ANNUAL REPORT AND ACCOUNTS

FOR THE YEAR ENDED
31 MARCH 2021

https://patientclientcouncil.hscni.net/

Published by:
The Patient and Client Council
5th Floor,
14-16 Great Victoria Street,
Belfast,
BT2 7BA

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PATIENT AND CLIENT COUNCIL ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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

21 July 2021

OUR PURPOSE

The Patient and Client Council (PCC) was created on 1 April 2009 as part of the reform of Health and Social Care (HSC) in Northern Ireland.

We are an independent, informed and influential voice that advocates for people across Northern Ireland on Health and Social Care.

OUR VISION

Our vision is of a world class Health and Social Care service that looks for, respects, and learns from the experiences and views of patients, clients, carers and communities.

OUR MISSION

Our Mission is to:

- listen to people, throughout Northern Ireland, to understand their views and priorities;
- help people to raise concerns, and to seek resolutions to problems and issues they have encountered in using Health and Social Care Services; and
- work to make sure all these experiences inform policy; improve service delivery and shape future service provision.

OUR VALUES

PCC share the Health and Social Care values:

- Working together;
- Excellence;
- Compassion; and
- Openness and honesty.

In our work we express these as:

- Putting people at the centre of all we do;
- Using evidence from people to guide our work;
- Speaking independently;
- Working in partnership; and
- Being open and transparent about our work.

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Foreword and Council Members' Report

This is the Annual Report of the Council, prepared in accordance with Section 16 of, and paragraph 11 of Schedule 4 to, the Health and Social Care (Reform) Act (NI) 2009.

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

During the "Pandemic Year" of 2020 to 2021, PCC's role in supporting the voices of people and in ensuring that those voices are heard and acted upon became even more important, and challenging. The response from PCC's staff team, led by our Chief Executive Officer, Vivian McConvey helped to ensure that voices, especially of the most vulnerable, were heard, and that support was rallied appropriately. Our services were never halted, but were re-engineered and extended, using every available means. For PCC as for the rest of the HSC system, the Pandemic crisis became a test bed for new ways of working, forging new relationships and partnerships, and setting new priorities. Some planned activities such as our ambition to hold a major conference on complaints and their management had to be stood down; whilst our operational work was expanded, for example in the areas of the Call Answering Support Service, dealing with almost 6,500 calls over the year; support to the Regional Community Helpline, where PCC staff helped handle in the region of 700 calls per day; and surveys to explore the impact of COVID, including the survey on the impact of shielding, which produced over 3,500 responses to inform policy formation and service delivery options. Our client support, advocacy and involvement work also evolved and substantially increased, with new agile methodologies adopted and shared across the HSC.

We will continue to develop these methodologies, working in partnership across the HSC system; with the community and voluntary sector; and with people, to make sure that we "Build Back Better" as the Pandemic recedes.

I would like to take this opportunity to thank all those who have worked with PCC over the year; including especially those who have given us the privilege of supporting them in the most difficult of times and situations.

It has been a very testing year for everyone in Northern Ireland, especially for people who have lost loved ones. We will continue to work to make sure that this gruelling experience brings positive change, as the best possible legacy from such a year of hardship.

Christine Collins

Christine Collins MBE **22 June 2021**
Chair

SECTION 1: PERFORMANCE REPORT

Chief Executive Officer's Statement

The health, social and economic impact of COVID-19 (coronavirus) cannot be understated and our lives have had to change significantly as a result since March 2020. This has paralleled a time of significant challenge and opportunity for our health services in Northern Ireland. It is critical that the patient and public voice is heard and harnessed to influence on-going conversations focussed on how services and systems must flex and adapt in response to public need and aspirations as we move forward in 2021/22.

The NI Civil Service Outcomes Delivery Plan (December 2019) Outcome 4 sets out the aspiration to ***"help people live long, healthy, active lives, by ensuring satisfaction with health and social care".*** Key policies and drivers for change include the reform of adult social care, Future Planning, the dissolution of the Health and Social Care Board, the HSC Rebuild and Recovery Programme and the Mental Health Action Plan. All signal significant change and opportunity within Northern Ireland's health and social care system.

At PCC our evolving new practice model is underpinned by the maxim that ***'real change happens in real work'.*** Throughout the last year, we have continued in our journey of reflection, review and re-structure. We are creating a practice model that aims to respond to the public from the first point of contact, through to building strong relationships to engage in a ***'constant conversation'*** navigating and addressing the complex, challenges faced by our health and social services. Our PCC practitioners work across the organisation at different levels of complexity, along a continuum of advocacy and engagement. Our advocacy and engagement practice provides the evidence base that directs our policy impact and influence. We strive to convert the voice and experience of the public in health and social care services into real system change that makes an actual difference to all service recipients.

The following report sets out how PCC met the challenges of this unprecedented year, 2020/21 and championed the voice / experience / aspirations of the public to inform / influence and impact key decision making processes.

Vivian McConvey
Chief Executive Officer **22 June 2021**

Performance Overview

The performance overview provides information on PCC, its main objectives for 2020/21 and the principal risks that it faces. It sets out the purpose of PCC, including the Council's and the CEO's perspective on its performance against its objectives and the risks to those objectives.

The overview also includes a performance analysis providing a balanced and comprehensive analysis of the organisation's performance during the year.

Background and Context

PCC was established in 2009 to provide a powerful, independent voice for people. PCC has five main statutory functions and duties. They are:

- To represent the interests of the public by engaging with them to obtain their views on services and engaging with health and social care organisations to ensure that the needs and expectations of the public are addressed in the planning, commissioning and delivery of health and social care services;
- To promote the involvement of patients, clients, carers and the public in the design, planning, commissioning and delivery of health and social care;
- To provide assistance to individuals making or intending to make a complaint relating to health and social care;
- To promote the provision of advice and information to the public about the design, commissioning and delivery of health and social care services; and
- To undertake research and conduct investigations into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care; and provide advice regarding those methods and practices.

Strategic Drivers

In the last 12 months, PCC has undertaken public engagement in key areas of the transformation of our health and social care services. The strategic drivers, some of which are listed below, informed our focus. Planning how to continue to do this and to expand the engagement of the public will be a continuing challenge given the pace of change in HSC, our constrained budget, and the impact of COVID19.

The Northern Ireland Context: New Decade, New Approach

The New Decade, New Approach deal outlines a series of priorities and ambitions for the reformed Northern Ireland Executive and Assembly.

It promised, and delivered, a Mental Health Action Plan by May 2020. The Mental Health Strategy, promised by December 2020, has been consulted on and is now due for final

publication in the first quarter of 2021/22. This saw the introduction of the Office of the Mental Health Champion.
The action plan to tackle waiting lists is still outstanding. In Northern Ireland, more than 300,000[1] people are waiting for a first consultant appointment. The Department of Health estimates that it could take five to ten years to tackle current lists, which are increasing daily.

No More Silos

Further reforms to the resourcing, structures and digital transformation of health care are evolving through the work of No More Silos. In October 2020, the Health Minister Mr Robin Swann published an Urgent and Emergency Care Action Plan, which focussed on how to maintain and improve urgent and emergency care services through the pandemic and beyond. PCC hosted a range of engagement events in March 2021 to provide the public the opportunity to find out more about how access to urgent and emergency care services might change under this Action Plan. Focus groups discussed:

- Developing a 'Phone First Service';
- Establishing Urgent Care Centres;
- Developing a range of new rapid access and treatment services and;
- Developing a range of services to better support older people and key groups.

Mental Health Action Plan (MHAP) & Mental Health Strategy

PCC initiated a project '***Beyond Bamford'*** in 2020/21. The aim was to explore developing separate public engagement structures dedicated to mental health and learning disability matters. The Engagement Platforms aimed to host conversations across a ***network of networks*** to bring forward the actions from the Mental Health Action Plan (MHAP). This included Actions:

- 5.1 - embedding co-production;
- 5.2 - setting up regional service user structures; and
- 12.1 - integrating co-production, on which PCC has taken a lead role.

In 2020/21, PCC were requested as an independent Arm's Length Body to provide business support services that would enable the establishment of the Mental Health Champion.

Health and Wellbeing 2026: Delivering Together

Professor Bengoa's report outlined a new direction for Health and Social Care (HSC) building on insights shared in both Transforming Your Care (2014) and The Right Time, The Right Place (2014). The report places the patient at the centre, highlighting the value of co-production and effective partnership with service users and carers to shape health systems. PCC have worked

[1] Waiting lists and waiting times for Elective Care in Northern Ireland: Taking stock - Research Matters (assemblyresearchmatters.org)

and will continue to work in effective partnership with citizens to ensure they are part of service transformation, supporting the DOH to deliver co-production effectively.

HSC Rebuild

The impact of COVID-19 on HSC will be profound and long lasting. A significant level of hospital, social, community and primary care services were scaled back to ensure there were sufficient staff, resources and capacity to cope with the predicted surge of Covid-19 cases. Given the very significant downturn in HSC services, many people have not had access to the screening, testing or treatments that they otherwise would have had. In that context, the Department of Health took action to preserve the highest priority essential services to mitigate this impact. Inevitably, however, the downturn in normal business will have resulted in some diseases going undetected or untreated longer than is desirable, with potential impact on long term health outcomes. For PCC, this is evidenced in a rise in client calls about cancelled services; complaints about diagnoses; provision of essential medical care; and a general decline in the satisfaction levels of people accessing HSC services.

Responding to the unprecedented challenge and change resulting from the global pandemic, the Transformation Agenda across HSC in 2020/21 was folded into HSC Rebuild and Recovery, with changes to the HSC Framework document and the introduction of a Management Board to oversee the HSC Rebuild Programme. PCC continue to have input across a number of programmes related to this area of work.

Programme for Government

This aims to build on the outcomes-based approach that has defined strategic planning across the public sector since 2016, and reflect the messages contained in *New Decade New Approach*. The pledge to deliver safe, high quality services to meet the challenges of the future, and provide the right services where they are needed is the responsibility of the DoH. Ensuring access to a comprehensive array of early intervention and healthcare services to address mental health issues where they present will also be a crucial outcome for DoH. Other key indicators pertain to the health and social care needs of an ageing population, promoting positive attitudes to older people and tailoring support to enable them to enjoy better health and active lifestyles as well as positive public health measures, increasing awareness and supporting safe, active and healthy lives. In PCC, our ***Citizen Hubs*** and ***Engagement Platforms*** will reflect these, and other important themes as we seek to revitalise the HSC sector based on the patient experience.

Statement of Strategic Intent

PCC's Corporate Plan for 2017 to 2021 took its lead from the draft Programme for Government. Setting the Corporate ("Strategic") Plan and approving the Annual Operational Plan prepared by the Chief Executive Officer is the responsibility of Council. Delivery of the annual Operational Plan is the responsibility of the CEO, supported by the Leadership Team. As the Corporate Plan was entering its final phase, PCC Council commenced a process in 2019/20 to refresh both the

Operational and the Corporate Plan. Late 2019/20 and into 2020/21 heralded the onset of the global pandemic. Operational priorities needed to be adjusted, with the focus on restructuring service provision, with the development of the Call Answering Service to support the public. In responding to the major uncertainties and the limits placed on engagement / consultation imposed by COVID 19, PCC Council choose to prepare a high-level Strategic Statement of Intent with support from Sponsor Branch. The following 6 stages outlined below sets out the research, engagement and analysis process utilised to create the draft statement produced in March 2021. Further work is required to complete the Strategic Statement of Intent prior to the launch in September 2021. Acknowledging the potential time gap, PCC Council approved an Operational Plan 2021/2022 at the March 2021 Council meeting. This plan is aligned to the vision and goals of the draft Strategic Statement of Intent.

1. **Clarify PCC's Role**
   The Directorate of Legal Services produced a paper and evidence base outlining the legal framework in which PCC should operate. Workshops with Council explored the implications, opportunities and set the vision for PCC.
2. **Policy and Legislative Direction of Travel**
   PCC updated the policy scoping paper, which explored the direction of travel in relation to advocacy and public engagement. This included: COVID 19, Rebuild Programme, Future Planning, Mental Health Strategy, IHRD Work Streams, Serious Adverse Incidents and the Rebuild Programme.
3. **Co-Production**
   The content and design of the People's Priorities survey was tested through PCC membership and established PCC Citizen Hubs in mid-December 2020.
4. **Public Engagement – People's Priorities**
   This co-produced People's Priorities survey provided data drawn from over 1,000 responses. This ensured that PCC had directly engaged with the public to learn about their experiences of HSC services, both during and before COVID. An engagement plan utilising the Citizen Hubs supported a more in-depth exploration of the findings. The goal was to facilitate a *'constant conversation'* methodology, with focus groups facilitated as a follow-up to the widely distributed questionnaire. This data was supplemented by an analysis of casework and engagement work throughout 2019/20 and 2020/21.
5. **Staff Involvement**
   The CEO lead an on-going conversation with staff through agency days to explore the organisational review, findings from People's Priorities and an exploration of their practice experience to set out the key priority areas of work for PCC.
6. **PCC Council Engagement**
   A series of Council workshops, explored the findings from the policy environmental scan, findings from People's Priorities, 5 Nations Overview paper, external reviews and PCC staff practice feedback. The Council explored the first 5 stages, with data and information presented setting the foundation of a draft Strategic Statement of Intent.

Our Best Resources - Staff

PCC has continued to experience significant change within its staff team in 2020/21. On appointment in April 2019, the new CEO set out to stabilise the workforce, and to deliver on the immediate Operational Plan objectives. Following a successful recruitment campaign, a new Head of Operations and Involvement Programme Manager joined PCC team in May 2020.

A plan to implement the recommendations of an independent organisational review, undertaken by the Leadership Centre and commissioned by the CEO and Chair in July 2019, has been a particular focus in-year. The purpose of this review was to explore and identify options for the fundamental restructuring of PCC in order to assist PCC Council and staff to embark on an inclusive strategic planning process, shaping the future focus of PCC.

PCC team is small with 23 staff; and 8 Council Members at the beginning of 2020/21 with each striving to make a difference for patients, service users, their families and carers, in a very large and complex HSC system (68,222 employees[2]). The impact of Covid 19 on the work of PCC saw an increase in demand for PCC services across our advocacy, engagement and policy research functions. This necessitated a corresponding expansion in our use of temporary staff to meet demand and keep pace with the changing environment within HSC, ensuring that the public and patient voice was supported and represented throughout. As a result, across the 2020/21 year, we recruited an additional 8 staff across our practice teams to support advocacy, engagement and policy research functions.

In September 2020 the Northern Ireland Assembly commissioned the Office of the Mental Health Champion and requested that PCC host and provide business support services. In order to facilitate this, PCC recruited 2 temporary members of staff – an administrator and a Business Support Manager. Whilst employed by PCC, the team members work closely with the 3 members of staff within the Office of the Mental Health Champion, providing business support and thereby ensuring that the Office can focus solely on the strategic policy agenda.

The success of PCC is rooted in our staff; and their development, management and motivation are key to success. In addition to participating in the eLearning programme, an online tool managed by the Leadership Centre, where PCC staff can avail of training courses and resources on a variety of topics, further courses were specifically commissioned in year to meet our needs. These included:

- Information Governance
- Collaborative Working
- Adult Safe Guarding
- Call Answering
- Equality Training
- Minute Taking Training
- Excel
- Risk Management
- Assembly Engage' Health Committee
- Fire Warden
- First Aid
- Alemba Database
- Creating and delivering virtual training
- Focus Group Training

[2] Figure based on DOH December 2019 survey: https://www.health-ni.gov.uk/sites/default/files/publications/health/hscwb-key-facts-december-2019.pdf

- Supervision Training
- Report Writing
- Care Opinion
- Skills Training - Conducting qualitative interviews for policy research
- Team Based Working
- Note-taking and Recording
- SAI Training

In order to strengthen our practice-based work, our lead for Advocacy and Support has implemented ***learning sets*** within the team to provide a forum for focused discussion on on-going casework and to facilitate skills development and shared learning between peers. In addition, we have worked with the Leadership Centre to deliver team development sessions to our managers, aimed at encouraging a coaching mind-set and culture within teams, given the turnover at a leadership level within the organisation in 2020/21, and our desire to develop strong cross-team relationships.

We keep staff informed on all aspects of our work, including our annual Operational Plan, our performance against objectives, and policy developments, through e-mail, regular team meetings and Staff Days, involving all members of staff in facilitated discussion/workshops. This year 6 Staff Days were facilitated and content ranged from; training, sharing information, discussing developments and celebrating achievements. In addition to the all-staff days, a number of Leadership Team Days and Team Days were undertaken to discuss the outworking's of PCC Organisational Review and progress aligned to this.

Operational Plan

The annual Operational Plan details how the Corporate Plan goals will be achieved and demonstrated. With the impact of COVID 19, the prepared Operational Plan for 2020/21 had to be constantly reviewed and adjusted throughout the year to enable PCC to respond to the unpredictable environment we were working in. Revised plans were presented to PCC Council and to DoH Sponsor Branch.

Parallel to this, we undertook a substantial development programme to train the Leadership Team on Outcomes Based Accountability ("OBA"). This was in response to improvements required with regard to how as an organisation we measured our success against targets. Previously this was achieved through setting out key deliverables with aligned timescales, which did not support a fuller analysis of impact and outcome. The proposed new OBA methodology was presented to Council in December 2020, with the proposal to review the Business Plan format and thus monitoring and reporting. During 2020/21, 5 priority areas had emerged to be aligned within the revised Operational Plan. These included:

1. The public and the global pandemic;
2. Engaging and involving the public;
3. HSC rebuild and recovery;
4. Advocacy and support; and
5. Connecting the public and decision-making.

A new process was created to redesign the systems to gather the data evidencing progression towards achieving the outcomes. For example the client database needed to be updated with a review of datasets that will allow for improved reporting. Throughout 2020/21 PCC has been revising its model of practice, aimed at developing a greater cohesiveness internally across our advocacy and support, and involvement and engagement work. Critical to fulfilling our statutory obligations has been strengthening the connection between this work, and our policy impact and influence. In 2020/21, PCC has heard views and shared insights across a number of areas including:

- The impact of shielding;
- The impact of Covid 19 on people's experience of health and social care services;
- The impact of restrictions in group living environments;
- The development of a prompt on social distancing and the 'Distance Aware' campaign;
- Care Home visitation and the introduction of Care Partners;
- Access to remote interpreting services regionally;
- Death, dying and bereavement during Covid 19;
- Public Inquiries into HSC services including; the Neurology Inquiry and the Terms of Reference for the Public Inquiry into Muckamore Abbey Hospital;
- Health literacy in Northern Ireland;
- Serious Adverse Incidents; and
- Individual and Group Advocacy support across a range of HSC issues.

Much of this work has involved PCC undertaking significant public engagement and support work, which will continue into the next 3-5 years. In addition to the above, this critical strategic work has also included:

- Supporting the public to engage in the Transformation of our Health and Social Care system and services;
- Supporting the strategic agendas related to the Mental Health Action Plan and development of the Mental Health 10-year Strategy;
- Developing regional structures for the engagement of the public regarding mental health and learning disability and;
- Establishing an Engagement Platform for Care Homes and Care of Older People.

Principle risks and uncertainties

The management of risk is an essential element of good governance and the effective stewardship and administration of the Council. To improve its risk management arrangements the Council focussed on revamping its Corporate Risk Register throughout 2019-20 and 2020-21. In so doing, we facilitated training and workshops throughout 2020-21 with the Council and the Leadership Team to develop a new and effective risk register. The revised register was shared with the Council at a workshop on the 18 August, 2020, and at the September 2020 Council meeting.

The health, social and economic impact of COVID-19 cannot be understated, presenting significant uncertainties for the public and thus for PCC as we responded to provide the support required by the public to navigate health and social services. This required an immediate review of the operational plan because in mid-March 2020, a significant number of engagement / advocacy activities were stopped as the country entered the first lockdown. Throughout the year we had to explore and innovate how we delivered services to ensure that PCC was accessible to the public. Added to creating a new practice model, working from home, managing staff, staff sickness and turnover, inducting new staff at a distance and continuing the organisational review presented risks in relation to achieving the corporate objectives and legislative mandate. This was carefully managed.

An ongoing principal risk for PCC is the level of funding having endured year on year budget cuts until 2020-2021 where the same allocation was made from 2019-2020. Pay costs account for 86% of the budget. Responding to COVID required additional staff to be recruited. We worked closely with the DOH and Sponsor Branch to ensure that the additional funding was secured through a business case to the Department of Finance.

Performance Analysis

Immediate Response to COVID 19 - PCC Freephone Service

The year commenced with immediate and rapid change responding to the global pandemic. Within days, business as we knew it required re-thinking, adaptation and new solutions. The challenge for PCC, as a substantial element of day-to-day business was stood down, was to rapidly review the business plan and create a new model of practice to support the public and adhere to the legislative mandate. New systems and processes to manage and monitor work in a new, largely "working from home" environment were required.

Statistics demonstrating PCC work throughout 2020/21 compared to 2019/20

Area of focus	2019/20	2020/21	Trend
People who received advocacy support to raise their concerns formally and informally about Health and Social Care	860	438	↓
People who were given advice and information through our Call Support Service	720	6,195	↑
Visits to our revised website (since its launch in July 2019)	20,059	30,000	↑
Followers on Twitter	5,434	5,835	↑

Area of focus	2019/20	2020/21	Trend
Followers on Facebook	2,654	2,877 with 2,651 likes	⬆
People who contributed to our published reports	400	3,607	⬆
New members who were recruited to our Membership Scheme	367	120 PCC membership Scheme has a total of **12,466** members	⬇

In late 2019/20 PCC made significant changes to the manner in which it responded to initial calls from the public; aiming to ensure a greater number of callers could speak immediately to someone who can help. The investment made in this reorganisation greatly enabled PCC to move rapidly in response to the COVID 19 Pandemic and to offer support to the public and to other HSC organisations, as a route to expert help for people with worries and concerns. We have built on the learning in this positive service development, continuing to integrate PCC Freephone service with the development of our practice model in 2020/21, recognising this service as a key entry point to PCC's advocacy and engagement continuums.

PCC Freephone service includes calls made to PCC Freephone number, ***08009170222***, emails to complaints.pcc@pcc-ni.net or to info.pcc@pcc-ni.net, and COVID-19 related emails from the public referred on from the PHA.

What we dealt with

- Between 1 April 2020 and 31 March 2021, PCC Freephone service received **6,195** contacts. This represented an average of 24 calls per working day.
- **3,393** contacts related to COVID-19.
- **2,192** contacts were referred to PCC by another organisation.
- **1,890** contacts were forwarded by the Public Health Agency.

Table 1: Monthly PCC Freephone Service contact volumes (FY 2020 / 2021)

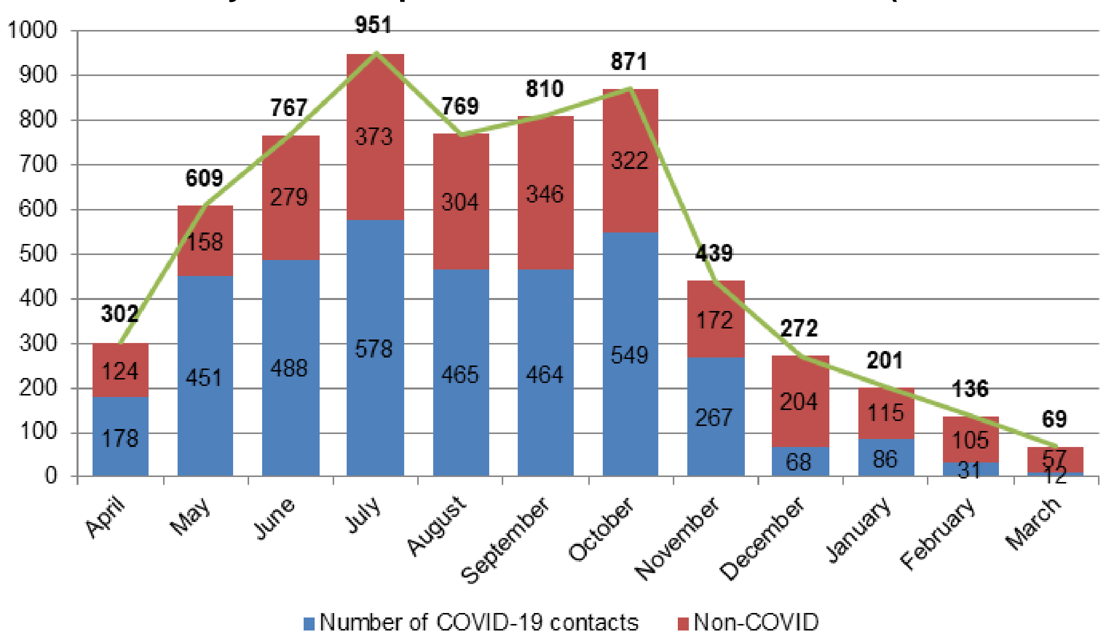


Table 2: Recorded themes of COVID-19 Freephone contacts received after 26 June 2020*

Theme(s) of Contact	Number of Contacts	% of Total COVID-19 Calls
Shielding / self-isolation	664	25.7%
Testing	595	23.0%
Work / employment	576	22.3%
Other	368	14.2%
Social distancing / social bubbles	286	11.1%
Travel	244	9.4%
Symptoms / treatment	126	4.9%
Impact on non-Covid-19 services	112	4.3%
PPE	101	3.9%
Practical support	94	3.6%
Care home concerns	93	3.6%
Vaccination	40	1.5%
Shielding survey	38	1.5%
Lockdown	27	1.0%
Food parcels / deliveries	16	0.6%
Potential / confirmed complaint	13	0.5%
Total COVID-19 calls (after 26 June 2020)	**3,393**	

*PCC call handlers select themes of each contact via a pre-determined list. This list was added to the call answering database on 26 June 2020 as a result of high volumes of COVID-19 related queries. As a result, contacts recorded prior to this date do not have COVID-19 themes recorded.

Themes are only recorded for COVID-19 related contacts. There can be multiple recorded themes for one contact.

Table 3: Number of PCC Freephone contacts recorded as relating to a HSC Service Area

(Recorded)Main Service area	Number Freephone contacts
GP	358
Residential & Nursing Homes	270
Inpatient	205
Social Services	164
Community Service	144
Trust	136
HSCNI Service	118
Outpatient	96
A&E	37
Dentist	33
Independent Sector	15
Pharmacy	9
Ambulance Service	7
Family Practitioner Services	3
Optician	3
Total	**1,598**

Why we were contacted

- **3,190** (64%) clients were seeking help with a concern.
- **1,555** (31%) clients required signposting.
- **98** (2%) clients were seeking general information on PCC.
- **112** (2%) clients were seeking general information on HSC services.
- **52** (1%) clients wanted to get involved with PCC work.

How we dealt with it

- In **4,194** (67%) of 6,195 total contacts, PCC Call Answering staff were able to deal with the situation, query, or concern presented.
- In **2,791** (45%) of the 6,195 total contacts, PCC Call Answering staff were able to give advice to the client / caller which enabled them to deal with the matter that concerned them.
- Of all contacts received, PCC signposted **1,555** of these to either;
    - Another HSC organisation, in **713** contacts; or,
    - An external organisation, in **656** contacts;
    - PCC supported signposting in **186** contacts.
- Some **1,232** (20%) of clients contacted PCC to access our complaints support and advocacy services, our involvement services or calling regarding corporate matters:
    - **1,057** clients were forwarded to our Complaints Support and Advocacy Team;
    - **81** clients were forwarded to our Involvement Services Team;
    - **94** clients were forwarded to our Corporate Team.

Advocacy Support within Client Support Services

In exercising its function the Patient and Client Council shall:

- *Arrange for the provision (by way of representation or otherwise) of assistance to individuals making or intending to make a complaint of a prescribed description relating to health and social care.*

PCC offer a continuum of advocacy and support in meeting our core statutory function of providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care. This continuum begins with the first point of entry to PCC, which can often involve the provision of advice and information to the public, followed by signposting and supportive passporting to appropriate services to meet immediate need. The continuum of our advocacy and support carries through to individual and group advocacy work, with a focus on early resolution. In some cases, this support and advocacy will, of necessity, progress to formal complaint processes and the provision of independent advocacy services within SAIs (serious adverse incidents), and inquiries.

Throughout 2020/21, PCC has continued to deliver advocacy support for people with concerns about Health and Social Care under the additional pressures of the Covid 19 pandemic. During the year the organisation has continued to develop its service to patients, families and carers:

- We have looked in particular for opportunities to seek early local resolution - without resort to formal processes – whenever this better serves the needs of clients. In order to maximise the opportunities for early resolution/mediation we have implemented a Duty Officer rota so that potential clients contacting PCC can speak directly to a team member who is able to support them in real time to either advocate for themselves or indeed take steps toward advocacy and mediation and hopefully resolve matters at that stage.
- We have developed our engagement with clients and their families to provide opportunities for them to engage in a more meaningful way with their health care providers, providing feedback, learning opportunities and mediation. These options, when they provide a positive experience for clients, can prevent the need to formalise a complaint.
- During the past year PCC has experienced a much higher level of engagement with families involved in Serious Adverse Incidents (SAIs). This engagement is complex, sensitive work and requires skilled practitioners who are able to understand the trauma and grief families may be feeling, while also being able to navigate the SAI systems within all the Trusts. The development of a specialist practitioner role solely focusing on providing support to families within SAI level 2 and 3 investigations is an on-going goal for PCC. It will allow for this practitioner to have the space to provide the intensity of support that may be needed. Alongside this the SAI Practitioner will also provide support to other team practitioners, providing advice and guidance for engagement with less complex SAIs and Adult Safeguarding cases.
- The development of the service to the public has required additional training and support for all our team members. We provided training that assisted them to develop the skills and knowledge they will need to support clients and patients and to support them

personally in that work; taking into account the intense emotional and complexity of the work they are undertaking. The review of our supervision model and the development of ***learning sets*** provide practitioners an opportunity to receive advice and guidance in casework and an opportunity to address any impact the casework may have on them personally.

- The increasing complexity and family involvement required to support patients and clients within the new practice model has been sustained by the recruitment of additional temporary staffing within the Client Support Team, from 6 WTE (Whole Time Equivalent) to 10 WTE (including a dedicated advocate for Muckamore Abbey Hospital). The increase in resources has allowed the Client Support Team to dedicate the time patients, clients and families need to engage with their health care providers in a more meaningful way seeking resolutions.
- We have continued to develop other models of advocacy and are increasingly supporting patients, clients and families through group advocacy. While all patients and clients are individual and have individual needs some have core issues in common. PCC has also been approached by existing established groups to support them in bringing forward their concerns.

PCC will continue to develop these models of practice into 2021/22.

Client Support Service Activity in 2020/21

In this section, we outline the types of cases our Client Support Team have been working on. This work is analysed by HSC Trust area. We identify key service areas for concern across the HSC sector, and set out the ways in which we have supported clients. This is followed by a cross tabulation of data between areas of concern and the type of support offered.

Monthly New Cases 2020/21

New Cases are categorised as Formal Complaints or Issues / Concerns. Of note, are the spikes in formal complaints in August and in issues / concerns in December. These trends correlated with the lockdowns imposed in Northern Ireland. Thus they could evidence a natural reaction to events. As services began to reopen in July 2020 following the initial lockdown, patient expectations or service delivery may not have been met as they began to utilise health services more intensely than in the previous three months. In December 2020, as Northern Ireland moved back into lockdown and the public's understanding and patience with unexpected and potentially lengthy delays may have decreased as they reached out to PCC for support in accessing services.

Table 4: Monthly New Cases 2020/21

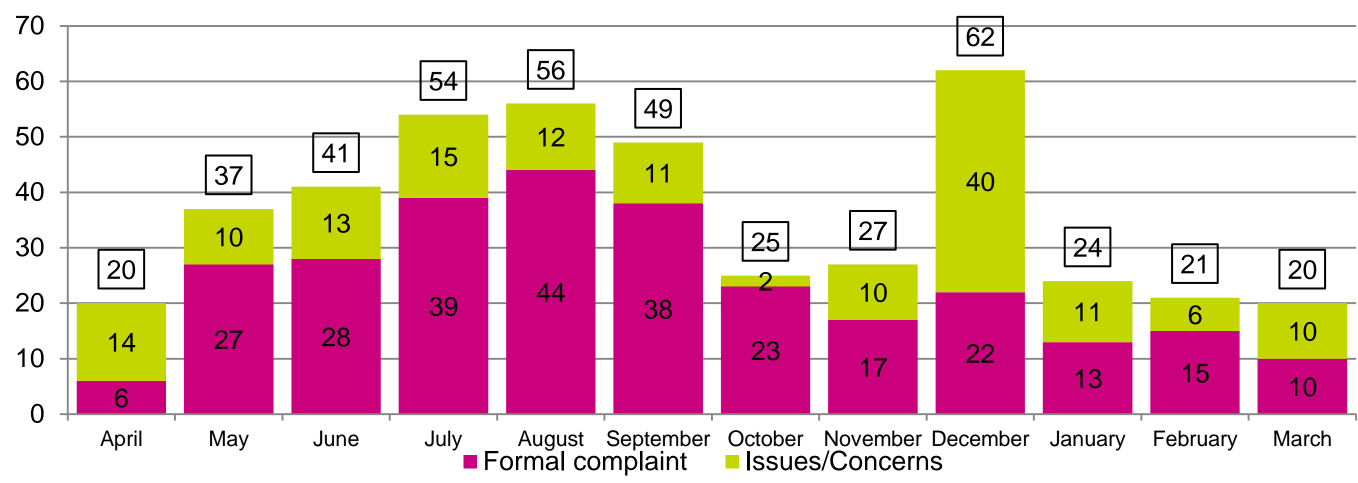
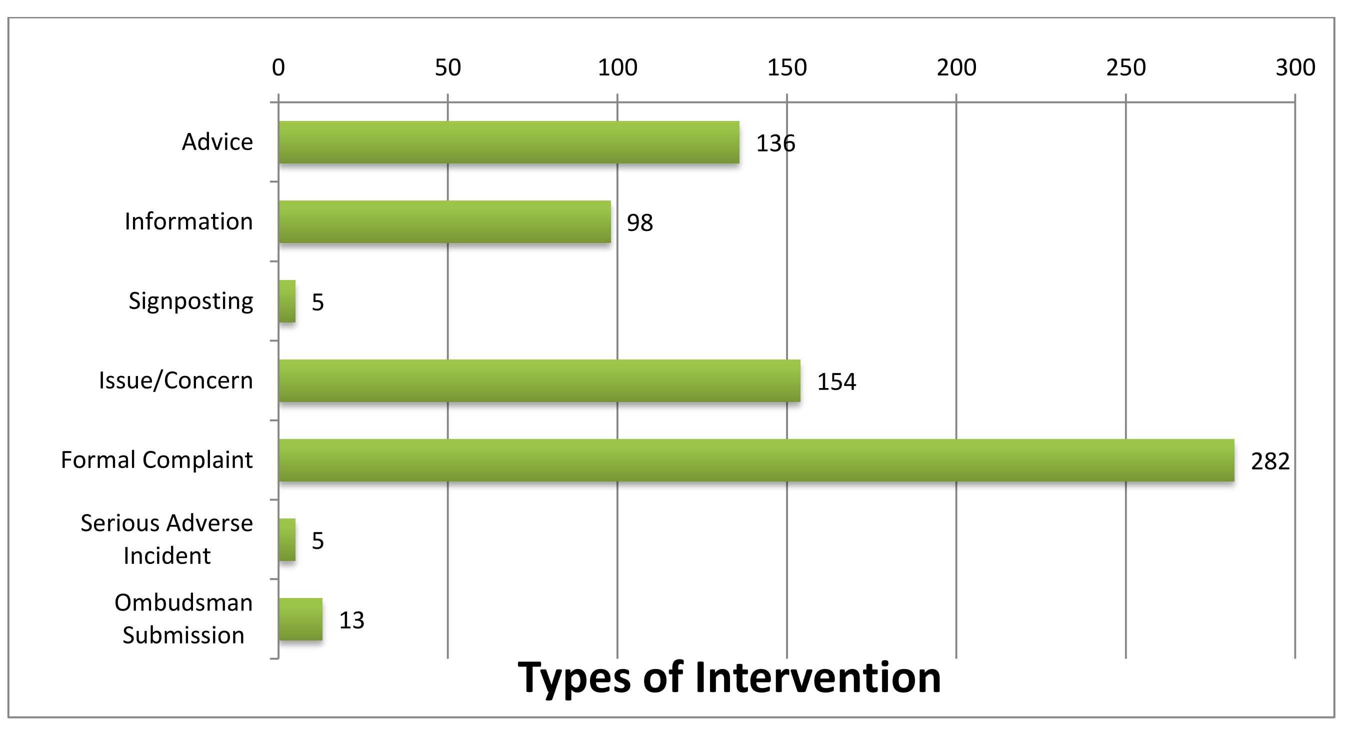


Table 5: Chart showing number of different types of contacts / cases between 2020/21



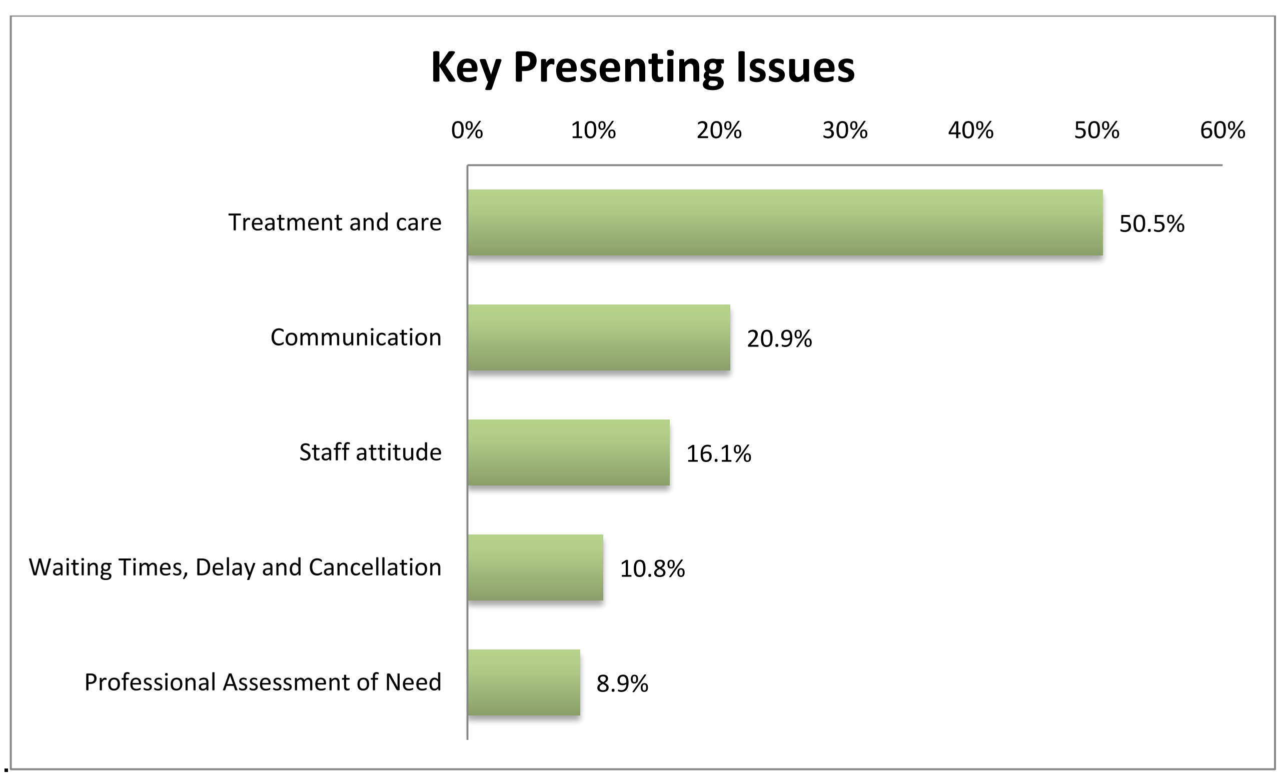
Service Areas

The top five service areas of concern that the public contacted PCC requesting support in addressing have not changed from those evidenced in 2019/20. Of note, are the 'unspecified' cases. These are cases where multiple service areas may be involved or the patient has declined to name the service area (this is common if callers are seeking advice / information only). The 'Other' section refers to case service areas with less than 10 cases.

	Top 10 New Case Service Areas	New Cases 2020 / 21
1	GP	64
2	MENTAL HEALTH	38
3	RESIDENTIAL AND NURSING HOMES	33
4	ELDERLY	32
5	FAMILY AND CHILDCARE	23
6	MATERNITY	21
7	HOSPITAL	18
8	ACCIDENT AND EMERGENCY	17
9	DISABILITY	13
10	CHILDRENS	13
	UNSPECIFIED	63
	OTHER	101
	TOTAL	**436**

Areas of Concern

The top five issues raised with Client Support staff have not changed from 2019/20. Treatment and care continues to be the key complaints area. There can be multiple recorded presenting issues for one client.



Treatment and Care

Within the area of treatment and care, complaints can be further categorised as shown in the table below. Quality of treatment remains the highest complaint area.

Treatment and Care Subcategories	Formal Complaint	Issue/Concern	Total
Quality	82	22	**104**
Inappropriate Treatment	33	13	**46**
Diagnosis	29	7	**36**
Discharge	8	7	**15**
Nursing Care	6	4	**10**
Quantity	4	2	**6**
Surgery	4	0	**4**
Total	**166**	**55**	**221**

Area of Concern and Service Area

This nuanced understanding helps Client Support Officers understand their work thematically. Cross tabulating areas of concern with service area, shows that General Practice (GP) is the service against which the highest number of complaints is recorded in most areas.

Communication

Within the area of communication, most complaints related to GPs. This trend is also evidenced in our People's Priority Report (forthcoming), and reflects anxiety and frustration felt within the public about what they can do, especially within lockdown periods, safely, within a HSC setting.

Service Areas	Formal complaint	Issue	Total
Communication Total	**56**	**35**	**91**
GP	6	6	12
ELDERLY	6	4	10
RESIDENTIAL & NURSING HOMES	6	3	9
MENTAL HEALTH	5	3	8
FAMILY & CHILDCARE	5	2	7

Staff Attitude

Within the area of staff attitude, most complaints pertained to GPs and receptionist staff specifically.

Service Areas	Formal Complaint	Issue / Concern	Total
Staff Attitude Total	**49**	**21**	**70**
GP	10	6	16
RESIDENTIAL & NURSING HOMES	3	3	6
MATERNITY	5	0	5
HOSPITAL	1	4	5
A&E	5	0	5

Waiting Times, Delay and Cancellation

Almost as many formal complaints as issues were raised about wait times and cancelled treatments, with the highest number of complaints pertaining to Mental Health service provision.

Service Areas	Formal complaint	Issue / concern	Total
Waiting Times/Delay/Cancellation	**24**	**23**	**47**
MENTAL HEALTH	3	4	7
ORTHOPAEDICS	4	1	5
UROLOGY	2	3	5
UNSPECIFIED	3	1	4
GP	0	4	4

Professional Assessment of Need

Almost twice as many formal complaints as issues were raised about assessment of need, with the highest number of complaints pertaining to Elderly Care, with Residential and Nursing Homes coming in second.

Service Areas	Formal complaint	Issue / concern	Total
Professional Assessment of Need	**25**	**14**	**39**
ELDERLY	2	3	5
RESIDENTIAL & NURSING HOMES	3	1	4
MENTAL HEALTH	3	1	4
FAMILY & CHILDCARE	4	0	4
DISABILITY	2	1	3

An evaluation of the support given by our teams often results in written feedback. The word cloud below evidences some of the words used to describe the service provided by staff in 2020/21.

Muckamore Abbey Hospital

In November 2020, the Minister of Health requested that PCC engage on his behalf with families, carers, and current and former patients on the Terms of Reference and Chair for the Public Inquiry into Muckamore Abbey Hospital. In order to carry out this consultation, PCC held three engagement events in December 2020 in which approximately 47 families, carers, and advocates met with representatives from the Department of Health and the Inquiry Team to discuss their views on the Terms of Reference and the Inquiry Chair. Following these engagement events, a draft report was compiled and shared with event attendees. In the first six weeks of 2021, PCC staff facilitated conversations with current and former patients on a one-to-one basis to discuss their views on the Terms of Reference and the appointment of the Inquiry Chair. An easy-read questionnaire was designed to maximise their input.

The feedback from the engagement events and the one to one facilitated conversations was compiled into a report, which was submitted to the Minister of Health for his consideration.

Individuals who indicated that they require support with on-going concerns about patient care and wellbeing were referred to a dedicated PCC Client Support Officer, who also continues to support family engagement at the Muckamore Carers' Forum, where current carers discuss their on-going concerns with the hospital staff.

Engagement & Involvement of the Public

In exercising its statutory function PCC shall:

- *Consult the public about matters relating to health and social care.*
- *Report the views of those consulted to the DoH and to any other HSC body appearing to have an interest in the subject matter of the consultation, in accordance with legislation.*
- *PCC will promote the involvement of patients, clients, carers and the public.*
- *Promote the provision of advice and information by HSC organisations to the public about the design, commissioning and delivery of health and social care.*

Our engagement and involvement of the public, encapsulated by PCC '***Make Change Together'*** initiative operates across a continuum of complexity, and levels of specificity and interest in health and social care. Our aim is to ***"connect the system to more of itself***". The foundation for this continuum is our ***PCC Membership Scheme,*** for those interested in regular updates about more general information and developments in health and social care. This generic 'keeping in touch' engagement with PCC and health and social care is enhanced at the next level with our ***PCC Citizen Hubs***, which offer a more interactive and two-way process for engagement. PCC Citizen Hubs operate in each of the Trust areas, with a bespoke Citizen Hub for learning disability. They facilitate an environment for monthly updates, discussions, information sharing and opportunities for involvement at a local level. As we journey through the continuum of complexity of our engagement structures, the focus of the work becomes more distilled and subject-specific, with the nature of the engagement work developing from the more operational to the strategic. Subsequently, our ***PCC Engagement Platforms*** offer the opportunity to engage in theme-based, task-oriented work at a more strategic level, with a diversity of representation across the public, health and social care, and voluntary and community sectors. Examples include engagement platforms for Care of Older People, Mental Health, Learning Disability and Neurology.

Embedding Co-production – Make Change Together

PCC's '*Make Change Together'* initiative is a recruitment, training and support programme to enable service users to engage within programmes of work pertaining to transformative agendas within health and social care. Within the last twelve months we have successfully recruited service users to serve and engage in programmes such as cancer, gender identity, care homes, elective day care and urgent and emergency care. Co-production methodology has placed people at the centre of policy discourse. Myron's Maxim's would state ***"Those who do the work do the change***". In the last twelve months we have evidence of an increasing number of involvement activities procured through this methodology. PCC have successfully recruited and supported members to engage and share their lived experience, influencing and impacting service development and change.

Central to embedding co-production is having the infrastructure embedded in PCC. We have undertaken a project focussed on coproduction and collaboration, with the aim of co-designing and implementing ***a paid service user employment model.*** The new model will recruit, train

and support members of the public and users of HSC services. Their role as ***Co-Production Associates*** is to bring their relevant experience to bear on specific areas of work at strategic level. The goal is to build a bank of ***Co-Production Associates*** to support the on-going engagement of the public at the centre of policy, practice decision-making.

Implement Changes to Membership Scheme

PCC has worked throughout this year in partnership with the members of our Membership Scheme to explore, develop and extend the membership base. The Membership Scheme is a key tool in on-going engagement and communication with over 11,500 members of the public, providing:

- a key source of information pertaining to emerging health and social care issues;
- knowledge and insight to our membership base of individuals, organisations and the wider population;
- opportunities for patients, clients, carers and the public to share their lived experience within programmes of work;
- opportunities to inform and act as a conduit for lived experience to engage with the wider HSC family;
- opportunities and the potential to influence and inform decision makers about the impact that their proposals may have on the health and wellbeing of the public.

The migration of existing Membership Scheme members to our new membership registration process continues. Further action is required which will be completed in the incoming year. New and migrated members benefit from the new system; membership communication can be aggregated to ensure that members are communicated with at their preferred levels of engagement and in relation to their specific health and social care interests. As a result, we can focus communication on key health and social care topics with those that have registered their preference. Examples include our engagement on mental health, learning disability, cancer and older people's services.

As a consequence of the COVID-19 pandemic, we have used the membership scheme to inform and advise members on evolving information and guidance relating to restrictions and the impact upon services. In addition, we enhanced our ***Membership Newsletter*** frequency from monthly to a ***weekly basis*** in order to keep members abreast of current affairs and the changes within health and social care. Furthermore, "One-Off" Membership communications have been of immense benefit in providing enhanced communications at pace with the public. Other mediums such as postal and text/instant messaging are used to extend our reach with our members and to aid connections with those that may not be engaged with digital communication.

The introduction of ***Citizen Hubs***, a virtual ***monthly HSC Trust focussed engagement*** where members from their respective locality meet and engage with PCC has evolved from a pilot initiative to a service initiative. Proving popular with the general public, it provides in-reach and outreach involvement opportunities to our membership base and connectedness during the

pandemic. Members have consulted and engaged on issues such as shielding, mental health and learning disability. PCC engagement structures have also been developed throughout 2020/21. We created a continuum of involvement. This ensured that individuals, organisations and decision-makers engaged through a ***'network of networks'*** approach in a ***'constant conversation'***. We explored HSC issues at a generalist level through to more focused, specific work on our theme-based ***Engagement Platforms.***

The Membership Scheme has been utilised to encourage members of the public to engage in policy initiatives and consultation proposals on issues such as Adult Safeguarding Protection Bill, Mental Health and Being Open and Duty of Candour.

People's Priorities

PCC conducted the People's Priorities Survey to hear what people had to say about health and social care services and issues during COVID-19 that have affected them, and to establish their current priorities for health and social care. This work will be used to inform decision makers and to shape PCCs work going forward.

Our approach to this study used both quantitative and qualitative methods to gather people's views and opinions. The main method of capturing people's views was through an online survey, with the option to request a paper copy of the survey that could be posted back or to complete the survey over the phone**.** We produced an **easy read version** of the survey. Focus groups were conducted to further discuss attendee's experiences of health and social care during COVID-19.

It is intended that the report will set out recommendations from what respondents told us, and be published and shared with relevant stakeholders.

Contact Tracing Service

To reduce spread of infection and save lives the PHA, set up a project *"Phase 1 – Initial set up of Covid 19 Contact Management Program to save lives through slowing the progress of COVID-19 in Northern Ireland".* The aim was to set up a national, rapid, large-scale system of contact tracing. PCC CEO was a member of the ***Regional Steering Group***. A new emerging service required cross- departmental, interagency and inter-sectorial support. Key to success was public engagement, understanding and commitment to the vision. Communications were a vital part of this public health initiative. Northern Ireland required a consistent regional approach and tool, which could save lives through slowing the progress of COVID-19 in Northern Ireland. From early May, the Regional Steering Group met 3 times weekly in a mammoth effort to create the appropriate contact tracing service.

Shielding

PCC sought to engage with those who were shielding during the COVID-19 pandemic. The Chief Medical Officer and the Department of Health requested assistance from PCC to engage with the public and ascertain their views on shielding. The data gathered would inform decision-making and messaging around extending or relaxing the restrictions that were introduced in March 2020 as a result of COVID 19. The rationale was to ensure that the voices of those impacted by shielding would be central to decisions that would impact them.

Understanding their direct experiences of shielding, and getting a unique insight into its impacts, were essential to guide decisions that would affect the quality of life for those shielding. The Department needed to know what mattered to them and what key issues needed to be considered. It was intended that this data would help to inform what could be done for those shielding in the immediate future and to plan for the winter and a possible second wave.

An online survey was utilised with respondents given the option to respond to the survey over the telephone, or a 'paper' version could be requested or downloaded, completed and sent back to PCC through the post or by email. Findings were analysed, written up and developed into recommendations. The report was shared with relevant stakeholders including HSC decision makers.

Distance Aware

PCC led on the development of the Distance Aware campaign in 2020/21. The purpose of the campaign was to introduce a polite prompt to maintain distance (where possible) through the use of a consistent and instantly recognisable symbol, the Distance Awareness Shield. The Distance Aware campaign was a joint initiative between PCC, PHA, DoH, in conjunction with Dr Claire McKeaveney, QUB and the community and voluntary sector. It replicated an initiative that originated in Wales and its adoption in NI grew out of direct engagement by PCC with members of the public in NI who had responded to our 2020 Shielding survey and related work, which was presented to the DoH in November 2020.

After consultation with members of the public as well as voluntary and community sector agencies the Distance Aware Shield and associated promotional materials were designed. Minister Swann launched the campaign in February 2021. Organisations and individuals can continue to support the campaign by wearing a badge or displaying a poster with the Distance Aware Shield. Badges were distributed, and the campaign was promoted through community pharmacies, general practices (GPs), Health and Social Care Trusts, regional vaccination centres and in the voluntary and community sector through the Northern Ireland Council for Voluntary Action (NICVA). Northern Ireland sporting bodies and retailer Asda are also backing the campaign. Distance Aware badges are available from information points in all Asda stores.

Care Homes Engagement Platform

PCC set up and facilitated an engagement platform with families of relatives who reside within care homes and organisations, e.g. CHASNI, AgeNI, Commissioner for Older People for Northern Ireland (COPNI), Alzheimer's Society, Relatives Dementia Care Group who are supporting families with relatives in care homes. The facilitated conversations and connections between family members, policy makers within DOH and other statutory bodies aimed to explore and inform the development of guidance and practice related to visiting and establishing the care partner role. The engagement sessions provided a platform for colleagues to understand the experiences of families and their relatives, to understand current levels of visitation and to gain an insight to the barriers and challenges that families and their relatives have experienced thus far.

The Department of Health (DoH) engaged with families on the concept of ***'Care Partners'*** (October, 2020). The Care Partner role has been the subject of debate and mixed feelings with some family members expressing reservations. The introduction of Care Partners provided hope to families that they would be enabled to continue to provide the level of contact, support and assistance which they had undertaken pre-pandemic. It was evident from the experiences of families that the application of guidance measures pertaining to Care Partners and visitation has been very variably interpreted across the care home sector. In some cases, this broad and varied application has had a negative impact upon family relationships and the wellbeing of residents due to the uncertainty of whether or not they would have the opportunity to establish their role and to see their relative.

HSCB Interpretation Project

HSCB introduced Remote Interpretation Services for Deaf People amidst the global pandemic in a swift manner, and in less than ideal conditions. Keen to understand what, if any, improvements needed to be made, they invited PCC to independently review the service from April – October 2020. Working with focus groups and led by three people with lived experience on the evaluation panel, PCC made recommendations for improvements to infrastructure, Wi-Fi support, variety and choice in interpreters and improved training for all HSC staff. The service has been a resounding success, empowering deaf patients and facilitating them to better utilise health services, especially when the pandemic threatened to alienate them from primary care entirely. The report was published in April 2021 by HSCB.

Terminal illness and bereavement during the COVID-19 pandemic in Northern Ireland

PCC partnered with Marie Curie and several organisations to produce a report into terminal illness and bereavement during the COVID-19 pandemic in Northern Ireland. The report highlighted the experiences of end of life patients and their loved ones during the COVID-19 pandemic. PCC conducted a series of online focus groups with people bereaved during the COVID-19 pandemic in Northern Ireland. In addition the data was supplemented with;

- qualitative data from 27 NI participants in a UK-wide survey on bereavement and COVID-19;
- wider research on palliative and end of life care, bereavement and the impact of COVID-19 on these areas.

Towards an action plan for health literacy in Northern Ireland

The aim of this scoping paper was to form an initial evidence base for a health literacy ‘action plan’ for Northern Ireland. The study had to establish the current context of health literacy in Northern Ireland and in the wider UK, collate evidence on the importance of health literacy, provide evidence on the scale of the issue for different sections of the population; and review specific interventions for improving health literacy.

The paper acts as an invitation to relevant and interested groups to review the approach set out and to discuss the application of the ideas to their own contexts and areas of health literacy work and, following this, provide feedback on how the framework could be improved to better support their efforts. Any action plan must be underpinned by a clear policy at Executive level that can engage all players in a sustained inter-sectorial effort to improve individual and environmental health literacy. It is hoped that this report can be viewed as an important step towards realising this vision within Northern Ireland.

While meetings of the Health Literacy Forum have been held in abeyance as a result of the global pandemic, it is hoped the resurgence of the group will be prompted by the report, which was published in January 2021.

Inquiry into Hyponatremia Related Deaths (IHRD)

Throughout 2020/21, PCC has supported the work of the Duty of Candour Work Stream, and the Being Open Group. We organised and facilitated workshops with patients, families, carers and the public, along with Health and Social Care staff that explored and discussed vital issues pertaining to the introduction of a statutory ***Duty of Candour*** and its underpinning culture of openness.

Through '***Make Change Together'*** PCC successfully recruited ***12 service user representatives*** to support the Department of Health's ***Being Open Programme***. They shaped the guidance that will ensure that all patients, service users, their families and carers experience openness and honesty in all their dealings with Health and Social Care. This can range from experiences in day-to-day appointments (Level 1 Group) and; when something untoward has happened but harm has not occurred (Level 2 Group).

PCC will continue to support the implementation of the involvement strategy for the Hyponatremia Implementation Programme. We will achieve this through:

- publicising events and information through the Membership Scheme and our wider networks of networks; and
- facilitating focus groups and similar planned activities designed to secure the input of patients and the public.

Neurology

The current neurology service model in Northern Ireland has largely focused on outpatient delivery. There is considerable demand for neurology support within unscheduled care with neurological disorders (including stroke) accounting for about 15% of emergency department attendances and about 10% of emergency medical admissions (excluding stroke).

PCC has actively engaged with individuals impacted by neurology services and associated pathways. We are keen to ensure that the voice of those with lived experience features heavily within the review and reform of neurology services.

PCC has undertaken tentative steps to engage and support those impacted directly / indirectly and individually / collectively by Belfast HSCT Neurology Recall (2018). We have facilitated engagements between patients and support groups and the Department of Health to convey lived experience of the recall and its impact. This has involved the establishment of an Engagement Platform on Neurology. We have connected with the Neurology Inquiry Team in relation to their on-going Inquiry, responding to a request from the Chair to support the dissemination of information. We have worked to ensure that patients and groups are informed and connected within the process. We will continue to engage and support patients in this area of work.

Cancer Strategy

PCC have supported the Department of Health's Cancer strategy from early 2019. Through Make Change Together (March 2020) we successfully ***recruited 43 participants*** who have lived experienced to act as a key service user/carer voice contributing to the development of the strategy. Service users with lived experience of cancer from all five HSCT localities are currently involved within the Cancer Strategy programme of work, which focuses on seven key areas of work:

1. Prevention;
2. Diagnosis and screening;
3. Treatment;
4. Living well;
5. Palliative and end of life care;
6. Care and support;
7. Children, teenagers and young adults.

Service users are currently reviewing proposed draft recommendations in advance of the anticipated Public Consultation.

Elective Day Case

The concept of day procedure centres and the importance of protecting day procedures away from main hospital sites for service delivery have been recognised as critical. In 2019 plans were announced to extend this approach across a wide range of surgical specialities, including General Surgery and Endoscopy, Urology, Gynaecology, Orthopaedics, ENT, Paediatrics and Neurology. A total of ***19 service users*** were recruited to work with Department of Health to influence their decisions around the formation of Elective Care Centres, known as Day Case Surgery Hubs. In doing so, service users were consulted in relation to proposals to transform elective care / day surgery, from a service user and/or carer perspective. This work will continue in 2020/21 under the broader HSC Rebuild agenda.

Gender Identity

A total of ***17 service users*** have been recruited as members of a liaison panel that is supporting the establishment of a Regional Gender Identity Service (RGIS) pathway programme (HSCB) in NI. Additionally, PCC has recruited a Chair and Co-Chair of the panel in order to support the development of a set of fourteen draft objectives for the service. Once agreed, these objectives will provide the baseline from which proposals can be developed and considered as to where, when and how a reconfigured RGIS service can be delivered to citizens within NI which addresses existing need and is capable of meeting increasing demand.

Beyond Bamford

Bamford Monitoring Group has been facilitated and supported within PCC for over 7 years and it was timely to review and align with current developments and initiatives. In 2020, a review was undertaken of the Patient and Client Council (PCC) Bamford Monitoring Group (BMG) with particular focus on outcomes, terms of reference and alignment to the external strategic

environment. This was complemented by a mapping of the current environment within mental health and learning disability. Consequently, the strategic and policy directives indicated a need to reconfigure this area of work within PCC, with separate structures to support the areas of mental health and learning disability. Supporting this new programme was the recruitment of a Projects Co-Ordinator who has led on key developments, for example, individual work-streams supporting mental health and learning disability. Each work-stream utilises coproduction methodology to create and embed an ***Engagement Platform*** that is responsive to the Mental Health Action Plan and strategic policy agenda for learning disability.

In the 2021/22, PCC proposed reconfiguration of the existing operational model under Bamford Monitoring Group aims to create a more constructive model aligned with the emerging policy directives. Subject to Department of Health approval, this reconfiguration will create a new project entitled ***'Beyond Bamford'***.

Mental Health Action Plan

Welcoming the action plan, PCC have successfully progressed the following:

Action 5.1 (embed co-production)

- Stakeholder networks are building across Carers Groups, statutory and community and voluntary sector mental health services and specialist groups.
- Broad areas for engagement have been identified from draft strategy and initial engagement held through membership.
- Barriers to, and methods of, engagement to promote participation have been identified, with a range of engagement options to facilitate and embed co-production. These include small group / 1 to 1 engagement (face to face and/or virtual; ***Coffee Connections*** sessions) written / survey responses by email/post.

Action 5.2 (regional service user structures)

- Reconfiguration of the Bamford Monitoring Group with meetings and presentation of next steps to the BMG Group.
- Agreement that a broader ***Engagement Platform*** on mental health will be established as a regional service user engagement structure, with linkage to more localised engagement structures. Meeting planned to update and facilitate this.
- Meeting and workshop with ***5 x Trust-based Service User Consultants*** to establish support and identify their priority areas. Future meeting planned for further update and continuing planned work.

Action 12.1 (integrate co-production) of the Mental Health Action Plan

- Engagement with NHSCT and QUB on ***Dual Diagnosis Conference*** (March 2020) with resultant plan to engage stakeholders to inform and influence service changes in this area (to include consideration on various models of treatment, the use of a social model in tandem with medical model, engaging with the Housing Executive; continuing work on Discharge Pathways).

- Scoping work on role of Peer Support Workers underway and planning initial engagement sessions. This will provide an evidence-base for the role of Peer Support Worker, feeding in to workforce planning and development and working to ensure regional consistency / equity and gaps across specialist areas.
- Upcoming work planned on Towards Zero Suicide and Carers.
- PCC representation on Think Family Northern Ireland (TFNI) and the Forensic Managed Care Network (FMCN) with the aim of developing networks and engagement to influence regionally and plan work in these areas as it occurs.

Learning Disability Engagement Planning

Our emphasis has been to focus on building regional contacts in learning disability services and developing a high quality model for the involvement of service users and their families / carers in an ***Engagement Platform*** through the Make Change Together initiative. This will enable their voice to influence change.

This year we achieved the following:

- Organised and facilitated a number of engagements, such as the Regional Health and Social Care Hub. This has highlighted the importance of developing a learning disability involvement model and enabled the beginnings of a ***'network of networks'*** approach to recruitment to the ***Engagement Platform***.
- Initiated a ***small working group*** with a number of organisations and individuals to become involved in the designing of a training and induction process for a learning disability involvement model. This will support participants recruited through the Make Change Together initiative and provide participants with the skills and tools to have their voices heard. It will include:
  - Small group sessions, both via Zoom and in person. These will be supported by accessible and easy read materials. Sessions will be staged and paced appropriately and planned in advance with participants, families and key supporting staff.
  - Virtual engagement to be supported with referral to training via Disability Action ONSIDE programme.
  - In-person conversations, side by side with a creative activity to enable and enhance communication.
  - Development of scenarios, which can then be filmed and widely shared to amplify the voice of service users with a learning disability and magnify their influence.
- Identified key themes that will frame and inform an Engagement Platform process.
- Engaged with the HSCB regarding liaising with the Engagement Platform as work proceeds on regional service models.
- Met and presented to Bamford Monitoring Group to explore and plan the reconfiguration of our engagement work in the area of learning disability.

Our aim is to move beyond Bamford, and build on the work of the BMG over the last number of years. Our approach is founded on building as wide a reach as possible to the learning disability community, through community / voluntary sector and statutory organisations across Northern Ireland, including both urban and rural areas.

Business Issues

Develop a PCC Digital Strategy

In 2020/21, PCC engaged an external company to undertake a digital audit of the organisation, which will lead to the development of a digital strategy in early 2021/22. The audit of all digital channels assessed the effectiveness of PCC communications with members, providing the information needed to learn how best to move forward to improve and boost engagement. The goal of the audit is to shape and create a new Patient and Client Council Digital Strategy. The process involved a series of interviews and focus groups with PCC Council Members, Leadership Team, and PCC staff. A survey seeking the views of the public on PCC's current use of digital tools and platforms was disseminated via PCC Membership Scheme and social media channels.

The report outlined a set of short, medium and long-term recommendations across the following categories:

- Internal Communication;
- Empowering Staff;
- Capability Building;
- Leadership and Approach.

The recommendations provide the foundation for the development of PCC Digital Strategy, providing a roadmap to embedding digital communications in order to enable PCC to better meet its statutory functions, and keep pace with developments in this digital age. The Digital Strategy will be presented at the Business Support Committee by September 2021.

Re-Branding of PCC

Work commenced in 2020/21 to explore the need for and proposals of a refreshed brand for PCC. It was important that the views and opinions of all PCC stakeholders were reflected in this process, and most critically, that the final decision lay with the public. Supported by an independent company specialising in this area of work, we set up a ***PCC's Stakeholder Reference Group***.

Three potential rebranding designs, including new logos and colouring were produced. The designs reflected the views sought during stakeholder engagement, PCC functions and direction of travel for the organisation. A Stakeholder Engagement Plan was developed based on the rebranding proposal; key was the discussions with the public in PCC HSC Hubs in December 2020. A presentation and consultation event regarding the rebranding was facilitated with PCC staff on 18 December 2020.

This initial public and staff feedback led to a narrowing of the initial 3 rebrand options to a shortlist of two options. A wider public consultation / engagement were facilitated in January/February 2021. Following this, a preferred rebranding option was chosen by the public via engagement with our membership and online. In total, 431 responses were received, with 152 via online, and 279 by post. 155 additional members of the public expressed interest in staying engaged with PCC following this online engagement and have provided updated contact details for PCC membership database.

This directly contributes to achieving our outcome of increased PCC brand awareness within the HSC and the public. It is planned that an event to launch the rebrand of PCC and our new Statement of Strategic Intent will be held in September 2021.

Complaints about the Patient and Client Council

PCC received seven complaints about its services in the course of the year. The majority of these occurred during the first half of the financial year and related to complaints about a lack of follow-up contact and casework in relation to queries or issues raised with PCC. We take all feedback very seriously and constantly review the service we offer to improve the experience of our clients. Significant changes have been made to PCC practice model in the latter part of 2020/21, which we hope will have addressed the nature of the concerns raised. Development of our practice models will continue into 2021/22 and we will continue to monitor our services to ensure consistent and sustained improvement.

The Patient and Client Council will manage its people effectively

Work to implement the recommendations of the Organisational Review, commissioned by PCC Chief Executive Officer and Chair in late 2019 has been on-going. This has included the introduction of a new organisational structure. The development and evaluation of all PCC job descriptions has been on-going with a number of key roles within the new structure currently being recruited. A workload analysis, undertaken independently by the HSC Leadership Centre was shared with staff. The development of practice models across the organisation have assisted in the development of new roles in the new organisational structure. An intensive training programme has supported the change process. This will be complemented by a training gap analysis to ensure staff have the skills to deliver on new roles, along with significant on-going investment in training, some of which has begun in 2021.

A number of PCC policies have been refreshed and updated with several new policies having been developed. The following policies were presented to PCC Governance and Audit Committee in 2020/21:

- Attendance at Work Policy
- Drugs, Alcohol and Substance Policy
- Equality of Opportunity Policy
- Family Pack
- Fire Safety Policy
- Policy on Partial Retirement
- Social Media Policy
- Adverse Weather Protocol
- Investigation Policy
- Adult Safe Guarding Policy

- Health and Safety Policy
- Fraud Policy
- Secondment Guidance
- Your Right to Raise A Concern

COVID 19 brought a significant change in the work environment. In response new Health and Wellbeing resources have been developed and shared with staff during COVID-19. Staff now have access to a Health and Wellbeing SharePoint with a range of support and resources included. Individual toolkits have been undertaken to support staff to remain fit and healthy in work. An online interactive staff handbook and associated induction material was developed for staff and launched in October 2020.

Estate Strategy

The move of office space from BT Tower to the new office in Great Victoria Street was postponed due to complications around the latest lockdown and the need for work to be completed by BSO before this can progress. We are hopeful that this move will be complete early in the first quarter of the new financial year 2021/22.

Property

PCC estate comprises of four locality offices including bases BT Tower, Belfast, Quaker Buildings, Lurgan, Wellington Court, Ballymena and Hilltop, Tyrone and & Fermanagh Hospital, Omagh. In April 2021, the Belfast Office will be located in 14 Great Victoria Street. In L/Derry City PCC have a hot desk facility in Advice North West.

Office	Status	Annual rental
BT Tower, Belfast	Shared offices with RQIA (as of 1 March 2020). This is a temporary move until new premises at Great Victoria Street (GVS) are ready.	-
Great Victoria Street, Belfast	Shared offices with BSO. Expected date to move in is 1 May 2021. Recharge for Quarter 4 was £7,049.	£28,196 pa - £7,049 paid for Q4
Advice North West, Derry	Shared offices with Citizens Advice. Rent is £40 per week.	£2,080
Quaker Buildings, Lurgan	New leasehold signed 26 January 2021 for 5 years.	£21,000
Wellington Court, Ballymena	New leasehold signed 1 July 2020 for 2 years.	£5,000
Hilltop, Tyrone Hospital, Omagh	Owned by Western Health Social Care Trust – MOU	£1,443

Sustainability Report

PCC submitted its ‘Property Asset Management Plan (PAMP) 2020/21 to 2024/25 within the timescales required. The Statutory Duty for Sustainable Development applicable to public authorities is set out in section 25 of the Northern Ireland (Miscellaneous Provisions) Act 2006. The six priority areas are:

- Building a dynamic, innovative economy that delivers the prosperity required to tackle disadvantage and to lift communities out of poverty;
- Strengthening society so that it is more tolerant, inclusive and stable and permits positive progress in quality of life for everyone;
- Driving sustainable, long-term investment in key infrastructure to support economic and social development;
- Striking an appropriate balance between the responsible use and protection of natural resources in support of a better quality of life and a better quality environment;
- Ensuring a reliable, affordable and sustainable energy provision and reducing our carbon footprint;
- Ensuring the existence of a policy environment which supports the overall advancement of sustainable development in and beyond Government.

PCC remains committed to make a contribution in those areas which it can influence and makes sustainable improvements wherever possible. A number of positive actions have emerged over the last year including the following:

- With staff working remotely from home as a result of the impact of the COVID-19 pandemic, this has reduced the need for travel to the workplace and meetings are taking place using video-conferencing software;
- As a result of agile working, printing and photocopying has reduced significantly as staff use ICT technologies;
- Council Meetings, Audit and Risk Committee and Research Committee meetings have been held via video conferencing, reducing the need for members to travel and the printing of papers which have been issued via email.

UK Exit from the European Union (Brexit)

During 2020/21 PCC continued to work in partnership with colleagues from the Department of Health and HSC in relation to the implications of the UK's exit from the European Union. To date, the impact on the organisation has been minimal however PCC will continue to work closely with the Department of Health over coming months to address any issues which may evolve.

Finance Summary

PCC receives its funding from the DoH in the form of a Revenue Resource Limit. The monies fund the work of PCC Operational Plan, including its work on Bamford.

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

Income	
Revenue Resource Limit	£2,032,658 (Note: £188,000 related to Ring Fenced Projects and £179,000 related to Covid 19 Funding)
Other Income	£2,212
Sub Total	**£2,034,870**
Expenditure	
Staff	£1,449,810
Other Expenditure	£572,875
Sub Total	**£2,022,685**
Surplus	**£12,185**

During the year PCC received £188,000 in respect of Ring-Fenced Projects against which it spent £184,000. In addition, PCC received Covid 19 funding amounting to £179,000 against which it spent £177,000.

In year PCC received £10,000 capital funding for additional IT equipment.

The Chair and Members of PCC received regular updates to ensure that statutory breakeven requirements in 2020/21 were met.

Investment Strategy and Plans

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

Long Term Expenditure Trends and Plans

PCC receives almost 100% of its funding from the Department of Health via the Revenue Resource Limit. Funding increased significantly in 2020/21 compared to 2019/20 (£1.57m) due to PCC assuming responsibility of a number of new projects such as the Mental Health Champion. It is anticipated that these projects will continue into 2021/22 and beyond and any shortfall in funding will be discussed directly with the Department of Health.

Public Sector Payment Policy – Measure of Compliance

PCC is required to pay non-Health and Social Care trade creditors in accordance with the Better Payments Practice Code and Government Accounting Rules. The target is to pay 95% of invoices within 30 calendar days of receipt of a valid invoice, or the goods and services, which ever is the latter.

	2021 Number	**2021 Value £**	**2020 Number**	**2021 Value £**
Total Bills Paid	824	1,097,280	701	663,915
Total Bills Paid within 30 Day Target	813	1,071,076	645	579,294
% of Bills Paid within 30 Day Target	**99%**	**98%**	**92%**	**87%**
Total Bills Paid within 10 Days	797	1,050,311	486	444,390
% of Bills Paid within 10 Days	**97%**	**96%**	**69%**	**67%**

The Late Payment of Commercial Debts Regulations 2002

There was no interest payable arising from claims made by businesses under this legislation. (2019/20 £Nil)

Anti-Bribery and Anti-Corruption

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

Going Concern

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

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

Accounts Direction

PCC accounts have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FReM) and in accordance with the requirement of Article 90(2)(a) of the Health and Personal Social Services

(Northern Ireland) Order 1972 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

Accounting Policies

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

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Vivian McConvey

Chief Executive Officer

Date: 22 June 2021

SECTION 2: ACCOUNTABILITY REPORT

The Accountability Report for PCC is presented in three 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**.

a) Corporate Governance Report

Directors' Report

The Patient and Client Council is made up of Members, appointed by the DOH 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, (and unlike the position in service delivery organisations such as the Trusts and the HSCB, PHA, etc.) no members of staff sit on the governing body.

Ms Christine Collins, MBE was appointed Chair on 1 March 2019.

The Members of PCC as at 31 March 2021 are listed below:

- Cllr Martin Reilly (appointed 2nd August 2010, reappointed 5 August 2014, extended to 31 July 2020 and to 31 July 2021);
- Mrs Elizabeth Cuddy (appointed 16 December 2013, reappointed 16 December 2017);
- Mr William Halliday (appointed 9th December 2013, reappointed 9 December 2017);
- Mrs Joan McEwan (appointed 2nd December 2013, reappointed 2 December 2017);
- Mr Patrick Farry (appointed 1 April 2019);
- Mr Alan Hanna (appointed 1 April 2019);
- Mr Paul Douglas (appointed 1 April 2019).

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

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

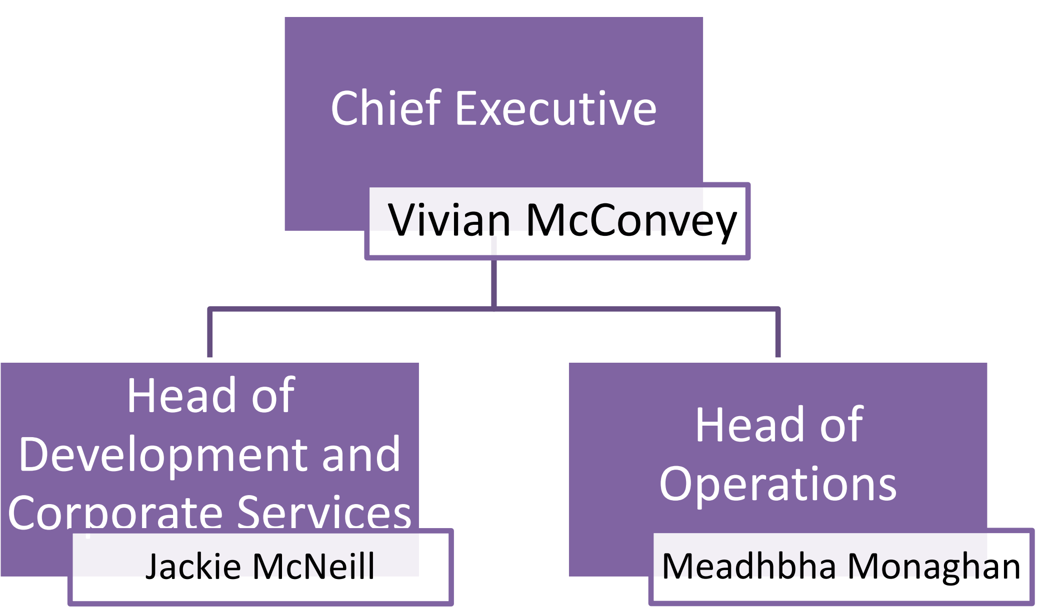
It should be noted that the Council members are not classified as Non-Executive Directors therefore there is no requirement to produce a separate Non-Executive Directors report.

The Executive Management Team are responsible for the day to day activities of PCC and consists of:

- The current CEO was appointed on 8 April 2019;
- The Head of Operations was appointed on 15 May 2020;
- The Head of Development and Corporate Services was appointed 1 February 2019.

Senior members of staff had no significant interests, which would conflict with their management responsibilities to report for 2020/21. The register of interests can be found on PCC website by clicking here https://patientclientcouncil.hscni.net/who-are-we/key-people/

Structure of the Executive Management Team



During 2020/21 one personal data related incident was reported to the Information Commissioner's Office. A report was submitted to the Information Commissioner's Office (ICO) reporting this breach and we are continuing to work with the ICO on this matter.

The notional cost of the audit for the year ended 31 March 2021 which pertained solely to the audit of the accounts is £9,000.

Statement of Accounting Officer Responsibilities

Under Health and Social Care (Reform) Act (Northern Ireland) 2009 the DoH has directed 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 accounts are prepared on an accruals basis and must provide a true and fair view of the state of affairs of PCC, of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

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

- observe the Accounts Direction issued by the Department of Health, including 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; 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.

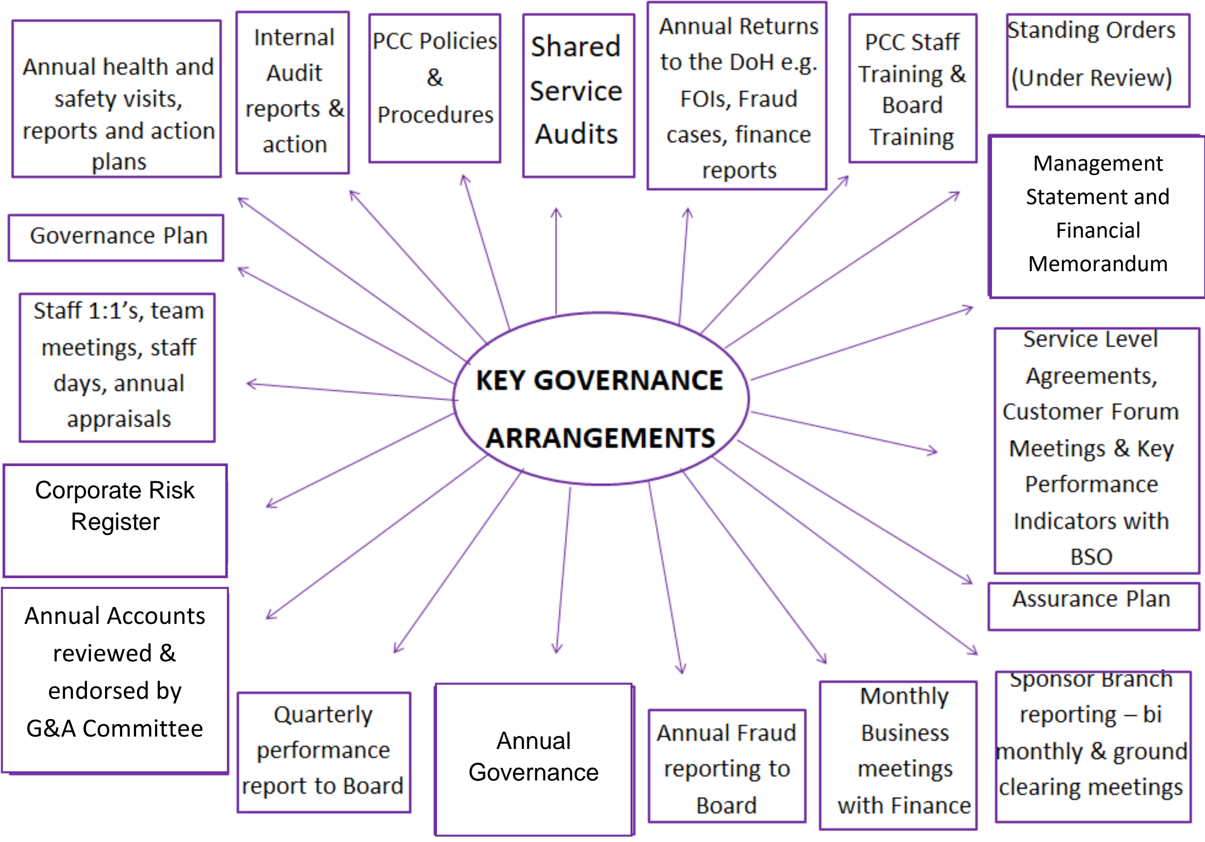
The Permanent Secretary of the DOH as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland has designated Vivian McConvey of PCC as the Accounting Officer for PCC. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding PCC's assets, are set out in the formal letter of appointment of the Accounting Officer issued by the DOH, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

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

Governance Statement

1. Introduction/Scope of Responsibility

As CEO of the Patient and Client Council ("PCC") and as its designated Accounting Officer, I am responsible for its internal governance. The year commenced with immediate and rapid change responding to the global pandemic. Within days, business as we knew it required re-thinking, adaptation and new solutions. The challenge for PCC given that a substantial element of day-to-day business was stood down, immediately the business plan needed to be reviewed and a new model of practice created to support the public and adhere to the legislative mandate. New systems and processes to manage and monitor were required. In parallel, work continued on PCC organisational review, which had started in September 2019. Throughout the past year I have reviewed, maintained and improved internal systems. I believe these are the foundation stones required to support the achievement of PCC's vision and goals. In so doing, I have also safeguarded the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me as Accounting Officer by the Permanent Secretary of the Department of Health. The graphic below summarises the key internal governance arrangements which run throughout PCC.



The CEO is responsible to the Patient and Client Council for the general exercise of its functions; and is responsible to the Council for keeping proper accounts and records, for preparing a statement of accounts in respect of each financial year; and for submitting those accounts and an annual report to the Department of Health.

The Chair and Council Members of PCC are appointed by the Department of Health ("DoH") and constitute the Council of PCC. PCC is an arms-length body within the Health and Social Care system ("HSC") in Northern Ireland. PCC works in partnership with all health and social care organisations to fulfil its statutory functions and duties. The Health and Social Care framework document prepared by the DoH under section 5 of the Health and Social Care (Reform) Act (NI) 2009 ("the Framework Document") states that PCC's relationship with other bodies in the HSC is characterized 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 Framework document recognises that PCC has considerable influence over the manner in which consultations are conducted by bodies within the HSC. This describes the constructive tension at the heart of PCC's functions. PCC continues to develop and embed new relationships and networks across the HSC family and other sectors, including Commissioners, regulators, and the community and voluntary sector, recognising the value of partnership working as we move forward. Our aim is to put the interests of the public at the centre of the conversation; and work with all stakeholders to find solutions to the challenges and matters the public ask us to address. Our model is one of relationship based, early intervention with a solution focused approach to address the matters that concern the public.

The Nursing, Midwifery and Allied Health Professional Directorate within the DoH is the Sponsoring Team for PCC, and is the primary point of contact within the DoH on non-financial management and performance. It is the primary source of advice to the Minister on the discharge of his responsibilities in respect of PCC. This Directorate also supports the Permanent Secretary as Departmental Accounting Officer on his responsibilities towards PCC. PCC's Management Statement and Financial Memorandum (MSFM) establish the framework agreed with the DoH within which PCC operates. PCC understand that the MSFM will be replaced by a Partnership Agreement with effect from 1 April 2022; and looks forward to working with the DoH to create this Agreement.

2. Compliance with Corporate Governance Best Practice

During the year with the assistance of the Assistant Chief Legal Adviser, Directorate of Legal Services, the Council reviewed the Health and Social Care (Reform) Act (NI) 2009 legislation, the Framework Document, and relevant policy documents, in order to build a firm understanding of its role and statutory structures. The analysis of legislation and other key strategic drivers, together with information on peoples' priorities, will inform PCC's vision, new organisational structure and practice model. This work was central to creating the new Strategic Statement of Intent, setting out the high level aims for PCC over the next 3 years.

The Patient and Client Council is a statutory corporate body established by Section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. The corporate body is made up of the Chair and Members, who constitute its governing body. The review highlighted that PCC

does not have a “**Board”.** Members should be described as members of the Council, rather than “non-executive” members of a Board. Since PCC consists of its Chair and members, the review suggested that the use of the term “Board” is potentially misleading and should be avoided. Rather, the terms ***“Council”*** and ***“Members of the Council”*** would be more consistent with the terms of the founding legislation. The Council agreed going forward that the terms “Council” and “members” would henceforth be used.

The Council of PCC applies the principles of good practice in Corporate Governance and continues to work to strengthen its governance arrangements. The Council of PCC undertakes continuous assessment of its compliance with governance best practice through its Governance and Audit Committee. Creating good practice is achieved through training and development actions and regular reviews of PCC’s processes.

During the year I worked with the Chair and Members of the Council to embed considerable organisational change; induct a newly appointed Leadership Team and respond to an uncertain, rapidly changing working environment resulting from the global pandemic, I utilised a systematic review process to provide the evidence / information / recommendations to improve the governance in PCC. During the year, the following external reviews, led by the Leadership Centre Independent Consultants, were conducted:

1) Council Structure;
2) Council Effectiveness;
3) Financial Management Processes Operating within PCC;
4) Workload Analysis;
5) Organisational Review.

In addition, facilitated by the Leadership Centre, Statement of Strategic intent is being developed, to encapsulate PCC’s vision and overarching strategic direction.

The Council’s approach is underpinned by compliance with *“Corporate governance in central government departments: Code of good practice NI 2013”*.

The Governance and Audit Committee completed their assessment in August 2020 with no significant outcomes, as reported to Council in the Committee’s annual update.

All Members received a copy of the HSC Code of Conduct 2019.

3. Governance Framework

The Council

The Council exercise strategic control through a framework of corporate governance which includes:

- Standing orders and standing financial instructions, incorporating a schedule of matters reserved for Council decisions and a scheme of delegation. These were initially approved on the 1 April 2009; minor amendments were approved on the 19 March

2019. {Note: these are currently being reviewed and revised; and will be presented to the Council for consideration and approval in 2021/22)

- The appointment of a Governance and Audit Committee;
- The appointment of a Research Committee; and
- The appointment of an Appointments and Remuneration Committee.

The Chair and Members of the Council, appointed by the Minister under the Public Appointments process, constitute the governing body of PCC. As at 31 March 2021 the Council has eight members (including the Chair). The Council holds quarterly formal meetings in public and in 2019/20 rotated meetings across Northern Ireland, in an effort to improve accessibility. In 2020/21, all meetings were held on Zoom because of the COVID 19 restrictions on travel and face-to-face meetings. During the year, PCC supported the Board Apprentice Scheme, which is hosted by Strictly Boardroom, and endorsed by the Department of Finance. It is designed to widen participation in public sector boards by offering an intensive training and mentoring programme to selected participants from under-represented groups. PCC welcomed a "Board Apprentice" to sit as an Observer at Council Meetings and to participate in workshops and in Committee meetings.

In 2020/21 there were four formal Council meetings. Members' attendance is set out below:

Council Member	Attendance
Ms Christine Collins MBE (Chair)	4
Mrs Elizabeth Cuddy	3
Mr William Halliday	3
Mrs Joan McEwan	3
Cllr Martin Reilly	4
Mr Alan Hanna	4
Mr Paul Douglas	3
Mr Patrick Farry	4

A Register of Members' interests is maintained and formally updated annually. Council Members are asked to declare any possible conflicts of interest at the start of each Council Meeting. Christine Collins as Chair of PCC notes at every Council meeting the potential for a conflict of interest in respect of her role as Interim Chair of RQIA; arrangements are in place to mitigate this and to deal with any conflict, including ensuring that the DoH Sponsor Teams for both RQIA and PCC receive copies of papers for meetings in order to ensure that any conflicts are identified in advance.

During the year, the Council also considered a number of key strategic issues, including:

- Departmental COVID-19 – Sponsorship and Governance Activities Guidance;
- PCC COVID-19 Contingency Plan and ongoing internal learning;
- Implementation of Care Opinion and partnership with PHA;
- Rebuilding HSC Services;
- Mapping the environment and key stakeholders for PCC;
- PCC Organisational Review;

- Revised PCC Corporate Risk Register and Risk Management processes;
- Business Planning 2021/22; and Introducing Outcomes Based Accountability
- Council Finance Training;
- Strategic Planning Process for period 2021 to 2025, creating a Strategic Statement of Intent; and
- 5 Nations Advocacy and Involvement Organisations Overview.

Governance and Audit Committee

The remit of the Governance and Audit Committee includes an integrated governance approach encompassing financial governance and organisational governance, both underpinned by sound systems of risk management.

As at March 31 March 2021 the Committee membership consisted of:

- Mr Patrick Farry (Chair);
- Mrs Joan McEwan;
- Mrs Elizabeth Cuddy;
- Mr William Halliday; and
- Cllr Martin Reilly.

The Committee met formally four times in the twelve month period and provided assurance to the Council that governance standards were met. One meeting in March 2021 was rescheduled to 14 April 2020. The Governance & Audit Committee attended a PCC Risk Register Workshop on the 23 June 2020 (Zoom Video).

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

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

- Attendance at Work Policy;
- Drugs, Alcohol and Substance Policy;
- Employment Equality of Opportunity Policy;
- Family Pack;
- Fire Safety Policy;
- Health and Safety Policy;
- Fraud Policy;
- Policy on Partial Retirement;
- Social Media Policy;
- Your Right to Raise A Concern;

- Adverse Weather Protocol;
- Investigation Policy;
- Safe Guarding Policy;
- Secondment Guidance.

The Governance and Audit Committee used the National Audit Office Audit Committee Self-assessment Checklist to review its performance against good practice in August 2020. The Committee self- assessed that it met the five Good Practice Principles listed in the checklist.

The Governance and Audit Committee in May 2021 also reviewed its Terms of Reference against the Audit and Risk Assurance Handbook and expanded its remit to include a financial oversight role.

Research Committee

The membership of PCC Research Committee includes PCC's Research Manager along with a minimum of three other members who are either current members of PCC Council or former PCC Council members who have been co-opted onto the Research Committee. In 2020/21 membership included:

- Paul Douglas – Chair;
- Alan Hanna;
- Professor Hugh McKenna – co-opted member; and
- Dr May McCann – co-opted member.

The Research Committee met twice in 2020/21 with the following attendance;

Members	Attendance
Paul Douglas - Chair	2
Alan Hanna	2
Professor Hugh McKenna	2
Dr May McCann	1

The Terms of Reference of the Research Committee are to:

- Receive and approve applications forwarded by PCC staff and assess the ethical implications for PCC of the proposed studies, before (where appropriate) they are forwarded to ORECNI and or/University/Trust ethics committees;
- Receive and approve questionnaires and other research tools and provide comments with a view to enhancing the effectiveness of the questionnaire or other research tools;
- Identify opportunities for PCC to collaborate in research projects with external partners;
- Advise on PCC's guidance for the conduct of research studies and PCC Research Strategy; and
- Advise how specialist advice of appropriate non- members could be accessed where necessary.

Appointments and Remuneration Committee

At the end of the year the Chair will conduct an appraisal for the one Senior Executive of PCC, the Chief Executive Officer, and make recommendations to the Appointments and Remuneration Committee.

The Appointments and Remuneration Committee for 2020/21 membership is:

- Mrs Christine Collins
- Mrs Liz Cuddy; and
- Mr. Alan Hanna.

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 they are subject to the HSC Individual Performance Review system. Within this system, each participant agrees objectives with the CEO and the CEO agrees hers with the Chair. At the end of each year performance is assessed by the Chair and a performance pay award is recommended on the basis of that performance. This recommendation is submitted to the Council's Appointments and Remuneration Committee for endorsement, and to the Council for approval. There are no elements of senior executives' remuneration that are not subject to performance conditions.

In 2020/21 the committee met three times in August, October and November. Matters addressed included the Chief Executive Officers appraisal and pay award and the process of back pay for the previous Chief Executive Officer, which is scheduled to be paid in April 2021 to the amount of £3,701.

Members	Attendance
Christine Collins	3
Alan Hanna	3
Liz Cuddy	3

The Appointment and Remuneration Committee Role and Performance:

The main functions of the Committee are:

- 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
- To 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.

Chief Executive Officer and Executive Management Team

The Chief Executive Officer (CEO) has delegated authority for the day-to-day management of PCC. The CEO is responsible for leading the Executive Management Team consisting of the Head of Operations who was appointed in May 2020 and the Head of Corporate Services. Assisted by the Executive Management Team the CEO leads PCC staff in:

- fulfilling PCC’s statutory responsibilities including the general functions and duties specified in the Management Statement and Financial Memorandum;
- developing plans, programmes and policies for Council approval including the Corporate Strategy, Review Programme and Annual Business Plan;
- delivering PCC’s services in line with targets and performance indicators agreed by Council;
- developing PCC's relationships with key stakeholders;
- communicating PCC’s plans and achievements to stakeholders, PCC staff, DoH and the general public;
- acting as PCC's Accounting Officer, reporting to the DoH on the use of public funds and with personal accountability and responsibility for PCC's:
    - propriety and regularity;
    - prudent and economical administration;
    - avoidance of waste and extravagance;
    - efficient and effective use of available resources; and
    - the organisation, staffing and management of PCC.
- ensuring that the EMT:
    - acts within the levels of authority delegated by Council, escalating any high risk and /or high impact issues for the timely attention and consideration of Council;
    - provides accurate and timely information to enable Council to fulfil its governance responsibilities effectively; and
    - supports Council in fulfilling its role and responsibilities as set out in this Governance Statement.

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 PCC.

The Council recognises that the management of risk is an essential element of good governance and the effective stewardship and administration of the Council. In 2020/21 the Council continued to build on the review and revision of the organisation's risk management processes and system. The review and revision was facilitated by a specialist in governance, risk and assurance who supported the Head of Corporate Services to implement the change process and facilitated workshops.

Leading at a time of significant change, responding to the pandemic and implementing an organisational review: business planning and risk management formed a central part of the Council agenda. Further training will be undertaken, both as part of continuing Council development and in order to further embed sound risk management practices throughout PCC. Plans to hold a further risk workshop with the Sponsor Team in DOH in 2020/21 were placed on hold due to the COVID 19 Pandemic and will be undertaken if circumstances permit in 2021/22.

Business Planning

The Annual Operational Plan details how the Corporate Plan goals will be achieved and demonstrated. With the impact of COVID 19, the prepared Operational Plan for 2020/21 had to be constantly reviewed and adjusted throughout the year to enable PCC to respond to the turbulent environment, and to support both the public and the wider HSC. Revised Plans were presented to PCC Council and to DoH Sponsor Branch throughout the year.

Parallel to this, we undertook a substantial development programme to train the Leadership Team on Outcomes Based Accountability. ("OBA"). This was in response to improvements required with regard to how as an organisation we measured our success against targets. Previously this was achieved through setting out key deliverables with aligned timescales, which did not support a fuller analysis of impact and outcome. The proposed new OBA methodology was presented to Council in December 2020, with the proposal to review the Business Plan format and thus the monitoring and reporting process. During 2020/21, 5 priority areas had emerged to be aligned within the revised Operational Plan, this included:

1. The public and the global pandemic;
2. Engaging and involving the public;
3. HSC rebuild and recovery;
4. Advocacy and support; and
5. Connecting the public with decision-making.

A new process was created to redesign the systems to gather the data evidencing progression towards achieving the outcomes, for example the client database needed to be updated with a

review of datasets that will allow for improved reporting. The OBA scorecard aligns with PCC legislative mandate, the Programme for Government and the priorities highlighted by the public.

A Performance Report is presented at formal Council meeting every quarter providing an update on the Operational Plan, setting out progress and completion of objectives measured through agreed specific deliverables. This is supplemented by the Annual Report on Performance. These Reports are available to the public through PCC website. The Operational Plan is subject to approval by PCC Council and the Department of Health. Regular bi-monthly and in the last quarter monthly meetings were held between Sponsor Branch and PCC Executive Team.

PCC is funded by the DoH on an annual basis through a grant. Over recent years PCC grant in aid has decreased, which placed a significant pressure on the organisation to meet the growing demand for services. Recognising the impending challenge for PCC, I have continued to explore with the Chief Nursing Officer as our Sponsor within DoH, how to increase the financial resource allocated to PCC. I have made Business Case submissions and in the new financial year, 2021/2022 secured an additional one-year allocation of £238,000 to support inescapable financial pressures for the incoming year. This short-term solution will enable PCC to enter 2021/22 and bring much needed stability. It is only to be expected that the significant financial challenges across the Health Sector will also impact on PCC.

Risk Management

Risk management is embedded in the activities of PCC. Executive responsibility for risk management lies with me as CEO; and I delegate day-to-day management to the Head of Business Support.

Central to managing risk is the Corporate Risk Register. During 2020/21 Council reviewed the format of the register and assessed the key risks facing PCC, assuring itself of their relevance and possible impact on PCC activities. Progress on formally embedding the new processes within PCC operations was subsumed into the COVID 19 activity and the organisational development process.

PCC’s risk management policy remains under review.

The Council reviewed and agreed its approach to risk, including its risk appetite in 2019/20. Given that it is publicly funded and that it is part of Northern Ireland’s health and social care system, Council has determined that 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.

Notwithstanding the above, in two key areas PCC's risk appetite will be averse, which means that risks will be eliminated or reduced to the lowest practical level should they impact negatively upon and these relate to :

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

PCC manages risk by:

- Undertaking assessments to identify the principal risks and reporting these to Council through a Corporate Risk Register;
- Monitoring and reviewing the effectiveness of the Assurance Framework. This is undertaken by the Governance and Audit Committee and informed by information from internal and external audit review activities;
- Ensuring that risk management policies are developed to define risk management responsibilities and to embed an ethos of learning and improvement following adverse incidents;
- Integrating risk management into the annual planning process, ensuring that risks inform the planning process;
- Completing and annually reporting on compliance with DoH risk management requirements;
- Completing Controls Assurance Standards self-assessments, so as to provide evidence that PCC is doing its "*reasonable best*" to manage itself in order to meet objectives and protect service users, staff and other stakeholders against risks of all kinds;
- Empowering staff at all levels in PCC to identify, assess and notify risks;
- Developing and maintaining a *"no blame"* culture. In such a culture, staff are accountable for their actions, but it is recognised that individuals can and do make mistakes. PCC Council is committed to having an open and honest approach in all matters and to be a supportive, open and learning organisation; and
- Ensuring that its work is underpinned by an evidence base through its engagement with patients, clients and carers. This is reinforced through its Membership Scheme and the work of its Involvement Officers and Client Support Officers.

Risk Registers are held at corporate and local office levels to record all forms of risk. The Risk Registers:

- describe the risk in enough detail for it to be understood;
- assess the impact and/or consequences and likelihood of realisation of the risk;
- detail the action necessary to manage the risk; and
- Identify the officers responsible for ensuring that the risk management actions are completed.

Leadership is provided on risk management through the Governance and Audit Committee and by the Head of Business Support. The risk management process seeks to identify risks in accordance with best practice as well as providing a system for embedding risk management in

the organisation. The Council has designated one of its Members as "Champion" for Risk Management.

All staff receive an induction training programme on joining the organisation, including an e-learning module on risk management. Any ad hoc training is cascaded from the Head of Business Support, through Line Managers to all staff. Bespoke training sessions for staff was facilitated by a specialist in governance, risk and assurance during August and September 2020.

Staff

The process of organisational change coupled with the unprecedented year resulting from the global pandemic has impacted on staff stability, induction into the organisation, team building and the timetable of job evaluation for new job roles in the organisational review and the recruitment of permanent posts. The organisation had to move swiftly to remote working, implementing new practice and policies / procedures with a focus on how to support staff. New staff joining PCC required a new approach given the restrictions on face-to-face contact. An investment into Zoom accounts for each staff member enabled them to have online face to face contact with colleagues, line managers and clients at any point.

PCC experienced considerable staff issues including staff sickness and staff vacancies. This required the support of agency staff to provide stability and the resource to meet the increasing demand for our services. Through the appointment of a Head of Operations and Involvement Manager, stability and practice innovation was been achieved in the operations. Staff turnover was mostly at the operational management level, known in PCC as the Leadership Team. By the end of the financial year, four operational managers resigned from PCC. Whilst this resulted in a significant loss of corporate memory across the Leadership Team, it brought a new skill set and experience that in a time of immense change brought innovation and stability. I invested in a training programme for all staff in the area of supervision to assist in building strong inter staff / team relationships. New practice in staff "*huddles*" and "*learning sets*" created the space to share and support practice development.

Increased requests from the public and the increased engagement in the rebuild of health and social services provided an opportunity to access additional funds to supplement the staffing compliment. Through the use of agency short-term contracts, we increased our staffing complement in the Client Support Team, Involvement Team and Research Team.

5. Information Risk

Information risk management is an essential part of good management and is integrated into PCC's risk management strategy and policies. In addition to a suite of policies and procedures relating to information governance, PCC staff received training from the Business Services Organisation's (BSO) Data Protection Manager in October 2020; covering an Overview of Data Protection Legislation, Information Security and Overview of The Freedom of Information Act.

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

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

All members of the Leadership Team will have completed the Information Asset Owner eLearning module by 17 May 2021.

There was 1 personal data breach reported to the Information Commissioner in the 2020/21 year. PCC were informed of a data breach whereby a number of service user email addresses were inadvertently added to the CC field instead of the BCC field in an electronic communication. A report was submitted to the Information Commissioner's Office (ICO) reporting this breach and we are continuing to work with the ICO on this matter.

PCC are required to complete Regional Information Governance Awareness eLearning programmes developed for Health and Social Care organisations within Northern Ireland. Training materials in line with UK GDPR on a bi-annual basis. Staff are scheduled in June 2021 to undertake annual training on Information Governance provided by PCC's Data Protection Officer as well as regular updates and refresher training by management aligned to relevant policies and training will mitigate further risk:

- Patient Client Council Use of ICT Policy;
- Patient Client Council Use of Electronic Mail Policy (September 2019);
- Data Protection Policy (January 2018);
- Information Risk Policy (January 2018);
- Information Security Policy (January 2018).

PCC received 4 Data Access Request in the 2020/21 year. Three were responded to in time. One was responded to in time, though in May 2021. For FOIs, 4 were received in the 2020/21 year. Three were responded to in time, one remains open.

When PCC is required to share data with third parties e.g. a mailing company used to disseminate newsletters to PCC Members, the third party will agree and sign a data agreement in advance.

Cyber security is managed by BSO under an agreed Service Level Agreement. Assurances are sought through Internal Audit reports and a yearly assurance letter from BSO.

6. Fraud and Whistleblowing

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 (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support to the Anti-Fraud Policy and Fraud Response Plan. The Head of Business Support attends the quarterly Fraud Liaison Officer meetings co-ordinated by BSO.

PCC has a whistleblowing policy which was developed in March 2018 and was updated in August 2020 and approved by Council in September 2020. This policy has been made available to all staff and a member of the Council has been identified as the Whistleblowing Champion. The Governance and Audit Committee has an oversight role in terms of Whistleblowing and all cases are reported through to this Committee.

7. Public Stakeholder Involvement

Engaging with the public is central to the work of PCC. PCC has a Personal and Public Involvement Policy, "*Working Together",* which was informed by service users, subject to public consultation and approved by Council in 2018/19.

Based on its experience of working with patients, service users, carers and communities (people) and listening closely to what they have said, the following values underpin PCC policy for working together:

- **Value 1** – The six principles of co-production recommended by the DOH '*Co-production, A 'How To' Guide to Delivering Transformational Change Together'*, August 2018;
- **Value 2** - People will be involved in ways that are accessible;
- **Value 3** - People will be kept informed;
- **Value 4** - Involving people will make a positive difference; and
- **Value 5** - In partnership with you we will continually review what we do.

In 2020/21 PCC have continued to develop and strengthen our public stakeholder involvement within the overarching strategic frameworks of:

- Co-Production Guide for Northern Ireland, "Connecting and Realising Value Through People" (2018);
- "Rebuilding HSC Services" Rebuilding Health, DoH; (August 2020- March 2021)
- Emergency Care Action Plan No More Silos (October 2020); and
- Social Services Strategic Framework (June 2020).

The health, social and economic impact of COVID-19 cannot be understated and our lives have had to change significantly as a result. This has occurred during a time of significant challenge and opportunity for our health services in Northern Ireland. It is critical that the patient and public

voice is heard and harnessed to influence ongoing conversations and decisions around how services and systems must flex and adapt in response. With the restrictions on in-person meetings and general limitations on engagement and involvement activities, this has also necessitated adaptation of the methods of PCC public stakeholder involvement in order to ensure that we continued to meet our statutory obligations, embodying the values outlined. This adaptation, through the use of digital platforms and virtual meeting tools and techniques has significantly enhanced the consistency, reach and quality of our public stakeholder involvement this year.

PCC has worked throughout 2020/21 in partnership with members from our Membership Scheme to develop and extend its membership base. The Membership Scheme has become a key source of information about emerging health and social care issues; providing knowledge and insight to our membership base of individuals, organisations and the wider population. In doing so, it has showcased opportunities for patients, clients, carers and the public to share their lived experience within programmes of work, as well as informing and involving lived experience available through PCC to the HSC. It has harnessed its potential in informing decision makers about the impacts proposals may have on the health and wellbeing of the public.

During the COVID-19 pandemic, PCC has used the membership scheme to inform and advise members on evolving information and guidance relating to restrictions and the impact upon services. The frequency of the Membership Newsletter has also increased from monthly to a weekly basis in order to keep members abreast of current affairs and the changes within health and social care.

The introduction of Health and Social Care Hubs, a virtual monthly HSCT focussed engagement whereby members from their respective locality could meet engage with PCC has evolved from a pilot initiative to a service initiative. PCC engagement structures have also been developed throughout 2020/21 to provide a continuum of involvement, allowing individuals, organisations and decision-makers to engage through a ***'network of networks'*** approach in a '***constant conversation'*** on HSC issues at a more generalist level through to more focused, specific work on our theme-based Engagement Platforms.

In year, PCC has also undertaken a project focussed on coproduction and collaboration, building on work started in 2019/20. The project seeks to design, develop and implement a paid service user employment model to recruit, train and support members of the public and users of HSC services with relevant experience to participate in co-production and collaboration activities for specific areas of work at strategic level. The project has featured engagement with HSC colleagues, as well as members of the public to establish the framework for paid service user involvement on the basis of reciprocal recognition within strategic and operational programmes of health and social care.

8. Assurance

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

The Standing Orders of PCC require the setting up of a Governance and Audit Committee, as directed by *HSS(PDD)8/94,* to provide assurance to the Council that financial stewardship and corporate governance standards are being met. The Governance and Audit Committee maintains and reviews the effectiveness of the system of internal control for PCC. Full details of the Committee, its role, terms of reference and responsibilities can be found in the Standing Orders. These were initially approved by PCC Council on the 1 April 2009 and are currently under review, taking account of the examination of the Patient and Client Council's legal structure and responsibilities; of the recommendations of the Hyponatremia Inquiry. This review was delayed as a result of COVID pressures but has now (May 2021) been recommenced.

As part of its review of its statutory mandate and structure, Council has also reviewed and revised its Committee structure. During the 2020/21 year, the Council operated with the following Committees:

1. Governance and Audit;
2. Appointments and Remuneration;
3. Research Committee.

The Chair of each Committee, supported by the relevant staff members, report to the full Council meeting on the matters which they have considered.

Moving forward into 2021/22, in line with the proposed new organisational structure, the Council approved at the Council Meeting in April 2021 to establish the following new Committee structure:

- Governance and Audit: **Chair** Paddy Farry; **Members** – Liz Cuddy, Joan McEwan, Paul Douglas;
- Peoples' Priorities: **Chair** Paul Douglas; **Members** – Bill Halliday, Joan McEwan, Martin Reilly;
- Business: **Chair** Alan Hanna; **Members** – Paul Douglas, Liz Cuddy, Joan McEwan; and
- Appointment and Remuneration: **Chair** Alan Hanna; **Members** – Martin Reilly, Bill Halliday, Christine Collins.

These Committees will ensure that the Council is kept informed in a comprehensive and timely way of the work of the organisation and can scrutinise the effectiveness and efficiency of its operations in an appropriate manner.

All Council papers are reviewed and quality assured by myself as CEO and the Chair before submission to the Council for consideration. The Council scrutinises and questions the Executive Management Team in Council meetings on the content of reports and the quality of the information provided. The Council finds this process and the quality of the information acceptable.

The Internal Audit (IA) service for PCC is provided by the BSO.

Internal Audit carries out its role by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

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

9. Sources of Independent Assurance

Internal Audit

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

All audit assignments included in the 2020/21 Internal Audit Plan approved by the Governance & Audit Committee were delivered:

AUDIT ASSIGNMENT	LEVEL OF ASSURANCE
Finance Audits:	
Financial Review	Satisfactory
Governance Audits:	
Performance Management	Limited

The following significant findings were identified in the above audit assignments, impacting on the assurance provided:

Performance Management

The following was noted by Internal Audit in respect of the Council performance report:

- The performance report is very lengthy and largely reads like a detailed action plan highlighting progress against PCC projects/objectives. There are limited Key Performance Indicators (KPIs) set in the performance report across a range of services to allow PCC to measure the efficiency and effectiveness of the service being provided.
- There is also limited performance reporting on PCC workforce /HR – this is important in the context of organisational review.

- A traffic light system is now used to measure the status of performance against the actions set. Where there is an amber or red rated action, there is a need going forward for PCC to provide better explanations as to why targets are slipping and what remedial action is being taken to mitigate the slippage.
- There is no executive summary at the front of the document summarising key performance over the month and year to date.

In order to take forward these recommendations PCC has recruited 2 Business Support Managers, one to concentrate on finance and governance and the other to focus on internal policies and procedures. Business Support Management weekly meetings have been set up to oversee the implementation of these recommendations.

A review of the implementation of previous priority one and priority two Internal Audit recommendations was carried out at mid-year and again at year-end. At year-end, 24 (73%) out of the 33 recommendations examined have been fully implemented and 9 (27%) recommendations have been partially implemented.
In order to take forward these recommendations PCC has recruited two Business Support Managers, one to concentrate on finance and governance and the other to focus on internal policies and procedures. Business Support Management weekly meetings have been set up to oversee the implementation of these recommendations.

Consultancy/Non Assurance Assignments

Internal Audit contributed to a Risk Register Workshop, attended by Non-Executive Directors, in July 2020 to help develop the risks on PCC Corporate Risk Register.

Internal Audit also undertook advisory work to develop assurance map templates to assist smaller HSC ALBs in considering assurances in areas previously captured in controls assurance standards.

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

Shared Service Audit	Assurance
Payroll Service Centre: Follow Up Review September 2019 Payroll Service Centre – Year End March 2020	Limited Satisfactory – Elementary Payroll Processes: Limited –Timesheets, Management of Overpayments and RTI Data HMRC/SAP
Recruitment Shared Service Centre	Satisfactory – Recruitment Processes Limited – eRecruit System Functionality
Accounts Receivable	Satisfactory
Accounts Payable	Satisfactory

The recommendations in the BSO Shared Service audit reports are the responsibility of BSO Management to take forward. As a client of the BSO, PCC's Governance and Audit Committee welcome progress made regarding some aspects of payroll services however, concerns remain regarding the 'Limited' assurance, particularly for some payroll services and the eRecruit system functionality. The Head of Development and Corporate Services and the Governance and Audit Committee will continue to monitor these through the assurance process in place to accompany the Service Level Agreement between the BSO and PCC.

In their annual report the Internal Auditor, for the year ended 31 March 2021, the Head of IA provided a satisfactory assurance on the adequacy and effectiveness of PCC's framework of governance, risk management and control.

Northern Ireland Audit Office (NIAO)

The financial statements are audited by the NIAO and the Certificate and Report to the Northern Ireland Assembly is included on page 76. The NIAO provides a Report to Those Charged with Governance with recommendations and these are acted upon and reported through to the Governance and Audit Committee.

10 Review of Effectiveness of the System of Internal Governance

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

11. Internal Governance Divergences

Internal Control issues from 2019/20

There were no significant Internal Control issues identified for PCC in the year 2019/20.

Internal Control Issues arising in 2020/21

There are three internal governance divergences to be highlighted:

- In February 2021, I commissioned a review by an independent consultant from the Leadership Centre of the financial management processes operating within PCC. This review highlighted a number of internal control weaknesses relating to financial management and an action plan has been developed to take forward the

recommendations. The Governance and Audit Committee have oversight on the progress being made on implementation of the recommendations which is expected to be complete by September 2021.

- During the year a Direct Award Contract (DAC) breached the procurement limit threshold of £122,976 by £2,024. As a result of this breach (Public Contracts Regulations 2016), I have reviewed our internal processes regarding the management of DAC's and taken several steps to ensure no further breaches regarding DAC's happens in the future

- **Budget Position and Authority** - The Assembly passed the Budget Act (Northern Ireland) 2021 in March 2021 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2020/21 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2021 also authorised a Vote on Account to authorise departments and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2021/22 financial year. This will be followed by the 2021/22 Main Estimates and the associated Budget (No. 2) Bill before the summer recess which will authorise the cash and resource balance to complete for the remainder of 2021/22 based on the Executive's 2021/22 final budget.

Conclusion

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 PCC and in conjunction with assurances given to me by the Head of Internal Audit I am content that PCC has operated a sound system of internal governance during the period 2020/21.

Vivian McConvey

Chief Executive Officer

Patient and Client Council

22 June 2021

b. Remuneration and Staff Report

REMUNERATION REPORT

Scope of the Report

The Remuneration Report summarises the remuneration policy of PCC and particularly its application in connection with senior staff and Council members.

The Appointments and Remuneration Committee

The Chair will conduct an appraisal for the one Senior Executive of PCC, the Chief Executive, in June 2021 and make recommendations to the Appointments and Remuneration Committee based upon the appraisal of the previous year's performance.

The Appointments and Remuneration Committee for 2020/21 is made up of:

- Mrs Christine Collins
- Mrs Elizabeth Cuddy; and
- Mr Alan Hanna.

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 they be subject to the HSC Individual Performance Review system. Within this system, the CEO agrees her annual objectives with the Chair. At the end of each year the Chair assesses performance 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.

The Appointment and Remuneration Committee Role and Performance

The main functions of the Committee are:

- 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
- To 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.

Contracts of Employment

The Chief Executive 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).

Early retirement and other compensation scheme – exit packages (Audited information)

Costs relating to one ill health retirement in May 2020 will be met by the pension scheme and are not included in the table. During 2020/21 there was 1 early retirement from PCC, agreed on the grounds of ill-health. The estimated additional pension liabilities of these ill-health retirements will be £35K. These costs are borne by the HSC Pension Scheme.

Wages and salaries include £nil costs relating to Voluntary Exit Scheme in 2020/21 and similar £nil costs 2019/20.

Benefits in Kind

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.

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 Pension Scheme Resource Account for the 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.

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 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2020/21 accounts.

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.

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

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

Members	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20
Christine Collins	15-20	15-20	-	-	-	-	15-20	15-20
Maureen Edmondson[3]	-	0-5	-	100	-	-	-	0-5
Martin Reilly	0-5	0-5	100	100	-	-	0-5	0-5
Patrick Farry[4]	0-5	0-5	-	-	-	-	0-5	0-5
Paul Douglas[2]	0-5	0-5	-	-	-	-	0-5	0-5
Alan Hanna[2]	0-5	0-5	-	-	-	-	0-5	0-5
William Halliday	0-5	0-5	-	100	-	-	0-5	0-5
Joan McEwan	0-5	0-5	100	100	-	-	0-5	0-5
Elizabeth Cuddy	0-5	0-5	-	-	-	-	0-5	0-5
Seana Talbot[5]	-	0-5	-	-	-	-	-	0-5
Hugh McKenna[3]	-	0-5	-	-	-	-	-	0-5
George Compston[3]	-	0-5	-	-	-	-	-	0-5
Garret Martin[3]	-	0-5	-	-	-	-	-	0-5
May McCann[3]	-	0-5	-	-	-	-	-	0-5

[3] Maureen Edmondson left 28/02/2020
[4] Patrick Farry, Paul Douglas and Alan Hanna took up their posts on 01/04/2020
[5] Seana Talbot left 31/01/2020, Hugh McKenna, George Compston, Garret Martin and May McCann all left 2018-19 but were awarded back pay during 2019/20 dating back to April 2018.

SENIOR MANAGEMENT REMUNERATION AND PENSION ENTITLEMENTS (Audited Information)

Name	Salary £000s		Benefits in kind (rounded to nearest £100)		Pension Benefits £000s		Total £000s	
	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21	2019-20
Vivian McConvey [6]	60-65	60-65	100	400	16	(8)	75-80	50-55
Jackie McNeill	50-55	50-55	-	-	68	13	120-125	60-65
Meadhbha Monaghan[7]	45-50 (FYE 50-55)	n/a	-	n/a	12	n/a	45-50 (FYE 50-55)	n/a
Joanne McKissick[8]	-	15-20 (FYE 50-55)	n/a	-	n/a	(2)	n/a	15-20 (FYE 50-55)

Pensions of Senior Management (Audited Information)

Name	Accrued pension at pension age as at 31/3/21 and related lump sum £000	Real increase in pension and related lump sum at pension age £000	CETV at 31/03/21	CETV at 31/03/20	Real increase in CETV
Vivian McConvey (appointed 08/04/2019)	0-2.5 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	34	16	17
Jackie McNeill (appointed 01/09/2017)	15-20 Plus lump sum of 30-35	0-5 Plus lump sum of 5-10	298	227	61
Meadhbha Monaghan* (appointed 15/5/2020)	0-2.5 Plus lump sum of 0-2.5	0-2.5 Plus lump sum of 0-2.5	7	n/a	7

* Meadhbha Monaghan previous employment was with a voluntary organisation, which doesn't form part of the HSC or its directional bodies, hence no start value at 01.04.2020 was obtained. No growth can be reported against a value of nil.

[6] Vivian McConvey started 08/04/2019
[7] Meadhbha Monaghan started 15/05/2020; as such there are no opening pension figures
[8] Joanne McKissick left for a secondment on substantive grade on 30/07/2019

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

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

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. 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.

Discrimination identified by the courts in the way that the 2015 pension reforms were introduced must be removed by the Department of Finance. It is expected that, in due course, eligible members with relevant service between 1 April 2015 and 31 March 2022 may be entitled to different pension benefits in relation to that period. The different pension benefits relates to the different schemes e.g. classic, alpha etc. and is not the monetary benefits received. This is known as the ‘McCloud Remedy’ and will impact many aspects of the Civil Service Pensions schemes including the scheme valuation outcomes. Further information on this will be included in the NICS pension scheme accounts which are available at [https://www.finance-ni.gov.uk/publications/dof-resource[1]accounts](https://www.finance-ni.gov.uk/publications/dof-resource[1]accounts).

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:

	2020-21	2019-20
Band of Highest Paid Employee’s Total Remuneration (£000s):	60-65	60-65
Median Total Remuneration (£s):	31,365	30,401
Ratio:	2.0	2.1

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

The banded remuneration of the highest-paid director in PCC in the financial year 2020- 21 was £60k-£65k (2019-20; £60k-£65k). This was 2.0 times (2019-20: 2.1) the median remuneration of the workforce, which was £31,365 (2019-20; £30,401). In 2020-20: 0 (2019-20: 0) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £18,005 to £62,323 (2019-20: £21,089 to £59,304). Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in kind.

STAFF REPORT

Staff Numbers and Related Costs

The CEO of PCC is Ms. Vivian McConvey appointed as the permanent CEO on the 8 April 2019. The CEO is responsible to the Council through the Chair for managing PCC as a corporate body and as Accounting Officer to the Permanent Secretary of the DoH.

PCC has a small staffing complement, structured into teams that plan, manage, coordinate and deliver on the corporate and business plans. PCC has an Executive Management Team made up of the CEO, Head of Operations and Head of Development and Corporate Services. The Leadership Team consists of the Client Support Manager, Involvement Manager, Research Manager, Communication & Events Manager and Business Support Manager. 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.

Staff Cost Comprise:	2021 Permanently employed staff	 Others	 Total	2020 Total
	£	£	£	£
Wages and Salaries	912,022	288,831	1,200,853	862,594
Social Security Costs	76,585		76,585	71,528
Other pension costs	172,372		172,372	155,045
Sub-total	**1,160,979**	**288,831**	**1,449,810**	**1,089,167**
Capitalised staff costs			0	
Total staff costs reported in Statement of Comprehensive Expenditure	1,160,979	288,831	1,449,810	1,089,167
Less recoveries in respect of outward secondments			0	0
Total net costs			**1,449,810**	**1,089,167**

The staff numbers disclosed as Others relates to temporary members of staff.

Wages and salaries include £nil costs relating to Voluntary Exit Scheme (2019/20: £nil)

PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both PCC and employees pay specified percentages of 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.

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 date. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years. However, it has been noted in HM Treasury guidance that the validation and processing of some of the Schemes' data may not be finalised until after the 2020/21 accounts are laid. Schemes are not automatically required to reflect 2020 scheme valuation data in the 2020/21 accounts. The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2020/21 accounts.

Average number of persons employed (Audited Information)

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

	2021			2020
	Permanently employed staff	**Others**	**Total**	**Total**
	No.	**No.**	**No.**	**No.**
Administrative and clerical	24	7	31	26
Total average number of persons employed	**24**	**7**	**31**	**26**
Total net average number of persons employed			**31**	**26**

The figures exclude the Chairman and NEDs of PCC.

Off Payroll Engagements

There were no off-payroll engagements during 2020/21 (2019/20 £nil).

Expenditure on Consultancy

PCC spent £nil on consultancy during the 2020/21 (2019/20: £ni

Staff Composition

	Council Members		**Executive Management Team**		**Leadership Team**		**Other Staff**		**Total**	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
Male	5	62%	0	0	1	100%	3	14%	9	26%
Female	3	38%	4	100%	0	0	18	86%	25	74%
Total	**8**		**4**		**1**		**21**		**34**	

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 2021.

Staff Absence Data

PCC sickness absence target for 2020/21, as agreed with the DoH, was 10.63% which represented a 5% reduction on 2019/20 levels. The cumulative absence level at March 2021 was 12.31 %. PCC is committed to continuing to manage staff absence through a programme of health and wellbeing and attendance management training. In line with DoH guidance, staff absence due to Covid-19 is recorded and reported separately.

Staff Turnover

The overall employee turnover figure for 2020/21 was 24%. One person left through early ill health retirement, two choose career changes and two staff members availed of promotional opportunities.

Staff Engagement

PCC utilised the Management of Change Framework and appointed a HR Business Partner with a lead role in supporting staff through the change agenda. A communication strategy was created to support the implementation of the recommendations from the organisation review and to create a plan to ensure that communication was timely and effective. In a year of challenge and change resulting from both the global pandemic and the organisational review, it was critical to facilitate ongoing staff engagement. The approach adopted was "***right person, right time, right information".*** The Executive Management Team met regularly with Trade Union representatives to share and consult on the communication strategy and the change agenda. A schedule of meetings ensured that the leadership team worked through key messages which were shared at staff days and followed up with more detailed conversations at both team and individual meetings.

c. 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 as Accounting Officer is responsible for the propriety and regularity of this public funding.

The Chief Executive discharges these responsibilities through a governance framework which is tested regularly and on which annual independent assurances are obtained.

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

The Governance Statement highlights a spending breach of EU Procurement rules.

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.

Long Term Expenditure Plans

See page 41 of the Performance Analysis for further detail on long term expenditure plans.

Assembly Accountability Disclosure Notes

(i) Losses and Special Payments (Audited Information)
PCC have no losses to report during the year.

(ii) Fees and Charges (Audited Information)
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, 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. PCC had no remote contingent liabilities.

Vivian McConvey

Chief Executive Officer

22 June 2021

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 2021 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. These financial statements have been prepared under the accounting policies set out within them.

The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards as adopted by the European Union and interpreted by the Government Financial Reporting Manual.

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

In my opinion the financial statements:

- give a true and fair view of the state of the Patient and Client Council affairs as at 31 March 2021 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 of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Patient and Client Council in accordance with the ethical requirements of the Financial Reporting Council's Revised Ethical Standard 2019 and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

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

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

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

Other Information

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

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

I have nothing to report in this regard.

Opinion on other matters

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

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

Matters on which I report by exception

In the light of the knowledge and understanding of the Patient and Client Council and its environment obtained in the course of the audit, I have not identified material misstatements in

the Performance Report and Accountability Report. I have nothing to report in respect of the following matters which I report to you if, in my opinion:

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

Responsibilities of the Council and Accounting Officer for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

My procedures included:

- obtaining an understanding of the legal and regulatory framework applicable to the Patient and Client Council through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I

considered included Health and Social Care (Reform) Act (Northern Ireland) 2009 and Department of Health directions issued thereunder;

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

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

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

Report

I have no observations to make on these financial statements.

KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court
Galwally
Belfast
BT8 6RB

5 July 2021

PATIENT AND CLIENT COUNCIL

ANNUAL ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

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PATIENT AND CLIENT COUNCIL

STATEMENT of COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2021

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	2021 £	2020 Restated £
Income			
Income from activities	4.1	-	-
Other Income (Excluding interest)	4.2	2,212	5,542
Deferred income	4.3	-	-
Total operating income		**2,212**	**5,542**
Expenditure			
Staff costs	3	(1,449,810)	(1,089,167)
Purchase of goods and services	3	(9,020)	(21,422)
Depreciation, amortisation and impairment charges	3	(5,201)	(4,857)
Provision expense	3	-	-
Other expenditure	3	(558,654)	(446,678)
Total operating expenditure		**(2,022,685)**	**(1,562,124)**
Net Expenditure		**(2,020,473)**	**(1,556,582)**
Finance income	4.2	-	-
Finance expense	3	-	-
Net expenditure for the year		**(2,020,473)**	**(1,556,582)**
Revenue Resource Limit (RRL) received from DoH	22.1	2,032,658	1,571,864
Surplus against RRL		**12,185**	**15,282**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2021 £	2020 £
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant & equipment	5.1/9/5.2/9	-	-
Net gain/(loss) on revaluation of intangibles	6.1/9/6.2/9	-	-
Net gain/(loss) on revaluation of financial instruments	7/9	-	-
Items that may be reclassified to net operating costs:			
Net gain/(loss) on revaluation of investments		-	-
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2021		**(2,020,473)**	**(1,556,582)**

The notes on pages 89 to 113 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of FINANCIAL POSITION as at 31 March 2021

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

	NOTE	2021 £	2021 £	2020 £	2020 £
Non-Current Assets					
Property, plant and equipment	5.1/5.2	17,891		13,098	
Intangible assets	6.1/6.2	-		-	
Financial assets	7	-		-	
Trade and other receivables	13	-		-	
Other current assets	13	-		-	
Total Non-Current Assets			17,891		13,098
Current Assets					
Assets classified as held for sale	10	-		-	
Inventories	11	-		-	
Trade and other receivables	13	71,979		26,790	
Other current assets	13	28,851		12,512	
Intangible current assets	13	-		-	
Financial assets	7	-		-	
Cash and cash equivalents	12	23,230		28,495	
Total Current Assets			124,060		67,797
Total Assets			**141,951**		**80,895**
Current Liabilities					
Trade and other payables	14	(250,350)		(241,835)	
Other liabilities	14	-		-	
Intangible current liabilities	14	-		-	
Financial liabilities	7	-		-	
Provisions	15	-		-	
Total Current Liabilities			(250,350)		(241,835)
Total assets less current liabilities			**(108,399)**		**(160,940)**
Non-Current Liabilities					
Provisions	15	-		-	
Other payables > 1 yr	14	-		-	
Financial liabilities	7	-		-	
Total Non-Current Liabilities			-		-
Total assets less total liabilities			**(108,399)**		**(160,940)**
Taxpayers' Equity and other reserves					
Revaluation reserve		-		-	
SoCNE Reserve		(108,399)		(160,940)	
Total equity			**(108,399)**		**(160,940)**

The financial statements on pages 85 to 88 were approved by the Council on 22 June 2021 and were signed on its behalf by;

Signed Christine Collins (Chairman) Date **22 June 2021**

Signed [signature] (Chief Executive Officer) Date **22 June 2021**

The notes on pages 89 to 113 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CASH FLOWS for the year ended 31 March 2021

The Statement of Cash Flows shows the changes in cash and cash equivalents of PCC during the reporting period. The statement shows how 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 PCC. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to PCC's future public service delivery.

	NOTE	2021 £	2020 £
Net surplus after interest/Net operating expenditure			
Net surplus after interest/Net operating cost		(2,020,473)	(1,556,582)
Adjustments for non cash costs	3	14,201	13,157
(Increase)/decrease in trade & other receivables		(61,528)	(6,636)
Less movements in receivables relating to items not passing through the NEA			
Movements in receivables relating to the sale of property, plant & equipment		-	-
Movements in receivables relating to the sale of intangibles		-	-
Movements in receivables relating to finance leases		-	-
Movements in receivables relating to PFI and other service concession arrangement contracts		-	-
(Increase)/decrease in inventories		-	-
Increase/(decrease) in trade payables		8,515	(18,887)
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant & equipment		-	-
Movements in payables relating to the purchase of intangibles		-	-
Movements in payables relating to finance leases		-	-
Movements on payables relating to PFI and other service concession arrangement contracts		-	-
Use of provisions	15	-	-
Net cash inflow/(outflow) from operating activities		**(2,059,285)**	**(1,568,948)**
Cash flows from investing activities			
(Purchase of property, plant & equipment)	5	(9,994)	(4,760)
(Purchase of intangible assets)	6	-	-
Proceeds of disposal of property, plant & equipment		-	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Net cash outflow from investing activities		**(9,994)**	**(4,760)**
Cash flows from financing activities			
Grant in aid		2,064,014	1,578,416
Cap element of payments - finance leases and on balance sheet (SoFP) PFI and other service concession arrangements		-	-
Net financing		**2,064,014**	**1,578,416**
Net increase (decrease) in cash & cash equivalents in the period		(5,265)	4,708
Cash & cash equivalents at the beginning of the period	12	28,495	23,787
Cash & cash equivalents at the end of the period	12	**23,230**	**28,495**

The notes on pages 89 to 113 form part of these accounts.

PATIENT AND CLIENT COUNCIL

STATEMENT of CHANGES in TAXPAYERS' EQUITY for the year ended 31 March 2021

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 PCC, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £	Revaluation Reserve £	Total £
Balance at 31 March 2019		**(191,074)**	**-**	**(191,074)**
Changes in Taxpayers Equity 2019-20				
Grant from DoH		1,578,416	-	1,578,416
Other reserves movements including transfers			-	
(Comprehensive expenditure for the year)		(1,556,582)	-	(1,556,582)
Transfer of asset ownership			-	
Non cash charges - auditors remuneration	3	8,300	-	8,300
Balance at 31 March 2020		**(160,940)**	**-**	**(160,940)**
Changes in Taxpayers Equity 2020-21				
Grant from DoH		2,064,014	-	2,064,014
Other reserves movements including transfers			-	
(Comprehensive expenditure for the year)		(2,020,473)	-	(2,020,473)
Transfer of asset ownership			-	
Non cash charges - auditors remuneration	3	9,000	-	9,000
Balance at 31 March 2021		**(108,399)**	**-**	**(108,399)**

STATEMENT OF ACCOUNTING POLICIES

1. Authority

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

The accounting policies 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 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, 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, 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 Currency

These accounts are presented in £ sterling and rounded in thousands.

1.3 Property, Plant and Equipment

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

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the entity;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or

- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

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

Valuation of Land and Buildings

PCC did not own any Land and Building in the current 2020/21 financial year, or in the 2019/20 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)

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

Short Life Assets

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

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

Revaluation Reserve

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

1.4 Depreciation

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

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

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

1.5 Impairment loss

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

1.6 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.
The overall useful life of PCC's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.7 Intangible assets

Intangible assets includes any of the following held - software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible Assets under Construction. Software that is integral to the operating

of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment.

Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated

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

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of 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, PCC; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.
Intangible assets acquired separately are initially recognised at fair value.
Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.8 Non-current assets held for sale

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

Assets classified as held for sale are not depreciated.

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

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

1.9 Inventories

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

1.10 Income

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

Grant in aid

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

1.11 Investments

PCC does not have any investments.

1.12 Research and Development expenditure and the impact of implementation of ESA 2010

PCC has no Research and Development expenditure under ESA 2010 at 31 March 2021 or 31 March 2020.

1.13 Other expenses

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

1.14 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.

1.15 Leases

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

PCC as lessee

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

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

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

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

PCC as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of 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 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.

1.16 Private Finance Initiative (PFI) transactions

PCC had no PFI transactions during the year.

1.17 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.

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

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

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

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

- Financial liabilities

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

Financial liabilities are initially recognised at fair value.

- Financial risk management

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore 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 PCC is exposed to limited credit, liquidity or market risk.

- Currency risk

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

- Interest rate risk

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

- Credit risk

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

- Liquidity risk

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

1.18 Provisions

PCC had no provisions at either 31 March 2021 or 31 March 2020.

1.19 Contingent liabilities/assets

PCC had no contingent assets or liabilities at either 31 March 2021 or 31 March 2020.

1.20 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 2021. It is not anticipated that the level of untaken leave will vary significantly from year to year.

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

Retirement benefit costs

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

PCC participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both PCC and employees pay specified percentages of 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.

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

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 2016 valuation for the HSC Pension scheme updated to reflect current financial conditions (and a change in financial assumption methodology) will be used in 2020/21 accounts.

1.21 Reserves

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

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

1.22 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.

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

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

1.25 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.

1.26 Charitable Trust Account Consolidation

PCC had no charitable trusts at either 31 March 2021 or 31 March 2020

1.27 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.

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

Accounting boundary IFRS' are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on Office of National Statistics (ONS) control criteria, as designated by Treasury.

A similar review in NI, which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may change as a result of the new Standards.

IFRS 16 Leases replaces IAS 17 Leases and is effective with EU adoption from 1 January 2019. In line with the requirements of the FReM, IFRS 16 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2022.

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

NOTE 2 ANALYSIS of NET EXPENDITURE BY SEGMENT

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

The Council 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 2021

NOTE 3 EXPENDITURE

	2021	2020 Restated
	£	£
Staff costs[1]:		
Wages and Salaries	1,200,853	862,594
Social security costs	76,585	71,528
Other pension costs	172,372	155,045
Supplies and services - General	9,020	21,422*
Establishment	439,276	283,268*
Transport	6,358	34,071
Premises	64,042	75,511*
Bad debts	-	-
Rentals under operating leases	26,000	27,442
Interest charges	-	-
FTC expenditure	-	-
PFI and other service concession arrangements service charges	-	-
Research & development expenditure	-	-
Costs of exit packages not provided for	-	-
Miscellaneous expenditure	13,978	18,086
Total Operating Expenses	2,008,484	1,548,967
Non Cash items		
Depreciation	5,201	4,857
Amortisation	-	-
Impairments	-	-
Impairments relating to FTC	-	-
(Profit) on disposal of property, plant & equipment (excluding profit on land)	-	-
(Profit) on disposal of intangibles	-	-
Loss on disposal of property, plant & equipment (including land)	-	-
Loss on disposal of intangibles	-	-
Increase / Decrease in provisions (provision provided for in year less any release)	-	-
Cost of borrowing of provisions (unwinding of discount on provisions)	-	-
Auditors remuneration	9,000	8,300
Total non cash items	14,201	13,157
Total	**2,022,685**	**1,562,124**

*Included in 2020/21 is expenditure classified under 'Supplies and Services – General'. The 2020 comparatives have been restated for consistency. There is no change to the overall total expenditure in 2019/20

[1]Further detailed analysis of staff costs is located in the Staff Report on page 73 within the Accountability Report.
During the year PCC purchased no non audit services from its external auditor (NIAO) (2020: £NIL)

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 4 INCOME

4.1 Income from Activities

PCC had no income from activities in 2020/21 and 2019/20.

4.2 Other Operating Income

	2021	2020
	£	£
Other income from non-patient services	2,212	5,542
Seconded staff	-	-
Charitable and other contributions to expenditure	-	-
Donations / Government Grant / Lottery Funding for non current assets	-	-
Profit on disposal of land	-	-
Interest receivable	-	-
TOTAL INCOME	**2,212**	**5,542**

4.3 Deferred income

PCC had no income released from conditional grants in 2020/21 and 2019/20.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.1 Property, plant & equipment - year ended 31 March 2021

	Land	Buildings (excluding dwellings)	Dwellings	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£	£	£	£	£
Cost or Valuation									
At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	**29,035**	**-**	**29,035**
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	9,994	-	9,994
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(2,246)	-	(2,246)
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**36,783**	**-**	**36,783**
Depreciation									
At 1 April 2020	**-**	**-**	**-**	**-**	**-**	**-**	**15,937**	**-**	**15,937**
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	(2,246)	-	(2,246)
Provided during the year	-	-	-	-	-	-	5,201	-	5,201
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**18,892**	**-**	**18,892**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.1 (continued) Property, plant & equipment- year ended 31 March 2021

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount									
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**
At 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**13,098**	**-**	**13,098**
Asset financing									
Owned	-	-	-	-	-	-	17,891	-	17,891
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount									
At 31 March 2021	**-**	**-**	**-**	**-**	**-**	**-**	**17,891**	**-**	**17,891**

Any fall in value through negative indexation or revaluation is shown as impairment.
The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets held under finance leases and hire purchase contracts is £Nil (2018: £Nil).

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

	2021 £	2020 £
Donations	-	-
Government Grant	-	-
Lottery funding	-	-

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.2 Property, plant & equipment - year ended 31 March 2020

	Land	Buildings (excluding dwellings)	Dwellings	Assets under Construction	Plant and Machinery (Equipment)	Transport Equipment	Information Technology (IT)	Furniture and Fittings	Total
	£	£	£	£	£	£	£	£	£
Cost or Valuation									
At 1 April 2019	-	-	-	-	-	-	24,275	-	24,275
Indexation	-	-	-	-	-	-	-	-	-
Additions	-	-	-	-	-	-	4,760	-	4,760
Donations / Government grant / Lottery Funding	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
At 31 March 2020	-	-	-	-	-	-	**29,035**	-	**29,035**
Depreciation									
At 1 April 2019	-	-	-	-	-	-	11,080	-	11,080
Indexation	-	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-	-
Transfers	-	-	-	-	-	-	-	-	-
Revaluation	-	-	-	-	-	-	-	-	-
Impairment charged to the SoCNE	-	-	-	-	-	-	-	-	-
Impairment charged to the revaluation reserve	-	-	-	-	-	-	-	-	-
Reversal of impairments (indexn)	-	-	-	-	-	-	-	-	-
Disposals	-	-	-	-	-	-	-	-	-
Provided during the year	-	-	-	-	-	-	4,857	-	4,857
At 31 March 2020	-	-	-	-	-	-	**15,937**	-	**15,937**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 5.2 (continued) Property, plant & equipment- year ended 31 March 2020

	Land £	Buildings (excluding dwellings) £	Dwellings £	Assets under Construction £	Plant and Machinery (Equipment) £	Transport Equipment £	Information Technology (IT) £	Furniture and Fittings £	Total £
Carrying Amount At 31 March 2020							**13,098**	**-**	**13,098**
At 1 April 2019	**-**	**-**	**-**	**-**	**-**	**-**	**13,195**	**-**	**13,195**
Asset financing									
Owned	-	-	-	-	-	-	13,098	-	13,098
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 31 March 2020	**-**	**-**	**-**	**-**	**-**	**-**	**13,098**	**-**	**13,098**
Asset financing									
Owned	-	-	-	-	-	-	13,195	-	13,195
Finance leased	-	-	-	-	-	-	-	-	-
On B/S (SoFP) PFI and other service concession arrangements contracts	-	-	-	-	-	-	-	-	-
Carrying Amount At 1 April 2019	**-**	**-**	**-**	**-**	**-**	**-**	**13,195**	**-**	**13,195**

NOTE 6 INTANGIBLE ASSETS

There were no intangible assets for the year ended 31 March 2021 or 31 March 2020.

NOTE 7 FINANCIAL INSTRUMENTS

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

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

NOTE 8 INVESTMENTS AND LOANS

PCC had no investments or loans at either 31 March 2021 or 31 March 2020.

NOTE 9 IMPAIRMENTS

PCC had no impairments at either 31 March 2021 or 31 March 2020.

NOTE 10 ASSETS CLASSIFIED AS HELD FOR SALE

PCC did not hold any assets classified as held for sale at either 31 March 2021 or 31 March 2020.

NOTE 11 INVENTORIES

PCC held no inventories at either 31 March 2021 or 31 March 2020.

NOTE 12 CASH AND CASH EQUIVALENTS

	2021	2020
	£	£
Balance at 1st April	28,495	23,787
Net change in cash and cash equivalents	(5,265)	4,708
Balance at 31st March	**23,230**	**28,495**

The following balances at 31 March were held at	2021	2020
	£	£
Commercial Banks and cash in hand	23,230	28,495
Balance at 31st March	**23,230**	**28,495**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2021 £	2020 £
Amounts falling due within one year		
Trade receivables	13,053	13,093
Deposits and advances	-	-
VAT receivable	58,926	13,697
Other receivables – not relating to fixed assets	-	-
Other receivables – relating to property, plant and equipment	-	-
Other receivables – relating to intangibles	-	-
Trade and other receivables	**71,979**	**26,790**
Prepayments	28,851	12,512
Accrued income	-	-
Current part of PFI and other service concession arrangements prepayment	-	-
Other current assets	**28,851**	**12,512**
Carbon reduction commitment	-	-
Intangible current assets	-	-
Amounts falling due after more than one year		
Trade receivables	-	-
Deposits and advances	-	-
Other receivables	-	-
Trade and other Receivables	-	-
Prepayments and accrued income	-	-
Other current assets falling due after more than one year	-	-
TOTAL TRADE AND OTHER RECEIVABLES	**71,979**	**26,790**
TOTAL OTHER CURRENT ASSETS	**28,851**	**12,512**
TOTAL INTANGIBLE CURRENT ASSETS	-	-
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**100,830**	**39,302**

The balances are net of a provision for bad debts of £Nil (2020: £Nil).

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 14 TRADE PAYABLES AND OTHER CURRENT LIABILITIES

	2021 £	2020 £
Amounts falling due within one year		
Other taxation and social security	41,950	56,895
Bank overdraft	-	-
VAT payable	-	-
Trade capital payables – property, plant and equipment	-	-
Trade capital payables – intangibles	-	-
Trade revenue payables	70,974	15,894
Payroll payables	-	-
Clinical Negligence payables	-	-
RPA payables	-	-
BSO payables	417	6,142
Other payables	-	-
Accruals	137,009	162,904
Accruals– relating to property, plant and equipment	-	-
Accruals– relating to intangibles	-	-
Deferred income	-	-
Trade and other payables	**250,350**	**241,835**
Current part of finance leases	-	-
Current part of long term loans	-	-
Current part of imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Other current liabilities	-	-
Carbon reduction commitment	-	-
Intangible current liabilities	-	-
Total payables falling due within one year	**250,350**	**241,835**
Amounts falling due after more than one year		
Other payables, accruals and deferred income	-	-
Trade and other payables	-	-
Clinical Negligence payables	-	-
Finance leases	-	-
Imputed finance lease element of PFI and other service concession arrangements contracts	-	-
Long term loans	-	-
Total non current other payables	-	-
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**250,350**	**241,835**

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 15 PROVSISONS FOR LIABILITIES AND CHARGES

PCC had no provisions for liabilities and charges at either 31 March 2021 or 31 March 2020.

NOTE 16 CAPITAL COMMITMENTS

PCC had no capital commitments at either 31 March 2021 or 31 March 2020.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Operating Leases

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

	2021	2020
Obligations under operating leases comprise	**£**	**£**
Land		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	**-**
Buildings		
Not later than one year	26,000	22,250
Later than one year but not later than five years	81,750	5,250
Later than five years	-	-
	107,750	**27,500**
Other		
Not later than 1 year	-	-
Later than 1 year and not later than 5 years	-	-
Later than 5 years	-	-
	-	**-**

17.2 Finance Leases

PCC had no finance leases at either 31 March 2021 or 31 March 2020.

17.3 Operating Leases – commitments under lessor arrangements

PCC did not have any operating leases at either 31 March 2021 or 31 March 2020.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 18 COMMITMENTS UNDER PFI AND OTHER SERVICE CONCESSION ARRANGEMENT CONTRACTS

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

PCC had no commitments under PFI and other concession arrangement contracts at either 31 March 2021 or 31 March 2020.

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

PCC had no 'service' element of PFI and other service concession arrangements schemes deemed to be on-balance sheet at either 31 March 2021 or 31 March 2020.

NOTE 19 CONTINGENT LIABILITIES

PCC did not have any quantifiable contingent liabilities at either 31 March 2021 or 31 March 2020.

19.1 Financial Guarantees, Indemnities and Letters of Comfort

PCC had no financial guarantees, indemnities or letters of comfort at either 31 March 2021 or 31 March 2020.

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 20 Related Party Transactions

PCC is an arm's length body of the Department of Health and as such the Department is a related party with which PCC has had various material transactions during the year and also during 2019/20.

In addition there were material transactions throughout the year and in 2019/20 with the Business Services Organisation who are a related party by virtue of being an arm's length body with the Department of Health.

During the year and 2019/20 also, none of the Council members, members of the key management staff or other related parties has undertaken any material transactions with PCC.

NOTE 21 Third Party Assets

PCC held no third part assets at either 31 March 2021 or 31 March 2020.

NOTE 22 Financial Performance Targets

22.1 Revenue Resource Limit

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

The Revenue Resource Limit for PCC is calculated as follows:

	2021 Total £	2020 Total £
DoH (excludes non cash)	1,981,863	1,558,707
Other Government Departments - PHA	21,853	-
Other Government Departments - HSCB	14,741	-
Non cash RRL (from DoH)	14,201	13,157
Total agreed RRL	**2,032,658**	**1,571,864**
Adjustment for income received re Donations / Government grant / Lottery funding for non current assets	-	-
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	**2,032,658**	**1,571,864**

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 22 Financial Performance Targets

22.2 Capital Resource Limit

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

	2021 Total £	2020 Total £
Gross capital expenditure by PCC	9,994	4,760
(Receipts from sales of fixed assets)	-	-
Net capital expenditure	**9,994**	**4,760**
Capital Resource Limit	9,994	4,760
Adjustment for Research and Development under ESA10	-	-
Overspend/(Underspend) against CRL	-	-

22.3 Financial Performance Targets

PCC is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25 % of RRL or £20k, whichever is lower.

	2020-21 £	2019-20 £
Net Expenditure	(2,020,473)	(1,556,582)
RRL	2,032,658	1,571,864
Surplus / (Deficit) against RRL	12,185	15,282
Break Even cumulative position(opening)	278,088	262,806
Break Even cumulative position (closing)	**290,273**	**278,088**

Materiality Test:

	2020-21 %	2019-20 %
Break Even in year position as % of RRL and Income	0.60%	0.97%
Break Even cumulative position as % of RRL and Income	14.28%	17.69%

PATIENT AND CLIENT COUNCIL

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2021

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

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

Date of authorisation for issue

The Accounting Officer authorised these financial statements for issue on 5th July 2021.

Appendix A : PCC Council Members' Profiles (as at 31 March 2020)

Christine Collins MBE (Chair) retired from the Civil Service in 2005 and since this time has immersed herself in the world of human rights, equality and advocacy; with a particular focus on those living with disability and/or rare disease. Christine was the founding Chair of the Northern Ireland Rare Disease Partnership; and a Patient Public Voice representative on the UK Rare Disease Advisory Group from its inception until April 2018. She is a Northern Ireland Member of the UK Rare Disease Forum. Christine has been involved in rare disease for many years and is actively involved in the development and implementation of both the UK and Northern Ireland Rare Disease plans. Christine was a Commissioner at the Northern Ireland Human Rights Commission from 2011 to 2017. She is currently a member of the Duty of Candour Work Stream, part of the Inquiry into Hyponatremia Related Deaths Implementation programme.

Mrs Elizabeth (Liz) Cuddy OBE DL lives in Dungannon. She is a qualified nurse. Mrs Cuddy is Chief Executive Officer of the Southern Area Hospice Services (since July 2017). She was a Director of Radius Housing to June 2018 and prior to its formation was Chair of Helm Housing from 2012-2017.Mrs Cuddy has many years of experience in the health and social care sector. She was the Director of Planning and Governance at the NI Fire and Rescue Service (NIFRS) from 2013-2017. She was Director of the NI Council for Voluntary Action (NICVA) until December 2015. She also served as an Independent Assessor for the Commissioner for Public Appointments NI (CPANI) from 2012-2017. She is a qualified executive and non-executive coach and mentor. She has a Masters in Management and Governance, Business Administration and Education. She previously held the position of CEO of Extern from 2005 – 2012. Mrs Cuddy holds no other public appointments.

Alan Hanna has taken up a Non-Executive Director position with PCC from the 1 April 2019. Alan has held several senior management positions in the voluntary sector. He is currently the NI Director of Home-Start UK. He has also served on a number of public boards as a Non-Executive Director including the HSC Business Services Organisation and the NI Fire and Rescue Service. Much of Alan's work has been in the area of learning disability and he has long personal experience of supporting a close family member with autism and learning disability. Alan has an honours degree in Modern History and an MSc in Organisation and Management. For the past several years he has undertaken a range of interim Executive appointments with voluntary organisations including Diabetes UK and Belfast Community Circus.

Mr William Halliday lives in Killinchy, Co Down. He was the Chief Executive Officer of Mindwise, a local mental health charity, until June 2013. He has been very active in the area of raising awareness of mental health issues and Chaired the Human Rights and Equality strand of the Bamford Review on mental health and learning disability. During his time with Mindwise the organisation developed services for young people with mental health issues and older people requiring community support. Mr Halliday has previous board room experience, having worked in the Southern Health and Social Services Board between1986 – 2000. During this time he led a multi-disciplinary team which implemented the Community Care Reforms for adult services. He has also been a Board Member with the Belfast Carers Centre. Mr Halliday was appointed as an Independent Assessor for the Commissioner of Public Appointments in January 2018 and is on the board of Belfast Central Mission. Mr Halliday holds no other public appointments.

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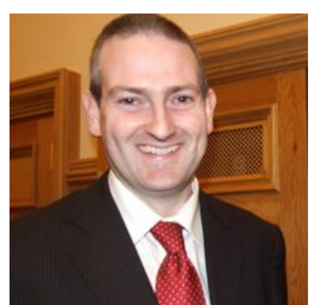
Mr Patrick (Paddy) Farry graduated from Queens University Belfast with a degree in Business Administration. Following Post Graduate studies, he qualified as a Chartered Certified Accountant in 1987 and has worked in professional practice ever since. Since 1992 Patrick has been a partner in HLB McGuire + Farry, Chartered Certified Accountants and business advisors based in Carryduff, Belfast. Patrick specialises in taxation and general business advisory across a wide spectrum of business sectors.

He is a Non-Executive Director of Keys Premium Finance Limited, a finance company operating throughout UK and Ireland. From 1994 to 2017 Patrick was Honorary Treasurer of NIACRO, a voluntary organisation working to reduce crime and its impact on people and communities. For six years, retiring in 2016, Patrick was a member of the Audit and Risk Committee of the Commission for Victims and Survivors. He is a Director of Craigowen Housing Association which provides housing and related amenities for adults with learning difficulties. He holds no other public appointments.

Mrs Joan McEwan currently works with Marie Curie in Northern Ireland as Head of Policy and Public Affairs. She has experience in the field of health and social care especially within the area of end of life care. She has experience of working in partnership with the public and third sectors to meet the needs of patients. Through Marie Curie, Mrs McEwan Chairs a subgroup within the Cancer Strategy and is a member of the Lisburn Integrated Care Partnership (ICP) Committee. Mrs McEwan's background in banking has provided her with extensive financial management skills in managing budgets, investment programmes as well as governance and risk management. She is also a Board member for the Department of Education and is Chair of its Audit and Risk Assurance Committee.

Mr Paul Douglas has 15 years' experience as a senior manager within the Police Service of Northern Ireland prior to his retirement in 2010.
He has extensive experience in developing strategic partnerships and change management within various organisations. He currently serves as a Lay Commissioner with the Northern Ireland Judicial Appointments Commission, is a Non-Executive Director with the Probation Board for Northern Ireland and a Non-Executive Director within the Northern Ireland Environment Agency.



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.

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.