and equipment	6.1/6.2	18,063		15,861	
Intangible assets	7.1/7.2	2,904		5,807	
Financial assets	8	-		-	
Trade and other receivables	12	-		-	
Other non current assets	12	-		-	
Total Non Current Assets			20,967		21,668
Current Assets					
Assets classified as held for sale	9	-		-	
Inventories	11	-		-	
Trade and other receivables	12	48,358		52,949	
Other current assets	12	10,033		14,758	
Financial assets	8	-		-	
Cash and cash equivalents	13	22,135		24,550	
Total Current Assets			80,526		92,257
Total Assets			**101,493**		**113,925**
Current Liabilities					
Trade and other payables	14	(169,067)		(306,753)	
Other liabilities	14	-		-	
Provisions	16	-		-	
Total Current liabilities			(169,067)		(306,753)
Non Current Assets less Net Current Liabilities			**(67,574)**		**(192,828)**
Non-Current liabilities					
Provisions	16	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	8	-		-	
Total Non Current Liabilities			-		-
Assets Less Liabilities			**(67,574)**		**(192,828)**
Taxpayers' equity					
Revaluation reserve		1,000		1,000	
SoCNE reserve		(68,574)		(193,828)	
			(67,574)		**(192,828)**

The notes on pages 51 to 83 form part of these accounts.

Signed (Chairman) 23rd June 2015

Signed (Chief Executive) 23rd June 2015

PATIENT AND CLIENT COUNCIL

STATEMENT OF CASHFLOWS for the year ended 31 March 2015

	NOTE	2015 £	2014 £
Cashflows from operating activities			
Net expenditure after interest		(1,737,408)	(1,731,304)
Adjustments for non cash costs		15,499	15,015
(Increase)/decrease in trade & other receivables		9,316	(17,576)
Less movements in receivables relating to items not passing through the Net Expenditure Account			
Movements in receivables relating to the sale of property, plant and 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		-	-
(Decrease)/increase in trade payables		(137,686)	(48,294)
Less movements in payables relating to items not passing through the Net Expenditure Account			
Movements in payables relating to the purchase of property, plant and equipment		-	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements in payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	16	-	-
Net cash outflow from operating activities		(1,850,279)	(1,782,159)
Cash flows from investing activities			
(Purchase of property, plant & equipment)	6	(2,636)	(13,893)
(Purchase of intangible assets)	7	-	-
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		(2,636)	(13,893)
Cash flows from financing activities			
Grant in aid		1,850,500	1,781,400
Capital element of payments - finance leases and on balance sheet (SOFP) PFI and other service concession arrangements		-	-
Net financing		1,850,500	1,781,400
Net increase in cash & cash equivalents in the period		(2,415)	(14,652)
Cash & cash equivalents at the beginning of the period	13	24,550	39,202
Cash & cash equivalents at the end of the period		22,135	24,550

The notes on pages 51 to 83 form part of these accounts

PATIENT AND CLIENT COUNCIL

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY for the year ended 31 March 2015

	Note	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2013		**(250,194)**	**1,000**	**(249,194)**
Changes in Taxpayers' Equity 2013-14				
Grant from DHSSPS		1,781,400	-	1,781,400
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(1,731,304)	-	(1,731,304)
Transfers of asset ownership		-	-	-
Non cash charges – auditor's remuneration	4	6,270	-	6,270
Balance at 31 March 2014		**(193,828)**	**1,000**	**(192,828)**
Changes in Taxpayers' Equity 2014-2015				
Grant from DHSSPS		1,850,500	-	1,850,500
Transfers between reserves		-	-	-
(Comprehensive expenditure for the year)		(1,737,408)	-	(1,737,408)
Transfers of asset ownership	6	5,892	-	5,892
Non cash charges – auditor's remuneration	4	6,270	-	6,.270
Balance at 31 March 2015		**(68,574)**	**1,000**	**(67,574)**

The notes on pages 51 to 83 form part of these accounts

PATIENT AND CLIENT COUNCIL

ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTES TO THE ACCOUNTS

STATEMENT OF ACCOUNTING POLICIES

1. Authority

These accounts have been prepared in a form determined by the Department of Health, Social Services and Public Safety based on guidance from the Department of Finance and Personnel'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 (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 Council'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 PCC;
- 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 (RICS) Valuation - Professional Standards in so far as these are consistent with the specific needs of the HSC sector.

The last valuation was carried out on 31 January 2015 by Land and Property Services (LPS) which is part of the Department of Finance and Personnel. 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 PCC 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
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non current assets.

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

Assets Under Construction (AUC)
Assets 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 PCC expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

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

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 Reserve 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 accounts of the fact that difference

components of those buildings have difference 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 difference rates.

1.7 Intangible assets

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

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

Recognition

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

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value.

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

1.8 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

The Council did not hold any goods for resale at either 31 March 2015 or 31 March 2014.

1.10 Income

Operating Income relates directly to the operating activities of the PCC 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.

PCC as lessee

The PCC do not have any finance leases.

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.

PCC as lessor
The PCC do not act as a lessor.

1.15 Private Finance Initiative (PFI) transactions

The PCC had no PFI transactions during the year.

1.16 Financial instruments

- Financial assets

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

Financial assets are initially recognised at fair value.

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the PCC becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are derecognised 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 PCC is not exposed to the degree of financial risk faced by business entities. The PCC has 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 PCC in undertaking activities. Therefore the HSC is exposed to little credit, liquidity or market risk.

- Currency risk

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

- Liquidity risk

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

1.17 Provisions

The PCC has no provisions.

1.18 Contingencies

The PCC has no contingent assets or liabilities.

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 PCC 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 average staff numbers and total salary costs applied to the average unused leave balance determined from a report of the unused annual leave balance as at 31 March 2015. Unused flexi leave is estimated to be immaterial to the Organisation and has not been included.

Retirement benefit costs

The PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the PCC and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The PCC is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Statement in the Departmental Resource Account for the Department of Health, Social Services and Public Safety. The costs of early retirements are met by the PCC and charged to the Statement of Comprehensive Net Expenditure at the time the PCC commits itself to the retirement. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

1.20 Reserves

Statement of Comprehensive Net Expenditure Reserve

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

Revaluation Reserve

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

1.21 Value Added Tax

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

1.22 Third party assets

The PCC did not hold any third party assets at either 31 March 2015 or 31 March 2014.

1.23 Government Grants

The PCC did not receive any Government Grants in either the year ended 31 March 2015 or the year ended 31 March 2014.

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 PCC not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

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

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

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

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

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

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

ANALYSIS OF NET EXPENDITURE BY SEGMENT

NOTE 2

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

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

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.1 Staff Costs

Staff costs comprise	2015			2014
	Permanently employed staff	**Others**	**Total**	**Total**
	£	**£**	**£**	**£**
Wages & Salaries	924,197	130,671	1,054,868	985,415
Social security costs	70,527	-	70,527	63,101
Other pension costs	106,235	-	106,235	94,487
Sub-Total	1,100,959	130,671	1,231,630	1,143,003
Capitalised staff costs	-	-	-	-
Total staff costs reported in Statement of Comprehensive Expenditure	**1,100,959**	**130,671**	**1,231,630**	**1,143,003**
Less recoveries in respect of outward secondments			(32,581)	(6,626)
Total net costs			**1,199,049**	**1,136,377**

Staff costs charged to capital projects during the year were £Nil (2014 £Nil).

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. A full valuation for Resource Accounts purposes as at 31 March 2012 was certified in February 2015 and is used in the 2014/15 accounts.

3.2 Average number of persons employed

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

	Permanently employed staff	**2015 Others**	**Total**	**2014 Total**
	No.	**No.**	**No.**	**No.**
Professions allied to medicine	-	-	-	-
Administrative and clerical	33	4	37	32
Works	-	-	-	-
Other Professional and technical	-	-	-	-
Other	-	-	-	-
Total net average number of persons employed	**33**	**4**	**37**	**32**
Less average staff number relating to capitalised staff costs	-	-	-	-
Less average staff number in respect of outward secondments	(1)	-	(1)	-
Total net average number of persons employed	**32**	**4**	**36**	**32**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 3 STAFF NUMBERS AND RELATED COSTS

3.3 Senior Employees' Remuneration

Refer to Remuneration Report contained within the Annual Report section on page 55.

3.4 Reporting of early retirement and other compensation scheme – exit packages

During 2014/15 and 2013/14 the Council had no early retirements or other compensation schemes.

3.5 Staff Benefits

Refer to Remuneration Report contained within the Annual Report section on page 55.

3.6 Retirements due to ill-health

During 2014/15 and 2013/14 there were no early retirements from the Council agreed on the grounds of ill-health.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 4 OPERATING EXPENSES

4.0 Operating Expenses are as follows:-

	2015	2014
	£	£
Establishment	279,150	350,680
Transport	75,784	56,205
Premises	139,497	149,211
Bad debts	-	-
Interest charges	-	-
Miscellaneous expenditure	28,429	26,816
Non Cash items		
Depreciation	6,326	3,675
Amortisation	2,903	2,903
Impairments	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	2,167
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors' remuneration	6,270	6,270
Total	**538,359**	**597,927**

During the year, PCC purchased no non audit services from its external auditor (NIAO).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 5 INCOME

5.1 Income from Activities

	2015	2014
	£	£
GB/Republic of Ireland Health Authorities	-	-
HSC Trusts	-	-
Non-HSC:- Private patients	-	-
Non-HSC:- Other	-	-
Clients contributions	-	-
Total	**-**	**-**

5.2 Other Operating Income

	2015	2014
	£	£
Other income from non-patient services	-	3,000
Seconded staff	32,581	6,626
Charitable and other contributions to expenditure	-	-
Donations / Government grant / Lottery funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
Total	**32,581**	**9,626**

5.3 Deferred income

	2015	2014
	£	£
Income released from conditional grants	-	-
Total	**-**	**-**

TOTAL INCOME	**32,581**	**9,626**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.1 Property, plant & equipment - year ended 31 March 2015

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Cost or Valuation									
At 1 April 2014	-	-	-	-	-	-	18,335	-	18,335
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	2,636	-	2,636
Donations / Government grant / Lottery funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	11,437	-	11,437
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2015	-	-	-	-	-	-	**32,408**	-	**32,408**
Depreciation									
At 1 April 2014	-	-	-	-	-	-	2,474	-	2,474
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	5,545	-	5,545
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	6,326	-	6,326
At 31 March 2015	-	-	-	-	-	-	**14,345**	-	**14,345**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.1 (continued) Property, Plant & Equipment - year ended 31 March 2015

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2015	-	-	-	-	-	-	**18,063**	-	**18,063**
At 31 March 2014	-	-	-	-	-		**15,861**	-	**15,861**
Asset financing									
Owned	-	-	-	-	-	-	18,063	-	18,063
Finance Leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2015	-	-	-	-	-	-	**18,063**	-	**18,063**

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 in respect of assets held under finance leases or hire purchase contracts is £Nil (2014: £nil).

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2014: £Nil).

During 2014-15 there was a transfer of assets from Business Services Organisation (BSO) at net book value (£5,892).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 Property, plant & equipment – year ended 31 March 2014

	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 2013	-	-	-	-	-	-	23,197	-	23,197
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	13,893	-	13,893
Donations / Government grant / Lottery funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(18,755)	-	(18,755)
At 31 March 2014	**-**	**-**	**-**	**-**	**-**	**-**	**18,335**	**-**	**18,335**
Depreciation									
At 1 April 2013	-	-	-	-	-	-	15,387	-	15,387
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers		-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(16,588)	-	(16,588)
Provided during the year	-	-	-	-	-	-	3,675	-	3,675
At 31 March 2014	**-**	**-**	**-**	**-**	**-**	**-**	**2,474**	**-**	**2,474**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 6.2 (continued) Property, Plant & Equipment - year ended 31 March 2014

	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 2014	-	-	-	-	-	-	**15,861**	-	**15,861**
At 1 April 2013	-	-	-	-	-	-	**7,810**	-	**7,810**
Asset financing									
Owned	-	-	-	-	-	-	15,861	-	15,861
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2014	-	-	-	-	-	-	**15,861**	-	**15,861**

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Asset financing									
Owned	-	-	-	-	-	-	7,810	-	7,810
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2013	-	-	-	-	-	-	**7,810**	-	**7,810**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.1 INTANGIBLE ASSETS – year ended 31 March 2015

	Software licenses	Information Technology	Total
Cost or Valuation	**£**	**£**	**£**
At 1 April 2014	-	14,516	14,516
Indexation	-	-	-
Additions	-	-	-
Donations / Government grant / Lottery funding	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE			
Impairment charged to the revaluation reserve	-	-	-
Disposals	-	-	-
At 31 March 2015	**-**	**14,516**	**14,516**
Amortisation			
At 1 April 2014	-	8,709	8,709
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE			
Impairment charged the revaluation reserve	-	-	-
Disposals	-	-	-
Provided during the year	-	2,903	2,903
At 31 March 2015	**-**	**11,612**	**11,612**
Carrying Amount			
At 31 March 2015	**-**	**2,904**	**2,904**
At 31 March 2014	**-**	**5,807**	**5,807**
Asset financing			
Owned	-	2,904	2,904
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying Amount			
At 31 March 2015	**-**	**2,904**	**2,904**

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

The fair value of assets funded from Donations / Government grant / Lottery funding during the year was £Nil (2014: £Nil).

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 7.2 INTANGIBLE ASSETS - year ended 31 March 2014

Cost or Valuation	Software licenses £	Information Technology £	Total £
At 1 April 2013	-	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 2014	**-**	**14,516**	**14,516**
Amortisation			
At 1 April 2013	-	5,806	5,806
Indexation	-	-	-
Reclassifications	-	-	-
Transfers	-	-	-
Revaluation	-	-	-
Impairment charged to the SoCNE	-	-	-
Impairment charged to the revaluation reserve	-	-	-
Disposals	-	2,903	2,903
Provided during the year			
At 31 March 2014	**-**	**8,709**	**8,709**
Carrying Amount			
At 31 March 2014	**-**	**5,807**	**5,807**
At 1 April 2013	**-**	**8,710**	**8,710**
Asset financing			
Owned	-	5,807	5,807
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying amount			
At 31 March 2014	**-**	**5,807**	**5,807**
Asset financing			
Owned	-	8,710	8,710
Finance Leased	-	-	-
On B/S (SOFP) PFI contracts and other service concession arrangement contracts	-	-	-
Carrying amount			
At 1 April 2013	**-**	**8,710**	**8,710**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 8 FINANCIAL INSTRUMENTS

The Council did not have any financial instruments at either 31 March 2015 or 31 March 2014.

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

The Council did not hold any assets classified as held for sale at either 31 March 2015 or 31 March 2014.

NOTE 10 IMPAIRMENTS

The Council had no impairments in either 31 March 2015 or 31 March 2014.

NOTE 11 INVENTORIES

The Council did not hold any goods for resale at either 31 March 2015 or 31 March 2014.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.1 Trade Receivables and other current assets

	2015 £	2014 £
Amounts falling due within one year		
Trade receivables	39,754	33,710
Deposits and advances	-	-
VAT recoverable	8,604	19,239
Other receivables - not relating to fixed assets	-	-
Other receivables - relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	48,358	52,949
Prepayments and accrued income	10,033	14,758
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	10,033	14,758
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	48,358	52,949
TOTAL OTHER CURRENT ASSETS	10,033	14,758
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**58,391**	**67,707**

The PCC had no bad debts provided for at 31 March 2015 or 31 March 2014.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 12 TRADE RECEIVABLES AND OTHER CURRENT ASSETS

12.2 Trade Receivables and other current assets: Intra-Government balances

	Amounts falling due within 1 year 2014/15 £	Amounts falling due within 1 year 2013/14 £	Amounts falling due after more than 1 year 2014/15 £	Amounts falling due after more than 1 year 2013/14 £
Balances with other central government bodies	33,465	25,286	-	-
Balances with local authorities	289	-	-	-
Balances with NHS /HSC Trusts	-	-	-	-
Balances with public corporations and trading funds	-	-	-	-
Intra-Government Balances	33,754	25,286	-	-
Balances with bodies external to government	24,637	42,421	-	-
Total Receivables & other current assets at 31 March	**58,391**	**67,707**	**-**	**-**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 13 CASH AND CASH EQUIVALENTS

	2015	2014
	£	£
Balance at 1st April	24,550	39,202
Net change in cash and cash equivalents	(2,415)	(14,652)
Balance at 31st March	**22,135**	**24,550**

The following balances were held at	**2015**	**2014**
	£	£
Commercial banks and cash in hand	22,135	24,550
Balance at 31st March	**22,135**	**24,550**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.1 Trade payables and other current liabilities

	2015 £	2014 £
Amounts falling due within one year		
Other taxation and social security	22,937	38,244
VAT payable	-	-
Bank overdraft	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	32,593	47,266
Payroll payables	-	1,965
BSO payables	2	272
Other payables	16,097	44,324
Accruals and deferred income	97,438	174,682
Accruals and deferred income – relating to property, plant and equipment	-	-
Accruals and deferred income – relating to intangibles	-	-
Trade and other payables	169,067	306,753
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of on balance sheet (SoFP) PFI and other service concession arrangements contracts	-	-
Other current liabilities	-	-
Total payables falling due within one year	169,067	306,753
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Finance leases	-	-
Imputed finance lease element of on balance sheet (SoFP) PFI other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**169,067**	**306,753**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.2 Trade payables and other current liabilities - Intra-government balances

	Amounts falling due within 1 year 2014/15 £	Amounts falling due within 1 year 2013/14 £	Amounts falling due after more than 1 year 2014/15 £	Amounts falling due after more than 1 year 2013/14 £
Balances with other central government bodies	52,717	73,978	-	-
Balances with local authorities	727	257	-	-
Balances with NHS /HSC Trusts	36	62	-	-
Balances with public corporations and trading funds	-	-	-	-
Intra-Government Balances	53,480	74,297	-	-
Balances with bodies external to government	115,587	232,456	-	-
Total Payables and other liabilities at 31 March	**169,067**	**306,753**	**-**	**-**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

14.3. Loans

The Council did not have any loans payable at either 31 March 2015 or 31 March 2014.

NOTE 15 PROMPT PAYMENT POLICY

15.1 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:

	2015 Number	2015 Value £	2014 Number	2014 Value £
Total bills paid	854	474,571	1,115	644,859
Total bills paid within 30 day target	814	456,169	1,011	580,267
% of bills paid within 30 day target	**95.3%**	**96.1%**	**90.7%**	**90.0%**
Total bills paid	854	474,571	1,115	644,859
Total bills paid within 10 day target	596	301,458	798	489,572
% of bills paid within 10 day target	**69.8%**	**63.5%**	**71.6%**	**75.9%**

15.2 The Late Payment of Commercial debts Regulations 2002

The amount included within the Interest Payable arising from claims made by small business under this legislation are as follows:

	£
Total	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 16 PROVISIONS FOR LIABILITIES AND CHARGES

The PCC had no provisions for liabilities and charges at either 31 March 2015 or 31 March 2014.

NOTE 17 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2015 or 31 March 2014.

NOTE 18 COMMITMENTS UNDER LEASES

18.1 Operating Leases

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

	2015	2014
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 1 year	24,250	31,515
Later than 1 year and not later than 5 years	83,667	77,000
Later than 5 years	16,042	41,708
	123,959	**150,223**
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	-

18.2 Finance Leases

The PCC had no finance leases at either 31 March 2015 or 31 March 2014.

18.3 Operating Leases: Commitments under Lessor Agreements

The PCC had not issued any operating leases at either 31 March 2015 or 31 March 2014.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 19 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

The PCC had no commitments under PFI Schemes at either 31 March 2015 or 31 March 2014.

NOTE 20 OTHER FINANCIAL COMMITMENTS

The PCC did not have any other financial commitments at either 31 March 2015 or 31 March 2014.

NOTE 21 FINANCIAL GUARANTEES, INDEMNITIES AND LETTERS OF COMFORT

The PCC did not have any financial guarantees, indemnities or letters of comfort at either 31 March 2015 or 31 March 2014.

NOTE 22 CONTINGENT LIABILITIES

The PCC did not have any contingent liabilities at either 31 March 2015 or 31 March 2014.

NOTE 23 RELATED PARTY TRANSACTIONS

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

In addition there are 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, Social Services and Public Safety.

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.

NOTE 24 THIRD PARTY ASSETS

The PCC held no assets at either 31 March 2015 or 31 March 2014 belonging to third parties.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.1 Revenue Resource Limit

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

The Revenue Resource Limit (RRL) for the PCC is calculated as follows:

	2015 Total £	2014 Total £
HSCB	-	-
PHA	-	-
SUMDE & NIMDTA	-	-
DHSSPS (excluding non cash)	1,733,622	1,720,746
Other Government Departments	-	-
Non cash RRL (from DHSSPS)	15,499	15,015
Total agreed RRL	**1,749,121**	**1,735,761**
Adjustment for Income received re Donations/ Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**1,749,121**	**1,735,761**

25.2 Capital Resource Limit

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

	2015 Total £	2014 Total £
Gross capital expenditure	2,636	13,893
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	2,636	13,893
Capital Resource Limit	3,030	13,975
Overspend/(Underspend) against CRL	(394)	(82)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 25 FINANCIAL PERFORMANCE TARGETS

25.3 Financial Performance Targets

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

	2014/15 £	2013/14 £
Net Expenditure	(1,737,408)	(1,731,304)
RRL	1,749,121	1,735,761
Surplus / (Deficit) against RRL	11,713	4,457
Break Even cumulative position(opening)	210,740	206,283
Break Even cumulative position (closing)	222,453	210,740

Materiality Test:

	2014/15 %	2013/14 %
Break Even in year position as % of RRL	0.67%	0.26%
Break Even cumulative position as % of RRL	12.72%	12.14%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

Type of loss and special payment	2014-15		2013-14
	Number of Cases	£	£
Cash losses			
Cash Losses - Theft, fraud etc	-	-	-
Cash Losses - Overpayments of salaries, wages and allowances	-	-	-
Cash Losses - Other causes	-	-	-
Claims abandoned			
Waived or abandoned claims	-	-	-
Administrative write-offs			
Bad debts	-	-	-
Other	-	-	-
Fruitless payments			
Late Payment of Commercial Debt	-	-	-
Other fruitless payments and constructive losses	-	-	-
Stores losses			
Losses of accountable stores through any deliberate act	-	-	-
Other stores losses	-	-	-
Special Payments			
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
TOTAL	-	-	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2015

NOTE 26 LOSSES AND SPECIAL PAYMENTS

26.1 Special Payments

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

26.2 Other Payments

There were no other payments made during the year

26.3 Losses and Special Payments over £250,000

There were no losses or special payments over £250,000 during the year.

NOTE 27 POST BALANCE SHEET EVENTS

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

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 31st July 2015

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