



# Annual Report and Accounts

2023-2024

**Your Voice,  
Our Journey**

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**PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE  
YEAR ENDED 31 MARCH 2024**

*Laid before the Northern Ireland Assembly under the Health and Social Care  
(Reform) Act (Northern Ireland) 2009 by the Department of Health for Northern  
Ireland on*

*31<sup>st</sup> July 2024*

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# PATIENT CLIENT COUNCIL ANNUAL REPORT

## Chair's Foreword



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

I was delighted to be appointed as the Chair of the Patient Client Council in May 2023. I have spent much of my first year listening and learning; working to understand how we are delivering our strategy, the context in which we are working and the resources we have to do it with.

I have developed a clear picture of the challenges facing the Health and Social Care System in Northern Ireland, the staff that work within it, and the patients, clients and families that use the services and the growing need for the PCC. You will see from the report PCC experienced a 42% increase in cases from last year.

There is no doubt that we have a system under pressure; with Covid-19's continuing legacy, sustained and significant budgetary pressures, workforce issues and a regional reform programme that has progressed in fits and starts. This is all within the external context of the cost of living crisis, which is keenly felt by HSC staff, patients and clients, as front-line services are stretched to their limits.

PCC was established by the Health and Social Care (Reform) Act (NI) 2009 to ensure that the 'voices of patients, clients, carers and communities are sought, valued, and acted upon' in the development of policy, planning and provision of, health and social care services in Northern Ireland. Our statutory basis, with an independent remit, gives PCC a unique role in engaging the public in their health & social care and supporting the Health & Social Care sector to deliver best outcomes for all. To embrace the public as assets, as partners, we need a meaningful system wide approach to better involve people in their own health and care. This approach offers a system under pressure a vital opportunity.

We also need to better capture and learn from the intelligence the public provides when things work well, or go wrong. Learning early can avoid more people having to go through very difficult experiences, and should help us avoid costly and time-consuming public inquiries.

There is much to do and scarce resource to do it with, yet this Annual Report demonstrates the impact that our delivery model, of engagement and advocacy, is having and its future potential.

I was very pleased to welcome the appointment of 8 new Council members in February 2024, their contribution will give us a real boost in our ability to carry out our important governance and strategic roles. I would like to pay tribute to the other 6 Council members who have carried the Governance role for the PCC for the majority

of this year, and for many years before this. Their contribution has been invaluable. I would like to pay particular thanks to Martin Reilly, who stood down this year, after a period of long-standing service during which he brought considerable expertise, considerate advice and leadership throughout.

I would also like to thank Meadhbha Monaghan, CEO; like me, this is Meadhbha's first full year in post and her passion and strong leadership has seen us continue to develop and deliver in 2023-24. I look forward to working with her and the team going forward.

Thank you to the wider staff team and my Council colleagues for their commitment and professionalism. I would like to thank our stakeholders within the HSC and voluntary and community sector for their continual engagement with the PCC. Finally, I take this opportunity to thank all those members of the public, who have worked with PCC over the year, engaging with us when they are often at their lowest and under the most challenging of circumstances.

*Ruth Sutherland*

**Ruth Sutherland CBE**

**Chairperson**

**17 July 2024**

## Chief Executive's Statement



I am delighted to present the PCC Annual Report and Accounts 2023-24, which sets out the impact PCC has made in the past year, working with, and on behalf of, individuals and the wider public.

The PCC's Statement of Strategic Intent 2022-2025, sets out our vision for a health and social care service that is actively shaped by the needs and experience of the public. As we come to the end of our second year working towards this vision, and my first year as Chief Executive, I am encouraged to see our evolving delivery model, through which we will achieve this vision, growing in strength alongside demand for PCC services.

This demand is reflected in the 3,972 calls to our PCC Connect Freephone service, through which 1,059 people were supported with advice and information, (a 26% increase from 2022-23). We supported 810 new cases, a 42% increase compared to 2022-23, with a 25% increase in those supported through advocacy. Our drive towards early resolution and a focus on restorative practice is reflected in 57% of cases being resolved prior to formal complaint, an increase from 45% in 2022-23. The complexity of our work continues to be evidenced in the number of Serious Adverse Incidents (SAI) in which we have provided support, with 22 new SAI cases opened this year. At year end, PCC were providing support in 47 SAI cases.

We continue to adopt a 'plan, do, review' approach to our target outputs and work overall. We consider this the right approach to maximising our limited resources and providing flexible and responsive services for the public within the Health and Social Care system. Similarly, a focus on partnership working, and developing our 'network of networks' approach, is reflected in the continued development of PCC's 'Positive Passporting Initiative' throughout 2023-24. Formal referral pathways have been developed with some 30 organisations and progress will continue via our membership of Helplines NI, which was established this year. This will give us access to 40 organisations from the statutory, community and voluntary sectors.

The welcome return of the Northern Ireland Executive and Assembly presents significant opportunities, but also reinforces the continued need for courageous conversations in health and social care, and with the public in Northern Ireland. Within this Annual Report you will read about the excellent work of our Engagement Platforms, which bring the public, voluntary and community sector representatives and HSC decision-makers into direct conversation, to influence existing and new services and policies.

You will also read about our developing policy impact and influence function, which focused on a number of themes in 23-24 including: raising awareness of PCC and our work; the importance of recognising and embracing the public as assets in health and social care; how the HSC system can learn better from feedback and complaints made by the public; the importance of regional advocacy services, not only for



individuals and families, but as part of HSC's duty of quality and governance; and the need for a Regional Remuneration Policy to address issues of equity, diversity and reciprocity, relating to involving the public across HSC.

Actively listening to the voice and experiences of the public can be challenging, but holds such potential. The overwhelming majority of people we speak to share their stories because they want to improve the system and services for the better. These are also the aims of the PCC and we will continue to work in partnership with the public and system leaders to ensure the public's voice is heard and valued.

We thank you for your ongoing support as we continue to evolve and build to the future.

A handwritten signature in cursive script that reads "M. Monaghan".

**Meadhbha Monaghan**

**Chief Executive**

**17 July 2024**

# SECTION 1: ANNUAL REPORT

## Performance Overview

The Performance Overview provides information on the Patient and Client Council (PCC), its main objectives for 2023-24 and the principal risks that it faces. It also sets out an overview of PCC operational performance across the financial year 2023-24.

The performance report is structured under four broad pillars: **PCC Connect, PCC Support, PCC Engage and PCC Impact**, summarising the advocacy, engagement and policy impact activity PCC delivered against our Operational Plan 2023-24 and demonstrating PCC delivery against the outcomes we set out to achieve in this plan. The performance overview is followed by a performance analysis, providing a comprehensive account of the organisation's performance during the year structured under these four broad pillars, setting out delivery against the nine key outcomes we aimed to achieve:

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

## Council purpose and activities

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

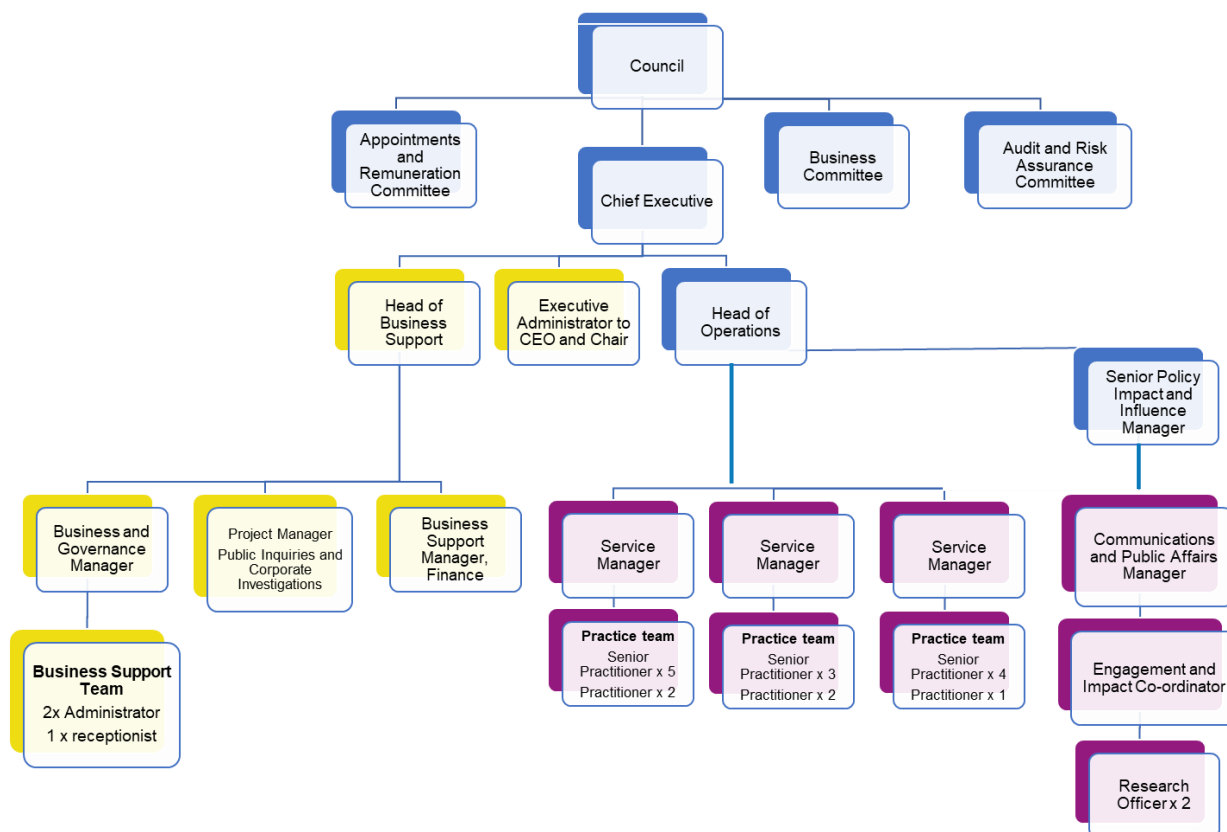
The PCC was established in April 2009 as part of the reform of Health and Social Care and provides support to a population of approximately 1.9million<sup>1</sup> across Northern Ireland.

The PCC has an annual budget of £2.1m. £1.8m is recurrent funds, £0.3m is non-recurrent funds relating to inquiry related work. PCC employs 34 members of staff, excluding Council members. See page 96 for Staff composition.



Map demonstrating PCC Office Locations

Offices are located in; Ballymena, Belfast, Lurgan and Omagh. Opening hours are; Monday to Friday 9:00am to 5:00pm, with phone lines open from 9:00am to 4:00pm, excluding Bank Holidays. The PCC [website](#), [email address](#) and [online form](#) are accessible 24 hours a day, 7 days a week.



PCC Organisational Structure

<sup>1</sup> NISRA 22 September 2022

## The Role of the PCC is to:

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

## How we work

Throughout 2023-24 we continued to embed our new model of practice through which PCC delivers on its statutory role and functions as set out above. The model places an emphasis on relationship building; meeting people at their point of need and tailoring our support to each individual, focusing on early resolution and a partnership approach. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, gives us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system.



## Strategic context

Our Health and Social Care system is under tremendous strain and significant challenges exist across all health services in Northern Ireland. The longer-term impacts of the COVID-19 pandemic are still being felt and will likely continue to influence the health and social care environment into the future. This has resulted in both a significant increase in demand for PCC advocacy services, and a noted increase in the complexity of cases requiring PCC input. In response to the greater demand for our services, we continue to strive to maximise our resources and work in partnership with the public, community and voluntary sectors.

Our work continues to be shaped by our Statement of Strategic Intent 2022-2025, which describes our strategic direction and what we want to see for people in the future, our purpose and role in achieving that, our values and ways of working and the difference we want to make. Overall, we hope to see two big differences:

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

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

Key policies and drivers for change also include:

- New Decade, New Approach and the draft Programme for Government
- Health and Wellbeing 2021: Delivering Together
- Mental Health Strategy 2021-31
- Future Planning
- No More Silos; and
- HSC Rebuild Programme.

It is within this overarching context and policy environment that our work and the outcomes we set out to achieve are positioned.

This is the third year that PCC has adopted an outcomes-based approach to monitoring and evaluating the performance of the organisation across all key areas of work. We continue to learn what outputs best enable us to measure performance and impact. We have adopted a '**plan, do, review**' approach; in particular reviewing some methods of delivery, or impact measurement and assessing whether initial targets were appropriately set.

There were 20 outputs in total in the 2023-24 Operational Plan. As detailed below, five of these were stood down in year, in agreement with Council, as part of a theme of focusing resources. Three outputs were new, which meant no indicative target was set as there was no baseline data against which to measure; as a result, these targets were unable to be RAG rated.

We are pleased to report that of the remaining 12 Operational Plan Outputs for 2023-24 we met or exceeded 83% of the outputs against our indicative targets. At year-end two targets were RAG rated red, these were as follows:

- Number of people recruited for engagement activities through Make Change Together (PCC Connect) (Red RAG rating); and
- Percentage of evaluation feedback from people supported or engaged through PCC (Red RAG rating)<sup>2</sup>.

Further information is provided in the Performance Analysis section on Page 22

## PCC Connect

PCC Connect is about connecting the right person at the right time to the right information. Our PCC Connect Freephone service, often the first point of entry to the PCC, is the foundation of PCC Support; beginning with the provision of advice and information to the public.

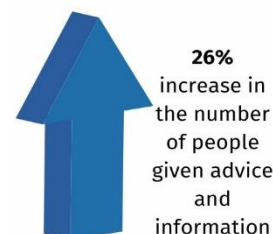
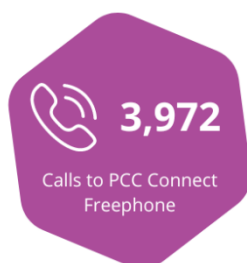
PCC Connect also captures the initial stages of PCC Engage structures; particularly our Membership Scheme and our ‘Make Change Together’ involvement methodology, which seeks to ensure the public can access involvement opportunities with us, across the HSC and beyond. This is supported by working in partnership with external stakeholders through a ‘network of networks’ approach and the development of ‘positive passporting’.

In 2023-24 we have directly recruited 6 members of the public across a range of programmes of work and promoted 75 involvement opportunities across the HSC, via our membership scheme and across social media platforms. We have also provided advice and feedback to numerous HSC organisations on the best methods to reach and engage the public in the work that they are carrying out.



### PCC Connect Freephone service

In 2023-24, through our PCC Connect Freephone service, we answered 3,972 calls from members of the public and supported 1,059 with advice and information on issues right across health and social care.



<sup>2</sup> No targets received an Amber Rag Rating.

## ‘Positive Passporting’

PCC’s Positive Passporting initiative, which was introduced last year, has been very successful for a number of clients coming to the PCC for support. We have worked alongside a number of organisations to achieve better outcomes for clients, including: Migrant Help, Centre for Independent Living Northern Ireland (CILNI), Carers NI, Children Law Centre and Homelessness Prevention Forum. PCC continues to develop connections between agencies to better support the public by collaboration and partnership giving clients access to more resources and expertise.



## PCC Support

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

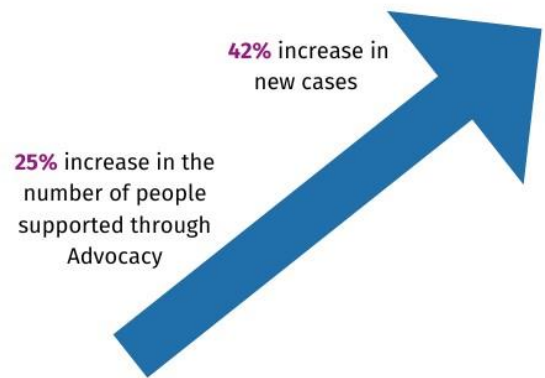
Our focus is on finding early resolution of issues. We do this through conversation, engagement and connection to appropriate services to meet immediate need. Where early resolution cannot be achieved, our advocacy and support carries through to individual and group advocacy casework under PCC Support.



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

In 2023-24, the PCC had **810** new cases and 936 contacts, a 42% increase of cases compared to 2022-23. In 2023-24 the PCC Advocacy Service has supported 662 people through advocacy, a 25% increase from 2022-23. **57%** of all cases closed in 2023-24 were resolved prior to formal complaint stage, an increase from 45% in 2022-23.

The graphics below show the Top 5 Service Areas and Top 5 Areas of Concern for New Cases in 2023-24.



## PCC Engage

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



An Engagement Platform is a space to bring together a group of people, with a common theme or interest and lived experience, to work together and make change in health and social care. Engagement Platforms allow participants to communicate their experiences and thoughts, related to a policy programme, with the PCC, as well as being able to share their views directly with decision-makers in health and social care. Engagement Platforms are a significant opportunity for decision makers in health and social care to have meaningful input from experts by experience, in service areas under review, development and reform. PCC facilitated six Engagement Platforms in 2023-24.

In line with our statutory function to *undertake research into the best methods and practices for consulting and engaging the public*, during 2023-24 we continued to develop our engagement structures, working alongside the public and our partners, and building on the learning from previous years.

This year we held 70 meetings, with a total of 105 participants across the 6 engagement platforms.

- 01 ADULT PROTECTION
- 02 CARE OF OLDER PEOPLE
- 03 LEARNING DISABILITY
- 04 MENTAL HEALTH
- 05 NEUROLOGY
- 06 SERIOUS ADVERSE INCIDENTS

An analysis of the work undertaken, aligned to the programmes outlined in the diagram above, across each platform and programme, is summarised from page 40.



## PCC Impact

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

In 2023-24 we focused our impact and influence work in a number of thematic areas, with a view to better establishing our functions and presence across the HSC in this important area.

### Raising awareness of the PCC

As a small organisation with a limited budget and resources, we recognised that if the public and our key stakeholders are not adequately aware of the PCC and the services we provide, we will not be able to optimally meet our statutory obligations and deliver upon the vision of the organisation. We have therefore focused work on developing an Awareness Raising Campaign and the public affairs function within the organisation. Key Achievements in 2023-24 include:

- ✓ Developed Promotional and Animated Videos, Created with PCC Members
- ✓ Developed a PCC Brand and Style Guide
- ✓ Developed a New Website with PCC members
- ✓ Hosted 2 Conferences
- ✓ Contributed to 12 Events
- ✓ New Promotional Materials
- ✓ Magazine and Editorial Appearances
- ✓ Joined Helplines NI as a Member



## **Embracing the Public as Assets – Driving Systems Change**

We consider that members of the public with lived experience are experts in the care they or a loved one has received. The expertise and knowledge that members of the public have is an asset to the health and social care system, and should be recognised and utilised as such across the system. To embrace the public as assets, we need a meaningful system wide approach to better involve patients as partners in their own care.

In 2023-24 we therefore embarked on a series of structured conversations and events hosted by PCC, exploring the theme of '*Embracing the Public as Assets, what might this look like and how do we get there?*' We hosted a popular session at the 2023 NICON conference, focused on this theme. It brought together a panel of members of, academics, the voluntary and community sector, health and social care and people with lived experience to explore this topic with those within the Health and Social Care System. In March 2024, we hosted a conference focused on the same theme, but this time bringing together members of the public, the voluntary and community sector and those working in engagement across the HSC, round table discussions.

## **Encouraging the use of Data and Intelligence to learn early**

Better triangulation of information and data, across the HSC system, can help ensure that potential issues are captured early, and services can be improved at the right time. To this end we have presented to the Executive Teams of the Belfast and Western Trusts, and the Chief Nursing Officer's Business Committee, exploring this issue. We also raised these points in our written and oral evidence to the Urology Services Inquiry.

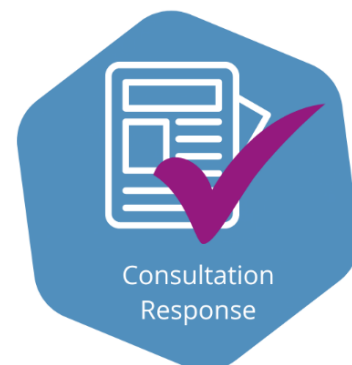
Through our advocacy cases and engagement work, the PCC holds important data and intelligence about health and social care services in Northern Ireland. In 2023-24 we have focused on exploring with colleagues in the HSC, how this information, and additional sources of information, reflecting the public's experience, such as the PHA's Care Opinion and 10,000 Voices programmes, can best be utilised as part of Trusts Quality Assurance and Governance Frameworks, in meeting their statutory duty of quality.

## **The Importance of Advocacy Services**

Advocacy support is not only vital for individuals and families, it is a key part of assurance within the Health and Social Care System, advocacy is not a 'nice to have'. It:

- Reduces potential for compounded harm
- Provides assurance and can be a key part of the governance and assurance of any review process
- Enhances potential learning
- Addresses inequality and subsequently inequity in complaint and engagement processes.

In 2023-24, a significant focus of our impact and influence work has been on promoting the importance of advocacy support to individuals and families, but also to the health care system. In our written response to initial DOH Redesign proposals for the Review of Serious Adverse Incidents, we emphasised the importance of ensuring advocacy services are a core part of any new policy and practices. In our response to the DOH's initial consultation on the outcome of an Independent Review of Children's Social Care Services, we outlined what we consider should underpin the provision of advocacy services within the Health and Social Care system. The final review report includes two recommendations for the development of Independent Advocacy Services.



### **Developing a Regional Remuneration Policy**

In 2023-24, we continued to advocate for a Regional Remuneration Policy. The PCC developed and submitted to DoH a thought paper on the need for a policy which would appropriately compensate members of the public for their time and expertise when engaging at particular levels within the HSC. The PCC considers the absence of such a policy and practice has implications for the principle of reciprocity, ensuring diversity of people who can engage in involvement opportunities, and minimising potential inequalities in relation to access issues. The paper explored a series of potential implementation options and provided some initial evaluation of those options.



### **Principal risks and uncertainties**

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

- Financial resource required to provide the level of service/staffing
- Increased demand for PCC services
- Increased complexity in nature of work
- Demand in relation to Inquiries and the need to have appropriate representation

An ongoing principal risk for PCC continues to be the level of funding within its core allocation. Whilst PCC have so far avoided significant reductions to its core allocation, the large funding gap within the Department of Health and in Northern Ireland public services more broadly is well-documented. Any reduction in funding to

PCC would have a high impact, particularly as pay costs account for a large proportion of our budget. Furthermore, as demonstrated by the rising trend in casework resolved through early resolution prior to formal complaint stage, the work of PCC across engagement and advocacy has real potential to mitigate risk in other areas of the HSC system. This includes potential benefits in the areas of quality, safety and staff morale as well as resource efficiency and improving overall outcomes for patients and the public across HSC. Constrained or reduced resource, coupled with an increasing demand for PCC services, and an increasing complexity in the nature of the casework and support required from the public, poses an ongoing challenge for PCC in delivering on its statutory functions. It also compounds risk elsewhere in the system whilst limiting potential benefit to the system from the services PCC provide. This risk is reflected in the PCC's Corporate Risk Register. A further risk/uncertainty is the impact of ongoing inquiries; the need to ensure that the organisation responds comprehensively and is represented appropriately, giving particular consideration to the PCC's independence and the importance of maintaining public trust and confidence in this.

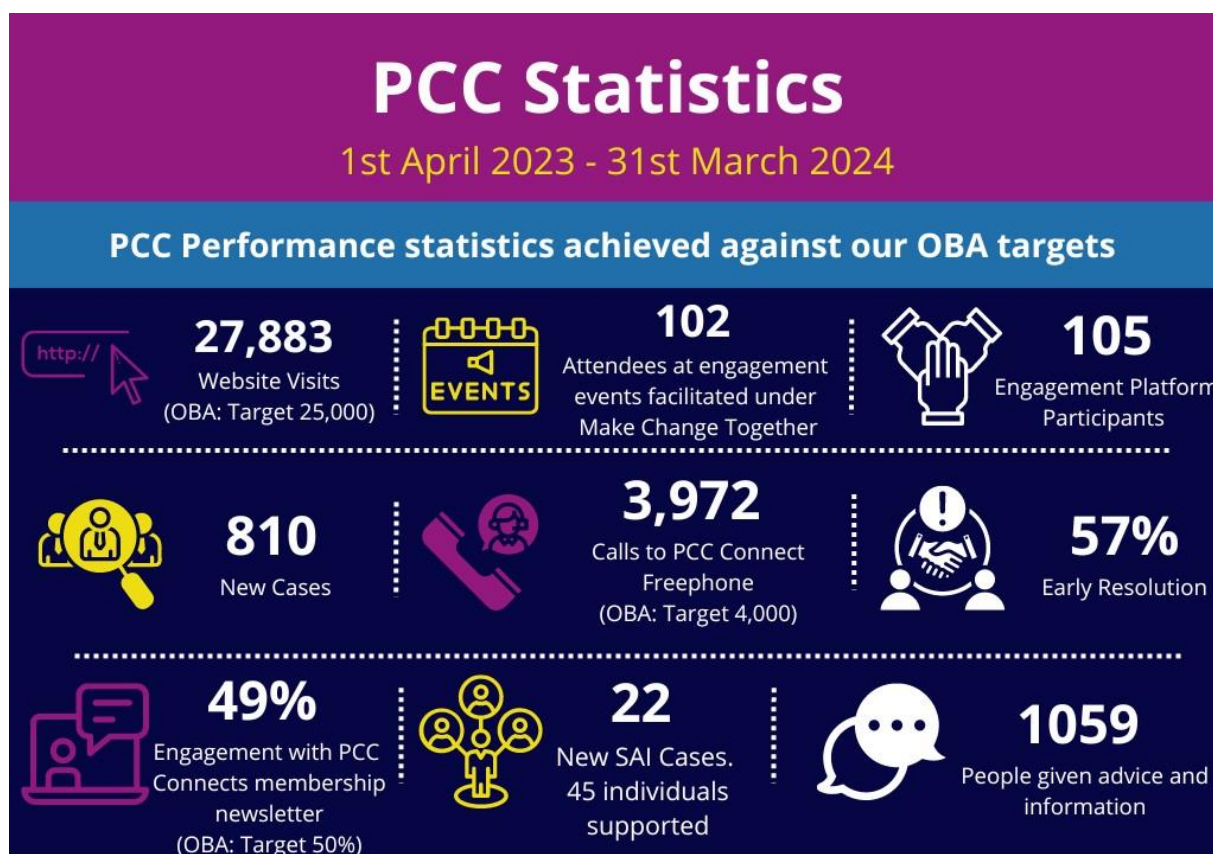
The PCC has continued to manage its budget, liaising with the Department of Health (DoH) Sponsor Branch, to ensure that they were aware of any potential underspends as early as possible, and to manage any necessary retraction appropriately. The PCC will continue to manage its budget, particularly in respect of recruitment and retention of staff, to ensure that the work of the PCC continues to be taken forward. The PCC will continue to liaise with DoH sponsor branch in respect of any potential budgetary issues in a timely manner.



## Performance Analysis

The Performance Analysis provides a more detailed look at the PCC's performance across the core functional areas of engagement, advocacy and impact. The performance analysis is structured under the pillars of **PCC Connect, PCC Support, PCC Engage and PCC Impact**. The Analysis provides a balanced and comprehensive overview of the PCC's performance against the indicative targets we set out to achieve as detailed in our Operational Plan 2023-24, and delivery against our 9 key outcomes. To show our performance against indicative targets, in the tables under each pillar a red RAG rating indicates where PCC have significantly under-delivered on indicative targets, an amber RAG rating indicates where we have moderately underdelivered on targets, and a green RAG rating indicates where we have met or exceeded targets.

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



## PCC Connect

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2022-23 and 2021-22 has been provided where possible for comparison:

Outputs	Indicative Targets	2023 - 24	2022 – 23	2021 – 22
Number of calls to PCC Connect Freephone	4,000	3,972	4,145	-
Number of people given advice and information through PCC Connects Service	600	1,059	837	446
% of active engagement with PCC Connects membership newsletter	50%	49%	-	-
Number of people recruited for engagement activities through 'Make Change Together' (PCC Connect) <sup>3</sup>	130	6	243	-
Number of attendees at engagement events facilitated under 'Make Change Together' (PCC Connect) <sup>4</sup>	*	102 <sup>5</sup>	-	-
Number of PCC Connect Positive Passporting partnerships established	*	-	-	-

\*New output added in 2023-24 therefore no indicative target was set.

As the figures above demonstrate, we have delivered against three of the four indicative targets we set out to achieve this year under PCC Connect. In particular we have over delivered in the number of people given advice and information, indicating an increased demand for our Connect Service.

Two of the outputs were new (Number of attendees at engagement events facilitated under 'Make Change Together' (PCC Connect) and Number of PCC Connect Positive Passporting partnerships established) therefore no indicative targets were set for 2023-24. A total of 102 people attended PCC events, in April 2023 and March 2024. Further information on these events can be found on pages 50 & 56.

The PCC has continued to develop the 'Positive Passporting Initiative' throughout 2023-2024, recognising the wealth of knowledge and expertise across the statutory,

<sup>3</sup> Output changed slightly in 2023-24, in 2022-23 it was "number of people recruited under PCC 'Make Change Together'".

<sup>4</sup> Output changed for 2023-24, in 2022-23 we measured the "number of PCC member engagement events".

<sup>5</sup> This was a new output in 2023-24 therefore there was no target to measure against and therefore it was not RAG rated.

voluntary and community sectors. Adopting 'positive passport' methodology means that PCC take time to explore the needs of people engaging with the PCC, identifying what action is possible through the PCC, and the additional services needed that PCC may not be able to provide.



The aim then is for PCC to connect individuals, through a 'positive passport', into those other services. PCC is committed to engaging with other organisations to enhance the support available for members of the public on issues or concerns they may have. This includes receiving referrals from partner organisations.

Formal referral pathways have been developed with circa 30 organisations and progress will continue via PCC's recent membership of Helplines NI with access to 40 organisations from the statutory community and voluntary sectors.

## Helplines NI

In 2023-24 the PCC joined Helplines NI, a membership-led organisation consisting of 40 different helplines operating across NI. Helplines NI connect the public to a variety of support services including, information, advice, counselling, a listening ear and be-friending, and offer immediate support to those with a wide-range of health and wellbeing needs.

Joining Helplines NI will help to raise awareness of the PCC and how we can help the public. Una McKernan, Head of Operations, spoke at the 'HelplinesNI Awareness Day' as a panel member, where attendees learned more about the 40 helplines and the benefits of using the right service at the right time. Una was interviewed by Linda McCauley, BBC Radio Ulster 'On Your Behalf', about the role of the PCC and how the public can access our services. This interview was carried out on the 30<sup>th</sup> March programme of 'On Your Behalf'.



## PCC Membership and Make Change Together

Members receive our 'Updates' Newsletter which is issued weekly by email and by post on a periodic basis. We are continually encouraging members to move from postal to email to get more frequent updates and to reduce our impact on the environment. The PCC Membership Scheme is a way for the public to keep informed of news and opportunities from the PCC and other HSC, Community and Voluntary



Organisations. In 2023-24 we sent 47 email newsletters and 107 new members signed up.

Whilst we finished the year below target in relation to the number of people recruited for engagement activities through 'Make Change Together', we recruited six individuals to support the transformation of health and social care programmes under HSC Rebuild and Reform and promoted a range of other opportunities for involvement.

Our Engagement Platforms also offered opportunities to Connect to decision makers. In our Care of Older People Engagement Platform three families who had been supported by the PCC agreed to participate in the RQIA Review of delayed discharge in the SHSCT to tell their story. In our Adult Protection Engagement Platform, a PCC team member has been supporting the SPPG in the roll out of Engagement Hubs throughout NI to ensure that all citizens have an opportunity to have their voice heard regarding the Adult Protection Bill.

Working with HSC organisations, throughout this year we have promoted 75 involvement opportunities across the HSC via our membership scheme and across social media platforms. Examples of these include:

- **Involvement & Co-Production Leadership Development Programme;**
- an invite to become a member of an **Area Integrated Partnership Board (AIPB);**
- an invite to join the **Marie Curie Research Voices Group;**
- an invitation to **Social Care Collaborative Forum Workshops;**
- an invite from SPPG for Service Users to join a **Pharmacy and Safe Use of Medicines Engagement Advisory Group;** and
- **Royal College of Occupational Therapists Strategy Shaping Workshop.**
- **Consultation Engagement Events around the Obesity Strategic Framework;**
- provide feedback on the **Review of Protect Life 2 Action Plan;**
- invite for Service User and Carer Application to join the **Regional HSC Personal and Public Involvement Forum;**
- shared **CarersNI State of Caring Survey;**
- workshops on the **Review of Protect Life 2 Action Plan;**
- an opportunity to be recruited as panel members on the **PHA Involvement Human Library Service User and Carer Assurance Process;** and
- sharing surveys on '**Bereavement during the Covid Pandemic**'



We also provided 13 opportunities to attend information sessions, including:

- a bereavement information evening with **Anam Cara;**
- an information programme focusing on dementia held by **Alzheimer's Society NI** and;

- an information session from the DoH to hear about an update to the **Review of General Surgery and Elective Care**

We provided advice and feedback to numerous HSC organisations on the best methods to engage and involve the public in the work that they are carrying out. These include:

- Department of Health - My Waiting Times NI
- SPPG -Transforming Medication Safety in Northern Ireland Programme
- BHSCT development of Care Partners initiative
- RQIA reviews
- Department of Health - Serious Adverse Incident Review
- WHSCT review of General Surgery

### **Department for Communities – Review of Disability Facilities Grant**

The DoH and the Department for Communities (DFC) are collaborating on a review of the Disability Facilities Grant (DFG) and its delivery. The DoH approached the PCC for support in this project and advice on the best way to engage those who had experience of the process.

Together the PCC and DoH co-designed a questionnaire for members of the public to understand their experiences and any suggestions on how the process could be improved. PCC publicised the DFG Project over a number of months through our networks to maximise its reach.

Plans are in place for PCC to facilitate a discussion with members of the public in 2024-25 and produce a report reflecting lived experience to feed into the DFG review.

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

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

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

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

## PCC Support

Throughout 2023-24, PCC has continued to deliver advocacy support for people with concerns across Health and Social Care. In 2023-24, the PCC had **810** new cases and 936 contacts, an increase of 241 cases compared to 2022-23. 662 of these cases received advocacy support. 57% of all cases in 2023-24 were resolved prior to the formal complaint stage. During the year the organisation has continued to develop its service to the public, focusing on a number of key outputs in this area. Our delivery against the targets we set out to achieve is shown in the table below:

Outputs	Indicative Targets	2023 – 24 Outturn	2022 – 23 Outturn	2021 – 22 Outturn
Total number of people provided with advocacy through PCC Support	700	662	529	614
Number of new SAI cases	25	22	33	25
Number of people supported with SAIs	50	45	63	105

As the figures above demonstrate, we have delivered against all of the indicative targets we set out to achieve in 2023-24 relating to PCC Support.

In terms of our support with SAIs, we continue to support people, both individually and on a group advocacy basis. This continues to be an area of organisational growth for the PCC. Whilst the new number of SAI cases has decreased slightly in 2023-24 (22 cases compared to 33 new cases in 2022-23), the number of open SAI cases PCC were supporting at year end is 47.

### Analysis of Advocacy Casework under PCC Support

A ‘case’ is defined as an issue the public need advocacy support to address, that cannot be resolved through advice or information, and which needs casework support from a member of the PCC practice team to try and resolve. A case can range from early resolution and individual advocacy, through to engagement with the formal HSC complaints process and support in Inquiries. The table below shows the breakdown of cases for 2023-24.

	Type of Case	Total Cases	Total Cases Grouped
Advocacy Cases	Advocacy	283	662
	Issue / Concern	74	
	Formal Complaint	305	
Information only cases <sup>6</sup>	Information Only	126	126
Serious Adverse Incident Cases	SAI (Level undefined)	7	22
	SAI – Level 1	4	
	SAI – Level 2	4	
	SAI – Level 3	7	
<b>Total Cases</b>			<b>810</b>

A 'contact' is a call to the helpline where clients are generally provided with advice and information, signposting, or the issue can be resolved early, such that they don't need to become a 'case'.

There can be a short waiting time for support from PCC, however, the majority of contacts are progressed and moved towards resolution through our PCC Connect call handling system. Initial assessment and allocation of new cases takes place weekly by PCC Service Managers. Any cases with a time constraint or a safeguarding concern are allocated immediately.

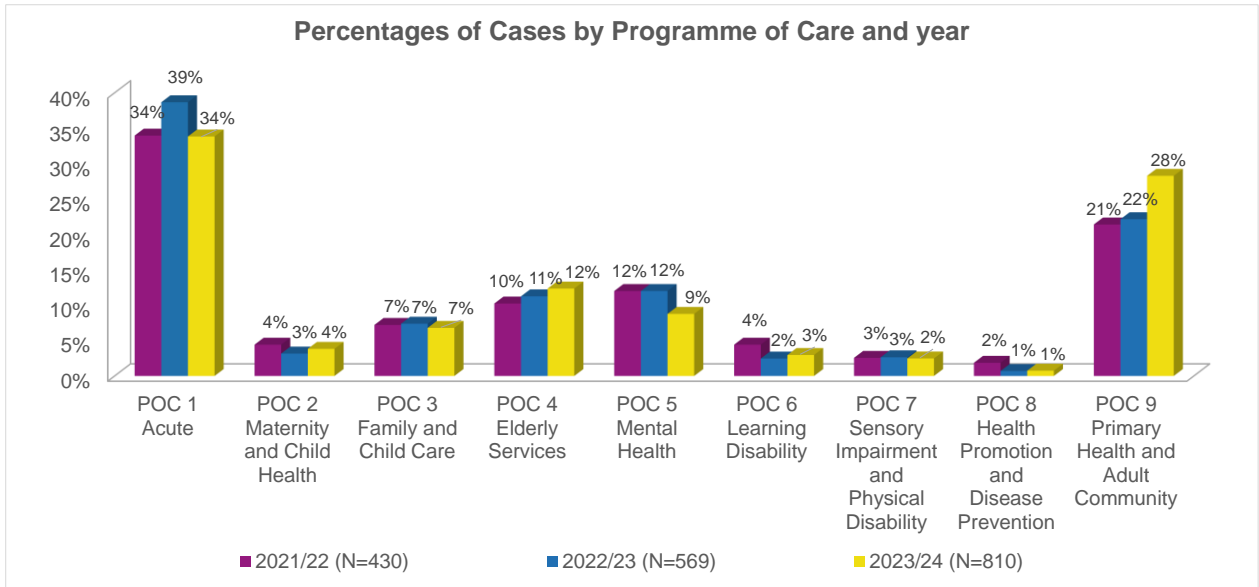
For each new case that the PCC supports information is collected on the Programme of Care, Service Area and Area of Concern that the issues relate to. Each case can have up to three service areas and up to two advocacy areas (area of concern). An analysis of PCC Support data under Programme of Care, Service Area and Area of Concern is provided below.

### Programme of Care

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

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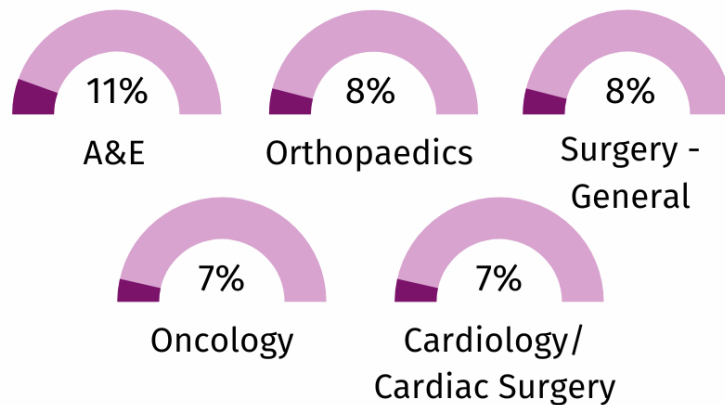
<sup>6</sup> Information only cases are where the practitioner has an action resulting from a call (i.e. maybe a phone-call to make and get back to the person) whereas an information and advice contact there is no further contact made with the client again.



In 2023-24, 62% of all cases fell under 'Acute' (34%), and 'Primary Health and Adult Community' (28%). The proportion of cases relating to other Programmes of Care in 2023-24, are similar to those in 2022-2023 and 2021-22, with a slight decrease in Acute, from 39% in 2022-23 to 34% in 2023-24, and an increase of 6% in Primary Health and Adult Community from 2022-23 to 2023-24.

There were 274 Acute cases in 2023-24. Within this there is no single service which stands out, rather the cases are spread over a broad range of different service areas.

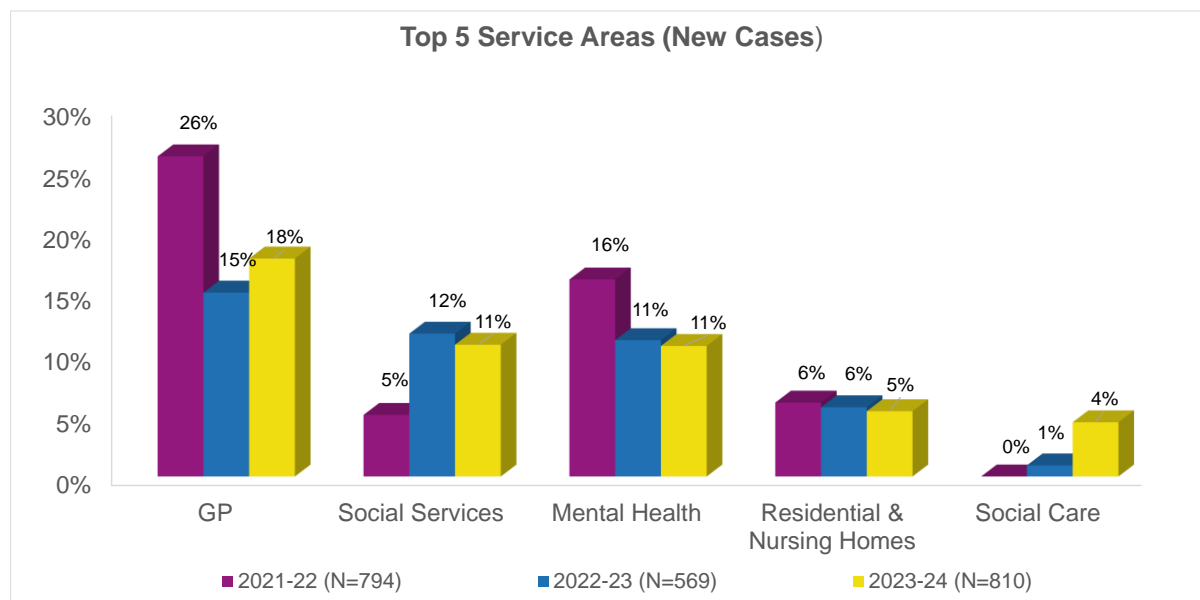
The following were the top 5 Service areas that cases within Acute related to:



The second highest number of cases in relation to Programme of Care fell under 'Primary Health and Adult Community' which had a total of 229 cases. Just over half of these cases (126, 55%) related to GP services. However, when we look at the service areas for the PCC contacts and combine these with the number of cases, there were 372 contacts and cases relating to GPs in 2023-24. This equates to just over one fifth (21%) of all cases and contacts.

## Service Area

The top five service areas that new cases opened in 2023-24 related to, are shown in the chart below, with prior years data included for comparison:



The top four service areas that the public contacted the PCC requesting support in, have remained the same since 2022-23. However, A&E, which was in fifth place in 2022-23, has moved to sixth place, and Social Care now takes fifth place. General Practice remains the top service area requiring support and has increased slightly from 15% in 2022-23, to 18% in 2023-24. Social Services, Mental Health and Residential and Nursing Homes remain in line with 2022-23 data.

In 2023-24, **57%** of all cases were resolved prior to formal complaint stage. Just under half (69, (48%)) of all GP cases, half (44, 51%) of Social Services cases and 43% (37) of Mental Health cases were resolved through early resolution and advocacy support.

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

### GP Services

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

- **Concerns around medication** – this issue has seen an increase in calls over the past 12 months. Issues relate to difficulty getting medication, medication being refused, removed, reduced or issues getting repeat prescriptions. A smaller number of calls related to incorrect dosages being prescribed and medication being refused by a GP, after receiving a private diagnosis.

- **Difficulty getting access to a GP** – this issue has remained a consistent theme throughout the past 12 months. Clients report having trouble accessing an appointment i.e. calling numerous times and not getting through or spending a long time waiting to get through, only to be told there are no appointments left.
- **Issues with care provided by the GP / Surgery** – including patients being given a misdiagnosis or a diagnosis being missed.
- **Medical Records** – issues with how to request medical records, medical records not being transferred, missing or incorrect information recorded on records and wanting to be able to change what is recorded in their medical records.
- **Clients being discharged from GP Practices** – there has been an increase in the number of calls relating to clients being discharged from their GP practice.
- **Staff attitude** – GPs or practice staff e.g. receptionists or managers.
- **Issues registering with a GP** – the number of people calling with issues related to registering with a GP has also seen an increase in calls in 2023-24.

## Social Services

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

- **Issues with the Social Services Team** – communication issues, not being able to get in contact with, or having issues with their Social Worker, or feeling like the Social worker isn't listening to them.
- **Disagreeing with decisions** – disagreeing with or being unhappy with decisions that had been made about them or their loved one.
- **Treatment received** – unhappy with how they have been treated by Social Services/ Social Workers and the quality of care they received.
- **Accessing support** – issues with care packages or needing extra support.

## Mental Health Services

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

- **Quality of treatment and care** – unhappy with the treatment and care individuals or their loved ones have received or the lack of treatment and support.
- **Issues with medication** – medication being stopped, changed or not provided at all.
- **Issues with how individuals have been treated** – either by staff, situations on wards or issues with consultants, therapists, psychiatrists or Community Psychiatric Nurse (CPN) etc.
- **Help needed to access Mental Health Support** – unable to access the support they need or problems being referred to MH Services.
- **Issues with decisions made** – clients were unhappy with decisions made about their loved ones or the treatment they were / were not receiving.
- **Lack of information / contact** - little or no information provided to relatives, lack of communication with Social Workers and breakdown in communication between Trusts and external organisations.



## Residential and Nursing Homes

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

- **Treatment and Care** – poor quality of care, inappropriate treatment and issues with care plans.
- **The way in which homes are run** – e.g. lack of care towards residents, fees.
- **Staff attitude.**
- **Communication with family members** – lack of communication with family.

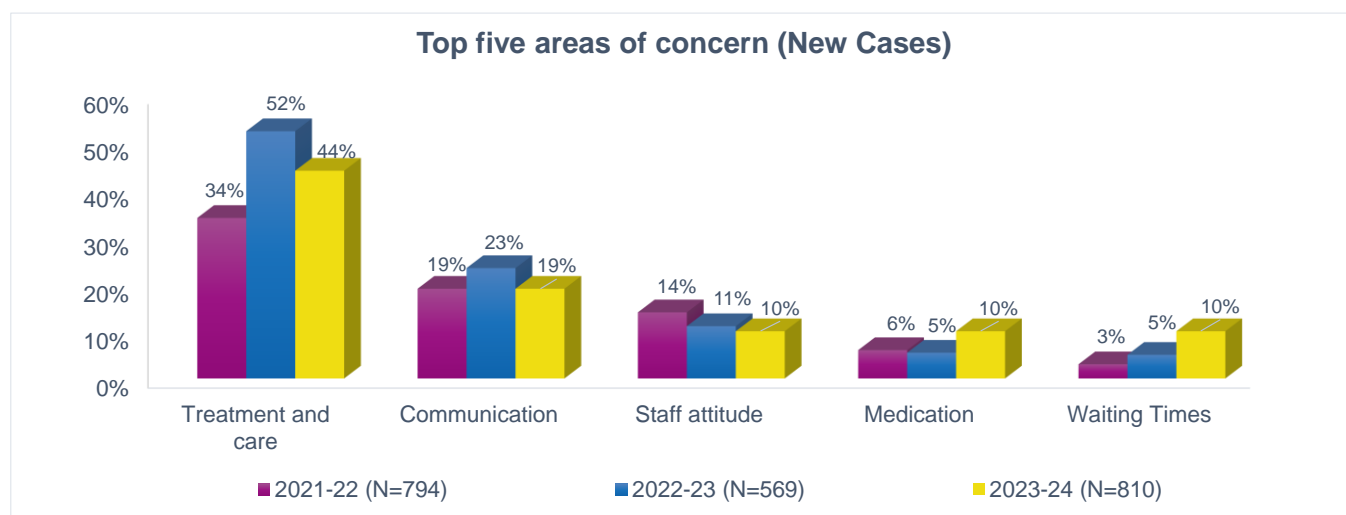
## Social Care

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

- **Home Care Services** – the majority of these cases related to issues with care plans/ care packages. Clients were unable to avail of care packages, felt they weren't getting enough support on their care package, care packages were being withdrawn or they had issues with the care that was being provided.
- **Issues with Care Homes** – most of these cases related to clients not being happy with the treatment that was being provided in care homes.
- **Issues with Social Workers** – mainly around a lack of communication with a social worker.
- **Direct Payments** – issues obtaining direct payments.

## Areas of Concern

The top areas of concern raised within new cases in 2023-24 are detailed below, with prior years data for comparison:

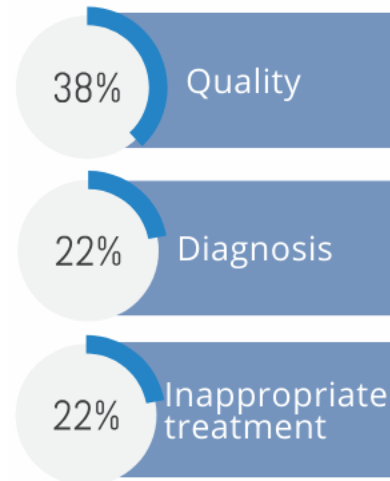


As shown above, the top three service areas in 2023-24 have remained the same as in 2022-23 and 2021-22, and retain the same rankings. However, medication was in fifth place in 2022-23 and 2021-22 and has now moved to fourth place. Professional assessment of need was in fourth place and has now been replaced by waiting times



in fifth place. Treatment and care as a concern has decreased slightly from 52% in 2022-23 to 44% in 2023-24. Communication and staff attitude have also decreased slightly, whilst staff medication and waiting times have both increased to 10% in 2023-24.

**Treatment and Care:** Within treatment and care there are a further seven sub-categories including quality, diagnosis, inappropriate treatment, discharge, surgery, nursing care and quantity. The top three most frequently cited areas of concern within treatment and care are quality (38%), diagnosis (22%) and inappropriate treatment (22%).



**Treatment and Care – Quality:** Concerns in this category focused on clients believing that they, or loved ones, did not receive the standard of care they should have. In many cases clients felt services failed to provide treatment or appropriate care. The highest number of ‘treatment and care – quality cases’ related to Maternity, Residential and Nursing Homes, Mental Health, A&E and GPs.

**Treatment and Care – Inappropriate Treatment:** These cases related to issues with decisions made about treatment, or treatment that did not work, as well as being unable to access appropriate care and treatment. Clients had concerns about the treatment and care that was being provided. The highest number of cases relating to ‘treatment and care – inappropriate treatment’ related to Mental Health and Social Services.

**Treatment and Care – Diagnosis:** Cases in this category mainly focused on perceived missed diagnosis, where individuals considered that a condition was missed, or misdiagnosis, where patients were diagnosed incorrectly. Other cases related to no diagnosis or a lack of referral for further investigation, difficulties getting assessed or disagreeing with assessments or a diagnosis made. The highest number of treatment and care – diagnosis cases related to GPs, Mental Health and Oncology.

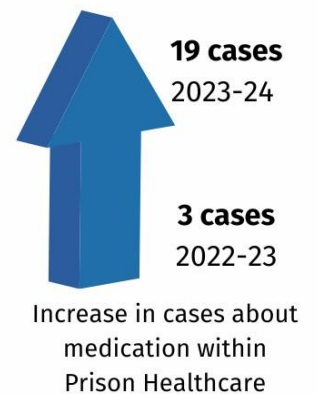
**Communication:** The highest number of communication cases related to GPs and Social Services. Communication issues with GPs focused on clients believing the GP was not listening, information was not being shared between different Trust Professionals and an inability to get through on the telephone. With regards to Social Services, communication issues included not being able to contact a Social Worker, a lack of communication from the Social Worker and clients reporting that they were not being listened to.



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

**Medication:** The highest number of medication cases related to GPs and Prison Healthcare/ Prison Doctors. Issues raised regarding medication included GPs refusing to prescribe medication, medication being reduced or refused without consulting the patient or an incorrect dosage being prescribed.

There were 19 cases relating to medication within Prison Healthcare in 2023-24 which is an increase on the 3 cases in 2022-23. These cases focused on the removal, reduction or change of medication which the client was concerned about.



## TOP AREAS

- GPs
- Prison healthcare

**Waiting Times:** Waiting time issues varied over a range of services, but the top three services where people had issues were GPs, Orthopaedics and Mental Health. Issues regarding waiting times and GPs related to people not being able to get an appointment with their GP. The Orthopaedic cases all related to waiting times for surgery and the Mental Health cases concerned waiting times to access treatment or for an initial assessment.

## TOP AREAS

- GPs
- Orthopaedics
- Mental Health

## CASE STUDY

A Client approached the PCC for assistance, very frustrated with one of the Trusts. They had surgery on their hip which went well and they were discharged soon after. However, the information on their discharge letter was incorrect. It had the wrong information about the medications they were to be taking, and no reference to the surgery they had underwent, and different instructions about the inspection/dressing/changing of their wound.

The Client only became aware of the mistakes when they went to their local GP and Pharmacy after discharge, and discovered they could not get the medication they had been told they needed. The GP would not agree to look after their wound dressing as the surgery was not referenced on the discharge letter, and the instructions regarding the wound care were not as he had expected.

The Client initially tried to resolve this with the Trust in question by contacting the hospital, only be told to put it in writing. They wrote a letter and were then issued with a second discharge letter, which was still incorrect. The Client went back to the Trust again, and was told to put it in writing again – by this time the Client was quite angry and frustrated and felt their concerns were not being taken seriously or being dealt with appropriately. They were in pain and needed medication and their dressing changed, therefore needed a resolution quickly.

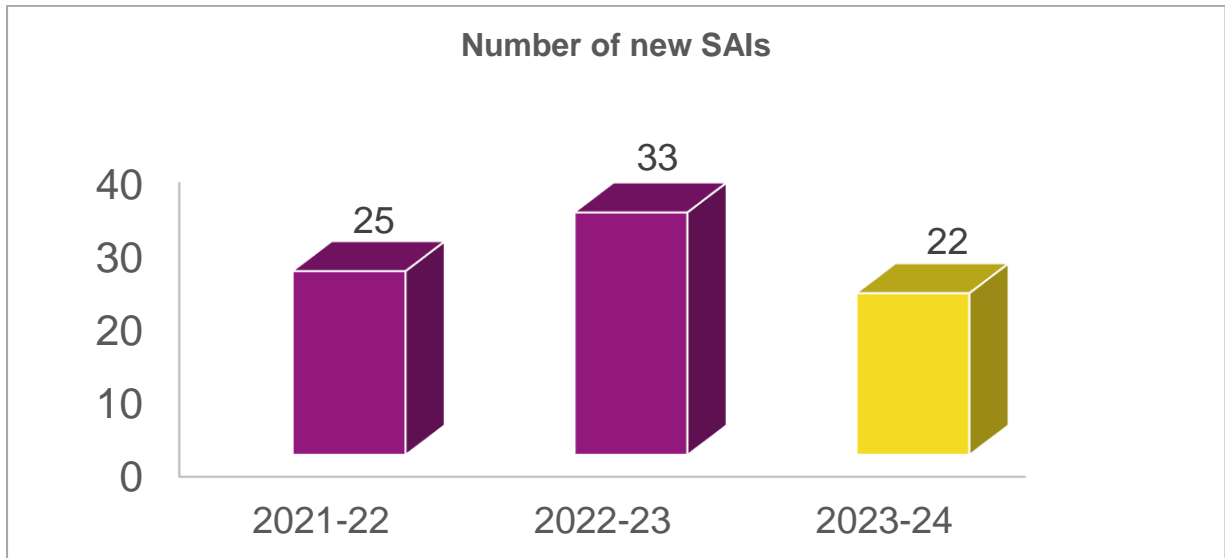
The Client was disappointed by the slow process of having to write another letter to seek resolution and wanted to submit a complaint with the PCC's help. The Senior Practitioner arranged a meeting with the Client and listened to their concerns and discussed the complaint. The Senior Practitioner asked if they could attempt local resolution, instead of submitting a formal complaint. The Client agreed but still wanted to submit a formal complaint if it couldn't be resolved.

The Senior Practitioner phoned the Trust Complaints Department to explain the situation. They agreed to send in an email summarising the Client's issue, and what needed changed in the discharge letter. A few days later the Trust sent confirmation that the issue was resolved and a correct discharge letter has been sent. The Client received their medication and had their wound dressed and changed. The issue was completely resolved and did not need to progress to a formal complaint. Instead, a quick local resolution was found by speaking with contacts in the Complaints Department, agreeing actions, and following through. The Client was satisfied by the outcome.

## Serious Adverse Incidents

The demand for independent advocacy support from the PCC in Serious Adverse Incidents has remained strong in 2023-24. The nature of support to families navigating the SAI process is such that one case can involve support to multiple members of a family. The 22 new SAIs in 2023-24, represented 45 individuals seeking support from the PCC. However, these figures account for SAI cases which were opened as a new SAI between 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. As of 31<sup>st</sup> March 2024, the PCC had 47 open SAI cases that PCC were supporting.

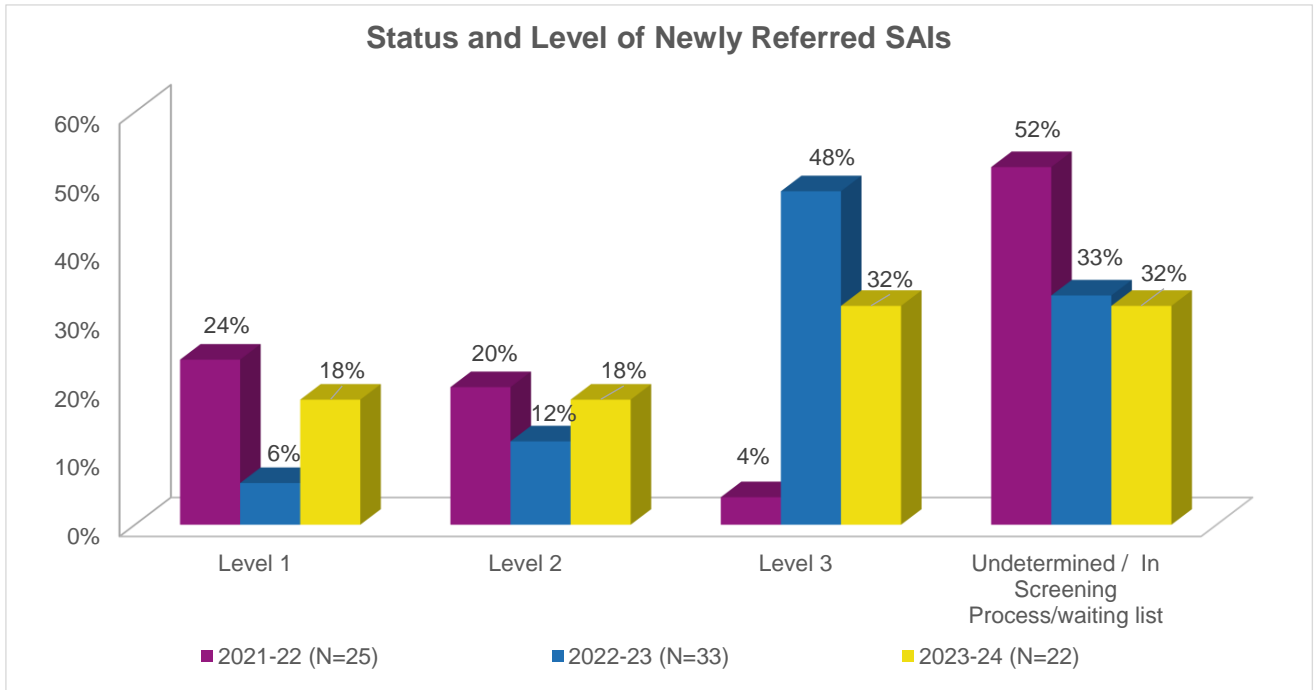
The following chart shows new SAI cases PCC has supported over the last three years. Open caseloads are likely to be much higher as support to families may extend over a number of years.



Since 2022-23 the allocation of support to families in a SAI process has been provided by a specific group of Senior Practitioners within the PCC who have the experience required, and knowledge of the SAI process, to support the families involved. The PCC's continued development, in 2023-24, of working relationships with colleagues in the five HSC Trusts has served to improve the support provided to families. Increased understanding of the role of the PCC and developing relationships can ensure case issues are escalated to Senior Managers in Trusts, if the SAI process is not running to the satisfaction of the families involved. Internal complex case meetings, chaired by a Service Manager in the PCC, allow Senior Practitioners an opportunity to discuss these particular cases, seek advice and peer support, as well as pursue escalation both within the PCC and within Trusts, if encountering challenges.

The following chart demonstrates the status, and level, of the 22 SAIs newly referred to the PCC in 2023-24 compared to the SAIs in 2022-23 and 2021-22.





Just under one third (32%) of all SAIs in 2023-24 were Level 3 SAIs compared to 48% in 2022-23. However, Level 1 and Level 2 SAIs have increased slightly.

PCC support can extend to individual and group advocacy. Within 2023-24 we also responded to the need to support a group of families involved in a collective SAI related to a review of Radiology in the Northern Trust.

### Radiology Review

**What we did:** Following a review of 13,000 images that were assessed by a locum Radiologist in the Northern Trust 16 cases were reviewed through a Serious Adverse Incident (SAI) level 3 procedure, which began in 2021. These 16 cases ranged from patients who have passed away after a failing in diagnosis, through to patients who continued to have chronic pain due to misdiagnosis of fractures. Throughout the duration of the SAI the PCC were involved in supporting the families and patients concerned. We attended the public delivery of the overarching SAI report and the provision of 16 individual patient reports, which were confidential to each family.



While the SAI was concluded in 2023 many questions were left unanswered, which were outside the scope of the SAI procedure and the liaison staffs' remit. The PCC facilitated a meeting of all impacted families to discuss with them how they would like to move forward. 14 families continued to seek the support of the PCC to help them make representations to the General Medical Council (GMC), to the Trust and to the employment agency, who provided the Locum Radiologist, seeking additional answers. The work has now also encompassed

dealings with the Department of Trade and the Information Commissioner (UK). The group advocacy work continues and the PCC facilitate regular updates and meetings to keep all the families informed on progress.

## CASE STUDY

A Client had been living in excruciating pain with a urology condition with which he had attended his GP 27 times in 6 months, A&E on numerous occasions, some presentations by ambulance. The client was told he was on a waiting list for a procedure but did not know when this would happen.

The client had concerns with the lack of treatment, bouncing around between services and a breakdown in communication with the consultant. He made a formal complaint prior to coming to PCC, and received a response he felt did not address his concerns and was told to go to the ombudsman. The client described how his condition impacted his and his family's life, as he spent most of the day lying flat, unable to go out due to pain, leading to a decline in his mental health.

The PCC Practitioner agreed to re-establish contact with the services he needed and find out what treatment pathway he needed to be on to manage his condition until his surgical procedure. The PCC Practitioner also provided the consultant with a patient impact assessment, to reinforce the deterioration since last seen.

The Client has now been seen by his consultant, their relationship has been mended and together they are working on a treatment plan, which includes the client having direct contact with urology nurses and a programme of re-education and changes to his medication.

The Client reported that the change to his life has been great. He is grateful for the support received from PCC, that *"At a time when he was at his lowest, you were there, you listened and did everything to help". "You were my rock". "A light in the darkest"*.

## Safeguarding

In 2023-24 we made 46 safeguarding referrals and identified 114 cases with safeguarding concerns. Our safeguarding processes ensures that there is oversight to all safeguarding actions taken by PCC staff when reporting and recording any concerns raised by members of the public, or when clients disclosed concerns about their wellbeing and safety.

Immediate safeguarding concerns are reviewed by the Service Manager on the date of the disclosure or event, the report ensures a second level of oversight that all actions from the PCC have adhered to PCC policy and procedures. The report also includes any anonymous safeguarding reports or concerns from the public.



## Public Inquiries

PCC have continued our work in relation to Public Inquiries in 2023-24. This has included representation to the Muckamore Abbey Hospital inquiry and the Statutory Independent Public Inquiry into Urology Services in the Southern Health and Social Care Trust. During 2023-24, PCC Chief Executives submitted Corporate Witness Statements to both Inquiries and attended to give oral evidence to the public inquiries on behalf of PCC.

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

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

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

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

## PCC Engage

Our delivery against the targets we set out to achieve this year is as follows. Performance in 2022-23 and 2021-22 has been provided where possible for comparison:

Outputs	Indicative Targets	2023-24 Outturn	2022 – 23 Outturn	2021 – 22 Outturn
Number of engagement platform participants (PCC Engage)	70	105	139	-

As seen from the figures in the table above, in 2023-24 we met our output under PCC Engage. The number of engagement platform members was a new output added for the 2022-23 year and we have surpassed our indicative target for this area both this year and last year.

### Adult Protection Engagement Platform

This year the Adult Protection Engagement Platform continued to focus on Adult Protection legislation for Northern Ireland, which is being developed by the Department of Health (DoH). It is expected that the Bill will go out to public consultation in 2024-25.

**What we achieved:** Key achievements are outlined in the accompanying diagrams. Platform members challenged the Bill team to strengthen the wording of the Bill in relation to the involvement of family members in safeguarding investigations, especially for people with vulnerabilities. The Bill Team presented wording recommendations that are much stronger than the original wording thanks to the Platform’s constructive feedback.

The PCC team continued to ensure that Platform members directly engaged with decision makers in the DoH, SPPG and the Interim Adult Protection Board and other organisations throughout 2023-24. Our advocacy work helps inform how we facilitate our Adult Protection Engagement Platform.

### ENGAGEMENT OPPORTUNITIES

-  8 meetings with the Engagement Platform or platform members
-  6 meetings with the Interim Protection Board or Board members
-  2 meetings with the Department of Health Bill Drafting Team
-  8 meetings with SPPG representatives
-  4 meetings with DoH regarding the Adult Protection Bill including EP members
-  3 Adult Protection Engagement Hubs attended across NI
-  4 Adult Safeguarding Champions Regional Forums attended
-  1 Safeguarding Conference attended

-  EP Member shared experience at Safeguarding conference in the Southern Trust
-  Wording of Bill strengthened re involvement of family members in safeguarding investigations.
-  Interim Adult Protection Board attendance
-  Support provided with safeguarding concerns and issues escalated to appropriate bodies

### Care of Older People Engagement Platform

In 2023-24 the Care Homes Engagement Platform became the Care of Older People Engagement Platform, following a recommendation from an independent evaluation



in February 2023 to extend the scope of all areas relating to the Care of Older People, as care homes are just one aspect of the continuum of services older people may utilise.

**What we achieved:** Key achievements are outlined in the accompanying diagrams. In 2023 the PCC developed the new terms of reference and structures for the Care of Older People Engagement Platform. This year, PCC recruited new members, with 35 service users and experts by experience, applying to take part. The first meeting took place in February 2024.

A key focus of the platform’s work in 2023-24 has been contributing lived experience to the Department of Health’s recently formed Social Care Collaborative Forum (SCCF). The Social Care Collaborative Forum (SCCF) will work to implement proposals arising out of the consultation on the Reform of Adult Social Care.

The SCCF has eight workstreams. The PCC represent on three of these workstreams, which are Care Homes, Accommodation Options and Supported Living.

A detailed analysis of engagement activities undertaken by the platform is provided below.



## ENGAGEMENT OPPORTUNITIES

49 meetings with Engagement Projects	14 meetings attended including the DoH
14 meetings including the SPPG	Inaugural meeting of the Care of Older People Engagement Platform
3 families who had been supported by the PCC agreed to participate in the RQIA Review of delayed discharge in the SHSCT to tell their story	Induction process for 35 services users, family members or other stakeholders to sit on the PCC Engagement Platform
3 anonymised case studies also provided to RQIA for the review of delayed discharge which highlighted the distress caused to families of palliative care patients who wanted end of life care at home.	Responded in the media to the Commissioner for Older People’s report on respecting the rights of care home residents as the report aligned with the concerns families had brought to the PCC

The SCCF workstreams are just one aspect of the Care of Older People Engagement Platform. The diagram on the next page highlights the range of engagement being undertaken by the PCC, which allows, service users and families to have their voices heard, and for the PCC to feed in the broader intelligence we hold, relating to advocacy cases.



## Learning Disability Engagement Platform

The PCC Learning Disability Engagement Platform brings together the lived experiences of those caring for individuals with learning disabilities. In Northern Ireland, there are approximately 222,000 unpaid carers, with approximately 16,900 people living with learning disabilities<sup>7</sup>. These statistics highlight the significant number of individuals who require care and support on a daily basis.

“It is important to understand that at the end of all of these decisions that need to be made is a person, a daughter or son and a family”

Collective Perspective completed by EP Members

<sup>7</sup> NISRA (2022), “Main statistics for Northern Ireland Statistical bulletin Health, disability and unpaid care”. [Census 2021 Main statistics for Northern Ireland - Statistical bulletin - Health \(nisra.gov.uk\)](https://www.nisra.gov.uk/census-2021-main-statistics-for-northern-ireland-statistical-bulletin-health-disability-and-unpaid-care)

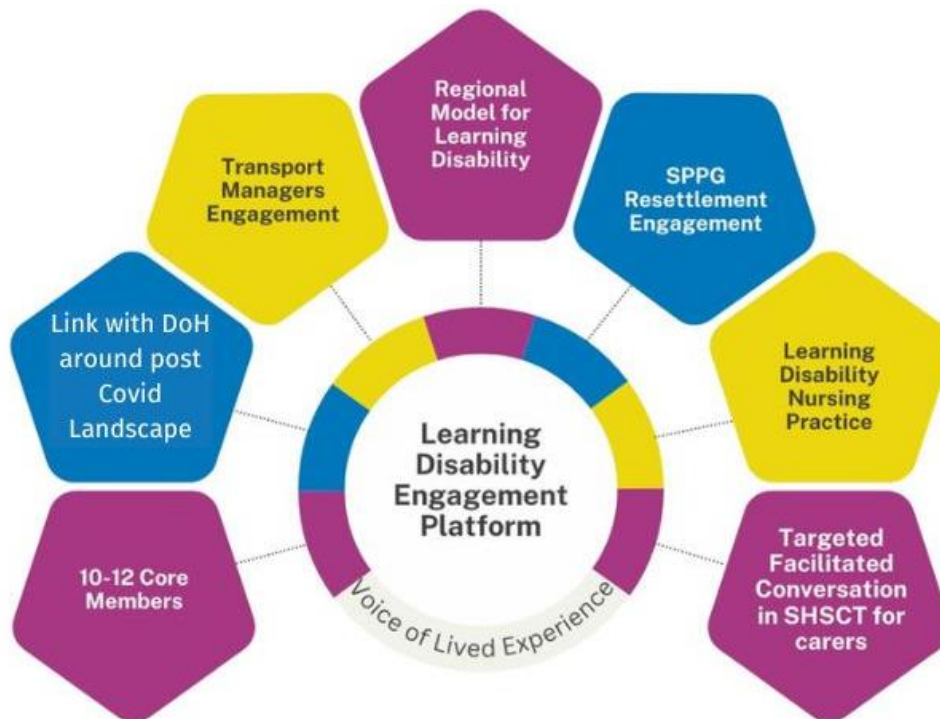
**What we achieved:** Key achievements are outlined in the accompanying diagrams. The platform includes a diverse range of carers who provide care for individuals with learning disabilities.

- ✓ Presentation of collective experience at SPPG Regional Resettlement Summit
- ✓ Meeting with Registered Nurses - LD to influence proposed changes to practice
- ✓ Engagement with DOH on service remobilisation post-covid
- ✓ Engagement on Regional Model for LD

The Platform has been actively involved in the area of resettlement, working alongside the Strategic Planning Performance Group (SPPG), within DoH. The group was invited to a resettlement summit coordinated by the SPPG where members presented their collective perspective of lived experience. Additionally, the platform met with Registered Nurses - Learning Disability (RNLD) to discuss proposed changes to practice and provide feedback on these initiatives.



The Platform also engaged regularly throughout the year with the DoH on important issues such as the remobilization of services post-COVID. This includes discussions on the provision of day care, travel support, and any restrictions that may impact individuals with learning disabilities and their carers. Furthermore, the Platform is working on a wider piece of work with the DoH to develop a regional model for learning disability. This initiative aims to improve the quality and accessibility of support services for individuals with learning disabilities across Northern Ireland, ensuring consistency of support and that individuals receive the care and attention they deserve.



### Mental Health Engagement Platform

The need for mental health services in Northern Ireland is significant, 1 in 5 adults in Northern Ireland experience mental health problems at any one time<sup>8</sup>. This platform brings together a diverse range of people from various backgrounds within mental health to share their lived experiences, with the goal of influencing positive change to policy and strategy.

**What we achieved:** Key achievements are outlined in the accompanying diagrams. Key statistics in our Mental Health Engagement Platform in 23-24 are set out below.

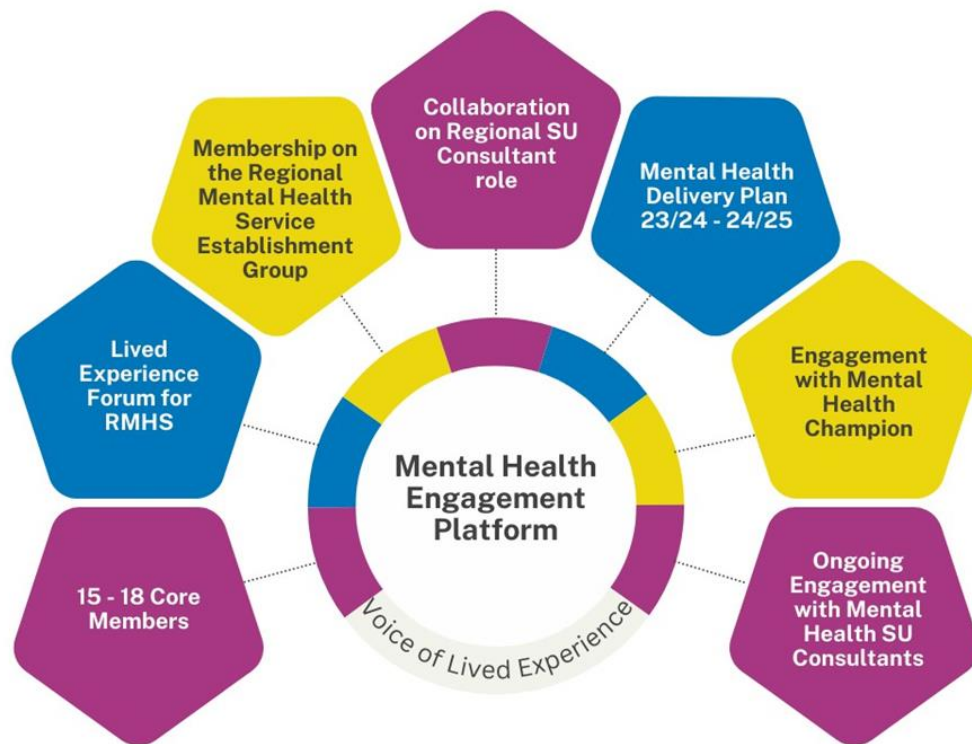


This growth in membership reflects the continued value and relevance of our platform in providing a space for individuals to share their voices and insights on mental health.

<sup>8</sup> Mental Health Foundation Northern Ireland (2022), “Manifesto 2022: Delivering good mental health for all”. [MHF-Northern-Ireland-Manifesto-2022.pdf](https://www.mentalhealth.org.uk/MHF-Northern-Ireland-Manifesto-2022.pdf) ([mentalhealth.org.uk](https://www.mentalhealth.org.uk))

- ✓ Engagement on the development and implementation of the Mental Health Strategy Plan
- ✓ Participated in workshops relating to the plan and prioritisation of actions.
- ✓ Presentation of collective experience at the Mental Health Delivery Plan 24/25 workshop

The PCC Mental Health Engagement Platform plays a crucial role in addressing these needs by actively participating in the development and implementation of the Mental Health Strategy Delivery Plan. This yearly plan outlines the actions that should be prioritized to improve mental health services in the coming year. The diagram below shows the breadth of areas the platform has engaged on in 23-24.

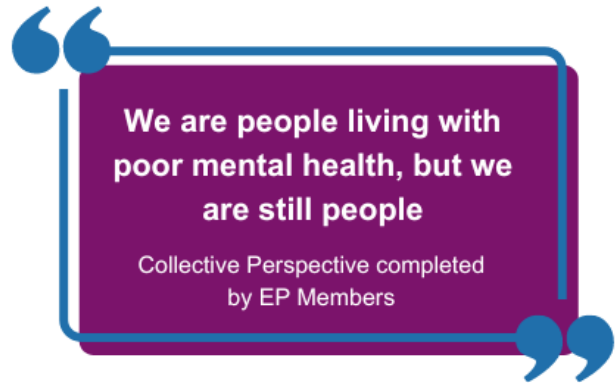


The platform is also actively involved in the Regional Mental Health Service (RMHS). The members of the platform sit as a "persons with lived experience forum" within the RMHS structure, where they have a direct role in decision-making alongside the collaborative board and the regional service user consultants.



The new head of the RMHS has committed to regular meetings and updates with the group, signalling a strong commitment to working collaboratively to ensure that the voice of lived experience is at the centre of policy and decision-making processes.

During this year, our mental health engagement platform met with the Mental Health Champion and reached out to several community organisations to discuss best practices in the mental health field.



### Neurology Engagement Platform

The PCC Neurology Engagement Platform is constituted of people who have been directly affected by the events which led to the recall of patients of Michael Watt, former Consultant Neurologist, and subsequently the Independent Neurology Inquiry (INI), as well as those who have recent and/or current experience of Neurology Service in Northern Ireland. The work of the platform, in 2023-24, focused on the Department of Health's Regional Review of Neurology Services

**What we achieved:** Building on engagement in previous years, this year Platform members met with the DoH Permanent Secretary Peter May and received an update on matters relating to this specialist area. Members were also given the opportunity to put their questions to the Permanent Secretary; this direct access to, and conversation with, the Permanent Secretary, was something that was extremely important to our members. The Regional Review of Neurology Services' focus is upon identifying the best service configuration for neurology services through to 2025. Those engaged with PCC recently received the draft Regional Review Report before meeting with DOH staff and the Review Chair. After discussion, an opportunity was given to allow feedback both verbally and in writing, ahead of the Report's publication in late Spring 2024. Platform members also attended and participated in NICON 2023 Conference.



Other key activities undertaken by the platform are shown in the accompanying diagrams below.

## ENGAGEMENT OPPORTUNITIES

 3 Platform Meetings	 1 Platform meeting with GMC
 7 NEP team planning meetings with DoH	 10 Individuals supported with 1:1 advocacy
 4 NEP team planning meetings with RQIA	 41 members recruited for the Project
 5 NEP team planning meetings with GMC	 1 Project meeting
 1 NEP team multi-agency meeting hosted by PSNI	 1 NEP team planning meeting with DoH
 6 Platform meetings with DoH	 2 Project meetings with DoH
 1 Platform meeting with RQIA	 1 Individual supported with 1:1 advocacy

### During 23-24, key achievements included:

-  Engagement with DOH on the Independent Neurology Inquiry (INI) Overarching Implementation Plan and the draft Implementation Plan.
-  Opportunity to join the Independent Neurology Inquiry Liaison Group and Assurance Subgroup.
-  Engagement with DOH and the Review Chair on the draft Report from the Regional Review of Neurology Services.
-  Meeting with DOH Permanent Secretary, Peter May
-  Meeting with RQIA and GMC



## Serious Adverse Incident

In March 2023, PCC wrote jointly with RQIA and the MHC offering to develop an Involvement Charter in support of the work which was commencing to refresh the systems and processes for learning following the occurrence of a SAI. DoH responded stating it will facilitate the overall SAI Redesign programme to refresh the SAI learning system and will work in partnership with the HSC and key stakeholders. In July 2023, DoH established a redesign structure to support the development and introduction of a new serious adverse incident framework for Northern Ireland. PCC provided feedback on initial proposals and advised the DOH on its Engagement Strategy.

In November 2023, PCC set up an Engagement Platform of individuals who had in-depth experience and knowledge of the current SAI process to directly inform this redesign process.

***What we achieved:*** The SAI Engagement Platform has 5 members with lived experience and met three times in 2023-24. Engagement Platform members submitted initial feedback on the SAI Redesign process, along with four personal vignettes, outlining platform members' individual experiences of the current SAI process.

## Grief and Bereavement

In 2023-24, PCC continued its work as part of the Northern Ireland Bereavement Network (NIBN). This year the focus of the Bereavement Charter shifted from adults, to children and young people, following feedback on our draft Charter Statements at the NIBN World Bereavement Café Event in February 2023, which highlighted that the statements were too adult orientated.

In 2023-24, PCC participated in a new subgroup focused on a children and young people Bereavement Charter, working with representatives from DoH, Cruse Bereavement, Education Authority, Marie Curie, PHA. The aim is to implement a Bereavement Charter for Children and Young People. It will also act as a forum for bringing together a range of invaluable resources and expertise that can help inform the wider work of the NIBN.

The subgroup has met three times in this period and has been focussed on establishing a Terms of Reference, stakeholder mapping and project initiation documents.

In January 2024, the PCC presented at Cruse Bereavement's event, "Supporting Children, Young People and Families Through Bereavement", where we outlined our work on the adult Bereavement Charter.

## PCC Event 2023: PCC Connect

To celebrate the launch of PCC Connect and our 'Positive Passporting' initiative, we hosted our Annual Event on the 19 March 2023 at the Grand Opera House in Belfast.

The event welcomed over 80 guests representing partner organisations, PCC Staff and the Permanent Secretary for Department of Health.



Guests heard from Peter May, Permanent Secretary of the Department of Health, our outgoing Chief Executive Vivian McConvey and newly appointed Chief Executive, Meadhbha Monaghan on our journey so far and our plan for going forward based on the 2022- 2025 [Statement of Strategic Intent](#) and its four pillars; **PCC Connect**, **PCC Support**, **PCC Engage** and **PCC Impact**.

The event focused on the PCC's "network of networks" approach, through which we hope that diversity of experience, expertise and collective voice can be maximised to provide strong evidence-based engagement, drive collective action and ultimately improve outcomes for people.



“ Really good event, enjoyed hearing about the plans for the Positive Passporting and PCC over the next few years. Good opportunity for networking. ”

Guest at PCC Connect Event, March 2023

“ I thought the speakers were excellent and the networking opportunity was fantastic. ”

Guest at PCC Connect Event, March 2023

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

- ② Increased public awareness of rights & entitlements within health care sector
- ③ Increased brand awareness within the HSC & public
- ④ Increased public participation in designing the transformation of HSC
- ⑥ Regional approaches across all HSC bodies
- ⑧ DoH has a better understanding of public perception

## 9 Improved health literacy

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

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

## PCC Impact

Our delivery against this year's targets is as follows. Performance in 2021-22 and 2022-23 for comparison has been provided where possible:

Outputs	Indicative Targets	2023 – 24	2022 – 23	2021 – 22
Number of engagements with Departmental and statutory bodies/external bodies (PCC Impact) <sup>9</sup>	60	296	-	-
Number of reports that reflect people's lived experience (PCC Impact) <sup>10</sup>	5	4		
% engagement with social media (PCC Impact)	*	2.5%	-	-
Number of people engaging with PCC website (PCC Impact) <sup>11</sup>	25,000	27,883	28,098	31,116
% of evaluation feedback from people supported or engaged through PCC	40%	9%	9%	*

\*New output added in 2023-24 therefore no indicative target was set.

As demonstrated above, we met our indicative targets across three out of four Impact outputs for 2023-24. This year we surpassed a number of indicative targets such as the number of engagements with Departmental and statutory bodies/external bodies and the number of people engaging with the PCC website.

The PCC developed a Thought-paper on the need for a regional remuneration policy in Northern Ireland. The paper explored a series of potential implementation options

<sup>9</sup> Output changed slightly in 2023-24, in 2022-23 it was "Number of engagements with Departmental and statutory bodies to influence policy /action". Therefore, outputs for the previous 2 years are not comparable.

<sup>10</sup> Output changed in 2023-24, in 2022-23 it was "Number of evidence-based recommendations / reports that influence health service improvement". Therefore, outputs for the previous 2 years are not comparable.

<sup>11</sup> Output changed slightly in 2023-24, in 2022-23 it was "Number of visits to PCC website".

and provided some initial evaluation of those options. 7 members of PCC staff completed OCN Assessor and Verification Training, to support delivery of training for members of the public in 2024-25.

In 2023-24 a new output was added which recorded the percentage of evaluation feedback from people supported or engaged with PCC. We did not meet the indicative target in 2023-24 or in 2022-23. Throughout the year further consideration was given to our approach and a review and renewal of the feedback process was completed in quarter four. As a result, a new guidance document and process has been introduced and we will monitor the impact of this new process going forward, with targets reviewed for the following year.

A total of 120 people we assisted responded to the Evaluation form. 63% (n=75/120) said they had a 'very good' or 'good' experience of the PCC. Whilst, 14% (n=17/120) said they had a very poor experience.



## PCC Awareness Raising Campaign

Our campaign objectives were to:

- Raise awareness of the PCC
- Raise awareness of and accessibility to PCC services
- To increase understanding of our role and independence
- To build public and stakeholder trust in the PCC

**Videos:** We created a promotional information video featuring our new Chair and Chief Executive to briefly explain our role, how we can help and how to get in touch with us.

Watch the video here: [PCC Who we are and what we do \(youtube.com\)](https://www.youtube.com/watch?v=...)

We also developed five animated videos which explain our work. Storyboards were co-created with PCC Staff and members of the Public and include British sign language, Irish sign language, a voice over and subtitles.

**New Promotional Material:** We have designed new A3 posters and A5 double sided leaflets which will be distributed to our key stakeholder list across Northern Ireland in quarter two of 2024-2025.

**Survey:** We submitted three poll questions in the ‘Lucid Talk Winter24 NIVIEW Omnibus poll’ which ran from 9th – 12th February 2024 to gain a baseline figure and PCC awareness statistics for our campaign.

**Features and adverts:** PCC appeared in Ability NI Winter 2023 Magazine, Agenda NI Winter Issue 116, NICVA News and ABC Council Seniors Magazine. We also had adverts featured on local Council social media platforms as well as NI Direct.

**Events and conferences:** We have increased our attendance at events and conferences in an effort to focus on visibility including; NICON23, Independent Living Conference, Chief Executive’s Forum events, Carers NI event, Homelessness Prevention Forum events, International Day of the Disability Celebration Event, Learning Disability Pride Event, Helplines NI Awareness Event and NI Leadership and Governance Conference. We have also facilitated a number of requests to present to health and social care students at Secondary Schools.



Pre-campaign figures (above) vs same period during campaign (below)



### Social Media and Website:

To enhance user experience, we have developed a new website which features a ‘ReachDeck’ accessibility toolbar, a simple layout and Plain English narrative. [www.pcc-ni.net](http://www.pcc-ni.net). The following graphics demonstrate the impact of our Social Media efforts in 23-24.



## Embracing the Public as Assets

In 2023-24 we embarked on a series of structured conversations and events, exploring the theme of *'Embracing the Public as Assets, what might this look like and how do we get there?'*

**NICON23:** The NICON Annual Conference focused on exploring what we can do, working creatively and collaboratively, to turn **pressure into possibility**.

PCC funded 5 members to attend to ensure their voice is reflected in these important conversations.



“ The conference gave me a different perspective on all the pressures the health service is experiencing at the moment. Also some of the ways we can be more cohesive and thinking out of the box in order to improve services and how we need to share new ways of working with each health trust for the benefit of patients. ”

PCC EP Member reflection of NICON23 Conference

PCC Chair, Ruth Sutherland, CBE, spoke on the panel for *'Possibility out of Pressure: Our 'Can-Do' System Agenda?'* This session heard insights from health and social care leaders on some of the key opportunities and programmes underway that will enable system-wide change.







Ruth also facilitated a media interview for BBC, The View - Healthcare Special, stressing the importance of involving the public in all conversations about change within health and social care.

PCC CEO, Meadhbha Monaghan, participated in the *'Protecting Patient Safety, Supporting Doctors: The Importance of Compassionate Leadership'*, chaired by the General Medical Council (GMC). This session explored evidence-based actions to ensure doctors feel

better supported to ensure better outcomes and safety for patients. Meadhbha brought the experiences of the public, based on the work of the PCC, to the heart of the conversation.



PCC facilitated a panel session entitled: *'Engaging the Public as assets: What would this look like? How do we get there?'*; a strategic discussion about how we can mobilise this change.

Panel members included:

- Alicia Toal, Chief Executive, VOYPIC
- Corinna Grimes, Atlantic Fellow and visiting Research Fellow at Trinity College Dublin's School of Medicine
- Dr Lynne McMordie, Research Associate, I-SPHERE, Heriott Watt University, Edinburgh
- Johny Turnbull, Head of Organisational Development, Cedar Foundation



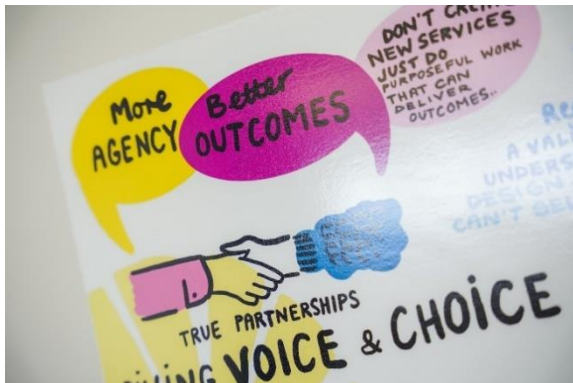
Our conversation was artistically captured in an impactful illustration by Beth McComish.

“ During the conference a number of speakers touched on the fact that it would be a valuable tool if patients were better informed and listened to. I would have liked if more of the general public would have been given a platform ”

PCC EP Member reflection of NICON23 Conference

**PCC Event 2024:** The event was on the theme of ‘*Embracing the Public as Assets in HSC: The Role of Advocacy & Engagement*’. 85 attendees included members of the public, representatives from the voluntary and community sector and those involved in policy and engagement work.

The event explored the role advocacy and engagement can play in enabling people to be more active partners in their health and social care, through panel and group discussions. We also heard reflections and testimonials from people who had used PCC services.



## Development of Public Affairs and Impact Functions

In 2023-24 we have continued to establish our Public Affairs function in the organisation, to maximise our influence, and role in policy advocacy.

This has included 296 engagements with Departmental, statutory or external bodies in 2023-24. An overview of key public affairs activities and their purpose can be found below:



Introductory meetings took place with the CEO of **Voiceability** to explore shared learning and networks with advocacy organisations internationally and the Director of Communications, Impact and Campaigns, **Healthwatch England** to explore opportunities for joint work and collective impact.



We met with;

- The **Chief Nursing Officer** and **Directors of Nursing for each of the Trusts** to present on the work PCC are doing.
- The **Northern Ireland Social Care Council** to discuss service user involvement in the Social Care Collaborative Forum.
- **British Association of Social Workers and Harmed Patients Alliance** to explore opportunities for joint working.
- **NIAS** and the Executive team of **BHSCT**, to discuss themes arising in current casework related to their Trust area, the importance of triangulating data and intelligence and the work of the PCC.



We met with;

- **WHST Improvement Through Involvement Committee** to discuss PCC's practice model and themes arising from casework as well as the importance of triangulating data and intelligence.
- **Public Health Agency** to discuss the response to the Cervical Smear Recall in the Southern Health and Social Care Trust, our role in relation to the Screening Programme Board and how we can engage in HSC Quality Improvement Programmes.



We met with;

- **Northern Ireland Social Care Council** to discuss advocacy intelligence, user participation and engagement as well as interfaces with 'Fitness to Practice'
- **RQIA** to discuss the outcome of a Judicial Review Application of May 2023, regarding their role in relation to Community based mental health services.
- **Voiceability** to discuss PCC's approach to early resolution in our advocacy work.





We presented to **CNO Business Committee**, alongside Care Opinion (PHA), about the importance of triangulating intelligence and data on the lived experience of the public, as part of the good governance and quality assurance within the HSC system. This was proposed as the beginning of an ongoing conversation. We met with **NIPSO** and **Community Pharmacy NI**.



We attended the **Northern Ireland Public Services Ombudsman (NIPSO) Conference** which focused on 'Patient Safety and Public Trust. A decade of inquiries – what is the learning?'

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

- ② Increased public awareness of rights & entitlements within health care sector
- ③ Increased brand awareness within the HSC & public
- ④ Increased public participation in designing the transformation of HSC
- ⑥ Regional approaches across all HSC bodies
- ⑧ DoH has a better understanding of public perception
- ⑨ Improved health literacy

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

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

## **PCC Business Development**

### **Operational Planning**

A new operational plan for 2024-25 was approved by Council in January 2024 following extensive consultation and agreement with all PCC staff. This builds upon PCC's Statement of Strategic Intent 2022-2025 and sets out our detailed work plan in support of our four key pillars/strategic goals. The new operational plan also includes a fifth goal of "Governance and Assurance, to recognise the important role

that the Business Support function developed through 2022-23 plays in supporting all of PCC's work. The operational plan describes the activity we will undertake, the outputs we plan to deliver but importantly how we will assess and measure the impact of our work. Our annual plan will be agile and responsive to the external environment and we will continually assess our work, its relevance and the need to develop services as the demand and external environment dictates.

## **Information Management Systems**

Work has commenced on a review of PCC's IT infrastructure to ensure the organisation keeps pace with technological developments and maximises opportunities for robust data collection and management. This is critical as it provides the evidential basis for our work. This includes our Client Management System Alemba as well as our internal drives. This work is being supported by BSO ITS.

## **Staffing**

During 2023-24, key appointments have been made within PCC including two within the Executive Management Team; Head of Operations and Senior Policy Influence and Impact Manager. Recruitment is under way for a Principal Practitioner role to strengthen PCC's Advocacy work which will also sit within the Executive Management Team. A Project Manager for Inquiries was also appointed to assist the PCC in responding to work associated with our participation in statutory Inquiries including Muckamore Abbey Hospital Inquiry and Urology. Other vacant posts are under review to ensure that any further recruitment will best meet the needs of PCC in delivering on its strategic objectives and future plans. In doing so, this will ensure that PCC targets its limited resources to best meet its statutory functions in the provision of assistance to those who have an issue with HSC services and involvement of the public, whilst maintaining the highest standards of good governance.

## **Governance**

Significant work was carried out in 2023-24 by PCC to support the recruitment campaign and recruitment process, led by the Public Appointments Unit and supported by PCC Sponsor Branch, of new Council members. PCC welcomed the appointment of eight new Council members in February 2024. This was followed by a robust programme of onboarding, induction and training. These additional appointments, which include representation from the voluntary and community sector, trade union and district councils, increases the diversity of representation on PCC's Council and will make a significant contribution to the important governance and strategic role fulfilled by the Council.

In order to ensure that all information is effectively managed within a robust framework, incorporating policies, procedures and management accountability, in accordance with best practice and legislative requirements, the PCC continued to operate an Information Governance Group throughout 2023-2024. The Leadership

Team from PCC and the Data Protection Officer from BSO attend and meetings are planned quarterly.

Key outputs for the year include:

- Updating and implementation of an Information Governance Plan, Strategy and framework;
- Updating and implementation of a Data Protection & Confidentiality Policy;
- Updating and implementation of a Freedom of Information Policy.

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

### **Partnership agreement**

During 2023-24, the PCC worked with the DoH to finalise a Partnership Agreement which sets out the partnership arrangements between PCC and the DOH. In particular, it explains the overall governance framework within which PCC operates, including the framework through which the necessary assurances are provided to stakeholders. Roles/responsibilities of partners within the overall governance framework are also outlined. The partnership is based on a mutual understanding of strategic aims and objectives; clear accountability; and a recognition of the distinct roles each party contributes. The Partnership Agreement was approved and signed by PCC and the Permanent Secretary of DoH, Peter May in December 2023 and PCC was the first Arm's Length Body to do so.

As indicated in the performance overview section, there are a number of principal risks and uncertainties emerging for the PCC in 2023-24:

- **Level of funding within core allocation**

An ongoing principal risk for PCC is the level of funding within its core allocation. Despite having secured additional recurrent funding in 2023-24 which has enabled PCC to maintain our staffing levels, we operate in a significantly challenging fiscal environment, with significant funding gaps at a Departmental and NI level. As pay costs account for a large proportion of our budget, any reduction in funding to PCC would have a high impact. This risk is reflected in the PCC's Corporate Risk Register.

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

The impact of COVID-19 and a health system under significant strain has resulted in both a significant increase in demand for PCC services, and a noted increase in the complexity of cases requiring PCC input, particularly in the area of independent advocacy. The number of new cases opened by PCC in 2023-24 increased by 42% from 2022-23; the number of people supported through Advocacy Support increased by 25%; and the number of people provided with advice and information increased



by 26%. In 2022-23, the number of new Significant Adverse Incidents (SAIs) referred to PCC for support was down slightly at 22 new cases, however at the end of the financial year, we had 47 SAI cases open. The proportion of new cases determined at the highest level of complexity (Level 3) sits at 32%. This ongoing increase in the number of SAIs open to the PCC for support, continues to highlight demand in this area. In 2023-24, PCC has mitigated this risk by working to stabilise staffing, develop internal escalation processes, introduce waiting lists where necessary to manage demand, and adopt an 'early resolution' approach to our practice including providing complementary training e.g. mediation training to staff to support this approach. We have reviewed our processes and continue to develop our practice model to include initiatives such as 'positive passporting'; where greater partnership working between agencies maximises expertise and resource across services to respond to demand and complexity. However, increasing demand and complexity continues to pose a risk which may ultimately impact on PCC's future performance and delivery against operational plans and statutory functions. PCC have sought to mitigate this risk into the future by developing and submitting to PCC's Sponsor Branch and the Department of Health a Strategic Outline Case, which sets out the strategic case for change and additional funding to meet this demand.

- **Demand in relation to Inquiries and the need to have appropriate representation**

There are currently a number of significant health related public inquiries underway in Northern Ireland including the Muckamore Abbey Hospital (MAH) Inquiry, the Urology Inquiry and the national UK COVID 19 Inquiry.

The PCC is involved in representing to these Inquiries, including providing evidence and responding to questions in respect of these inquiries. Given the number and scale of these inquiries and the amount of work required to provide evidence and respond appropriately, often within very short timescales, this is placing an increasing pressure on the organisation. With a view to maintaining public confidence in the PCC, it is critical that we are able to represent the organisation at Public Inquiries in a fulsome and appropriate manner.

To mitigate this risk, the PCC submitted a business case for additional funding to DoH and, with the additional funding provided to PCC for inquiry-related spend, have sought expertise and support through the HSC Leadership Centre. PCC have also procured independent external legal representation to support the PCC in respect of the MAH Inquiry and the Urology Inquiry, following approval from DoH.

The PCC will continue to support its staff in this work, and seek to balance how it responds to these Public Inquiries while seeking to continue to progress its core work. The PCC will continue to discuss capacity issues and potential implications with PCC Council and DoH Sponsor Branch.

## **Property and Estates**

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

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

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

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

### **Personal data related incidents**

The PCC reported one data breach to the Information Commissioners Office (ICO) in August 2023. The ICO response, reflecting the scale, impact and immediate steps taken by the PCC, was to take no further action and to close the case.

The PCC also received a reprimand from the ICO in July 2023 in respect of a data breach reported to the ICO in January 2021. The PCC has implemented all the recommendations. Additionally, the PCC has pro-actively engaged with the ICO including organising a training session by ICO staff for all PCC staff.

### **Information Requests**

PCC received 27 Data Access Requests in the 2023-24 year. These were broken down as follows:

- 14 Subject Access requests;
- 12 Freedom of Information requests; and
- 1 information request from the NI Assembly

63% of all information requests were responded to within 20 working days. The remaining 37% of information requests had their response times extended past 20 days due to further information/clarification being sought from the client. Please note that these requests were then completed within the extended timeframe.

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

### **Complaints**

PCC saw a decline in the complaints received in the 2023-24 year, with five being received versus eight in 2022-23. 75% of these complaints involved dissatisfaction with how the PCC handled their case.

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

In 2023-24, in line with our commitment to openness and continuous improvement, the PCC engaged an external associate, through the HSC Leadership Centre to investigate a number of more complex cases and compile independent reports on each case. These reports have identified areas of learning for the PCC and a Service Improvement Tracker is being developed to track, manage and ensure implementation of the recommendations.

The independent reports also identified the need to implement a clearer and more detailed Complaints Policy for PCC which will assist/guide the PCC on handling complaints going forward. The Head of Operations developed a new Complaints Policy which included PCC's Unacceptable Actions Policy. This will go to PCC Council in April 2024 and will be implemented following approval by Council.

### **Fees Paid to NI Audit Office**

The estimated cost of the audit for the year ended 31 March 2024 which pertained solely to the audit of the accounts is £16,050.

### **Equality**

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

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

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

During 2023-24, our work in this area has been wide ranging to ensure the PCC maximises the opportunity to engage and involve diverse groups in society, including those that would be considered hard to reach or for whom there exist barriers to engagement. Work continued to ensure those with sensory and physical disability and those from minority ethnics groups are able to avail of our literature and programmes of work:

- While the website is primarily in English, it translates into 26 languages to maximise accessibility from those for whom English is not their first language;
- The PCC have a phone line system supporting the Big Word remote translation service;
- A Learning Disability Service User Engagement Platform has been established to support those with learning disability and communication issues to inform and influence programmes of health and social care;

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

## **Sustainability Report**

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

- Increasing the use of digital and electronic records hence reducing the use of 'paper' records to a minimum;
- Digitisation project commenced with a high volume of paper records made electronic;
- Continuing the use of video-conferencing for meetings, reducing the amount of travel to and between meetings. Whilst face to face meetings increased during 2023-24, video conferencing is being used for meetings at all levels including Council, Council committees, internal staff meetings, meetings with other organisations and membership/user engagement meetings;
- Continuing with the Hybrid Working Scheme Pilot as recommended by BSO during 2023-24 which allows staff to continue with a blended approach of part home / part office. Again, this way of working has a significant impact on the carbon footprint through reducing the amount of travel between home and the workplace;
- As a result of hybrid working, and greater reliance on technology, printing and photocopying continues to reduce; and
- Regular reviews of PCC office energy usage to identify areas of waste/improvement.

## SECTION 2: ACCOUNTABILITY REPORT

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

- a) Corporate Governance Report which is comprised of:
  - Directors' Report;
  - Statement of Accounting Officer Responsibilities; and
  - Governance Statement.
- b) Remuneration and Staff Report; and
- c) Accountability and Audit Report.

### Corporate Governance Report

#### Directors' Report

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

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

Patient and Client Council are listed below:

- Mr Patrick Farry (appointed 1 April 2019 to 31 March 2027)
- Mr Alan Hanna (appointed 1 April 2019 to 31 March 2027)
- Mr Paul Douglas (appointed 1 April 2019 to 31 March 2027)
- Mr Tom Irvine (appointed 12 September 2022 to 11 September 2026)
- Mr Stephen Mathews (appointed 12 September 2022 to 11 September 2026)
- Ms Briega Arthurs (appointed 1 February 2024 to 31 January 2028)
- Mr Gary McMichael (appointed 1 February 2024 to 31 January 2028)
- Mr Tom Sullivan (appointed 1 February 2024 to 31 January 2028)
- Ms Emma O'Neill (appointed 1 February 2024 to 31 January 2028)

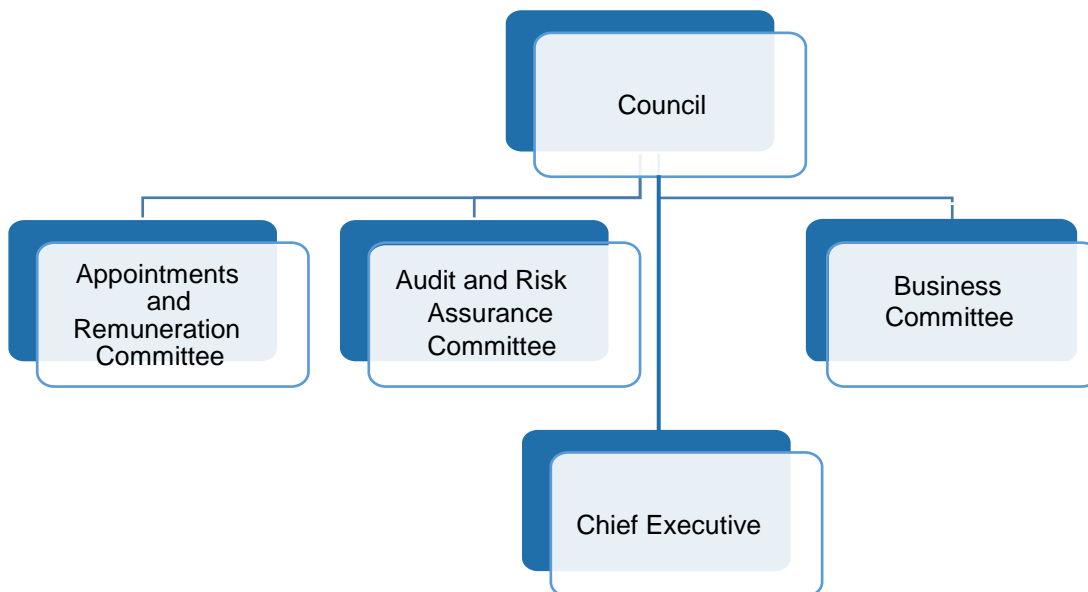
- Ms Rhoda Walker (appointed 1 February 2024 to 31 January 2028)
- Cllr Paula Bradley (appointed 1 February 2024 to 31 January 2028)
- Dr Julie Aiken (appointed 1 February 2024 to 31 January 2028)
- Cllr Cadogan Enright (appointed 1 March 2024 to 29 February 2028)

During 2023-2024 one members appointment ended:

- Cllr Martin Reilly (appointed 2 August 2010, reappointed 5 August 2014, extended to 31 July 2020, extended to 31 July 2021 and co-opted to 30 June 2023 and term of office ended 30 January 2024.

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

The diagram below shows the structure of the Council:



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

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

- Chief Executive Vivian McConvey (appointed on 8 April 2019 and retired 7 June 2023);



- Chief Executive, Meadhbha Monaghan (appointed Chief Executive on 13 March 2023, previously Head of Operations from 15 May 2020 to 12 March 2023);
- Head of Business Support, Carol Collins (appointed on 6 February 2023);
- Senior Policy Impact and Influence Manager, Peter Hutchinson commenced 3 July 2023 and
- Head of Operations, Úna McKernan commenced 4 September 2023

### **Interests held by Council and Senior Staff**

Senior members of staff or Council Members had no significant interests, which would conflict with their management responsibilities to report for 2023-24. The Declaration and Register of Interests, where applicable, can be found on PCC website <https://pcc-ni.net/about-us/our-council>.

### **Statement of Accounting Officer Responsibilities**

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

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

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

The Permanent Secretary of the DOH as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Meadhbha Monaghan of PCC as the Accounting Officer for the PCC. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the PCC's assets, are set out in the formal letter of appointment of the

Accounting Officer issued by the DOH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

## Corporate Governance Statement

### 1. Introduction/Scope of Responsibility

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

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

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

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

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

## **2. Compliance with Corporate Governance Best Practice**

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

The Council undertook a self-assessment against the DoH Arm's Length Bodies (ALB) Board Self-Assessment Toolkit March 2024. Overall it showed that the Council functions well, however it also identified areas for improvement, that have been worked on during the year.

The Audit and Risk Assurance Committee also completed a self-assessment using the National Audit Office Audit Committee Self-Assessment Checklist at its meeting held on the 27 June 2023.

Annual Declaration of Interests by Council members and senior staff has been completed and the register is publicly available on request. Members are also required to declare any potential conflict of interest at Council or Committee meetings, and withdraw from the meeting while the item is being discussed and voted on.

## **3. Governance Framework**

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

The PCC is a Body Corporate incorporated by Section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. It consists of a Chair and members, appointed by the Department of Health under the Public Appointments process. The Council constitutes the governing body of the PCC. The Patient and Client Council (Membership and Procedure) Regulation (Northern Ireland) 2009 stipulates that there shall be sixteen members and a Chair. The Public Appointments Unit (PAU) have recently undertaken a recruitment exercise to appoint new members. As at 31 March 2024 the Council had 13 members (excluding the Chair).

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

- To establish the overall strategic direction of the PCC within the policy and resources framework determined by the DoH/Minister;
- To oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary;
- To ensure effective financial stewardship through value for money, financial control and financial planning and strategy;
- To ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation;
- To appoint, appraise and remunerate senior executives;

- To ensure that there is effective dialogue between the organisation and the local community on its plans and performance and that these are responsive to the community's needs; and
- To ensure that the HSC body has robust and effective arrangements in place for clinical and social care governance and risk management.

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

During 2023-24, there were five Council meetings and four Council workshops. All meetings were quorate.

Four Council meetings were held via 'Teams' and one 'in-person'. Three workshops were held via 'Teams' and one 'in-person'.

It is the PCC's intention to have more Council meetings and workshops in person during 2024-25 and rotate these public meetings across Northern Ireland.

During 2023-24 an interim Chair was in place until 14 May 2023, with the new Chair taking up post from 15 May 2023. One co-opted member ended his term on 31 January 2024. Eight new members were appointed, seven with effect from 1 February 2024 and one from 1 March 2024.

#### **PCC Council Meeting Attendance Register 2023/24:**

<b>Name</b>	<b>Council Meetings Attended</b>	<b>Meetings held during appointment</b>	<b>Council Workshops attended</b>	<b>Workshops held during appointment</b>
Ruth Sutherland	4	4	3	3
Stephen Mathews	5	5	4	4
Alan Hanna	5	5	3	4
Paul Douglas	4	5	4	4
Paddy Farry	4	5	3	4
Tom Irvine	4	5	3	4
Cllr Martin Reilly	2	4	3	3
Briege Arthurs	1	1	1	1
Gary McMichael	0	1	1	0
Tom Sullivan	1	1	1	1
Emma O'Neill	1	1	1	1
Rhoda Walker	1	1	1	1
Cllr Paula Bradley	1	1	1	1

Cllr Cadogan Enright	0	0	1	1
Dr Julie Aiken	1	1	1	1

The PCC has three fully functioning Council Committees (Audit and Risk Assurance Committee (ARAC), Business Committee and Appointments and Remuneration Committee).

The purpose of the ARAC is to give an assurance to the Council and the Accounting Officer on the adequacy and effectiveness of the PCC's system of internal control. The ARAC has an integrated governance role, encompassing financial governance and organisational governance, all of which are underpinned by risk management systems. The ARAC meets, at least, four times a year. ARAC comprised three members up to 31 January 2024. Currently there are two members. Additional members will be appointed from the recently appointed Council members. Representatives from Internal and External Audit are also in attendance. During 2023-24 the ARAC met on four occasions and all meetings were quorate.

The Appointments and Remuneration Committee function is to advise the Council about appropriate remuneration and terms of service for the Chief Executive, taking account of performance, subject to the direction of the DoH. The Committee comprises of two members and it met twice during 2023/24. All meetings were quorate.

The Business Committee was established to scrutinise and provide advice to the Council across a number of business areas including operational performance activity and financial performance, complaints, adverse incidents, information governance and facilities. The Committee comprises three members and meets four times a year. The Committee met four times during 2023-24. All meetings were quorate.

## **4. Business Planning and Risk Management**

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

### **4.1 Business Planning**

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

The PCC meets its statutory obligations primarily through engagement with the public on a range of issues with a particular focus on any Ministerial priorities. The PCC Statement of Strategic Intent 2022 – 2025 describes what we want to see for people in the future, our purpose and role in achieving that, our values and ways

of working and the difference that we want to make to Health and Social Care Services in Northern Ireland.

In addition to this, the PCC developed a Strategic Outline Case during 2022/23 to make a strategic case for change and innovation in the PCC, including options to enable the organisation to more effectively fulfil its functions for patients and clients, both now and over the coming years, and as it continues to provide independent assurance to the Department of Health and the Minister. The PCC continued to work to progress the actions within the preferred option during 2023/24.

The PCC Annual Operational Plan 2023/24 details how progress towards the 'Statement of Strategic Intent' goals will be achieved and demonstrated. The Annual Operational Plan continues to better demonstrate impact and outcomes and alignment with draft Programme for Government, as well as with the PCC legislative mandate and the priorities highlighted by the public.

A performance report is presented to Council every quarter, providing an update on the Operational Plan, setting out progress against objectives and explaining any variances. An advocacy report is also presented, including more in-depth analysis of performance in this area.

## **4.2 Risk Management**

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

### **First Stage: Identifying Risks**

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

### **Second Stage: Evaluating Risks**

Each risk is evaluated in terms of both:

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

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

### **Third Stage: Risk Appetite**

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

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



- Avoid harm to the environment.

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

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

#### **Fourth Stage: Managing Risks**

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

#### **Fifth Stage: Risk Monitoring and Review**

The management of risk in the PCC is recorded and monitored via the Corporate Risk Register.

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

Work is underway to review and further develop the Corporate Risk Register as well as Functional Risk Registers.

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

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

### **4.3 Information Risk**

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

The Head of Operations is the Senior Information Risk Officer (SIRO) for the PCC, and completed the SIRO training course during 2023-24. The SIRO chairs a PCC Information Governance Group, which comprises membership of the Information Asset Owners and the Data Protection Officer.

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

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

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

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

All PCC staff have access to the information governance policies and procedures through the PCC Sharepoint site. All staff are also required to complete the regional HSC information governance e-learning programme, incorporating Freedom of Information, Data Protection, Records Management and IT Security/cyber security. In addition, in January 2024 the ICO provided a training session for all PCC staff.

The PCC reported one data breach to the Information Commissioners Office (ICO) in August 2023. The ICO response, reflecting the scale, impact and immediate steps taken by the PCC was to take no further action and to close the case.

The PCC also received a reprimand from the ICO in July 2023 in respect of a data breach reported to the ICO in January 2021. The PCC has implemented all the recommendations. Additionally, the PCC has pro-actively engaged with the ICO including organising a training session by ICO staff for all PCC staff.

## **5. Fraud**

The PCC takes a zero-tolerance approach to fraud in order to protect and support our key public services. We have put in place an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud, whether originating internally or externally to the organisation. Our Fraud Liaison Officer co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response Plan, which are kept under review and updated as appropriate. No fraud or error was detected in 2023-24 ( 2022-23 nil).

## **6. Public Stakeholder Involvement**

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

The PCC has worked throughout 2023-24 in partnership with the public and members from our Membership Scheme to develop and extend the membership base. Our work supporting themed engagement platforms provide members of the public with a forum for engagement on specific areas of work and connect them with representatives across health and social care and voluntary and community sectors. This is critical in fulfilling our statutory functions of promoting the involvement of the public and representing their interests.

The PCC approach of a 'network of networks' has facilitated individuals, organisations and decision-makers to engage on HSC issues at both generalist levels through to more focused, specific work. Through 2023-24, we have further progressed and strengthened this approach through the PCC 'Positive Passporting Initiative.' This concept is anchored within the PCC service standards of mediation, partnership, co-production and a relationship-based approach to working in partnership with other agencies to ensure the service user, at point of contact with PCC, has an avenue of advocacy and support that PCC will positively passport the individual to. This initiative has been very successful for a number of clients coming to the PCC for support. Migrant Help, Centre for Independent Living Northern Ireland (CILNI), Carers NI, Children's Law Centre and Homelessness Prevention Forum to name a few, have worked alongside the PCC to achieve better outcomes for individuals seeking support. PCC continues to develop connections between agencies to better support the public by collaboration and partnership giving individuals access to more resources and expertise.

As an output of the Co-production Associate Project previously developed, the PCC has extensively explored the options for a Paid Associate model which would remunerate individuals with lived experience of health and social care involved in strategic partnerships with Health and Social Care NI. It was considered that this may serve as a way to engage patients and clients working within a co-production approach, offering a rounded package of coaching, training and support, both practically and financially, to ensure that all societal groups in Northern Ireland have a voice within health and social care and that this vital contribution is recognised appropriately. An options paper was submitted by PCC to the DoH in March 2024 for further consideration and to support the development of a departmental policy position.

## **7. Assurance**

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

- Systems of governance, risk management and internal control;
- Financial and information systems;

- Compliance with Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions; and
- Adequacy of policies and procedures in respect of work to counter fraud and corruption.

The PCC Assurance Framework is the basis for providing effective assurances to the Council and its Committees. It is a 'live' document and continues to be reviewed annually by ARAC and the Council.

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

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

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

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

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

## 8. Sources of Independent Assurance

The PCC obtains independent assurance from:

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

### 8.1 Internal Audit

The PCC utilises an Internal Audit function which operates to defined standards and whose work is informed by an analysis of the risk to which the body is exposed and annual audit plans are based on this analysis. During 2023/24 the following internal audit assignments were conducted:

Audit Assignment	Level of Assurance received*
Financial Review	Satisfactory – travel & subsistence, asset management, legal payments (Muckamore Inquiry) & Associate expenditure;

	Limited – payments to staff.
Governance and Performance Management	Satisfactory

\* Internal Audit’s definition of levels of assurance:

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

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

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

Internal Audit provided limited assurance to the Engagement Audit in 2022/23. Nine of the 13 recommendations have now been fully implemented, one partially implemented and three not yet implemented. Work is underway to address the outstanding recommendations, and to ensure that these are addressed as early as possible in 2024/25.

Internal audit provided limited assurance on the payments to staff element of the Financial Review audit in 2023/24, with satisfactory assurance for all other aspects. All recommendations in this audit have been fully implemented by the PCC.

## 8.2 Follow up on Previous Recommendations

The Internal Audit End of Year Follow Up report on previous Internal Audit recommendations (priority 1 and priority 2), issued on 19 March 2024, identified that of the 47 recommendations where the implementation date had now passed, 87% (41 recommendations) were fully implemented, 6.5% (3 recommendations) were partially implemented and 6.5% (3 recommendations) were not yet implemented. Work will continue during 2024-25 to address those recommendations that have not yet been fully implemented.

## 8.3 Overall Opinion from the Head of Internal Audit

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

Overall, for the year ended 31 March 2024, I can provide satisfactory assurance on the adequacy and effectiveness of the organisation’s framework of governance, risk management and control.

## 8.4 BSO Shared Services Audits

A number of audits were conducted on BSO Shared Services functions, as part of the BSO Internal Audit Plan. While the recommendations in these Shared Services Audit reports are the responsibility of BSO Management to take forward, the PCC, as

a customer of the BSO Shared Services, receives assurances from the BSO on the outcomes of these audits and progress on addressing recommendations.

<b>Shared Services Audit</b>	<b>Level of Assurance Received</b>
Payroll Shared Service	Satisfactory - Elementary PSC Processing Limited - Staffing Stability, Impact of Change Requests on Month 10 & Month 11 Payroll, SAP / HMRC RTI Reconciliation, Overpayment Backlog and Closedown Checks and Variance Monitoring
Recruitment Shared Service	Limited
Accounts Payable Shared Service	Satisfactory
Business Services Team	Satisfactory

## **8.5 External Audit**

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

There was one priority one, two priority two and two priority three findings. All the recommendations have now been fully implemented.

## **9. Review of Effectiveness of the System of Internal Governance**

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

## **10. Internal Governance Divergences**

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

### **10.1 Board Effectiveness**

The PCC Council carried a high number of vacancies during 2022/23, posing a risk to diversity and quoracy and thus to Council governance and effectiveness.

During 2023/24 the Public Appointments Unit progressed a recruitment exercise to recruit additional Council members for the PCC. Eight new members were



appointed, seven commencing 1 February 2024 and one commencing 1 March 2024. The Council now comprises 14 members plus the Chair. While this is still less than the 16 members plus Chair required under establishing legislation, the numbers are now sufficient to ensure diversity and quoracy across the Council and its Committees.

## **10.2 Property Asset Management**

The PCC has worked with the DoH Property Management Branch (PMB) to resolve the non-compliance with governance requirements in respect of the lease for office space in Wellington Court, Ballymena.

The PCC will continue to work with PMB, and take advice from BSO Corporate Services, to ensure that it complies with all regulations in respect of leases for its property assets.

## **10.3 Budget Management**

(Mid-Year Assurance Statement 2023.) The PCC has continued to manage its budget, liaising with the DoH Sponsor Branch to ensure that they were aware of any potential underspends as early as possible, and to manage any necessary retraction appropriately. The appointment of two temporary posts has also ensured best use of available funds to progress necessary work aligned to PCC's strategic priorities.

The PCC will continue to manage its budget, particularly in respect of recruitment and retention of staff, to ensure that the work of the PCC on behalf of the public continues to be taken forward. The PCC will continue to liaise with DoH sponsor branch in respect of any potential budgetary issues in a timely manner.

## **10.4 Information Governance – ICO Reprimand**

Following the receipt of an ICO reprimand in July 2023 in respect of an ongoing investigation from January 2021, the PCC has undertaken significant work to implement the ICO recommendations. This has included raising staff awareness about data protection especially in respect of the use of email, through discussion at PCC Agency days and through arranging a training session by ICO staff. PCC IAO's attend the PCC Information Governance Group and feed back to staff. The 'use of email procedure' was also updated and has been shared with all staff.

While this issue is now resolved, the PCC will continue to retain a focus on information governance, ensuring that all staff are aware of their information governance responsibilities, and that they can avail of advice and support when necessary.

## **10.5 Update on prior year governance issues which continue to be considered governance issues.**

Working with HSC Leadership Centre Associates, the PCC had identified a number of recommendations in respect of information governance, including records

management, that needed to be addressed in order to strengthen PCC's management of information governance.

While the PCC has established an Information Governance Group which agrees an annual action plan incorporating actions to address the above gaps, progress has been slow and inconsistent during 2023/24 due to staffing changes.

Information Governance, including leadership of the Information Governance Group, is now the responsibility of the Head of Operations, who will take forward this work during 2024-25. This will include the development of a new Information Governance Action Plan for 2024-25 setting out actions to be taken to address gaps across all areas of information governance including records management during the incoming year. This will be regularly monitored by the Information Governance Group reporting to the PCC Executive Management Team (EMT) and the PCC Business Committee.

### **10.6 New governance issues identified during 2023-24**

**Inquiries:** There are currently a number of significant health related public inquiries underway in Northern Ireland including the Muckamore Abbey Hospital Inquiry, the Urology Inquiry and the national UK COVID 19 inquiry.

The PCC is involved in providing evidence and responding to questions in respect of these inquiries. Given the number and scale of these inquiries and the amount of work required to provide evidence and respond to questions, often within very short timescales, this is placing an increasing pressure on the organisation.

The PCC is a small regional organisation, and therefore has limited capacity. While additional assistance has been engaged through the HSC Leadership Centre, and external legal representation has been approved by the DoH (to support the PCC in respect of the MAH Inquiry and the Urology Inquiry), with additional funding providing to PCC for inquiry-related spend, it is still necessary for core PCC staff to support this work. There is a risk therefore that the PCC will be unable to undertake all of its core work, and priorities set out in the Statement of Strategic Intent and Annual Business Plans, as some staff have been required to be redirected to support the Inquiry work. It is anticipated that this will continue into the forthcoming year.

The PCC will continue to support its staff in this work, and seek to balance how it responds to these Public Inquiries while seeking to continue to progress its core work. The PCC will continue to discuss capacity issues and potential implications with DoH sponsor branch.

## **11. Budget Position and Authority**

"The Budget Act (Northern Ireland) 2024, which received Royal Assent on 14 March 2024, together with the Northern Ireland Spring Supplementary Estimates 2023-24 which were agreed by the Assembly on 9 April 2024, provide the statutory authority for the Executive's final 2023-24 expenditure plans. The Budget Act (Northern Ireland) 2024 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2024-25 financial year."

## 12. Conclusion

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

Further to considering the accountability framework within the PCC and in conjunction with assurances given to me by the Head of Internal Audit I am content that the PCC has operated a sound system of internal governance during the period 2023-24.



**Meadhbha Monaghan**

**Chief Executive Officer**

**17 July 2024**

## Remuneration and Staff Report

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

Senior managers include the Chief Executive Officer, the Head of Business Support, the Head of Operations and the Senior Policy Impact and Influence Manager.

### Appointments and Remuneration Committee

The appraisal for the Chief Executive Officer will take place during the first quarter of 2024. The Chief Executive Officer is the only senior manager who is employed on a Senior Executive Contract, which requires consideration by the Appointments and Remuneration Committee and approval by Council. The membership of the Appointments and Remuneration Committee is comprised exclusively of Council members. The Chief Executive Officer and a nominated HR Officer (from BSO) shall provide information, advice and support to the Committee.

The Appointments and Remuneration Committee for 2023-24 membership is:

Members
Ruth Sutherland (Chair)
Alan Hanna

## **Appointments and Remuneration Committee Role and Performance**

The Committee considers the remuneration policy as directed by Circular HSS (SM) 3/2001 issued by DoH in respect of Senior Executives, which specifies that the CEO be subject to the HSC Individual Performance Review System. The CEO agrees her objectives with the Chair and at the end of each year performance is assessed by the Chair and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Council's Appointments and Remuneration Committee for endorsement, and to the Council for approval. There are no elements of senior executives' remuneration that are not subject to performance conditions.

In 2023-24 the Committee met twice in June and November 2023. Matters addressed included the Chief Executive Officer's Job Description and future appraisal and pay award. The table below details Council Members' attendance at these meetings.

<b>Members</b>	<b>Attendance</b>
<b>Ruth Sutherland (Chair)</b>	<b>2</b>
<b>Alan Hanna</b>	<b>2</b>

The main functions of the Committee are to:

- Consider and agree the broad policy for the appointment and pay (remuneration) of the CEO. This will include the basic pay principles and overall approach to remuneration including governance and disclosure; and
- Take account of all factors, which it decides, is necessary, including the provisions of any national agreements for staff where appropriate.

The Committee's objectives shall be to ensure that the senior management of PCC are:

- Remunerated at a level sufficient to attract, retain and motivate senior staff of the quality required, whilst avoiding paying more than necessary for the purpose;
- Provided with appropriate incentives to encourage enhanced performance and are, in a fair and responsible manner, rewarded for their individual contributions to the success of the organisation;
- Consider and recommend to PCC Council, the framework or broad policy for the pay (remuneration) of staff below senior management, including the policy or broad approach for pay uplifts for PCC staff and pension policies;
- Be informed of, and review any major changes in employee benefit structures, including pensions, throughout PCC;
- Monitor and evaluate the performance of the CEO and agree targets for pay progression and any performance related pay schemes operated by PCC. Considering and endorsing performance pay and submitting to Council for approval; and
- Consider and recommend to the Council any disciplinary and grievance procedures applicable to, and possible disciplinary action involving, the CEO including the dismissal of the post-holder.

### Service Contracts

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

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

### Notice Periods

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

### Retirement Age

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

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

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

	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2023- 24	2022-23	2023- 24	2022- 23	2023- 24	2022- 23	2023-24	2022- 23
Ruth Sutherland (Chair) Appointed 15/5/23	15-20	-	-	-	-	-	15-20	-
Stephen Matthews * Council Member Appointed 12/9/22	5-10	5-10	-	-	-	-	5-10	5-10
Martin Reilly ** Council Member	0-5	0-5	-	-	-	-	0-5	0-5

Patrick Farry Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Paul Douglas Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Alan Hanna Council Member	0-5	0-5	-	-	-	-	0-5	0-5
Joan McEwan *** Council Member	-	0-5	-	-	-	-	0-5	0-5
Tom Irvine Council Member Appointed 12/9/22	0-5	0-5	-	-	-	-	0-5	0-5
Christine Collins**** (Chair)	-	5-10	-	-	-	-	0-5	5-10
William Halliday ***** Council Member	-	0-5	-	-	-	-	0-5	0-5
Briege Arthurs Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Emma O'Neill Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Julie Aiken Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Rhoda Walker Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Paula Bradley	0-5	-	-	-	-	-	0-5	-



Council Member Appointed 1/2/24								
Gary McMichael Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Tom Sullivan Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-
Cadogan Enright Council Member Appointed 1/2/24	0-5	-	-	-	-	-	0-5	-

\* Stephen Matthews Interim Chair 1/10/22-14/5/23

\*\* Martin Reilly term ended 31 January 2024

\*\*\* Joan McEwan term ended 1 October 2022

\*\*\*\* Christine Collins term ended 30 September 2022

\*\*\*\*\* William Halliday left 8 October 2022

## SENIOR EMPLOYEES' REMUNERATION AND PENSION ENTITLEMENTS (Audited Information)

Executive Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23	2023-24	2022-23
Vivian McConvey* CEO	30-35	70-75	-	-	4	27	30-35	95-100
Meadhbha Monaghan CEO**	70-75	55-60 (FYE 70-75)	-	-	17	22	85-90	75-80
Carol Collins*** Head of Business Support	50-55	5-10 (FYE 55-60)	-	-	13	2	60-65	10-15
Peter Hutchinson**** Senior Policy Impact and	35-40 (FYE 45-50)	-	-	-	10		45-50	N/A

Influence Manager								
Úna McKernan ***** Head of Operations	40-45 (FYE 60-65)	-	-	-	9		50-55	N/A
Jackie McNeill***** Head of Corporate Services	-	15-20 (FYE 55-60)	-	-	-	1	N/A	15-20

\* Vivian McConvey left the organisation on 7 June 2023

\*\* Meadhbha Monaghan commenced CEO role 13 March 2023

\*\*\* Carol Collins stepped down from role 31 January 2024

\*\*\*\* Peter Hutchinson commenced 3 July 2023

\*\*\*\*\* Úna McKernan commenced 4 September 2023

\*\*\*\*\* Jackie McNeill left the organisation on 31 August 2022

The monetary value of benefits in kind covers any benefits provided by the employer and treated by HM Revenue and Customs as a taxable emolument and the table below documents further.

## Pensions of Senior Management (Audited Information)

Name & Position	Accrued pension at pension age as at 31/3/24 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/24	CETV at 31/03/23	Real increase in CETV
<b>Executive Members</b>					
Vivian McConvey CEO*	5-10 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	100	86	14
Meadhbha Monaghan CEO**	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	60	28	31
Carol Collins Head of Business Support***	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	19	2.5	17
Peter Hutchinson Senior Policy Impact and Influence Manager****	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	19	0	19
Úna McKernan Head of Operations*****	0-5 Plus lump sum of 0-5	0-2.5 Plus lump sum of 0-2.5	11	0	11

\* Vivian McConvey left the organisation on 7 June 2023

\*\* Meadhbha Monaghan commenced CEO role 13 March 2023

\*\*\* Carol Collins stepped down from role 31 January 2024

\*\*\*\* Peter Hutchinson commenced 3 July 2023

\*\*\*\*\* Úna McKernan commenced 4 September 2023

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

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the

benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost.

CETVs are calculated within the guidelines prescribed by the Institute and Faculty of Actuaries. CETV figures are calculated using the current guidance on discount rates for calculating unfunded public service pension contribution rates. HM Treasury provides the assumptions for discount rates for calculating CETVs payable from the public service pension schemes.

On 27 April 2023, HM Treasury published guidance on the basis for setting the discount rates for calculating cash equivalent transfer values payable by public service pension schemes. In their guidance of 27 April 2023, HM Treasury advised that, with immediate effect, the discount rate adopted for calculating CETVs should be in line with the new Superannuation Contributions Adjusted for Past Experience (SCAPE) discount rate of 1.7% above CPI inflation, superseding the previous SCAPE discount rate of 2.4% above CPI inflation. All else being the same, a lower SCAPE discount rate leads to higher CETVs. This guidance has been used in the calculation of 2023-24 CETV figures.

#### Real Increase in CETV

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

### **PAYMENTS TO PAST DIRECTORS AND BEST PRACTICE DISCLOSURES**

#### **Payments to Past Directors**

There were no payments made to past directors during the year (2023/24 and 2022/23:nil).

#### **Staff benefits**

There were no staff benefits paid in 2023/24 or 2022/23.

#### **Retirements due to ill health**

During 2023/24 there were no cases of early retirement from the PCC on the grounds of ill health.

#### **Off Payroll Engagements**

The Agency had no off payroll engagements during 2023/24 (2022/23:nil).

## Fair Pay Statement (Audited Information)

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

Fair Pay	2023-24	2022-23
Band of Highest Paid Director's Total Remuneration (£000s):	75-80	70-75
75 <sup>th</sup> Percentile Total Remuneration (£)	45,002	40,588
Median Total Remuneration (£)	37,199	35,572
25 <sup>th</sup> Percentile Total Remuneration (£)	35,876	32,934
Ratio (75 <sup>th</sup> /Median/25 <sup>th</sup> )	1.7/2.0/2.1	1.8/2.0/2.2

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

The banded remuneration of the highest-paid director in PCC in the financial year 2023-24 was £75-£80k (2022-23 was £70-£75k). This was 2.1 times (2023; 2.2) the 25th percentile of the workforce which was £35,876 (2023; £32,934), 2.0 times (2023; 2.0) the median remuneration of the workforce, which was £37,199 (2023; £35,572), 1.7 times (2022-23; 1.8) the 75th percentile of the workforce in 2023-24 which was £45,002 (2023; £40,588). No employees received remuneration in excess of the highest-paid director. Remuneration ranged from £5,557 to £66,493 (2022-23; £20,270 to £56,164). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

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

Percentage Change for:	2023-24 vs 2022-23
Average employee salary and allowances	3.95%
Highest paid director's salary and allowances	4.48%

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

## STAFF REPORT

### Staff Numbers and Related Costs (Audited Information)

#### Staff Costs

Staff costs comprise:	2024	2023		
	Permanently employed staff	Others	Total	Total
	£s	£s	£s	£s
Wages and salaries	1,235,149	26,952	1,262,101	1,408,714
Social security costs	129,719		129,719	106,745
Other pension costs	257,450		257,450	212,653
<b>Sub-Total</b>	1,622,318	26,952	1,649,270	1,728,112
Capitalised staff costs	-	-	-	-
<b>Total staff costs reported in Statement of Comprehensive Expenditure</b>	<b>1,622,318</b>	<b>26,952</b>	<b>1,649,270</b>	<b>1,728,112</b>
Less recoveries in respect of outward secondments			-	-
<b>Total net costs</b>			<b>1,649,270</b>	<b>1,728,112</b>

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

#### Retirement Benefit Costs

PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme, both PCC and employees pay specified percentages of pensionable pay into the scheme and the liability to pay benefit falls to the DoH.

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



In respect of Directors, there are no provisions for the cost of early retirement included in the 2023-24 accounts. Further, there were no provisions for the cost of early retirement included in the 2022-23 accounts. As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2020 valuation for the HSC Pension scheme which reflects current financial conditions (and a change in financial assumption methodology) has been used for 2023-24.

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

On 1 April 2015, the government made changes to public service pension schemes which treated members differently based on their age. The public service pensions remedy, known as the 'McCloud Remedy' puts this right and removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022. Stage 1 of the remedy closed the 1995/2008 Scheme on 31 March 2022, with active members becoming members of the 2015 Scheme on 1 April 2022. For Stage 2 of the remedy, eligible members had their membership during the remedy period in the 2015 Scheme moved back into the 1995/2008 Scheme on 1 October 2023. This is called 'rollback'. In complying with FReM, for 2023-24 pensions are being calculated using the rolled back opening balance, the rolled back closing balance, calculation of CETV by HSCPS on the rolled back basis and no restatement of prior year figures, where disclosed. All benefits accrued from 1 April 2022 onwards are calculated under the 2015 CARE Scheme. HSCPS will contact retirees with personalised information to assist in making their retrospective choice regarding the remedy period.

Employee contributions are determined by the level of pensionable earnings. The following table sets out member contribution rates that apply from 1 November 2022. Following implementation of 2023-24 Agenda for Change pay award due in 2024-25, these contribution rates will be amended accordingly in line with scheme regulation requirements.

<b>Annual pensionable earnings (full-time equivalent basis)</b>	<b>Contribution Rate 2023-24 (phase 1)</b>
Up to £13,246	5.1%
£13,247 to £16,831	5.7%
£16,832 to £22,878	6.1%

£22,879 to £23,948	6.8%
£23,949 to £28,223	7.7%
£28,224 to £29,179	8.8%
£29,180 to £43,805	9.8%
£43,806 to £49,245	10.0%
£49,246 to £56,163	11.6%
£56,164 to £72,030	12.5%
£72,031 and above	13.5%

### Average number of persons employed

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

	2024			2023
	Permanently employed staff	Others	Total	Total
	No.	No.	No.	No.
Administrative and clerical	30	3	33	33
<b>Total average number of persons employed</b>	<b>30</b>	<b>3</b>	<b>33</b>	<b>33</b>
Less average staff number relating to capitalised staff costs			-	-
Less average staff number in respect of outward secondments			-	-
<b>Total net average number of persons employed</b>			<b>33</b>	<b>33</b>

The staff numbers disclosed as 'Others' in 2023-24 relate to temporary members of staff. The figures exclude the Chair and Non-Executive Directors of PCC.  
\*Permanent staff based on 12-month average. 'Other' made up of 3 agency staff.

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

Exit package cost band	Number of compulsory redundancies		Number of other departures agreed		Total number of packages by cost band	
	2024	2023	2024	2023	2024	2023
<£10,000	-	-	-	-	-	-
£10,000-£25,000	-	-	-	-	-	-
£25,000-£50,000	-	-	-	-	-	-
£50,000-£100,000	-	-	-	-	-	-
£100,000-£150,000	-	-	-	-	-	-
£150,000-£200,000	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-
<b>Total number of exit packages by type</b>	-	-	-	-	-	-
	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>	<b>£000s</b>
<b>Total resource cost</b>	-	-	-	-	-	-

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

The table above shows the total exit cost of exit packages agreed and accounted for in 2023-24 and 2022-23. £nil exit costs were paid in 2023-24. The previous year, 2022-23, £nil exit costs were paid. Where the PCC has agreed early retirements, the additional costs are met by the PCC and not by the HSC pension scheme. Ill health retirement costs are met by the pension scheme and are not included in the table. During 2023-24 there was no early retirements from the PCC, in the previous year, 2022-23, there were no early retirements.

## Staff Composition

	Male		Female	
	No.	%	No.	%
<b>Council Members</b>				
PCC Council Members	10	20.4%	6	12.2%
<b>Council Members Total</b>	<b>10</b>		<b>6</b>	
<b>Executive Management Team</b>				
Chief Executive			1	2.0%

Admin & Clerical 8b			2	4.0%
Admin & Clerical 8a	1	2.0%		
<b>Executive Management Team Total</b>	<b>1</b>		<b>3</b>	
<b>Leadership Team</b>				
Admin & Clerical Band 7			5	10.2%
<b>Leadership Team Total</b>			<b>5</b>	
<b>Other Staff</b>				
Admin & Clerical Band 6	1	2.0%	13	26.5%
Admin & Clerical Band 5	2	4.0%	5	10.2%
Admin & Clerical Band 4	1	2.0%	1	2.0%
Admin & Clerical Band 2	1	2.0%		
<b>Other Staff Total</b>	<b>5</b>		<b>19</b>	
<b>Total</b>	<b>16</b>	<b>33%</b>	<b>33</b>	<b>67%</b>

These figures do not include agency workers.

The total number of staff, including PCC Council members, is 49. The percentage of male and female staff is calculated using this figure.

The information in the above table is taken from the Human Resources, Payroll and Travel System (HRPTS) and reflects the position of staff in post on 31 March 2024.

The PCC Executive Management Team includes the CEO, Head of Operations and Head of Business Support and Senior Policy Impact and Influence Manager. The Leadership Team consists of Service Managers (3), Communication & Public Affairs Manager and a Business and Governance Manager. Please see page 11 for the PCC's organisational structure as at 31 March 2024.

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

The PCC is committed to promoting diversity and inclusion across our workforce, as set out in the PCC Employment Equality of Opportunity policy. This also includes a commitment to our responsibilities under the Disability Discrimination Act (1995) and our commitment to make all reasonable adjustments as set out in the PCC Attendance at Work policy. For information governance and data protection purposes, the PCC are unable to disclose the exact number of employees in PCC who have disclosed they have a disability, however this number equates to less than 5% of the workforce.

### Staff Absence Data

PCC sickness absence target for 2023-24, as agreed with the DoH, was 11.10% which was an increase of 3.16% from 2022-23. The cumulative absence level at 31 March 2024 was 3.17% which represented a decrease on 2022-23 figures.

PCC is committed to continuing to manage staff absence through a programme of Health and Wellbeing and attendance management training. The PCC will continue to develop its suite Health and Wellbeing initiatives including workplace health assessments via the NI Chest Heart and Stroke Association.

## Staff Turnover

The overall employee turnover figure for 2023-24 was 6.06% (2022-23 – 15.69%).

One person retired and another person chose a career development opportunity. The figures below do not include agency workers.

	Average Headcount	Leavers	% Turnover
<b>Total (average total headcount over the year)</b>	33*		6.06%
<b>Permanent Only (average permanent headcount over the year)</b>	33	2	
<b>Others (average temporary headcount over the year)</b>			

\*Excludes Council Members

## Exit interview feedback

Exit interviews are offered to permanent and temporary employees of the PCC as well as agency workers and can identify where change is necessary to improve the employment experience. Attending an exit interview or completing an exit interview questionnaire is a voluntary process. Feedback received in 2023-24 has been positive of the PCC, team morale, training and development opportunities and communication throughout the organisation. Workload and the office environment were identified as concerns and the PCC has taken steps to address these through the staff stability plan, hybrid working and estate strategy plan.

## Investing in our Team

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

responsiveness, it was evident that the PCC did not have the capacity and capability to deliver fully effective services and meet public demand within its current workforce structure. The new structure introduced during 2023-24 shows a commitment to deliver on these demands in the future, create workforce stability, maximise the potential of staff, and also create attractive opportunities and career pathways within the PCC.

With the aim of achieving our organisational outcome of managing people effectively, the PCC has invested in a significant programme of staff training and support in 2023-24 including:

- City & Guilds Qualification: Level 2 Award in Independent Advocacy
- OCN Level 2 Mediation Theory and Practice;
- Adult Safeguarding;
- MS Teams;
- Having difficult conversations;
- Homeless Prevention Awareness Training;
- Mental Health First Aid;
- Alemba Case Management database training;
- Microsoft Word and Excel.

The HSC Leadership Centre provides a range of management and organisational support to health and social care organisations which PCC staff have availed of to include Better Business Cases, Project Management Essentials and digital courses.

The PCC value staff wellbeing and believe that our staff are at the heart of what we do. This means that in order to deliver high quality services to the public we must look after our staff. We also recognised that as a result of the journey of significant organisational change we have been on, which has included a review of our practice model, the PCC teams have been dealing with more complexity in our practice over the last 12 months. In 2021-22, as part of our ongoing commitment to support staff across the organisation, and in response to feedback from the teams, we put in place external supervision to ensure appropriate psychological and emotional support for staff given the nature of the work being undertaken. This support continued during 2022-23 and 2023-24 and complements the PCC's existing internal supervision structures and takes place on both a group and individual basis.

## **Staff Engagement**

We also held all staff engagement days in May, June, September, November, December, January and March, aimed at improving communication and engagement across the organisation. The engagement days covered a wide range of topics including a focus on Planning and Performance during the year as well as the development of the Operational Plan for 2024-2025. Other areas of discussion included PCC's Advocacy work, the Engagement Platforms, Finance and Governance updates, Hybrid working review, Public Affairs development and Positive Passporting. Sessions included updates in person from Sponsor Branch, Cruse Bereavement NI and Make the Call (Department for Communities). The

workshops were interactive with staff being given the opportunity to feedback on issues discussed and plan for future sessions.

### **Expenditure on Consultancy**

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

### **Staff Policies/Employment and Occupation**

During the year the PCC ensured all internal policies gave full and fair consideration to applications for employment made by disabled persons having regard to their particular aptitudes and abilities. The PCC is fully committed to promoting equality of opportunity and good relations for all groupings under Section 75 of the Northern Ireland Act 1998.

The PCC adopt all best practice policies and procedures issued by BSO HR Shared Services including application of all relevant NI Equality legislation and where is specifically relates to the equality of opportunity in all employment practices.

This includes making reasonable adjustments for applicants or employees with a disability and considering all flexible working requests.



## Accountability and Audit Report

### Funding Report

#### Regularity of Expenditure (Audited Information)

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

The Partnership Agreement between the Department of Health and the Accounting Officer of the PCC sets out the control framework and lays down the main duties of the PCC.

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

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

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

#### Liquidity and Cash Flow

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

#### Notation of Gifts (Audited Information)

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

### Assembly Accountability Disclosure Notes

#### (i) Losses and Special Payments (Audited Information)

##### Losses Statement

Losses statement	2023-24		2022-23
	Number of Cases	£	£
Total number of losses	9		-
Total value of losses		827	-

Individual losses over £250,000	2023-24		2022-23
	Number of Cases	£	£
Cash losses	-	-	-
Claims abandoned	-	-	-
Administrative write-offs	-	-	-
Fruitless payments	-	-	-
Stores losses	-	-	-

Special payments	2023-24		2022-23
	Number of Cases	£	£
Total number of special payments	-		-
Total value of special payments		-	-

Special Payments over £250,000	2023-24		2022-23
	Number of Cases	£	£
Compensation payments			
- Clinical Negligence	-	-	-
- Public Liability	-	-	-
- Employers Liability	-	-	-
- Other	-	-	-
Ex-gratia payments	-	-	-
Extra contractual	-	-	-
Special severance payments	-	-	-
<b>Total special payments</b>	-	-	-

The PCC has written off £827 of travel expenses due to a payroll system error that occurred in the period April 2017 to October 2019.

### **Other Payments During the Financial Year**

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

### **(ii) Fees and Charges During the Financial Year**

There were no other fees and charges during the year

### **(iii) Remote Contingent Liabilities (Audited Information)**

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



**Meadhbha Monaghan**  
**Chief Executive Officer**

**17 July 2024**

# Certificate and Report of the Comptroller and Auditor General

## PATIENT AND CLIENT COUNCIL

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

#### Opinion on financial statements

I certify that I have audited the financial statements of the Patient and Client Council for the year ended 31 March 2024 under the Health and Social Care (Reform) Act (Northern Ireland) 2009. The financial statements comprise: The Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

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

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

In my opinion the financial statements:

- give a true and fair view of the state of Patient and Client Council's affairs as at 31 March 2024 and of the Patient and Client Council's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder.

#### Opinion on regularity

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

#### Basis for opinions

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

My staff and I are independent of the Patient and Client Council in accordance with the ethical requirements that are relevant to my audit of the financial statements in the

UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

### **Conclusions relating to going concern**

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

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

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

### **Other Information**

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

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

I have nothing to report in this regard.

### **Opinion on other matters**

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

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and Social Care (Reform) Act (Northern Ireland) 2009; and

- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### **Matters on which I report by exception**

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

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

### **Responsibilities of the Council and Accounting Officer for the financial statements**

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

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

### **Auditor's responsibilities for the audit of the financial statements**

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

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or

error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

My procedures included:

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



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

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

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

## **Report**

I have no observations to make on these financial statements.



*Dorinnia Carville*

*Comptroller and Auditor General*

*Northern Ireland Audit Office*

*106 University Street*

*BELFAST*

*BT7 1EU*

*31 July 2024*

## **SECTION 3: ANNUAL ACCOUNTS**

**PATIENT AND CLIENT COUNCIL**

**ANNUAL ACCOUNTS FOR THE  
YEAR ENDED 31 MARCH 2024**

## PATIENT AND CLIENT COUNCIL

### STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2024

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

	NOTE	2024 £	2023 £
<b>Income</b>			
Income from activities	4.1	955	935
Other Income (Excluding interest)	4.2	2,880	2,398
Deferred income	4.3	-	-
<b>Total operating income</b>		<b>3,835</b>	<b>3,333</b>
<b>Expenditure</b>			
Staff costs	3	(1,649,270)	(1,728,112)
Purchase of goods and services	3	-	-
Depreciation, amortisation and impairment charges	3	(36,837)	(36,848)
Provision expense	3	(27,212)	-
Other expenditure	3	(478,901)	(349,077)
<b>Total operating expenditure</b>		<b>(2,192,220)</b>	<b>(2,114,037)</b>
<b>Net Expenditure</b>		<b>(2,188,385)</b>	<b>(2,110,704)</b>
Finance income	4.2	-	-
Finance expense	3	-	-
<b>Net expenditure for the year</b>		<b>(2,188,385)</b>	<b>(2,110,704)</b>
Adjustment to Net Expenditure for Non Cash Items		80,099	46,698

Net expenditure funded by RRL		(2,108,286)	(2,064,006)
Revenue Resource Limit (RRL)	15.1	2,111,658	2,076,532
<b>Surplus/(deficit) against RRL</b>		<b>3,372</b>	<b>12,526</b>

**OTHER COMPREHENSIVE EXPENDITURE**

		<b>2024</b>	<b>2023</b>
	<b>NOTE</b>	<b>£</b>	<b>£</b>
<b>Items that will not be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/5.2	-	-
Net gain/(loss) on revaluation of intangibles		-	-
Net gain/(loss) on revaluation of financial instruments	6	-	-
<b>Items that may be reclassified to net operating costs:</b>			
Net gain/(loss) on revaluation of investments		-	-
<b>TOTAL COMPREHENSIVE EXPENDITURE</b>			
<b>for the year ended 31 March 2024</b>		<b>(2,188,385)</b>	<b>(2,110,704)</b>

The notes on pages 114 to 152 form part of these accounts.

## PATIENT AND CLIENT COUNCIL

### STATEMENT of FINANCIAL POSITION as at 31 March 2024

This statement presents the financial position of the PCC. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

		2024		2023	
	NOTE	£	£	£	£
<b>Non-Current Assets</b>					
Property, plant and equipment	5.1/5.2	55,779		92,616	
Intangible assets		-		-	
Financial assets	6	-		-	
Trade and other receivables	8	-		-	
Other current assets	8	-		-	
<b>Total Non-Current Assets</b>			55,779		92,616
<b>Current Assets</b>					
Assets classified as held for sale		-		-	
Inventories		-		-	
Trade and other receivables	8	18,039		13,740	
Other current assets	8	17,211		14,185	
Intangible current assets	8	-		-	
Financial assets	6	-		-	
Cash and cash equivalents	7	28,102		27,797	
<b>Total Current Assets</b>			63,352		55,722
<b>Total Assets</b>			<b>119,131</b>		<b>148,338</b>
<b>Current Liabilities</b>					
Trade and other payables	9	(328,749)		(239,302)	
Other liabilities	9	(22,250)		(25,515)	
Intangible current liabilities	9	-		-	
Financial liabilities	6	-		-	
Provisions	10	(18,114)		-	
<b>Total Current Liabilities</b>			(369,113)		(264,817)

<b>Total assets less current liabilities</b>		<b>(249,982)</b>	<b>(116,479)</b>
		<hr/>	<hr/>
<b>Non-Current Liabilities</b>			
Provisions	10	(9,098)	-
Other payables > 1 yr	9	(17,181)	(39,431)
Financial liabilities	6	-	-
<b>Total Non-Current Liabilities</b>		<b>(26,279)</b>	<b>(39,431)</b>
		<hr/>	<hr/>
<b>Total assets less total liabilities</b>		<b>(276,261)</b>	<b>(155,910)</b>
		<hr/> <hr/>	<hr/> <hr/>
<b>Taxpayers' Equity and other reserves</b>			
Revaluation reserve		6,613	6,613
SoCNE Reserve		(282,874)	(162,523)
<b>Total equity</b>		<b>(276,261)</b>	<b>(155,910)</b>
		<hr/> <hr/>	<hr/> <hr/>

The financial statements on pages 106 to 113 were approved by the Council on (17 July 2024) and were signed on its behalf by:

Signed *Ruth Sutcliffe* (Chair) Date 17 July 2024

Signed *M. Monaghan* (Chief Executive Officer) Date 17 July 2024



## PATIENT AND CLIENT COUNCIL

### STATEMENT of CASH FLOWS for the year ended 31 March 2024

The Statement of Cash Flows shows the changes in cash and cash equivalents of the PCC during the reporting period. The statement shows how the PCC generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the PCC. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the PCC's future public service delivery.

	NOTE	2024 £	2023 £
<b>Net surplus after interest/Net operating expenditure</b>			
Net surplus after interest/Net operating cost		(2,188,385)	(2,110,704)
Adjustments for non cash costs	3	80,099	46,698
(Increase)/decrease in trade & other receivables		(7,325)	22,814
<i>Less movements in receivables relating to items not passing through the SoCNE</i>			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase/(decrease) in trade payables		63,932	(5,305)
<i>Less movements in payables relating to items not passing through the SoCNE</i>			
Movements in payables relating to the purchase of property, plant & equipment		-	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		25,515	(64,946)
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	10	-	-
<b>Net cash inflow/(outflow) from operating activities</b>		<b>(2,026,164)</b>	<b>(2,111,443)</b>

<b>Cash flows from investing activities</b>		
(Purchase of property, plant & equipment)	5	- (9,910)
(Purchase of intangible assets)		- -
Proceeds of disposal of property, plant & equipment		- -
Proceeds on disposal of intangibles		- -
Proceeds on disposal of assets held for resale		- -
<b>Net cash outflow from investing activities</b>		<hr/> - (9,910) <hr/>
<b>Cash flows from financing activities</b>		
Grant in aid		2,051,984 2,140,901
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		(25,515) (15,387)
<b>Net financing</b>		<hr/> 2,026,469 2,125,514 <hr/>
<b>Net increase (decrease) in cash &amp; cash equivalents in the period</b>		305 4,161
<b>Cash &amp; cash equivalents at the beginning of the period</b>	7	27,797 23,636
<b>Cash &amp; cash equivalents at the end of the period</b>	7	<hr/> 28,102 27,797 <hr/>

The notes on pages 114 to 152 form part of these accounts.

## PATIENT AND CLIENT COUNCIL

### STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2024

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

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
<b>Balance at 31 March 2022</b>		<b>(202,570)</b>	<b>6,613</b>	<b>(195,957)</b>
<b>Changes in Taxpayers Equity 2022-23</b>				
Grant from DoH		2,140,901	-	2,140,901
Other reserves movements including transfers	-		-	-
(Comprehensive expenditure for the year)		(2,110,704)	-	(2,110,704)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	9,850	-	9,850
<b>Balance at 31 March 2023</b>		<b>(162,523)</b>	<b>6,613</b>	<b>(155,910)</b>
<b>Changes in Taxpayers Equity 2023-24</b>				
Grant from DoH		2,051,984	-	2,051,984
Other reserves movements including transfers		-	-	-
(Comprehensive expenditure for the year)		(2,188,385)	-	(2,188,385)
Transfer of asset ownership		-	-	-
Non cash charges - auditors remuneration	3	16,050	-	16,050
<b>Balance at 31 March 2024</b>		<b>(282,874)</b>	<b>6,613</b>	<b>(276,261)</b>

## **PATIENT AND CLIENT COUNCIL**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024**

#### **1. STATEMENT OF ACCOUNTING POLICIES**

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

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

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

##### **1.1 Accounting convention**

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

##### **1.2 Property, Plant and Equipment**

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

##### **Recognition**

Property, plant and equipment must be capitalised if:

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

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

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

### **Valuation of Land and Buildings**

The PCC did not own any Land and Building in the current 2023-24 financial year, or in the 2022-23 financial year.

### **Modern Equivalent Asset**

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

### **Assets Under Construction (AUC)**

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

### **Short Life Assets**

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

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

## Revaluation Reserve

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

### 1.3 Depreciation

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

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

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

### Impairment loss

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

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

#### **1.4 Subsequent expenditure**

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

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

#### **1.5 Intangible assets**

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

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



## **Recognition**

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

Intangible assets acquired separately are initially recognised at fair value.

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

### **1.6 Non-current assets held for sale**

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

Assets classified as held for sale are not depreciated.

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

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

### **1.7 Inventories**

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

## **1.8 Income**

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

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

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

Income is stated net of VAT.

## **1.9 Grant in aid**

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

## **1.10 Research and Development expenditure**

PCC has no Research and Development expenditure under ESA 2010 at 31 March 2024 or 31 March 2023.

## **1.11 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.

## **1.12 Leases**

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

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

### **Short term leases**

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

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

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

### **Low value assets**

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

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

### **Separating lease and service components**

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

### **The PCC as lessee**

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

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

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

Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the ALB’s surplus/deficit.

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

### **Subsequent measurement**

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

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

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

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

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

### **Depreciation**

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

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

Leased assets under construction must also be depreciated.

### **The PCC as lessor**

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

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

The PCC will classify subleases as follows:

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

### 1.13 Financial instruments

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

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

- Financial assets

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

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon PCC's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument, where judged necessary.

Financial assets are classified into the following categories:

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

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

- Financial liabilities

Financial liabilities are recognised on the Statement of Financial Position when the PCC becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are 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 in creating risk than would apply to a non-public sector body of a similar size, therefore the PCC is not exposed to the degree of financial risk faced by business entities.

There are limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing its activities. Therefore the PCC is exposed to limited credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

## **1.14 Provisions**

In accordance with IAS 37, provisions are recognised when there is a present legal or constructive obligation as a result of a past event, it is probable that PCC will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

## **1.15 Employee benefits**

### **Short-term employee benefits**

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been determined using individual's salary costs applied to their unused leave balances determined from a report of the unused annual leave balance as at 31 March 2024. It is not anticipated that the level of untaken leave will vary significantly from year to year.

### **Retirement benefit costs**

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

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

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

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

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation has been used for the 2023-24 accounts. Financial assumptions are updated to reflect recent financial conditions. Demographic assumptions are updated to reflect an analysis of experience that has been carried out as part of the 2020 valuation.

## **1.16 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.

### **1.17 Third party assets**

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

### **1.18 Government Grants**

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

### **1.19 Losses and Special Payments**

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

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

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

### **1.20 Accounting Standards that have been issued but have not yet been adopted**

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

#### IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2025. Management currently assess that there will be minimal impact on application to PCC's financial statements.

#### IFRS 18 Presentation and Disclosure in Financial Statements:

IFRS 18 Presentation and Disclosure in Financial Statements was issued in April 2024, replaced IAS Presentation of Financial Statements, and is effective for accounting periods beginning on or after 1 January 2027. IFRS 18 will be implemented, as interpreted and adapted for the public sector if required, from a future date (not before 2027-28) that will be determined by the UK Financial Reporting Advisory Board in conjunction with HM Treasury following analysis of this new standard.



## **PATIENT AND CLIENT COUNCIL**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024**

#### **NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT**

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

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

# PATIENT AND CLIENT COUNCIL

## NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

### NOTE 3 EXPENDITURE

	2024	2023
	£	£
Staff costs <sup>1</sup> :		
Wages and Salaries	1,262,101	1,408,714
Social security costs	129,719	106,745
Other pension costs	257,450	212,653
Supplies and services - General	-	-
Establishment	241,735	212,258
Transport	21,743	10,651
Premises	99,108	75,433
Bad debts	-	-
Rentals under operating leases	-	-
Interest charges	485	703
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	99,780	40,182
<b>Total Operating Expenses</b>	2,112,121	2,067,339
<b>Non Cash items</b>		
Depreciation	36,837	36,848
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-

Increase / Decrease in provisions (provision provided for in year less any release)	27,212	-
Cost of borrowing of provisions (unwinding of discount on provisions)		-
Auditors remuneration	16,050	9,850
<b>Total non cash items</b>		
	<hr/>	<hr/>
	80,099	46,698
	<hr/>	<hr/>
Total	<b>2,192,220</b>	<b>2,114,037</b>
	<hr/> <hr/>	<hr/> <hr/>

<sup>1</sup>Further detailed analysis of staff costs is located in the Staff Report on page 80 within the Accountability Report.

During the year the PCC purchased no non audit services from its external auditor (NIAO) (2022-23: £NIL)

The PCC did not participate in the NFI during 2023-24 or 2022-23.

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 4 INCOME

##### 4.1 Income from Activities

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
HSC Trusts	955	935
Non – HSC Private Patients	-	-
Non – HSC Other	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
<b>TOTAL INCOME</b>	<b>955</b>	<b>935</b>

##### 4.2 Other Operating Income

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Other income from non-patient services	2,880	2,398
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
<b>TOTAL Other Operating Income</b>	<b>2,880</b>	<b>2,398</b>
<b>TOTAL INCOME</b>	<b>3,835</b>	<b>3,333</b>

### **4.3 Deferred income**

The PCC had no income released from conditional grants in 2023-24 and 2022-23.

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 5.1 Property, plant & equipment

	<b>Buildings (excluding dwellings)</b>	<b>Information Technology (IT)</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>Cost or Valuation</b>			
At 1 April 2023	90,243	49,772	140,015
Disposals	-	(1,513)	(1,513)
At 31 March 2024	<b>90,243</b>	<b>48,259</b>	<b>138,502</b>

#### Depreciation

At 1 April 2023	25,596	21,803	47,399
Disposals	-	(1,513)	(1,513)
Provided during the year	25,585	11,252	36,837
At 31 March 2024	<b>51,181</b>	<b>31,542</b>	<b>82,723</b>

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 5.1 (continued) Property, plant & equipment

	<b>Buildings (excluding dwellings)</b>	<b>Information Technology (IT)</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>£</b>
<b>Carrying Amount</b>			
At 31 March 2024	<b>39,062</b>	<b>16,717</b>	<b>55,779</b>
At 31 March 2023	<b>64,647</b>	<b>27,969</b>	<b>92,616</b>

**Asset financing**

Owned

39,062	16,717	55,779
39,062	16,717	55,779

**Carrying Amount**

At 31 March 2024

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

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



## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 5.2 Property, plant & equipment - year ended 31 March 2023

	<b>Buildings (excluding dwellings)</b>	<b>Information Technology (IT)</b>	<b>Total</b>
	£	£	£
<b>Cost or Valuation</b>			
At 1 April 2022	80,333	49,772	130,105
Additions	9,910	-	9,910
At 31 March 2023	<b>90,243</b>	<b>49,772</b>	<b>140,015</b>

#### **Depreciation**

At 1 April 2022	-	10,551	10,551
Provided during the year	25,596	11,252	36,848
At 31 March 2023	<b>25,596</b>	<b>21,803</b>	<b>47,399</b>

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2023

	<b>Buildings (excluding dwellings)</b>	<b>Information Technology (IT)</b>	<b>Total</b>
	£	£	£
<b>Carrying Amount</b>			
At 31 March 2023	<b>64,647</b>	<b>27,969</b>	<b>92,616</b>
At 1 April 2022	-	<b>39,221</b>	<b>39,221</b>

#### **Asset financing**

Owned	64,647	27,969	92,616
<b>Carrying Amount</b>			
At 31 March 2023	<b>64,647</b>	<b>27,969</b>	<b>92,616</b>

**Asset financing**

Owned

-	39,221	39,221
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**Carrying Amount**

At 1 April 2023

-	<b>39,221</b>	<b>39,221</b>
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## **PATIENT AND CLIENT COUNCIL**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024**

#### **NOTE 6 FINANCIAL INSTRUMENTS**

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

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

**NOTE 7 CASH AND CASH EQUIVALENTS**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Balance at 1 <sup>st</sup> April	27,797	23,636
Net change in cash and cash equivalents	305	4,161
<b>Balance at 31<sup>st</sup> March</b>	<b>28,102</b>	<b>27,797</b>

**The following balances at 31 March were held at**

	<b>2024</b>	<b>2023</b>
	<b>£</b>	<b>£</b>
Commercial Banks and cash in hand	28,102	27,797
<b>Balance at 31<sup>st</sup> March</b>	<b>28,102</b>	<b>27,797</b>

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### 7.1 Reconciliation of liabilities arising from financing activities

	<b>2023</b>	<b>Cash flows</b>	<b>Non-Cash Changes</b>	<b>2024</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Lease Liabilities	64,946	(35,425)	9,910	39,431
<b>Total liabilities from financing activities</b>	<b>64,946</b>	<b>(35,425)</b>	<b>9,910</b>	<b>39,431</b>

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 8 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2024	2023
	£	£
<b>Amounts falling due within one year</b>		
Trade receivables	3,203	1,560
Deposits and advances	-	-
VAT receivable	13,709	12,180
Other receivables – not relating to fixed assets	1,127	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
<b>Trade and other receivables</b>	<b>18,039</b>	<b>13,740</b>
<hr/>		
Prepayments	17,211	14,185
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
<b>Other current assets</b>	<b>17,211</b>	<b>14,185</b>
<hr/>		
Carbon reduction commitment	-	-
<b>Intangible current assets</b>	<b>-</b>	<b>-</b>
<hr/>		
<b>Amounts falling due after more than one year</b>		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
<b>Trade and other Receivables</b>	<b>-</b>	<b>-</b>
<hr/>		
Prepayments and accrued income	-	-

<b>Other current assets falling due after more than one year</b>	-	-
<b>TOTAL TRADE AND OTHER RECEIVABLES</b>	<b>18,039</b>	<b>13,740</b>
<b>TOTAL OTHER CURRENT ASSETS</b>	<b>17,211</b>	<b>14,185</b>
<b>TOTAL INTANGIBLE CURRENT ASSETS</b>	-	-
<b>TOTAL RECEIVABLES AND OTHER CURRENT ASSETS</b>	<b>35,250</b>	<b>27,925</b>

The balances are net of a provision for bad debts of £Nil (2023: £Nil).



## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 9 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2024	2023
	£	£
<b>Amounts falling due within one year</b>		
Other taxation and social security	77,472	84,682
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	43,678	25,377
Payroll payables	111,922	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	27,104	105
Other payables	-	-
Accruals	68,573	129,138
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	-	-
<b>Trade and other payables</b>	<b>328,749</b>	<b>239,302</b>
Current part of lease liabilities	22,250	25,515
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
<b>Other current liabilities</b>	<b>22,250</b>	<b>25,515</b>

Carbon reduction commitment	-	-
<b>Intangible current liabilities</b>	-	-
<b>Total payables falling due within one year</b>	<b>350,999</b>	<b>264,817</b>
<b>Amounts falling due after more than one year</b>		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance Leases	17,181	39,431
Imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
<b>Total non current other payables</b>	<b>17,181</b>	<b>39,431</b>
<b>TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES</b>	<b>368,180</b>	<b>304,248</b>

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 10 PROVISIONS FOR LIABILITIES AND CHARGES

	Other	2024	2023
	£	£	£
<b>Balance at 1 April 2023</b>	-	-	-
Provided in year	27,212	27,212	-
(Provisions not required written back)	-	-	-
(Provisions utilised in the year)	-	-	-
Borrowing costs (unwinding of discount)	-	-	-
<b>At 31 March 2024</b>	<b>27,212</b>	<b>27,212</b>	-

Amounts included in 'Other' relate to:

- PSNI holiday and sick pay legal case
- Senior Executives pay

#### **PSNI Holiday and sick pay**

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. The PSNI appealed the CoA judgment to the Supreme Court and the decision was handed down in October 2023 in favour of the claimant. The HSC working group considering resolution of the liability has indicated that any solution will be more than 12 months away as it will require system change. The holiday pay provision has been estimated to include the new period of backdating although there remains some significant uncertainty around the estimate due to: 1) Outstanding central legal advice; 2) Lack of accessible data for historic years; 3) Outstanding Trade Union discussions. The best estimate of the value of the liability is based on the position in the NHS in England, Scotland and Wales. The total is estimated as £9,098 for PCC.

#### **Senior Executives Pay**

A number of staff have challenged the banding of their job and PCC has reflected any anticipated liability as a mix of accruals and provisions on the basis of actions and outcomes in-year in individual cases and their consequential impacts. Senior HSC Executives raised a legal challenge to their pay arrangements and the additional potential costs were accrued at 31 March 2023.

Whilst PCC maintains the accounting treatment applied to these cases in 2022-23 was appropriate given the information available at the time, this has been reviewed for 2023-24. In particular it has become clear that the issue of Senior Executive Pay will not now be resolved as swiftly as anticipated previously.

Given the level of uncertainty around the timing of some liabilities has increased, it is therefore deemed more appropriate to treat them as a provision under IAS 37 at 31 March 2024. The best estimate of the value of the liability is still considered to be in line with the principles set out in the original accounting treatment, with discounting to present value applied as appropriate. The total is estimated as £18,114 for PCC.

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 10 PROVISIONS FOR LIABILITIES AND CHARGES continued

	2024	2023
<b>Comprehensive Net Expenditure Account Charges</b>		
	£	£
Arising during the year	27,212	-
Reversed unused	-	-
Cost of borrowing (unwinding of discount)	-	-
<b>Total charge within Operating costs</b>	<b>27,212</b>	<b>-</b>

#### Analysis of expected timing of discounted flows as at 31 March 2024

	Pensions relating to former directors	Pensions relating to other staff	Clinical Negligence	Other	2024	2023
	£	£	£	£	£	£
Not later than one year	-	-	-	18,114	18,114	-
Later than one year and not later than five years	-	-	-	9,098	9,098	-
Later than five years	-	-	-	-	-	-
<b>At 31 March 2024</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>27,212</b>	<b>27,212</b>	

#### NOTE 11 CAPITAL COMMITMENTS

The PCC had no capital commitments at either 31 March 2024 or 31 March 2023.

## NOTE 12 COMMITMENTS UNDER LEASES

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

### 12.1 Quantitative disclosures around right of use assets

	<b>Land and Buildings</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
<b>Cost or valuation</b>		
At 1 April 2023	90,243	90,243
<b>At 31 March 2024</b>	<b>90,243</b>	<b>90,243</b>
<b>Depreciation expense</b>		
At 1 April 2023	25,596	25,596
Charged in year	25,585	25,585
<b>At 31 March 2024</b>	<b>51,181</b>	<b>51,181</b>
<b>Carrying amount at 31 March 2024</b>	<b>39,062</b>	<b>39,062</b>
Interest charged on IFRS 16 leases	485	485

## 12.2 Quantitative disclosures around Lease Liabilities

	31 March 2024	31 March 2023
<b>Maturity analysis</b>	£	£
<b>Buildings</b>		
Not later than one year	22,250	26,000
Later than one year and not later than five years	17,500	39,750
	<u>39,750</u>	<u>65,750</u>
Less interest element	(319)	(804)
Present value of obligations	39,431	64,946
<b>Total present value of obligations</b>	<u>39,431</u>	<u>64,946</u>
<b>Current portion</b>	<u>22,250</u>	<u>25,515</u>
<b>Non-current portion</b>	<u>17,181</u>	<u>39,431</u>

## 12.3 Quantitative disclosures around cash outflow for leases

	31 March 2024	31 March 2023
	£	£
Total cash outflow for lease	26,000	26,000

## **PATIENT AND CLIENT COUNCIL**

### **NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024**

#### **NOTE 13 CONTINGENT LIABILITIES**

##### **Holiday Pay**

Following the outcome of the Supreme Court judgement whereby the claim was upheld, management's estimation of the impact of the PSNI holiday pay claims within PCC have increased and now dates back to 1998 on a discounted basis taking account of the impact of pay awards. The provision is valued at £9,098 as at year-end and is management's estimate based on the duration and a regionally agreed percentage payment rate. This has been treated as a provision under IAS 37 and is as disclosed within Note 13 of these financial statements. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outworkings of the Supreme Court judgement and will have to be agreed with Trade Unions. Any potential additional financial effect of this is unquantifiable at present.

##### **Public Sector Pensions - Injury to Feelings Claims**

The Department of Finance (DoF) is a named Respondent in a class action affecting employers across the public sector and is managing claims on behalf of the Northern Ireland Civil Service (NICS) Departments. This is an extremely complex case and may have significant implications for the NICS and wider public sector. However the cases are at a very early stage of proceedings and until there is further clarity on potential scope and impact, a reliable estimate of liability cannot be provided.

#### **NOTE 14 Related Party Transactions**

PCC is an arms length body of the Department of Health and as such the Department is a related party with which the PCC has had various material transactions during the year and also during 2023-24.

In addition, there were material transactions throughout the year 2023-24 with the Business Services Organisation who are a related party by virtue of being an arms length body with the Department of Health.

During the year 2023-24 also, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with the PCC.

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 15 Financial Performance Targets

##### 15.1 Revenue Resource Limit

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

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

Following the implementation of review of Financial Process, the format of Financial Performance Targets has changed as the Department has introduced budget control limits for depreciation, impairments, and provisions, which an Arm's Length Body cannot exceed. In 2023-24 PCC has remained within the budget control limit it was issued. From 2022-23 onwards, the materiality threshold limit excludes non-cash RRL.

#### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

	2023-24	2022-23
	£	£
<b>Revenue Resource Limit (RRL)</b>		
RRL Allocated From:	-	-
DoH (SPPG)	-	-
DoH (Other)	2,111,658	2,076,532
PHA	-	-
Other	-	-
<b>Total</b>	<b>2,111,658</b>	<b>2,076,532</b>
<b>Less RRL Issued To:</b>		
RRL Issued	-	-
<b>RRL to be Accounted For</b>	<b>2,111,658</b>	<b>2,076,532</b>



**Revenue Resource Limit Expenditure**

Net Expenditure per SoCNE	(2,188,385)	(2,110,704)
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**Adjustments**

Capital Grants	-	-
Research and Development under ESA10	-	-
Depreciation/Amortisation	36,837	36,848
Impairments	-	-
Notional Charges	16,050	9,850
Movements in Provisions	27,212	-
PPE Stock Adjustment	-	-
PFI and other service concession arrangements/IFRIC	-	-
Profit/(loss) on disposal of fixed asset	-	-
Other (Specify)	-	-
Net Expenditure Funded from RRL	(2,108,286)	(2,064,006)

Surplus/(Deficit) against RRL	3,372	12,526
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Break Even cumulative position (opening)	326,062	313,536
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Break Even cumulative position (closing)	329,434	326,062
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**Materiality Test:**

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

	<b>2023-24</b>	<b>2022-23</b>
	%	%
Break Even in year position as % of RRL	0.16%	0.60%
Break Even cumulative position as % of RRL	15.60%	15.70%

## PATIENT AND CLIENT COUNCIL

### NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2024

#### NOTE 15 Financial Performance Targets

##### 15.2 Capital Resource Limit

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

	<b>2024</b>	<b>2023</b>
	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>
Gross capital expenditure by PCC	-	9,910
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	<hr/> -	<hr/> 9,910
Capital Resource Limit	-	10,000
Adjustment for Research and Development under ESA10	-	-
	<hr/>	<hr/>
Overspend/(Underspend) against CRL	-	<b>(90)</b> <hr/> <hr/>

**NOTE 16 EVENTS AFTER THE REPORTING PERIOD**


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



**Date of authorisation for issue**

The Accounting Officer authorised these financial statements for issue on 31<sup>st</sup> July 2024.



# APPENDIX A: COUNCIL MEMBER AND SENIOR STAFF PROFILES



## Council Member Profiles

Council Member Profiles		
Photo	Name & Position	Bio
	<p>Ruth Sutherland, CBE</p> <p>Chairperson From: 15 May 2023</p>	<p>Ruth is Chair of Social AdVentures, a public health social enterprise based in Salford, and Vice chair of Lloyds Bank Foundation, passionate about health and social care and social justice. Ruth began her career as a registered general nurse and progressed to work mostly in public health roles. Following a forty-year career in health and social care, public and voluntary sectors, Ruth stepped down as Chief Executive of Samaritans, UK and Ireland in Nov 2020 to pursue a portfolio career involving non-executive roles, volunteering, executive coaching and consultancy.</p> <p>Ruth has held senior leadership roles in the voluntary sector, working with Children, adults and older people many living with complex needs. Prior to joining Samaritans in 2015, Ruth was CEO of Relate and previously held senior executive leadership roles at the UK charities Rethink, Alzheimer’s Society and Scope.</p> <p>Ruth was awarded the CBE for services to vulnerable people in 2019 and the Royal College of Psychiatrists Presidents medal for services to people with mental illness in 2019. Ruth was awarded The Daniel Phelan award for outstanding achievement at the UK Charity Awards in 2022.</p>



	<p>Stephen Mathews, OBE</p> <p>Council Member From: 12 September 2022 to Present day</p> <p>Interim Chairperson From 1 October 2022 to 14 May 2023</p>	<p>Stephen was Chief Executive of The Cedar Foundation, to October 2021, completing over 30 years' service. Cedar supports over 3000 individuals living with disability, autism and brain injury to live the lives they choose. At Cedar he oversaw the development of a range of specialisms, including Supported Community Living for people with complex needs. He was appointed OBE in 2010 for services to people with a disability.</p> <p>A graduate of the Universities of Ulster and Birmingham he is Chartered Institute of Personnel and Development qualified and a Fellow of the Chartered Management Institute. Stephen is a former Chair of CO3, He continues involvement as a CEO Mentor.</p> <p>Stephen was appointed an Equality Commissioner with the ECNI in 2019, completing his term in May 2022.</p> <p>Stephen was reappointed as an Equality Commissioner with the ECNI in February 2023.</p> <p>He is NI volunteer advisor to UK grant giving charitable foundation The Henry Smith's Charity, supporting the investment over £1m pa to NI third Sector organisations.</p>
	<p>Alan Hanna</p> <p>Council Member From: 1 April 2019 to Present day</p>	<p>Alan has held several senior management positions in the voluntary sector. He is currently a freelance Consultant working primarily in the voluntary sector. He has also served on a number of public boards as a Non-Executive Director including the HSC Business Services Organisation and the NI Fire and Rescue Service. Much of Alan's work has been in the area of learning disability and he has long personal experience of supporting a close family member with autism and learning disability.</p> <p>Alan has an honours degree in Modern History and an MSc in Organisation and Management. For the past several years he has undertaken a range of interim Executive appointments with voluntary organisations including Diabetes UK,</p>

		Children's Heartbeat Trust and Belfast Community Circus.
	<p>Tom Irvine</p> <p>Council Member From: 12 September 2022 to Present day</p>	<p>Tom graduated from Queens University Belfast with a BSc. in physics. Joining Ford Motor Company 1974 he has extensive experience in finance, human resources and management development training. After spending 32 years with Ford, Tom took early retirement to work in the public sector as a part-time pension lecturer with the North West Regional College and the pension tutor for Unite the Union in Northern Ireland. He has 15 years NED experience in both private and public sectors with 7 years as a Trustee Director of the Ford/Visteon Pension Scheme and 8 years as a Board Member of the NI Local Government Pension Scheme (NILGOSC) with a short term as Chairman and Deputy Chairman. Currently he is an Independent Assessor for Public Appointments in Northern Ireland. Tom holds no other public appointments.</p>
	<p>Patrick Farry</p> <p>Council Member From: 1 April 2019 to Present day</p>	<p>Paddy graduated from Queens University Belfast with a degree in Business Administration in 1983. Following post graduate studies in Advanced Financial Accounting, he qualified as a Chartered Certified Accountant in 1987 and worked in professional practice ever since. From 1992 to 2023 Paddy was a partner in HLB McGuire + Farry, Chartered Certified Accountants. He sold his interest in the practice in 2023 to focus on his other business interests however he continues to be engaged by the practice on an advisory basis. His other business interests include insurance premium finance and commercial property development.</p> <p>From 1994 to 2017 Paddy was Honorary Treasurer of NIACRO, a voluntary organisation working to reduce crime and its impact on people and communities. Paddy served two three year terms as a member of the Audit and Risk Committee of the Commission for Victims and Survivors stepping down in 2016.</p>



		<p>He was a director of Craigowen Housing Association which provides housing and related amenities for adults with learning difficulties, stepping down in March 2024. A keen golfer, Paddy is currently Honorary Treasurer of Dunfanaghy Golf Club, Co Donegal.</p> <p>He holds no other public appointments.</p>
	<p><b>Paul Douglas</b></p> <p>Council Member From: 1 April 2019 to Present day</p>	<p>Paul has 15 years' experience as a senior manager within the Police Service of Northern Ireland prior to his retirement in 2010.</p> <p>He has extensive experience in developing strategic partnerships and change management within various organisations. He currently serves as a Lay Commissioner with the Northern Ireland Judicial Appointments Commission, was a Non-Executive Director with the Probation Board for Northern Ireland and is a Non-Executive Director within the Northern Ireland Environment Agency.</p>
	<p><b>Martin Reilly</b></p> <p>Council Member From: 2 August 2010 To: 31 January 2024</p>	<p>Cllr Martin Reilly is originally from County Fermanagh and now lives in Derry. He is an elected representative of Derry City and Strabane District Council. Cllr Reilly first joined Derry City Council in 2004 and was Mayor of Derry in 2013-2014, during the City of Culture celebrations. He is currently SDLP Group Leader on Council and has chaired various Council committees and represents the Council on a number of outside bodies. In 2016 he was the National Chair of the Association of Public Sector Excellence (APSE). He currently works for the Alzheimer's Society as their NI Public Affairs and Campaigns Officer.</p> <p>Cllr Reilly graduated from Queen's University Belfast in 2000 with a BA Hons in History and Politics. He was elected by his fellow students as a Sabbatical Officer for Education. A survivor of Hodgkin's Lymphoma, Cllr Reilly retains a keen interest in improving cancer services for people across Northern Ireland. Cllr Reilly is a member of the SDLP and holds no other public appointments.</p>

	<p>Paula Bradley Council Member From: 1 February 2024 To: Present day</p>	<p>Paula was first elected in 2005 to the Newtownabbey legacy Council, she served as Mayor from 2010 – 2011. She was successfully elected to the Northern Ireland Assembly in 2011 representing Belfast North. During her time as an Assembly member she served as Chairperson on the Committee for Health and the Committee for Communities. Paula also was an active member on many All-Party Groups including Stroke and Heart Disease, Sexual Health, Infertility, Autism and Homelessness.</p> <p>Paula made the difficult decision in 2021 to withdraw from full time politics to look after her mother who had a diagnosis of Vascular Dementia. She was fortunate to return to Antrim and Newtownabbey Borough Council and is now an Alderman for the Glengormley Urban district electoral area.</p> <p>Prior to election to the Assembly Paula worked for Social Services in the Northern Trust in Whiteabbey and Antrim Area Hospitals. This, along with being full time carer for her mother has given her first-hand experience of the challenges in navigating the system.</p>
	<p>Cadogan Enright Council Member From: 1 March 2024 To: Present day</p>	<p>Councillor Cadogan Enright has served East Down for almost 20 years and was last re-elected to Newry Mourne and Down Council in May of 2023 for the Alliance Party for the Downpatrick/Lecale area. Cadogan is a qualified accountant with a record of delivering large-scale information technology projects, restructuring large multinational companies and delivering shared service centres arising from mergers and acquisitions.</p> <p>Councillor Enright is active in a wide range of local and national environmental organisations working for sustainable development and on environmental conservation projects. He has post-grad qualifications in energy and the built environment. He has used his skills to assist both large governmental organisations and small community</p>








		<p>organisations transition to cheaper renewable solutions for their energy needs. He is a long-standing member of the Down Community Health Committee, working on health-related issues in East Down and a member of the Strangford Lough Management Advisory Committee</p>
	<p>Dr Julie Aiken Council Member From: 1 February 2024 To: Present day</p>	<p>Dr Julie Aiken is Regional Manager with Samaritans in Northern Ireland since 2014. During this time she has developed the presence of the organisation in NI, led on establishing relationships with key marginalised groups and had responsibility for the delivery of Samaritans best practice media guidelines for reporting suicide. She has worked in the community and voluntary sector for nearly 15 years including at the Red Cross where she undertook research on humanitarian crises. In 2013, she was part of the team that delivered the World Police and Fire Games in NI and Giro d'Italia Big Start in 2014. Julie is a Non-Executive Director with the Police Rehabilitation and Retraining Trust. She has a primary degree in Psychology (BSc Hons) and a PhD set within a human rights framework. She has spent the last 10 years working in the field of mental health and wellbeing across the UK and Republic of Ireland.</p>
	<p>Briege Arthurs Council Member From: 1 February 2024 To: Present day</p>	<p>Briege has over 30 years' experience working within community led regeneration for the private, public and over the past 11 years, voluntary sector as Chief Executive Officer for one of the 4 Area Partnerships within Belfast. Much of her work concentrates on community advocacy and capacity building around tackling health, education inequalities and supporting community cohesion. Under her leadership there has been a focus on social justice and giving voice to those who are most vulnerable. She delivers a city-wide Roma Hub where people can get advice and support to navigate services and access. She has previous experience of serving on a Local Health Commissioning group, and as a volunteer worked to bring a</p>

		<p>Healthy Living Partnership into her local rural community. She is a member of the NICVA executive committee and the Chinese Welfare Association's advisory group. As a lay member of the Queen's University Belfast Senate for the last six years she has sat on a three committees- Planning and Finance, Health and Safety and Standing Committee where she brings her strengths in equality ,diversity and inclusion into every aspect of her work.</p>
	<p>Gary McMichael Council Member From: 1 February 2024 To: Present day</p>	<p>Gary McMichael is founder and Chief Executive of ASCERT, a Northern Ireland charity providing services that address drugs, alcohol and mental health issues. He is a member of the Department of Health Substance Use Strategy Programme Board, Chair of the Belfast Drug and Alcohol Co-ordination Team and sits on a number of other regional strategic groups related to health and social care.</p> <p>Gary has worked in the voluntary and community sector for over 25 years, has served on the board of the Labour Relations Agency as well as a number of charities and charitable trusts. He was formerly an elected member of Lisburn City Council for 12 years until 2005.</p>
	<p>Emma O'Neill Council Member From: 1 February 2024 To: Present day</p>	<p>Mental health, wellbeing and family support have been central themes of Emma's career, spanning across two decades in both the statutory and voluntary sectors.</p> <p>Emma holds a BA Hons degree in Sociology and Social Policy from Queen's University, later developing her professional education with an ILM Level 5 qualification in Leadership and Management.</p> <p>In her current role as Head of Operations for TinyLife, she leads on the delivery of services for families with premature babies. Early intervention and collaboration are pivotal to this role, owing to health inequalities associated with premature birth and the longer-term impacts.</p>

		<p>In previous roles she has advocated for and supported young carers and their families and managed the delivery of mental health programmes in post-primary education.</p> <p>With a passion for Diversity and Inclusion, she previously held the role of Co-Chair for Action for Children’s national Gender Equality Network held the role of Co-Chair for Action for Children’s national Gender Equality Network.</p>
	<p>Rhoda Walker</p> <p>Council Member From: 1 February 2024 To: Present day</p>	<p>Rhoda has a background in community development, corporate change and partnership working developed throughout her career, primarily in local government. She is currently a freelance consultant for the third sector.</p> <p>A volunteer with the Northern Ireland Rare Disease Partnership since 2016, as Chair she was heavily involved in the development of the NI Action Plan for Rare Diseases. She was awarded an MBE in 2023 for Services to People with Rare Diseases.</p> <p>She is an ambassador for Medics 4 Rare Disease, a charity raising awareness of rare conditions amongst the medical community and supports Ehlers Danlos Support UK to raise awareness of, and highlight the needs of those with Ehlers Danlos Syndrome, a condition that affects many members of her family.</p> <p>She is Chair of her local voluntary regeneration group.</p>
	<p>Tom Sullivan</p> <p>Council Member From: 1 February 2024 To: Present day</p>	<p>Tom Sullivan is the Public Affairs and Policy Manager for the Chartered Society of Physiotherapy in Northern Ireland where he has worked for the last 23 years. Previous employers include British Telecom, the Northern Ireland Association for the Care and Resettlement of Offenders and the British Medical Association.</p> <p>Tom is a former committee member and Secretary of the Irish Association for Cultural Economic and Social Relations. Tom served as a committee member on the management board Public Achievement from 2010 until 2016. Tom is currently a committee member of the</p>

		<p>Allied Health Professions Federation for Northern Ireland and a member of the Community Rehabilitation Alliance NI. He is a member of the Chartered Institute of Public Relations and is currently the Honorary Consul for the Slovak Republic in Northern Ireland which he was appointed to by the Slovak government in 2005. He is a member of the UNITE trade union.</p>
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## Senior Staff Profiles

Senior Staff Profiles	
Photo	Name & Position
	<p><b>Meadhbha Monaghan</b> Chief Executive and Accounting Officer</p> <p>From: 13 March 2023 To: Present day Email: Meadhbha.Monaghan@pcc-ni.net</p>
	<p><b>Una McKernan</b> Head of Operations</p> <p>From: 4 September 2023 To: Present day Email: Una.McKernan@pcc-ni.net</p>
	<p><b>Peter Hutchinson</b> Senior Policy Impact and Influence Manager</p> <p>From: 3 July 2023 To: Present day Email: Peter.Hutchinson@pcc-ni.net</p>
	<p><b>Anna O'Brien</b> Communications and Public Affairs Manager</p> <p>From: 1 February 2022 To: Present day <i>Maternity leave period August 2022 – July 2023</i> Email: Anna.O'Brien@pcc-ni.net</p>
	<p><b>Fionnuala Murphy</b> Business and Governance Manager</p> <p>From: 9 May 2023 To: Present day Email: Fionnuala.Murphy@pcc-ni.net</p>

	<p><b>Katherine McElroy</b> Service Manager and Adult Safeguarding Champion</p> <p>From: 30 September 2020 To: Present day Email: Katherine.McElroy@pcc-ni.net</p>
	<p><b>Allison McAreavey</b> Service Manager</p> <p>From: 1 January 2023 To: Present day Email: Alison.McAreavey@pcc-ni.net</p>
	<p><b>Ursula Murray</b> Service Manager</p> <p>From: 12 April 2023 To: Present day Email: Ursula.Murray@pcc-ni.net</p>
	<p><b>Carol Collins</b> Head of Business Support</p> <p>From: December 2022 To: 31 January 2024</p> <p><i>Post now vacant</i></p>
	<p><b>Gerry Crossan</b> Finance Manager</p> <p>From: 16 May 2022 To: 1 September 2023</p> <p><i>Post now vacant</i></p>

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